

Australian Government Department of Health

## Decision-making framework for donations of infant formula in emergencies

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH AND AGED CARE

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## 1. Introduction

Ensuring infants have access to an adequate supply of age appropriate nutrition is critical for their survival. Public health emergencies and natural and other disasters in Australia can create an urgent need for food relief. In circumstances where breastfeeding of infants is not possible, alternative sources of infant nutrition must be sourced to protect the health of this vulnerable population group. On some occasions, donated infant formula may be required to meet demand from communities and individuals in exceptionally difficult circumstances. In any circumstance, it remains important to ensure measures are in place to protect and promote breastfeeding where possible, and that breastmilk substitutes, such as infant formula, are not distributed unnecessarily or promoted.

This decision-making framework is intended to assist in defining the exceptional circumstances where the receipt and distribution of donated infant formulas is necessary. For the purposes of this decision-making framework, toddler milks and/or complementary foods for young children over twelve months of age are out of scope.

The framework is in the context of Australia's commitment to the protection and promotion of breastfeeding and to the application of relevant agreements in the broader context of emergency management frameworks in Australia. These are provided for reference in the [Appendix](#). It will also serve as a component of an anticipated national policy on infant and young child feeding in emergencies as recommended in Action Area 3.2 of the *Australian National Breastfeeding Strategy 2019 and beyond*.<sup>1</sup>

## 2. Guiding Principles

In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency.<sup>2</sup> The Commonwealth does not have specific legislative power to deal with emergencies and does not have equivalent generic legislation, however there are whole-of government arrangements that have been developed to be applicable in any emergency or crisis, including public health crises such as pandemics. Further details are provided in the [Appendix](#).

In relation to donations and distribution of infant formulas in emergency settings, decisions are guided by the specific circumstances of each emergency, the legislation of the relevant jurisdiction, and in the context of the following national and international agreements.

### **International Code of Marketing of Breast-milk Substitutes from the World Health Organization (WHO) (the Code)**

The WHO Code was formulated with the aim of contributing to: *"the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by*

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<sup>1</sup> Council of Australian Governments 2019, Australian National Breastfeeding Strategy 2019 and beyond, Canberra ACT Accessed online: <http://www.coaghealthcouncil.gov.au/Publications/Reports> on 29/09/21

<sup>2</sup> Elphic, K 2020 Australian COVID-19 response management arrangements: a quick guide Parliament of Australia, Department of Parliamentary Services Research Paper Series 2019-2020.

*ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution”.*

The WHO Code is an overarching document which gives priority to supporting and promoting breastfeeding and advocates that infants be breastfed. If infants are not breastfed, for whatever reason, the WHO Code also advocates feeding them the only suitable and safe breast-milk substitute, a scientifically developed infant formula product. Breast-milk substitutes should be available when needed, but they should not be promoted.<sup>3</sup> Australia is a signatory to the WHO Code.

### **World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.**

Since 1981, there have been several World Health Assembly (WHA) resolutions that refer to the marketing and distribution of breast-milk substitutes and clarify or extend issues covered in the WHO Code. The 1994 World Health Assembly Resolution (WHA 47.5)<sup>4</sup> on Infant and Young Child Nutrition urged Member States to take the following measures in emergency situations (relevant clauses noted):

*2) to ensure that there are no donations of free or subsidised supplies of breast-milk substitutes and any other products<sup>5</sup> covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.*

*(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the WHO Code are given only if all the following conditions apply:*

- (a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes<sup>6</sup>;*
- (b) the supply is continued for as long as the infants concerned need it; and*
- (c) the supply is not used as a sales inducement.”*

### **Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement**

Australia has in place the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) - a voluntary, self-regulatory code of conduct.

<sup>3</sup> World Health Organization (1981). The International Code of Marketing of Breast-milk Substitutes: Accessed online at: <https://apps.who.int/nutrition/publications/en/> on 30/09/21

<sup>4</sup> World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization. Accessed online at <https://apps.who.int/iris/handle/10665/177373> on 22/9/21

<sup>5</sup> Products listed within scope of the WHO Code as follows: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

<sup>6</sup> Document WHA39/1986/REC/1, Annex 6, part 2



The MAIF Agreement applies to Australian manufacturers and importers of infant formulas who are signatories to the Agreement. The MAIF Agreement represents part of Australia's implementation of the WHO Code and was developed in collaboration with industry, public health and government and tailored appropriately to the Australian context.

The MAIF Agreement aims to contribute to the provision of safe and adequate nutrition for infants, by protecting and promoting breastfeeding and by ensuring the proper use of breast-milk substitutes, when they are necessary, on the basis of adequate information through appropriate marketing and distribution. The MAIF Agreement includes infant formula products suitable for infants up to 12 months (i.e. infant formula, follow on formula), but does not include marketing activity undertaken by retailers, or marketing of infant feeding bottles and teats.

The Australian Government Department of Health (Department) has overarching responsibility for the management of complaints received in relation to potential breaches of the MAIF Agreement by its signatories. These complaints are considered on a case by case basis by the MAIF Complaints Committee comprising a public health representative, an industry representative and an independent chair. Further details of the relevant clauses of the MAIF Agreement are provided in the [Appendix](#).

### 3. Decision Framework

The decision framework is a tool to guide decisions taken in emergency settings in relation to procurement or receipt of donated infant formulas by designated food relief agencies and health care providers. The guidance provides for distribution to those in need in accordance with the relevant jurisdiction's emergency management plan. It will outline the appropriate criteria to be met and steps taken to ensure adequate nutrition is supplied to infants who require infant formula during times of emergency.

The steps to be taken to determine need and supply of donated infant formulas in emergency situations is shown in Figure 1 and conditions are further explained in the following pages.

#### **Circumstances where donated infant formulas may be procured or provided**

As represented in Figure 1, infant formula donations may be procured by jurisdictional authorities or food relief organisations from manufacturers, importers, and retailers of infant formulas, to meet an established demand. In accordance with the relevant jurisdictional emergency management plan, this may occur in the following situations:

##### *Public Health Emergencies*

This may include a localised outbreak of disease, epidemic or global pandemic<sup>7</sup> that creates disruptions to supply of essential goods and services. The resulting possible isolation and quarantine requirements, loss of income, disruption to supply chain and lack of availability of, and access to goods and services, can lead to the need for food relief and/or support.

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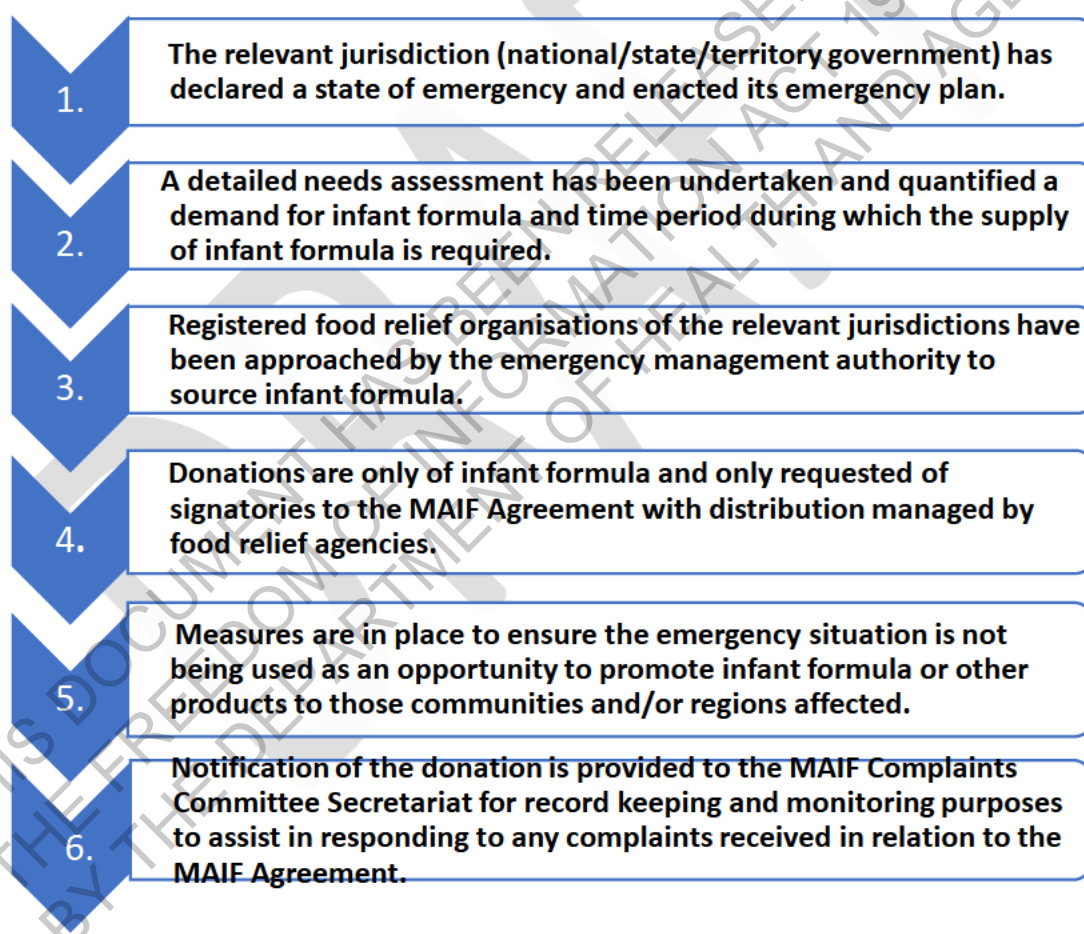
<sup>7</sup> A pandemic is the worldwide spread of a new disease. Viral respiratory diseases such as those caused by a new influenza virus or the coronavirus COVID-19, are the most likely to turn into a pandemic, [www.healthdirect.gov.au/what-is-a-pandemic](http://www.healthdirect.gov.au/what-is-a-pandemic)

### *Natural & Other Disasters*

Natural and other disasters<sup>8</sup> often cause personal and financial hardship for both individuals and communities, and can result in illness, injury, and loss of life. During periods of natural disaster in Australia, there can be significant immediate impacts on communities and individuals including destruction of housing and infrastructure such as retail outlets, disruption to power supplies, absence of safe drinking water and adequate hygiene and sanitation. Further, loss of income, disruption to supply chains resulting in threats to food security and ability to store and prepare food safely can also create demand for food relief and/or support.

### **Criteria for establishing demand and managing infant formula donations**

Figure 1 outlines the steps and criteria to manage company donations to relief organisations in the event of an emergency, a natural or other disaster. The criteria outlined in figure 1 should be met to determine: if a demand exists, the level of demand for infant formula, and how this demand can be met. This process should also ensure measures are in place to protect the health and well-being of infants and their carers.



*Figure 1: Decision framework describing criteria to guide decisions taken in relation to acceptance and management of infant formula donations*

<sup>8</sup> [www.healthdirect/natural-disasters](http://www.healthdirect/natural-disasters)

## Decision framework explained

1. **The relevant Australian or state or territory government has declared a state of emergency and enacted its emergency management plan.**
  - The jurisdictional emergency management authority has confirmed the affected regions have access to adequate supplies of clean water and the required equipment to safely prepare and store the infant formula (including energy for heating, preparing, cleaning and sterilising of equipment) or that any donation is accompanied by provision of adequate supplies.
  - The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption.
2. **A detailed needs assessment has been undertaken and quantified a demand for infant formula and time period during which the supply of infant formula is required (where possible)**
  - The relevant jurisdiction has undertaken a needs assessment in accordance with its emergency management plan.
  - The needs assessment clearly identifies the level of need (amount of supply and length of donation period, if ongoing past initial date secondary needs assessment to be completed) for infant formula and related supplies.
  - The needs assessment, including information on level of demand for infant formula, has been provided to the appropriate jurisdictional authority<sup>9</sup> with responsibility for the emergency management plan.
  - Notification has been issued in writing by the jurisdictional authorities to the Infant Nutrition Council (INC) of the request for infant formula donations from members who are signatories to the MAIF Agreement.
3. **Registered food relief organisations of the relevant jurisdictions have been approached by the emergency management authority to source infant formula.**
  - The decision-making authority responsible for the relevant jurisdictional emergency management plan has consulted with the registered food relief organisations in the jurisdiction (such as Foodbank or Red Cross), to determine the response to the request for donations, and strategy for distribution based on the needs assessment.
4. **Donations are only of infant formula and are only requested of signatories to the MAIF Agreement with distribution managed by food relief agencies.**
  - As infant formula is nutritionally suitable for infants up to 12 months of age it is the only product that can be donated.
  - The donating manufacturer/s and/or importer/s must be signatories to the MAIF Agreement and have standards or policies in place for the donation of infant formulas during emergencies that align with relevant national/international obligations as

<sup>9</sup> Refers to the person/s or organisation identified as the jurisdictional authority within the emergency management plan



outlined above. This includes agreement not to advertise or promote their product or goodwill, or undertake any form of marketing in association with the donation.

- The infant formula is not provided by manufacturer/importers directly to caregivers but through registered food relief organisations or alternatively health care professionals specified by the relevant jurisdiction.
- The parents and/or carers of the infants are provided with the following important information:
  - a. advice that infants who are being breastfed should continue to be breastfed;
  - b. conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and
  - c. contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.

**5. Measures are in place to ensure the emergency situation is not being used as an opportunity to promote infant formula or other products to those communities and/or regions affected**

- Infant formula (suitable from birth up to twelve months) is to be provided only to the parents and/or carers of infants who must be fed infant formula.
- The amount of product donated and the duration of the donation is consistent with demand as identified in the needs assessment.
- The infant formula provided to the parents and/or carers is within the 'use by/best before date' and is accompanied by clear instructions and guidelines for the safe preparation, storage, and handling of infant formula products.
- All information provided on the supplied infant formula and information accompanying the infant formula is to comply with the MAIF Agreement and the Australia New Zealand Food Standards Code and is therefore not to be promotional in nature.

**6. Notification of the donation is provided to the MAIF Complaints Committee Secretariat for record keeping and monitoring purposes to assist in responding to any complaints received in relation to the MAIF Agreement.**

- Any complaints received will be considered by the MAIF Complaints Committee on a case by case basis.

## **Roles and Responsibilities**

### *Jurisdictional Emergency Management Plan Authorities*

Government authorities responsible for implementing jurisdictional emergency management plans are responsible for undertaking the needs assessment and ensuring these needs are responded to. These authorities are to ensure that all conditions and criteria of the established framework have been met, including assurance that the required donations have been delivered as planned.

### *Infant Nutrition Council (INC)*

The INC is responsible for liaising with industry members to secure supply of donated infant formulas.



### *Food relief agencies*

Food relief agencies are to advise of stock levels and supply needs as requested and maintain communication with the jurisdictional authorities. The food relief agencies are to coordinate the supply of donated infant formula to those in need in accordance with the needs assessment and with the guidance of the jurisdictional authorities of the emergency management plan.

### *Manufacturers and importers of infant formulas*

Those who provide the infant formula must adhere to the guidance of the MAIF Agreement, the jurisdictional authorities responsible for the emergency management plan and the registered food relief agency/health authority directions. Manufacturers and/or importers of infant formula must not engage or use any form of media (including digital and social media channels) or marketing to promote their donation, or advertise their donation as 'goodwill' in accordance with the terms of the MAIF Agreement regarding marketing of infant formulas.

### *MAIF Complaints Committee*

The MAIF Complaints Committee does not have responsibility for, nor is it involved in emergency responses or food relief efforts. However, the MAIF Complaints Committee seeks to uphold Australia's obligations to the WHO Code, providing the basis for the monitoring of the marketing of infant formulas in Australia. Alleged breaches of the MAIF Agreement when infant formula donations are made during emergency situations, should be directed to the MAIF Complaints Committee, and will be considered on a case-by-case basis. The MAIF Complaints Committee will determine a breach of the MAIF Agreement if the donations made during an emergency situation are not in accordance with the MAIF Agreement and this decision-framework.

### *Australian Government Department of Health*

In the context of infant formula donations, the Department has overarching responsibility for the MAIF Agreement and provides secretariat support to the Committee. As such the Department will serve this function, and any other functions as necessary and as identified within the jurisdictional emergency management plans on a case by case basis. The Department is responsible for ensuring that this decision-making framework is implemented in accordance with all relevant national legislation and emergency frameworks appropriate to the specific emergency.

## 4. Definitions

**Australia New Zealand Food Standards Code (Food Standards Code)** – is a set of standards that regulate the use of ingredients, processing aids, colourings, additives, vitamins and minerals. The Food Standards Code also covers the composition of some foods, such as dairy, meat and beverages as well as foods developed by new technologies such as genetically modified foods. Within the Food Standards Code are certain labelling requirements for packaged and unpackaged food, for example specific mandatory warnings or advisory labels. Standards also exist for primary production and processing within the Food Standards Code.

**Breast-milk substitutes** – any food marketed or otherwise represented as replacement for breast-milk, whether suitable for that purpose.

**Epidemic** – an outbreak of an infectious disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

**Health care professional** – a professional or other appropriately trained person working in a component of the health care system, including pharmacists and voluntary workers.

**Health care system** – governmental, non-governmental or private institutions engaged, directly or indirectly, in health care for mothers, infants and pregnant women and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this document, the health care system does not include pharmacies or other retail outlets.

**Infant** - child aged from birth up to twelve months.

**Infant formula** – any food described or sold as an alternative for human milk for the feeding of infants up to the age of twelve months and formulated in accordance with all relevant clauses of the Australia New Zealand Food Standards Code, including Standard 2.9.1 - Infant Formula Products.

**Jurisdictional authority** - refers to the person/s or organisation identified in the jurisdictional emergency plan.

**Infant formula product** – means a product based on milk or other edible food constituents of animal or plant origin which is nutritionally adequate to serve by itself either as the sole or principal liquid source of nourishment for infants, depending on the age of the infant.

**MAIF Agreement** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) has operated in Australia since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formulas in Australia. The Agreement applies to Australian manufacturers and importers of infant formula who are signatories to the MAIF Agreement.

**MAIF Complaints Committee** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) Complaints Committee

(Committee) was established in 2018. The Committee consists of three members: an independent representative; a public health representative; and an industry representative. The Department is responsible for secretariat functions of the Committee. The membership of the Committee can be accessed online at:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/MAIF-Complaints-Committee>.

**Marketing** - means product promotion, distribution, selling, advertising, product public relations and information services.

**Natural Disaster** - Natural disasters in Australia can include heatwaves, bushfires, droughts, floods, severe storms and tropical cyclones, earthquakes, tsunamis and landslides.

**Pandemic** - outbreak of infectious disease that occurs over a wide geographical area and that is of high prevalence, generally affecting a significant proportion of the world's population, usually over the course of several months.

**Promotion** - includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

**Supplies** – refers to quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

## 5. Appendix

### a) World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling

resolutions [WHA33.32](#), [WHA34.22](#), [WHA35.26](#), [WHA37.30](#), [WHA39.28](#), [WHA41.11](#), [WHA43.3](#), [WHA45.34](#) and [WHA46.7](#) concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration for Nutrition<sup>10</sup>, [\(1\)](#) through coherent effective intersectoral action, including:

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

(c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;<sup>11</sup> [\(2\)](#)

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<sup>10</sup> *World Declaration and Plan of Action for Nutrition*. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

<sup>11</sup> *Protecting, promoting and supporting breast-feeding: the special role of maternity services*. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.



(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the [International Code of Marketing of Breast-milk Substitutes](#) in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting *emergency relief operations*, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given *only* if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;<sup>12</sup>(3)

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

### 3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

(4) to urge Member States to initiate the [Baby-friendly Hospital Initiative](#) and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions,

<sup>12</sup> Document WHA39/1986/REC/1, Annex 6, part 2

and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

9 May 1994

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## **b) Relevant Clauses of the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement<sup>13</sup>**

### *Clause 4: Information and Education*

(c) Manufacturers and importers of infant formulas should not donate informational or educational equipment or materials unless it is at the request of, and with the written approval of, the appropriate government authority or within guidelines given by the Commonwealth, State or Territory Governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary infant formula, and should be distributed only through the health care system. (WHO Code Article 4.3)

### *Clause 5: The general public and mothers*

(a) Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public. (WHO Code Article 5.1)

(b) Manufacturers and importers of infant formulas should not provide samples of infant formulas to the general public, pregnant women, parents or members of their families. (WHO Code Article 5.2)

(c) Manufacturers and importers of infant formulas should not distribute to pregnant women, or parents of infants and young children, any gift or articles or utensils, which may promote the use of breast milk substitutes or bottle-feeding. (WHO Code Article 5.4)

(d) Marketing personnel, in their business capacity, should not seek direct or indirect contact with pregnant women or with parents of infants and young children. This does not prevent appropriately qualified personnel from responding to complaints or unsolicited requests for information. For these requests, parents should be referred to a health care professional whenever health advice is required. (WHO Code Article 5.5)

### *Clause 6: Health care system<sup>14</sup>*

(e) Manufacturers and importers of infant formulas may make donations, or low-priced sales, of infant formulas to institutions or organisations, whether for use in the institutions or for distribution outside them. Such provisions should only be used or distributed for infants who have to be fed on breast milk substitutes. If these provisions are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Manufacturers or importers should not use such donations or low-price sales as a sales inducement. (WHO Code Article 6.6).

<sup>13</sup> Note: The following clauses of the MAIF Agreement do not represent the entire MAIF Agreement but are selected due to their relevance to emergency situations. They should be read in the context of the full MAIF Agreement that can be accessed online at:

<https://www.accc.gov.au/site-search/MAIF%20Agreement#:~:text=ACCC%20proposes%20to%20re-authorise%20infant%20formula%20marketing%20code,12%20months.%20It%20has%20been%20authorised%20since%201992.>

<sup>14</sup> See Section 4: Definitions

f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that their provision can be continued as long as the infant concerned need them. Donors, as well as the institution or organisations concerned should bear in mind this responsibility (WHO Code Article 6.7)

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### c) Governance and Frameworks for the Management of Emergencies

In Australia, state and territory governments have primary responsibility for protecting life, property and the environment within their borders. They have established plans in place to respond to, and recover from, natural and human made emergencies<sup>15</sup>. Each emergency can present its own unique challenges that may create urgent needs in both the short and long term. A number of crisis and emergency management plans are available to address specific needs. In relation to national and international health emergencies restricting access to food supply, the following may be of relevance.

#### *Emergency Management Australia*

Emergency Management Australia, a Division of the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.<sup>16</sup>

#### *Australian Government Crisis Management Framework (AGCMF)*

The Department of the Prime Minister and Cabinet is responsible for maintaining and updating the [Australian Government Crisis Management Framework](#) (AGCMF). The AGCMF underpins the other crisis plans which are maintained by Emergency Management Australia, located within the Australian Government Department of Home Affairs.

To complement the efforts of state, territory and international governments responding to a disaster or emergency, the Australian Government can also provide [physical and financial assistance](#) to those affected.

Emergency Management Australia, located within the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.

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<sup>15</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/emergency-response-plans>

<sup>16</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/about-emergency-management>

### *National Coordination Mechanism (NCM)*

The NCM operates through the Department of Home Affairs that coordinates the whole of government responses to issues outside the direct health management of a health emergency.

The Australian Government has activated the NCM in response to the spread of COVID-19, with the states and territories. This means that the Australian Government Department of Health will continue to lead on the health impacts and health system services such as hospitals, primary care and the aged care sector. The NCM will identify any issues that need to be addressed and assess the capabilities available to meet those challenges within government, industry and the community.

### *International Health Regulations*

The International Health Regulations 2005 (IHR) is an international public health treaty that commits signatory countries to take action to prevent, protect against, control and provide a public health response to the international spread of disease. As a signatory, Australia has a range of obligations, including reporting and maintaining certain core capacities at designated points of entry and informing the WHO if any measures implemented interfere with international trade or travel.

### *Emergency Health Management in Australia*

State and territory health authorities in Australia manage health emergencies.

The Australian Government Department of Health are involved when health emergencies have a national or international impact.

National health emergencies require a coordinated approach to:

- facilitate consistent and appropriate responses between states and territories
- manage the extra load on our health system
- reduce the effect on Australians.

Australia needs to be prepared for a range of health emergencies including:

- communicable disease outbreaks - such as epidemics, influenza or the COVID-19 pandemic
- the health effects of natural disasters — such as floods, bushfires and cyclones
- acts of terrorism — such as bombings, shootings or bioterrorism
- mass casualty incidents — such as plane and train crashes

#### d) Relevant Legislation

The areas of legislation available to support response actions relevant to infant feeding in emergencies are described in the following subsections.

##### *State and territory government legislative powers*

States and territories have a broad range of public health and emergency response powers available under public and emergency legislation for responding to public health emergencies. They also have legislative powers that enable them to implement biosecurity arrangements within their borders and that complement Australian Government biosecurity arrangements.

##### *The National Health Security Act 2007*

The National Health Security Act 2007 (NHS Act) authorises the exchange of public health surveillance information (including personal information) between the Australian Government, states and territories and the WHO. The National Health Security Agreement supporting the NHS Act formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies.

##### *Therapeutic Goods Act 1989*

The Therapeutic Goods Act 1989 establishes a framework for ensuring the timely availability of therapeutic goods (i.e. medicines, medical devices and biological products) that are of acceptable quality, safety and efficacy/performance. There are provisions within the legislation that operate at an individual patient level and at a program level (such as the maintenance of a National Medical Stockpile (NMS)) to allow for the importation and supply of products and the use of new, disease-specific in vitro medical diagnostic tests that have not been approved for use in Australia. These products may be required to deal with an actual threat to individual and public health caused by an emergency that has occurred or to create a preparedness to deal with a potential threat to health that may be caused by a possible future emergency.



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## Summary of Comments on MAIF Complaints Committee: Decision-making framework for donations of infant formula in emergencies

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## 1. Introduction

Public health emergencies and natural and other disasters in Australia can create food insecurity for all population groups impacted. Ensuring adequate nutrition for vulnerable population groups, such as infants, is critical for their survival. [The Australian Government is committed to the protection and promotion of breastfeeding and to the application of relevant agreements in the broader context of emergency management frameworks in Australia \(see Appendix\).](#)

This decision-making framework has been developed in the context of the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement)<sup>1</sup>, in order to provide guidance to the MAIF signatories and assist the MAIF Complaints Committee (the Committee) in their decision-making responsibilities.

When breastfeeding is not possible, breastmilk substitutes in the form of infant formula is the only safe alternative. On some occasions, supply or donations of infant formula to jurisdictional authorities, health care bodies and food relief agencies may be required to meet the need of communities and individuals in exceptionally difficult circumstances. In any circumstance, it remains important to ensure measures are in place to protect and promote breastfeeding where possible, and that breastmilk substitutes, such as infant formula, are supplied on request and not distributed unnecessarily or promoted. This framework has been developed as the Department of Health (the Department) and the Committee have increasingly received enquiries from industry and emergency relief organisations requesting guidance for donation of infant formula during exceptional circumstances. These requests have been received when states and territories have experienced emergency situations, including floods and bushfires, as well as a national state of emergency due to the covid-19 pandemic.

This decision-making framework will accompany and be reviewed alongside the development of the anticipated national policy on infant and young child feeding in emergencies as recommended in Action Area 3.2 of the *Australian National Breastfeeding Strategy 2019 and beyond*.<sup>2</sup>

## 2. Background

Breastfeeding is vital to the lifelong health of infants, women and families the world over. In recognition of falling breastfeeding rates, the World Health Assembly adopted the *International Code of Marketing of Breast-Milk Substitutes* (the Code)<sup>3</sup> in 1982. The Code is a set of recommendations aimed at stopping commercial interests from impacting on breastfeeding rates and aims to contribute 'to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate

<sup>1</sup> <https://www.accc.gov.au/system/files/public-registers/documents/D15%2B143530.pdf>

<sup>2</sup> Council of Australian Governments 2019, *Australian National Breastfeeding Strategy 2019 and beyond*, Canberra ACT Accessed online: <http://www.coaghealthcouncil.gov.au/Publications/Reports> on 29/09/21

<sup>3</sup> World Health Organization 1981, *International Code of Marketing of Breast-Milk Substitutes*, Geneva.

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information and through appropriate marketing and distribution' (Article 1). Subsequent resolutions by the World Health Assembly have sought to strengthen and clarify the Code.

One mechanism by which the Code is enacted in Australia is through the MAIF Agreement. The [MAIF Agreement](#) has operated since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formula in Australia.

The scope of the MAIF Agreement includes infant formula products suitable for infants up to 12 months, but does not include marketing activity undertaken by retailers, or marketing of infant feeding bottles and teats. The MAIF Agreement applies to those Australian manufacturers and importers of infant formula who are signatories to the MAIF Agreement.

3. The the Department has overarching responsibility for the management of complaints received in relation to potential breaches of the MAIF Agreement by its signatories. These complaints are considered on a case by case basis by the Committee. Further details of the MAIF Agreement and relevant clauses specific to donation of infant formula are provided in the [Appendix](#). Guiding Principles

In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency.<sup>5</sup> The Commonwealth does not have specific legislative power to deal with emergencies and does not have equivalent generic legislation, however there are whole-of government arrangements that have been developed to be applicable in any emergency or crisis, including public health crises such as pandemics. Further details are provided in the [Appendix](#).

In relation to distribution and donation of infant formula in emergency settings, decisions are guided by the specific circumstances of each emergency, the legislation of the relevant jurisdiction, and in the context of the the MAIF Agreement.

### **International Code of Marketing of Breast-Milk Substitutes**

The International Code of Marketing of Breast-milk substitutes from the World Health Organization (WHO) (the Code) was formulated with the aim of contributing to: *"the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution"*.

The WHO Code is an overarching document which gives priority to supporting and promoting breastfeeding and advocates that infants be breastfed. If infants are not

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<sup>5</sup> Elphic, K 2020 Australian COVID-19 response management arrangements: a quick guide Parliament of Australia, Department of Parliamentary Services Research Paper Series 2019-2020.

breastfed, for whatever reason, the WHO Code also advocates feeding them the only suitable and safe breast-milk substitute, a scientifically developed infant formula product.

Breast-milk substitutes should be available when needed, but they should not be promoted.<sup>6</sup> Australia is a signatory to the WHO Code. The MAIF Agreement is one way Australia gives effect to the Code.

### World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

Since 1981, there have been several World Health Assembly (WHA) resolutions that refer to the marketing and distribution of breast-milk substitutes and clarify or extend issues covered in the WHO Code. The 1994 World Health Assembly Resolution (WHA 47.5)<sup>7</sup> on Infant and Young Child Nutrition urged Member States to take the following measures in emergency situations (relevant clauses noted):

(2) to ensure that there are no donations of free or subsidised supplies of breast-milk substitutes and any other products<sup>8</sup> covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.

(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the WHO Code are given only if all the following conditions apply:

- (a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes<sup>9</sup>;
- (b) the supply is continued for as long as the infants concerned need it; and
- (c) the supply is not used as a sales inducement."

## 4. Decision-making Framework

The decision-making framework is a tool to guide decisions in emergency settings, in relation to donation of infant formula to designated food relief agencies and health care providers. The guidance provides for distribution to those in need in accordance with the relevant jurisdiction's emergency management plan and needs assessment. Specific criteria needs to be met and steps taken to ensure adequate nutrition is supplied to carers who were feeding their infant with infant formula prior to the emergency.

<sup>6</sup> World Health Organization (1981). The International Code of Marketing of Breast-milk Substitutes: Accessed online at: <https://apps.who.int/nutrition/publications/en/> on 30/09/21

<sup>7</sup> World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization. Accessed online at <https://apps.who.int/iris/handle/10665/177373> on 22/9/21

<sup>8</sup> Products listed within scope of the WHO Code as follows: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

<sup>9</sup> Document WHA39/1986/REC/1, Annex 6, part 2

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## **Circumstances where infant formula may be donated or provided**

Infant formula may be procured by jurisdictional authorities or food relief organisations from companies who manufacture or import infant formula, to meet an established demand. In accordance with the relevant jurisdictional emergency management plan, this may occur in the following situations:

### *Public Health Emergencies*

This may include a localised outbreak of disease, epidemic or global pandemic<sup>10</sup> that creates disruptions to supply of essential goods and services. The resulting possible isolation and quarantine requirements, loss of income, disruption to supply chain and lack of availability of, and access to goods and services, can lead to the need for food relief and/or support.

### *Natural & Other Disasters*

Natural and other disasters<sup>11</sup> often cause personal and financial hardship for both individuals and communities, and can result in illness, injury, and loss of life. During periods of natural disaster in Australia, there can be significant immediate impacts on communities and individuals including destruction of housing and infrastructure such as retail outlets, disruption to power supplies, absence of safe drinking water and adequate hygiene and sanitation. Further, loss of income, disruption to supply chains resulting in threats to food security and ability to store and prepare food safely can also create demand for food relief and/or support.

### **Criteria for donation of infant formula**

Figure 1 outlines the criteria required for donations of infant formula to relief organisations in the event of public health emergency, a natural or other disaster.

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<sup>10</sup> A pandemic is the worldwide spread of a new disease. Viral respiratory diseases such as those caused by a new influenza virus or the coronavirus COVID-19, are the most likely to turn into a pandemic, [www.healthdirect.gov.au/what-is-a-pandemic](http://www.healthdirect.gov.au/what-is-a-pandemic)

<sup>11</sup> [www.healthdirect.gov.au/natural-disasters](http://www.healthdirect.gov.au/natural-disasters)

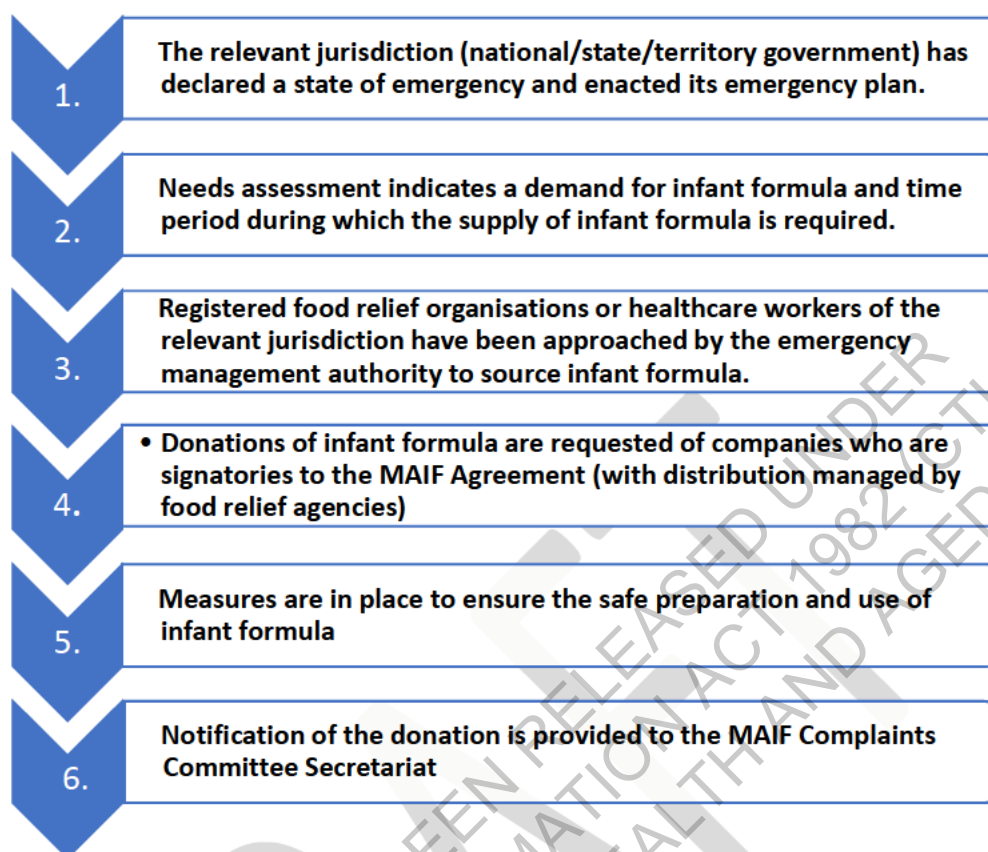


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*Figure 1: Criteria to guide decisions taken in relation to acceptance and management of infant formula donations*

#### Decision framework explained

1. The relevant Australian or state or territory government has declared a state of emergency and enacted its emergency management plan.
  - The jurisdictional emergency management authority has confirmed the affected regions have access to adequate supplies of clean water and the required equipment to safely prepare and store the infant formula (including energy for heating, preparing, cleaning and sterilising of equipment) or that any donation is accompanied by provision of adequate supplies.
  - The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption.
2. A detailed needs assessment has been undertaken and quantified a demand for infant formula and time period during which the supply of infant formula is required (where possible)
  - The relevant jurisdiction has undertaken a needs assessment in accordance with its emergency management plan.

- The needs assessment clearly identifies the level of need (amount of supply and length of donation period, if ongoing past initial date secondary needs assessment to be completed) for infant formula and related supplies.
  - The needs assessment, including information on level of demand for infant formula, has been provided to the appropriate jurisdictional authority<sup>12</sup> with responsibility for the emergency management plan.
  - Notification has been issued in writing by the jurisdictional authorities to food relief organisations or the Infant Nutrition Council (INC) of the request for infant formula donations. INC members who are signatories to the MAIF Agreement may donate infant formula.
- 3. Registered food relief organisations of the relevant jurisdictions have been approached by the emergency management authority to source infant formula.**
- The decision-making authority responsible for the relevant jurisdictional emergency management plan has consulted with the registered food relief organisations in the jurisdiction (such as Foodbank or Red Cross), to determine the response to the request for donations, and strategy for distribution based on the needs assessment.
- 4. Donations are of infant formula and are requested of companies who are signatories to the MAIF Agreement with distribution managed by food relief agencies.**
- As infant formula is nutritionally suitable for infants up to 12 months of age it is the only product that can be donated. Toddler milks for young children from 12 months of age and complementary foods for infants and young children are out of scope.
  - The donating manufacturer/s and/or importer/s must be a signatory to the MAIF Agreement and have standards or policies in place for the donation of infant formulas during emergencies that align with the MAIF Agreement and its guidelines.
  - All clauses of the MAIF Agreement must be adhered to. Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public, this includes promoting a donation of infant formula as goodwill.
  - The infant formula is not provided by manufacturer/importers directly to caregivers but through registered food relief organisations or alternatively health care professionals specified by the relevant jurisdiction.
  - The parents and/or carers of the infants are provided with the following important information:
    - a. advice that infants who are being breastfed should continue to be breastfed;
    - b. conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and
    - c. contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.
- 5. Measures are in place to ensure the safe preparation and use of infant formula**

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<sup>3</sup>

<sup>12</sup> Refers to the person/s or organisation identified as the jurisdictional authority within the emergency management plan

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- Infant formula<sup>13</sup> (suitable from birth up to six months) is to be provided only to the parents and/or carers of infants who were previously feeding their infant with infant formula prior to the emergency.
- The amount of product donated and the duration of the donation is consistent with demand as identified in the needs assessment.
- The infant formula provided to the parents and/or carers is within the 'use by/best before date' and is accompanied by clear instructions and guidelines for the safe preparation, storage, and handling of infant formula products.
- Emergency authorities have determined that electricity for heating, sterilising and cleaning is available; access to clean running water; and appropriate equipment is available such as bottles, teats, cups and sterilising equipment.
- All information provided on the supplied infant formula and information accompanying the infant formula is to comply with the MAIF Agreement and the Australia New Zealand Food Standards Code and is therefore not to be promotional in nature.
- 6. Notification of the donation is provided to the MAIF Complaints Committee Secretariat Information regarding the circumstances of the donation will be for record keeping and monitoring purposes to assist in responding to any complaints received in relation to the MAIF Agreement.
- Any complaints received will be considered by the MAIF Complaints Committee on a case by case basis.

## Roles and Responsibilities

### *Jurisdictional Emergency Management Plan Authorities*

Government authorities responsible for implementing jurisdictional emergency management plans are responsible for undertaking the needs assessment and ensuring these needs are responded to. These authorities are to ensure that all conditions and criteria of the established framework have been met, including assurance that the required donations have been delivered as planned and that access to power and clean water is available.

### *Infant Nutrition Council (INC)*

The INC is responsible for liaising with industry members to secure supply of donated infant formulas.

### *Food relief organisations*

Food relief agencies are to advise of stock levels and supply needs as requested and maintain communication with the jurisdictional authorities. Food relief agencies can request supplies from the INC, following approval of the needs assessment, who can coordinate donations from their members who are signatories to the MAIF Agreement. The food relief agencies are to coordinate the supply of donated infant formula to formula feeding carers in

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<sup>13</sup> See Section 5 definitions

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need, in accordance with the needs assessment and with the guidance of the jurisdictional authorities of the emergency management plan.

#### *Manufacturers and importers of infant formulas*

Only companies who are signatories to the MAIF Agreement can donate infant formula. Companies who provide infant formula must adhere to the guidance of the MAIF Agreement, the jurisdictional authorities responsible for the emergency management plan and the registered food relief agency/health authority directions.

Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public, this includes promoting a donation of infant formula as goodwill through any channels (including digital and social media channels).

#### *MAIF Complaints Committee*

The Committee does not have responsibility for, nor is it involved in emergency responses or food relief efforts. The Committee seeks to uphold Australia's obligations to the WHO Code, providing the basis for the monitoring of the marketing of infant formulas in Australia. Alleged breaches of the MAIF Agreement when infant formula donations are made during emergency situations, should be directed to the Committee, and will be considered on a case-by-case basis. The MAIF Complaints Committee may determine a breach of the MAIF Agreement if a manufacturer/importer does not comply with this decision-framework or the MAIF Agreement in association with a donation of infant formula during an emergency situation.

#### *Australian Government Department of Health*

In the context of infant formula donations, the Department has overarching responsibility for the MAIF Agreement and provides secretariat support to the Committee. As such the Department will serve this function, and any other functions as necessary and as identified within the jurisdictional emergency management plans on a case by case basis. The Department is responsible for ensuring that this decision-making framework is implemented in accordance with all relevant national legislation and emergency frameworks appropriate to the specific emergency.

