

**From:** [Julianne McGuire](#)  
**To:** [Exemptions](#)  
**Cc:** [David Hatfield](#)  
**Subject:** Re: Application for authorisation AA1000665 – Infant Nutrition Council – Interested party consultation [SEC=OFFICIAL]  
**Date:** Tuesday, 30 April 2024 9:23:58 PM  
**Attachments:** [image001.gif](#)  
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Formal submission:

28th April, 2024

Dear Mr Hatfield,

***Re: Infant Nutrition Council Limited - application for revocation of authorisation AA1000534 and substitution of AA1000665 – interested party consultation***

In response to the Infant Nutrition Council Limited - application for revocation of authorisation AA1000534 and substitution of AA1000665:

It is of utmost importance to **oppose** the Infant Nutrition Council application for 5 years' (without conditions) authorisation<sup>1</sup> under the Competition and Consumer Act 2010 (Cth) to allow current and future manufacturers in, and importers into, Australia of infant formula to continue make and give effect to the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF Agreement) and its associated guidelines.

It is a pivotal time in Australian health with the new Australian Dietary Guidelines currently in draft review and WHO recommendations on Infant and Young Child Feeding changing to recommending cow's milk after six months as an alternative to infant formula if the infant is not breastfed from 6 months to 12 months of age. It is the right time for a comprehensive review of the current MAIF Agreement.

**Consumers at increased risk:** Research describes formula-fed infants and young children (our most vulnerable populations) at increased health risks (short and long-term) with also reduced maternal health outcomes. With the current Australian environment with increased interest rates, and higher rates of food insecurity, fiscal risk puts further pressure on families' nutrition with research showing high rates of illness with infants who are not exclusively breastfed until six months of age.

Marketing of breastmilk substitutes, (also toddler milks) inhibits optimal nutrition. Immune and growth and development factors, stem-cells and hormones in breastmilk are essential to the infant's development and microbiome, impacting life-long health including reducing obesity - protection of the mother/infant dyad is paramount (evident during COVID-19) and also cost-effective.

The current MAIF Agreement requires review to ensure consumers are central to this

important policy - a policy that should aim to protect parental confidence rather than undermine it. Adequacy of the MAIF should be considered with the multibillion dollar global industry and Australian public detriment with the increased use of media and internet. These costs of formula on the consumer and additional environmental costs clearly outlined in research need to be taken into account within a review of the MAIF agreement. Future generations of Australians are affected.

Our recent risk assessment using EnHealth guidelines on infant formula, an ultra-processed food, in Australia concurs with international research on increased higher risk of infants, increasing with food insecurity, reliance on formula, lower-socioeconomic status in remote/regional areas, less education and in emergencies such as bushfires/floods and pandemics. The right to safe, accessible nutritious food is a basic right for our infants and young children.

**Early Education and Care (ECEC) Settings:** The extensive use of formula including toddler formulas in ECEC (Long day care and family day care) in Australia from our research describes an immediate concern with the continued undermining of optimal nutrition within current MAIF Agreement. This emphasises the need to review regulatory arrangements to include toddler milks within its scope to reduce ongoing marketing of formula (or other breastmilk substitutes). A full review with public consultation is still required to critically evaluate the effectiveness of the current self-regulatory processes and lack of adequacy in agreement breaches.

Additionally, reinforcing that global research portrays the importance of protecting breastfeeding while restricting marketing of breastmilk substitutes, including toddler formula. As the MAIF Agreement is a central policy it impacts structural, commercial and environmental barriers/enablers that affect breastfeeding in Australia. Alignment with the WHO recommendations and key Australian health policy such as the Breastfeeding Strategy, National Preventive Health, Early Years and Maternity strategies, is paramount in the comprehensive review and consideration of the adequacy of self-regulation.

The current MAIF Agreement is inadequately achieving protection of breastfeeding towards national health gains with optimal nutrition; and encourage the Government's full review of regulatory arrangements for restricting the unethical marketing of breastmilk substitutes (emphasising the inclusion of toddler milks within the scope of the MAIF Agreement). Please contact me if you would like further evidence. I am happy for this submission to be made public on the public register on the ACCC's website.

Yours sincerely,

Julianne McGuire

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