



Public Health Association
AUSTRALIA

Public Health Association of Australia submission to A91506 & A91507 – Infant Nutrition Council – submission

Australian Competitor and Consumer
Commission

Email: adjudication@acc.gov.au

Contact for PHAA:
Michael Moore
Chief Executive Officer
Public Health Association of Australia
mmoore@phaa.net.au

12 November 2015

Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Preamble

PHAA appreciates the opportunity to comment on the Draft Determination (A91506 and A91507) lodged by the Infant Nutrition Council for the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF).

PHAA advocates for the reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA response to A91506 & A91507 – Infant Nutrition Council

The PHAA urges the Australian Competitor and Consumer Commission (ACCC) to issue a limited authorisation for a period no longer than 2 years. The PHAA does not support re-authorisation of the MAIF Agreement and associated guidelines for the proposed 10-year period, and believes that such re-authorisation presents a lost opportunity in improving the promotion and protection of breastfeeding and public health in Australia. As such, the PHAA requests that the ACCC convene a pre-decision conference to enable discussion of relevant evidence and the potential impact of strengthened measures to protect and promote breastfeeding.

The PHAA believes breastfeeding is an important public health issue. The PHAA notes the evidence for the health risks of not breastfeeding is extensive and increasingly derived from good quality studies including meta-analyses and systematic reviews. There is growing evidence that premature weaning from breastmilk confers increased risk of several infectious illnesses in infants and chronic disease in the longer term, including obesity. The recent National Health and Medical Research Council (NHMRC) review of the Australian Dietary Guidelines found convincing evidence that compared to infants who are formula fed, being breastfed is associated with reduced risk of becoming obese in childhood, adolescence and early adulthood. The health system costs of premature weaning were articulated in the 'Best Start' Parliamentary inquiry into the benefits of breastfeeding. Further, a recent report of breastfeeding in the United Kingdom (UK) found an estimated £17 million annual savings with a moderate increase in exclusive breastfeeding rates and if three quarters of babies in neonatal units were breastfed at discharge.

Whilst almost all (96%) women initiate breastfeeding, the Australian Infant Feeding Survey found by four weeks of age two out of five babies (40%) had received foods or fluids other than breastmilk. By five completed months of age only 15 per cent of babies are exclusively breastfed. These rates fall well short of Australian and International recommendations.

The World Health Organisation's (WHO) International Code of Marketing of Breastmilk Substitutes (the International Code) recognises that in view of the "vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products".

Since the International Code was adopted by WHO in 1981, a number of World Health Assembly resolutions have addressed infant and young child feeding. In 1996, the World

Health Assembly expressed concern that “health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health” and urged countries “to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest . . .” In 2002, the World Health Assembly endorsed the Global Strategy for Infant and Young Child Feeding which called for renewed commitment by governments to implement the International Code . In 2013, the World Health Organisation reiterated the inappropriateness of so-called “follow-on” formula for toddlers and established a task force to report on the increasing practice of inappropriate promotion of complementary foods.

The PHAA notes that the WHO is currently consulting on a series of recommendations on the promotion of foods for infants and young children. The draft recommendations are in response to growing concern and evidence worldwide that inappropriate promotion of breast milk substitutes, and some commercial complementary foods and beverages for infants and young children, has been undermining progress in infant and young child feeding. These recommendations are to be considered by member states in May 2016.

Infant food marketing has been identified as a barrier to improving breastfeeding duration in Australia, alongside the rising labour force participation by new mothers. In Australia, there has been large growth in advertising of toddler formula and follow on formula since 1980, a trend noted in Australia and other countries where formula advertising is not permitted. Concerns over this growth in advertising is supported by a UK study found that “consumers recall follow-on advertising as advertising for infant formula”.

The PHAA acknowledges the efforts of the Infant Nutrition Council and their “commitment to supporting both breastfeeding and infant formula” through their development and commitment the voluntary MAIF Agreement. However, due to its limited scope, the PHAA considers the MAIF Agreement to be an inadequate response to Australia’s obligations under the International Code of Marketing of Breastmilk Substitutes (the International Code), a view shared by consumer groups and professional associations across Australia.

The PHAA proposes that limiting the authorisation period will facilitate a timely and overdue review of the current scope of the MAIF Agreement. The PHAA argues that the lack of revision and broadening of scope of the MAIF Agreement since 1992 is not a reason to continue with the status quo. In the past 23 years there has been significant advancements in public health practice, including the growing evidence around the protection and promotion of breastfeeding. Evidence around trends in marketing and marketing strategies such as ‘line extension’ and ‘brand stretching’ also need to be considered, and could be provided by experts such as the Infant Nutrition Council in a collaborative process. Essentially, the PHAA believes Australia’s response to the International Code including the MAIF Agreement requires extensive review.

PHAA submission to the Infant Nutrition Council

The PHAA notes that “it is not the role of the ACCC as part of the authorisation process to redraft the MAIF Agreement to seek to create an ideal agreement”. However, the PHAA argues that authorising the proposed MAIF Agreement for a further 10-year period fails to encourage and support interested parties to consider and respond to the anticipated World Health Organisation recommendations and ‘recent’ public health evidence in a timely fashion and in doing so falls short in its responsibility to protect and promote breastfeeding through available measures.

The PHAA appreciates the opportunity to make this submission and to comment on the Draft Determination (A91506 and A91507) lodged by the Infant Nutrition Council for the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF).

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

12 November 2015