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## 5. Definitions

**Australia New Zealand Food Standards Code (Food Standards Code)** – is a set of standards that regulate the use of ingredients, processing aids, colourings, additives, vitamins and minerals. The Food Standards Code also covers the composition of some foods, such as dairy, meat and beverages as well as foods developed by new technologies such as genetically modified foods. Within the Food Standards Code are certain labelling requirements for packaged and unpackaged food, for example specific mandatory warnings or advisory labels. Standards also exist for primary production and processing within the Food Standards Code.

**Breast-milk substitutes** – any food marketed or otherwise represented as replacement for breast-milk, whether suitable for that purpose.

**Epidemic** – an outbreak of an infectious disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

**Food relief organisation** - organisations that are funded to ensure food items are available for Emergency Relief providers to deliver to individuals and families in need across Australia. (The 3 organisations funded for food relief by the Australian Government Department of Social Services are OzHarvest, SecondBite and Foodbank).

**Health care professional** – a professional or other appropriately trained person working in a component of the health care system, including pharmacists and voluntary workers.

**Health care system** – governmental, non-governmental or private institutions engaged, directly or indirectly, in health care for mothers, infants and pregnant women and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this document, the health care system does not include pharmacies or other retail outlets.

**Infant** - means a person under the age of 12 months (Australia New Zealand Food Standards Code, Standard 2.9.1 - Infant Formula Products).

**Infant formula** – any food described or sold as an alternative for human milk for the feeding of infants up to the age of twelve months and formulated in accordance with all relevant clauses of the Australia New Zealand Food Standards Code, including Standard 2.9.1 - Infant Formula Products (MAIF Agreement).

**Infant formula product** – means a product based on milk or other edible food constituents of animal or plant origin which is nutritionally adequate to serve by itself either as the sole or principal liquid source of nourishment for infants, depending on the age of the infant.

**Jurisdictional authority** - refers to the person/s or organisation identified in the jurisdictional emergency plan.

**MAIF Agreement** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) has operated in Australia since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of

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infant formulas in Australia. The Agreement applies to Australian manufacturers and importers of infant formula who are signatories to the MAIF Agreement.

**MAIF Complaints Committee** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) Complaints Committee (Committee) was established in 2018. The Committee consists of three members: an independent representative; a public health representative; and an industry representative. The Department is responsible for secretariat functions of the Committee. The membership of the Committee can be accessed online at:  
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/MAIF-Complaints-Committee>.

**Marketing** - means product promotion, distribution, selling, advertising, product public relations and information services.

**Natural Disaster** - Natural disasters in Australia can include heatwaves, bushfires, droughts, floods, severe storms and tropical cyclones, earthquakes, tsunamis and landslides.

**Pandemic** - outbreak of infectious disease that occurs over a wide geographical area and that is of high prevalence, generally affecting a significant proportion of the world's population, usually over the course of several months.

**Promotion** - includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

**Supplies** – refers to quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

## 6. Appendix <sup>1</sup>

<sup>2</sup>

### a) World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions [WHA33.32](#), [WHA34.22](#), [WHA35.26](#), [WHA37.30](#), [WHA39.28](#), [WHA41.11](#), [WHA43.3](#), [WHA45.34](#) and [WHA46.7](#) concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration for Nutrition<sup>14</sup>, <sup>(1)</sup> through coherent effective intersectoral action, including:

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

(c) ensuring that all health <sup>(3)</sup> personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;<sup>15</sup> <sup>(2)</sup>

<sup>14</sup> *World Declaration and Plan of Action for Nutrition*. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

<sup>15</sup> *Protecting, promoting and supporting breast-feeding: the special role of maternity services*. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.



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(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the [International Code of Marketing of Breast-milk Substitutes](#) in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting *emergency relief operations*, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given *only* if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;<sup>16</sup> [\(3\)](#)

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

(4) to urge Member States to initiate the [Baby-friendly Hospital Initiative](#) and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions,

[11](#)

<sup>16</sup> Document WHA39/1986/REC/1, Annex 6, part 2

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and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

9 May 1994



## b) Relevant Clauses of the MAIF Agreement<sup>17</sup>

### *Clause 4: Information and Education*

(c) Manufacturers and importers of infant formulas should not donate informational or educational equipment or materials unless it is at the request of, and with the written approval of, the appropriate government authority or within guidelines given by the Commonwealth, State or Territory Governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary infant formula, and should be distributed only through the health care system (WHO Code Article 4.3).

### *Clause 5: The general public and mothers*

(a) Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public (WHO Code Article 5.1).

(b) Manufacturers and importers of infant formulas should not provide samples of infant formulas to the general public, pregnant women, parents or members of their families (WHO Code Article 5.2).

(c) Manufacturers and importers of infant formulas should not distribute to pregnant women, or parents of infants and young children, any gift or articles or utensils, which may promote the use of breast-milk substitutes or bottle-feeding (WHO Code Article 5.4).

(d) Marketing personnel, in their business capacity, should not seek direct or indirect contact with pregnant women or with parents of infants and young children. This does not prevent appropriately qualified personnel from responding to complaints or unsolicited requests for information. For these requests, parents should be referred to a health care professional whenever health advice is required (WHO Code Article 5.5).

### *Clause 6: Health care system<sup>18</sup>*

(e) Manufacturers and importers of infant formulas may make donations, or low-priced sales, of infant formulas to institutions or organisations, whether for use in the institutions or for distribution outside them. Such provisions should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these provisions are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Manufacturers or importers should not use such donations or low-price sales as a sales inducement (WHO Code Article 6.6).

<sup>17</sup> Note: The following clauses of the MAIF Agreement do not represent the entire MAIF Agreement but are selected due to their relevance to emergency situations. They should be read in the context of the full MAIF Agreement that can be accessed online at:

<https://www.accc.gov.au/site-search/MAIF%20Agreement#:~:text=ACCC%20proposes%20to%20re-authorise%20infant%20formula%20marketing%20code,12%20months.%20It%20has%20been%20authorised%20since%201992.>

<sup>18</sup> See Section 4: Definitions

f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that their provision can be continued as long as the infant concerned need them. Donors, as well as the institution or organisations concerned should bear in mind this responsibility (WHO Code Article 6.7)

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### c) Governance and Frameworks for the Management of Emergencies

*In Australia, state and territory governments have primary responsibility for protecting life, property and the environment within their borders. They have established plans in place to respond to, and recover from, natural and human made emergencies.<sup>19</sup> Each emergency can present its own unique challenges that may create urgent needs in both the short and long term. A number of crisis and emergency management plans are available to address specific needs. In relation to national and international health emergencies restricting access to food supply, the following may be of relevance. Emergency Management Australia*

Emergency Management Australia, a Division of the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.<sup>20</sup>

#### *Australian Government Crisis Management Framework (AGCMF)*

The Department of the Prime Minister and Cabinet is responsible for maintaining and updating the [Australian Government Crisis Management Framework](#) (AGCMF). The AGCMF underpins the other crisis plans which are maintained by Emergency Management Australia, located within the Australian Government Department of Home Affairs.

To complement the efforts of state, territory and international governments responding to a disaster or emergency, the Australian Government can also provide [physical and financial assistance](#) to those affected.

Emergency Management Australia, located within the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.

#### *National Coordination Mechanism (NCM)*

The NCM operates through the Department of Home Affairs that coordinates the whole of government responses to issues outside the direct health management of a health emergency.

<sup>19</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/emergency-response-plans>

<sup>20</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/about-emergency-management>

The Australian Government has activated the NCM in response to the spread of COVID-19, with the states and territories. This means that the Australian Government Department of Health will continue to lead on the health impacts and health system services such as hospitals, primary care and the aged care sector. The NCM will identify any issues that need to be addressed and assess the capabilities available to meet those challenges within government, industry and the community.

#### *National Recovery and Resilience Agency (NRRRA)*

On 5 May 2021, the Prime Minister announced the establishment of the [National Recovery and Resilience Agency](#) (NRRRA). The Agency combines expertise in natural disaster response, recovery and resilience, working with affected communities and all levels of government and industry. Stood up on 1 July 2021, the Agency incorporates the disaster risk reduction and recovery functions from the Department of Home Affairs.

#### *International Health Regulations*

The International Health Regulations 2005 (IHR) is an international public health treaty that commits signatory countries to take action to prevent, protect against, control and provide a public health response to the international spread of disease. As a signatory, Australia has a range of obligations, including reporting and maintaining certain core capacities at designated points of entry and informing the WHO if any measures implemented interfere with international trade or travel.

#### *Emergency Health Management in Australia*

State and territory health authorities in Australia manage health emergencies.

The Australian Government Department of Health are involved when health emergencies have a national or international impact.

National health emergencies require a coordinated approach to:

- facilitate consistent and appropriate responses between states and territories
- manage the extra load on our health system
- reduce the effect on Australians.

Australia needs to be prepared for a range of health emergencies including:

- communicable disease outbreaks - such as epidemics, influenza or the COVID-19 pandemic
- the health effects of natural disasters — such as floods, bushfires and cyclones
- acts of terrorism — such as bombings, shootings or bioterrorism
- mass casualty incidents — such as plane and train crashes



#### d) Relevant Legislation

The areas of legislation available to support response actions relevant to infant feeding in emergencies are described in the following subsections.

##### *State and territory government legislative powers*

States and territories have a broad range of public health and emergency response powers available under public and emergency legislation for responding to public health emergencies. They also have legislative powers that enable them to implement biosecurity arrangements within their borders and that complement Australian Government biosecurity arrangements.

##### *The National Health Security Act 2007*

The National Health Security Act 2007 (NHS Act) authorises the exchange of public health surveillance information (including personal information) between the Australian Government, states and territories and the WHO. The National Health Security Agreement supporting the NHS Act formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies.

##### *Therapeutic Goods Act 1989*

The Therapeutic Goods Act 1989 establishes a framework for ensuring the timely availability of therapeutic goods (i.e. medicines, medical devices and biological products) that are of acceptable quality, safety and efficacy/performance. There are provisions within the legislation that operate at an individual patient level and at a program level (such as the maintenance of a National Medical Stockpile (NMS)) to allow for the importation and supply of products and the use of new, disease-specific in vitro medical diagnostic tests that have not been approved for use in Australia. These products may be required to deal with an actual threat to individual and public health caused by an emergency that has occurred or to create a preparedness to deal with a potential threat to health that may be caused by a possible future emergency.

## Donation of infant formula during emergencies: guidance for manufacturers and importers

The MAIF Agreement aims to contribute to the provision of safe and adequate nutrition for infants, by protecting and promoting breastfeeding and by ensuring the proper use of breast milk substitutes, when they are necessary, on the basis of adequate information through appropriate marketing and distribution.

The MAIF Complaints Committee appreciates that Australia is a country that commonly experiences natural emergencies, and in conjunction with recent pandemic event, has prepared guidelines to assist manufactures and/or importers in understanding their obligations under the MAIF Agreement whilst acknowledging their ability to provide food relief to infants who require it.

The MAIF Complaints Committee understands Australia's commitment to the World Health Organization International Code of Marketing of Breast-milk Substitutes and the World Health Assembly Resolution (WHA 47.5) resolution that in 1994 urged Governments: *"to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system."*

Notwithstanding this, the MAIF Complaints Committee acknowledges that not all situations in Australia are straightforward and upholds its commitment to ensuring the safe and adequate nutrition for all infants.

The MAIF Agreement states:

Clause 4 (c) Manufacturers and importers of infant formula should not donate informational or educational equipment or materials unless it is at the request of, and with the written approval of, the appropriate government authority or within guidelines given by the Commonwealth, State or Territory Governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary infant formula, and should be distributed only through the health care system (WHO Code Article 4.3).

Clause 6 (f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that these provisions can be continued as long as the infants concerned need them. Donors, as well as the institutions or organisations concerned should bear in mind this responsibility (WHO Code Article 6.7).

Clause 6 (g) Equipment and materials, in addition to those referred to in clause 4 (c), donated to a health care system may bear a company's name or logo, but should not refer to any proprietary infant formulas (WHO Code Article 6.8).

The MAIF Complaints Committee does not have responsibility, nor is it involved in emergency responses or food relief efforts. The MAIF Complaints Committee works to uphold Australia's obligations to the WHO Code, providing the basis for control of the marketing of infant formula in Australia.

## Summary of Comments on 3. D20-1607271 Draft guidance - Donation of Infant formula during emergencies(94778917.1).pdf

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In the event of national and/or state and/or territory emergencies and/or pandemics that has an effect on the food supply, the appropriateness of manufacturers and/or importers donating infant formula and follow-on formula in accordance with their obligations under the MAIF Agreement, will <sup>1</sup> be considered on a case-by-case basis by the MAIF Complaints Committee and the Department of Health, as long as the following criteria has been met:

- The Australian or state and/or territory government has declared a state of emergency that may affect food supply and/or access; or the state and/or territory has enacted their emergency response plan;
- <sup>2</sup>Manufacturers and/or importers have standards or policies for the donation of infant formula during emergencies;
- The manufacturer and/or importer has received a request from a state or territory government authority or healthcare professional to donate infant formula that is based on a needs assessment of infants in the region affected;
- The manufacturers and/or importer consults with the responsible state or territory government affected and the regions registered food relief organisations (such as Foodbank or Red Cross);
- Confirmation the regions affected have access to clean water and the provision to safely prepare the infant formula (energy to heat for preparing and cleaning);
- Confirmation the regions affected have access to required equipment (bottles and teats) and provisions to adequately clean the equipment;
- The infant formula and follow-on formula is being sent directly to health care professionals for appropriate distribution;
- The manufacturers and/or importer will arrange and record details the transport means of the infant formula products;
- The infant formula is provided to the parents and/or carers is accompanied by clear information, instructions and guidelines for the safe preparations, storage and handling of powdered infant formula. All information is to comply with Clause 4 of MAIF Agreement and not be promotional in nature;
- Provide the following important information:
  - Conditions during emergencies can exacerbate the health risks associated with formula feeding;
  - Infants who are being breastfed should continue to be breastfed; and
  - Provide details of the Australian Breastfeeding Association for support to re-start breastfeeding.
- The emergency event is not being used as an opportunity to market infant formula to those communities and/or regions affected by the emergency via the healthcare system;
- The manufacturer and/or importer does not engage or use the media to promote their 'goodwill'.

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Australian Government Department of Health

# Decision-Making Framework for donations of infant formula in emergencies

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## 1. Introduction

Ensuring infants have access to an adequate supply of age appropriate nutrition is critical for their survival. Public health emergencies and natural and other disasters in Australia can create an urgent need for food relief. In circumstances where breastfeeding of infants is not possible, alternative sources of infant nutrition must be sourced to protect the health of this vulnerable population group. On some occasions, donated infant formula may be required to meet demand from communities and individuals in exceptionally difficult circumstances. In any circumstance, it remains important to ensure measures are in place to protect and promote breastfeeding where possible, and that breastmilk substitutes, such as infant formula, are not distributed unnecessarily or promoted.

This decision-making framework is intended to assist in defining the exceptional circumstances where the receipt and distribution of donated infant formulas is necessary. For the purposes of this decision-making framework, toddler milks and/or complementary foods for young children over twelve months of age are out of scope.

The framework is in the context of Australia's commitment to the protection and promotion of breastfeeding and to the application of relevant agreements in the broader context of emergency management frameworks in Australia. These are provided for reference in the [Appendix](#). It will also serve as a component of an anticipated national policy on infant and young child feeding in emergencies as recommended in Action Area 3.2 of the *Australian National Breastfeeding Strategy 2019 and beyond*.<sup>1</sup>

## 2. Guiding Principles

In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency.<sup>2</sup> The Commonwealth does not have specific legislative power to deal with emergencies and does not have equivalent generic legislation, however there are whole-of government arrangements that have been developed to be applicable in any emergency or crisis, including public health crises such as pandemics. Further details are provided in the [Appendix](#).

In relation to donations and distribution of infant formulas in emergency settings, decisions are guided by the specific circumstances of each emergency, the legislation of the relevant jurisdiction, and in the context of the following national and international agreements

### **International Code of Marketing of Breast-milk Substitutes**

The WHO Code was formulated with the aim of contributing to: *"the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution"*.

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<sup>1</sup> Council of Australian Governments 2019, Australian National Breastfeeding Strategy 2019 and beyond, Canberra ACT Accessed online: <http://www.coaghealthcouncil.gov.au/Publications/Reports> on 29/09/21

<sup>2</sup> Elphic, K 2020 Australian COVID-19 response management arrangements: a quick guide Parliament of Australia, Department of Parliamentary Services Research Paper Series 2019-2020.

The WHO Code is an overarching document which gives priority to supporting and promoting breastfeeding and advocates that babies be breastfed. If babies are not breastfed, for whatever reason, the WHO Code also advocates feeding them safely on the best nutritional alternative. Breastmilk substitutes should be available when needed, but they should not be promoted.<sup>3</sup> Australia is a signatory to the WHO Code.

### **World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.**

Since 1981, there have been several World Health Assembly (WHA) resolutions that refer to the marketing and distribution of breastmilk substitutes and clarify or extend issues covered in the WHO Code. The 1994 World Health Assembly Resolution (WHA 47.5)<sup>4</sup> on Infant and Young Child Nutrition urged Member States to take the following measures in emergency situations (relevant clauses noted):

*2) to ensure that there are no donations of free or subsidised supplies of breast-milk substitutes and any other products<sup>5</sup> covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.*

*(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the WHO Code are given only if all the following conditions apply:*

- (a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes<sup>6</sup>;*
- (b) the supply is continued for as long as the infants concerned need it; and*
- (c) the supply is not used as a sales inducement."*

### **Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement**

Australia has in place the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement - a voluntary, self-regulatory code of conduct. The MAIF Agreement applies to Australian manufacturers and importers of infant formulas who are signatories. The MAIF Agreement represents part of Australia's implementation of the WHO Code and was developed in collaboration with industry, public health and government and tailored appropriately to the Australian context.

<sup>3</sup> World Health Organization (1981). The International Code of Marketing of Breast-milk Substitutes: Accessed online at: <https://apps.who.int/nutrition/publications/en/> on 30/09/21

<sup>4</sup> World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization. Accessed online at <https://apps.who.int/iris/handle/10665/177373> on 22/9/21

<sup>5</sup> Products listed within scope of the WHO Code as follows: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

<sup>6</sup> Document WHA39/1986/REC/1, Annex 6, part 2



The MAIF Agreement aims to contribute to the provision of safe and adequate nutrition for infants, by protecting and promoting breastfeeding and by ensuring the proper use of breast milk substitutes, when they are necessary, on the basis of adequate information through appropriate marketing and distribution. The MAIF Agreement includes infant formula products suitable for infants up to 12 months (i.e. infant formula, follow on formula), but does not include marketing activity undertaken by retailers, or marketing of infant feeding bottles and teats.

The Australian Government Department of Health has overarching responsibility for the management of complaints received in relation to potential breaches of the MAIF Agreement by its signatories. These complaints are considered on a case by case basis by the MAIF Complaints Committee comprising a public health representative, an industry representative and an independent chair. Further details of the relevant clauses of the MAIF Agreement are provided in the [Appendix](#).

### 3. Decision Framework

The decision framework is a tool to guide decisions taken in emergency settings in relation to procurement or receipt of donated infant formulas by designated food relief agencies and health care providers. The guidance provides for distribution to those in need in accordance with the relevant jurisdiction's emergency management plan. It will outline the appropriate criteria to be met and steps taken to ensure adequate nutrition is supplied to infants who require infant formula during times of emergency.

The steps to be taken to determine need and supply of donated infant formulas in emergency situations is shown in [Figure 1](#) and conditions are further explained in the following pages.

#### **Circumstances where donated infant formulas may be procured or provided.**

As represented in Figure 1, infant formula donations may be procured by jurisdictional authorities or food relief organisations from manufacturers, importers, and retailers of infant formulas, to meet an established demand. In accordance with the relevant jurisdictional emergency management plan, this may occur in the following situations:

##### *Public Health Emergencies*

This includes a localised outbreak of disease, epidemic or global pandemic<sup>7</sup> that creates disruptions to supply of essential goods and services. Isolation and quarantine requirements, loss of income, disruption to supply chain and lack of availability of, and access to goods and services, can lead to the need for food relief and/or support.

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<sup>7</sup> A pandemic is the worldwide spread of a new disease. Viral respiratory diseases such as those caused by a new influenza virus or the coronavirus COVID-19, are the most likely to turn into a pandemic, [www.healthdirect.gov.au/what-is-a-pandemic](http://www.healthdirect.gov.au/what-is-a-pandemic)



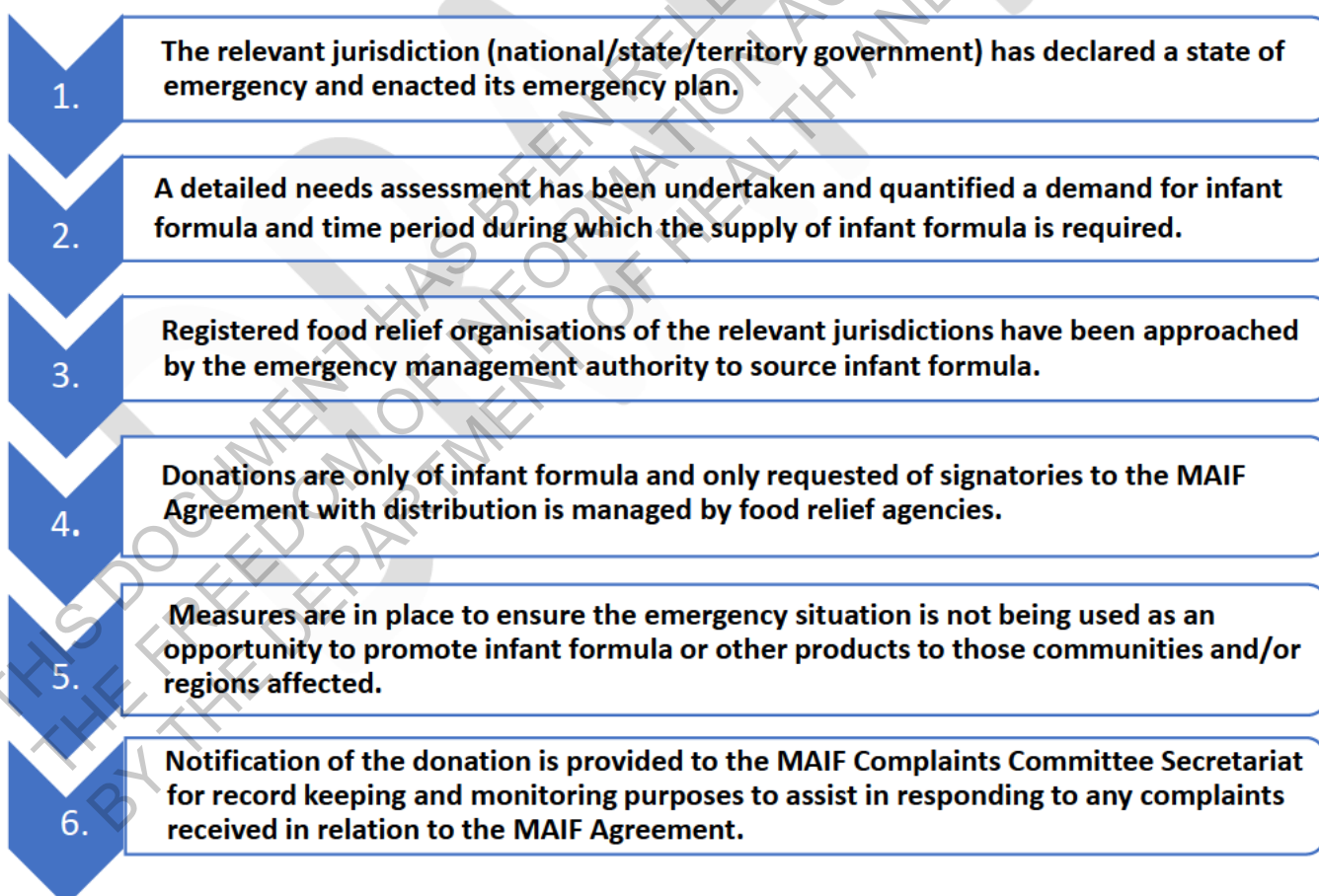
### *Natural & Other Disasters*

Natural and other disasters<sup>8</sup> often cause personal and financial hardship for both individuals and communities, and can result in illness, injury, and loss of life. During periods of natural disaster in Australia, there can be significant immediate impacts on communities and individuals including destruction of housing, disruption to power supplies, absence of safe drinking water and adequate hygiene and sanitation. Further, loss of income, disruption to supply chains resulting in threats to food security and ability to store and prepare food safely can also create demand for food relief and/or support.

### **Criteria for establishing demand and managing infant formula donations**

In the event of an emergency, the following criteria should be met to determine if a demand exists, the level of demand for infant formula, and how this demand can be met. This process should also ensure measures are in place to protect the health and well-being of infants and their carers.

**In the event of a public health emergency, a natural or other disaster, the following provides guidance and criteria for decisions taken in relation to infant formula donations:**



*Figure 1: Decision framework describing criteria to guide decisions taken in relation to acceptance and management of infant formula donations*

<sup>8</sup> [www.healthdirect/natural-disasters](http://www.healthdirect/natural-disasters)

## Decision Framework Explained

- 1. The relevant Australian or state or territory government has declared a state of emergency and enacted its emergency management plan.**
  - The jurisdictional emergency management authority has confirmed the affected regions have access to adequate supplies of clean water and the required equipment to safely prepare and store the infant formula (including energy for heating, preparing, cleaning and sterilising of equipment) or that any donation is accompanied by provision of adequate supplies.
  - The manufacturers and/or importer have arranged and provided details of the mode of transport of the infant formula that will ensure its safety and suitability for consumption.
- 2. A detailed needs assessment has been undertaken and quantified a demand for infant formula and time period during which the supply of infant formula is required (where possible)**
  - The relevant jurisdiction has undertaken a needs assessment in accordance with its emergency management plan.
  - The needs assessment identifies the level of need for infant formula and related supplies.
  - The needs assessment, including information on level of demand for infant formula, has been provided to the appropriate jurisdictional authority<sup>9</sup> with responsibility for the emergency management plan.
  - Notification has been issued in writing by the jurisdictional authorities to the Infant Nutrition Council (INC) of the request for infant formula donations from members who are signatories to the MAIF Agreement.
- 3. Registered food relief organisations of the relevant jurisdictions have been approached by the emergency management authority to source infant formula.**
  - The decision making authority of the relevant jurisdictional emergency management plan has consulted with the registered food relief organisations in the jurisdiction (such as Foodbank or Red Cross) to determine the response to the request for donations and strategy for distribution based on the needs assessment.
- 4. Donations are only of infant formula and are only requested of signatories to the MAIF Agreement with distribution managed by food relief agencies.**
  - As infant formula is nutritionally suitable for infants up to 12 months of age it is the only product that can be donated.
  - The donating manufacturer/s and/or importer/s must be signatories to the MAIF Agreement and have standards or policies in place for the donation of infant formulas during emergencies that align with relevant national / international obligations as outlined above. This includes the agreement not to advertise or promote their product or goodwill or undertake any form of marketing in association with the donation.

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<sup>9</sup> Refers to the person/s or organisation identified as the jurisdictional authority within the emergency management plan.

- The infant formula is not provided by manufacturer/importers directly to caregivers but through registered food relief organisations or alternatively health care professionals specified by the relevant jurisdiction.
- The parents and/or carers of the infants are provided with the following important information:
  - a. conditions during emergencies that can exacerbate the health risks associated with infant formula feeding;
  - b. advice that infants who are being breastfed should continue to be breastfed; and
  - c. contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.

**5. Measures are in place to ensure the emergency situation is not being used as an opportunity to promote infant formula or other products to those communities and/or regions affected**

- Infant formula (suitable from birth up to twelve months) is to be provided only to the parents and/or carers of infants who must be fed infant formula.
- The infant formula provided to the parents and/or carers is within the 'use by/best before date' and is accompanied by clear instructions and guidelines for the safe preparation, storage, and handling of infant formula products.
- All information provided on the supplied infant formula and information accompanying the infant formula is to comply with the MAIF Agreement and the Australia and New Zealand Food Standards Code and is therefore not be promotional in nature.

**6. Notification of the donation is provided to the MAIF Complaints Committee Secretariat for record keeping and monitoring purposes to assist in responding to any complaints received in relation to the MAIF Agreement.**

- Any complaints received will be considered by the MAIF Complaints Committee on a case by case basis

## **Roles and Responsibilities**

### *Jurisdictional Emergency Management Plan Authorities*

Government authorities responsible for implementing jurisdictional emergency management plans are responsible for undertaking the needs assessment and ensuring these needs are responded to. These authorities are to ensure that all conditions and criteria of the established framework have been met, including assurance that the required donations have been delivered as planned.

### *Infant Nutrition Council (INC)*

The INC is responsible for liaising with industry members to secure supply of donated infant formulas.



### *Food relief agencies*

Food relief agencies are to advise of stock levels and supply needs as requested and maintain communication with the jurisdictional authorities. The food relief agencies are to coordinate the supply of donated infant formula to those in need in accordance with the needs assessment and with the guidance of the jurisdictional authorities of the emergency management plan.

### *Manufacturers and importers of infant formulas*

Those who provide the infant formula must adhere to the guidance of the MAIF Agreement, the jurisdictional authorities responsible for the emergency management plan and the registered food relief agency/health authority directions. Manufacturers and/or importers of infant formula must not engage or use any form of media (including digital and social media channels) or marketing to promote their donation, or advertise their donation as 'goodwill' in accordance with the terms of the MAIF Agreement regarding marketing of infant formulas.

### *MAIF Complaints Committee*

The MAIF Complaints Committee does not have responsibility for, nor is it involved in emergency responses or food relief efforts. However, the MAIF Complaints Committee seeks to uphold Australia's obligations to the WHO Code, providing the basis for the monitoring of the marketing of infant formulas in Australia. Breaches of the MAIF Agreement when infant formula donations are made during emergency situations, should be directed to the MAIF Complaints Committee, and will be considered on a case-by-case basis.

### *Australian Government Department of Health*

In the context of infant formula donations, the Australia Government Department of Health (Department) has overarching responsibility for the management of the MAIF Complaints Committee. As such the Department will serve this function, and any other functions as necessary and as identified within the jurisdictional emergency management plans on a case by case basis. The Department is responsible for ensuring that this decision-making framework is implemented in accordance with all relevant national legislation and emergency frameworks appropriate to the specific emergency.

## 4. Definitions

**Australia and New Zealand Food Standards Code (Food Standards Code)** – is a set of standards that regulate the use of ingredients, processing aids, colourings, additives, vitamins and minerals. The Food Standards Code also covers the composition of some foods, such as dairy, meat and beverages as well as foods developed by new technologies such as genetically modified foods. Within the Food Standards Code are certain labelling requirements for packaged and unpackaged food, for example specific mandatory warnings or advisory labels. Standards also exist for primary production and processing within the Food Standards Code.

**Breast-milk substitutes** – any food marketed or otherwise represented as replacement for breast milk, whether suitable for that purpose.

**Epidemic** – an outbreak of and infectious disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

**Health care professional** – a professional or other appropriately trained person working in a component of the health care system, including pharmacists and voluntary workers.

**Health care system** – governmental, non-governmental or private institutions engaged, directly or indirectly, in health care for mothers, infants and pregnant women and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this document, the health care system does not include pharmacies or other retail outlets.

**Infant** - child aged from birth up to twelve months.

**Infant formula** – any food described or sold as an alternative for human milk for the feeding of infants up to the age of twelve months and formulated in accordance with all relevant clauses of the Australia and New Zealand Food Standards Code, including Standard 2.9.1 - Infant Formula Products.

**Jurisdictional authority** - refers to the person/s or organisation identified in the jurisdictional emergency plan.

**Infant formula product** – means a product based on milk or other edible food constituents of animal or plant origin which is nutritionally adequate to serve by itself either as the sole or principal liquid source of nourishment for infants, depending on the age of the infant.

**MAIF Agreement** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement (MAIF Agreement) has operated in Australia since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formulas in Australia, and applies to Australian manufacturers and importers of infant formula who are signatories to the MAIF Agreement.

**MAIF Complaints Committee** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement Complaints Committee (MAIF Complaints



Committee) is managed by the Department of Health and was established in 2018. The Committee consists of three members: an independent representative; a public health representative; and an industry representative; and held its first meeting on 24 October 2018. The Australian Government Department of Health is responsible for all associated secretariat functions of this Committee. The membership of the Committee can be accessed online at: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/MAIF-Complaints-Committee>.

**Marketing** - means product promotion, distribution, selling, advertising, product public relations and information services.

**Natural Disaster** - Natural disasters in Australia can include heatwaves, bushfires, droughts, floods, severe storms and tropical cyclones, earthquakes, tsunamis and landslides.

**Pandemic** - outbreak of infectious disease that occurs over a wide geographical area and that is of high prevalence, generally affecting a significant proportion of the world's population, usually over the course of several months.

**Promotion** - includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

**Supplies** – refers to quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

## 5. Appendix

### a) World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions [WHA33.32](#), [WHA34.22](#), [WHA35.26](#), [WHA37.30](#), [WHA39.28](#), [WHA41.11](#), [WHA43.3](#), [WHA45.34](#) and [WHA46.7](#) concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration for Nutrition<sup>10</sup>, [\(1\)](#) through coherent effective intersectoral action, including:

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

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<sup>10</sup> *World Declaration and Plan of Action for Nutrition*. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

(c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;<sup>11</sup>(2)

(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the [International Code of Marketing of Breast-milk Substitutes](#) in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting *emergency relief operations*, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given *only* if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;<sup>12</sup>(3)

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

### 3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

<sup>11</sup> *Protecting, promoting and supporting breast-feeding: the special role of maternity services*. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

<sup>12</sup> Document WHA39/1986/REC/1, Annex 6, part 2

(4) to urge Member States to initiate the [Baby-friendly Hospital Initiative](#) and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

9 May 1994

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## **b) Relevant Clauses of the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement<sup>13</sup>**

### *Clause 4: Information and Education*

(c) Manufacturers and importers of infant formulas should not donate informational or educational equipment or materials unless it is at the request of, and with the written approval of, the appropriate government authority or within guidelines given by the Commonwealth, State or Territory Governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary infant formula, and should be distributed only through the health care system. (WHO Code Article 4.3)

### *Clause 5: The general public and mothers*

(a) Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public. (WHO Code Article 5.1)

(b) Manufacturers and importers of infant formulas should not provide samples of infant formulas to the general public, pregnant women, parents or members of their families. (WHO Code Article 5.2)

(c) Manufacturers and importers of infant formulas should not distribute to pregnant women, or parents of infants and young children, any gift or articles or utensils, which may promote the use of breast milk substitutes or bottle-feeding. (WHO Code Article 5.4)

(d) Marketing personnel, in their business capacity, should not seek direct or indirect contact with pregnant women or with parents of infants and young children. This does not prevent appropriately qualified personnel from responding to complaints or unsolicited requests for information. For these requests, parents should be referred to a health care professional whenever health advice is required. (WHO Code Article 5.5)

### *Clause 6: Health care system<sup>14</sup>*

(e) Manufacturers and importers of infant formulas may make donations, or low-priced sales, of infant formulas to institutions or organisations, whether for use in the institutions or for distribution outside them. Such provisions should only be used or distributed for infants who have to be fed on breast milk substitutes. If these

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<sup>13</sup> Note: The following clauses of the MAIF Agreement do not represent the entire MAIF Agreement but are selected due to their relevance to emergency situations. They should be read in the context of the full MAIF Agreement that can be accessed online at:  
<https://www.accc.gov.au/site-search/MAIF%20Agreement#:~:text=ACCC%20proposes%20to%20re-authorise%20infant%20formula%20marketing%20code,12%20months.%20It%20has%20been%20authorised%20since%201992.>

<sup>14</sup> Definition of health care system: governmental, non-governmental or private institutions engaged, directly or indirectly, in health care for mothers, infants and pregnant women and nurseries or childcare institutions. It also includes health workers in private practice. For this document, the health care system does not include pharmacies or other retail outlets.



provisions are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Manufacturers or importers should not use such donations or low-price sales as a sales inducement. (WHO Code Article 6.6).

f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that their provision can be continued as long as the infant concerned need them. Donors, as well as the institution or organisations concerned should bear in mind this responsibility (WHO Code Article 6.7)

## **b) Governance & Frameworks for the Management of Emergencies**

In Australia, state and territory governments have primary responsibility for protecting life, property and the environment within their borders. They have established plans in place to respond to, and recover from, natural and human made emergencies<sup>15</sup>. Each emergency can present its own unique challenges that may create urgent needs in both the short and long term. A number of crisis and emergency management plans are available to address specific needs. In relation to national and international health emergencies restricting access to food supply, the following may be of relevance.

### *Emergency Management Australia*

Emergency Management Australia, a Division of the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.<sup>16</sup>

### *Australian Government Crisis Management Framework (AGCMF)*

The Department of the Prime Minister and Cabinet is responsible for maintaining and updating the [Australian Government Crisis Management Framework](#) (AGCMF). The AGCMF underpins the other crisis plans which are maintained by Emergency Management Australia, located within the Australian Government Department of Home Affairs.

To complement the efforts of state, territory and international governments responding to a disaster or emergency, the Australian Government can also provide [physical and financial assistance](#) to those affected.

<sup>15</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/emergency-response-plans>

<sup>16</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/about-emergency-management>

Emergency Management Australia, located within the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.

#### *National Coordination Mechanism (NCM)*

The NCM operates through the Department of Home Affairs that coordinates the whole of government responses to issues outside the direct health management of a health emergency.

The Australian Government has activated the NCM in response to the spread of COVID-19, with the states and territories. This means that the Australian Government Department of Health will continue to lead on the health impacts and health system services such as hospitals, primary care and the aged care sector. The NCM will identify any issues that need to be addressed and assess the capabilities available to meet those challenges within government, industry and the community.

#### *International Health Regulations*

The International Health Regulations 2005 (IHR) is an international public health treaty that commits signatory countries to take action to prevent, protect against, control and provide a public health response to the international spread of disease. As a signatory, Australia has a range of obligations, including reporting and maintaining certain core capacities at designated points of entry and informing the WHO if any measures implemented interfere with international trade or travel.

#### *Emergency Health Management in Australia*

State and territory health authorities in Australia manage health emergencies.

The Australian Government Department of Health are involved when health emergencies have a national or international impact.

National health emergencies require a coordinated approach to:

- facilitate consistent and appropriate responses between states and territories
- manage the extra load on our health system
- reduce the effect on Australians.

Australia needs to be prepared for a range of health emergencies including:

- communicable disease outbreaks - such as epidemics, influenza or the COVID-19 pandemic
- the health effects of natural disasters — such as floods, bushfires and cyclones
- acts of terrorism — such as bombings, shootings or bioterrorism
- mass casualty incidents — such as plane and train crashes

c) Relevant Legislation The areas of legislation available to support response actions relevant to infant feeding in emergencies are described in the following subsections.

#### *State and territory government legislative powers*

States and territories have a broad range of public health and emergency response powers available under public and emergency legislation for responding to public health emergencies. They also have legislative powers that enable them to implement biosecurity arrangements within their borders and that complement Australian Government biosecurity arrangements.

#### *The National Health Security Act 2007*

The National Health Security Act 2007 (NHS Act) authorises the exchange of public health surveillance information (including personal information) between the Australian Government, states and territories and the WHO. The National Health Security Agreement supporting the NHS Act formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies.

#### *Therapeutic Goods Act 1989*

The Therapeutic Goods Act 1989 establishes a framework for ensuring the timely availability of therapeutic goods (i.e. medicines, medical devices and biological products) that are of acceptable quality, safety and efficacy/performance. There are provisions within the legislation that operate at an individual patient level and at a program level (such as the maintenance of a National Medical Stockpile (NMS)) to allow for the importation and supply of products and the use of new, disease-specific in vitro medical diagnostic tests that have not been approved for use in Australia. These products may be required to deal with an actual threat to individual and public health caused by an emergency that has occurred or to create a preparedness to deal with a potential threat to health that may be caused by a possible future emergency.



Australian Government

Department of Health and Aged Care

## Guidance document for donations of infant formula in emergencies

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH AND AGED CARE



## Introduction

This guidance document has been developed in the context of the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement ([MAIF Agreement](#))<sup>1</sup>, to assist the MAIF Complaints Committee (the Committee) in their decision-making responsibilities and assist signatories to the agreement to understand their obligations under the MAIF Agreement.

Public health emergencies and natural and other disasters can create food insecurity for those impacted. Ensuring adequate nutrition for vulnerable population groups including infants is critical for their survival. The Australian Government is committed to the protection and promotion of breastfeeding and to ensuring a safe and secure supply of nutrition for Australian infants.

Breastfeeding provides food security for infants when able to remain with their mothers, with increased benefits of breastfeeding particularly during times of crisis. When breastfeeding is not possible, breastmilk substitutes in the form of infant formula products is the only safe alternative.

Supply of infant formula products to food relief agencies may be required to meet the needs of communities and individuals during public health emergencies and other disasters. Measures must be in place to protect and promote breastfeeding where possible and ensure that infant formula products are only supplied on request and not distributed unnecessarily or promoted to the public.

The Department of Health and Aged Care (the Department) and the Committee have increasingly received enquiries from industry and emergency relief organisations requesting guidance for supply of infant formula products during public health emergencies and other disasters. These requests have been received when states and territories have experienced emergency situations, including floods and bushfires, as well as national state of emergency due to the covid-19 pandemic.

