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Inquiry into Breastfeeding

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The role and performance of APMAIF.

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The House of Representatives Health Committee held a public hearing of the Enquiry into Breastfeeding in Sydney on June 4. At the hearing the issue of the role and performance of APMAIF was raised. This submission is a comment on some of the issues raised and is the private submission on my own behalf. It does not have the endorsement of Health Department or the APMAIF panel.

I am a member of the APMAIF panel, and currently in its longest serving member. When the MAIF agreement was established in the early 1990's, I was the chair of the NHMRC Nutrition Committee and its Infant Nutrition Committee. I was involved in some of the discussions and negotiations that led to the establishment of the MAIF agreement. At the time, the WHO had just endorsed the Code on the Marketing of Breast Milk Substitutes and. The code was a response to unethical practices in the marketing of infant formula in Third World countries, particularly in Africa and Asia. The Australian government was one of the first major Western governments to endorse the code and seek to give structure to provisions within Australia.

The main agreement was a remarkable achievement by the Australian Department Health, community organisations with an interest in breastfeeding, the NHMRC and the infant formula industry. The major infant formula companies were generally subsidiaries of American companies or of companies that had a substantial marketing presence in the United States. Despite the intensive of lobbying of public health interests in the USA, the US government had voted against the WHO Code. (Interestingly, in our region the South Korean government was strongly influenced at that time by its strong trade and political links with the US, and also did not endorse the WHO code. Infant formula advertising and sampling are uncontrolled They now have the lowest rates of breastfeeding in our region.)

In this climate, it was remarkable that the subsidiaries of US companies agreed voluntarily to the implementation of the MAIF agreement in Australia. The WHO code is limited to formula supplied to infants up to six months of age. However in Australia, the companies agreed that the code should be extended to 12 months. The agreement that was reached was for a voluntary code of practice that had to be endorsed by the Trade Practices Commission. The TPC would not allow the inclusion of retail activity, as they were concerned about price competition, and this has led to a major gap in the policing of the agreement. The enforcing body for the MAIF agreement was to be the Advisory Panel for the Marketing in Australia of Infant Formula, reflecting the fact that it is only a voluntary agreement.

The following the Knowles review commissioned by the Minister of Health, APMAIF is now a five member panel, a chair, an industry representative, a community member (who is a nurse with considerable lactation experience), a lawyer and an infant nutrition expert. The secretariat is provided by the Commonwealth Department of Health. The major infant formula companies contribute towards the costs of the secretariat, although they are currently in disagreement over the costs incurred by the Health Department. There is also difficulty about the legal structure of the MAIF agreement and clarification is required on who can become a signatory to the agreement.

The structure of the MAIF agreement and the functioning of APMAIF was reviewed several years ago in the Knowle's report, which was commissioned by the then Minister of Health. Since that review, the functioning of the panel has improved and every effort is made to respond in a timely fashion to complaints. Unfortunately in the functioning of the found panel has been disrupted during the past year or so. This is no fault of the APMAIF panel but is due to there have been several different chairpersons over the last few years. This was caused by one resignation for personal reason, and more recently her replacement was elected to the Parliament of New South Wales, and of course she had to resign once campaigning began. Currently APMAIF is awaiting the nomination of a new chair by the Minister for Health, and this is delaying the preparation of annual reports and response to some complaints.

There are several gaps in the original MAIF agreement that could be considered in the revision

1. The agreement should be extended to include retail activities. For example, retailers should be limited to the promotion of price in catalogues and in-store promotions.
2. All manufacturers, importers and distributors of infant formula should be required to become members of MAIF. This should include chains of pharmacies, who distribute their own brands of a formula.
3. The operation of MAIF should be extended to include bottles and teats.
4. The regulation of toddler formula is a difficult issue. I do not believe that toddler formula should be included in the MAIF agreement. However companies should not use the same trade names for infant formula and toddler formula. This would eliminate the crossover advertising to promote brand recognition that is currently used.

The only penalty available to APMAIF is the naming of a company in its annual report. This report is tabled in Parliament and the company receives an adverse publicity. In terms of international prestige this is a very severe censure and would be regarded as very severe by international company headquarters.

I am involved in a number of infant feeding research projects throughout Asia. This has given me the opportunity to observe health systems, hospitals and infant formula marketing in many countries. Australia has a voluntary regulation system, which is an example to all countries in our region. In other countries, advertisements for the promotion of infant formula are widely seen. Infant formula samples are commonly distributed to mothers while in hospital. In some countries hospitals fund part of their maternity services by selling infant formula to mothers, whether they are breastfeeding or not.

None of these outrageous practices occur in Australia.

Later this month, June 2007, I will be attending a consultation on infant feeding practices at WHO, Manila. I will present the MAIF agreement as a successful translation of the WHO code into practice in Australia.

I believe that the MAIF agreement is an example of voluntary collaboration between industry and health organisations that can serve as a template for the rest of Asia. While there are some difficulties, outlined above, with the operation of APMAIF, I

believe that overall it has been a very successful enterprise. The evaluation of any programs to prevent a public health problem is always difficult. This is because if the prevention is successful, the problem doesn't exist, and therefore cannot be measured. In the case of the MAIF agrement best way of evaluating its success is to compare the situation in Australia with other countries in our region and the USA. On this basis. the MAIF agreement has been highly successful. During the time of its existence is the number of complaints has declined considerably and has resulted in a situation, which is an example to the rest of Asia.