AMA

AUSTRALIAN MEDICAL ASSOCIATION
ABN 37 008 426 793
T | 61 2 6270 5400
F | 61 2 6270 5499
E | ama@ama.com.au
W | www.ama.com.au
39 Brisbane Ave Barton ACT 2600
PO Box 6090 Kingston ACT 2604

SUBMISSION

Thursday, 12 September 2024

AMA submission to Public Consultation: Improving commercial foods for infants and young children

Submitted via: https://consultations.health.gov.au/chronic-disease-and-food-policy-branch/commercial-foods-for-infants-and-children/consultation/

Introduction

The Australian Medical Association (AMA) is pleased to make a submission to the Department of Health's public consultation on Improving commercial foods for infants and young children.

1. Are there additional studies on the consumption of commercial foods for infants and young children in Australia and New Zealand?

The AMA suggests the Milky Way Study, which is researching the cardiometabolic factors of children, is considered (https://www.ecu.edu.au/schools/medical-and-health-sciences/our-research/school-research-areas/nutrition-and-dietetics/nutrition-and-food-literacy-across-the-lifespan/projects/the-milky-way-study). This study looks to compare the impact of regular fat and reduced fat dairy products that children consume across three main health outcomes, including obesity, gut health and cardiovascular health.

We recommend the study's paper (Zed K, Calogero N, Darssan D, Nicholl A, Deering K, O'Sullivan T. "Iron deficiency and associated factors in Australian children aged 4–6 years." *Proceedings of the Nutrition Society*. 2023;82(OCE2):E170. doi:10.1017/S0029665123001799) that discusses the prevalence of childhood anaemia and iron deficiency. It concludes that the inclusion of iron rich real foods in infant and toddler food formulation is more important than fortification.

2. Are there additional studies on the prevalence of iron deficiency in Australian children, including among Aboriginal and Torres Strait Islander children and children living in rural/or remote areas and other groups, including vulnerable populations?

The AMA also recommends immigrant and refugee children are considered as a population that has specific risks relating to iron deficiency. This is acknowledged in work undertaken by the Royal Children's Hospital Melbourne (https://www.rch.org.au/immigranthealth/clinical/Iron_deficiency_and_anaemia/).

3. Are there additional studies on the composition of commercial foods for infants and young children in Australia and New Zealand?

No comment.

4. Are there additional studies on the texture of commercial foods for infants and young children in Australia and New Zealand?

No comment.

5. Food manufacturers - What reformulation or other activities have you undertaken to change/improve in the last 5 years related to commercial foods for infants and young children? What was the purpose of the activity?

No comment.

6. Do you agree with the proposed objective of this work? If not, what is your proposed alternative?

Proposed Objective: *"To improve the composition, labelling and texture of commercial foods for infants and young children to better align with the recommendations in the Australian and New Zealand infant and toddler feeding guidelines."*
YES / NO
Comments:

The AMA strongly supports that commercial foods for infants and young children should align with Australian and New Zealand feeding guidelines. All improvements to composition, labelling and texture of commercial foods for infants and young children should ensure alignment with the recommendations in the Australian and New Zealand infant and toddler feeding guidelines, rather than achieve 'better alignment' with them. The AMA notes the word 'labelling' does not capture all approaches used by industry to market products (as discussed in the consultation paper) and recommends the language should adequately reflect this by adding the word marketing after the word labelling in the proposed objective.

It is also important to acknowledge the infant and toddler feeding guidelines in Australia and New Zealand offer limited guidance on commercial foods for young children, aside from the following points:

- "Special complementary foods or milks for toddlers are not required for healthy children" — Australian Infant Feeding Guidelines
- "Commercial baby foods are a convenient alternative to home-made baby food, but an over-reliance on these products may reduce the variety of flavours and textures in a baby's diet" — Healthy Eating Guidelines for New Zealand babies and toddlers

In the absence of detailed guidance on commercial foods for infants and young children in the Australian and New Zealand feeding guidelines, the AMA strongly recommends using international best practice, particularly the World Health Organization European Office's Nutrition Profile and Promotion Model (NPPM) to guide reforms.

With this context in mind, we recommend reforms ensure all commercial foods for infants and young children align with international best practice (NPPM) in addition to the general nature of guidance in the Australian and New Zealand infant and toddler feeding guidelines.

7. Are there additional policy options that should be considered? Please provide a rationale and the benefits and risks of your suggested option.

No, no comment.

8. Are the risks and limitations associated with the status quo described appropriately?

YES / NO
Comments:

The risks and limitations outlined in the consultation paper touch on the risks of maintaining the status quo, but fail to capture the severity of taking no action.

Many commercial foods for infants and young children fail to support optimal health, growth and development. These products do not meet international best practice for nutritional content and fall short of international standards for labelling/promotion. Option 1 will allow this problematic situation to persist.

The AMA believes quality standards need to be improved for commercial foods, as that would lift the quality of all infant and toddler foods. Guardians are bombarded by coercive marketing but left with little choice over the foods sold to them which are of poor nutritional quality. This will remain the same with a status quo or non-regulated approach.

To protect our youngest Australians, comprehensive changes to the composition, labelling and texture of commercial foods for infants and young children are imperative. To be effective, these changes must be mandatory and compliance with them must be strictly monitored and enforced.

9. Questions on non-regulatory approaches.

9a. Are the risks and limitations associated with Option 2 described appropriately?

YES / NO
Comments:

The risks and limitations associated with Option 2 do not reflect the severity of the outcomes of taking voluntary approaches.