This guidance document will inform the anticipated national policy on 'infant and young child feeding in emergencies' as recommended in Action Area 3.2 of the *Australian National Breastfeeding Strategy 2019 and beyond*.<sup>2</sup>

## Background

Breastfeeding is vital to the lifelong health of infants, women and families the world over. The World Health Organisation *International Code of Marketing of Breast-Milk Substitutes* (the WHO Code)<sup>3</sup> is a set of recommendations aimed at stopping commercial interests from impacting on breastfeeding rates and aims to contribute 'to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by

<sup>1</sup> <https://www.accc.gov.au/system/files/public-registers/documents/D15%2B143530.pdf>

<sup>2</sup> Council of Australian Governments 2019, *Australian National Breastfeeding Strategy 2019 and beyond*, Canberra ACT Accessed online: <http://www.coaghealthcouncil.gov.au/Publications/Reports> on 29/09/21

<sup>3</sup> World Health Organization 1981, *International Code of Marketing of Breast-Milk Substitutes*, Geneva.



ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution' (Article 1).

Australia enacts the WHO Code through the MAIF Agreement. The MAIF Agreement has operated since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formula products in Australia.

The scope of the MAIF Agreement includes infant formula products suitable for infants up to 12 months, but does not include marketing activity undertaken by retailers, or marketing of infant feeding bottles and teats. The MAIF Agreement applies to those Australian manufacturers and importers of infant formula products who are signatories to the agreement.

The Department oversees the MAIF Complaints Committee secretariat which supports the Committee to process complaints received in relation to potential breaches of the MAIF Agreement. Complaints are considered on a case-by-case basis by the Committee. Details of the MAIF Agreement and relevant clauses specific to donation of infant formula products are provided in the [Appendix Guiding Principles](#)

Each Australian state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency.<sup>4</sup> There are whole-of government arrangements applicable in any emergency or crisis. Further details are provided in the [Appendix](#).

Distribution and donation of infant formula products during public health or disaster settings is guided by the specific circumstances of each emergency, the legislation of the relevant jurisdiction, and in consideration of the MAIF Agreement.

## Public Health Emergencies

Localised outbreak of disease, epidemic or global pandemic<sup>5</sup> that creates disruptions to supply of essential goods and services. The resulting possible isolation and quarantine requirements, loss of income, disruption to supply chain and lack of availability of, and access to goods and services, can lead to the need for food relief.

## Natural & Other Disasters

Natural and other disasters<sup>6</sup> often cause personal and financial hardship for both individuals and communities, and can result in illness, injury, and loss of life. During periods of natural disaster in Australia, there can be significant immediate impacts on communities and individuals including destruction of housing and infrastructure such as retail outlets, disruption to power supplies, absence of safe drinking water and adequate hygiene and sanitation. Loss of income, disruption to supply chains resulting in threats to food security and ability to store and prepare food safely can also create demand for food relief.

<sup>4</sup> Elphic, K 2020 Australian COVID-19 response management arrangements: a quick guide Parliament of Australia, Department of Parliamentary Services Research Paper Series 2019-2020.

<sup>5</sup> A pandemic is the worldwide spread of a new disease. Viral respiratory diseases such as those caused by a new influenza virus or the coronavirus COVID-19, are the most likely to turn into a pandemic, [www.healthdirect.gov.au/what-is-a-pandemic](http://www.healthdirect.gov.au/what-is-a-pandemic)

<sup>6</sup> [www.healthdirect/natural-disasters](http://www.healthdirect/natural-disasters)

## Decision-making Framework

The decision-making framework guides decisions in public health or disaster situations, in relation to supply of infant formula products to designated food relief agencies **and health care providers**. The guidance provides for distribution to those in need in accordance with the relevant jurisdiction's emergency management plan and needs assessment.

Infant formula products may be procured by jurisdictional authorities or food relief organisations **from the INC** via companies who manufacturer or import infant formula products and are signatories to the MAIF Agreement to meet an established demand. Specific criteria need to be met and steps taken to ensure infant formula products are supplied to carers who were already formula feeding prior to the emergency or disaster situation.

## Criteria for donation of infant formula

1. The relevant jurisdiction (national/state/territory government) has declared a state of emergency and enacted its emergency plan.
2. Needs assessment indicates need for infant formula products and time period during which the supply of infant formula products is required.
3. Registered food relief organisations or healthcare workers of the relevant jurisdiction have been approached by the emergency management authority to source infant formula products.
4. Measures are in place to ensure the safe preparation and use of infant formula products
5. •Donations of infant formula products are requested through the INC of companies who are signatories to the MAIF Agreement (with distribution managed by food relief agencies)
6. Notification of the donation is provided to the MAIF Complaints Committee secretariat for recording

## Criteria explained

1. The relevant Australian or state or territory government has declared a state of emergency and enacted its emergency management plan.
  - The jurisdictional emergency management authority has confirmed the affected regions have access to clean water and the required equipment to safely prepare and store the infant formula (including energy for heating, preparing, cleaning and sterilising of equipment).

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- The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption.

**2. A needs assessment has identified a need for infant formula products and the time period during which the supply of infant formula products is required (where possible)**

- The relevant jurisdiction has undertaken a needs assessment in accordance with its emergency management plan.
- The needs assessment clearly identifies the level of need (amount of supply and length of donation period), if ongoing past initial date secondary needs assessment to be completed for infant formula product.
- The needs assessment, including information on level of demand for infant formula products, has been provided to the appropriate jurisdictional authority<sup>7</sup> with responsibility for the emergency management plan.
- Notification has been issued in writing by the jurisdictional authorities to food relief organisations or the Infant Nutrition Council (INC) of the request for supply of infant formula products. INC members who are signatories to the MAIF Agreement may donate infant formula products.

**3. Government funded food relief organisations of the relevant jurisdictions have been approached by the emergency management authority to source infant formula products.**

- The decision-making authority responsible for the relevant jurisdictional emergency management plan has consulted with the food relief organisations in the jurisdiction (OzHarvest, SecondBite or Foodbank), to determine the response to the request for donations, and strategy for distribution based on the needs assessment.

**4. Measures are in place to ensure the safe preparation and use of infant formula products**

- Infant formula<sup>8</sup> (suitable from birth up to six months) is to be provided only to the parents and/or carers of infants who were previously feeding their infant with infant formula prior to the emergency or disaster situation.
- The amount of product donated and the duration of the donation is consistent with demand as identified in the needs assessment.
- The infant formula product provided to the parents and/or carers is within the 'use by/best before date'.
- Emergency authorities have determined that electricity for heating, sterilising and cleaning is available; access to clean running water; and appropriate equipment is available such as bottles, teats, cups and sterilising equipment.
- Infant formula products supplied must comply with the MAIF Agreement and therefore not include any promotional material or be used in any marketing or promotional posts or advertised as being supplied or donated.

<sup>7</sup> Refers to the person/s or organisation identified as the jurisdictional authority within the emergency management plan

<sup>8</sup> See Section 5 definitions

**5. Donations are of infant formula products and are requested from companies who are signatories to the MAIF Agreement with distribution managed by food relief agencies.**

- Infant formula products are nutritionally suitable for infants up to 12 months of age and are the only product that can be donated. Toddler milks for young children from 12 months of age and complementary foods for infants and young children are out of scope and should not be supplied or donated in emergency or disaster situations.
- The donating manufacturer/s and/or importer/s must be a signatory to the MAIF Agreement and agree to comply with these and other MAIF guidelines.
- All clauses of the MAIF Agreement must be adhered to. Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formula products to the general public, this includes promoting a donation or supply of infant formula products as goodwill.
- The infant formula product is not provided by manufacturer/importers directly to caregivers but through registered food relief organisations specified by the relevant jurisdiction.
- The parents and/or carers of the infants are provided with the following important information:
  - a. advice that infants who are being breastfed should continue to breastfeed;
  - b. conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and
  - c. contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.

**6. Notification of the donation is provided to the MAIF Complaints Committee Secretariat. Information regarding the circumstances of the donation will be for record keeping and monitoring purposes to assist in responding to any complaints received in relation to the MAIF Agreement.**

- Any complaints received will be considered by the MAIF Complaints Committee on a case by case basis.

## Roles and Responsibilities

### Jurisdictional Emergency Management Plan Authorities

Government authorities responsible for implementing jurisdictional emergency management plans are responsible for undertaking the needs assessment and ensuring these needs are responded to. These authorities are to ensure that all conditions and criteria of the established framework have been met, including assurance that the required donations have been delivered as planned and that access to power and clean water is available.

### Infant Nutrition Council (INC)

The INC is responsible for liaising with industry members to secure supply of donated infant formulas.

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## Food relief organisations

Food relief agencies are to advise of stock levels and supply needs as requested and maintain communication with the jurisdictional authorities. Food relief agencies can request supplies from the INC, following approval of the needs assessment, who can coordinate donations from their members who are signatories to the MAIF Agreement. The food relief agencies are to coordinate the supply of donated infant formula to formula feeding carers in need, in accordance with the needs assessment and with the guidance of the jurisdictional authorities of the emergency management plan.

## Manufacturers and importers of infant formulas

Only companies who are signatories to the MAIF Agreement can donate infant formula products through the INC. Companies who provide infant formula products must adhere to the guidance of the MAIF Agreement, the jurisdictional authorities responsible for the emergency management plan and the registered food relief agency/health authority directions.

Manufacturers and importers of infant formula products should not advertise or in any other way promote infant formula products to the general public, this includes promoting a donation of infant formula products as goodwill through any channels (including digital and social media channels).

## MAIF Complaints Committee

The Committee does not have responsibility for, nor is it involved in emergency responses or food relief efforts. The Committee seeks to uphold Australia's obligations to the WHO Code, providing the basis for the monitoring of the MAIF Agreement. Alleged breaches of the MAIF Agreement when infant formula products are donated during emergency situations, should be directed to the MAIF secretariat, and will be considered by the Committee on a case-by-case basis. The Committee may determine a breach of the MAIF Agreement if a MAIF signatory does not comply with this decision making guidance or the MAIF Agreement.

## Department of Health and Aged Care

In the context of infant formula product donations, the Department has overarching responsibility for the MAIF Agreement and provides secretariat support to the Committee. The Department will serve this function, and any other functions as necessary and as identified within the jurisdictional emergency management plans on a case-by-case basis. The Department is responsible for ensuring that this decision-making guidance document is implemented in accordance with all relevant national legislation and emergency frameworks appropriate to the specific emergency. This decision-making guidance document will be used to inform future policy development around infant feeding in emergencies.



## Definitions

**Australia New Zealand Food Standards Code (the Code)** – a set of standards that regulate the use of ingredients, processing aids, colourings, additives, vitamins and minerals. The Code also covers the composition of some foods, such as dairy, meat and beverages as well as foods developed by new technologies such as genetically modified foods. Within the Code are labelling requirements for packaged and unpackaged food, for example specific mandatory warnings or advisory labels.

**Breast-milk substitutes** – any food marketed or otherwise represented as replacement for breast-milk, whether suitable for that purpose.

**Epidemic** – an outbreak of an infectious disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

**Food relief organisation** - organisations that are funded to ensure food items are available for Emergency Relief providers to deliver to individuals and families in need across Australia. The 3 organisations funded for food relief by the Australian Government Department of Social Services are OzHarvest, SecondBite and Foodbank.

**Health care professional** – a professional or other appropriately trained person working in a component of the health care system, including pharmacists and voluntary workers.

**Health care system** – governmental, non-governmental or private institutions engaged, directly or indirectly, in health care for mothers, infants and pregnant women and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this document, the health care system does not include pharmacies or other retail outlets.

**Infant** - means a person under the age of 12 months as per the Australia New Zealand Food Standards Code, Standard 2.9.1 - Infant Formula Products.

**Infant formula** – any food described or sold as an alternative for human milk for the feeding of infants up to the age of 12 months and formulated in accordance with all relevant clauses of the Australia New Zealand Food Standards Code, including Standard 2.9.1 - Infant Formula Products (MAIF Agreement).

**Infant formula product** – means a product based on milk or other edible food constituents of animal or plant origin which is nutritionally adequate to serve by itself either as the sole or principal liquid source of nourishment for infants, depending on the age of the infant.

**Jurisdictional authority** – refers to the person/s or organisation identified in the jurisdictional emergency plan.

**MAIF Agreement** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) has operated in Australia since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formulas in Australia. The Agreement applies to Australian manufacturers and importers of infant formula who are signatories to the MAIF Agreement.

**MAIF Complaints Committee** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) Complaints Committee (Committee) was established in 2018. The Committee consists of three members: an

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independent representative; a **public health representative; and an industry representative**. The Department is responsible for secretariat functions of the Committee. The membership of the Committee can be accessed online at: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/MAIF-Complaints-Committee>.

**Marketing** - means product promotion, distribution, selling, advertising, product public relations and information services.

**Natural Disaster** - Natural disasters in Australia can include heatwaves, bushfires, droughts, floods, severe storms and tropical cyclones, earthquakes, tsunamis and landslides.

**Pandemic** - outbreak of infectious disease that occurs over a wide geographical area and that is of high prevalence, generally affecting a significant proportion of the world's population, usually over the course of several months.

**Promotion** - includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

**Supplies** – refers to quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

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## Appendix

### World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

Since 1981, there have been several World Health Assembly (WHA) resolutions that refer to the marketing and distribution of breast-milk substitutes and clarify or extend issues covered in the WHO Code. The 1994 World Health Assembly Resolution (WHA 47.5)<sup>9</sup> on Infant and Young Child Nutrition urged Member States to take the following measures in emergency situations (relevant clauses noted):

(2) to ensure that there are no donations of free or subsidised supplies of breast-milk substitutes and any other products<sup>10</sup> covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.

(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the WHO Code are given only if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes<sup>11</sup>;

(b) the supply is continued for as long as the infants concerned need it; and

(c) the supply is not used as a sales inducement.<sup>11</sup>

### World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

<sup>9</sup> World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization. Accessed online at <https://apps.who.int/iris/handle/10665/177373> on 22/9/21

<sup>10</sup> Products listed within scope of the WHO Code as follows: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

<sup>11</sup> Document WHA39/1986/REC/1, Annex 6, part 2

Recalling

resolutions [WHA33.32](#), [WHA34.22](#), [WHA35.26](#), [WHA37.30](#), [WHA39.28](#), [WHA41.11](#), [WHA43.3](#), [WHA45.34](#) and [WHA46.7](#) concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration for Nutrition<sup>12</sup>, [\(1\)](#) through coherent effective intersectoral action, including:

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

(c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;<sup>13</sup> [\(2\)](#)

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<sup>12</sup> *World Declaration and Plan of Action for Nutrition*. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

<sup>13</sup> *Protecting, promoting and supporting breast-feeding: the special role of maternity services*. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the [International Code of Marketing of Breast-milk Substitutes](#) in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting *emergency relief operations*, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given *only* if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;<sup>14</sup>(3)

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

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<sup>14</sup> Document WHA39/1986/REC/1, Annex 6, part 2



(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

(4) to urge Member States to initiate the [Baby-friendly Hospital Initiative](#) and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

9 May 1994

## b) Relevant Clauses of the MAIF Agreement<sup>15</sup>

### *Clause 4: Information and Education*

(c) Manufacturers and importers of infant formulas should not donate informational or educational equipment or materials unless it is at the request of, and with the written approval of, the appropriate government authority or within guidelines given by the Commonwealth, State or Territory Governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary infant formula, and should be distributed only through the health care system (WHO Code Article 4.3).

### *Clause 5: The general public and mothers*

(a) Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public (WHO Code Article 5.1).

(b) Manufacturers and importers of infant formulas should not provide samples of infant formulas to the general public, pregnant women, parents or members of their families (WHO Code Article 5.2).

(c) Manufacturers and importers of infant formulas should not distribute to pregnant women, or parents of infants and young children, any gift or articles or utensils, which may promote the use of breast-milk substitutes or bottle-feeding (WHO Code Article 5.4).

(d) Marketing personnel, in their business capacity, should not seek direct or indirect contact with pregnant women or with parents of infants and young children. This does not prevent appropriately qualified personnel from responding to complaints or unsolicited requests for information. For these requests, parents should be referred to a health care professional whenever health advice is required (WHO Code Article 5.5).

### *Clause 6: Health care system<sup>16</sup>*

(e) Manufacturers and importers of infant formulas may make donations, or low-priced sales, of infant formulas to institutions or organisations, whether for use in the institutions or for distribution outside them. Such provisions should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these provisions are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Manufacturers or importers should not use such donations or low-price sales as a sales inducement (WHO Code Article 6.6).

<sup>15</sup> Note: The following clauses of the MAIF Agreement do not represent the entire MAIF Agreement but are selected due to their relevance to emergency situations. They should be read in the context of the full MAIF Agreement that can be accessed online at:

<https://www.accc.gov.au/site-search/MAIF%20Agreement#:~:text=ACCC%20proposes%20to%20re-authorise%20infant%20formula%20marketing%20code,12%20months.%20It%20has%20been%20authorised%20since%201992.>

<sup>16</sup> See Section 4: Definitions

f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that their provision can be continued as long as the infant concerned need them. Donors, as well as the institution or organisations concerned should bear in mind this responsibility (WHO Code Article 6.7)

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## c) Governance and Frameworks for the Management of Emergencies

In Australia, state and territory governments have primary responsibility for protecting life, property and the environment within their borders. They have established plans in place to respond to, and recover from, natural and human made emergencies.<sup>17</sup> Each emergency can present its own unique challenges that may create urgent needs in both the short and long term. A number of crisis and emergency management plans are available to address specific needs. In relation to national and international health emergencies restricting access to food supply, the following may be of relevance. Emergency Management Australia

Emergency Management Australia, a Division of the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.<sup>18</sup>

### Australian Government Crisis Management Framework (AGCMF)

The Department of the Prime Minister and Cabinet is responsible for maintaining and updating the [Australian Government Crisis Management Framework](#) (AGCMF). The AGCMF underpins the other crisis plans which are maintained by Emergency Management Australia, located within the Australian Government Department of Home Affairs.

To complement the efforts of state, territory and international governments responding to a disaster or emergency, the Australian Government can also provide [physical and financial assistance](#) to those affected.

### National Coordination Mechanism (NCM)

The NCM operates through the Department of Home Affairs and coordinates the whole of government responses to issues outside the direct health management of a health emergency.

The Australian Government has activated the NCM in response to the spread of COVID-19, with the states and territories. This means that the Australian Government Department of Health and Aged Care will continue to lead on the health impacts and health system services such as hospitals, primary care and the aged care sector. The NCM will identify any issues that need to be addressed and assess the capabilities available to meet those challenges within government, industry and the community.

<sup>17</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/emergency-response-plans>

<sup>18</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/about-emergency-management>

## National Recovery and Resilience Agency (NRRA)

On 5 May 2021, the Prime Minister announced the establishment of the [National Recovery and Resilience Agency](#) (NRRA). The Agency combines expertise in natural disaster response, recovery and resilience, working with affected communities and all levels of government and industry. The Agency incorporates the disaster risk reduction and recovery functions from the Department of Home Affairs.

## International Health Regulations

The International Health Regulations 2005 (IHR) is an international public health treaty that commits signatory countries to take action to prevent, protect against, control and provide a public health response to the international spread of disease. As a signatory, Australia has a range of obligations, including reporting and maintaining certain core capacities at designated points of entry and informing the WHO if any measures implemented interfere with international trade or travel.

## Emergency Health Management in Australia

State and territory health authorities in Australia manage health emergencies.

The Australian Government Department of Health and Aged Care are involved when health emergencies have a national or international impact.

National health emergencies require a coordinated approach to:

- facilitate consistent and appropriate responses between states and territories
- manage the extra load on our health system
- reduce the effect on Australians.

Australia needs to be prepared for a range of health emergencies including:

- communicable disease outbreaks - such as epidemics, influenza or the COVID-19 pandemic
- the health effects of natural disasters — such as floods, bushfires and cyclones
- acts of terrorism — such as bombings, shootings or bioterrorism
- mass casualty incidents — such as plane and train crashes



## d) Relevant Legislation

The areas of legislation available to support response actions relevant to infant feeding in emergencies are described in the following subsections.

### State and territory government legislative powers

States and territories have a broad range of public health and emergency response powers available under public and emergency legislation for responding to public health emergencies. They also have legislative powers that enable them to implement biosecurity arrangements within their borders and that complement Australian Government biosecurity arrangements.

### The National Health Security Act 2007

The National Health Security Act 2007 (NHS Act) authorises the exchange of public health surveillance information (including personal information) between the Australian Government, states and territories and the WHO. The National Health Security Agreement supporting the NHS Act formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies.

### Therapeutic Goods Act 1989

The Therapeutic Goods Act 1989 establishes a framework for ensuring the timely availability of therapeutic goods (i.e. medicines, medical devices and biological products) that are of acceptable quality, safety and efficacy/performance. There are provisions within the legislation that operate at an individual patient level and at a program level (such as the maintenance of a National Medical Stockpile (NMS)) to allow for the importation and supply of products and the use of new, disease-specific in vitro medical diagnostic tests that have not been approved for use in Australia. These products may be required to deal with an actual threat to individual and public health caused by an emergency that has occurred or to create a preparedness to deal with a potential threat to health that may be caused by a possible future emergency.

## Guidance Framework – Donations of infant formula during emergencies

Issue/comment	Stakeholder/organisation	Response
<b>1. OVERALL COMMENTS</b>		
<i>Protecting breastfeeding</i>		
Need to recognise that breastfeeding provides food security for young children. e.g. Libby Salmon's article in <i>Int Breastfeed J</i>	s47F / PHAA	
The guidance mentions that mothers breastfeeding should continue to do so, however it does not outline the need for inputting of support for continued breastfeeding in an emergency situation. Mothers breastfeeding in an emergency situation with stress may require additional support to continue breastfeeding. The guidance would be strengthened by highlighting this need and providing information on supporting breastfeeding to address infant feeding in emergencies more broadly.	s 47F / BJOG TAS	
The framework is in the context of Australia's commitment to the protection and promotion of breastfeeding and to the application of relevant agreements in the broader context of emergency management frameworks in Australia. And within the national policy of Infant feeding in emergencies (needs to be done ASAP).	s47F / PHAA	
<i>Concerns about lack of broader policy document</i>		
Develop an accompanying 'Infant Feeding In Emergencies' guidance as a priority – this donation guidance is not useful as a standalone document. A national standardised infant feeding in emergencies plan is ideal outcome.	s 47F / ACM	
Decision-making framework for donations of infant formula in emergencies - Is this an emergency preparedness plan or framework for infant and young child feeding in emergencies?	s 47F / BJOG QLD	
<i>Concerns about allowing breaches to the MAIF Agreement</i>		
We very much need the Department of Health to take leadership in the area of prevention of donations of infant formula in emergencies. Right	s11C / ABA	

now infants are being placed at great risk. This document does not provide what is needed. Rather we need a document that makes it clear when and how it is appropriate to procure (purchase) infant formula in emergencies and that donation of infant formula by manufacturers who are signatories to the MAIF is a breach of the MAIF agreement. There is no place for donation of infant formula in emergencies.

#### General

Formulas usually written as formula (singular)

s47F PHAA

This framework needs a lot more consultation and work.

s 47F /BJOG QLD

## 2. INTRODUCTION

In the preamble state support of breastfeeding women is a priority action

s 47F /ACM

s11C

ABA

ABA

ABA

## 3. GUIDING PRINCIPLES

Avoid accepting or soliciting donations of breastmilk substitutes, other liquid milk products, feeding bottles and teats.

s11C /ABA

Donations that do arrive should be managed by the designated authority, in accordance with the Operational Guidance and the Code.

Donations of BMS, complementary foods and feeding equipment should not be sought or accepted in emergencies; supplies should be purchased based on assessed need. Do not send supplies of donor human milk to an emergency that is not based on identified need and part of a coordinated, managed intervention. BMS, other milk products, bottles and teats should not be included in a general or blanket distribution

s11C /ABA

## 4. DECISION FRAMEWORK

Protecting breastfeeding

<b>conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and - And information on the negative effects of partial breastfeeding of introducing partial bottle feeding, the difficulty of reversing the decision not to breastfeed (The MAIF agreement).</b>	s 47F /BJOG WA
<b>Food relief agencies – They should also be responsible for ensuring that adequate information is provided about continuation of breastfeeding as suggested above. The commonwealth should author this information and provide process to the food relief agency to ensure that is distributed with the formula at the time of provision. (Australian National Breastfeeding Strategy Priority and Action Areas 1.1, 1.2, 1.4, 2.3, 3.1).</b>	s 47F BJOG WA
<b>Toddler formula</b>	
<b>Only need formula donations for newborns (0-6 months), as this will cover the nutritional needs of 6-12 mth old babies ('follow on' formula is a marketing gimmick). "Toddler" milk not required as cows milk recommended and preferred from 12months of age.</b>	s 47F ACM
<b>Infant formula (suitable from birth up to twelve months) is to be provided only to the parents and/or carers of infants who must be fed infant formula. Replace with were previously feeding their infant with infant formula prior to the emergency. No donations of toddler formula.</b>	s47F OBO LCANZ
<b>Paraphernalia</b>	
<b>Provide information about the breadth of supplies required to safely support AF baby.</b>	s 47F /ACM
<b>The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption. - Not just formula needed, but bottles, sterilizing equipment, etc, or</b>	s47F /PHAA

cups, if using powdered formula (see section 6.23 in above document)		
<b>Emergency plan/needs assessment</b>		
An adequate assessment of the needs of breastfeeding dyads. LCANZ encourages emergency plan/management needs assessment be conducted by (or at least have consulted with) an IBCLC.	s47F	OBO LCANZ
Need more detail on what constitutes a needs assessment – provide template	s 47F	/ACM
	s11C	/ABA
Step 2 of the framework requires jurisdictions to undertake a detailed needs assessment in accordance with their emergency management plan. It is important to have input at this stage from a professional qualified to advise on infant feeding.	s 47F	BJOG TAS
<i>In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency - An Australian audit of emergency plans and guidance on infant and young child feeding in emergencies by Gribble et al (2019) found there is a lack of planning for IYCF in emergencies in Australia. This places infant and young children at serious risk of adverse health consequences in emergencies. Australian Federal/Territory and Local governments need to take action to ensure that IYCF – emergency plans and guidance are developed and deployed in line with international standards.</i> Available at: <a href="https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7528-0.pdf">https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7528-0.pdf</a>	s 47F	/BJOG QLD
<b>Support services</b>		
Regarding parental / carer advice an IBCLC or breastfeeding advocate/expert should be available to assist breastfeeding parents. Other relevant health professionals -please add IBCLC.	s47F	OBO LCANZ
<b>Packaging</b>		



LCANZ recommends infant formula sourced is debranded/deidentified with replacement plain packaging labels.	s47F OBO LCANZ
Containers of infant formula should have clear written instructions on the benefits of continuing to breastfeed and on safe preparation of infant formula, feeding baby and cleaning and sterilisation of feeding equipment.	s47F oyle OBO LCANZ
<i>Further support services</i>	
<p>Decision Framework - We need a separate section how we propose to support Breastfeeding women and families and provide information on the assistance available to them eg via:</p> <ul style="list-style-type: none"> <li>the National Breastfeeding Helpline 1800 mum2mum (1800 686 268) or mum2mum app</li> <li>the ABA LiveChat <a href="https://www.breastfeeding.asn.au/abas-livechat-support">https://www.breastfeeding.asn.au/abas-livechat-support</a></li> <li>ABA email support: <a href="https://www.breastfeeding.asn.au/services/email-counselling">https://www.breastfeeding.asn.au/services/email-counselling</a></li> </ul>	s 47F /BJOG QLD
Would be good to mention the need to ensure support for mothers and children and support for breastfeeding and relactation.	s47F /PHAA
<p>Contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.</p> <p>Supports needs to be more proactive to support mothers immediately at the start of the emergency</p> <p>Information about temporary formula use (aimed at the person providing the infant with formula) and protecting breastmilk supply should also be provided with any formula distributed eg: information on how to feed a breastfed infant formula in ways that preserve the breastfeeding relationship (cup feeding, how to demand feed and that is gold standard etc) as well as information</p>	<p>s47F /PHAA</p> <p>s 47F BJOG WA</p>

for parents who might be separated from their infant about how to preserve their breastmilk supply eg: information on hand expression or use of a breast pump, how often to do this etc. It is not adequate to provide formula and not provide the support to underpin the continuation of breastfeeding. Referral to an external agency is inadequate as this may be very low on the list of priorities in an emergency and may act as a barrier. It could make discontinuation of breastfeeding become circumstantial and the easy/only choice. The information supplied should not have been authored by a formula manufacturer. ([Cup feeding in emergencies](#) | [Australian Breastfeeding Association](#), [Infant feeding in emergencies](#) | [Australian Breastfeeding Association](#), [Infant Feeding Guidelines: information for health workers](#) | [NHMRC](#), [National Breastfeeding Strategy Priority Areas 1.1, 1.2, 1.4, 2.3, 3.1](#), [WHO and UNICEF Strategy for Infant and Young Child Feeding](#), [The MAIF agreement](#))

#### Other

DOH to consider the needs of the breastfeeding dyad in this scenario, ensuring access to clean water etc. In the event of the supply shortages of clean water and feeding equipment, LCAZ would encourage the DOH to consider alternative feeding options such as 'wet nursing' or donor human milk.

s47F OBO LCAZ

Need to clarify if this refers to powdered infant formula or ready to feed. See Operational Guidance for Emergency Relief Staff and Programme Managers section 6.16 . Need to have ready to feed (liquid) formula on the postnatal wards at the Women's hospital (as well as in NICU) because we want a sterile product for Newborns. Maybe authorities need to source a supply for RTF formula for use in emergencies? I know the shelf life is not that

s47F /PHAA

long, but it wouldn't be that expensive to regularly restock in the scheme of things.		
	s11C	ABA
		ABA
There should be no donations accepted.		ABA
		ABA
The decision framework does not reflect what occurs in an emergency.	s11C	ABA
This is totally inappropriate. Those who are delivering aid, need to be the ones who procure (buy) infant formula in the quantity required.		ABA
	s11C	/ABA
<b>Manufacturers and importers of infant formulas - They should not be able to influence food relief agencies to do this on their behalf or capitalise on instances where has occurred circumstantially. As per the MAIF agreement, there is a stipulation that this cannot be done with health professionals, therefore a similar clause should be added where food relief agencies are the distributors (The MAIF agreement).</b>	s 47F	BJOG WA
<b><i>donated infant formula may be required to meet demand from communities and individuals in exceptionally difficult circumstances - Infants and young children are at increased risk and due to specific food and fluid requirements are vulnerable of dehydration, have an immature immune system and are dependent on others for their care needs. Environmental conditions in emergencies may include poor sanitation, food and water shortages, power outage, overcrowding, restricted access to health care in these situations there is a need for a range of resources for infant formula feeding, eg access to boiled</i></b>	s 47F	/BJOG QLD

<b>water, sterilising feeding bottles, washing facilities, good hygiene and sanitation</b>	
<b>Emergency kits for formula fed infants should list all of the items re- quired in detail.</b>	<b>s 47F</b> /BJOG QLD

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Issue/comment	Stakeholder/organisation	Response
<b>1. OVERALL COMMENTS</b>		
<i>Concerns about guidelines to the MAIF Agreement</i>		
<p>The Guidelines appear to prohibit signatories from making or promoting any donation of “other products”. Is this the intent? Why should companies be prohibited from donating cash or other food or beverage products, or engaging in promotional activities with a food relief agency (unrelated to infant formula)? This could have significant unintended impacts on food relief agencies.</p>	INC - MAIF Signatories	
<i>General</i>		
<p>It isn't clear if the Guidelines only allow the donation of Stage 1, but not Stage 2. This should be clarified</p>	INC - MAIF Signatories	
<b>3. GUIDELINES</b>		
<p>The guidelines introduce new prohibitions that don't align with MAIF wording. For example, they prohibit “marketing”, but this term is defined very broadly in both the Guidelines and MAIF to include selling, distributing and information services. We would like to request that these Guidelines include similar wording to clause 5(a) of MAIF instead.</p>	INC - MAIF Signatories	



Many of the responsibilities are unclear. If we are potentially facing a MAIF breach for non-compliance, it is important that our responsibilities are clear. For example, who will be responsible for providing additional information to parents? Who is responsible for notifying the MAIF Complaints Committee?	INC - MAIF Signatories
The MAIF Complaints Committee should be entitled to assess a complaint against a signatory based on the circumstances. The Guidelines state that non-compliance "will" be a breach, which unreasonably constrains the MAIF Complaints Committee process. In addition, a signatory should not be responsible if another entity (e.g., an emergency agency or food relief agency) fails to comply with the Guidelines.	INC - MAIF Signatories

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## Guidance Framework – Donations of infant formula during emergencies

Thank you for your valuable feedback on the draft Guidance Framework for donation of infant formula during emergencies. The purpose of the Guidance Framework is to inform the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) Complaints Committee and signatory members in decision-making, in regards to the obligations of adherence to the MAIF Agreement.

The draft Guidance Framework was provided to targeted key stakeholder groups for consideration. We have consolidated high level comments received from various public health and industry stakeholders in the attached document. We have provided brief commentary/response to comments received in relation to the draft Guidance Framework.

All feedback received will be further considered as part of the development of a broader national policy on 'Infant and Child Feeding in Emergencies'. We are grateful for your time and input and look forward to working with you to progress the development of the national policy. Please provide contact details of any other interested parties from your organisation who would like to receive updates on this work and we will add them to our stakeholder engagement list.

Issue/comment	Stakeholder/organisation	Response
<b>1. OVERALL COMMENTS</b>		
<i>Protecting breastfeeding</i>		
Need to recognise that breastfeeding provides food security for young children. e.g. Libby Salmon's article in Int Breastfeed J	s47F /PHAA	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies. The purpose of this framework is for guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula donations, by food relief agencies to carers of infants who are formula fed, in circumstances where an identified need has been established.
The guidance mentions that mothers breastfeeding should continue to do so, however it does not outline the need for inputting of support for continued breastfeeding in an emergency situation. Mothers breastfeeding in an emergency situation with	s 47F BJOG TAS	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies. The purpose of this framework is to provide guidance for the MAIF Complaints

stress may require additional support to continue breastfeeding. The guidance would be strengthened by highlighting this need and providing information on supporting breastfeeding to address infant feeding in emergencies more broadly.		Committee and MAIF signatories regarding infant formula donations to carers of formula fed infants.
The framework is in the context of Australia's commitment to the protection and promotion of breastfeeding and to the application of relevant agreements in the broader context of emergency management frameworks in Australia. And within the national policy of Infant feeding in emergencies (needs to be done ASAP).	s47F /PHAA	Noted. This wording has now been included. Will also be considered in informing the national policy on infant and young child feeding in emergencies.
<i>Concerns about lack of broader policy document</i>		
Develop an accompanying 'Infant Feeding In Emergencies' guidance as a priority – this donation guidance is not useful as a standalone document. A national standardised infant feeding in emergencies plan is ideal outcome.	s 47F ACM	Noted and wording inserted.
Decision-making framework for donations of infant formula in emergencies - Is this an emergency preparedness plan or framework for infant and young child feeding in emergencies?	s 47F /BJOG QLD	The purpose of this framework is around guidance for the MAIF Complaints Committee and MAIF signatories regarding infant formula donations to carers of formula fed infants. Wording included to state that "This decision-making framework will accompany and be reviewed alongside the development of the anticipated national policy on infant and young child feeding in emergencies as recommended in Action Area 3.2 of the <i>Australian National Breastfeeding Strategy 2019 and beyond</i> ". <sup>1</sup>
<i>Concerns about allowing breaches to the MAIF Agreement</i>		
We very much need the Department of Health to take leadership in the area of prevention of donations of infant formula in emergencies. Right now infants are being placed at great risk. This	s11C /ABA	The purpose of this framework is for guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula

<sup>1</sup> Council of Australian Governments 2019, Australian National Breastfeeding Strategy 2019 and beyond, Canberra ACT Accessed online: <http://www.coaghealthcouncil.gov.au/Publications/Reports> on 29/09/21

document does not provide what is needed. Rather we need a document that makes it clear when and how it is appropriate to procure (purchase) infant formula in emergencies and that donation of infant formula by manufacturers who are signatories to the MAIF is a breach of the MAIF agreement. There is no place for donation of infant formula in emergencies.

donations, by food relief agencies to carers of infants who are formula fed, in circumstances where an identified need has been established.

#### General

Formulas usually written as formula (singular)

s47F /PHAA

Noted.

This framework needs a lot more consultation and work.

s 47F BJOG QLD

Noted. Further consultation and work will be undertaken to develop the national policy on infant and young child feeding in emergencies. The purpose of this framework is guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula donations from food relief agencies, to carers of infants who are already formula fed.

## 2. INTRODUCTION

In the preamble state support of breastfeeding women is a priority action.

s 47F ACM

Noted. Will form the basis of the national policy on infant and young child feeding in emergencies. The purpose of this framework is guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula donations from food relief agencies, to carers of infants who are already formula fed.

## 3. GUIDING PRINCIPLES

Avoid accepting or soliciting donations of breastmilk substitutes, other liquid milk products, feeding bottles and teats.

s11C /ABA

Donations that do arrive should be managed by the designated authority, in accordance with the Operational Guidance and the Code.

Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.

Donations of BMS, complementary foods and feeding equipment should not be sought or accepted in emergencies; supplies should be purchased based on assessed need. Do not send supplies of donor human milk to an emergency that is not based on identified need and part of a coordinated, managed intervention. BMS, other milk products, bottles and teats should not be included in a general or blanket distribution.	s11C	ABA	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.
<b>4. DECISION FRAMEWORK</b>			
<i>Protecting breastfeeding</i>			
<i>conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and - Add information on the negative effects of partial breastfeeding of introducing partial bottle feeding, the difficulty of reversing the decision not to breastfeed (The MAIF agreement).</i>	s 47F	/BJOG WA	Noted
Food relief agencies – They should also be responsible for ensuring that adequate information is provided about continuation of breastfeeding as suggested above. The commonwealth should author this information and provide process to the food relief agency to ensure that is distributed with the formula at the time of provision. (Australian National Breastfeeding Strategy Priority and Action Areas 1.1, 1.2, 1.4, 2.3, 3.1).	s 47F	/BJOG WA	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies. The purpose of this framework is for guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula donations, by food relief agencies to carers of infants who are formula, in circumstances where an identified need has been established.
<i>Toddler formula</i>			
Only need formula donations for newborns (0-6 months), as this will cover the nutritional needs of 6-12 mth old babies ('follow on' formula is a marketing gimmick). 'Toddler' milk not required as cows milk recommended and preferred from 12months of age.	s 47F	ACM	Noted. Definition of infant formula included, which includes infants up to 12 months of age.
Infant formula (suitable from birth up to twelve months) is to be provided only to the parents and/or carers of infants who must be fed infant formula. Replace with were previously feeding their	s47F	/LCANZ	Noted.



infant with infant formula prior to the emergency. No donations of toddler formula.		
<b>Paraphernalia</b>		
Provide information about the breadth of supplies required to safely support AF baby.	s 47F [REDACTED] ACM	
<i>The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption. - Not just formula needed, but bottles, sterilizing equipment, etc, or cups, if using powdered formula (see section 6.23 in above document)</i>	s47F [REDACTED] /PHAA	Noted.
<b>Emergency plan/needs assessment</b>		
An adequate assessment of the needs of breastfeeding dyads. LANCZ encourages emergency plan/management needs assessment be conducted by (or at least have consulted with) an IBCLC.	s47F [REDACTED] /LANCZ	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.
Need more detail on what constitutes a needs assessment – provide template.	s 47F [REDACTED] ACM	Noted. To consider
	s11C [REDACTED] ABA	
Step 2 of the framework requires jurisdictions to undertake a detailed needs assessment in accordance with their emergency management plan. It is important to have input at this stage from a professional qualified to advise on infant feeding.	s 47F [REDACTED] /BJOG TAS	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies. The purpose of this framework is for guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula donations, by food relief agencies to carers of infants who are formula fed, in circumstances where an identified need has been established.

