



Australian Government

**Department of Health,
Disability and Ageing**

**Infant Formula Stakeholder Forum 1 – Public Health and Breastfeeding
Stakeholders**

Thursday 12 June 2025

SUMMARY

This document is the Department of Health, Disability and Ageing's (Department) summary of what we heard. The views and recommendations expressed are not those of any one organisation in attendance, nor the Government or Department. Organisations were also invited to provide written comments for consideration which will also be used to inform the policy process.

Attendees (virtual)

Organisations*	
Allergy & Anaphylaxis Australia	Food for Health Alliance
Australian Breastfeeding Association	The George Institute for Global Health
Australian College of Midwives	Lactation Consultants of Australia and New Zealand
Australian Medical Association	Maternal Child and Family Health Nurses
Australian Nurse Family Partnership Program	National Aboriginal Community Controlled Health Organisation
Australian Research Centre for Health Equity	National Allergy Centre of Excellence
Breastfeeding Advocacy Australia	National Allergy Council
Central Australian Aboriginal Health Service	Public Health Association of Australia
Dietitians Australia	Uniting Church in Australia, Synod of Victoria and Tasmania
Dietitian Connection	World Breastfeeding Trends Initiative Australia
Edith Cowan University	
Government Agencies	
Department of Health, Disability and Ageing	Food Standards Australia New Zealand

* Some individuals from relevant academic backgrounds also attended as subject matter experts. There were also some stakeholders who could not join due to technical reasons who were invited to submit written input and attend alternative meetings.

Welcome and Acknowledgement of Country

The Department welcomed stakeholders to the Infant Formula Stakeholder Forum (Forum) and acknowledged the traditional lands upon which all were attending.

Presentation from the Department

The Department outlined the objectives of the Forum. These included seeking stakeholder views on future mandatory controls to restrict infant formula marketing.

A brief history of the previous Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF Agreement) was provided. This included the events leading to the Australian Competition and Consumer Commission's (ACCC) February 2025 decision not to reauthorise the MAIF Agreement.

The Department outlined the proposed scope of the mandatory controls. These would reflect the coverage of the previous MAIF Agreement.

An indicative timeline for developing the legislation was also shared.

Stakeholder Views

Stakeholders were invited to provide their views on the work.

The main points raised were:

- The current proposed scope of the mandatory controls being aligned with the previous MAIF Agreement is not sufficient.
- Any mandatory controls should completely align with the World Health Organization's International Code of Marketing of Breastmilk Substitutes (WHO Code) and subsequent World Health Assembly (WHA) resolutions.
- Infant formula marketing legislation is broader than food regulation and should sit outside the food regulatory system.
- Compliance with the legislation should be monitored regularly. This monitoring should include any products and settings not initially included to inform future scope expansion.
- There was general support for a national enforcement body for the legislation.
- Most thought that as this would be health legislation, not food regulation, enforcement should sit with the Department, not FSANZ.
- Infant formula marketing controls should be supported by a suite of activities to increase breastfeeding rates outlined in the Australian National Breastfeeding Strategy: 2019 and beyond.

Legislation scope and development

- The previous MAIF Agreement should not be used as a key guidance document as the scope is inadequate.
- The scope of the mandatory controls should be fully aligned with the WHO Code and include toddler milks, retailers, digital marketing and social media.

- Full implementation of the WHO Code (and World Health Assembly resolutions) includes feeding equipment such as bottles and teats and include all breastmilk substitutes for infants and children aged from 0 to 3 years.
- Legislation should prohibit infant formula marketing in healthcare settings and infant formula industry engagement with healthcare professionals.
- As per WHO guidance on marketing of breastmilk substitutes, a mechanism should be included to allow for periodic updates to the legislation to enable adaptation to modern contexts. This includes rapidly evolving digital marketing practices.
- The needs of First Nations Australians must be addressed in this policy. Further consultation with First Nations peoples is critical.
- Development of the legal framework is best placed with the Department.
- Policy and legislation development should be free from industry influence.
- Legislation design should be well-considered and comprehensive to futureproof against loopholes.

Monitoring and Evaluation

- Monitoring and evaluation processes must be included in the legislation and must be effective.
- Monitoring and evaluation should include mandatory reporting by infant formula companies, and an independent body to monitor and evaluate non-compliance with legislation.
- Compliance monitoring should be proactive (not rely solely on complaints submitted by the public); albeit a process for the public to report possible breaches of legislation and submit complaints and concerns is required.

An independent body should monitor breaches of the legislation. This body should have the power to investigate and adjudicate breaches and enforce monitoring and evaluation procedures outlined in the legislation.

Enforcement

- The enforcement body should be properly resourced and motivated.
- Some stakeholders raised concerns about FSANZ taking on an enforcement role due to concerns that:
 - The food regulatory system's focus is too narrow.
 - FSANZ does not have compliance and enforcement experience, nor does it have expertise in digital marketing.
 - FSANZ's inherent requirement for deep engagement, including with industry stakeholders, increases the risk of conflicts of interest.
- Separation of development and enforcement of the legislation should be considered.
- There should be meaningful and strong penalties for non-compliance.

- Penalties should be considered along with profit/turnover, so penalties are proportionate to company size.
 - The ACCC Food and Grocery Code of Conduct should be used as a guide when considering penalties for infant formula marketing.

Implementation and measures of success

- Health professionals should be trained to provide advice free from bias and only recommend the use of breast milk substitutes to parents when required.
- Measures of success include:
 - Protection of, and increased, breastfeeding rates.
 - Parents having access to accurate and truthful information to help make informed feeding choices for their child.
 - Australia leading internationally with strict infant formula marketing restrictions.
 - Clear product labelling.

Access, Equity and Support

- Some families require access to breast milk substitutes.
- Mandatory controls should consider access to formulas when required, including for allergy management and in emergency (e.g. disaster) responses.
- Health professionals and health services shouldn't be restricted from providing infant formula to families that require it.