The AMA strongly advises against taking an approach where success is entirely dependent on industry initiative. It is highly unrealistic and unwise to assume industry will take action that conflicts with its fundamental objectives. See the following supporting evidence:"Part of the Solution": Food Corporation Strategies for Regulatory Capture and Legitimacy - PMC (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9309978/). The rights of children to nutritious food and health, and the rights of parents to receive information that is not misleading, should always take precedence over costs to industry.

There is little evidence, within Australia or internationally, that non-regulatory approaches to reformulation and/or labelling are effective. The AMA strongly advises against testing the theory (noted in the consultation paper) that *'smaller, and more targeted voluntary initiatives for specific foods or issues may have more success',* especially when this concerns one of the most vulnerable populations — infants and young children — and where there is no evidence, either in Australia or internationally, that this approach would achieve significant improvements into the healthiness and marketing of this sector.

Educational resources are important, but they are not the solution.

Parents should be able to rely on the government to ensure foods for infants and young children support children's optimal health, growth and nutrition, and are labelled and marketed responsibly. As noted in the consultation paper: “A regulatory approach supports parents and caregivers who purchase these foods to provide infants and young children with foods that better align with infant and toddler feeding guidelines.” Education alone will not achieve this. Nor can non-regulatory approaches.

As noted in the consultation paper, educational interventions have limited reach and may not benefit all populations. This is an unequitable solution, and research shows it would further disadvantage vulnerable populations.

To be effective, education must be adequately funded. The AMA supports education as a complementary measure to regulation that ensures foods for infants and toddlers support their health and nutrition and are marketed and labelled responsibly. However, without specific government funding for a comprehensive education campaign, particularly one that targets the most vulnerable populations, the impact will likely be minimal. The AMA notes also the wider context of early childhood nutrition and the broader barriers to improving young children’s diets and nutrition and refers you to the recommendations in our response to Question 17.

Consideration for health literacy and public education.

The AMA recognises a concerted effort must be made to ensure policy that impacts the diverse communities of Australia, works in the best interest of all needs, accessibility, and health literacy levels, and educates the public through the process to develop new policy. This must include an effort to counter the powerful marketing techniques of brands, with education campaigns helping carers and children to make informed choices towards healthy food choices.

The AMA has called for the Australian Government to invest in long-term, robust online advertising to counter health misinformation, including on social media channels, which should include campaigns on the health risks associated with harmful products such as ultra-processed foods. Media companies must acknowledge their public health responsibility and work actively to counter product health misinformation on their platforms. As work on commercial foods continues, we recommend interaction with marketing and social media companies to help them better understand their role in the health of their users. This is especially relevant to unhealthy food marketing, where ‘health claims’ are made on unhealthy products. This must be highlighted in any educational interventions proposed by the government as part of this work.

The AMA also recommends that as work around improving commercial food for infants and young children progresses, medical practitioners are informed on the work and further consulted, as the work relates to the health of their young patients. Medical practitioners, and the health system more widely, have an important role to play in improving and sustaining the health literacy of Australians. The responsibility for improving health literacy does not sit solely with individuals because the way health information is conveyed by providers can be a major barrier to health literacy. As stated in the AMA position statement on Infant Feeding and Parental Health (2017), infant nutrition and early infant growth patterns lay the foundation for eating patterns and weight gain later in life. Infants and young children need a healthy start to life to reduce the risk of chronic conditions later in life, and doctors and healthcare professionals are uniquely positioned to support and inform guardians on how to achieve this.

Impact of food security on healthy food choices.

The AMA also wishes to highlight to the Australian Government the links between food security and access to healthy food choices. Improving commercial foods for infants and young children is only

part of the equation as families must be able to access affordable, fresh and healthy food options as the alternative. This was noted in the findings of the Inquiry into Food Security, which found the inequity of access to healthy food was a serious concern for Australians, especially in rural and remote areas, and for those from low socio-economic backgrounds. (https://www.aph.gov.au/foodsecurity).

An example of this is the impact lack of food security is having on Aboriginal and Torres Strait Islander communities. The Coalition of Peaks is focussed on addressing the urgent need for action on the long-standing issue of food security for remote communities, which was only magnified during the COVID pandemic. The Coalition of Peaks is advocating for a fully-funded strategy, including improvements to infrastructure, affordability. This strategy must be focused on community control compared to commercial interests, with funding recently allocated towards the National Strategy for Food Security. (https://www.coalitionofpeaks.org.au/media/next-step-towards-closing-the-gap). CSIRO has also noted the importance of enabling equitable access to healthy and sustainable diets, in their Reshaping Australian Food Systems report (https://www.csiro.au/en/work-with-us/services/consultancy-strategic-advice-services/CSIRO-futures/Agriculture-and-Food/Reshaping-Australian-Food-Systems).

The AMA disagrees with the statement in the consultation paper that, *"A broader range of issues could be incorporated into a non-regulatory approach compared to regulatory approaches ..."*
The AMA believes regulatory approaches can be used to address all the composition, labelling, marketing and texture issues with foods for infants and young children. The question is whether government will take the opportunity to do so.

The AMA disagrees with the strengths outlined in the consultation paper for Option 2.
There are opportunities to work with industry to increase knowledge of Australian and New Zealand infant and toddler feeding guidelines and infant nutrition requirements; and for better dissemination of infant feeding guidelines. These opportunities equally exist under the status quo and are not strengths of Option 2. These opportunities are simply not taken at present.