<p><b><i>In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency - An Australian audit of emergency plans and guidance on infant and young child feeding in emergencies by Gribble et al (2019) found there is a lack of planning for IYCF in emergencies in Australia. This places infant and young children at serious risk of adverse health consequences in emergencies. Australian Federal/Territory and Local governments need to take action to ensure that IYCF – emergency plans and guidance are developed and deployed in line with international standards.</i></b></p> <p>Available at:  <a href="https://bmcpublihealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7528-0.pdf">https://bmcpublihealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7528-0.pdf</a></p>	<p>s 47F /BJOG QLD</p>	<p>Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.</p>
<b>Support services</b>		
<p><b>Regarding parental / carer advice an IBCLC or breastfeeding advocate/expert should be available to assist breastfeeding parents. Other relevant health professionals -please add IBCLC.</b></p>	<p>s47F /LCANZ</p>	<p>Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.</p> <p>The purpose of this framework is for guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula donations, by food relief agencies to carers of infants who are formula fed, in circumstances where an identified need has been established.</p>
<b>Packaging</b>		
<p><b>LCANZ recommends infant formula sourced is debranded/deidentified with replacement plain packaging labels.</b></p>	<p>s47F /LCANZ</p>	<p>Noted. Within the Food Standards Code are certain labelling requirements for packaged and unpackaged food, for example specific mandatory warnings or advisory labels.</p>
<p><b>Containers of infant formula should have clear written instructions on the benefits of continuing to breastfeed and on</b></p>	<p>s47F /LCANZ</p>	<p>Noted. Safe preparation – power, clean water, sterilisation, equipment included.</p>

safe preparation of infant formula, feeding baby and cleaning and sterilisation of feeding equipment.		
<i>Further support services</i>		
Decision Framework - We need a separate section how we propose to support Breastfeeding women and families and provide information on the assistance available to them eg via: <ul style="list-style-type: none"> <li>the National Breastfeeding Helpline 1800 mum2mum (1800 686 268) or mum2mum app</li> <li>the ABA LiveChat <a href="https://www.breastfeeding.asn.au/abas-livechat-support">https://www.breastfeeding.asn.au/abas-livechat-support</a></li> <li>ABA email support: <a href="https://www.breastfeeding.asn.au/services/email-counselling">https://www.breastfeeding.asn.au/services/email-counselling</a></li> </ul>	s 47F BJOG QLD	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.
Would be good to mention the need to ensure support for mothers and children and support for breastfeeding and relactation.	s47F /PHAA	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.
Contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies. Supports needs to be more proactive to support mothers immediately at the start of the emergency.	s47F /PHAA	Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.
Information about temporary formula use (aimed at the person providing the infant with formula) and protecting breastmilk supply should also be provided with any formula distributed eg: information on how to feed a breastfed infant formula in ways that preserve the breastfeeding relationship (cup feeding, how to demand feed and that is gold standard etc) as well as information for parents who might be separated from their infant about how to preserve their breastmilk supply eg: information on hand	s 47F BJOG WA	The purpose of this framework is for guidance for the MAIF Complaints Committee and MAIF signatories regarding requests for infant formula donations, by food relief agencies to carers of infants who are formula fed, in circumstances where an identified need has been established.

expression or use of a breast pump, how often to do this etc. It is not adequate to provide formula and not provide the support to underpin the continuation of breastfeeding. Referral to an external agency is inadequate as this may be very low on the list of priorities in an emergency and may act as a barrier. It could make discontinuation of breastfeeding become circumstantial and the easy/only choice. The information supplied should not have been authored by a formula manufacturer. ([Cup feeding in emergencies | Australian Breastfeeding Association](#), [Infant feeding in emergencies | Australian Breastfeeding Association](#), [Infant Feeding Guidelines: information for health workers | NHMRC](#), National Breastfeeding Strategy Priority Areas 1.1, 1.2, 1.4, 2.3, 3.1, WHO and UNICEF Strategy for Infant and Young Child Feeding, The MAIF agreement)

#### Other

DOH to consider the needs of the breastfeeding dyad in this scenario, ensuring access to clean water etc. In the event of the supply shortages of clean water and feeding equipment, LCA NZ would encourage the DOH to consider alternative feeding options such as 'wet nursing' or donor human milk.

s47F /LCANZ

Noted. Will be considered in informing the national policy on infant and young child feeding in emergencies.  
Power, clean water, equipment is included.

Need to clarify if this refers to powdered infant formula or ready to feed. See Operational Guidance for Emergency Relief Staff and Programme Managers section 6.16 . Need to have ready to feed (liquid) formula on the postnatal wards at the Women's hospital (as well as in NICU) because we want a sterile product for Newborns. Maybe authorities need to source a supply for RTF formula for use in emergencies? I know the shelf life is not that long, but it wouldn't be that expensive to regularly restock in the scheme of things.

s47F /PHAA

To consider

There should be no donations accepted.

s11C  
ABA  
ABA

Noted.

The decision framework does not reflect what occurs in an emergency.	s11C ABA	Consider
This is totally inappropriate. Those who are delivering aid, need to be the ones who procure (buy) infant formula in the quantity required.	s11C ABA	
	s11C ABA	
<b>Manufacturers and importers of infant formulas</b> - They should not be able to influence food relief agencies to do this on their behalf or capitalise on instances where has occurred circumstantially. As per the MAIF agreement, there is a stipulation that this cannot be done with health professionals, therefore a similar clause should be added where food relief agencies are the distributors (The MAIF agreement).	s 47F BJOG WA	
<b>donated infant formula may be required to meet demand from communities and individuals in exceptionally difficult circumstances</b> - Infants and young children are at increased risk and due to specific food and fluid requirements are vulnerable of dehydration, have an immature immune system and are dependent on others for their care needs. Environmental conditions in emergencies may include poor sanitation, food and water shortages, power outage, overcrowding, restricted access to health care in these situations there is a need for a range of resources for infant formula feeding, eg access to boiled water, sterilising feeding bottles, washing facilities, good hygiene and sanitation	s 47F /BJOG QLD	Noted. Power, clean water, sterilisation, equipment included.
Emergency kits for formula fed infants should list all of the items re- quired in detail.	s 47F /BJOG QLD	Noted. To consider



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THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH AND AGED CARE

## INC SIGNATORY MEMBER COMMENTS

Issue/comment	Stakeholder/organisation	Response
<b>1. OVERALL COMMENTS</b>		
<i>Concerns about guidelines to the MAIF Agreement</i>		
The Guidelines appear to prohibit signatories from making or promoting any donation of “other products”. Is this the intent? Why should companies be prohibited from donating cash or other food or beverage products, or engaging in promotional activities with a food relief agency (unrelated to infant formula)? This could have significant unintended impacts on food relief agencies.	INC	<p>Noted. The word ‘only’ removed from the Criteria section and flowchart.</p> <p>This framework is for infant formula donations.</p>
<i>General</i>		
It isn’t clear if the Guidelines only allow the donation of Stage 1, but not Stage 2. This should be clarified.	INC	<p>Decision-making framework is specifically for donation of infant formula. Infant formula as defined in Section 5. Definitions as “any food described or sold as an alternative for human milk for the feeding of infants up to the age of twelve months and formulated in accordance with all relevant clauses of the Australia New Zealand Food Standards Code, including Standard 2.9.1 - Infant Formula Products”. Infant formula products is also defined.</p>
<b>3. GUIDELINES</b>		
The guidelines introduce new prohibitions that don’t align with MAIF wording. For example, they prohibit “marketing”, but this term is defined very broadly in both the Guidelines and MAIF to include selling, distributing and information services. We would like to request that these	INC	<p>Noted. Wording inserted to clarify. “All clauses of the MAIF Agreement must be adhered to. Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public”, this includes promoting a donation of infant formula.</p>

Guidelines include similar wording to clause 5(a) of MAIF instead.		
Many of the responsibilities are unclear. If we are potentially facing a MAIF breach for non-compliance, it is important that our responsibilities are clear. For example, who will be responsible for providing additional information to parents? Who is responsible for notifying the MAIF Complaints Committee?	INC	Noted. To consider
The MAIF Complaints Committee should be entitled to assess a complaint against a signatory based on the circumstances. The Guidelines state that non-compliance "will" be a breach, which unreasonably constrains the MAIF Complaints Committee process. In addition, a signatory should not be responsible if another entity (e.g., an emergency agency or food relief agency) fails to comply with the Guidelines.	INC	Noted. Wording "the MAIF Committee will determine a breach...." Has been removed. The wording "...will be considered on a case-by-case basis" remains.

## MAIF Complaints Committee

### Donation of infant formula to FoodBank by Australian manufacturers and importers

#### Key Issues:

1. FoodBank Australia has reached out to infant formula manufacturers and importers in Australia requesting donations for families financially impacted by COVID-19.
2. FoodBank made a similar request for donations during the recent bushfires, which the MAIF Complaints Committee discussed at their recent February meeting. At the meeting, *"members agreed that such donations were appropriate, however considered more research is required on how the infant formula is disseminated. There may be a need for guidance to ensure the infant formula is distributed appropriately and prepared safely."*
3. INC, as the representative industry body for infant formula industry in Australia, has been contacted by its members for advice to inform their response to Foodbank's request in accordance with the aim of the MAIF Agreement *'to contribute to the provision of safe and adequate nutrition for infants'*.
4. As with the bushfire crisis, it will be up to Foodbank to distribute the donated infant formula to families on the basis of individual families' needs.
5. The COVID-19 situation is not considered an emergency in the same vein as the bushfire emergencies. Any united position and the response should be in line with the MAIF Agreement.

#### MAIF Agreement

Aim – The aim is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes, when they are necessary, on the basis of adequate information and through appropriate marketing and distribution.

– relevant clauses 5(a), (b), (c) and 6 (e) and (f) and definition 'health care system'.

**CLASSIFIED****Discussion points**

1. The COVID-19 situation is not the same type of emergency situation as the recent bushfires:
  - Bushfire emergency considerations were around families not being able to physically access infant formula; due to road closures, loss of property or retail outlets closing.
  - COVID-19 does not see the same physical access issues - infant formula is still available in retail stores. Infant formula companies have given assurance that access to infant formula is not an issue.
  - The COVID-19 situation has potentially made reduced income more widespread. Understand that reduced or no income makes it difficult for formula feeding families/carers to purchase infant formula; however the Australian Government has already addressed financial impacts and supporting families financially. It is acknowledged that that some families/carers are not eligible for government assistance.
2. Consider the appropriateness of infant formula donations by manufacturers and importers of infant formula.
  - The use of infant formula is supported, however Foodbank and/or local community charity workers cannot be expected to take on the responsibility of health professionals who advise on each family and baby's need.
  - An important aspect of food security for families is breastfeeding. Breastfeeding can be an effective method of reducing food insecurity for infants especially for disadvantaged families who may not be able to afford sufficient amounts of infant formula to adequately meet infant dietary needs.
  - There may be other avenues the infant formula companies can assist FoodBank.
3. Recommended the Committee pursue the provision of infant formula donation guidance for the industry, with relevant consultation and research.
  - Adequate framework to be established where infant formula is only provided to families/carers in need with formula fed infants (or carers who are now unable to breastfeed) and adequate resources provided, such as boiled water, sterilised feeding utensils (feedback from the bushfire situation was that there were circumstances where boiled water was not used in preparation).
  - Further investigation into how the demand for infant formula in the community is determined.
4. Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992 (MAIF Agreement) and relevant WHO considerations on this issue are outlined in the table below.
5. In the meantime, the Department considers there are 3 options in response to the current situation:
  - Option 1: Do not raise concerns with the donation of infant formula to Foodbank.
  - Option 2: Raise concerns with the donation of infant formula to Foodbank, noting it is not in line with the MAIF Agreement.

**CLASSIFIED**



**CLASSIFIED**

Option 3: Allow the donation of infant formula to Foodbank, with appropriate measures put in place e.g. provided to carers already infant formula feeding in financial need (on request) and support and information is also provided for breastfeeding. Note the WHA resolution 47.5, that the supply of infant formula should be provided as long as the infant needs it.

<a href="#">WHO Code – fact sheet for Health care professionals</a>	<p>No donations of free or subsidised supplies of breast-milk substitutes or related products in any part of the health care system. Although there were some ambiguities in the wording of Articles 6.6 and 6.7 of the WHO Code, these were clarified in 1994 by World Health Assembly Resolution (WHA 47.5) which urged Governments:</p> <p><i>“to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.”</i></p> <p>Breast-milk substitutes should be obtained through “normal procurement channels” so as not to interfere with the protection and promotion of breastfeeding. Procurement means purchase.</p>
<a href="#">WHA 47.5 Resolution</a>	<p>WHA resolutions adopted subsequent to the Code, have the same legal status of the Code, clarifying and extending certain provisions.</p> <p>Exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code are given only if all the following conditions apply:</p> <p>(a)infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes<sup>2(4)</sup>; (b)the supply is continued for as long as the infants concerned need it; (c)the supply is not used as a sales inducement; (4)to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace.</p>
<b>MAIF Agreement</b>	<p>Adopt's WHO Code 6(e) and 6(f) under Clause 6 - Health care system.</p>

**CLASSIFIED**

**CLASSIFIED****Background:**MAIF Agreement, relevant clauses

Clause 5: The general public and mothers

Clause 5(a) Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public.

Clause 5(b) Manufacturers and importers of infant formulas should not provide samples of infant formulas to the general public, pregnant women, parents or members of their families.

5(c) Manufacturers and importers of infant formulas should not distribute to pregnant women, or parents of infants and young children, any gift or articles or utensils, which may promote the use of breast milk substitutes or bottle-feeding.

Clause 6: Health care system

Clause 6(e) Manufacturers and importers of infant formulas may make donations, or low-priced sales, of infant formulas to institution or organisations, whether for use in the institutions or for distribution outside them. Such provisions should only be used or distributed for infant who have to be fed on breast milk substitutes. If these provisions are distributed for use outside the institutions, this should be done only by the institution or organisations concerned. Manufacturers or importers should not use such donations or low-price sales as a sales inducement.

Clause 6(f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that there provision can be continued as long as the infant concerned need them. Donors, as well as the institution or organisations concerned should bear in mind this responsibility.

Definition of health care system: governmental, non-governmental or private institutions engaged, directly or indirectly, in health care for mothers, infants and pregnant women and nurseries or childcare institutions. It also includes health workers in private practice. For the purpose of this document, the health care system does not include pharmacies or other retail outlets.

**CLASSIFIED**

**CLASSIFIED**MAIF and infant formula issue responsibility

1. The MAIF Complaints Committee (MCC) has the responsibility for final determination of complaints in relation to the MAIF Agreement and develop, manage and amend guidelines on the MAIF Agreement as needed. The Food and Nutrition Policy Section oversees matters relating to Australian Government food policy and manages the MAIF Agreement, Australia's response to the WHO Code.

FoodBanks

2. [FoodBank donations](#) can either be monetary (preferred) or food. Food donations are through 'food drives' usually done by local communities, individuals taking donations to Foodbank's warehouses, or stock from by directly approaching manufacturers and importers – usually items that require ongoing supply assurance.
3. [UNICEF UK has developed guidance for FoodBanks](#), stating that FoodBank staff cannot be expected to take on the responsibility of highly trained healthcare professionals – in providing support to families to feed their babies as safely as possibly depending on individual need and circumstance.
4. Some international FoodBanks ([Texas](#); [Saskatoon](#)) provide in-house breastfeeding support or referral services to breastfeeding assistance services in the community.
5. A news article in The Times (unable to get full access) titled "[FoodBank fights for right to give out baby formula](#)" claims families are being denied access to free formula from a food bank because it breaches breastfeeding guidelines.

**CLASSIFIED**

s 22

**From:** Jan Carey s47F  
**Sent:** Wednesday, 29 April 2020 4:14 PM  
**To:** s 22 ; s 47F ; Debra Thoms  
**Cc:** s 22  
**Subject:** Infant formula donations [SEC=No Protective Marking]

Dear All

Foodbank has once again approached infant formula companies requesting donations so that they can support families that have been affected with loss of income, loss of employment because of COVID19.

Like the bushfires, these are exceptional circumstances and industry wants to help these families at this time of crisis. You said last time that you hoped that this is not a common occurrence. Well, 2020 has been an extraordinary year and we need to support each other to get through it.

I will advise INC members in accordance with the aim of the MAIF Agreement they signed 'to contribute to the provision of safe and adequate nutrition for infants', that they can respond to Foodbank's request. As with the bushfire crisis it will be up to Foodbank to distribute the donated infant formula to families on the basis of individual families' needs.

Let me know if you have any objections as soon as possible as you understand, hungry babies need to be fed.

Thanks, and kind regards,  
 Jan



**INC**

**Jan Carey**  
 CEO

**Infant Nutrition Council**

AU s47F NZ s47F  
 s47F

M s47F

E

s47F

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s 22

**From:** Debra Thoms s 47F  
**Sent:** Wednesday, 29 April 2020 9:37 PM  
**To:** Jan Carey  
**Cc:** s 22; s 47F; s 22  
**Subject:** Re: Infant formula donations [SEC=No Protective Marking]

Hi Jan

Noted - it has been an extraordinary year that is true - hopefully not to be repeated

Deb

On 29 Apr 2020, at 4:14 pm, Jan Carey s47F wrote:

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Thanks, and kind regards,  
Jan

**Jan Carey**  
CEO

**Infant Nutrition Council**

AU + s47F NZ s47F

s47F

M s47F

E

s47F

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s 22

**From:** Peter Davies s 47F @uq.edu.au>  
**Sent:** Thursday, 30 April 2020 8:05 AM  
**To:** Debra Thoms; Jan Carey  
**Cc:** s 22  
**Subject:** Re: Infant formula donations [SEC=No Protective Marking]

Dear All

My views are the same as they were about this situation and the bush fires, that provision to women who are currently formula feeding a baby would be appropriate. I think it would be important to ask the companies who wish to donate to Foodbank to make this clear to them.

Again as I said at the time of bush fires, if these donations go ahead there will be criticism from individuals and groups, but we are doing the right thing

Peter

**Professor Peter SW Davies**

**B.Sc (Hons), M.Phil, Ph.D, R. Nutr, FNSA**

Honorary Professor of Childhood Nutrition

Child Health Research Centre, Level 6 Centre for Children's Health Research, University of Queensland, 62 Graham Street, South Brisbane QLD. 4101

☎ s 47F

📧 s47F @uq.edu.au

🖨 s47F

🌐 [www.uq.edu.au/cnrc](http://www.uq.edu.au/cnrc) | CRICOS Provider No: 00025B

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**From:** Debra Thoms  
**Date:** Wednesday, 29 April 2020 at 9:37 pm  
**To:** Jan Carey  
**Cc:** "s 22", s 47F, s 22  
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I will advise INC members in accordance with the aim of the MAIF Agreement they signed 'to contribute to the provision of safe and adequate nutrition for infants', that they can respond to Foodbank's request. As with the bushfire crisis it will be up to Foodbank to distribute the donated infant formula to families on the basis of individual families' needs.

Let me know if you have any objections as soon as possible as you understand, hungry babies need to be fed.

Thanks, and kind regards,  
Jan

**Jan Carey**  
CEO

**Infant Nutrition Council**

AU +s 47F

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s 47F

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## MAIF Complaints Committee Meeting

### Out of session meeting – 9:30am 5 May 2020

1. The MCC met via teleconference to discuss the issue of donation of infant formula by manufacturers and importers during times of emergency to charities such as FoodBank.
2. The Committee agreed that the COVID-19 situation is not considered an emergency in the same vein as the recent bushfire emergencies.
3. The Infant Nutrition Council (INC), as the representative industry body for infant formula industry in Australia, was been contacted by its members for advice to inform their response to a request in accordance with the aim of the MAIF Agreement *'to contribute to the provision of safe and adequate nutrition for infants'*.
4. A similar request was made for donations during the recent bushfires, which the MAIF Complaints Committee discussed at their recent February meeting. At the meeting, *"members agreed that such donations were appropriate, however considered more research is required on how the infant formula is disseminated. There may be a need for guidance to ensure the infant formula is distributed appropriately and prepared safely."*
5. Following the February 2020 meeting, the Committee was to undertake research and draft guidance around the provision of infant formula donations during times of emergency.
6. The Committee initially thought the request originated from FoodBank. However, member Jan Carey advised that she had spoken the CEO of FoodBank Australia and was able to share:
  - The request came from the Victorian Department of Jobs, Precincts and Regions.
  - Infant formula manufacturers/importers were contact by the Victorian Department, requesting infant formula products be donated to FoodBank.
  - FoodBank CEO advised that infant formula products are currently not a product that is of great need.
  - The Committee understands that all jurisdictions have their own emergency response plans, however would like to understand the basis for the request and if the Victorian Department of Jobs, Precincts and Regions is aware of Australia's commitment to the MAIF Agreement and the WHO Code.

**ACTION – Secretariat to contact the Victorian Department of Jobs, Precincts and Regions to seek further information on the request and what grounds infant formula was identified as a product in need, noting this action may be a part of Victoria's emergency management plan.**

7. The Committee noted that industry are very aware of their committeemen's to the MAIF Agreement and are doing the right thing in raising the issue with INC. Some large global companies will not donate as they are highly scrutinised in breaking any commitments.
8. Committee agreed that further research into emergency responses and the provision of infant formula donations is to be undertaken.
9. FoodBank advised they are aware of the MAIF Agreement.

**ACTION – Secretariat to contact FoodBank to discuss how they supporting breastfeeding and formula feeding families to assist in developing further guidance on donations and protecting and promoting breastfeeding.**

10. The upcoming MAIF Complaints Committee meeting will focus on the supply of infant formula in emergencies and the provision of donations to FoodBank/charities to assist in the development of donation guidance.

**ACTION – Secretariat to update agenda.**

**MAIF - Complaints Committee Meeting 7**

## Agenda item 8 - Infant formula donations

Collated information from the World Health Organization and relevant World Health Assembly resolutions.

<a href="#"><u>Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care -1.4 COMPLIANCE WITH THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES</u></a>	<p>Does the Code ban all free and low-cost supplies of infant formula and other breast-milk substitutes (including follow-on formula) in <u>health facilities</u>?</p> <p>Yes. Although there were some ambiguities in the wording of Articles 6.6 and 6.7 of the Code, these were clarified in 1994 by World Health Assembly Resolution (WHA 47.5) which urged Governments:</p> <p>“to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system”.</p> <p>Breast-milk substitutes should be obtained through “normal procurement channels” so as not to interfere with the protection and promotion of breastfeeding. Procurement means purchase.</p>
<a href="#"><u>WHO Code – fact sheet for Health care professionals</u></a>	<p>No donations of free or subsidised supplies of breast-milk substitutes or related products in any part of the health care system. Although there were some ambiguities in the wording of Articles 6.6 and 6.7 of the WHO Code, these were clarified in 1994 by World Health Assembly Resolution (WHA 47.5) which urged Governments:</p> <p><i>“to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.”</i></p> <p>Breast-milk substitutes should be obtained through “normal procurement channels” so as not to interfere with the protection and promotion of breastfeeding. Procurement means purchase.</p>
<a href="#"><u>WHA 47.5 Resolution</u></a>	<p>WHA resolutions adopted subsequent to the Code, have the same legal status of the Code, clarifying and extending certain provisions.</p> <p>Exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code are given only if all the following conditions apply: (a)infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes<sup>2</sup>(4); (b)the supply is continued for as long as the infants concerned need it; (c)the supply is not used as a sales inducement; (4)to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace.</p>
<a href="#"><u>MAIF Agreement</u></a>	<p>Adopt’s WHO Code 6(e) and 6(f) under Clause 6 - Health care system.</p>
<a href="#"><u>WHO Guiding principles for feeding infants and young children during emergencies 2004</u></a>	<p>PRINCIPLE 3 - The quantity, distribution and use of breast-milk substitutes at emergency sites should be strictly controlled.</p> <p>“Offers of well-meant but ill-advised large-scale donations of “baby foods” and feeding bottles should be refused. Awareness should be raised about the general unsuitability of providing breast-milk substitutes in emergency settings. This can be done via the mass media in food-donor countries, in training sessions for relief-programme planners, managers and field staff, and in information provided to governments, agencies and groups contributing relief supplies. Infants who are not breastfed should receive special attention since they constitute a risk group. Their vulnerability only increases – often</p>

	<p>with disastrous consequences – during emergencies.”</p> <p>ANNEX 2, Practical steps to ensure appropriate infant and young child feeding in emergencies</p> <p>3. Eliminate practices that undermine breastfeeding.</p> <ul style="list-style-type: none"> <li>• Donations of infant formula and other breast-milk substitutes should be systematically refused (i.e. any requirements for BMS should be met purchasing of supplies).</li> </ul>
<p><a href="#">WHO Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers</a></p>	<p><b>Donations in emergencies</b></p> <p><b>6.1 Do not donate or accept donations of BMS, other milk products or feeding equipment (including bottles, teats and breast pumps) in emergencies.</b> Donated BMS are typically of variable quality; of the wrong type; supplied disproportionate to need; labelled in the wrong language; not accompanied by an essential package of care; distributed indiscriminately; not targeted to those who need them; do not provide a sustained supply; and take excessive time and resources to manage to mitigate risks.</p> <p><b>6.2</b> For considerations regarding complementary food donations, see 5.28.</p> <p><b>6.3 Do not send supplies of donor human milk to emergencies that are not based on identified need and a part of a coordinated, managed intervention.</b> Safe use of donor human milk requires needs assessment, targeting, a cold chain and strong management systems (see 5.14).</p> <p><b>6.4</b> Communicate a <b>clear position on donations</b> in preparedness and in early emergency response, such as in a joint statement<sup>67</sup>. Investigate reasons for donation requests to inform messaging and assessment. Target key actors, including donors, development partners and civil society groups, among others. Target groups that may not be engaged in official coordination mechanisms, e.g. media, the military and voluntary groups.</p> <p><b>6.5</b> Identify and inform potential <b>donors and distributors</b> regarding the risks associated with donated supplies in emergencies. Provide information on how the nutritional needs of nonbreastfed infants are being met. Give guidance on appropriate alternative items or support.</p> <p><b>6.6 Report</b> offers or donations of BMS, donor human milk, complementary foods and feeding equipment to UNICEF or UNHCR as appropriate (see 3.1), and to the IFE coordination authority, who will determine and oversee a context-specific <b>management plan</b> to minimise risks. Donations involving WFP food assistance should also be reported to WFP (see 7 for contacts).</p> <p><b>Minimise the risks of artificial feeding</b></p> <p>1. Develop plans for prevention and management of donations of BMS, other milk products and feeding equipment in an emergency. Donations of BMS, complementary foods and feeding equipment should not be sought or accepted in emergencies; supplies should be purchased based on assessed need. Do not send supplies of donor human milk to an emergency that is not based on identified need and part of a coordinated, managed intervention. BMS, other milk products, bottles and teats should not be included in a general or blanket distribution (<i>Sections 5 and 6</i>).</p>



	Governments and agencies should have <b>up-to-date policies</b> which adequately address all of the following elements in the context of an emergency: protection, promotion and support of breastfeeding; the management of artificial feeding; complementary feeding; the nutrition needs of PLW; compliance with the <i>International Code of Marketing of Breastmilk Substitutes (BMS)</i> and subsequent relevant <i>World Health Assembly (WHA) Resolutions (the Code)</i> <sup>6</sup> ; prevention and management of donations of BMS; and infant feeding in the context of public health emergencies and infectious disease outbreaks.
<a href="#"><u>WHA: Resolution 63.23, Agenda item 11.6 (21 May 2010)</u></a>	<i>"Urges member states to: ... (8) to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria".</i>

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## Donation of infant formula to FoodBanks in Australia

May 2020

### Issue

On 29 April 2020, the Department received correspondence about FoodBank Australia reaching out to infant formula companies in Australia requesting donations for families financially impacted by COVID-19.

1. FoodBank made a request for donations during the recent bushfires, which the MAIF CC discussed at their recent February meeting. At the meeting, *"members agreed that such donations were appropriate, however considered more research is required on how the infant formula is disseminated. There may be a need for guidance to ensure the infant formula is distributed appropriately and prepared safely."*
2. s 47C, s 47E
3. INC, as the representative industry body for infant formula companies, is proposing to advise it members they can respond to Foodbank request in accordance with the aim of the MAIF Agreement they signed *'to contribute to the provision of safe and adequate nutrition for infants'*, that they can respond to Foodbank's request.
4. As with the bushfire crisis, it will be up to Foodbank to distribute the donated infant formula to families on the basis of individual families' needs.
5. Jan Carey, INC requested the MAIF Complaints Committee and the Department to raise any objections (if they have any) as soon as possible. INC considers this to be exceptional circumstances like the bushfire crisis.
6. In response the MAIF Complaints Committee raised the following:
  - *Noted, extraordinary year, hopefully not to be repeated (Deb).*
  - *Considers this to be similar to bush fires, and provision of infant formula to formula fed babies to be appropriate (Peter).*
7. The Department considers the united position must be in line with the MAIF Agreement:

MAIF Agreement – relevant clauses 5(a), (b), (c) and 6 (e) and (f) and definitions 'health care system'. Clause 6(e) of clause 6 'Health care system' states donations can be made to institutions or organisations for infants who have to be fed on breastmilk substitutes. Foodbank is not considered to be a healthcare system organisation or institution. Relevant clauses are in background below.

8. UNICEF UK have developed a position on the donation of infant formulas to FoodBanks –

- The provision of infant formula at food banks recommends “*food banks do not accept donations of infant formula or distribute infant formula for babies*”.
- This is due to concerns for the safety of the baby and the lack of information and support on infant feeding FoodBanks can provide. Further information on the Unicef UK position is in the background below.

Point to discuss:

- Is the COVID-19 situation the same as the bushfire state of emergency?
  - Bushfire emergency considerations were around families not being able to physically access infant formula; due to road closures, loss of property or retail outlets closing.
- COVID-19 does not see the same physical access issues – infant formula is still available in retail stores. Infant formula companies have given assurance that access to infant formula is not an issue.
- COVID-19 has caused loss of employment and therefore loss of income.
  - The COVID-19 situation has potentially made reduced income more widespread. Understand that reduced or no income makes it difficult for formula feeding families/carers to purchase infant formula; however the Australian Government has already addressed financial impacts and supporting families financially.
  - Understand that some families/ carers are not eligible for government assistance.
  - Historically, the provision of infant formula to families/ carers at need considered not to be appropriate.
  - If there hasn't been a callout by FoodBank for infant formula because of job loss in the past, why now?
- Is there other ways the infant formula companies could donate?
  - For example, financial donations to FoodBank?
  - For example, donating to a 'health care system organisation or institution' – in line with the MAIF Agreement.
- MCC Process for discussing issues

- Although not in the MAIF CC ToR, it would be appropriate for members to request issues such as this to be discussed/ considered by the Committee (not a brief email requesting any objections as soon as possible).
- Guidance documents for emergency situations (and other relevant situations) should be prepared sooner rather than later – could consider at the next meeting.

#### Future work

When considering guidance or further work on this matter, issues that warrant further consideration include:

- Breastfeeding support
  - The FoodBank Australia website doesn't have any information about breastfeeding support. Two US states offer breastfeeding support programs in addition to providing food to families in need (see background below).
- Where/if donations are permitted, there needs to be an adequate framework where infant formula is only provided to families/carers in need of infant formula fed infants (or carers who are now unable to breastfeed) and adequate resources provided, such as boiled water, sterilized feeding utensils (feedback from the bushfire situation was that there were circumstances where boiled water was not used in preparation) and;
- Further investigation into how the demand for infant formula in the community is determined.

## Background/additional information

### MAIF Agreement, relevant clauses

Clause 5(a) Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public.

Clause 5(b) Manufacturers and importers of infant formulas should not provide samples of infant formulas to the general public, pregnant women, parents or members of their families.

5(c) Manufacturers and importers of infant formulas should not distribute to pregnant women, or parents of infants and young children, any gift or articles or utensils, which may promote the use of breast milk substitutes or bottle-feeding.

Clause 6(e) Manufacturers and importers of infant formulas may make donations, or low-priced sales, of infant formulas to institution or organisations, whether for use in the institutions or for distribution outside them. Such provisions should only be used or distributed for infant who have to be fed on breast milk substitutes. If these provisions are distributed for use outside the institutions, this should be done only by the institution or organisations concerned. Manufacturers or importers should not use such donations or low-price sales as a sales inducement.

Clause 6(f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that there provision can be continued as long as the infant concerned need them. Donors, as well as the institution or organisations concerned should bear in mind this responsibility.

Australian Institute of Family Studies - [Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it?](#)

- An important aspect of food security for families is breastfeeding.
- Breastfeeding can be an effective method of reducing food insecurity for infants especially for disadvantaged families who may not be able to afford sufficient amounts of infant formula to adequately meet infant dietary needs.

[Thompson et al 2018, Understanding the health and wellbeing challenges of the food banking system: A qualitative study of food bank users, providers and referrers in London, Social Science & Medicine, 211 \(2018\) 95-101](#)

- Food poverty is considered a barrier to breastfeeding, women on lower incomes less like to breastfeed (Oakley et al., 2013).
- In London, there are healthcare professionals who work with FoodBank and attend sites to see clients, including dieticians.



- Professionals explained that breastfeeding is *‘the healthiest and the cheapest option to feed a baby if you're on low income’*. However, this perspective wasn't shared by all in the study.
- FoodBank organisers see that providing clean and safe spaces for mothers to feed their infants was essential, as their living conditions may not allow for that.
- Health professionals expressed concerns that providing formula milk in a food bank can have the unintended consequence of helping to perpetuate the problem of low uptake of breastfeeding and that food aid settings were not the optimal context to make decisions about infant nutrition or to get advice about using formula milk.
- FoodBank clients did not consider breastfeeding issues as the most pressing problem facing those raising young children in the context of food poverty. Having enough money or finding a FoodBank with what they require was ranked as their highest concern.

#### UNICEF UK – Provision of formula milk at food banks

- How babies are fed in the early months of life can have a profound effect on their short and long term health, which is why health professionals such as health visitors and midwives are trained to support families to feed their babies as safely as possible depending on individual need and circumstance.
- Food bank staff cannot be expected to take on this responsibility, particularly for families who are already vulnerable and where the baby may be especially at risk.
- Without information and support from health professionals on hand, babies could be given a milk that is not appropriate to them, for example if the baby is under six months old, a follow-on milk would not be appropriate for them and could cause harm.
- Staff/volunteers working at food banks should have access to local infant feeding support services and know how to refer women to them, in order to ensure that families are supported appropriately.

#### FoodBank breastfeeding support examples

- [Texas FoodBank](#) (US), in addition to providing food, provides a breastfeeding education program to educate individuals and families.
  - In an effort to meet the health needs of the youngest community members, the Food Bank expanded services to include Breastfeeding Education to encourage, educate and support families in their breastfeeding efforts.
  - The program provides services through a trained breastfeeding peer counsellor.
- [Saskatoon FoodBank](#) (Canada), supports breastfeeding and food security in pregnancy and post partum.
  - The FoodBank states *“breastfeeding provides food security for infants and has many benefits for women and communities”*.
  - Infant formula is available on request.

Baby FoodBank (Glasgow, Scotland)

- A news article in The Times (unable to get full access) titled "[FoodBank fights for right to give out baby formula](#)" claims families are being denied access to free formula from a food bank because it breaches breastfeeding guidelines.
- Health professionals have been told not to refer parents (suggest eligibility for FoodBank access) to the Baby Food Bank in Glasgow because it provides formula against the advice of the UN Children's agency Unicef.
- The Unicef guidelines recommend foodbanks do not accept donations of infant formula.
- Campaigners for Foodbank claim this recommendation puts infants at risk.
- Unicef supports the use of formula but says that Foodbank workers cannot be expected to take on the responsibility of health professionals who advise on each baby's need.

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BY THE DEPARTMENT OF HEALTH AND AGED CARE



**The Hon Greg Hunt MP**  
**Minister for Health**  
**Minister Assisting the Prime Minister for the**  
**Public Service and Cabinet**

Ref No: MC20-042985

Ms Naomi Hull  
National Coordinator  
World Breastfeeding Trends Initiative, Australia  
s47F

11 DEC 2020

Dear Ms Hull

I refer to your correspondence of 11 November 2020 concerning infant and young child feeding in emergencies.

As a nation, as a community and as individuals we are facing an extraordinary time. Disasters are not new to the Australian landscape and in recent years, many Australians have been impacted by natural disasters such as droughts, bushfires and floods. Australia has a robust health system with measures in place to provide a comprehensive and effective health response in the event of a disaster.

Experience from disasters and emergencies demonstrates that strengthening policies on, and planning for, infant and young child feeding in emergencies will help to protect the health and feeding of all infants and young children in disasters and emergencies.

The Australian Government notes the important work of the World Breastfeeding Trends Initiative (WBTi), Australia, including the Infant and Young Child Feeding in Emergencies – Call for Action. The recommendations in the call for action are consistent with the Australian National Breastfeeding Strategy 2019 and beyond (Strategy), and will be considered in the monitoring and implementation of actions under the Strategy.

The response to a health emergency is primarily the responsibility of the state and territory governments but the Government assists the states and territories by enhancing their response capabilities and providing extra resources when requested.

The promotion and protection of breastfeeding is critical, especially during times of crisis, where our efforts are guided by the Strategy, endorsed by all governments in 2019.


My Department is currently developing an implementation plan and governance arrangements for the Strategy and will engage with stakeholders such as WBTi Australia. My Department is currently establishing a National Breastfeeding Advisory Council, and one of their first tasks will be to discuss Action area 3.2 of the Strategy - 'provide breastfeeding and lactation support and maternal health care to families in exceptionally difficult circumstances'.

Any emergency preparedness discussions will also consider recommendations from the Royal Commission into National Natural Disaster Arrangements. It is noted that some submissions to the Royal Commission called for further consideration and planning for the health needs of pregnant women, infants and young children in evacuations and evacuation centres.

I also note the Government is investing \$5 million via the Medical Research Future Fund in nine research projects to investigate the physiological and mental health effects of the recent bushfires on Australians and their communities. This includes \$860,000 to explore the impacts of prolonged exposure of bushfire smoke on vulnerable groups, such as pregnant and breastfeeding women with mild asthma, and adults with severe asthma.

Thank you for writing on this matter.

Yours sincerely



Greg Hunt

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**The Hon Greg Hunt MP**  
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<b>Minister</b>	<b>Minister Hunt</b>
<b>PDR Number</b>	<b>MC20-042985</b>
<b>Subject</b>	Infant and young child feeding in emergencies
<b>Initiator</b>	<b>Ms Naomi Hull</b>
<b>Contact Officer</b>	s 22 [REDACTED]
<b>Clearance Officer</b>	Tiali Goodchild s22 [REDACTED]
<b>Division/Branch</b>	Population Health

**Adviser/DLO Comments:**Return to  
Dept for:Redraft ☐NFA ☐

s 22

s22

From: Naomi Hull [s47F@gmail.com](mailto:s47F@gmail.com)>  
Sent: Wednesday, 11 November 2020 10:35 AM  
To: Minister Hunt <[Minister.Hunt@health.gov.au](mailto:Minister.Hunt@health.gov.au)>  
Subject: Infant and Young Child Feeding in Emergencies

**REMINDER :** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Dear Minister Hunt,

The years 2019 and 2020 saw a series of natural disasters unfold around the country which highlighted the vulnerability of infants and young children and the current lack of emergency planning and guidance regarding their feeding and care. Infants and young children have very specific food and fluid needs and are dependent on others for their care. They require specific planning to ensure they are kept safe in emergencies.

The World Breastfeeding Trends Initiative Australia team (WBTiAus), alerted the Australian Government to the inadequacy of Australia's planning for the needs of infants and young children two years ago in the [WBTi Assessment Report Australia 2018](#). As outlined in the report, Australia lacks planning for the needs of infants and young children at all levels of government and no agency has delegated responsibility for this group. We have much better planning for animals than we do for children.

The Department of Health took the report into account in the development of the enduring [Australian National Breastfeeding Strategy: 2019 and beyond](#) and included as a national priority that a national policy on infant and young child feeding in emergencies be developed. All Health Ministers endorsed the Strategy on 8 March 2019. Unfortunately, there does not appear to have been any real movement towards development of this national policy on infant and young child feeding in emergencies.

## FOI 5097 Internal Review

The bushfire and cyclone seasons will soon be upon us again and it is probable that families will need to be evacuated and infants cared for in shelters and other emergency settings and yet Australia still lacks appropriate planning for this vulnerable group.

WBTiAus have developed a Call for Action for Infants and Young Children in Emergencies which urges the Australian government to take steps towards developing and implementing emergency planning to protect the health and wellbeing of infants and young children in emergencies.

This Call for Action is supported by 38 of Australia's leading health, women's, children's, and emergency organisations and will be publicly launched tomorrow.

We request your support and commitment to the recommendations in the Call for Action and would like to request a meeting with you to discuss the content and a way forward.

Your sincerely,

Naomi Hull RN, IBCLC, MPH

National Coordinator

World Breastfeeding Trends Initiative, Australia

s 22

**From:** GOODCHILD, Tiali  
**Sent:** Tuesday, 31 August 2021 10:01 AM  
**To:** s47F  
**Cc:** maif; s 22 s 22  
 s 47F; s 47F  
**Subject:** FW: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]

Dear Jan

Thank you for your email on behalf of Foodbank in relation to urgent requests for provision of infant formula to certain areas impacted by COVID-19 restrictions.

The Department agrees the impact of current COVID-19 restrictions, particularly in regional areas are extenuating circumstances that warrant the provision of infant formula to families should they have this particular need. Consistent with the Department's ongoing commitment to prioritise and support breastfeeding, and previous advice provided to Foodbank in 2020 on this matter, it remains necessary to put in place processes that will ensure provision of breastmilk substitutes is given only to those who absolutely need it.

In the coming weeks the Department will finalise the draft framework to assist with this guidance regarding donations during emergencies, to be aligned with the implementation of priority actions outlined in the *Australian National Breastfeeding Strategy – 2019 and beyond*. If a complaint is made to the Department, the current extenuating circumstances will be taken into consideration by the MAIF Complaints Committee in due course.

We will also reach out to Foodbank to clarify any concerns they may have as well.

Kind regards  
 Tiali

## Tiali Goodchild

### Assistant Secretary

Population Health Division | Primary & Community Care Group  
 Preventive Health Policy Branch  
 Australian Government Department of Health  
 T: 02 6289 s 22 | M: s 22 | E: s 22 @health.gov.au  
 Location: Sirius Building 7.N.113  
 GPO Box 9848, Canberra ACT 2601, Australia

*The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.*

---

**From:** Jan Carey s 47F  
**Sent:** Sunday, 29 August 2021 3:36 PM  
**To:** GOODCHILD, Tiali s 22 @health.gov.au>  
**Cc:** s 22 @health.gov.au>; s 22 @Health.gov.au>; WOOD, Mary s 22  
 Debra Thoms s 47F s 47F  
**Subject:** Donations of infant formula through Foodbank during COVID-19



**REMINDER:** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Dear Tiali,

I received an email this weekend from Foodbank about the Covid situation in regional Victoria.

They have received requests to procure infant formula for distribution in the lockdown areas and have been given approval from the Victorian Health Department under the emergency provision who in turn have sought approval from the federal government.

Foodbank asked me if they were OK to proceed with just state health department approval and I replied that under the MAIF Agreement, the signatories cannot donate infant formula to Foodbank for distribution unless approval is given by the federal Department of Health.

This is the 3<sup>rd</sup> time since the Covid pandemic crisis that Foodbank has requested infant formula donations from INC members for distribution to formula feeding infants, and I doubt it will be the last.

I know that the Covid pandemic has created an increased workload for the Department of Health, and I am in no position to understand the priorities that you are managing. However, the Delta variant has added an increased burden on essential supplies, especially for regional centres in Victoria and NSW, such as Wilcannia.

