Infant Formula Stakeholder Forum 2 – Infant Formula Industry Stakeholders

Tuesday, 17 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 |
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| Abbott Australasia | Infant Nutrition Council |
| Australian Food and Grocery Council | Max Biocare |
| The a2 Milk Company | Mumamoo |
| Bellamy’s Organic | National Retail Association |
| Bubs Australia | Nestlé Australia |
| Coles | Nuchev Limited  |
| Danone | Sanulac Nutritionals Australia |
| Fonterra Oceania | The LittleOak Company |
| H & H Group | Woolworths |
| **Government Agencies** |
| Department of Health, Disability and Ageing | Food Standards Australia New Zealand |

# 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 currently proposed scope of the mandatory controls as reflecting 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:

* Breastfeeding is recognised as optimal and the preferred infant feeding method. The benefits associated with breastfeeding are acknowledged and recognised.
* Breastfeeding initiation rates in Australia are high; however, it is important to remember that some mothers/caregivers are unable to, or choose not to, breastfeed for various reasons and as a result rely on infant formula.
* Restrictions on infant formula marketing alone are unlikely to raise breastfeeding rates. To protect and increase breastfeeding, a package of support is required.
* Most industry stakeholders support the development of a mandatory code. However, the scope of mandatory controls should be balanced and practical and align with the previous MAIF Agreement. There is no evidence to support expanding the scope.
* Having a variety of choices in the infant formula market is important. Competition in the market supports product innovation and competitive pricing on products.
* Consumer voices (e.g. mothers/parents/caregivers, formula fed families) should be considered in the development of this legislation.
* There was general support for a national enforcement body, but less consensus about which entity would be best placed to enforce it.

## Scope of legislation and Consultation

* The scope of mandatory controls should align with the previous MAIF Agreement. Toddler milks and retail settings should be out-of-scope.
* The review of the MAIF Agreement in 2023 found insufficient evidence to expand the MAIF Agreement scope to toddler milks. The Department’s submission to the ACCC also stated toddler milk would not be in scope for mandatory regulations (unless there was sufficient evidence).
* If retailers are found to be in scope for the legislation, consideration should be given to how to differentiate between pharmacy and non-pharmacy retailers (e.g. supermarkets). Pharmacies employ healthcare professionals who can provide professional advice on infant feeding, supermarkets do not.
* Further restrictions beyond the previous MAIF Agreement may limit parental choice and widen the information gap for parents and caregivers.
* Consumers such as parents and formula feeding families should be specifically consulted during development of any mandatory regulation of infant formula marketing.
* It is important that this process does not contribute to stigma and shame for families who cannot breastfeed their children.

## Monitoring and Evaluation

* Processes for monitoring and evaluation should be clearly outlined in the legislation and should be transparent.
* Investment into the AI Tool to monitor infant formula marketing is welcomed, however further details on its use and safeguards should be provided.

## Enforcement of legislation

* The legislation should clearly outline enforcement processes. It should also have accompanying education resources and guidance for industry.
* One agency should enforce the legislation to avoid confusion and inconsistent decisions (e.g. if states and territories were to enforce).
* FSANZ may not be the preferred enforcement agency. Other options should be considered.
* Policy and enforcement responsibilities should be performed by separate staff/teams.
* Any new legislation should consider unintended consequences, particularly the impact on small and medium enterprises (SMEs).
* New regulatory requirements increase the cost of doing business, which disproportionately impacts SMEs, noting that larger companies have resources to fund compliance teams while SMEs do not.
* Penalties for non-compliance should be proportionate to the nature of the offence. Scaling penalties to the size of the organisation would limit disproportionate impacts on SMEs.

## Accessibility and Informed Choice

* Competition is important for the infant formula market as it supports product innovation and consumer choice.
* Tight marketing restrictions will create less competition, resulting in consumers having fewer choices and higher prices.
* Manufacturers of infant formula should be allowed to provide credible, factual information regarding their products. Providing information is not advertising, it is supporting informed choice.
* Parents should have access to accurate, clear information about infant formula to allow informed decision making.
* Companies should be permitted to provide science-based information to healthcare professionals regarding their products as permitted under the previous MAIF Agreement. Healthcare professionals can then pass this information on to parents and caregivers.
* Restrictions on manufacturers’ engagement with healthcare professionals may impact optimal clinical advice/practice, decision making and research.
* Two-way engagement between infant formula manufacturers and healthcare professionals also supports innovation and development of higher quality products.
* Some families require access to breastmilk substitutes. These may include:
	+ LGBTQIA+ families and other families (e.g. children born via surrogates and adoptive families) who may not have access to breastmilk.
	+ Families impacted by emergency situations.
* The legislation should ensure people continue to have access to infant formula when required.