9b. Are there particular approaches in this option that should be further considered?

No. The AMA does not support any voluntary industry approaches. There is no evidence voluntary solutions will have the impact that is necessary to ensure these foods provide good nutrition and are marketed and labelled responsibly (see our response to Question 9(a) for further details).

9c. Food manufacturers- How likely are you to be involved in a voluntary reformulation or labelling program? What would be a suitable time frame for this option to be implemented in your organisation?

The AMA does not support any voluntary industry approaches. While food manufacturers may indicate they would be theoretically involved in a voluntary program, previous programs (e.g. HFP reformulation program) have shown few companies participate. Leaving the success of the program up to the "goodwill" of industry will not ensure these products provide food nutrition and are marketed and labelled responsibly.

9d. What kinds of voluntary measures could be introduced to maximise industry uptake?

The AMA does not support any voluntary industry approaches as there is no evidence voluntary solutions will have the impact that is necessary to ensure these foods provide good nutrition and are marketed and labelled responsibly (see our response to Question 9a for further details).

9e. What implementation issues need to be considered for this option?

As above, The AMA does not support any voluntary industry approaches as there is no evidence voluntary solutions will have the impact that is necessary to ensure these foods provide good nutrition and are marketed and labelled responsibly (see our response to Question 9a for further details).

10. Questions on Regulatory Options

10a Are the risks and limitations associated with Option 3 described appropriately?

YES / NO

Comments:

There is a significant additional risk that regulation fails to establish adequate limits for composition, labelling, marketing and texture, allowing Australian standards to continue to fall short of international best practice and dietary guidelines. The AMA recommends the government take decisive, swift and comprehensive action to overhaul the market for foods for infants and young children to ensure alignment with international best practice and dietary guidelines.

The risks and limitations imply regulatory approaches are difficult and will take a long time. We disagree.

The AMA does not agree with the assumption that Option 3 may require a lengthy implementation period. The timeline is ultimately determined by the government and will only be extended if the government allows it. The health of infants and young children should not be compromised to make the implementation period more acceptable to the industry. Every three-year delay means an entire generation of infants and young children are exposed to commercial foods that do not support their health, growth and development.

The AMA recommends that the implementation period for regulatory approaches is two years. This is consistent with P1041 (Country-of-Origin Labelling), which shows precedent for this timeframe for labelling changes; and P242 (Food for special medical purposes), P1003 (Mandatory Iron Fortification) and P295 (Mandatory Fortification with Folic Acid), each of which shows precedent for this timeframe for compositional changes specifically targeted at vulnerable children.

The AMA notes industry constantly reformulates and repackages foods for infants and toddlers within this timeframe for their own purposes. We also note that to the extent a regulatory implementation period should be longer than a non-regulatory one, regulatory initiatives guarantee changes within that period, whereas non-regulatory approaches are unlikely to result in any significant changes (see our response to Question 9a above for further details).

The AMA disagrees that work to create relevant sub-categories is a limitation. Much of the work to sub-categorise products and prescribe detailed definitions and their specifications has been done by the World Health Organization. Analysis of Australian and New Zealand products against this model shows products in this market can be sub-categorised using this model and the definitions and specifications are relevant and applicable.

The AMA disagrees with the limitation regarding consumer understanding of labelling changes. Labelling changes would ensure product names are accurate and that these foods are labelled and marketed with greater transparency and honesty. This approach, compared to the status quo and non-regulatory options, would reduce consumers having to navigate complex or misleading labelling/claims, thereby lowering associated risks. Removing or reducing misleading claims from

these foods would also eliminate the need for consumers to interpret such claims. This would further simplify the consumer experience and enhance overall product transparency.

10b Are there particular approaches in this option that should be further considered?

YES / NO

Comments:

As noted in the consultation paper, most parents assume government regulates commercial foods for infants and young children to ensure products in this sector provide good nutrition. This is not necessarily the case. However, regulatory approaches should ensure this assumption is true by ensuring products meet appropriate minimum standards for composition, labelling, marketing and texture. This would mean parents and carers could truly rely on these products to support the health and development of their children.

In relation to the regulatory approaches noted in the consultation paper, the AMA has some comments we wish to be considered.

---------- COMPOSITION ----------

IRON

While we continue to support the minimum iron levels as set out in the Food Standards Code, we do not support the extension of minimum iron levels to further categories of foods targeted at infants and young children.

The AMA appreciates the particular importance of iron in the diets of infants and young children, but minimum iron levels will only encourage fortification (and resulting marketing about the fortification), rather than genuine introduction of iron-rich whole foods (such as iron-rich animal foods or plant alternatives) in commercial foods for infants and young children.

The data available show commercial foods are low in iron, and although some young children may not be getting sufficient iron, there is no population level data to show how this is impacting young children's health. In addition, dietary guideline advice on iron needs to be reconsidered as part of a comprehensive review of infant feeding guidelines, which we recommend forms part of the Australian Dietary Guidelines review.

SUGAR

To address the sugar and sweetness of foods for babies and young children, a comprehensive regulatory approach is needed, which should be more than just maximum sugar content thresholds for sub-categories. The AMA recommends:

Prohibit the use of added sugars (as defined in the Food Standards Code) in all foods for infants and young children.

Prohibit the use of ingredients extracted from fruit (as defined below) in all foods for infants and young children.