My view was, and still is, that lockdown creates a situation for families similar to other emergency situations such as the 2020 bushfires when the Department gave approval for emergency donations.

Addressing the issue of emergency donations under the MAIF Agreement has been on the Department's agenda since the first donations of infant formula were requested by Foodbank in April 2020 in response to the Covid lockdowns. This was discussed in an out of session teleconference meeting by the MAIF Complaints Committee (MCC) on 5 May 2020. At the MCC meeting of 15 May 2020 it was agreed that the Department would draft a framework identifying what would be considered in such circumstances.

**I request that the framework be developed, as a matter of urgency.**

**I also request that a process be approved for responding to the COVID-19 pandemic that responsibly allows emergency donations of infant formula to Foodbank for those infants in lockdown who are formula fed and whose parents and carers cannot otherwise access supply.**

Kind regards,

Jan



Jan Carey  
CEO

Infant Nutrition Council

AU s 47F NZ s 47F

S

M s 47F

E

s 47F

[infantnutritioncouncil.com](http://infantnutritioncouncil.com)

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Australian Government Department of Health

## Decision-making framework for donations of infant formula in emergencies

THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH AND AGED CARE

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## 1. Introduction

Ensuring infants have access to an adequate supply of age appropriate nutrition is critical for their survival. Public health emergencies and natural and other disasters in Australia can create an urgent need for food relief. In circumstances where breastfeeding of infants is not possible, alternative sources of infant nutrition must be sourced to protect the health of this vulnerable population group. On some occasions, donated infant formula may be required to meet demand from communities and individuals in exceptionally difficult circumstances. In any circumstance, it remains important to ensure measures are in place to protect and promote breastfeeding where possible, and that breastmilk substitutes, such as infant formula, are not distributed unnecessarily or promoted.

This decision-making framework is intended to assist in defining the exceptional circumstances where the receipt and distribution of donated infant formulas is necessary. For the purposes of this decision-making framework, toddler milks and/or complementary foods for young children over twelve months of age are out of scope.

The framework is in the context of Australia's commitment to the protection and promotion of breastfeeding and to the application of relevant agreements in the broader context of emergency management frameworks in Australia. These are provided for reference in the [Appendix](#). It will also serve as a component of an anticipated national policy on infant and young child feeding in emergencies as recommended in Action Area 3.2 of the *Australian National Breastfeeding Strategy 2019 and beyond*.<sup>1</sup>

## 2. Guiding Principles

In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency.<sup>2</sup> The Commonwealth does not have specific legislative power to deal with emergencies and does not have equivalent generic legislation, however there are whole-of government arrangements that have been developed to be applicable in any emergency or crisis, including public health crises such as pandemics. Further details are provided in the [Appendix](#).

In relation to donations and distribution of infant formulas in emergency settings, decisions are guided by the specific circumstances of each emergency, the legislation of the relevant jurisdiction, and in the context of the following national and international agreements.

### **International Code of Marketing of Breast-milk Substitutes from the World Health Organization (WHO) (the Code)**

The WHO Code was formulated with the aim of contributing to: *"the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by*

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<sup>1</sup> Council of Australian Governments 2019, Australian National Breastfeeding Strategy 2019 and beyond, Canberra ACT Accessed online: <http://www.coaghealthcouncil.gov.au/Publications/Reports> on 29/09/21

<sup>2</sup> Elphic, K 2020 Australian COVID-19 response management arrangements: a quick guide Parliament of Australia, Department of Parliamentary Services Research Paper Series 2019-2020.



*ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution”.*

The WHO Code is an overarching document which gives priority to supporting and promoting breastfeeding and advocates that infants be breastfed. If infants are not breastfed, for whatever reason, the WHO Code also advocates feeding them the only suitable and safe breast-milk substitute, a scientifically developed infant formula product. Breast-milk substitutes should be available when needed, but they should not be promoted.<sup>3</sup> Australia is a signatory to the WHO Code.

### **World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.**

Since 1981, there have been several World Health Assembly (WHA) resolutions that refer to the marketing and distribution of breast-milk substitutes and clarify or extend issues covered in the WHO Code. The 1994 World Health Assembly Resolution (WHA 47.5)<sup>4</sup> on Infant and Young Child Nutrition urged Member States to take the following measures in emergency situations (relevant clauses noted):

*2) to ensure that there are no donations of free or subsidised supplies of breast-milk substitutes and any other products<sup>5</sup> covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.*

*(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the WHO Code are given only if all the following conditions apply:*

- (a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes<sup>6</sup>;*
- (b) the supply is continued for as long as the infants concerned need it; and*
- (c) the supply is not used as a sales inducement.”*

### **Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement**

Australia has in place the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) - a voluntary, self-regulatory code of conduct.

<sup>3</sup> World Health Organization (1981). The International Code of Marketing of Breast-milk Substitutes: Accessed online at: <https://apps.who.int/nutrition/publications/en/> on 30/09/21

<sup>4</sup> World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization. Accessed online at <https://apps.who.int/iris/handle/10665/177373> on 22/9/21

<sup>5</sup> Products listed within scope of the WHO Code as follows: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

<sup>6</sup> Document WHA39/1986/REC/1, Annex 6, part 2

The MAIF Agreement applies to Australian manufacturers and importers of infant formulas who are signatories to the Agreement. The MAIF Agreement represents part of Australia's implementation of the WHO Code and was developed in collaboration with industry, public health and government and tailored appropriately to the Australian context.

The MAIF Agreement aims to contribute to the provision of safe and adequate nutrition for infants, by protecting and promoting breastfeeding and by ensuring the proper use of breast-milk substitutes, when they are necessary, on the basis of adequate information through appropriate marketing and distribution. The MAIF Agreement includes infant formula products suitable for infants up to 12 months (i.e. infant formula, follow on formula), but does not include marketing activity undertaken by retailers, or marketing of infant feeding bottles and teats.

The Australian Government Department of Health (Department) has overarching responsibility for the management of complaints received in relation to potential breaches of the MAIF Agreement by its signatories. These complaints are considered on a case by case basis by the MAIF Complaints Committee comprising a public health representative, an industry representative and an independent chair. Further details of the relevant clauses of the MAIF Agreement are provided in the [Appendix](#).

### 3. Decision Framework

The decision framework is a tool to guide decisions taken in emergency settings in relation to procurement or receipt of donated infant formulas by designated food relief agencies and health care providers. The guidance provides for distribution to those in need in accordance with the relevant jurisdiction's emergency management plan. It will outline the appropriate criteria to be met and steps taken to ensure adequate nutrition is supplied to infants who require infant formula during times of emergency.

The steps to be taken to determine need and supply of donated infant formulas in emergency situations is shown in Figure 1 and conditions are further explained in the following pages.

#### **Circumstances where donated infant formulas may be procured or provided**

As represented in Figure 1, infant formula donations may be procured by jurisdictional authorities or food relief organisations from manufacturers, importers, and retailers of infant formulas, to meet an established demand. In accordance with the relevant jurisdictional emergency management plan, this may occur in the following situations:

##### *Public Health Emergencies*

This may include a localised outbreak of disease, epidemic or global pandemic<sup>7</sup> that creates disruptions to supply of essential goods and services. The resulting possible isolation and quarantine requirements, loss of income, disruption to supply chain and lack of availability of, and access to goods and services, can lead to the need for food relief and/or support.

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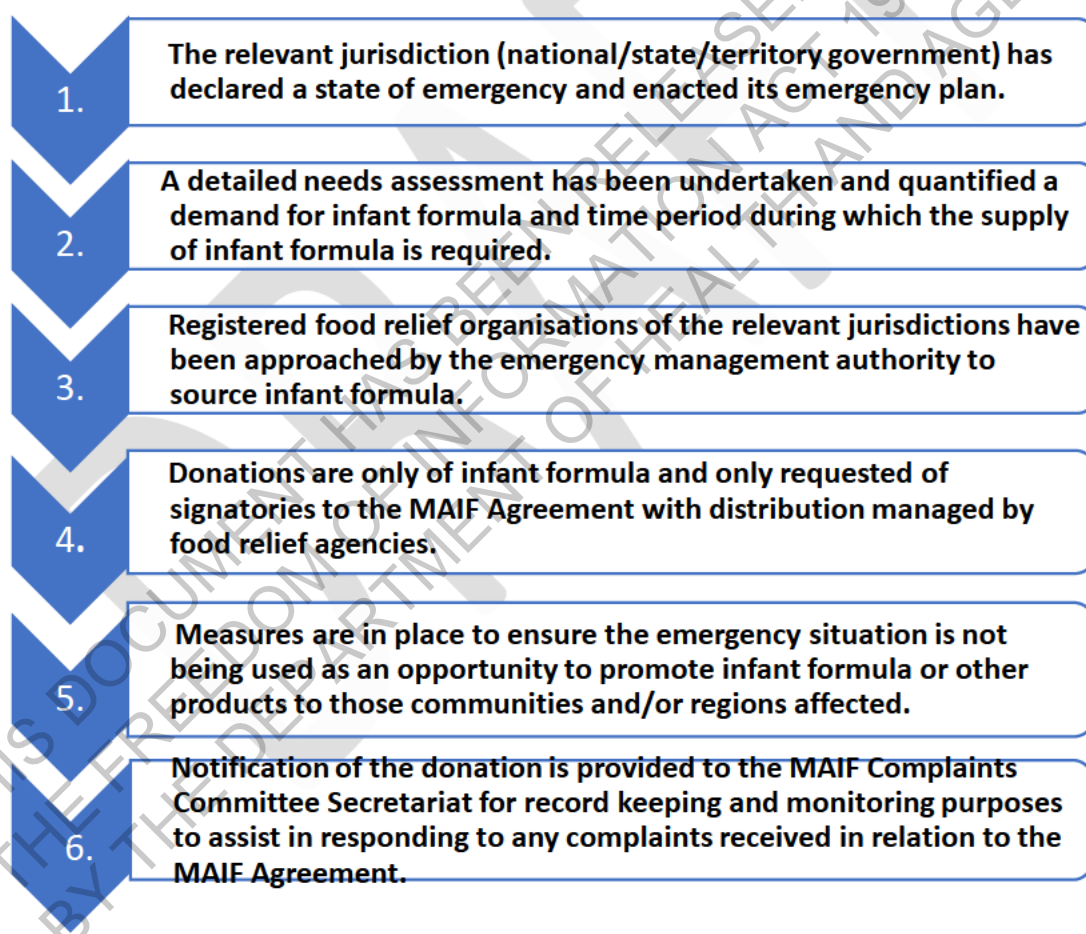
<sup>7</sup> A pandemic is the worldwide spread of a new disease. Viral respiratory diseases such as those caused by a new influenza virus or the coronavirus COVID-19, are the most likely to turn into a pandemic, [www.healthdirect.gov.au/what-is-a-pandemic](http://www.healthdirect.gov.au/what-is-a-pandemic)

### *Natural & Other Disasters*

Natural and other disasters<sup>8</sup> often cause personal and financial hardship for both individuals and communities, and can result in illness, injury, and loss of life. During periods of natural disaster in Australia, there can be significant immediate impacts on communities and individuals including destruction of housing and infrastructure such as retail outlets, disruption to power supplies, absence of safe drinking water and adequate hygiene and sanitation. Further, loss of income, disruption to supply chains resulting in threats to food security and ability to store and prepare food safely can also create demand for food relief and/or support.

### **Criteria for establishing demand and managing infant formula donations**

Figure 1 outlines the steps and criteria to manage company donations to relief organisations in the event of an emergency, a natural or other disaster. The criteria outlined in figure 1 should be met to determine: if a demand exists, the level of demand for infant formula, and how this demand can be met. This process should also ensure measures are in place to protect the health and well-being of infants and their carers.



*Figure 1: Decision framework describing criteria to guide decisions taken in relation to acceptance and management of infant formula donations*

<sup>8</sup> [www.healthdirect/natural-disasters](http://www.healthdirect/natural-disasters)



## Decision framework explained

1. **The relevant Australian or state or territory government has declared a state of emergency and enacted its emergency management plan.**
  - The jurisdictional emergency management authority has confirmed the affected regions have access to adequate supplies of clean water and the required equipment to safely prepare and store the infant formula (including energy for heating, preparing, cleaning and sterilising of equipment) or that any donation is accompanied by provision of adequate supplies.
  - The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption.
2. **A detailed needs assessment has been undertaken and quantified a demand for infant formula and time period during which the supply of infant formula is required (where possible)**
  - The relevant jurisdiction has undertaken a needs assessment in accordance with its emergency management plan.
  - The needs assessment clearly identifies the level of need (amount of supply and length of donation period, if ongoing past initial date secondary needs assessment to be completed) for infant formula and related supplies.
  - The needs assessment, including information on level of demand for infant formula, has been provided to the appropriate jurisdictional authority<sup>9</sup> with responsibility for the emergency management plan.
  - Notification has been issued in writing by the jurisdictional authorities to the Infant Nutrition Council (INC) of the request for infant formula donations from members who are signatories to the MAIF Agreement.
3. **Registered food relief organisations of the relevant jurisdictions have been approached by the emergency management authority to source infant formula.**
  - The decision-making authority responsible for the relevant jurisdictional emergency management plan has consulted with the registered food relief organisations in the jurisdiction (such as Foodbank or Red Cross), to determine the response to the request for donations, and strategy for distribution based on the needs assessment.
4. **Donations are only of infant formula and are only requested of signatories to the MAIF Agreement with distribution managed by food relief agencies.**
  - As infant formula is nutritionally suitable for infants up to 12 months of age it is the only product that can be donated.
  - The donating manufacturer/s and/or importer/s must be signatories to the MAIF Agreement and have standards or policies in place for the donation of infant formulas during emergencies that align with relevant national/international obligations as

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<sup>9</sup> Refers to the person/s or organisation identified as the jurisdictional authority within the emergency management plan

outlined above. This includes agreement not to advertise or promote their product or goodwill, or undertake any form of marketing in association with the donation.

- The infant formula is not provided by manufacturer/importers directly to caregivers but through registered food relief organisations or alternatively health care professionals specified by the relevant jurisdiction.
- The parents and/or carers of the infants are provided with the following important information:
  - a. advice that infants who are being breastfed should continue to be breastfed;
  - b. conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and
  - c. contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.

**5. Measures are in place to ensure the emergency situation is not being used as an opportunity to promote infant formula or other products to those communities and/or regions affected**

- Infant formula (suitable from birth up to twelve months) is to be provided only to the parents and/or carers of infants who must be fed infant formula.
- The amount of product donated and the duration of the donation is consistent with demand as identified in the needs assessment.
- The infant formula provided to the parents and/or carers is within the 'use by/best before date' and is accompanied by clear instructions and guidelines for the safe preparation, storage, and handling of infant formula products.
- All information provided on the supplied infant formula and information accompanying the infant formula is to comply with the MAIF Agreement and the Australia New Zealand Food Standards Code and is therefore not to be promotional in nature.

**6. Notification of the donation is provided to the MAIF Complaints Committee Secretariat for record keeping and monitoring purposes to assist in responding to any complaints received in relation to the MAIF Agreement.**

- Any complaints received will be considered by the MAIF Complaints Committee on a case by case basis.

## **Roles and Responsibilities**

### *Jurisdictional Emergency Management Plan Authorities*

Government authorities responsible for implementing jurisdictional emergency management plans are responsible for undertaking the needs assessment and ensuring these needs are responded to. These authorities are to ensure that all conditions and criteria of the established framework have been met, including assurance that the required donations have been delivered as planned.

### *Infant Nutrition Council (INC)*

The INC is responsible for liaising with industry members to secure supply of donated infant formulas.



### *Food relief agencies*

Food relief agencies are to advise of stock levels and supply needs as requested and maintain communication with the jurisdictional authorities. The food relief agencies are to coordinate the supply of donated infant formula to those in need in accordance with the needs assessment and with the guidance of the jurisdictional authorities of the emergency management plan.

### *Manufacturers and importers of infant formulas*

Those who provide the infant formula must adhere to the guidance of the MAIF Agreement, the jurisdictional authorities responsible for the emergency management plan and the registered food relief agency/health authority directions. Manufacturers and/or importers of infant formula must not engage or use any form of media (including digital and social media channels) or marketing to promote their donation, or advertise their donation as 'goodwill' in accordance with the terms of the MAIF Agreement regarding marketing of infant formulas.

### *MAIF Complaints Committee*

The MAIF Complaints Committee does not have responsibility for, nor is it involved in emergency responses or food relief efforts. However, the MAIF Complaints Committee seeks to uphold Australia's obligations to the WHO Code, providing the basis for the monitoring of the marketing of infant formulas in Australia. Alleged breaches of the MAIF Agreement when infant formula donations are made during emergency situations, should be directed to the MAIF Complaints Committee, and will be considered on a case-by-case basis. The MAIF Complaints Committee will determine a breach of the MAIF Agreement if the donations made during an emergency situation are not in accordance with the MAIF Agreement and this decision-framework.

### *Australian Government Department of Health*

In the context of infant formula donations, the Department has overarching responsibility for the MAIF Agreement and provides secretariat support to the Committee. As such the Department will serve this function, and any other functions as necessary and as identified within the jurisdictional emergency management plans on a case by case basis. The Department is responsible for ensuring that this decision-making framework is implemented in accordance with all relevant national legislation and emergency frameworks appropriate to the specific emergency.

## 4. Definitions

**Australia New Zealand Food Standards Code (Food Standards Code)** – is a set of standards that regulate the use of ingredients, processing aids, colourings, additives, vitamins and minerals. The Food Standards Code also covers the composition of some foods, such as dairy, meat and beverages as well as foods developed by new technologies such as genetically modified foods. Within the Food Standards Code are certain labelling requirements for packaged and unpackaged food, for example specific mandatory warnings or advisory labels. Standards also exist for primary production and processing within the Food Standards Code.

**Breast-milk substitutes** – any food marketed or otherwise represented as replacement for breast-milk, whether suitable for that purpose.

**Epidemic** – an outbreak of an infectious disease affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time.

**Health care professional** – a professional or other appropriately trained person working in a component of the health care system, including pharmacists and voluntary workers.

**Health care system** – governmental, non-governmental or private institutions engaged, directly or indirectly, in health care for mothers, infants and pregnant women and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this document, the health care system does not include pharmacies or other retail outlets.

**Infant** - child aged from birth up to twelve months.

**Infant formula** – any food described or sold as an alternative for human milk for the feeding of infants up to the age of twelve months and formulated in accordance with all relevant clauses of the Australia New Zealand Food Standards Code, including Standard 2.9.1 - Infant Formula Products.

**Jurisdictional authority** - refers to the person/s or organisation identified in the jurisdictional emergency plan.

**Infant formula product** – means a product based on milk or other edible food constituents of animal or plant origin which is nutritionally adequate to serve by itself either as the sole or principal liquid source of nourishment for infants, depending on the age of the infant.

**MAIF Agreement** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) has operated in Australia since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formulas in Australia. The Agreement applies to Australian manufacturers and importers of infant formula who are signatories to the MAIF Agreement.

**MAIF Complaints Committee** - The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) Complaints Committee

(Committee) was established in 2018. The Committee consists of three members: an independent representative; a public health representative; and an industry representative. The Department is responsible for secretariat functions of the Committee. The membership of the Committee can be accessed online at:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/MAIF-Complaints-Committee>.

**Marketing** - means product promotion, distribution, selling, advertising, product public relations and information services.

**Natural Disaster** - Natural disasters in Australia can include heatwaves, bushfires, droughts, floods, severe storms and tropical cyclones, earthquakes, tsunamis and landslides.

**Pandemic** - outbreak of infectious disease that occurs over a wide geographical area and that is of high prevalence, generally affecting a significant proportion of the world's population, usually over the course of several months.

**Promotion** - includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

**Supplies** – refers to quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

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## 5. Appendix

### a) World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling

resolutions [WHA33.32](#), [WHA34.22](#), [WHA35.26](#), [WHA37.30](#), [WHA39.28](#), [WHA41.11](#), [WHA43.3](#), [WHA45.34](#) and [WHA46.7](#) concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration for Nutrition<sup>10</sup>, [\(1\)](#) through coherent effective intersectoral action, including:

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

(c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;<sup>11</sup> [\(2\)](#)

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<sup>10</sup> *World Declaration and Plan of Action for Nutrition*. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

<sup>11</sup> *Protecting, promoting and supporting breast-feeding: the special role of maternity services*. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.



(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the [International Code of Marketing of Breast-milk Substitutes](#) in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting *emergency relief operations*, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given *only* if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;<sup>12</sup>(3)

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

### 3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

(4) to urge Member States to initiate the [Baby-friendly Hospital Initiative](#) and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions,

<sup>12</sup> Document WHA39/1986/REC/1, Annex 6, part 2



and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

9 May 1994

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## **b) Relevant Clauses of the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement<sup>13</sup>**

### *Clause 4: Information and Education*

(c) Manufacturers and importers of infant formulas should not donate informational or educational equipment or materials unless it is at the request of, and with the written approval of, the appropriate government authority or within guidelines given by the Commonwealth, State or Territory Governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary infant formula, and should be distributed only through the health care system. (WHO Code Article 4.3)

### *Clause 5: The general public and mothers*

(a) Manufacturers and importers of infant formulas should not advertise or in any other way promote infant formulas to the general public. (WHO Code Article 5.1)

(b) Manufacturers and importers of infant formulas should not provide samples of infant formulas to the general public, pregnant women, parents or members of their families. (WHO Code Article 5.2)

(c) Manufacturers and importers of infant formulas should not distribute to pregnant women, or parents of infants and young children, any gift or articles or utensils, which may promote the use of breast milk substitutes or bottle-feeding. (WHO Code Article 5.4)

(d) Marketing personnel, in their business capacity, should not seek direct or indirect contact with pregnant women or with parents of infants and young children. This does not prevent appropriately qualified personnel from responding to complaints or unsolicited requests for information. For these requests, parents should be referred to a health care professional whenever health advice is required. (WHO Code Article 5.5)

### *Clause 6: Health care system<sup>14</sup>*

(e) Manufacturers and importers of infant formulas may make donations, or low-priced sales, of infant formulas to institutions or organisations, whether for use in the institutions or for distribution outside them. Such provisions should only be used or distributed for infants who have to be fed on breast milk substitutes. If these provisions are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Manufacturers or importers should not use such donations or low-price sales as a sales inducement. (WHO Code Article 6.6).

<sup>13</sup> Note: The following clauses of the MAIF Agreement do not represent the entire MAIF Agreement but are selected due to their relevance to emergency situations. They should be read in the context of the full MAIF Agreement that can be accessed online at:

<https://www.accc.gov.au/site-search/MAIF%20Agreement#:~:text=ACCC%20proposes%20to%20re-authorise%20infant%20formula%20marketing%20code,12%20months.%20It%20has%20been%20authorised%20since%201992.>

<sup>14</sup> See Section 4: Definitions

f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that their provision can be continued as long as the infant concerned need them. Donors, as well as the institution or organisations concerned should bear in mind this responsibility (WHO Code Article 6.7)

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### c) Governance and Frameworks for the Management of Emergencies

In Australia, state and territory governments have primary responsibility for protecting life, property and the environment within their borders. They have established plans in place to respond to, and recover from, natural and human made emergencies<sup>15</sup>. Each emergency can present its own unique challenges that may create urgent needs in both the short and long term. A number of crisis and emergency management plans are available to address specific needs. In relation to national and international health emergencies restricting access to food supply, the following may be of relevance.

#### *Emergency Management Australia*

Emergency Management Australia, a Division of the Australian Government Department of Home Affairs, coordinates:

- Australian Government disaster assistance to states and territories;
- state and territory emergency response capabilities to disasters overseas (if requested by the Department of Foreign Affairs and Trade).

The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.<sup>16</sup>

#### *Australian Government Crisis Management Framework (AGCMF)*

The Department of the Prime Minister and Cabinet is responsible for maintaining and updating the [Australian Government Crisis Management Framework](#) (AGCMF). The AGCMF underpins the other crisis plans which are maintained by Emergency Management Australia, located within the Australian Government Department of Home Affairs.

To complement the efforts of state, territory and international governments responding to a disaster or emergency, the Australian Government can also provide [physical and financial assistance](#) to those affected.

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- Australian Government disaster assistance to states and territories;
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The Department of Home Affairs maintains a range of response plans that can be provided to state and territory governments and international partners responding to an emergency.

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<sup>15</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/emergency-response-plans>

<sup>16</sup> Accessed online at: <https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/about-emergency-management>



### *National Coordination Mechanism (NCM)*

The NCM operates through the Department of Home Affairs that coordinates the whole of government responses to issues outside the direct health management of a health emergency.

The Australian Government has activated the NCM in response to the spread of COVID-19, with the states and territories. This means that the Australian Government Department of Health will continue to lead on the health impacts and health system services such as hospitals, primary care and the aged care sector. The NCM will identify any issues that need to be addressed and assess the capabilities available to meet those challenges within government, industry and the community.

### *International Health Regulations*

The International Health Regulations 2005 (IHR) is an international public health treaty that commits signatory countries to take action to prevent, protect against, control and provide a public health response to the international spread of disease. As a signatory, Australia has a range of obligations, including reporting and maintaining certain core capacities at designated points of entry and informing the WHO if any measures implemented interfere with international trade or travel.

### *Emergency Health Management in Australia*

State and territory health authorities in Australia manage health emergencies.

The Australian Government Department of Health are involved when health emergencies have a national or international impact.

National health emergencies require a coordinated approach to:

- facilitate consistent and appropriate responses between states and territories
- manage the extra load on our health system
- reduce the effect on Australians.

Australia needs to be prepared for a range of health emergencies including:

- communicable disease outbreaks - such as epidemics, influenza or the COVID-19 pandemic
- the health effects of natural disasters — such as floods, bushfires and cyclones
- acts of terrorism — such as bombings, shootings or bioterrorism
- mass casualty incidents — such as plane and train crashes



#### d) Relevant Legislation

The areas of legislation available to support response actions relevant to infant feeding in emergencies are described in the following subsections.

##### *State and territory government legislative powers*

States and territories have a broad range of public health and emergency response powers available under public and emergency legislation for responding to public health emergencies. They also have legislative powers that enable them to implement biosecurity arrangements within their borders and that complement Australian Government biosecurity arrangements.

##### *The National Health Security Act 2007*

The National Health Security Act 2007 (NHS Act) authorises the exchange of public health surveillance information (including personal information) between the Australian Government, states and territories and the WHO. The National Health Security Agreement supporting the NHS Act formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies.

##### *Therapeutic Goods Act 1989*

The Therapeutic Goods Act 1989 establishes a framework for ensuring the timely availability of therapeutic goods (i.e. medicines, medical devices and biological products) that are of acceptable quality, safety and efficacy/performance. There are provisions within the legislation that operate at an individual patient level and at a program level (such as the maintenance of a National Medical Stockpile (NMS)) to allow for the importation and supply of products and the use of new, disease-specific in vitro medical diagnostic tests that have not been approved for use in Australia. These products may be required to deal with an actual threat to individual and public health caused by an emergency that has occurred or to create a preparedness to deal with a potential threat to health that may be caused by a possible future emergency.

**Department of Health response to the May 2022 Discussion paper**

***Developing the Second National Action Plan***

s 22

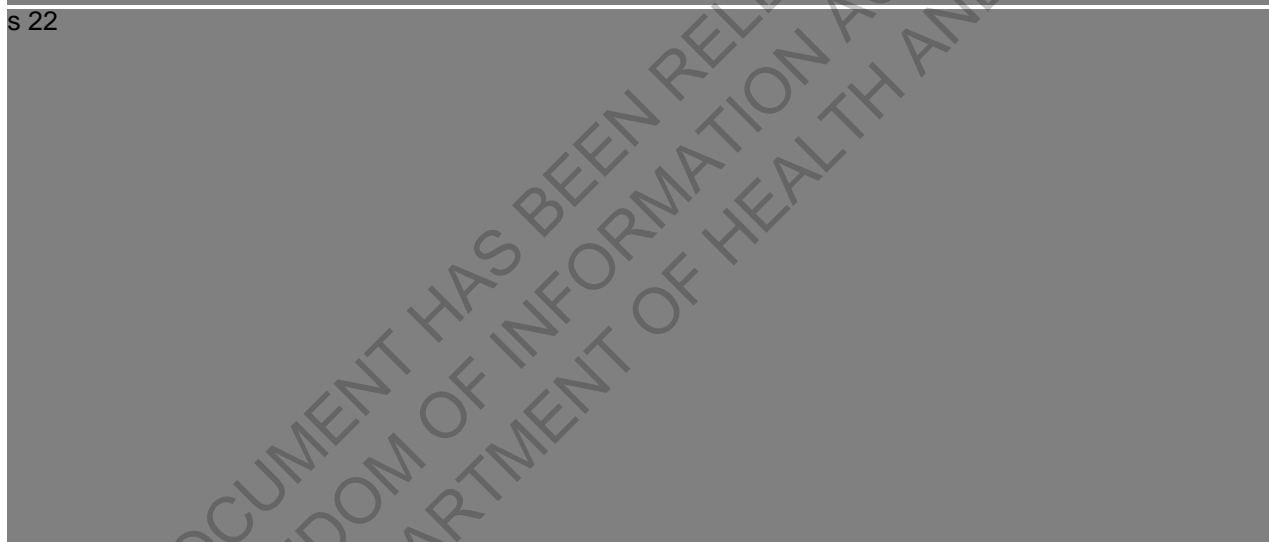
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Potential areas of improvement re collaboration

s 22



s 22



- Children are a particularly vulnerable population during natural disasters. In their 2021 Hunger Report, Food Bank reported that 1.2 million children were estimated to be living in food-insecure households. In Australia, there is currently no standard practice in emergency management planning for the unique needs of infants and children. This is reiterated in the Australian National Breastfeeding Strategy: 2019 and Beyond (ANBS), which notes that Australia has no comprehensive policy on infant and young child feeding, including infant feeding in emergencies. Protecting breastfeeding women and children, such as through the development of a national policy on infant and young child feeding in emergencies, is one recommendation of the ANBS.

s 22

- In relation to food security, the department is developing an Implementation plan for the ANBS. This will include a proposal to develop a national policy on infant and young child feeding in emergencies, in collaboration with states and territories and other relevant stakeholders. We are also developing guidance to manage the donations of infant formula products during emergency situations (eg. natural disasters and pandemic), noting that The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) provides an important restriction on the marketing and promotion of breastmilk substitutes to the public.

s 22

3. What is enabling your efforts to reduce disaster risks? Conversely, what is impeding your efforts to reduce disaster risks and why should it be addressed in the second National Action Plan?

s 22

#### Potential areas of improvement to assist with disaster risk management

Actions identified in the second National Action Plan should enable improvements across three core areas.

1. *Funding* – Mechanisms to provide emergency funding to departments and agencies involved in responding to the emergency and/or managing the response are needed to boost resourcing and capability.

In addition, there is strong stakeholder interest in the development of relevant national disaster policies, including for example a national policy on food insecurity as a result of the last few years of bushfires, COVID-19 and flooding, and the development of a national policy on infant and young child feeding in emergencies. The development of these national policies will require collaboration across the Commonwealth and states and territories, and an associated commitment of funding to support both development and implementation.

s 22

s 22

4. If the second National Action Plan included ~5 nationally significant strategic initiatives or actions to focus collective efforts over the next 2-5 years, what should they be? What would make the most difference nationally?

s 22

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s 22

#### 4. Investing in the development and implementation of clear national policies

As mentioned above, the COVID-19 pandemic, in combination with natural disasters has put unprecedented stresses on food supply chains. It is suggested that within the second National Action Plan, strategic initiatives with a focus on building food supply chain resilience or improving food security during natural disasters, should include infant and young child feeding during emergencies. Breastfeeding in particular provides a safe/reliable method of infant feeding in emergencies, and consistent source of nutrition and protection against infections.

In addition, pro-active disaster risk planning including development of frameworks that support cross-disciplinary research collaboration, such as frameworks that enable new use of existing technologies are needed.

s 22

s 22

**From:** s 22  
**Sent:** Friday, 3 June 2022 6:20 PM  
**To:** EHPB Coord  
**Cc:** Nutrition  
**Subject:** FW: for your review: Due COB Fri 3 June - For Response: invitation to contribute to National Disaster Risk Reduction Framework National Action Plan consultation process - discussion paper and survey [SEC=OFFICIAL]

Hello s 22 and s 22

Thank you for the opportunity to provide comment. The Nutrition policy team has responded to the questions in the context of what can be done differently to reduce Australia's loss and harm from disasters and to cope and recover during and after disruptions, particularly for the most vulnerable population groups. Access to safe food relies on functioning essential services and complex supply chains and this should be considered as part of the ongoing work.

**Q1 What do you understand your shared responsibility to be for reducing systemic disaster risk (for yourself, your organisation or on behalf of others) and ideally, what should collaboration look like?**

Food Safety and access to safe drinking water are key risks to population health. While some States and Territories have aspects of plans to deal with this as part of their emergency response plans there is not national collaboration.

Food supply chain are severely impacted during natural disasters and emergencies. As noted by the University of Melbourne earlier in the year, natural disasters such as floods and the COVID-19 pandemic results in temporary food shortages and rising food prices. During the first 12 months of the COVID-19 pandemic in particular, demand for food relief in Australia doubled, with more Australians experiencing food insecurity. Currently in Australia when it comes to emergencies, we rely on the food industry to build resilience in food supply chains and charities to ensure that people are fed through emergency food relief. There is a real opportunity here for the Commonwealth government, (led by the Department of Health and Department of Agriculture, Water and the Environment) to work with States and Territories to develop national plans and actions that build the long-term resilience of food systems to a range of future emergencies, particularly those linked to the ongoing pandemic and climate change.

Children are a particularly vulnerable population during natural disasters. In their 2021 Hunger Report, Food Bank reported that 1.2 million children were estimated to be living in food-insecure households. In Australia there is currently no standard practice in emergency management planning for the unique needs of infants and children. This is reiterated in the Australian National Breastfeeding Strategy: 2019 and Beyond (ANBS), which notes that Australia has no comprehensive policy on infant and young child feeding, including infant feeding in emergencies. Protecting breastfeeding women and children, such as through the development of a national policy on infant and young child feeding in emergencies, is one recommendation of the Australian National Breastfeeding Strategy: 2019 and Beyond. The importance of protecting, supporting and promoting breastfeeding is recognised in many current government strategies and policies. In particular:

- National Preventive Health Strategy 2021–2030
- National Obesity Strategy 2022-2032
- National Women's Health Strategy 2020-2030
- National Action Plan for the health of children and young people
- National Strategic Framework for Chronic Conditions

**Q2 What examples can you share about what you are doing to prevent or limit the potential severity of future disruption arising from climate and disaster risks? What is working well, and what isn't?**

The Department of Health is in the process of developing an Implementation plan for the ANBS. This will include a proposal to develop a national policy on infant and young child feeding in emergencies, in collaboration with states and territories and other relevant stakeholders.

The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) provides an important restriction on the marketing and promotion of breastmilk substitutes to the public. The Department of Health is developing guidance to manage the donations of infant formula products during emergency situations (eg. natural disasters and pandemic).

**Question 3: What is enabling your efforts to reduce disaster risks? Conversely, what is impeding your efforts to reduce disaster risks and why should it be addressed in the second National Action Plan?**

There is strong stakeholder interest in the development of a national policy on food insecurity as a result of the last few years of bushfires, COVIS and flooding. There is also significant interest in development of a national policy on infant and young child feeding in emergencies.

However, both require collaboration across the Commonwealth and States and Territories. In addition there currently there is no funding committed to the development and implementation of a national policy on infant and young child feeding in emergencies. For this reason, the necessity of a national policy on infant and young child feeding in emergencies should it be addressed/recognised in the second National Action Plan.

**Question 4: If the second National Action Plan included ~5 nationally significant strategic initiatives or actions to focus collective efforts over the next 2-5 years, what should they be? What would make the most difference nationally?**

As mentioned above, the COVID-19 pandemic, in combination with natural disasters has put unprecedented stresses on food supply chains. It is suggested that within the second National Action Plan, strategic initiatives with a focus on **building food supply chain resilience or improving food security** during natural disasters, should include infant and young child feeding during emergencies. Breastfeeding in particular provides a safe/reliable method of infant feeding in emergencies, and consistent source of nutrition and protection against infections.

**Question 5: Anything else you would like to add?**

None

Kind regards

s22

s 22

A/g Director - Nutrition Policy Section

Population Health Division

Preventive Health Policy Branch

Australian Government Department of Health

T: 02 6289 s 22 | M: s 22

E: s 22 @health.gov.au

Location: Sirius Building 5.S.130

GPO Box 9848, Canberra ACT 2601, Australia

*The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.*

s 22

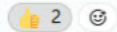
## Record of other discussions on the donation of infant formula emergencies – Webex Chats – September 2021

16 September 2021

s22

s22 s 22 16/09/2021, 12:43 PM

Oh good to know! When I got the MAIF hotline transferred onto our phones (s 22 me), I took the call forwarding off the hotline (it was set up to s 22 mobile). So now if calls come to the hotline, any one of the three of us can pick it up



s22 s 22 16/09/2021, 12:46 PM

s 22 in future I'll get the hotline onto your phone as well, but for now we'll just let you get to know the work a bit more first before you have to take any calls about it.

s22 s 22 16/09/2021, 12:47 PM

Okay great Thank you 😊

s22 s 22 16/09/2021, 2:36 PM

Do we have a standard reference for the MAIF document?

s22 s 22 16/09/2021, 2:36 PM

as in a reference for the MAIF Agreement?

s22 s 22 16/09/2021, 2:36 PM

yes to put in the framework doc

I can't find a year of publication etc and author is DoH??

s22 s 22 16/09/2021, 2:38 PM

no author its just the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement 1992 (MAIF Agreement)

s22 s 22 6/09/2021, 2:38 PM  
That would be my suggestion too

s22 s 22 16/09/2021, 2:39 PM  
Perfect thanks s

s22 s 22 16/09/2021, 3:31 PM  
Re: NBAC meeting being deferred. The team have advised that they still plan to circulate papers within the coming week s 22. I am happy to advise them if we want to defer draft ToR to later time?

I have let s 22 know that we have reviewed the draft donations guidance doc and I have suggested we now share that with yourself s and s 22 for comment (noting particularly, guidance is needed on who the relevant decision making body/ies would be in these circumstances). Just highlighting this piece of work in case there is a meeting requested of s 22 and they ask for the draft guidance doc... draft is here: [D21-1882675](#)

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17 September 2021

17/09/2021

s22 s 22 17/09/2021, 8:16 AM

hi guys, i've been looking at the guidance doc and think it needs some re-framing. I've started to track change it around to show what I'm thinking (may be hard to follow) but am trying to make it more like a framework for decision making in the different situations (noting we don't yet have a policy statement for infant feeding in emergencies). Looking at more of what should be the context and roles in the different situations. Have a look but am happy to talk it through

1

s22 s 22 17/09/2021, 8:18 AM

i've emailed my version to the maif inbox

s22 s 22 17/09/2021, 8:19 AM

as background - our action re MAIF was *"Rather than drafting guidance on interpretations of the MAIF Agreement and WHA resolution 47.5, it was agreed to proceed with drafting a framework identifying what would be considered in such circumstances. The framework would determine each situation on a case-by-case basis and identify the different actions to be taken by responsible parties to ensure the provision of adequate nutrition for infants during times of emergency."*

- outlining the roles of the MAIF Complaints Committee and the Department of Health, in relation to the provision of donations of infant formula during times of emergency.

s22 s 22 17/09/2021, 10:58 AM

Thanks s This is helpful context.

Reply Collapse

s22 s 22 17/09/2021, 9:13 AM

thanks s - noting I haven't been working on this (mostly s 22 ) I will have a read - do I need to assist/action today, or just have a look and try to understand your edits/view for future ref?

s 22 17/09/2021, 10:28 AM

s22 s 22 17/09/2021, 10:38 AM  
Hi s I am happy to try to progress this further today if urgent?

s22 s 22 17/09/2021, 11:09 AM  
I have saved s 22 version with comments into TRIM as the latest version.

s22 s22 17/09/2021, 12:29 PM  
Hi s 22 just corresponding with s 22 she is pulling together a few dot points in case needed for FAS brief on this issue, she is wondering if we know "whether Foodbank has actually shared the strong policies they mentioned that they have in place in relation to donations etc?" She hasn't found it on their website. Did they share anything with the MAIF team in relation to this? Thanks

s22 s 22 17/09/2021, 12:30 PM  
Not to my knowledge - I don't think we have had direct contact with Foodbank at all

s22 s 22 17/09/2021, 12:31 PM  
scratch that - I can see in MAIF inbox we have had discussions (looks like phone calls) but I can't see any attachments from Foodbank via email

s22 s 22 17/09/2021, 12:31 PM  
OK thanks.

s22 s 22 17/09/2021, 2:18 PM  
s 22 I have made some updates to the policy guidance/framework as discussed on the phone s 22 and s22 is aware that I was going to be working on/updating it. s 22

s22 s22 17/09/2021, 2:18 PM  
Excellent thanks for the update s 22

s 22  
s 22 17/09/2021, 2:18 PM  
thank you 😊

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**Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) Complaints Committee**

**Meeting 15 – Wednesday 19 April 2023, 1:00-4:00pm AEST**

**MINUTES**

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**Attendees**

**Committee member**

Adjunct Professor Debra Thoms (Chair),  
Independent representative

Ms Jan Carey, Infant Nutrition Council (INC),  
Industry representative

Emeritus Professor Jane Scott, Curtin  
University, Public Health representative

**Secretariat (Nutrition Policy Section,  
Department of Health and Aged Care)**

s 22 A/g Director

s 22 Assistant Director

s 22 Departmental Officer

s 22 Departmental Officer

s 22 Departmental Officer

s 22



s 22

## 7 | Update MAIF Guidance Documents

The Secretariat advised the updates for the MAIF Guidance Documents were provided earlier at the Signatory Forum and checked whether Members had additional questions. Members asked whether the Emergency Donations Framework could include a point about variations between State and Territories however, from a MAIF complaints committee perspective, the current framework is suitable as a guidance document.

s 22

**Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement)  
Complaints Committee**

**Meeting 14 – Thursday 10 November 2022, 10:00am – 12:00pm AEDT**

**MINUTES**

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**Attendees:**

Adjunct Professor Debra Thoms (Chair), independent representative

Ms Jan Carey, Infant Nutrition Council (INC), industry representative

Emeritus Professor Jane Scott, Curtin University, public health representative

**Secretariat (Nutrition Policy Section, Department of Health and Aged Care):**

s 22 A/g Director

s 22 - Assistant Director

s 22 - Departmental Officer

s 22 - Departmental Officer

s 22



s 22

**Item 5.b      Emergency Donations Frameworks**

Ms s 22 provided an update on the emergency donations framework, noting broader work is occurring across Government regarding food relief in emergencies. The framework contains crossover between broader Government policy work and guidance specific to the MAIF Complaints Committee and signatories. Propose the current emergency donations framework be re-framed as a MAIF Complaints Committee guidance document which could then inform broader policy work.

