



27 May 2016

Food Standards Australia New Zealand
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Via Email: submissions@foodstandards.gov.au

To Whom It May Concern:

Submission – Proposal P1028

The Royal Australasian College of Physicians (RACP) welcomes the revision and clarification of standards to improve regulation of infant formula products with the P1028 – Infant Formula consultation.

The RACP has previously expressed concern over the regulation of marketing of infant formula in Australia, including labelling of infant formula products. Currently the primary form of regulation is the Marketing in Australia of Infant Formula (MAIF) agreement. MAIF is inadequate to regulate infant formula due to its voluntary opt-in nature. The voluntary and self-regulated nature of the Agreement does not allow for sanctions to be passed for significant or repeated violations.

MAIF does not sufficiently address the provisions of the WHO *International Code of Marketing of Breast Milk Substitutes* or subsequent resolutions from the WHA. For example, one element not covered by MAIF but being considered by Proposal P1028 is the standardisation of ancillary products, such as bottles. We are concerned that some feeding bottles for infants have inaccurate volume markings that, if relied upon, may lead to over and under nutrition. We believe specific standards should be introduced that mandate accurate volumetrics.

The World Health Organization (WHO) is due to consider the *“Marketing of breast-milk substitutes: National implementation of the International Code – Status report 2016”*, at the 69th World Health Assembly (WHA) in May 2016 with any WHA recommendations published later in 2016. It is important to ensure any standards or recommendations implemented from this FSANZ consultation aligns with the WHO recommendations, and the NHMRC Infant Feeding Guidelines.

All reasonable steps should be taken to ensure infant formula marketing does not distort the critical role breastfeeding plays in infant health outcomes. The most effective method of regulating marketing of infant formulas is through legislation.

In addition to the importance of expanding and strengthening regulation around marketing of infant formula in Australia, the RACP notes the following:

- In relation to FSANZ Supporting Document 3, *Provision of Information*, we are of the view that labelling should include information to better inform and guide clinician decision making in appropriate formula choice, such as:
 - o the mandatory inclusion of nutrition information about macronutrients and their subgroups
 - o expressing units per 100mL and vitamins in International Units (IU)
 - o permitting labelling in terms of the base unit of per 100kJ
- It would be desirable to align the definition of 'infant formula' between Australia and New Zealand to meet the Australian definition in order to address the issue of follow-on formula being excluded and therefore not well regulated under the WHO Code.
 - o Currently, the New Zealand agreement with the WHO International Code of Marketing of Breast-milk Substitutes refers only to products suitable for infants up to the age of six months, whereas the Australian agreement covers products for use up to 12 months of age.
- Objective "(c) the desirability of an efficient and internationally competitive food industry;" from section 1.1 of the consultation document should be removed. It is not an objective of food standards under the *Food Standards Australia New Zealand Act 1991*. The objectives are the protection of public health and safety, the provision of adequate information relating to food to enable consumers to make informed choices, and the prevention of misleading or deceptive conduct. If products are unhealthy and unsafe then they should not be sold, and profitability and international competitiveness are irrelevant.

The RACP will continue to advocate for effective means of safeguarding breastfeeding as the best infant feeding option for optimal health outcomes, and ensuring infant formula is safe for those who need to use it.

Yours sincerely



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