Ingredients extracted from fruit: all fruit ingredients other than pureed fruit and whole, cut or chopped dried fruit, including but not limited to fruit juice, fruit paste, fruit gel, fruit powder, fruit pulp, concentrated fruit puree, a blend or combination of any two or more ingredients listed above. Note: this definition excludes concentrated fruit juice and deionized fruit juice as these are considered added sugars and would be prohibited under the added sugar prohibition above.

Note: these ingredients extracted from fruit are all considered 'free sugars' under Public Health England's definition, see: Swan GE, Powell NA, Knowles BL, Bush MT, Levy LB. A definition of free sugars for the UK. Public Health Nutrition. 2018;21(9):1636-1638. doi:10.1017/S136898001800085X

Limits on the use of fruit (as defined below) to sweeten foods for infants and young children. The AMA recommends using the NPPM guidelines which limit fruit in savoury foods, dairy products, cereal and snack foods.

Fruit: whole, dried, or pureed fruit (does not include any ingredients extracted from fruit).

Prohibit use of non-sugar sweeteners in foods for infants and young children.

This is important, as limits on sugar, and ingredients extracted from fruit, and fruit, may result in industry turning to alternative sources for sweetness.

Non-sugar sweeteners as defined by the World Health Organization: Use of non-sugar sweeteners: WHO guideline. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.).

To ensure foods high in total sugar are not marketed as suitable for infants and young children, the AMA recommends a maximum limit for total sugar as a percentage of total energy and a maximum total sugar threshold for foods for infants and young children. The AMA recommends following the World Health Organization guidelines for this requirement.

Prohibit any drinks for infants and young children, other than water, unflavoured milk and any regulated by Standards 2.9.2 and 2.9.3 of the Food Standards Code.

SODIUM

The AMA recommends the introduction of maximum sodium limits for foods for young children in line with international best practice as set out in the NPPM.

IN ADDITION TO THE COMPOSTIONAL ELEMENTS NOTED IN OPTION 3 WE ALSO RECOMMEND:

SNACK FOODS ARE ADDRESSED

The issues paper provided to food ministers in December 2023 identified that many products are marketed as snack foods, whereas dietary guidance does not recommend discretionary foods as snack foods for this age group. The introductory sentence to the consultation paper highlights why regulating these snack foods is necessary, stating: "The nutritional quality of foods infants and young children eat is critical as they have high nutrient requirements (relative to their energy needs) to support growth and development." It is imperative policy reforms address this.

Snacks foods make up a significant portion of the foods marketed for infants and young children (35 per cent of products in Australia, as noted in reference 64 of the consultation paper). The consultation paper also notes high energy, low nutrient snack foods have seen significant growth in recent years.

Compositional limits for sugar and sodium will not be sufficient to ensure snack foods provide good nutrition for infants and young children. A proportion of snack foods on the market for infants and young children may not have excessive sugar and sodium (i.e. comply with all NPPM requirements). However, they are highly processed, high in refined flours, oils and flavourings, and have little to no nutritional value, and many are energy dense. These types of snack foods will likely flood the market if sugar and sodium are regulated without other protections in place.

In addition to the compositional and labelling requirements for all foods for infants and young children, the AMA recommends specific additional policy options to address snack foods are part of a package of reforms moving forward, including:

- snack foods (defined as confectionery and snacks and finger foods in the NPPM) are not permitted to be marketed as suitable for infants as they are particularly vulnerable
- upper energy density thresholds are set for snack foods for young children in line with the NPPM
- regulating portion size
- regulating what is added to these foods, for example oils, flavourings, additives and powders
- ensuring snack foods are not fortified as this implies they form an essential part of the diet
- overuse of refined flours.

MAXIMUM SATURATED FAT levels are set for foods for infants and young children and TRANS FATS are prohibited in foods for infants and young children, as recommended in the NPPM. This is important as limits on sodium, sugar, ingredients extracted from fruit and vegetables may lead industry to using alternative ingredients. Any increase in trans and/or saturated fats in foods for infants and young children would not be in their best interests.

MINIMUM TOTAL PROTEIN and protein weight requirements are set for meals. The AMA recommends these align with NPPM guidelines. It should also be noted that protein sources in meals must be from whole foods, not protein fortification.

Maximum/minimum ENERGY DENSITY limits are set. The consultation paper outlined an issue with the energy density of commercial foods for infants and young children, but did not provide any options to address this problem. The AMA recommends that as this work progresses, policy options should be included to address the energy density of these foods and support the energy density guidelines in the NPPM. These include maximum energy density limits for snack foods and minimum energy density thresholds for most other food categories to ensure they are nutritionally dense and do not contain excess water or stock.

SWEET FLAVOUR PROFILE of these foods is addressed. The consultation paper outlined an issue with the overall sweet flavour profile of commercial foods for infants and young children, but fails to provide any options to address this. The AMA recommends including policy options to address the sweet flavour profile of these foods as this work progresses. Some of our recommendations for sugar and sweetness will go some way to addressing this (limiting fruit content in certain product categories, for example, as in our response to this question above), but more work is needed to consider options. For example, limiting the fruit in fruit only and fruit and vegetable foods to two serves (40g); requiring mixed fruit and vegetable foods to be at least 50 per cent vegetable; and prohibiting the marketing of dairy desserts, such as custards, to infants and young children.

Maximum SERVE SIZE limits are set. The consultation paper outlined an issue with the serving sizes of many commercial foods for infants and young children, but fails to provide any options to address this. The AMA recommends that policy options to address the serving size are included as this work progresses.