The secretariat will share the revised draft with the committee. The progress of the emergency donations framework will not impact timeframes for the review of the MAIF Agreement.

**Minutes**

Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement)  
Complaints Committee Meeting 13  
13<sup>th</sup> July 1:30-3:30 AEST

s 22

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**b. Emergency donations framework***Key comments:*

A new version of the framework has been completed following comments and feedback from the committee and signatories. This document is going through approval processes.

**Actions:**

- Secretariat will provide update to the committee when available.

**Marketing in Australia of Infant Formulas (MAIF) Agreement -  
Complaints Committee  
Meeting 12  
7 February 2022 1pm-4pm (AEDT)**

**Agenda**

Agenda Item	Supporting doc(s) <i>PDFs provided to members via email</i>
s 22	
d. Emergency donation of infant formula framework – verbal update for noting	
s 22	

d. Emergency donation of infant formula framework

*Key comments*

The secretariat provided an update on the draft framework for the emergency donation of infant formula, noting this was provided to stakeholders and comments are currently being collated for updates to the paper.

It was also noted that the Secretariat had not received any feedback or comments from the INC signatory members following the Forum. Ms Carey offered to collate responses from the INC signatory members within a specified timeframe.

**Actions:**

- Ms Carey to request comment from INC signatory members on Emergency donation framework and request 2 weeks for response.

**ITEM 5 ACTIONS:**

- Secretariat to amend signatory forum minutes and re-circulate to Committee for final revision, prior to circulating to signatories.
- Ms Carey to approach INC signatory members regarding signatory members comments on the Guidance documents, once distributed by the Secretariat. 2 week timeframe to be applied from date of supply by the Secretariat for final comment to be provided.
- Secretariat to re-format both guidance documents once finalised.
- Ms Carey to request comment from INC signatory members on 'Framework for Emergency donations of infant formula' and request 2 week for response.

s 22



**Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement)  
Complaints Committee**

**Meeting 11 – Wednesday 13 October 2021, 1:30pm – 4:30pm**

**MINUTES**

---

**Attendees:**

Adjunct Professor Debra Thoms (Chair), independent representative

Ms Jan Carey, Infant Nutrition Council (INC), industry representative

Emeritus Professor Jane Scott, Curtin University, public health representative

**Secretariat (Food and Nutrition Policy Section, Department of Health):**

s 22 - A/g Director

s 22 - Departmental Officers

**Apologies:**

s 22 - Assistant Director

s 22



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s 22

**Item 8. MAIF Guidance documents and MAIF Review**

- a) **Draft *Guidance Framework for Donations of Infant Formula in Emergencies* and *MAIF Review Terms of Reference* for feedback.**

Secretariat to circulate to members the *Draft Guidance Framework for Donations of Infant Formula in Emergencies* and *MAIF Review Terms of Reference* documents. Feedback requested from members by 27 October 2021.

The Secretariat gave a brief overview of how the framework has been developed. At the Commonwealth level this document is relevant to emergency situations only and not for those individuals in need.

Members requested that this framework document and consideration for including individuals in need, be considered as part of the MAIF review.

Ms Carey stated she had been in contact with Foodbank NSW. They advised that they are always desperate for infant formula and do not have enough for families in need.

Prof. Scott stated Foodbank doesn't have a consistent supply line.

Members and Secretariat agreed that members would provide comment on the draft Guidance Framework within one week.

s 22

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**Marketing in Australia of Infant Formulas - Complaints Committee*****Meeting 10 – Friday 28 May 2021, 1:00pm – 4:00pm*****MINUTES**

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**Participants:**

Adjunct Professor Debra Thoms (Chair), independent representative

Ms Jan Carey, Infant Nutrition Council (INC), industry representative

Emeritus Professor Jane Scott, Curtin University, public health representative

**Secretariat (Food and Nutrition Policy Section, Department of Health):**

s 22, A/g Director

s 22, A/g Assistant Director

s 22, Policy Officer

s 22

s 22

**Item 9. Other Correspondence & Business**

Members noted correspondence received from Breastfeeding Coalition Tasmania. The Secretariat has drafted a response and provided to the Chair for consideration. The Chair to review this letter and confirm approval with the Secretariat.

s 22

Signatory Forum: The Secretariat agreed to check availability for a Signatory Forum, and the next Committee meeting for July/August via Doodle Poll.

MAIF Review: The Secretariat gave an update on the MAIF Review, planned for late 2021. Ms s 22 noted that the Breastfeeding Jurisdictional Officers Group (BJOG) and the National Breastfeeding Advisory Committee (NBAC) are both due to meet in the week following this meeting. Both groups will provide input into the Terms of Reference for the MAIF Review. Ms s 22 noted the MAIF Review is likely to be completed within two years, however pending agreement to any recommendations, implementation of such recommendations may take longer than two years.

Donation of product in the pandemic: Ms Carey noted that a member of INC has reported an excess of product (infant formula and toddler milk products) and are seeking advice on how to best utilise this product, as they do not wish to discard it as waste. Members discussed a range of options for the excess product, including use for animal feed, or donation to another country where the company is not in the market. Members noted that under the MAIF Agreement, donations may only be made through institutions, however it may be difficult to donate to hospitals in Australia as hospitals with Baby Friendly Health Initiative (BFHI) accreditation will be unable to accept the product.

s 22



**Marketing in Australia of Infant Formulas - Complaints Committee (MCC)*****Meeting 9 – Friday 11 December 2020, 9:00am – 12:00pm*****MINUTES**

---

**Participants:**

Professor Debra Thoms (Chair), independent representative

Ms Jan Carey, Infant Nutrition Council (INC), industry representative

Professor Peter Davies, University of Queensland, public health representative

**Secretariat:**

s 22 Department of Health

s 22 Department of Health

s 22

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s 22

**Item 14. Provision of donations during times of emergency**

Members noted the Department update. The work has not been progressed due to competing priorities however will be progressed early next year. Ms Carey noted a current petition by World Breastfeeding Trends Initiative, Australia regarding their call to action for Infant and Young Child Feeding in Emergencies. Ms s 22 noted the Department had also received similar correspondence from World Breastfeeding Trends Initiative, Australia and had responded.

s 22

**MAIF Agreement – Signatory Forum Meeting**  
**Wednesday 19 April 2023, 10am – 12pm**

*Summary*

**Participants:**

**MAIF Complaints Committee:**

Adjunct Professor Debra Thomas (Chair), independent representative

Ms Jan Carey, industry representative

Emeritus Professor Jane Scott, public health representative

s 22

**Secretariat:**

s 22, A/g Director, Nutrition Policy Section

s 22, Assistant Director, Nutrition Policy Section

s 22, Departmental Officer, Nutrition Policy Section

s 22, Departmental Officer, Nutrition Policy Section

s 22, Departmental Officer, Nutrition Policy Section

**Item**

s 22

s 22

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#### 4. Emergency Donations Framework and Guidance Documents – Update from the Department

- Ms s 22 provided an overview on the status of the guidance document regarding the donation of infant formula products during emergencies.

- Ms s 22 advised that while the MAIF Review is underway, guidance documents will not be updated.
- Ms s 22 advised that broader work is occurring across Government regarding food relief in emergencies, and that long-term there will be 2 pieces of work explored - a guidance document for MAIF CC and a broader, cross-government policy regarding food relief and infant feeding during emergencies.
- Ms s 22 explained that there has been increased complexity raised in relation to the donation of infant formula products, providing examples of ensuring adequate access to safe water and safe drinking vessels.
- Ms s 22 advised that this work will be picked up as the MAIF review concludes.
- Ms s 22 explained that the MAIF Complaints Committee will endeavour to complete the MAIF guidance document first, however, this needs to be cognisant of the perspectives, expertise and operations of states and territories and food relief organisations.

Actions
<ul style="list-style-type: none"><li>- The Department of Health and Aged Care will continue to explore food relief in emergency situations and consider what guidance may be suitable for development prior to the development of a broader infant feeding in emergencies policy</li></ul>



s 22



**Marketing in Australia of Infant Formulas: Manufacturers and Importers  
(MAIF) Agreement – Signatory Forum Meeting  
Friday 10 December 2021, 2:30pm-4:30pm**

**MINUTES**

**Participants:**

**MAIF Complaints Committee:**

Adjunct Professor Debra Thoms (Chair), *independent representative*

Ms Jan Carey, *industry representative*

Emeritus Professor Jane Scott, *public health representative*

s47F

**Department of Health:**

s 22 [REDACTED] A/g Director, Preventive Health Policy Branch

s 22 [REDACTED] Assistant Director, Nutrition Policy

s 22 [REDACTED], Departmental Officer, Nutrition Policy

s 22 [REDACTED] Departmental Officer, Nutrition Policy

s 22

**Item 4. Update on Draft Guidance Framework - Donations of Infant Formula during emergencies****Bushfires and emergency's donations**

The Chair noted that there had been a number of requests for donation of infant formula in the past 12-18 months resulting in requests for emergency formula donations. Due to this a draft framework has been created around the donation of infant formula during emergencies. The Chair requested Ms S11C to address this document.

Ms S22 noted the document was created due to floods, fires and COVID lockdown in the last few years. It is to assist states, territories and food relief agencies to be able to provide infant formula to families that need it in those specific situations by making a request to the Department and complaints committee where it falls in the scope of the committee. As an action under the Breastfeeding Strategy, states that jurisdictions had to set up and put in place a system involving the commonwealth and complaints committee where required. Both jurisdiction and food relief agencies are expected to help facilitate that whole process. Ms S22 found the document helpful although a bit confusing as it does not state the what the signatories need to do to comply with in terms of providing information. Ms S22 assumed it would need small tweaks and would appreciate more certainty about their role to make sure the signatories comply with and are clear on that they need to do to comply with for our company or another company to not be found to be a breach when it necessarily was not something they have done but more a bit of confusion about products covered. Ms S22 would like more clarity for a company like Nestle if they are allowed to donate other products not just infant formula. She is happy to provide comments and respond back as long as it is not by next week. She appreciates that guidance has been put together and it just needs to be clear on the roles and reasonability's to not inadvertently breach.

The Chair noted the Committee have struggles with the women and kids needing the formula but how do we make it happen when companies are not going to?

s22

s 22

Subject: Start of thinking around a national policy on infant and young child feeding in emergencies and next steps for Breastfeeding Strategy

Location: 7.S.103

Start: Mon 21/03/2022 11:00 AM

End: Mon 21/03/2022 12:00 PM

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: s 22

Required Attendees: s 22

s 22

Booking a meeting room for those in the office – 7.S.103.

For others, please use webex details below.

Thanks

Hi,

Might be worth discussing as a group how to begin progressing this work, as there is stakeholder interest and it is mentioned in the MAIF draft guidance that this policy will be developed.

This is just intended as a brainstorming chat about first steps, and the Breastfeeding policy team will then put together a more formal draft plan for consideration.

Also might be a good opportunity to discuss the breastfeeding strategy - i.e. once an implementation plan is drafted and shared with state and territories, what are our next steps in progressing this work.

Rough guide for our chat:

1. s 22 to provide overview of immediate next steps with the Breastfeeding strategy
  - a. Internal Consultation on draft Baseline Evaluation and Implementation plan
  - b. External consultation
  - c. NBAC/BJOG committee meetings to discuss draft papers
  - d. Clearance of papers through Minister/Health Chief Exec Forum for eventual publication on website
2. Open Discussion – how to promote/advocate for breastfeeding without funding?
  - a. Following the budget, reach out to internal/external agencies on whether measures they received funding for relates to/could assist with implementation of the Breastfeeding Strategy
  - b. Discuss with NBAC/BJOG
  - c. Other ideas?
3. Open discussion - National policy on infant feeding in emergencies
  - a. As a starting point - what was the process to develop the MAIF guidance? – MAIF team to advise
  - b. Timing to develop this policy?

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Join meeting

More ways to join:

Join from the meeting link

s 22

If you are a host, click here to view host information.

Need help? Go to <https://help.webex.com>

s 22

**From:** s 22  
**Sent:** Friday, 17 September 2021 11:08 AM  
**To:** s 22  
**Cc:** Breastfeeding Policy; maif; s 22  
**Subject:** RE: Guidance on Infant Feeding in Emergencies [SEC=OFFICIAL]

Thanks s 22

Yes s 22 has had an initial look and made some tracked changes. I will upload the latest version with her comments over our version in TRIM.

Many thanks.

s 22

Assistant Director – Food and Nutrition Policy Section

Preventive Health Policy Branch | Population Health Division  
Australian Government Department of Health  
T: 02 6289 s 22 | E: s 22 @health.gov.au  
Location: Sirius Building 7.N.233  
GPO Box 9848, Canberra ACT 2601, Australia

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---

**From:** s 22  
**Sent:** Friday, 17 September 2021 11:04 AM  
**To:** s 22  
**Cc:** Breastfeeding Policy ; maif ; s 22  
**Subject:** RE: Guidance on Infant Feeding in Emergencies [SEC=OFFICIAL]

Hey Team!

Just want to thank you for all this input. Awesome job. I could see I'd overlooked some major things with my 'breastfeeding goggles on', but let's keep going and I'll wait to hear back from s 22 a little later on a way forward. I believe s 22 and s 22 have spoken and there are further developments/comments on the draft, so that's great. I'm guessing this is becoming another one of our urgent priorities, so let's keep in touch and we'll chat more soon no doubt.

Kind regards

s 22

Healthy Living & Food Governance Section

Population Health Division | Primary and Community Care Group  
Preventive Health Policy Branch  
Australian Government Department of Health  
T: 02 6289 s 22 | E: s 22 @health.gov.au  
Location: Sirius Building 7.N.334  
GPO Box 9848, Canberra ACT 2601, Australia



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---

**From:** s 22 <[redacted]@Health.gov.au>  
**Sent:** Thursday, 16 September 2021 3:13 PM  
**To:** s 22 <[redacted]@health.gov.au>; s 22 <[redacted]@health.gov.au>  
**Cc:** Breastfeeding Policy <s47E(d) [redacted]@health.gov.au>; maif <maif@health.gov.au>; s 22 <[redacted]@health.gov.au>; s 22 <[redacted]@health.gov.au>; s 22 <[redacted]@Health.gov.au>  
**Subject:** RE: Guidance on Infant Feeding in Emergencies [SEC=OFFICIAL]

Hi s 22 and s 22

Thanks for the below info s 22 Very useful.

The MAIF Review ToR have been drafted and are awaiting clearance. We understand that the NBAC meeting may not be going ahead next week after all?

We have had a read of the draft donations guidance doc and provided comments: [D21-1882675](https://www.health.gov.au/maif/2021/09/16/draft-donations-guidance-doc)  
 I was unable to find definitions, so I think we express as written. Re: decisions around authorising bodies etc. I am hoping s 22 and s 22 may be able to provide some further comment/direction on this. If you agree, I suggest we send the draft to s 22 and s 22 for comment now?

Also just a heads up that we have had an enquiry from Services Australia requesting a meeting for their FAS with Mary re: donations of infant formula, we will let you know when we have further details regarding this request.

Cheers.

s 22

Assistant Director – Food and Nutrition Policy Section

Preventive Health Policy Branch | Population Health Division  
 Australian Government Department of Health  
 T: 02 6289 s 22 | E: s 22 <[redacted]@health.gov.au>  
 Location: Sirius Building 7.N.233  
 GPO Box 9848, Canberra ACT 2601, Australia

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---

**From:** s 22 <[redacted]@health.gov.au>  
**Sent:** Tuesday, 7 September 2021 4:30 PM  
**To:** s 22 <[redacted]@health.gov.au>; Breastfeeding Policy <s47E(d) [redacted]@health.gov.au>; maif <maif@health.gov.au>; s 22 <[redacted]@Health.gov.au>; s 22 <[redacted]@health.gov.au>  
**Subject:** Guidance on Infant Feeding in Emergencies [SEC=OFFICIAL]

Hi All,

Thanks for the chat earlier. Here is a link to the draft document I have worked up based on the original document (associated with your MAIF records) and saved it in Breastfeeding file [D21-1882675](https://www.health.gov.au/maif/2021/09/16/draft-donations-guidance-doc)  
 You'll note I haven't changed this substantially and it does still specifically consider what preparation is needed to facilitate donations should they be offered. There are comments in there from s22 (from last year) when this was commenced, and definitions required, as well as decisions around authorising bodies etc. etc. which hopefully will become clearer.

Would be good to have your thoughts on the gaps, the appropriateness of this for meeting the needs of the MAIF and the current scenario, etc. etc.

In the context of the Breastfeeding Strategy (attached for your reference) policy development for infant feeding in emergencies falls under action area **3.1 - Universal breastfeeding education, support and information services** which is detailed as follows:

Provide breastfeeding and lactation support and maternal health care to families in exceptionally difficult circumstances	<ul style="list-style-type: none"> <li>• Keep mothers and babies together as much as practicable to provide the best start to breastfeeding.</li> <li>• Support the provision of full-time dedicated lactation support in NICUs and special care nurseries.</li> <li>• Design and plan maternal and newborn care that enables babies to be held skin-to-skin for the majority of the day.</li> <li>• Ensure skilled breastfeeding and lactation support is available to mothers, infants and young children in the child protection system, in the justice system (e.g. incarcerated mothers) and during emergencies and disasters.</li> <li>• Develop a national policy on infant and young child feeding in emergencies.</li> </ul>	Commonwealth States and territories Health services Justice services Child protection services Emergency management services
---	---	--

What this alludes to is a much broader strategy for ensuring the protection and support for breastfeeding wherever possible, and I think the international guidance is directed more towards this line of ensuring adequate support. I think it depends where the requests come from. I think it's different if the companies initiate the donation (without being asked), as opposed to a government identifying as part of its emergency needs assessment, that a particular number of people are in need of infant formula and cannot access it any other way in the current circumstances than via donor orgs such as FoodBank.

The WHO Guiding Principles (1,2,3) provide a bit of an overview of what we may want to align as close as possible with. The 2017 Operational Guidance document is designed more to assist workers in emergency settings. Section 6 discusses breastmilk substitute donations and the need to have concrete needs assessments to determine distribution etc.

Hopefully this is helpful, and not too overwhelming.

Happy to discuss,

Kind regards

s 22

Healthy Living & Food Governance Section

Population Health Division | Primary and Community Care Group  
Preventive Health Policy Branch  
Australian Government Department of Health  
T: 02 6289 s 22 | E: s 22 @health.gov.au  
Location: Sirius Building 7.N.334  
GPO Box 9848, Canberra ACT 2601, Australia

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THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH AND AGED CARE

s 22

**From:** s 22  
**Sent:** Friday, 17 September 2021 10:13 AM  
**To:** s 22  
**Cc:** s 22; maif, s 22  
**Subject:** RE: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]  
**Attachments:** WHO Guidance on Infant Feeding in emergencies.pdf; 2017 Operational Guidance for ERS and PMs on Infant and Young Child Feeding in Emergencies.PDF

Hi s 22

Thanks for your email. The short answer is that a draft policy specifically on infant formula donations is in progress and now in a draft form. The current version is saved here: [D21-1882675](#)

The MAIF team have given us a heads up about this further query (below) and also provided lots of valuable inputs into this document that we have been working on (in the background) based on the draft guidance commenced last year.

You will see there are outstanding questions about decision making authorities etc and management of complaints in this circumstance. The draft attempts to align with international guidance offered by the WHO, (see attached) including emergency response guidance, and the WHO Code on Marketing of Breastmilk Substitutes, etc. while ensuring the protection and promotion of breastfeeding. It may be at a point now for some discussion with Directors about how to proceed further so we can expedite this as requested and ensure it meets everyone's needs.

In relation to direct contact with Foodbank, I know that at least our team has not done this. I'm not sure about the MAIF team either. However, an email was sent by Tiali (I believe to the INC) in response to the initial email via INC from Foodbank.

Happy to discuss the way forward.

Kind regards

s 22

Healthy Living & Food Governance Section

Population Health Division | Primary and Community Care Group  
 Preventive Health Policy Branch  
 Australian Government Department of Health  
 T: 02 6289 s 22 | E: s 22 @health.gov.au  
 Location: Sirius Building 7.N.334  
 GPO Box 9848, Canberra ACT 2601, Australia

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**From:** s 22  
**Sent:** Friday, 17 September 2021 9:43 AM  
**To:** s 22  
**Cc:** s 22  
**Subject:** FW: FW: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

Hi s 22 Please see below. I suspect that this is something that you hadn't made progress on due to preparing for NBAC and input to NPP. This is something it looks like we will need to bring higher up the priority list. I believe we said we would reach out to Foodbank too in the latest email? Is this something we did? At this stage I'm just seeking a status update to provide to Tiali, as a second step we can work out how we start to prioritise this.

Thanks, s 22

---

**From:** GOODCHILD, Tiali s 22 @health.gov.au>  
**Sent:** Friday, 17 September 2021 9:33 AM  
**To:** s 22 @health.gov.au>; s 22 @Health.gov.au>  
**Subject:** FW: FW: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

How is the emergency framework for infant formula going?

---

**From:** s 22 @Health.gov.au>  
**Sent:** Thursday, 16 September 2021 9:02 PM  
**To:** GOODCHILD, Tiali s 22 @health.gov.au>  
**Subject:** Fwd: FW: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

Hi  
 We also had a request for s22 to meet with a Services Australia FAS today - they called s 22 so she asked them to email - it hasn't come through yet. I asked the team for the draft framework today - it needs work. I haven't spoken to s 22 about it yet. Hope to have something next week.

s 22

---  
 Sent from [Workspace ONE Boxer](#)

----- Forwarded message -----

---

**From:** s 22 @Health.gov.au>  
**Sent:** Thursday, 16 September 2021 4:26 PM  
**To:** maif <maif@health.gov.au>  
**Cc:** GOODCHILD, Tiali s 22 @health.gov.au>; s47E(d) @health.gov.au>; s 22 @Health.gov.au>; National Coordination Mechanism s47E(d) @homeaffairs.gov.au>; s 47F  
**Subject:** FW: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

Hi MAIF team

The Vaccine Taskforce Industry Liaison team joins the Home Affairs Supermarket Taskforce call each week, which discusses issues relating to supermarket supply chains coming out of COVID-19 and how to handle these. A number of food distribution NFPs, including Foodbank, also join this call.

We have received the below query from Home Affairs on behalf of Foodbank. They are seeking assistance in obtaining an exemption to the MAIF Agreement in order to allow them to secure infant formula to support families in need through the lockdowns across eastern Australia.



Grateful if you could consider this request and provide an update to Home Affairs on what can be done to facilitate.

Kind regards

s 22

s 22

Director

Industry Liaison Cell

National COVID Vaccine Taskforce

T: 02 6289 s 22 | E: s 22 @health.gov.au

*Note: During the ACT lockdown my working days will be Tuesday, Thursday, Friday and alternate Wednesdays. If you receive an email from me outside of business hours it is because that is a time that is convenient for me, and I do not expect a response until normal business hours.*

---

**From:** s 47F

**Sent:** Thursday, 16 September 2021 9:17 AM

**To:** s 22 @Health.gov.au>

**Cc:** s 22 @Health.gov.au>; s 22 @Health.gov.au>; National Coordination Mechanism s47E(d) @homeaffairs.gov.au>

**Subject:** FW: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

**OFFICIAL**

Good morning s 22

Food Bank have contacted Department of Home, requesting a change to the MAIF agreement noted below to enable them to procure and/or accept donations of infant and toddler formula during times of crisis.

Grateful if you could consider the request and keep me in the loop of any decisions/ actions being taken on this matter.

Kind Regards

s 22

s 22

Director

National Coordination Mechanism

Emergency Management Australia

Department of Home Affairs

M: s 22

Email: s 22 @homeaffairs.gov.au

**OFFICIAL**

**From:** s 47F <[REDACTED]@foodbank.org.au>  
**Sent:** Wednesday, 15 September 2021 11:24 AM  
**To:** s 47F <[REDACTED]@HOMEAFFAIRS.GOV.AU>  
**Cc:** s 47F <[REDACTED]@homeaffairs.gov.au>  
**Subject:** RE: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

My apologies for overlooking your earlier email.

The Foodbank NSW & ACT team has been working closely with Resilience NSW to ensure our food relief efforts are targeted, timely and meet the needs of the local community, and I know there have been many discussions about ensuring smaller, outlier towns/communities are not overlooked given the strong media attention other areas are receiving.

An area that the Commonwealth could absolutely assist please would be the introduction of a streamlined, expedited process to allow Foodbank to procure and/or accept donations of infant and toddler formula during times of crisis. Whilst we fully appreciate the intent of the [MAIF agreement](#), and have put in place strong policies and processes to ensure strong awareness of the agreement across state and territory Foodbanks, as well as at Foodbank Australia, we continue to use valuable time (days and even weeks) in working through the requirements of the agreement when local jurisdictions identify formula as urgently required during a crisis. We experienced this during the Black Summer bushfires, during the tower lockdowns in Melbourne last year, and most recently during the lockdowns in both Sydney and Melbourne. We continue to seek Department of Health approval to allow us to secure this important product, but we are consistently advised that a standing exemption cannot be put in place. Ultimately, I have always ended up authorising our teams to distribute the product in the full knowledge that I may be hauled in front of the complaints committee, as there is no clear process in place to do this in a way that meets the requirements of the agreement. I met with senior Health officials on this matter last year, and continue to raise it as an issue, but to this day, it remains unresolved. I'm happy to provide further background if required. I fully anticipate this coming up as an issue once again as we enter summer, when natural disasters are likely.

Cheers,  
s 47F

s 47F  
CHIEF EXECUTIVE OFFICER  
Foodbank Australia Ltd  
11 Julius Ave North Ryde NSW 2113 PO Box 52 North Ryde NSW 1670

s 47F

s 47F



**FOODBANK  
HUNGER  
REPORT 2020**

**Join the fight on social:**

*We work flexibly at Foodbank. I'm sending this message now because it suits me, but I don't expect you to read, respond or action it outside of your normal hours.*

From: s 47F <[REDACTED]@HOMEAFFAIRS.GOV.AU>  
Sent: Wednesday, 15 September 2021 10:20 AM  
To: s 47F <[REDACTED]@foodbank.org.au>  
Cc: s 47F <[REDACTED]@homeaffairs.gov.au>  
Subject: RE: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

**OFFICIAL**

Hi s 47F

Hope you are well and surviving lockdown.

Just following up on the below email to see whether you need the assistance of CISC or other Commonwealth agencies regarding the issue you noted in the initial FSWG meeting.

Please feel free to reach out if you need.

Warm Regards,

s 22

Policy and Engagement Officer | Engagement and Resilience Policy  
Industry Partnerships Branch | Partnerships, Policy and Capability Division  
Cyber and Infrastructure Security Centre  
Department of Home Affairs

P: s 22

E: s 22 <[REDACTED]@homeaffairs.gov.au>



**OFFICIAL**

From: s 47F <[REDACTED]@foodbank.org.au>  
Sent: Tuesday, 31 August 2021 3:53 PM  
To: s 47F <[REDACTED]@foodbank.org.au>  
Cc: s 47F <[REDACTED]@HOMEAFFAIRS.GOV.AU>; CIR  
s 47E (d) <[REDACTED]@cicentre.gov.au>  
Subject: Food Supply Working Group Meeting Follow Up [SEC=OFFICIAL]

**OFFICIAL**

Good afternoon s 47F

A quick follow up email in addition to the voicemail I left this afternoon.

Firstly, we would like to thank you for participating in the Food Supply Working Group meeting on Friday, your input was very appreciated.

I note you mentioned your team were having some issues with people wanting to bring supplies into areas where they were not needed, using Wilcannia as your example and that you thought this may be an issue the Commonwealth can assist you with.

If you did need any assistance with this matter, we are more than happy to help you where possible.

If you wanted to give me a call back on s 47F we can discuss further, otherwise happy for you to just respond here.

Warm Regards,

s47F

Engagement and Resilience Policy  
Policy and Engagement Branch

Critical Infrastructure Centre | Department of Home Affairs  
s47F | s47F [@homeaffairs.gov.au](mailto:s47F@homeaffairs.gov.au)



**OFFICIAL**

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[SEC=OFFICIAL]

s 22

**From:** s 22  
**Sent:** Monday, 11 October 2021 8:49 AM  
**To:** s 22  
**Cc:** maif; s 22 Breastfeeding Policy  
**Subject:** RE: Draft Guidance Framework for Infant Formula donations in Emergencies [SEC=OFFICIAL]

Thank you s 22 and great work s 22 and team

---

**From:** s 22  
**Sent:** Monday, 11 October 2021 8:35 AM  
**To:** s 22  
**Cc:** maif; s 22 ; Breastfeeding Policy  
**Subject:** RE: Draft Guidance Framework for Infant Formula donations in Emergencies [SEC=OFFICIAL]

Thanks s 22 this document sets out the circumstances and framework really clearly now. Thanks s 22 for your comments – I've accepted, modified, deleted comment boxes etc. I didn't add/amend anything further of significance – just a couple of minor typos. I'll send it on to Tiali for clearance now.

Regards, s 22

---

**From:** s 22 <s22@health.gov.au>  
**Sent:** Friday, 8 October 2021 4:29 PM  
**To:** s 22 <s22@health.gov.au>; s 22 <s22@health.gov.au>  
**Cc:** maif <maif@health.gov.au>; s 22 <s22@health.gov.au>; s 22 <s22@health.gov.au>; s 22 <s22@health.gov.au>; s 22 <s22@health.gov.au>; Breastfeeding Policy  
s47E(d) <s47E(d)@health.gov.au>  
**Subject:** RE: Draft Guidance Framework for Infant Formula donations in Emergencies [SEC=OFFICIAL]

Thanks for all your work on this s 22 Its looking good. I addressed some of your comments and removed them also made some track and suggestions. Happy to chat further s 22 if required

s 22

---

**From:** s 22 <s22@health.gov.au>  
**Sent:** Friday, 8 October 2021 2:31 PM  
**To:** s 22 <s22@health.gov.au>; s 22 <s22@health.gov.au>  
**Cc:** maif <maif@health.gov.au>; s 22 <s22@health.gov.au>; s 22 <s22@health.gov.au>; s 22 <s22@health.gov.au>; Breastfeeding Policy  
s47E(d) <s47E(d)@health.gov.au>  
**Subject:** Draft Guidance Framework for Infant Formula donations in Emergencies [SEC=OFFICIAL]


Hi s 22 and s 22

The document is saved on TRIM here: [D21-1882675](#) for your review and clearance.  
Happy to discuss/amend.

Kind regards

s 22

## Healthy Living &amp; Food Governance Section



Population Health Division | Primary and Community Care Group  
Preventive Health Policy Branch  
Australian Government Department of Health  
T: 02 6289 § 22 | E: § 22 @health.gov.au  
Location: Sirius Building 7.N.334  
GPO Box 9848, Canberra ACT 2601, Australia

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BY THE DEPARTMENT OF HEALTH AND AGED CARE



s 22

**From:** s 22  
**Sent:** Monday, 30 August 2021 8:39 AM  
**To:** s 22  
**Subject:** RE: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]

Thanks s 22

s 22 and I will touch base with s 22 and s 22 and see where we need to start.  
Thanks.

s 22

Assistant Director – Food and Nutrition Policy Section

Preventive Health Policy Branch | Population Health Division  
Australian Government Department of Health  
T: 02 6289 s 22 | E: s 22 @health.gov.au  
Location: Sirius Building 7.N.233  
GPO Box 9848, Canberra ACT 2601, Australia

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---

**From:** s 22  
**Sent:** Monday, 30 August 2021 8:04 AM  
**To:** s 22  
**Subject:** FW: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]

Good Morning s 22

See the trail below – we have an outstanding action item from MAIF last year which has become a bit more of a priority.  
Some initial work was done between May and Dec last year but was not completed as yet. The action was specifically related to the pandemic to acknowledge difference between the situation that occurred in the bushfires and previously in flooding. Discussions at MAIF noted these have to be considered on a case by case basis with reference to the previous bushfire situation.

The framework is to articulate the roles of the MAIF Complaints Committee and the Department of Health, in relation to the provision of donations of infant formula during times of emergency (differentiation of types) and draft a document for circulation to the committee.

Noting how busy the team has been Tiali asked if s 22 (who has been in our team for several years) could help out.

s 22 I didn't know if you would be back on board today and feeling better and feeling across the MAIF enough to do this alone so thought working with s 22 could be helpful. Happy to have quick chat later today.

For background - relevant TRIM locations  
E20-2888085  
E20-148576

s 22

**From:** s 22 @health.gov.au>  
**Sent:** Monday, 30 August 2021 7:53 AM  
**To:** s 22 @Health.gov.au>; GOODCHILD, Tiali s 22 @health.gov.au>  
**Subject:** RE: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]

Good morning

Happy to assist and for s 22 to involve s 22. If you're comfortable s 22 I can ask s 22 to touch base with s 22 and determine a way forward for completion of the draft framework.

With respect to the extenuating circumstances in regional VIC, I'll ask s 22 if she can amend the second para of the wording in blue text to send to Foodbank to respond to the immediate need and in the email response indicate that work is underway on the development of a draft framework and the Department will finalise a draft for consideration in the near future.

Regards, s 22

**From:** s 22 @Health.gov.au>  
**Sent:** Monday, 30 August 2021 7:37 AM  
**To:** GOODCHILD, Tiali s 22 @health.gov.au>; s 22 @health.gov.au>  
**Subject:** RE: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]

Hi

There is some of the background ground and summaries of discussions in the TRIM files – I haven't come across an actual framework yet.

s 22 in s 22 team has started getting her head across MAIF so would be good for her to be involved but would welcome some input from s 22 if available – just let me know s 22

Thanks

s 22

**From:** GOODCHILD, Tiali s 22 @health.gov.au>  
**Sent:** Sunday, 29 August 2021 5:26 PM  
**To:** s 22 health.gov.au>  
**Cc:** s 22 Health.gov.au>  
**Subject:** FW: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]

Hi s 22

Is this something s 22 could do?

s 22 – has it been started?

T

**From:** GOODCHILD, Tiali  
**Sent:** Sunday, 29 August 2021 5:25 PM  
**To:** WOOD, Mary s 22 @Health.gov.au>  
**Cc:** s 22 @Health.gov.au>; s 22 @health.gov.au>; s 22 @health.gov.au>  
**Subject:** FW: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]

Hi Mary

Background – I think you are familiar with the Marketing in Australia of Infant Formula Agreement (MAIF Agreement. Last year in Victoria when the housing tower went into lockdown Foodbank was requested to give those residents infant formula which we considered an extenuating circumstance and would take that into consideration if any complaints were made to the MAIF committee (which they were). We also sent Foodbank the text in blue to give them some coverage:

The Department of Health administers the Marketing in Australia of Infant Formula Agreement ([MAIF Agreement](#)), which is a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formula in Australia.

The Department agrees the current COVID-19 situation and building lockdowns in Victoria are extenuating circumstances that warrant the provision of infant formula to families in need. If a complaint is made to the Department, these circumstances will be taken into consideration and a breach will not be recorded.

If you agree I propose we send this text again to Foodbank?

I will also work with s 22 on finalising an emergency framework as I agree this is something we should move on for these types of emergencies e.g. Covid, Bushfires, flood etc

T

---

**From:** Jan Carey s47F  
**Sent:** Sunday, 29 August 2021 3:36 PM  
**To:** GOODCHILD, Tiali s 22 <[@health.gov.au](mailto:@health.gov.au)>  
**Cc:** s 22 <[@health.gov.au](mailto:@health.gov.au)>; s 22 <[@Health.gov.au](mailto:@Health.gov.au)>; WOOD, Mary s 22 <[@Health.gov.au](mailto:@Health.gov.au)>; Debra Thoms s47F; s 47F  
**Subject:** Donations of infant formula through Foodbank during COVID-19

**REMINDER:** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Dear Tiali,

I received an email this weekend from Foodbank about the Covid situation in regional Victoria.

They have received requests to procure infant formula for distribution in the lockdown areas and have been given approval from the Victorian Health Department under the emergency provision who in turn have sought approval from the federal government.

Foodbank asked me if they were OK to proceed with just state health department approval and I replied that under the MAIF Agreement, the signatories cannot donate infant formula to Foodbank for distribution unless approval is given by the federal Department of Health.

This is the 3<sup>rd</sup> time since the Covid pandemic crisis that Foodbank has requested infant formula donations from INC members for distribution to formula feeding infants, and I doubt it will be the last.

I know that the Covid pandemic has created an increased workload for the Department of Health, and I am in no position to understand the priorities that you are managing. However, the Delta variant has added an increased burden on essential supplies, especially for regional centres in Victoria and NSW, such as Wilcannia.

My view was, and still is, that lockdown creates a situation for families similar to other emergency situations such as the 2020 bushfires when the Department gave approval for emergency donations.

Addressing the issue of emergency donations under the MAIF Agreement has been on the Department's agenda since the first donations of infant formula were requested by Foodbank in April 2020 in response to the Covid lockdowns. This was discussed in an out of session teleconference meeting by the MAIF Complaints Committee (MCC) on 5 May 2020. At the MCC meeting of 15 May 2020 it was agreed that the Department would draft a framework identifying what would be considered in such circumstances.

**I request that the framework be developed, as a matter of urgency.**

**I also request that a process be approved for responding to the COVID-19 pandemic that responsibly allows emergency donations of infant formula to Foodbank for those infants in lockdown who are formula fed and whose parents and carers cannot otherwise access supply.**

Kind regards,

Jan



**INC**

**Jan Carey**  
CEO

Infant Nutrition Council

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[infantnutritioncouncil.com](http://infantnutritioncouncil.com)

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s 22

**From:** s 22  
**Sent:** Tuesday, 8 March 2022 4:51 PM  
**To:** s 22  
**Cc:** s 22  
**Subject:** RE: Considerations for MAIF guidance framework from a breastfeeding policy perspective [SEC=OFFICIAL]

Thanks both for your contributions. Much appreciated.

I am currently revising the draft with consideration for INC members comments and providing a response to their comments so we can go back to them.

Can then work together to provide responses to the NBAC and BJOG.

Thanks.

s 22

Assistant Director – Nutrition Policy Section

Preventive Health Policy Branch | Population Health Division

Australian Government Department of Health

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GPO Box 9848, Canberra ACT 2601, Australia

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---

**From:** s 22  
**Sent:** Tuesday, 8 March 2022 1:10 PM  
**To:** s 22  
**Cc:** s 22  
**Subject:** Considerations for MAIF guidance framework from a breastfeeding policy perspective [SEC=OFFICIAL]

Hi s 22 and s 22

Thanks for the opportunity to review the draft MAIF guidance framework for donation of infant formula in emergencies.

Instead of making changes to your  [SharePoint document](#), we thought it would be worth sending through our thoughts via email.

I can see that you have been incorporating the comments received from NBAC and BJOG into the draft guidance, so perhaps it's better for us to review the document once your team has finished working on the draft.

In the meantime, s 22 and I have made some edits in track in the attached word document - you'll see the main changes are to the introduction and background to strengthen the messaging around breastfeeding. As discussed, the main issue from a breastfeeding policy standpoint is ensuring the messaging is clear that formula is not being promoted by the Aust Govt over breastfeeding.

I may have missed whether this is captured in the document, but agree with LCANZ's suggestion that infant formula provided in emergencies is debranded/deidentified with replacement plain packaging labels (with the appropriate preparation instructions etc.). I also think it would be helpful to have a proposed template to guide the detailed needs assessment, as suggested by NBAC members.

We would like to prepare responses to NBAC/BJOG on how their comments have been addressed in the draft guidance, and why some comments may not have been actioned. Let us know when you have finished considering the comments that **S** pulled together from NBAC/BJOG and we can discussed how they have been addressed in the final draft guidance.

Cheers

**S** 22

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s 22

**From:** s 22  
**Sent:** Thursday, 7 April 2022 4:34 PM  
**To:** s 22  
**Subject:** s 22 shared "Planning doc - National policy on infant feeding in emergencies – " with you. [SEC=OFFICIAL]

Thanks s 22 Will have a look.  
Cheers

s 22

#### Assistant Director – Nutrition Policy Section

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**From:** s 22  
**Sent:** Thursday, 7 April 2022 4:12 PM  
**To:** s 22  
**Cc:** s 22  
**Subject:** s 22 shared "Planning doc - National policy on infant feeding in emergencies – " with you.

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s 22

**shared a file with you**

As mentioned yesterday, here is the start of my thinking around the development of a national policy on infant feeding in emergencies. Still very early stages. Feel free to add any thoughts or reach out if you'd like to discuss.

Cheers,  
s 22



Planning doc - National policy on infant feeding in emergencies –



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# Scoping paper: National Policy for Infant Feeding in Emergency Situations

Australian Government Department of Health

XX 2022

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## Introduction

In 2010, the World Health Organization advised member states, which includes Australia, to have national policies and plans for infant and young child feeding in emergencies aligning with the recommendations of the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE). The OG-IFE outlines what support should be provided for infants and young children during emergencies and includes references to planning and implementing interventions to support breastfed, formula fed and complementary fed children.