----------LABELLING AND MARKETING ----------

The AMA strongly supports the review and enhancement of labelling requirements for commercial foods for infants and young children. We note the following in relation to the regulatory approaches noted in the consultation paper:

REVIEW OF NIP

The AMA does not support the declaration of iron content on the NIP, nor any other changes to the NIP specifically for foods for infants and young children. For iron, see our response above. More generally, we believe the information on the NIP should be useful and relevant for all ages. Our dietary guidelines recommend young children should be eating family foods by the age of 12 months. The AMA notes also that food ministers, in their communique from their 25 July 2024 meeting, announced a holistic review of the NIP and that any changes to the NIP are better undertaken as part of that broader piece of work.

REVIEW OF CLAIM PERMISSIONS

The AMA strongly supports regulation to address issues with claims on foods for infants and young children.

Given the critical importance of health, growth and development during this stage of life, as noted in the NPPM, the usual rules governing product labelling and promotion should not apply to foods for infants and young children. The consultation paper acknowledges that multiple claims on products have the potential to cause consumer confusion about the appropriateness of the product in the diets of infants and young children. This is supported by the growing body of research showing the impact claims have on perceptions, preferences and purchasing intentions.

The World Health Organization recommends no health, nutrition, or marketing claims on these foods (with limited exceptions), and we recommend this approach should be mandated in Australia and New Zealand.

In relation to specific categories of claims we note as follows:

Standard 1.2.7-13 — HEALTH CLAIMS Division 5 of the Food Standards Code criteria exist for making certain health claims on packaged foods. The AMA notes these criteria have been developed at a population level and do not take into consideration the specific nutritional needs and vulnerability of infants and young children. As noted in the consultation paper, infant formula products are not permitted to carry health claims. We recommend this exception is extended to foods for infants and young children.

Standard 1.2.7-12 — NUTRITION CONTENT CLAIMS regulated under Schedule 4–3 of the Food Standards Code criteria exists for making certain nutrition content claims on packaged foods. The AMA notes these criteria have been developed at a population level and do not take into consideration the specific nutritional needs and vulnerability of infants and young children. As noted in the consultation paper, infant formula products are not permitted to carry nutrition content claims. The AMA recommends this exception also be extended to foods for infants and young children. In relation to specific nutrition content claims we note:

'No added sugar' claims 91 per cent of parents (as noted in the study referenced at 27 in the consultation paper) are influenced by 'no added sugar' claims. It is particularly important that this nutrient content claim is not permitted on foods for infants and young children, given the prevalence of the use of sweet ingredients in these foods.

Standard 1.2.7-13 — Nutrition content claims about properties of food not regulated under Schedule 4–3 of the Food Standards Code allows products to make claims, simply saying a food contains or does not contain a certain property (for example, wholegrains or preservatives) and the quantity of

that property. Such claims mislead consumers, creating the perception that a product is healthier than it may be and diverting attention from other nutrition deficits of the product. For example, 'no artificial colours, flavours or preservatives' as seen on a fruit melt made from concentrated fruit puree and with 59.5 per cent sugar. We note, for example:

FREE FROM 'preservatives', 'flavours', 'colour' claims: These are the most used claims on foods for infants and young children. Recent research has shown they are also the most influential. The AMA recommends that claims about what is not in a food cannot be used on foods for infants and young children.

ALLERGEN claims: The AMA recommends allergen labelling is only permitted in line with the new requirements for the labelling of allergens in food that came into force on 25 February 2024 following Proposal P1044 – Plain English Allergen Labelling. These requirements ensure caregivers can access allergen information when needed and there is no reason for additional claims about allergens.

Marketing PUFFERY: Claims that are not regulated by the Food Standards Code at all. A great many unregulated claims are used on foods for infants and young children. As noted in the paper referenced at 61 in the Consultation RIS, these unregulated claims are more common than regulated ones. The claims vary in nature and cover a wide range of topics, including health-related ingredient claims (for example, "no added preservatives"), child-specific messages (such as "first flavours", "simple tastes for tiny taste buds", "ideal finger food"), naturalness (for example, "made with natural ingredients"), environmental (such as "BPA free"). Policy options to regulate some other claims should be considered. For example:

ORGANIC claims: The AMA recommends organic claims are only permitted, as described in the NPPM, within the ingredients list only (such as "organic carrots"). We note the same rule should apply to all descriptive claims, consistent with the NPPM. For example, "wholegrain flour" in the ingredients list only and no claims such as "made with wholegrains" elsewhere on the packaging.

TEXTURE claims: The AMA recommends prohibiting claims about texture that imply idealism in smoother products (for example, "smooth", "no bits/chunks", "easy-to-swallow texture that is great for helping your little one as they start to explore solid foods"), or a product's dissolvable nature (for example, "melt in your mouth", "softens in mouths").

REVIEW MARKETING ASPECTS

The AMA supports a review of the marketing aspects of foods for young children, including the use of characters on packaging and the provision of toys.

An extensive published list of child-directed marketing features includes: branded characters or spokespersons; licensed characters; other characters or cartoons; celebrities; movie/sports tie-ins; games or activities on the package; coupons, contests and give-aways; and toys and prizes.

The AMA recommends no child-directed marketing be permitted on foods for infants and young children. We recommend this should be part of the policy reforms to improve foods for infant and young children. It should not be part of the Food Regulatory System workplan on reducing children's exposure to unhealthy food and drink marketing, or part of the response to the feasibility study on options to restrict marketing of discretionary foods to children.

The AMA also recommends images of fruits and vegetables should not be permitted on packaging where fruits and vegetables are not in the product in their whole form; or, if in their whole form, they do not make up a significant portion of the product.

REVIEW NAMING REQUIREMENTS

The AMA supports regulation to address issues with inaccurate and misleading names of foods for infants and young children. As noted in the consultation paper, this practice is widespread.

The World Health Organization recommends product name clarity whereby contents are listed in descending order and sweet tastes and high fruit content are not hidden. We recommend the introduction of regulation that mandates this recommendation for all foods for infants and young children.

The AMA also recommends fruits and vegetables should not be permitted in the name of foods where fruits and vegetables are not in the product in their whole form; or, if in their whole form they do not make up a significant portion of the product.

POUCH PRODUCTS

The AMA supports regulatory approaches in relation to pouch products with spouts. Spouts facilitate inappropriate textures of food for most age groups, encourage overconsumption and do not support the oral motor development that occurs with consumption of foods with mixed textures.

The AMA recommends pouches with spouts are only permitted to be marketed for infants between 6–9 months of age.

The AMA supports FRONT-OF-PACK statements on pouches with spouts for infants 6–9 months of age that the food should not be consumed by sucking from the package (spout); and should be decanted into a bowl or onto a spoon prior to consumption.

It is important these statements are not buried on the back-of-pack but that it is a clear directive to caregivers on front-of-pack that these products should be consumed in the above manner.

Pouch products with spouts should not be marketed as suitable for children over nine months of age.

The AMA supports a FRONT-OF-PACK statement that pouch products with spouts are not suitable for consumption for children over nine months. It is important that this statement is not buried on the back-of-pack but that it is a clear directive to caregivers on front-of-pack that these products are not suitable for young children.

IN ADDITION TO THE LABELLING ELEMENTS NOTED IN OPTION 3 The AMA ALSO RECOMMENDS

That section 2.9.2-7(2) of the Food Standards Code is amended to change ‘4 months’ to ‘6 months’. This would ensure no foods are permitted to be marketed as suitable for children under 6 months of age, consistent with international best practice as set out in the NPPM, infant feeding guidelines and dietary guidelines in both Australia and New Zealand. This should be supplemented with standards to ensure products do not encourage (either implicitly or explicitly) early introduction of foods (in line with NPPM recommendations). The consultation paper clearly sets out the Dietary Guidelines in relation to the introduction of solids. Foods should be introduced “from around 6 months”.

Fifteen per cent of infant foods in Australia (as noted in reference 64 of the consultation paper) are marketed to infants younger than six months of age. This is inconsistent with dietary and infant feeding guidelines.

The AMA suggests that section 2.9.2-8(1)(a) is amended to require that the percentage of ingredients listed in that section (milk, eggs, cheese, fish, meat (including poultry), nuts or legumes) are required to be declared. This should be done regardless of whether reference is made to that ingredient in the label; and include fruits, vegetables, cereals, water and stock in the list of ingredients in that section for which the percentage of that ingredient must be declared. This is consistent with international best practice, as set out in the NPPM.

The AMA suggests an additional labelling requirement that all foods for infants and young children carry relevant statements to protect and promote breastfeeding (in line with NPPM recommendations).

----------TEXTURE ----------

The consultation paper speaks generally about texture for oro-motor skills, but fails to convey the importance of these skills and that there is an ideal developmental window during which infants need to be exposed to complex textures. The consultation paper also does not go into detail about how inadequate exposure is associated with later risk of picky eating, and lower intakes of fruit and vegetables later in childhood up to seven years of age. An additional issue that the discussion around texture should include is the implications that decreased chewing of soft, smooth and dissolvable foods may have for craniofacial development and malocclusion.

The development of feeding and swallowing involves a highly complex set of interactions that begin in utero and continue through infancy and early childhood. Introduction of texture is important for chewing development as children gradually minimise a suckling pattern from six to 10 month of age for viscous consistency, and from six to 12 months of age for puree. As children shift to sucking patterns with the tongue, by six months of age, gross rolling movements in a lateral direction can be noted. Over time, children advance to distinct lateral shifting of the bolus from midline to the molar surfaces and back to midline. Eventually children lateralize the bolus with the tongue from one molar surface to the other in smooth and coordinated movements.

Concerns and issues arise from an oro-motor development perspective if the opportunity is not taken to ensure progression and development of mouth movements from soft chewable to mixed textures (e.g. a meal that might have some puree, liquid and lumps). Children that have only had purees then struggle with mixed lumps and foods as they do not have the mouth skills such as separating out lumps to chew from the liquid. Concerns also arise when children are not required to chew food, for example dissolvable snack foods, whereby the tongue does not move food from the front of the mouth to the back.

If the opportunity is taken to appropriately transition infants and young children through textures, children from 12 to 36 months of age will continue to refine their oral skills, expand the kinds of foods they accept, become more efficient at chewing foods that require more extensive oral manipulation, and handle liquids via open cup. Their eating is basically functional for regular table food with their peers and the rest of their family.

The AMA recommend that foods for children nine months and above should be in packaging without a spout and that from nine months of age all foods must be chewable and not of a dissolvable texture. This is consistent with the Healthy Eating Guidelines for New Zealand Babies and Toddlers (0–2 years old) which state that prolonged use of pureed foods and delaying the introduction of lumpy textures beyond the age of nine months is associated with feeding difficulties in older children and a lower intake of nutritious foods, such as vegetables and fruit.