The need for a national policy on infant and young child feeding during emergencies has since been reflected in national documents. The Australian national *Infant Feeding Guidelines for Health Workers* and the *Australian National Breastfeeding Strategy: 2019 and Beyond* both recommend development of emergency preparedness plans for infant and young child feeding in emergencies (IYCF-E) (National Health and Medical Research Council 2012, Council 2019). The 2018 Community Recovery Handbook also highlighted a lack of advocacy for children in emergency management.

The “Convention on the Rights of the Child” assert that every infant and child has the right to good nutrition. A failure to consider the needs of IYCF-E can result in negative health consequences for children due to their immature immune system, specific food and fluid intake requirements, and dependency on others to meet their care needs.

## Objective

In March 2019, the Council of Australian Governments (COAG) Health Council agreed that actions should be undertaken to improve breastfeeding rates in Australia through the endorsement of the Australian National Breastfeeding Strategy: 2019 and Beyond.

One component of Action 3.2 of the Australian National Breastfeeding Strategy: 2019 and beyond is to “Provide breastfeeding and lactation support and maternal health care to families in exceptionally difficult circumstances”. This includes the development of a national policy on infant and young child feeding in emergencies.

## Target Audience

There has been increasing stakeholder interest in this topic with recent natural and public health disasters.

There have been requests from infant formula companies for guidance on the donation of infant formula in emergencies, as this activity is prohibited under the MAIF Agreement. The resulting document titled ‘Decision-making framework for donations of infant formula in emergencies’ is designed to be interpreted in the context of a broader national policy on IYCF-E.

National policy document for state and territory policy makers in consideration of IYCF-E in their local policies and guide jurisdictional led responses.

## Context

*Infant and Young Child Feeding in Emergencies - Operational Guidance for Emergency Relief Staff and Programme Managers (Developed by the IFE Core Group, October 2017)*

Governments and agencies should have up-to-date policies which adequately address all of the following elements in the context of an emergency:

- protection, promotion and support of breastfeeding; the management of artificial feeding;
- complementary feeding;
- the nutrition needs of PLW;
- compliance with the International Code of Marketing of Breastmilk Substitutes (BMS) and subsequent relevant World Health Assembly (WHA) Resolutions (the Code) 6 ;
- prevention and management of donations of BMS; and
- infant feeding in the context of public health emergencies and infectious disease outbreaks (see Section 9 Definitions for recommended IYCF practices).

Additional context-specific provisions may be necessary, such as for refugees or internally displaced persons (IDP). – IYCF in Emergencies IFE Core Group UNHCR

The World Health Organization recommends: In emergencies, breastfeeding is the optimal and safest feeding method. The 47th World Health Assembly urges Member States “to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breastfeeding for infants”.

- *World Health Assembly Resolution 47.5 (1994)*

## Scope

Natural disasters (flood, bushfire, heatwave, and cyclone). Public health emergencies.

Infants = 0-2 years

Infant feeding encompasses:

- Breastmilk
- Infant formula
- First foods/complementary feeding
- Infant feeding utensils

Interaction with: MAIF Committee: Decision-making framework for donations of infant formula in emergencies, infant feeding guidelines

- Call to Action

## Planning/ Process:

### Step 1 - Desktop research

Review current policies/guidance (both international and local) and identify aspects which could be utilised in a national policy. Some references as a starting point:

- Eg: [Infant and young child feeding \(who.int\)](http://www.who.int/nutrition/topics/infant_and_young_child_feeding)
- [Infant and Young Child Feeding in Emergencies \(infactcanada.ca\)](http://infactcanada.ca/)



- [Emergency preparedness for infant and young child feeding in emergencies \(IYCF-E\): an Australian audit of emergency plans and guidance - PubMed \(nih.gov\)](#)
- [Operational guidance 2 \(enonline.net\)](#) - Emergency Nutrition Network (ENN) - UK registered charity,
- [Infant and Young Child Feeding in Emergencies \(IYCF-E\) - LCGB](#) - Lactation consultants of Great Britain
- [Infant feeding in emergencies | Australian Breastfeeding Association](#)
- <https://www.qld.gov.au/emergency/dealing-disasters/prepare-for-disasters/food-during-disaster>

## Step 2 - Scoping paper

To cover:

- Defining infant feeding
- clarifying purpose of policy
- identifying priority areas for improvement
- recommending first steps.

## Step 3 - Development of draft policy:

- Resourcing Question :
- Investigate whether there is any available department funding to procure a consultant or
- Identify resources within the team to develop policy

## Step 4 - Stakeholder consultation:

- NBAC, BJOG – determine if we need a working group or if NBAC/BJOG sufficient
- Internal dept consultation – PHD (MAIF, Preventive Health), PCD, IHD
- External consultation – PM&C, DSS, ABA, LCA NZ etc
- Public consultation?

## Timeline

**Attachment A**Desktop research

**Step 1:** Desktop research: review current policies/guidance (both international and local) and identify aspects which could be utilised in a national policy. Some references as a starting point:

**Policies and Guidelines****National Guidance**

*Commonwealth Disaster Response Plan/ Disaster Health Handbook*

**Commonwealth Disaster Response Plan (COMDISPLAN)**

- provides a list of emergency expertise capability that the Federal government can provide to States and Territories.
- No Commonwealth agency identified as having the capacity to provide expertise on IYCF-E.

**Disaster Health Handbook**

- Identifies children as vulnerable in emergencies for their physiology, immune system and stage of development as predisposing factors.
- Describes water and food as essential requirements after disasters.
- The water requirements described in the Handbook make no allowance for the needs of formula fed infants
- Notes that a shortage of infant supplies, including infant formula, have been experienced in past emergencies and that infant formula should be considered as a basic requirement in emergency shelters.

**National Strategy for Disaster Resilience**

- “focuses on priority areas to build disaster resilient communities across Australia”
- Does not identify any health-related actions, such as breastfeeding, that build resilience.

*Australian Institute for Disaster Resilience Collection*

**Australian Institute for Disaster Resilience Collection**

- Currently 12 handbooks.

**Community Recovery Handbook**

- Identifies infants as vulnerable.
- “children and youth are uniquely vulnerable following an emergency event and require targeted and specialised support” however, “there is a lack of advocacy for children and youth in the emergency management arena”.
- Identifies provision of safe food and water to emergency affected individuals is a priority. Targeted infant and child provisions not identified.

**Evacuation Planning Handbook**

- Identifies children as vulnerable in evacuation centres.
- No provisions for infant and child specific needs for food and water.

*Department of Health National Emergency Plans*

**Department of Health National Emergency Plans**

- Identifies infants as vulnerable in an influenza pandemic.
- Doesn't mention breastfeeding or infant feeding measures if an outbreak were to occur.

### *Australian Emergency Management Arrangements*

#### **Australian Emergency Management Arrangements**

- Identifies provision of safe food and water to emergency affected individuals is a priority. Targeted infant and child provisions not identified.

### *National Guidelines for Managing Donated Goods*

#### **National Guidelines for Managing Donated Goods**

- Notes that baby food and nappies are items that emergency-affected people say they require urgently following an emergency. It also notes that donations of goods should be discouraged because of logistical and waste issues but does not recognise that infant formula and other infant feeding products are a category of donation that can cause direct harm.

### *Communities Responding to Disasters: Planning for Spontaneous Volunteers Handbook*

- **Communities Responding to Disasters: Planning for Spontaneous Volunteers Handbook.** States that emergency organisations should establish relationships with special interest groups and work with them to identify roles and activities for volunteers but does not identify infant feeding related organisations as a potential source of volunteers.

### Local Guidance

#### [Infant feeding in emergencies / Australian Breastfeeding Association](#)

Giving water to a young baby can cause severe health problems, like water intoxication, because their kidneys are not fully developed.

Emergencies can be very stressful. Stress will not stop mums from making milk but it can inhibit the [let-down reflex](#) and this can result in babies being fussy at the breast. This problem will resolve in its own with time if the mother encourages the baby to keep suckling until the milk is released.

Includes packing list for babies fed by exclusively breastfeeding, exclusively expressed breastmilk, and infant formula.

For guidance specific to your state/territory please check the applicable website.

<b>State/Territory</b>	<b>Website</b>
Australian Capital Territory	<u><a href="https://esa.act.gov.au/be-emergency-ready/resources-plans">https://esa.act.gov.au/be-emergency-ready/resources-plans</a></u>
New South Wales	<u><a href="https://www.nsw.gov.au/resilience-nsw">https://www.nsw.gov.au/resilience-nsw</a></u>
Northern Territory	<u><a href="https://secure.nt.gov.au/prepare-for-an-emergency">https://secure.nt.gov.au/prepare-for-an-emergency</a></u>
Queensland	<u><a href="https://www.getready.qld.gov.au/get-prepared/3-steps-get-ready">https://www.getready.qld.gov.au/get-prepared/3-steps-get-ready</a></u>
South Australia	<u><a href="https://www.sa.gov.au/topics/emergencies-and-safety/prepare-for-an-emergency">https://www.sa.gov.au/topics/emergencies-and-safety/prepare-for-an-emergency</a></u>
Tasmania	<u><a href="https://www.ses.tas.gov.au/plan-prepare/">https://www.ses.tas.gov.au/plan-prepare/</a></u>
Victoria	<u><a href="https://www.emergency.vic.gov.au/prepare/">https://www.emergency.vic.gov.au/prepare/</a></u>
Western Australia	<u><a href="https://www.dfes.wa.gov.au/site/cyclone/prepare.html">https://www.dfes.wa.gov.au/site/cyclone/prepare.html</a></u>

[Resources / Plans | ACT Emergency Services Agency](#)

[Resilience NSW | NSW Government](#)

International guidance

[International Code of Marketing for Breastmilk Substitutes](#)

*World Health Organization, 1981*

[World Health Assembly Resolutions](#)

*World Health Assembly, 1981-2018*

Provides updates to the Code to support breastfeeding and restrict inappropriate marketing and promotion of infant formula and breastmilk substitutes.

The 2018 resolution urged member states to “take all necessary steps to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations”.

[Global strategy for infant and young child feeding \(who.int\)](#)

*World Health Organization and UNICEF, 2003*

A guide for action that provides a framework of interventions and defines responsibilities of governments and international organisations. The Global Strategy's specific objectives are:

- to raise awareness of the main problems affecting infant and young child feeding, identify approaches to their solution, and provide a framework of essential interventions;
- to increase the commitment of governments, international organizations and other concerned parties for optimal feeding practices for infants and young children;
- to create an environment that will enable mothers, families and other caregivers in all circumstances to make - and implement - informed choices about optimal feeding practices for infants and young children.

[Operational Guidance on Infant Feeding in Emergencies](#)

*IFE Core Group, 2001 (version 1); 2007 (version 2), 2017 (version 3)*

Governments and agencies should have up-to-date policies which adequately address all of the following elements in the context of an emergency:

- protection, promotion and support of breastfeeding; the management of artificial feeding;
- complementary feeding;
- the nutrition needs of PLW;

- compliance with the International Code of Marketing of Breastmilk Substitutes(BMS) and subsequent relevant World Health Assembly (WHA) Resolutions (the Code);
- prevention and management of donations of BMS; and
- infant feeding in the context of public health emergencies and infectious disease outbreaks (see Section 9 Definitions for recommended IYCF practices).

Additional context-specific provisions may be necessary, such as for refugees or internally displaced persons (IDP). **The OG-IFE requires that policies on infant and young child feeding be developed, that emergency relief and management staff be trained on these policies, and that interventions be planned and implemented to support breastfed, formula fed and complementary fed children**

*Guiding Principles for Feeding Infants and Young Children During Emergencies*  
*World Health Organization, 2004*

*Infant and young child feeding (who.int)*

*Infant and Young Child Feeding in Emergencies (infactcanada.ca)*

*Operational guidance 2 (enonline.net)*

*Emergency Nutrition Network (ENN) - UK registered charity*

*Infant and Young Child Feeding in Emergencies (IYCF-E) - LCGB*

*Lactation consultants of Great Britain*

## Journal Articles

### General

[Emergency preparedness for infant and young child feeding in emergencies \(IYCF-E\): an Australian audit of emergency plans and guidance - PubMed \(nih.gov\)](#)

Karleen Gribble, Mary Peterson, and Decalie Brown

Contains significant detail on national plans – see headings under ‘National Guidance’.

State and territory plans:

- **Victorian Emergency Management Handbook and Psychosocial Support Framework.**
  - **Victorian Emergency Management Planning for Children and Young People.** States that appropriate food is needed for babies. It alerts planners of the need to consider the support needs of breastfeeding women, the supplies needed for formula fed infants and the need to ensure access to appropriate complementary foods for infants and young children. However, it does not specify what this support should consist of or what supplies are needed [43].
  - **Victorian Emergency Relief Handbook.** Contains a section on evacuation centres stating that nutrition support requirements for infants and mothers should be considered during food and water planning, and that the ability to have a private space for infant feeding should be considered. A relief centre kit that includes baby bottles, baby food/formula and dummies (but not other necessary infant feeding resources) is also in this document.
- **South Australian People with Vulnerabilities in Disasters.**
  - **Victorian Emergency Management Planning for Children and Young People.** Only document focussed solely on the needs of children, providing a detailed explanation of why and how infants and young children are vulnerable in an emergency. It states, “*Children have distinct vulnerabilities in emergency and disaster situations, including unique physiological, psychological and developmental... Children rely on the care of adults; the level of care they need will depend on their stage in life. A newborn depends entirely on adults for its very survival... When an emergency occurs, children and young people may become more vulnerable if the adults who support them have also been affected by the emergency*”.
- **Western Australia State Emergency Management Plan.** States that, “*Children and youth may require special protection, both physical and psychological, in emergencies. The development of plans for children and youth should consider factors including: clear allocation of responsibility for the needs of children to specific roles or agencies; plans to maintain provision of essential services to children by agencies, organisations, educational and other facilities, especially those responsible for care and supervision of children; consultation with child protection experts by all levels of government*” [44]. However, while Western Australian plans commonly allocated responsibility for children who met specific criteria (for example, unaccompanied children, children in schools) no plan allocated responsibility to any agency for children overall or for infants in particular.
  - **Western Australia Community Evacuation In Emergencies Guidelines.** State that “*The Department of Communities will coordinate the provision of welfare support for evacuated persons attending evacuation centres... This will include specific arrangements for unaccompanied children, nursing mothers and other at risk persons*”.



- **Queensland plans and guidance.** Referred to the need for evacuation centre facilities for heating and refrigerating infant formula, a clean space for preparing baby food, and a need for resources for the “special needs of infants.” Infant formula is described as a “baby necessity” that evacuees should bring to evacuation centres and it is stated that pregnant and breastfeeding women will need additional water. It is noted that caregivers of infants should be prioritised in registration processes, that a private area should be provided for breastfeeding women who are described as a group with special needs. No agency is allocated responsibility for IYCF-E and some resources necessary for formula feeding (such as washing facilities and access to boiled water) are not mentioned.

Recommended model pathway:

- The Federal Department of Health should be designated in the COMDISPLAN as the resource agency providing advice and expertise to the States/ Territories on IYCF-E. State and Territory governments should similarly allocate responsibility for IYCF-E to Ministries of Health.
- The Federal Department of Health should convene and appropriately fund a national advisory committee on IYCF-E with the purpose of incorporating the needs of mothers/caregivers, infants and young children into emergency management planning at all levels of government, and to ensure that appropriate agencies take responsibility for IYCF-E. This committee must include a broad range of stakeholders from all levels of government, health organisations and emergency management organisations.
- The Australian Institute for Disaster Resilience should produce a Disaster Resilience Handbook on IYCF-E and integrate cross-cutting IYCF-E issues into other Handbooks (e.g. Disaster Health, Planning for Spontaneous Volunteers, Evacuation Planning).
- Existing Australian education and training on IYCF-E (for example through the Australian Breastfeeding Association and the National Critical Care and Trauma Centre) to be made available to all relevant health and emergency workers.

Other points of interest:

Content related to infant and young child feeding was most commonly located within documents dealing with evacuation centre/shelter management and resupply however, only Victorian and Queensland plans and guidance had such content.

Plans and guidance often note that food and water is provided in evacuation centres and nominate specific agencies as responsible for catering services.

Every State and Territory had documents stating that infants and children were vulnerable in heat waves. However, detail on how the specific needs of infants and young children should be accounted for was not provided in any State or Territory plan. Rather, general information not targeted at any particular group and which could result in harm to infants such as to “drink plenty of water” was contained within some plans.

Every Australian State and Territory provided advice to members of the public on recommended items for their household emergency kit. In most jurisdictions, information regarding the needs of infants was absent or lacked sufficient detail.

*Appropriate Infant and Young Child Feeding Practices in an Emergency for Non-Breastfed Infants Under Six Months: The Rohingya Experience*

DOI: 10.1177/0890334420902685

Women are fleeing Myanmar due to mass violence, seeking refuge in neighboring Bangladesh. Nutritional surveys during 2017 revealed worrying levels of malnutrition and poor infant feeding practices, including high numbers of infants not exclusively breastfeeding. Research describes Save the Children International's experiences supporting wet nursing, relactation, and artificial feeding for non-breastfed infants under 6 months in the Rohingya Response, Bangladesh. Probably not relevant to Australia.

## Natural disasters

### *Barriers and challenges of infant feeding in disasters in middle- and high-income countries*

- Timing: January 2010 to December 2018
- Method: Scoping literature review
- Major challenge – violation of International Code of Marketing of Breastmilk Substitutes by other aid organizations and governments (donated infant formula and untargeted distribution). Challenge in NZ (earthquake), Canada (wildfire), Indonesia (earthquake), Kenya (drought), Malaysia (flood), Pakistan (floods), and Puerto Rico (hurricane).
- Breastfeeding mothers faced barriers – lacked privacy and spaces for breastfeeding, fluid and energy intake limited, breastfeeding discouraged by healthcare worker, easy to access breastmilk substitutes, stress and exhaustion deterred mothers from breastfeeding.
- Other issues in NZ were lack of general support for infant/breast feeding from aid organisations and government agencies. Experts in infant feeding were not available or utilised.

## Public health emergency

### *Australian women's experiences of receiving maternity care during the COVID-19 pandemic: A cross-sectional national survey*

- Timing: first wave of the COVID-19 pandemic in Australia
- Method: online survey
- N= 3364 women
- few women (273, 9%) were able to have the visitors they wanted during their postnatal stay.
- Most women stated that **COVID-19 had not changed the way they had intended to feed their babies** (2972, 95%)

### *Infant feeding experiences and concerns among caregivers early in the COVID-19 State of Emergency in Nova Scotia, Canada*

<https://doi.org/10.1111/mcn.13154>

- Timing: Four weeks after the State of Emergency
- Method: online survey
- n = 335.
- Demographics: 99% female and mostly White (87%). Over half (60%) were breastfeeding, and 71% had a household income over CAD\$60,000. Most participants (77%) received governmental parental benefits before the emergency, and 59% experienced no COVID-19-related economic changes.
- Common themes of concern: social isolation, COVID-19 infection (both caregiver and infant), and a lack of access to goods, namely, human milk substitutes ('infant formula'), and services, including health care, lactation support, and social supports.

- Most COVID-19-related information was sought from the internet and social media, so for broad reach, future evidence-based information should be shared via online platforms.
- **Very few COVID-19-related changes to infant feeding were** reported, and there were few differences by socio-economic status, likely due to a strong economic safety net in this Canadian setting.

## Quotes for summary/discussion

### **Background**

In 2010 the World Health Assembly urged member states, including Australia, to ensure that they had national emergency preparedness plans in line with the OG-IFE [28]. In addition, in 2013 the Australian national infant feeding guidance, the Infant Feeding Guidelines for Health Workers, stated that emergency preparedness plans should be made regarding IYCF-E.

A 2013 Save the Children Australia audit of emergency planning concluded that children suffer from “benign neglect” in emergency planning with their needs not routinely and systematically considered.

the 2018 Community Recovery Handbook specifically described a lack of advocacy for children in emergency management.

### **Impact of emergencies on infants**

Infants have very specific food and fluid requirements, an immature immune system, are vulnerable to dehydration and are dependent on others for their care needs [14]. These characteristics interact with environmental conditions associated with emergencies such as poor sanitation, food and water shortages, power shortages, overcrowding, and restricted access to health care, to create the situation where infants are at heightened risk.

### **Breastfeeding requirements**

In an emergency, infants and young children who are breastfed are in a position of relative strength. Provided mothers do not become dehydrated, their ability to produce milk will be unaffected by emergencies as neither lack of food (in the short term) nor stress, impact milk production [21]. This means that breastfeeding children have access to a safe supply of food and water. It also means that children are provided with the anti-infective and growth factors in breastmilk that provide external immune support, assist the development of the immune system, help to prevent infection, and aid recovery from infection [22].

### **Formula requirements**

In contrast, infants who are dependent on infant formula are in a vulnerable position. Resources necessary for feeding such as infant formula, clean water, electricity or gas for heating water, hygienic food preparation and washing environments, and health care may be difficult or impossible to access in an emergency [23, 24]. Furthermore, formula fed infants lack the external immune

support provided by breastmilk, while aspects of the immune system of young infants can be compromised by the feeding of infant formula

### **Emergency planning for animals**

An audit by Taylor et al. [32] found that while there were shortcomings, Australian national and state/territory jurisdictions had extensive legislation, plans, guidelines, and community engagement materials dealing with animals in emergencies.

32. Taylor M, Eustace G, Mc Carthy M. Animal emergency Management in Australia: an audit of current legislation, plans, policy, community engagement resources, initiatives, needs and research dissemination. Canberra: BNHCRC; 2015

### [Summary/Discussion](#)

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## References

Council, C. o. A. G. C. H. (2019). Australian National Breastfeeding Strategy: 2019 and Beyond. D. o. Health. Canberra, Department of Health.

National Health and Medical Research Council (2012). Infant Feeding Guidelines: information for health workers. NHMRC. Canberra, National Health and Medical Research Council.

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s 22

s 22 @health.gov.au&gt;

Sent: Friday, 21 April 2023 9:48 AM

To: s 47F

Cc: s 22 @Health.gov.au&gt;; s 47F

Subject: Updates for today's Fortnightly Progress Meeting - MAIF Agreement Review [SEC=OFFICIAL]

s 22

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- Foodbank Australia and Lifeblood – contributed to a draft framework developed by the Department on the donation of infant formula in emergency situations. Progression of this framework is currently on hold as the review is underway, but this is likely to be their area of interest.



s 22

**From:** s 22  
**Sent:** Friday, 7 October 2022 8:48 AM  
**To:** Preventive Health Coordination  
**Cc:** Nutrition  
**Subject:** RE: FOR INPUT 9AM FRIDAY 7 OCTOBER | Ministerial Tabletop Exercise (TTX) - High Risk Weather Season [SEC=OFFICIAL:Sensitive]

Here is the input from Nutrition policy.

Cheers

s

***Are there any Commonwealth interests impacted or likely to be impacted?***

***What is the capacity for the commonwealth to provide Lines of Effort/support/assistance?***

- Food Safety and access to safe drinking water are key risks to population health. While some States and Territories have aspects of plans to deal with this as part of their emergency response plans there is not national collaboration.
- Food supply chain are severely impacted during natural disasters and emergencies. As noted by the University of Melbourne earlier in the year, natural disasters such as floods and the COVID-19 pandemic results in temporary food shortages and rising food prices. During the first 12 months of the COVID-19 pandemic in particular, demand for food relief in Australia doubled, with more Australians experiencing food insecurity.
- Currently in Australia when it comes to emergencies, we rely on the food industry to build resilience in food supply chains and charities to ensure that people are fed through emergency food relief.
- There is a real opportunity here for the Commonwealth government, (led by the Department of Health and Aged Care and Department of Agriculture, Fisheries and Forestry) to work with States and Territories to develop national plans and actions that build the long-term resilience of food systems to a range of future emergencies, particularly those linked to climate change and natural disasters.
- Any strategic initiatives with a focus on **building food supply chain resilience** or **improving food security** during natural disasters, should include infant and young child feeding during emergencies. Breastfeeding in particular provides a safe/reliable method of infant feeding in emergencies, and consistent source of nutrition and protection against infections

***What is being done by the Commonwealth in response to these types of events?***

- The Department of Health and Aged Care is in the process of developing an Implementation plan for the Australian National Breastfeeding Strategy. This will include a proposal to develop a national policy on infant and young child feeding in emergencies, in collaboration with states and territories and other relevant stakeholders.
- The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement) provides an important restriction on the marketing and promotion of breastmilk substitutes to the public. The Department of Health is developing guidance to manage the donations of infant formula products during emergency situations such as natural disasters.

**From:** Preventive Health Coordination s47E(d) @health.gov.au>  
**Sent:** Thursday, 6 October 2022 3:44 PM  
**To:** Food Regulation and Governance s47E(d) @Health.gov.au>; Nutrition s47E(d) @health.gov.au>; Prevention and Wellbeing Policy Section s47E(d) @health.gov.au>  
**Cc:** s22 @Health.gov.au>; s22 @health.gov.au>; s22 @health.gov.au>; s22 @health.gov.au>; Preventive Health

Coordination <s47E(d) [REDACTED]@health.gov.au>

**Subject:** FW: FOR INPUT 10AM FRIDAY 7 OCTOBER | Ministerial Tabletop Exercise (TTX) - High Risk Weather Season  
[SEC=OFFICIAL:Sensitive]

Good Morning teams

Please see below and advise if you will provide any input

Input due to this inbox by 9am hard deadline

Thank you

s22

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**National Policy on Infant and young child feeding in emergencies****Context:****Scope:****Why is this important:**

- In emergencies, both caregivers and their infants require special support.
- Breastfeeding, BMS and appropriate first foods all help to save lives, however, breastmilk is the safest choice in emergencies when people may lack access to safe water and hygiene, a regular supply of food, income or a livelihood.
- According to WHO,

**Purpose:****Parties:**

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s 22

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**From:** s 22 on behalf of Breastfeeding Policy  
**Sent:** Wednesday, 1 December 2021 12:47 PM  
**To:** s 47F  
GOODCHILD, Tiali; s 47F  
**Cc:** Breastfeeding Policy  
**Subject:** National Breastfeeding Advisory Committee - outcomes of Informal meeting Tues 30 November [SEC=OFFICIAL]

Dear Committee members

Thank you for your participation in this afternoon's meeting. We appreciate you taking the time to discuss your views and provide us with feedback on the two draft documents.

We will collate the feedback received, update the documents and recirculate to members for review. If you would like to provide additional written feedback, we'd be grateful to receive it by **COB Monday 6 December 2021**.

With regards to the *Draft guidance framework for donation of infant formula in emergencies*, the Breastfeeding policy team will discuss with NBAC Chair (Adj Prof s 47F) the possibility of the Australian Health Protection Principal Committee (AHPPC) assisting with development of state-based guidelines, in order to have better consistency across jurisdictions on emergency plans for infant feeding.

As mentioned in the meeting, the Breastfeeding policy team will update the draft Terms of reference for the committee and following the Chair's clearance of the ToRs, will seek an out of session endorsement within the next few weeks.

We will also be reaching out to organisations to fill the two vacancies on the committee. We will reach out to the organisations discussed yesterday, and welcome further suggestions from the NBAC on other suitable organisations.

Finally, in relation to the points raised about the lack of comparable breastfeeding data rates, Tiali will raise the Digital Health Record thoughts with a working group that she is currently involved in and we will keep the NBAC updated on any developments in this space.

Please reach out if you have any questions.

Kind regards

s 22 on behalf of

**Breastfeeding Policy Team** – Nutrition Policy Section

Population Health Division | Primary and Community Care Group  
Preventive Health Policy Branch

Australian Government Department of Health  
s47E(d) @health.gov.au

GPO Box 9848, Canberra ACT 2601, Australia

*The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past, present and emerging.*

s 22

**From:** s 22  
**Sent:** Tuesday, 20 December 2022 3:11 PM  
**To:** s 22  
**Cc:** s 22  
**Subject:** More info on the MAIF Agreement [SEC=OFFICIAL]  
**Attachments:** s 22 20211028 DRAFT  
Guidance Framework - Donations of Infant formula during emergencies.docx

Hi s 22

I've found a bit more information about the MAIF Agreement to help you get your head around it – it can be a bit tricky so don't stress if you find it a bit confusing:

s 22

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### Guidance documents for the committee

When interpreting the MAIF Agreement, the committee refers to some guidance documents for clarity: [Marketing in Australia of Infant Formulas \(MAIF\) Agreement interpretation guides | Australian Government Department of Health and Aged Care](#)

In recent years with significant natural disaster situations (flooding, bushfires) and COVID lockdowns, the Department and the MAIF Complaints Committee have been approached by State governments and food relief agencies to assist with provision and donations of infant formula to supply formula feeding families with access to safe products to enable infant feeding. The Agreement prohibits donating infant formula.

The Secretariat has drafted a guidance framework for donations of infant formula in emergencies, which has been consulted on through the breastfeeding jurisdictional officers group (BJOG) and the expert advisory group. At the most recent MAIF committee meeting, the secretariat informed committee members that the Department was seeking to rework the document – planning to split it into a procedural guidance document and a broader



Departmental policy document encompassing infant feeding in emergencies more broadly (i.e. including breastfeeding considerations). I have attached the current document that we will look to redraft.

s 22

Kind regards

s  
22

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s 22

**From:** s 22  
**Sent:** Monday, 30 August 2021 3:09 PM  
**To:** s 22  
**Subject:** FW: Donations of infant formula through Foodbank during COVID-19 [SEC=OFFICIAL]  
**Attachments:** Donations discussion with Foodbank and the Victorian Government of Jobs, Precincts and Regions [SEC=OFFICIAL]; Infant formula donations to FoodBank discussion [SEC=OFFICIAL]; RE: URGENT request re: infant formula donation [SEC=OFFICIAL]; RE: MCC - Status of papers [SEC=OFFICIAL]

**Importance:** High

s 22

It sounds like there's two issues to address – the appropriateness of infant formula donations under the MAIF Agreement (which the email attached titled *URGENT*) will address; and an emergency plan under the ANBFS which would take some time.

Hoping this is useful, have answered some of Jan's points below, and attached emails/links, and standard words used last year.

- The access to infant formula has not changed (?) since last years enquiry by FoodBank, does Delta really change access?
- I suggest calling s 47F, rather than going through Jan. s 47F is lovely (details should be in one of the attached emails.
- The MAIF Agreement covers marketing only, and the donation of infant formula can be interpreted as marketing – depending on how the activity is done.
- Re Jan's comment "*the signatories cannot donate infant formula to Foodbank for distribution unless approval is given by the federal Department of Health*" this is not accurate. Re the attached email (URGENT), the MAIF Complaints Committee will assess any complaints relating to the activity, should it be received, in light of the situation. The Department of Health as such, does not have the authority to approve or not, however does have obligation to protect breastfeeding as a signatory to the WHO Code.
- "*I request that the framework be developed, as a matter of urgency*" – this was to be developed by the Department/Secretariat and presented to the MCC – which includes Jan Carey. Suggest need to sort out interest declaration now if the work is to progress with the MCC.
  - o We did start a document about donations to be circulated to the MCC for a meeting last year (see email titled Status of papers and the links to the donation agenda papers), however it was decided more work need to be done before circulating. [DRAFT MAIF Complaints Committee Guidance document.](#)
- "*I also request that a process be approved for responding to the COVID-19 pandemic that responsibly allows emergency donations of infant formula to Foodbank for those infants in lockdown who are formula fed and whose parents and carers cannot otherwise access supply.*" – as my point above, suggest talking to s 47F, as after discussions, it was released infant formula donations weren't as in-demand as it was made to seem.

Happy to discuss and assist further if need be!

s 22

**From:** Jan Carey <sup>s47F</sup> infantnutritioncouncil.com>  
**Sent:** Sunday, 29 August 2021 3:36 PM  
**To:** GOODCHILD, Tiali <sup>s 22</sup> @health.gov.au>  
**Cc:** <sup>s 22</sup> health.gov.au>; <sup>s 22</sup> @Health.gov.au>; WOOD, Mary <sup>s 22</sup> @Health.gov.au>; Debra Thoms <sup>s47F</sup> @gmail.com>; <sup>s 47F</sup>  
**Subject:** Donations of infant formula through Foodbank during COVID-19

**REMINDER:** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Dear Tiali,

I received an email this weekend from Foodbank about the Covid situation in regional Victoria.

They have received requests to procure infant formula for distribution in the lockdown areas and have been given approval from the Victorian Health Department under the emergency provision who in turn have sought approval from the federal government.

Foodbank asked me if they were OK to proceed with just state health department approval and I replied that under the MAIF Agreement, the signatories cannot donate infant formula to Foodbank for distribution unless approval is given by the federal Department of Health.

This is the 3<sup>rd</sup> time since the Covid pandemic crisis that Foodbank has requested infant formula donations from INC members for distribution to formula feeding infants, and I doubt it will be the last.

I know that the Covid pandemic has created an increased workload for the Department of Health, and I am in no position to understand the priorities that you are managing. However, the Delta variant has added an increased burden on essential supplies, especially for regional centres in Victoria and NSW, such as Wilcannia.

My view was, and still is, that lockdown creates a situation for families similar to other emergency situations such as the 2020 bushfires when the Department gave approval for emergency donations.

Addressing the issue of emergency donations under the MAIF Agreement has been on the Department's agenda since the first donations of infant formula were requested by Foodbank in April 2020 in response to the Covid lockdowns. This was discussed in an out of session teleconference meeting by the MAIF Complaints Committee (MCC) on 5 May 2020. At the MCC meeting of 15 May 2020 it was agreed that the Department would draft a framework identifying what would be considered in such circumstances.

**I request that the framework be developed, as a matter of urgency.**

**I also request that a process be approved for responding to the COVID-19 pandemic that responsibly allows emergency donations of infant formula to Foodbank for those infants in lockdown who are formula fed and whose parents and carers cannot otherwise access supply.**

Kind regards,

Jan

Jan Carey

CEO

**Infant Nutrition Council**

AU s47F NZ s47F  
s47F  
M s47F  
E  
s47F @infantnutritioncouncil.com  
[infantnutritioncouncil.com](http://infantnutritioncouncil.com)

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s 22

**From:** s 22  
**Sent:** Thursday, 14 May 2020 2:02 PM  
**To:** 'Debra Thoms'; s 47F @gmail.com  
**Cc:** s 22  
**Subject:** Donations discussion with Foodbank and the Victorian Government of Jobs, Precincts and Regions [SEC=OFFICIAL]

Deb,

We have just had a discussion with s 47F, CEO and s 47F of Foodbank Australia. They are aware of the MAIF Agreement and their internal document – a food acceptance guideline – includes reference to and information on the MAIF Agreement.

To reiterate what Jan shared at the donation teleconference last week, they don't consider infant formula to be a product that is of great need and isn't something they put calls out for. They also don't receive many offers of donations from infant formula manufacturers. They agreed donation of infant formula guidance would be useful.

I also spoke to the Victorian Department of Jobs, Precincts and Regions this morning. They 47B(a)

Foodbank Victoria advised the Department of shortage concerns during the stockpiling 4-6 weeks ago, and the effect that was having on Foodbanks stock levels and supply chains. The Victorian Department was asked to help source high needs products (pasta, rice, pasta sauce, UHT milk being some of those products). It would seem that the request for infant formula was not intentional and possibility was lost in translation.

While they couldn't comment on the practices on the ground, it was suggested we go to Foodbank Victoria or the Red Cross for information on how the formula is disseminated to families.

For tomorrow's meeting, the committee could consider if they would like to draft guidance to assist manufacturers and importers (and potentially useful for charities and retailers) in donating during times of emergencies that aligns with the MAIF Agreement. This would require the committee's position on emergencies.

Kind regards,

s 22

4 r

MAIF Complaints Committee Secretariat  
Food and Nutrition Policy Section

Population Health and Sport Division  
Preventive Health Policy Branch  
Australian Government Department of Health  
T: 02 6289 s 22 | E: [maif@health.gov.au](mailto:maif@health.gov.au)  
PO Box 9848, Canberra ACT 2601, Australia

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s 22

**From:** s 22  
**Sent:** Tuesday, 5 May 2020 10:59 AM  
**To:** s 22  
**Subject:** Infant formula donations to FoodBank discussion [SEC=OFFICIAL]

Hi All,

Great discussion with the Committee this morning.

I made notes during the meeting including actions arising:

- Committee agreed COVID-19 is a different situation to the recent bushfires emergency. However there are still concerns around time taken for families to receive financial support and the urgency of infant feeding (s 22 noted there is no evidence for this).
- Jan Carey has spoken to FoodBank, and informed the committee:
  - The donation request directed to infant formula companies did not come from FoodBank
  - The request to the infant formula companies (and other major food manufacturers) to donate infant formula to FoodBank allegedly originated from the [Victorian Government Department of Jobs, Precincts and Regions](#). Committee noted this may be part of Victoria's emergency response plan. **ACTION – the Secretariat is to contact the Department to request further information (request details from Jan Carey).**
  - It was also noted that FoodBank did not have a great need for infant formula at this stage, and they are aware of Australia's commitment to the MAIF Agreement.
- Committee interested in how FoodBank handle the provision of infant formula. **ACTION – the Secretariat is to contact FoodBank for further information (request details from Jan Carey).**
- The upcoming MAIF Complaints Committee meeting will focus on the supply of infant formula in emergencies and the provision of donations to FoodBank/charities to assist in the development of donation guidance. **ACTION – Secretariat to update agenda.**

Please let me know if I've missed anything.

Many thanks,

s 22

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**From:** s 22  
**Sent:** Tuesday, 5 May 2020 4:46 AM  
**To:** s 22  
**Subject:** FW: WHO guidance [SEC=OFFICIAL]

s 22 and s 22

Brief for this mornings teleconference is at D20-1514636. This includes potential ways forward as discussed with s 22

Thanks,

s 22



**From:** s 22  
**Sent:** Friday, 1 May 2020 5:05 PM  
**To:** s 22  
**Subject:** WHO guidance [SEC=No Protective Marking]

Hi, I just got booted off the network. Anyway I had just found some WHO guidance/information which I am just dumping here for now. It has made me realise that the interpretation we had made previously about 6 e and f in relation to bush fires is not right and the examples of options going forward in the paper will need amending. I think proposed way forward is that we don't consider this to be an emergency situation, question whether donation is appropriate in this situation and if the Committee wish to pursue some kind of donation and/or framework/guidance in the area – we would need more time to consider and should engage our legal and/ or international teams

Found this:

<https://www.hse.ie/file-library/the-who-code-of-marketing-of-breast-milk-substitutes.pdf>

which states

**no donations of free or subsidised supplies of breast-milk substitutes or related products in any part of the health care system;**

this contradicts proposed way forward re donation though healthcare system and potentially my interpretation of 6 e and f. Need to

This guideline also refers to this:

**Summary of WHA Resolutions adopted subsequent to the Code**

The following is summary of the World Health Assembly Resolutions that were agreed by member states. These recommendations by the Assembly have the same legal status as the Code, clarifying and extending certain provisions. For Code implementation, both Code and resolutions are equally relevant  
1994 WHA47.5 Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code. Provides guidelines on donation of breastmilk substitutes in emergencies.

**The WHA47.5 resolution:**

[https://www.who.int/nutrition/topics/WHA47.5\\_iycn\\_en.pdf?ua=1](https://www.who.int/nutrition/topics/WHA47.5_iycn_en.pdf?ua=1)

It states:

(3)to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code are given only if all the following conditions apply:(a)infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;(4)(b)the supply is continued for as long as the infants concerned need it;(c)the supply is not used as a sales inducement;(4)to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

(couldn't find reference 2(4))

Also found this

<https://www.ncbi.nlm.nih.gov/books/NBK153486/>

## **Does the Code ban all free and low-cost supplies of infant formula and other breast-milk substitutes (including follow-on formula) in health facilities?**

Yes. Although there were some ambiguities in the wording of Articles 6.6 and 6.7 of the Code, these were clarified in 1994 by World Health Assembly Resolution (WHA 47.5) which urged Governments:

“to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system”.

Breast-milk substitutes should be obtained through “normal procurement channels” so as not to interfere with the protection and promotion of breastfeeding. Procurement means purchase.

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s 22

**From:** maif  
**Sent:** Wednesday, 12 August 2020 11:17 AM  
**To:** s 22  
**Subject:** RE: MCC - Status of papers [SEC=OFFICIAL]

I agree re not distributing a draft guidance document on donations.

Need to discuss the roles and responsibilities of the Department and the MCC, and that the WHO Code and WH resolutions are very clear that donations are only to be done through the healthcare system at the request of a medical professional.

---

**From:** s 22  
**Sent:** Tuesday, 11 August 2020 3:52 PM  
**To:** maif  
**Subject:** RE: MCC - Status of papers [SEC=OFFICIAL]

Donations guidelines – I have looked at and have comments in the document. A few elements I'm feeling uncertain – happy to discuss but we might need to hold this one over – maybe discuss it on Thursday but not distribute the document?

---

**From:** maif <[maif@health.gov.au](mailto:maif@health.gov.au)>  
**Sent:** Tuesday, 11 August 2020 11:21 AM  
**To:** s 22 <[s22@health.gov.au](mailto:s22@health.gov.au)>  
**Subject:** MCC - Status of papers [SEC=OFFICIAL]  
**Importance:** High

s 22

I think we are almost there!

I'll get working on uploading cleared documents onto MS Teams.

Thanks,  
s 22

Agenda item	Documents to review	Status
-------------	---------------------	--------

s 22

12

Donations guidance/framework

Background information on donations s22 note this is the same content as Deb's briefing – useful for Jan and s22 to have as well) **D20-2127883**

MAIF Guidance document – Donations

**D20-1607271**

With s22 for review

s 22

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s 22

**From:** maif  
**Sent:** Monday, 6 July 2020 1:54 PM  
**To:** s 47F  
**Cc:** s 22 maif  
**Subject:** RE: URGENT request re: infant formula donation [SEC=OFFICIAL]

**Importance:** High

s 47F

Thank you for your email.