This would also facilitate a food supply that promotes mixed textures from nine months of age in accordance with the Royal Children's Hospital's speech pathology guide to early eating experiences.

The AMA notes pouch products without spouts are being sold to infants currently. See this range from Rafferty's Garden: https://www.raffertysgarden.com.au/baby-food/pouches/10-month/. This demonstrates the use of rip-top sachets in this sector of the market.

10c Food manufacturers- please provide information on the impact of potential composition options. What would be a suitable time frame for these options to be implemented in your organisation.

As noted in Question 10a, we do not agree with the assumption in the risks and limitations that there is potential for a long implementation period for Option 3. Industry is constantly reformulating and repacking foods for babies and young children. There are numerous examples of industry reformulating and repacking their products within a two-year timeframe for their own purposes.

The AMA recommends the implementation period for regulatory approaches is two years. See our response to Question 10a for further details.

10d Food manufacturers- how would the labelling options impact you? What would be a suitable time frame for these options to be implemented in your organisation?

As noted in Question 10a, we do not agree with the assumption in the risks and limitations that there is potential for a long implementation period for Option 3. Industry is constantly reformulating and repacking foods for babies and young children. There are numerous examples of industry reformulating and repacking their products within a two-year timeframe for their own purposes.

The AMA recommends that the implementation period for regulatory approaches is two years. See our response to Question 10e for further details.

10e What implementation issues need to be considered for this option?

As noted in our response to Question 10a, we recommend that an implementation period for regulatory approaches is two years. This is consistent with

- P1041 (Country-of-Origin Labelling), which shows precedent for this timeframe for labelling changes; and
- P242 (Food for special medical purposes),
- P1003 (Mandatory Iron Fortification) and
- P295 (Mandatory Fortification with Folic Acid) each of which shows precedent for this timeframe for compositional changes specifically targeted at vulnerable children.

The AMA notes industry is constantly reformulating and repacking foods for infants and young children within this timeframe for its own purposes.

Any delay in implementation will allow the risks and limitations outlined in Option 1 to continue unabated, most significantly the long-term health and developmental impacts for children reliant on these foods.

11. Do you agree with the analysis of how well the proposed options would achieve the proposed objective? If not, please describe why and provide references with your response.

YES / NO
Comments:

Option 2 The AMA disagrees with the assessment made in Table 3 of the consultation paper that Option 2 is orange — 'some potential to meet the objective' — in relation to each component: composition, labelling, texture and feasibility. The AMA recommends this assessment is changed to red — 'the option is unlikely to meet the objective' — for each component, as Option 2 is unlikely to significantly change the current position and will therefore not achieve the proposed objective. The AMA strongly disagrees with the repeated statement in the consultation paper that "non-regulatory approaches may be better suited to some issues". Please see our response to Questions 9a–e above for more detail.

Option 3 The AMA agrees with the statement in the consultation paper that this "option offers the potential for strong and widespread improvements to commercial foods for infants and young children across the industry" and notes that if all proposed measures were mandated these would go some way to achieving the proposed objective. The AMA supports and recommends regulatory approaches to meeting the proposed objective.

However, significant gaps will still be left as the policy problem only singles out certain issues with the composition, labelling and texture of these foods and ignores others that are important (see our previous responses for details).

The AMA strongly urges the government to include all matters raised in our response to Question 10 in policy considerations going forward and to implement a comprehensive range of reforms to ensure all commercial foods for infants and young children align with international best practice (NPPM) and follow the general nature of guidance in the Australian and New Zealand infant and toddler feeding guidelines.

12. Which issues in this paper do you consider are more suitable to regulatory and non-regulatory approaches?

All issues in this paper are suitable for regulatory approaches. The AMA does not consider any options suitable for non-regulatory approaches. Evidence has shown non-regulatory approaches will drain resources without significant impact.

13.

13a Do you agree with the description of the possible benefits associated with the proposed options?

YES / NO

Benefits to the community: The AMA disagrees that Option 2 would result in reducing the total sugar or improving the iron content of commercial foods for infants and young children. There is no evidence there would be widespread uptake of voluntary approaches, and such benefits are thus highly unlikely.

Benefits to industry: Yes, industry will benefit from no increase in costs under Option 1. Industry will also continue to profit from the sale of foods that do not support the healthy growth and development of infants and young children.

Benefits to government: Yes, governments will benefit in the short term from there being no costs associated with administering voluntary or regulatory changes under Option 1. However, this will be far outweighed by the costs of the health implications of infants and young children consuming these foods into the future.

The AMA strongly disagrees that Option 2 will result in savings for the health system. Voluntary approaches are highly unlikely to result in widespread changes that would impact the health system's bottom line.

13b Are there additional benefits associated with all or some of the proposed options that have not been captured? Please provide data and references for your response.

Benefits to the community: Option 3 has the significant benefit of being the only option that would guarantee improvements to foods for infants and young children.

Other significant benefits of Option 3 to the community, assuming comprehensive reforms were implemented, would be:

- Caregivers could rely on commercial foods for infants and young children supporting the growth and development of their children;
- Caregivers would no longer be misled and confused by labelling and marketing of foods for infants and young children;
- Food for infants and young children would no longer contribute to tooth decay, oro-motor development issues and health issues.

Benefits to industry: Under Option 1 benefits to industry also include industry continuing to:

- determine the market for foods for infants and young children;
- and produce and profit from foods that do not support the growth and development of infants and young children.