We note that exemptions cannot be made under the MAIF Agreement as it currently written. However, should complaints be received in this area they will be considered in light of the extenuating circumstances of COVID-19 and building lockdowns and that relevant processes were put in place to limit provision of these products only to those who absolutely needed it.

Kind regards,

MAIF Complaints Committee Secretariat

Food & Nutrition Policy Section  
Preventive Health Policy Branch | Population Health and Sport Division  
Australian Government Department of Health  
Postal Address: MDP 707, GPO Box 9848, Canberra ACT 2601  
Phone: (02) 6289 s 22 Email: [maif@health.gov.au](mailto:maif@health.gov.au)

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**From:** s 47F  
**Sent:** Monday, 6 July 2020 1:38 PM  
**To:** s 22 ; maif  
**Subject:** FW: URGENT request re: infant formula donation [SEC=No Protective Marking]  
**Importance:** High

Good afternoon

I'm not sure whether you have already heard from Jan Carey from the Infant Nutrition Council, but I am hoping you can please fast-track the approvals / exemptions process regarding the below offer of infant formula for residents of the towers in Melbourne under compulsory lockdown. I understand Swisse has product available for Foodbank Victoria to distribute as the official Emergency Food Relief provider into the towers, but we do not want to be in breach of the agreement.

Can you please advise whether there is anything else I can do to ensure we are able to respond promptly to the growing demand for assistance from the towers?

Many thanks,  
s 47F

**From:** s47F  
**Sent:** Monday, 6 July 2020 9:39 AM  
**To:** Jan Carey  
**Cc:** s 47F  
**Subject:** URGENT request re: infant formula donation  
**Importance:** High

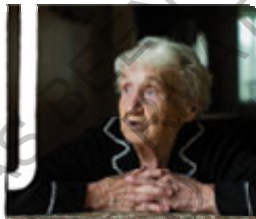
Hi Jan

As discussed, we are hoping to achieve an exemption from the MAIF Agreement for the distribution of donated infant formula whilst emergency health orders are in place (in this instance in Vic) requiring mandatory lockdown of residents in the towers across multiple Melbourne suburbs. At a minimum, we are seeking an exemption for the offer of formula from Swisse, facilitated through the Minister's office this morning.

As you can appreciate, this is extremely time-sensitive, and we would be grateful for any assistance you can provide to ensure families are not left without support at a time when they need it most.

Many thanks,  
s 47F

s 47F  
CHIEF EXECUTIVE OFFICER  
Foodbank Australia Ltd  
11 Julius Ave North Ryde NSW 2113 PO Box 52 North Ryde NSW 1670  
s 47F  
E s47F @foodbank.org.au



Join the fight on social:   

*We work flexibly at Foodbank. I'm sending this message now because it suits me, but I don't expect you to read, respond or action it outside of your normal hours.*



**File note: MAIF Secretariat discussion with Victorian Government Department of Jobs, Precincts and Regions**

Thursday, 14 May 2020

In May 2020, the Committee was informed that infant formula manufacturers/importers were being directly approached and asked to donate infant formula products to FoodBank Australia in response to families financially impacted by the COVID-19 situation. A committee member has since spoken to FoodBank Australia who advised that the request came from the Victorian Department of Jobs, Precincts and Regions.

The Committee requested further information on how infant formula was identified as a product in need by the Victorian Department of Jobs, Precincts and Regions; 47B(a)

The Secretariat spoke to a representative on 15 May 2020 in regards to the Foodbank request.

In March 2020, Foodbank Victoria has concerns they were not able to meet stock demand for their service and reached out to Government organisations to assist in making requests to food manufacturers and importers. The concerns followed the community stockpiling and reduced donations which affected Foodbanks stock and supply chains. The Victorian Department was asked to help source high needs products (pasta, rice, pasta sauce, UHT milk being some of those products). It would seem that the request for infant formula was not intentional and possibility was lost in translation.

The Victorian Department is involved in coordination efforts for families and/or individuals requiring food relief and accommodation (recently coordination hotel quarantine for international arrivals).

While they couldn't comment on the practices on the ground, it was suggested we go to Foodbank Victoria or the Red Cross for information on how the formula is disseminated to families. It was assured that infant formula would not be given out as a standard item, that it would have to be requested.

47B(a)

**File note: MAIF Secretariat discussion with Victorian Government Department of Jobs, Precincts and Regions**

Thursday, 14 May 2020

In May 2020, the Committee was informed that infant formula manufacturers/importers were being directly approached and asked to donate infant formula products to FoodBank Australia in response to families financially impacted by the COVID-19 situation. A committee member spoke to FoodBank Australia who advised that the request came from the Victorian Department of Jobs, Precincts and Regions.

The Committee requested further information on how infant formula was identified as a product in need by the Victorian Department of Jobs, Precincts and Regions; 47B(a)

The Secretariat spoke to a representative from the Victorian Department of Jobs, Precincts and Regions on 15 May 2020 in regards to the Foodbank request.

The Secretariat spoke to s 47F CEO and s 47F of Foodbank Australia. They are aware of the MAIF Agreement and their internal document – a food acceptance guideline –includes reference to and information on the MAIF Agreement.

Foodbank Australia don't consider infant formula to be a product that is of great need and isn't something they put calls out for. They also don't receive many offers of donations from infant formula manufacturers. Foodbank Australia agreed donation of infant formula guidance would be useful.

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s 22

**From:** s 22  
**Sent:** Tuesday, 7 December 2021 8:28 PM  
**To:** s 22  
**Cc:** s 22  
**Subject:** Feedback on the MAIF draft ToRs and draft guidance on donation of infant formula in emergencies [SEC=OFFICIAL]  
**Attachments:** HEALTH PROMOTION & SAFETY - Meetings - National Breastfeeding Advisory Committee - Meeting 2 (informal) - 30 Nov 2021.tr5; HEALTH PROMOTION & SAFETY - Committees - BJOG communication & data collation.tr5  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi team

The attached folders in TRIM contain the written feedback that we received from the National Breastfeeding Advisory Group (NBAC) and the Breastfeeding Jurisdictional Officers Group (BJOG)

s 22 has kindly begun consolidating the feedback into the following table on sharepoint:

<https://healthgov.sharepoint.com/:w:/r/sites/FoodandNutritionPolicySection/Shared%20Documents/General/Breastfeeding%20strategy/NBAC%20and%20BJOG%20Feedback%20on%20draft%20documents%20-%20Nov-Dec%2021/Consolidated%20input%20on%20draft%20document%20.docx?d=w81f1e02bea574f84ae8329b31857affe&csf=1&web=1&e=i54wbc>

We received feedback from:

- NBAC: Susan Tawia (ABA), Trish Doyle (LCANZ), Lisa Amir (Public Health Association of Australia) and s 47F (Australian College of Midwives)
- BJOG: s 47F (WA Health), s 47F (TAS Department of Health and Human Services) and s 47F (QLD Health)

Please reach out to s 22 tomorrow if she might be able to assist with making edits to the documents.

Happy to chat more about this on Thursday

Cheers

s 22

## Draft guidance on donation of infant formula in emergencies

NBAC		Feedback received – Y/N (trim link)	Specific feedback/comments	General Information
Ms Bernice Cropper	Australian Institute of Health and Welfare (AIHW)			
Dr Susan Tawia	Australian Breastfeeding Association (ABA)	Y – D21-6062797	<ul style="list-style-type: none"> <li>Substantial comments and suggested changes – too many to summarise – see tracked changed document at D21-6062797</li> <li>Comments provided by s11C [REDACTED], Adjunct Associate Professor, School of Nursing and Midwifery, Western Sydney University</li> </ul>	
Dr s 47F [REDACTED]	Australian College of Midwives (ACM)	Y - D21-6055492	<ul style="list-style-type: none"> <li>Develop an accompanying 'Infant Feeding In Emergencies' guidance as a priority – this donation guidance is not useful as a standalone document</li> <li>In the preamble state support of breastfeeding women is a priority action</li> <li>Provide information about the breadth of supplies required to safely support AF baby</li> <li>Only need formula donations for newborns (0-6 months), as this will cover the nutritional needs of 6-12 mth old babies ('follow on' formula is a marketing gimmick)</li> </ul>	

			<ul style="list-style-type: none"> <li>• “Toddler’ milk not required as cows milk recommended and preferred from 12months of age</li> <li>• Need more detail on what constitutes a needs assessment – provide template</li> <li>• A national standardised infant feeding in emergencies plan is ideal outcome</li> </ul>	
Ms Patricia Doyle	Lactation Consultants of Australia and New Zealand	Y - D21-6055560	<ul style="list-style-type: none"> <li>• DOH to consider the needs of the breastfeeding dyad in this scenario, ensuring access to clean water etc. In the event of the supply shortages of clean water and feeding equipment, LCANZ would encourage the DOH to consider alternative feeding options such as ‘wet nursing’ or donor human milk.</li> <li>• LCANZ encourages emergency plan/management needs assessment be conducted by (or at least have consulted with) an IBCLC.</li> <li>• LCANZ recommends infant formula sourced is debranded/deidentified with replacement plain packaging labels.</li> <li>• Containers of infant formula should have clear written instructions on the benefits of continuing to breastfeed and on safe preparation of infant formula, feeding baby and cleaning and sterilisation of feeding equipment.</li> <li>• Regarding parental / carer advice an IBCLC or breastfeeding advocate/expert should be available to assist breastfeeding parents. Other relevant health professionals -please add IBCLC.</li> <li>• Infant formula (suitable from birth up to twelve months) is to be provided only to the parents</li> </ul>	<ul style="list-style-type: none"> <li>• LCANZ commend the move to designate the Australian Government DOH as the national agency responsible for providing advice and support to states and territories on IYCF-E.</li> <li>• Evidence based and appropriate infant and young child feeding support during emergencies</li> </ul>

			<p>and/or carers of infants who must be fed infant formula. Replace with were previously feeding their infant with infant formula prior to the emergency.</p> <ul style="list-style-type: none"> <li>• An adequate assessment of the needs of breastfeeding dyads</li> <li>• Support breastfeeding dyads with expert and practical support</li> <li>• Consideration of wet nursing/donor human milk options</li> <li>• Use of deidentified branding of infant formula 0-6 months</li> <li>• Require the donations to include a basic variety formula derivatives such as cow's milk, goat milk, soy</li> <li>• No donations of toddler formula</li> <li>• Inclusion of IBCLCs in emergency planning decision making</li> <li>• Emergency management plans to include IBCLC 's contribution</li> </ul>	<p>including preparedness plans, requires capacity building of personnel working in emergency situations.</p>
Prof Lisa Amir	Public Health Association of Australia	Y – D21-6055482	<p>9. Need to recognise that breastfeeding provides food security for young children. e.g. Libby Salmon's article in <i>Int Breastfeed J</i></p> <p>10. <i>Formulas usually written as formula (singular)</i></p> <p>11. The framework is in the context of Australia's commitment to the protection and promotion of breastfeeding and to the application of relevant agreements in the broader context of emergency management frameworks in Australia. And within the national policy of Infant feeding in emergencies (needs to be done ASAP).</p>	



			<p>12. Need to clarify if this refers to powdered infant formula or ready to feed. See Operational Guidance for Emergency Relief Staff and Programme Managers section 6.16</p> <p>13. Need to have ready to feed (liquid) formula on the postnatal wards at the Women's hospital (as well as in NICU) because we want a sterile product for Newborns. Maybe authorities need to source a supply for RTF formula for use in emergencies? I know the shelf life is not that long, but it wouldn't be that expensive to regularly restock in the scheme of things.</p> <p>14. <i>The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption.</i> - Not just formula needed, but bottles, sterilizing equipment, etc, or cups, if using powdered formula (see section 6.23 in above document)</p> <p>15. Would be good to mention the need to ensure support for mothers and children and support for breastfeeding and relactation.</p> <p>16. Contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.</p> <p>a. Supports needs to be more proactive to support mothers immediately at the start of the emergency</p>	
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Ms s 47F	Australian Healthcare and Hospitals Association			
Ms s 47F	State & Territory rep as nominated by the BJOG.			
BJOG		Feedback received – Y/N (trim link)	Specific feedback/comments	General Feedback
Ms s 47F	WA Health	Y – D21-6055599	<p><i>conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and - And information on the negative effects of partial breastfeeding of introducing partial bottle feeding, the difficulty of reversing the decision not to breastfeed (The MAIF agreement).</i></p> <p><i>contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.</i> - Information about temporary formula use (aimed at the person providing the infant with formula) and protecting breastmilk supply should also be provided with any formula distributed eg: information on how to feed a breastfed infant formula in ways that preserve the breastfeeding relationship (cup feeding, how to demand feed and that is gold standard etc) as well as information for parents who might be separated from their infant about how to preserve their breastmilk supply eg: information on hand expression or use of a breast pump, how often to do this etc. It is not adequate to provide formula and not provide the support to underpin the continuation of breastfeeding. Referral to an external agency is inadequate as this may be very low on the list of priorities in an emergency and may act as a barrier. It could make discontinuation of breastfeeding become circumstantial and the easy/only choice. The information supplied should not have been authored by a formula manufacturer. (<a href="#">Cup feeding in emergencies</a> )</p>	

			<p><a href="#">Australian Breastfeeding Association, Infant feeding in emergencies</a>   <a href="#">Australian Breastfeeding Association, Infant Feeding Guidelines: information for health workers</a>   <a href="#">NHMRC, National Breastfeeding Strategy Priority Areas 1.1, 1.2, 1.4, 2.3, 3.1, WHO and UNICEF Strategy for Infant and Young Child Feeding, The MAIF agreement</a>)</p> <p>Food relief agencies – They should also be responsible for ensuring that adequate information is provided about continuation of breastfeeding as suggested above. The commonwealth should author this information and provide process to the food relief agency to ensure that is distributed with the formula at the time of provision. (Australian National Breastfeeding Strategy Priority and Action Areas 1.1, 1.2, 1.4, 2.3, 3.1).</p> <p><i>Manufacturers and importers of infant formulas</i> - They should not be able to influence food relief agencies to do this on their behalf or capitalise on instances where has occurred circumstantially. As per the MAIF agreement, there is a stipulation that this cannot be done with health professionals, therefore a similar clause should be added where food relief agencies are the distributors (The MAIF agreement).</p>	
Ms s 47F	TAS Department of Health and Human Services	Y – D21-6055610	<ul style="list-style-type: none"> <li>Step 2 of the framework requires jurisdictions to undertake a detailed needs assessment in accordance with their emergency management plan. It is important to have input at this stage from a professional qualified to advise on infant feeding.</li> <li>The guidance mentions that mothers breastfeeding should continue to do so, however it does not outline the need for inputting of support for continued breastfeeding in an emergency situation. Mothers breastfeeding in an emergency situation with stress may require additional support to continue breastfeeding. The guidance would be strengthened by highlighting this need and providing information on supporting breastfeeding to address infant feeding in emergencies more broadly.</li> </ul>	
Ms s 47F	QLD Health	Y – D21-6055528	<ul style="list-style-type: none"> <li>Decision-making framework for donations of infant formula in emergencies - Is this an emergency preparedness plan or framework for infant and young child feeding in emergencies?</li> </ul>	

			<ul style="list-style-type: none"> <li>• This framework needs a lot more consultation and work. Can we please discuss this at a BJOG meeting?</li> <li>• I would like this framework for IYCF in emergencies to provide:</li> <li>• Information and support for breastfeeding families</li> <li>• Clear guidance on procurement and use of breastmilk substitutes</li> <li>• <i>donated infant formula may be required to meet demand from communities and individuals in exceptionally difficult circumstances</i> - Infants and young children are at increased risk and due to specific food and fluid requirements are vulnerable of dehydration, have an immature immune system and are dependent on others for their care needs. Environmental conditions in emergencies may include poor sanitation, food and water shortages, power outage, overcrowding, restricted access to health care in these situations there is a need for a range of resources for infant formula feeding, eg access to boiled water, sterilising feeding bottles, washing facilities, good hygiene and sanitation</li> <li>• Emergency kits for formula fed infants should list all of the items re- quired in detail.</li> <li>• <i>ensure measures are in place to protect and promote breastfeeding where possible</i> - While breast- fed infants generally need little in the way of supplies for feeding, mothers of breastfed infants should be supported to continue to breastfeed and made aware of the assistance available to them eg via:</li> <li>• the National Breastfeeding Helpline 1800 mum2mum (1800 686 268) or mum2mum app</li> <li>• the ABA LiveChat <a href="https://www.breastfeeding.asn.au/abas-livechat-support">https://www.breastfeeding.asn.au/abas-livechat-support</a></li> <li>• ABA email support: <a href="https://www.breastfeeding.asn.au/services/email-counselling">https://www.breastfeeding.asn.au/services/email-counselling</a></li> <li>• <i>In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency</i> - An Australian audit of emergency plans and guidance on infant and young child feeding in emergencies by Gribble at al (2019) found there is a lack of planning for IYCF in emergencies in Australia. This places infant and young children at serious risk of adverse health consequences in emergencies. Australian Federal/Territory and Local</li> </ul>	
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			<p>governments need to take action to ensure that IYCF – emergency plans and guidance are developed and deployed in line with international standards.</p> <ul style="list-style-type: none"> <li>Available at: <a href="https://bmcpublikehealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7528-0.pdf">https://bmcpublikehealth.biomedcentral.com/track/pdf/10.1186/s12889-019-7528-0.pdf</a></li> <li>Decision Framework - We need a separate section how we propose to support Breastfeeding women and families and provide information on the assistance available to them via:</li> <li>the National Breastfeeding Helpline 1800 mum2mum (1800 686 268) or mum2mum app</li> <li>The ABA LiveChat <a href="https://www.breastfeeding.asn.au/abas-livechat-support">https://www.breastfeeding.asn.au/abas-livechat-support</a></li> <li>ABA email support: <a href="https://www.breastfeeding.asn.au/services/email-counselling">https://www.breastfeeding.asn.au/services/email-counselling</a></li> <li><i>jurisdictional emergency management plan</i> - We need to ensure these are</li> <li>inclusive of strategies for infant and young child feeding emergencies.</li> <li>For Track changes go to <a href="#">D21-6055528</a></li> </ul>	

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s 22

**From:** s 22  
**Sent:** Friday, 8 October 2021 2:31 PM  
**To:** s 22  
**Cc:** maif; s 22; Breastfeeding Policy  
**Subject:** Draft Guidance Framework for Infant Formula donations in Emergencies [SEC=OFFICIAL]

Hi s 22 and s 22

The document is saved on TRIM here: [D21-1882675](#) for your review and clearance.  
Happy to discuss/amend.

Kind regards

s 22  
(Ms/She/Her)

Healthy Living & Food Governance Section

Population Health Division | Primary and Community Care Group  
Preventive Health Policy Branch  
Australian Government Department of Health  
s22 [@health.gov.au](#)  
Location: Sirius Building 7.N.334  
GPO Box 9848, Canberra ACT 2601, Australia

*The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past, present and emerging.*



## 8. Other correspondence and business

s 22

Other correspondence: infant formula donations – subclause 6(e) and 6(f)

**Desired outcome:** discuss the donation of infant formula in relation to the MAIF Agreement in emergency situations and consider preparing guidance on this matter.

On 6 January 2020, INC advised the Secretariat they have received queries from industry about the acceptability of donating infant formula during unrepresented emergency situations, such as the recent bushfire crisis.

MAIF committee members considered the issue and provided feedback via email. Members noted that there needs to be some flexibility in interpreting the MAIF Agreement to permit the donation of breastmilk substitutes during emergencies where it's not otherwise available. Members considered it appropriate that donations be limited to women who are currently formula feeding an infant and the donation be restricted to one can in the first instance.

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Further analysis of the issue:

- While the MAIF Agreement does not refer explicitly to emergency situations, it does specify all donations should be through the health care system, to institutions or organisations – refer to clause 6(e) and 6 (f) of the MAIF Agreement. Health care system is defined as a *government, non-governmental or private institutions engaged directly or indirectly in health care for mothers, infants and pregnant women and nurseries or child-care institutions. It also include health workers in private practice. For the purposes of this document, the health care system does not include pharmacies or other retail outlets.*
- FoodBank supply goods to affected communities in “partnership with the food and grocery sector”. FoodBank sources the goods to supply to individual front line charities – such as the Salvation Army and community church groups.
- It is not clear how organisations such as FoodBank determine the need of the goods and how they distribute to charity organisations and institutions.
- It would be useful to know how organisations like FoodBank are targeting their aid, to ensure families needing the formula are being identified and will receive continued support.
- Distributing infant formula should be accompanied by bottles and teats, detergent, access to sterile water suitable for preparation, and means to heat the water.
  - o There may be scope to ask for companies to ensure they are also providing such products along with the infant formula, and for the organisations such as FoodBank to support this.
  - o Often in these communities water supplies, electricity or gas (to boil water) can be affected. Some companies manufacture ready-to-drink liquid products (Aptamil) which don't appear to be widely available in Australia, however may be useful during times of emergency.

Australian Government Department of Health

[MAIF Committee](#): Decision-making framework for donations of infant formula in emergencies

Page Break

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## Introduction

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On some occasions, supply or donations of infant formula to government, health care bodies and food relief agencies may be required to meet s47C

s47C and individuals in exceptionally difficult circumstances. In any circumstance, it remains important to ensure measures are in place to protect and promote breastfeeding where possible, and that breastmilk substitutes, such as infant formula, are not distributed unnecessarily or promoted.

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s47C The MAIF Agreement s47C was developed in collaboration with industry, public health and government and tailored to the Australian context. The scope of the [MAIF](#) Agreement includes infant formula products suitable for infants up to 12 months, but does not include marketing activity undertaken by retailers, or marketing of infant feeding bottles and teats. s47C

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The MAIF Agreement aims to contribute to the provision of safe and adequate nutrition for infants, by protecting and promoting breastfeeding and by ensuring the proper use of breast-milk substitutes, when they are necessary, on the basis of adequate information through appropriate marketing and distribution.

The Australian Government Department of Health (the Department) has overarching responsibility for the management of complaints received in relation to potential breaches of the MAIF Agreement by its signatories. These complaints are considered on a case by case basis by s47C (the Committee). Further details of the s47C -MAIF Agreement [and relevant clauses specific to donation of infant formula](#) are provided in the [Appendix](#).

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## Guiding Principles

In Australia, each state and territory has emergency and disaster response legislation which authorises officials to declare emergencies and make orders to deal with an emergency.<sup>3</sup> The Commonwealth does not have specific legislative power to deal with emergencies and does not have equivalent generic legislation, however there are whole-of-government arrangements that have been developed to be applicable in any emergency or crisis, including public health crises such as pandemics. Further details are provided in the [Appendix](#).

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In relation to distribution [and donations](#) of infant formulas in emergency settings, decisions are guided by the specific circumstances of each emergency, the legislation of the relevant jurisdiction, and in the context of the following national and international agreements.

### International Code of Marketing of Breast-milk Substitutes

The International Code of Marketing of Breast-milk substitutes from the World Health Organization (WHO) (the Code) was formulated with the aim of contributing to: *"the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution"*.

The WHO Code is an overarching document which gives priority to supporting and promoting breastfeeding and advocates that infants be breastfed. If infants are not breastfed, for whatever reason, the WHO Code also advocates feeding them the only suitable and safe breast-milk substitute, a scientifically developed infant formula product. Breast-milk substitutes should be available when needed, but they should not be promoted.<sup>4</sup> Australia is a signatory to the WHO Code. [The MAIF Agreement is one way Australia gives effect to the Code.](#)

### World Health Assembly Resolution (WHA 47.5) on Infant and Young Child Nutrition.

Since 1981, there have been several World Health Assembly (WHA) resolutions that refer to the marketing and distribution of breast-milk substitutes and clarify or extend issues covered in the WHO Code. The 1994 World Health Assembly Resolution (WHA 47.5)<sup>5</sup> on Infant and Young Child Nutrition urged Member States to take the following measures in emergency situations (relevant clauses noted):

*(2) to ensure that there are no donations of free or subsidised supplies of breast-milk substitutes and any other products<sup>6</sup> covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system.*

*(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the WHO Code are given only if all the following conditions apply:*

- (a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes';
- (b) the supply is continued for as long as the infants concerned need it; and
- (c) the supply is not used as a sales inducement."

## Decision Framework

The decision framework is a tool to guide decisions [by the MAIF Committee and signatories](#) ~~taken~~ in emergency settings in relation to procurement or receipt of infant formulas by designated food relief agencies and health care providers. The guidance provides for distribution to those in need in accordance with the relevant jurisdiction's emergency management plan<sup>1</sup>. [Appropriate criteria](#) ~~needs to~~ be met and steps taken to ensure adequate nutrition is supplied to infants who [are already](#) infant formula [fed, requiring formula](#) during times of emergency.

The steps to be taken to determine need and supply of ~~donated~~ infant formulas in emergency situations is shown in [Figure 1](#) and conditions are further explained in the following pages.

[Circumstances where](#) ~~donated~~ infant formulas may be procured or provided

As represented in Figure 1, infant formula may be procured by jurisdictional authorities or food relief organisations from manufacturers, importers, and retailers of infant formulas, to meet an established demand. In accordance with the relevant jurisdictional emergency management plan, this may occur in the following situations:

### Public Health Emergencies

This may include a localised outbreak of disease, epidemic or global pandemic<sup>8</sup> that creates disruptions to supply of essential goods and services. The resulting possible isolation and quarantine requirements, loss of income, disruption to supply chain and lack of availability of, and access to goods and services, can lead to the need for food relief and/or support.

### Natural & Other Disasters

Natural and other disasters<sup>9</sup> often cause personal and financial hardship for both individuals and communities, and can result in illness, injury, and loss of life. During periods of natural disaster in Australia, there can be significant immediate impacts on communities and individuals including destruction of housing and infrastructure such as retail outlets, disruption to power supplies, absence of safe drinking water and adequate hygiene and sanitation. Further, loss of income, disruption to supply chains resulting in threats to food security and ability to store and prepare food safely can also create demand for food relief and/or support.

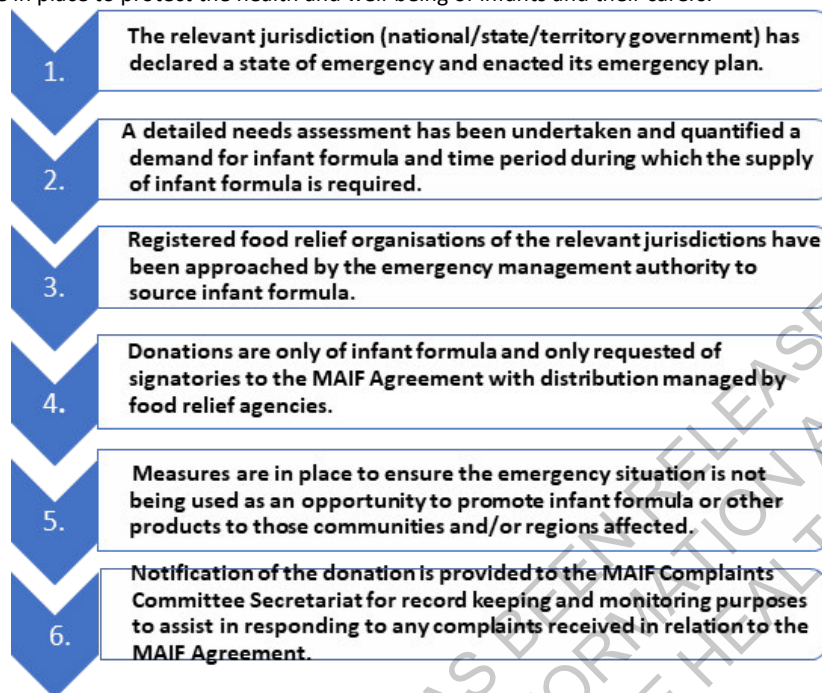
[Criteria for establishing demand and managing infant formula](#) ~~donations~~ [supplies](#)

Figure 1 outlines the steps and criteria to manage company ~~donations~~ [supplies](#) to relief organisations in the event of an emergency, a natural or other disaster. The criteria

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outlined in figure 1 should be met to determine: if a demand exists, the level of demand for infant formula, and how this demand can be met. This process should also ensure measures are in place to protect the health and well-being of infants and their carers.



**Figure 1: Decision framework describing criteria to guide decisions taken in relation to acceptance and management of infant formula donations**

#### Decision framework explained

1. **The relevant Australian or state or territory government has declared a state of emergency and enacted its emergency management plan.**
  - The jurisdictional emergency management authority has confirmed the affected regions have access to adequate supplies of clean water and the required equipment to safely prepare and store the infant formula (including energy for heating, preparing, cleaning and sterilising of equipment) or that any donation is accompanied by provision of adequate supplies.
  - The manufacturers and/or importers will work with the relevant organisations to arrange safe delivery of adequate supplies of infant formula to the distributing organisations or agencies, to ensure product remains safe and suitable for consumption.
2. **A detailed needs assessment has been undertaken and quantified a demand for infant formula and time period during which the supply of infant formula is required (where possible)**

- The relevant jurisdiction has undertaken a needs assessment in accordance with its emergency management plan.
- The needs assessment clearly identifies the level of need (amount of supply and length of donation period, if ongoing past initial date secondary needs assessment to be completed) for infant formula and related supplies.
- The needs assessment, including information on level of demand for infant formula, has been provided to the appropriate jurisdictional authority<sup>10</sup> with responsibility for the emergency management plan.

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**3. Registered food relief organisations of the relevant jurisdictions have been approached by the emergency management authority to source infant formula.**

- The decision-making authority responsible for the relevant jurisdictional emergency management plan has consulted with the registered food relief organisations in the jurisdiction (such as Foodbank or Red Cross), to determine the response to the request for donations, and strategy for distribution based on the needs assessment.

**4. Donations are only of infant formula and are only requested of signatories to the MAIF Agreement with distribution managed by food relief agencies.**

- As infant formula is nutritionally suitable for infants up to 12 months of age it is the only product that can be donated. Infant formula for children over 12 months of age is not to be distributed.
- The donating manufacturer/s and/or importer/s must be signatories to the MAIF Agreement and have standards or policies in place for the donation of infant formulas during emergencies that align with relevant national/international obligations as outlined above. This includes agreement not to advertise or promote their product or goodwill, or undertake any form of marketing in association with the donation.
- The infant formula is not provided by manufacturer/importers directly to caregivers but through registered food relief organisations or alternatively health care professionals specified by the relevant jurisdiction.
- The parents and/or carers of the infants are provided with the following important information:
  - a. advice that infants who are being breastfed should continue to be breastfed;
  - b. conditions during emergencies that can exacerbate the health risks associated with infant formula feeding; and
  - c. contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.

**5. Measures are in place to ensure the emergency situation is not being used as an opportunity to promote infant formula or other products to those communities and/or regions affected**

- Infant formula (suitable from birth up to twelve months) is to be provided only to the parents and/or carers of infants who must be fed infant formula.
- The amount of product donated and the duration of the donation is consistent with demand as identified in the needs assessment.
- The infant formula provided to the parents and/or carers is within the 'use by/best before date' and is accompanied by clear instructions and guidelines for the safe preparation, storage, and handling of infant formula products.

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- All information provided on the supplied infant formula and information accompanying the infant formula is to comply with the MAIF Agreement and the Australia New Zealand Food Standards Code and is therefore not to be promotional in nature.

**6. Notification of the donation is provided to the MAIF Complaints Committee Secretariat for record keeping and monitoring purposes to assist in responding to any complaints received in relation to the MAIF Agreement.**

- Any complaints received will be considered by the MAIF Complaints Committee on a case by case basis.

**Roles and Responsibilities**

**Jurisdictional Emergency Management Plan Authorities**

Government authorities responsible for implementing jurisdictional emergency management plans are responsible for undertaking the needs assessment and ensuring these needs are responded to. These authorities are to ensure that all conditions and criteria of the established framework have been met, including assurance that the required donations have been delivered as planned.

**Infant Nutrition Council (INC)**

The INC is responsible for liaising with industry members to secure supply of ~~donated~~ infant formulas.

**Food relief agencies**

Food relief agencies are to advise of stock levels and supply needs as requested and maintain communication with the jurisdictional authorities. The food relief agencies are to coordinate the supply of donated infant formula to ~~formula feeding carers~~ ~~those~~ in need in accordance with the needs assessment and with the guidance of the jurisdictional authorities of the emergency management plan.

**Manufacturers and importers of infant formulas**

Those who provide the infant formula must adhere to the guidance of the MAIF Agreement, the jurisdictional authorities responsible for the emergency management plan and the registered food relief agency/health authority directions. Manufacturers and/or importers of infant formula must not engage or use any form of media (including digital and social media channels) or marketing to promote ~~their donation~~, or advertise ~~that they have supplied infant formula as donation~~ as 'goodwill' in accordance with the terms of the MAIF Agreement regarding marketing of infant formulas.

#### MAIF Complaints Committee

The MAIF Complaints Committee does not have responsibility for, nor is it involved in emergency responses or food relief efforts. However, the MAIF Complaints Committee seeks to uphold Australia's obligations to the WHO Code, providing the basis for the monitoring of the marketing of infant formulas in Australia. Alleged breaches of the MAIF Agreement when infant formula donations are made during emergency situations, should be directed to the MAIF Complaints Committee, and will be considered on a case-by-case basis. The MAIF Complaints Committee will determine a breach of the MAIF Agreement if the ~~donations-provision of infant formula made~~ during an emergency situation ~~is~~ not in accordance with the MAIF Agreement and this decision-framework.

#### Australian Government Department of Health

In the context of infant formula ~~donations~~supply, the Department has overarching responsibility for the MAIF Agreement and provides secretariat support to the Committee. As such the Department will serve this function, and any other functions as necessary and as identified within the jurisdictional emergency management plans on a case by case basis. The Department is responsible for ensuring that this decision-making framework is implemented in accordance with all relevant national legislation and emergency frameworks appropriate to the specific emergency.

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| Template for detailed needs assessment

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## Policy Guidance concerning donations of infant formula during emergencies

### Context

Ensuring infants have access to an adequate supply of age appropriate nutrition is critical for their survival. In the event of local or national disasters and/or health emergencies, this supply can come under threat. Where breastfeeding is not possible, support for alternative sources of infant nutrition must be made available to protect the most vulnerable. This policy guidance is provided within the context of a proposed national strategy for infant feeding in emergencies as outlined in the *Australian National Breastfeeding Strategy 2019 and beyond*. The guidance is intended to assist decision makers in upholding Australia's commitment to the protection and promotion of breastfeeding, and the World Health Organization's International Code of Marketing of Breast-milk Substitutes (WHO Code), whilst responding to urgent needs.

The Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement has operated since 1992, as a voluntary, self-regulatory, code of conduct between the manufacturers and importers of infant formulas in Australia. It represents part of Australia's response to WHO Code and applies to those Australian manufacturers and importers of infant formula who are signatories to the MAIF Agreement. The MAIF Agreement aims to contribute to the provision of safe and adequate nutrition for infants, by protecting and promoting breastfeeding and by ensuring the proper use of breast milk substitutes, when they are necessary, on the basis of adequate information through appropriate marketing and distribution.

Natural disasters or health emergencies in Australia can create an urgent need for food relief, and where a need has been identified, manufacturers and importers of infant formula may be called upon to support. However, whilst manufacturers and importers of infant formula may be in a position to assist the implementation of emergency plans, it is also important to ensure measures remain in place to protect and promote breastfeeding.

### The WHA Resolution

In 1994, the World Health Assembly Resolution (WHA 47.5) resolution urged Governments:

*"to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system."*

Clause 6(f) of Australia's MAIF Agreement states:

Clause 6 (f) Manufacturers and importers of infant formulas should note that, where donated infant formulas are distributed outside an institution, the institution or organisation should take steps to ensure that these provisions can be continued as long as the infants concerned need them. Donors, as well as the institutions or organisations concerned should bear in mind this responsibility (WHO Code Article 6.7).

Complaints made in relation to the application of MAIF Agreement in Australia, are considered by the MAIF Complaints Committee administered by the Australian Government Department of Health. The MAIF Complaints Committee does not have responsibility for, nor is it involved in emergency



# Summary of Comments on 9477889252. Adapted Draft guidance - Donation of Infant formula during emergencies - September 2021.pdf

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responses or food relief efforts. However, the MAIF Complaints Committee seeks to uphold Australia's obligations to the WHO Code, providing the basis for the monitoring the marketing of infant formulas in Australia.

### Criteria for acceptance of infant formula donations

In the event of national and/or state and/or territory emergencies affecting food supply, the appropriateness of infant formula donations will be considered in accordance with existing national and international obligations on a case-by-case basis by the relevant decision making authority. To guide this decision, the following criteria has been proposed:

1. The Australian or state and/or territory government has declared a state of emergency and enacted their emergency response plan.
2. The Australian or state and/or territory government has provided details of the needs assessment undertaken in the affected region that demonstrates the level of demand for donated infant formula to the appropriate decision making authority.
3. The manufacturer and/or importer of infant formula has received a request from a state or territory government authority or healthcare professional to donate infant formula based on the needs assessment of infants in the region affected.
4. The donating manufacturer/s and/or importer/s are signatories to the MAIF Agreement or agree to become signatories to the MAIF Agreement and have standards or policies in place for the donation of infant formulas during emergencies that align with relevant national / international obligations ???;
5. The manufacturer and/or importer has consulted with the responsible state or territory government affected and the regions' registered food relief organisations (such as Foodbank or Red Cross);
6. The Australian or state/territory government has confirmed the affected regions have access to clean water and the required equipment to safely prepare and store the infant formula (including energy for heating, preparing and cleaning of equipment);
7. The infant formula and follow-on formula is being sent directly to health care professionals for appropriate distribution to parents/carers based on needs assessment;
8. The manufacturers and/or importer have arranged and provided details of the mode of transport of the infant formula products;
9. The infant formula provided to the parents and/or carers is accompanied by clear instructions and guidelines for the safe preparation, storage and handling of powdered infant formula. All information is to comply with the MAIF Agreement and not be promotional in nature;
10. The parents and/or carers are provided with the following important information:
  - a. Conditions during emergencies that can exacerbate the health risks associated with infant formula feeding;
  - b. Advice that infants who are being breastfed should continue to be breastfed; and
  - c. Contact details and access to support for breastfeeding provided by the Australian Breastfeeding Association and/or other relevant health professionals to re-start/continue breastfeeding during or after emergencies.
11. The emergency event is not being used as an opportunity to market infant formula to those communities and/or regions affected by the emergency via the healthcare system;
12. The manufacturer and/or importer does not engage or use the media to promote their 'goodwill'.

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s 22

**From:** s 22  
**Sent:** Thursday, 23 September 2021 10:34 AM  
**To:** CNMO; Bernice Cropper; s 47F; Lisa Amir; s 47F; s 47F; Patricia Doyle; Susan Tawia; GOODCHILD, Tiali  
**Cc:** s 22; Breastfeeding Policy  
**Subject:** National Breastfeeding Advisory Committee - Draft documents for your consideration [SEC=OFFICIAL]  
**Attachments:** Update on Implementation Aust Government\_Sept 2021.DOCX; s 22

Dear Committee Members,

We trust this message finds you well and safe and happily busy.

As advised late last week, we have deferred our initial meeting to a later date to provide for a more fulsome discussion and decision making. However we will still provide an opportunity for members to meet with the Breastfeeding Team within the Preventive Health Policy Branch informally and raise any concerns or queries this afternoon **Thursday 23 September from 3:00pm – 4.30pm**. You may access the meeting via the Webex details in your original invitation should you like to attend. We have confirmation that a few members will take up this opportunity, so we will commence at 3pm and continue for as long as the discussion will last, but no later than 4.30pm. Please let us know if you're intending to join later than 3pm so we can accommodate you.

In order to commence our work with you, we are providing two documents for your review and input:

1. Australian Government update (for your information and to initiate engagement)
2. Draft Terms of Reference (previously circulated and for endorsement at the first meeting)

We invite any comments on the Terms of Reference.

We will also be providing a further two, more substantial, documents for your consideration shortly:

1. Draft Baseline Evaluation Report
2. Draft Implementation plan for the Australian National Breastfeeding Strategy: 2019 and beyond.

As you may know, we have also established a Breastfeeding Jurisdictional Officers Group (BJOG) which comprises representatives of all states and territories who will be supporting the implementation across the jurisdictions. Currently the terms of reference for the BJOG are pending endorsement, however a representative of the BJOG will also be present at meetings of the NBAC for liaison and exchange purposes as the work progresses.

Kind Regards,

s 22 – on behalf of

**Breastfeeding Policy Team – Healthy Living & Food Governance Section**

Population Health Division | Primary and Community Care Group  
 Preventive Health Policy Branch  
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*The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past, present and emerging.*

## Australian Government Update on the Implementation of the Strategy

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### Priority 1 – Structural Enablers

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#### *Donations of Infant Formulas in Emergencies*

- The Department has also responded to an urgent request for clarity regarding the acceptance of infant formula donations by charitable organisations for distribution in emergency settings in the context of the MAIF Agreement.

- Previous requests for clarity in this regard had been received in 2020 in response to the bushfire emergency. This query arose in the current context of COVID-19 lockdown restrictions and the subsequent increased demand for food relief, including infant formula. The Department is developing a draft framework around donations of breastmilk substitutes which will likely form a component of a broader infant feeding in emergencies policy as agreed under priority Action Area 3.2.

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### 3.2 Breastfeeding Support for Priority Groups

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- As mentioned under Action Area 1.2, the Department is developing a framework around infant formula donations in emergencies. This framework will become a component of a broader policy position paper about infant feeding in emergency situations. Once drafted, the Department of Health will collaborate with NBAC and BJOG seeking their expert advice.