Under Option 3 regulating foods to align with international best practice will support industry's reputation and export capacity into the future as this will align their products with international expectations as this market evolves. It will also support a level-playing field domestically when competing against imports.

14.

14a Do you agree with the assessment of the costs associated with the proposed options?

YES / NO
Comments:
Costs to the community/government: The consultation paper notes that "there is a growing body of evidence demonstrating that early nutrition and lifestyle have long-term effects on later health and disease outcomes". The costs for Options 1 and 2 do not adequately describe the enormous costs to governments and communities of the health and developmental impacts that will result if either of those options are chosen.

Yes, governments will have short-term costs under Option 3 to change, administer and enforce regulations, but these will be far outweighed by the cost savings of improved health and developmental outcomes of infants and young children consuming these foods into the future.

Costs to industry: The AMA agrees there will be no costs to industry under Option 1. The AMA strongly disagrees that there will be costs to industry under Option 2 as it is highly unlikely industry will implement any voluntary approaches in any significant manner.

14b Are there additional costs associated with all or some of the proposed options that have not been captured? Please provide data and explain your rationale and your calculations.

Costs to the community: Other costs to the community under Options 1 and 2 include:

- Caregivers cannot rely on commercial foods for infants and young children to support the growth and development of their children;
- Caregivers will continue to be misled and confused by labelling and marketing on foods for infants and young children.

15. What do you consider to be the preferred policy option(s) to recommend to Food Ministers? Please provide your rationale for your preference.

Option 1: Status Quo
Options 2: Non-regulatory approach
Option 3: Regulatory approach
Option 4: Combination

Please see our responses above for further details.

16. Please provide any other information on costs, timeframes, and feasibility for the options discussed in this consultation.

No comment.

17. Please provide any other comments or points for consideration that may not have been addressed in this consultation.

SWIFT COMPREHENSIVE REGULATORY ACTION IS NEEDED

As noted in the consultation paper: "Government action on this issue is important to improve health outcomes for Australian and New Zealand children and to better align commercial foods for infants and young children with current guidelines and meet the expectations of parents, guardians and carers."

This requires a comprehensive suite of regulatory approaches to change the composition, labelling, marketing and texture of foods for infants and young children. The statement of the problem and the proposed objective identified in the consultation paper have driven the approaches that have been put forward for consideration, and while we agree with each of the issues raised in the Statement of the Problem, it does not cover all the issues with foods for infants and young children. See our response to Question 10, specifically our recommendations in addition to the composition, labelling and texture elements flagged for regulatory approaches under Option 3.

To protect our youngest Australians, comprehensive changes to the composition, labelling, marketing and texture of commercial foods for infants and young children are imperative. To be effective, policies must be mandatory and compliance with them must be strictly monitored and enforced.

PRODUCTS IN SCOPE

The AMA strongly supports the 'products in scope' for this work as detailed on page 5 of the consultation paper. Given the subjective nature of some of this classification, we recommend that any products for older children are clearly labelled as suitable from four years of age (4 years+ age on the front-of-pack) in order for this classification to be effective and to clearly distinguish foods for infants

and young children from other commercially available foods for older children. We note this is international best practice as set out in the NPPM.

The AMA notes that toddler milks are specifically out of scope for this consultation. These drinks are not necessary for young children and are of significant concern. Heavily marketed as a staple part of young children's diets, these drinks are highly processed, high in sugar and displace whole foods. We note food ministers' concern with these drinks, as noted in the food ministers' meeting communique on 25 July 2024, and strongly support their referral to the Food Regulation Standing Committee for these drinks to be considered in more detail. The AMA strongly recommends that consideration is given not only to the nutritional content of these drinks, but also to the manner in which they are promoted and marketed. As noted in the consultation paper, infant formula products are not permitted to carry health and nutrition content claims. The AMA recommends this exception is extended to toddler milks.

HEALTH-STAR RATING SYSTEM

The AMA notes the consultation paper's summary of the HSR System. Infant foods are currently excluded from carrying HSR (captured by Standard 2.9.2 of the Food Standards Code), but foods for young children 12 months and over may carry it. As noted in the consultation paper, HSR is only displayed on 23 per cent of foods for young children because HSR is currently voluntary (mostly on yoghurts that do not have explicit ages on the packaging).

The AMA supports the current exclusion of infant foods from the HSR System and recommends this is extended to foods for young children. As noted in the consultation paper: "There are challenges that mean the HSR is not suitable for foods for infants and young children."

Food ministers have commenced a process for considering a mandatory HSR. A mandatory HSR could have potential to provide parents with useful information on foods for infants and young children, however, specific consideration to ensure the HSR algorithm is strengthened and validated across this category specifically would need to be undertaken.

ULTRA-PROCESSING

The AMA notes the consultation paper does not address the rapidly growing evidence on the harms of ultra-processed foods, with our concern centred on the significant share of these foods in the diets of infants and young children. As noted in the studies referenced as numbers 48 and 61 in the consultation paper, in Australia ultra-processed and discretionary foods contribute to close to 50 per cent of the total dietary intake of young children and 85 per cent of commercial foods for young children in Australia are ultra-processed. In New Zealand, ultra-processed foods are estimated to contribute nearly half the calories in the diets of pre-schoolers (aged 12-60 months) (Ref 1). Rapidly growing evidence shows diets high in ultra-processed foods are associated with adverse metabolic and chronic disease outcomes, including mental ill health. Mechanisms explaining these impacts include not only the poor nutritional quality of many ultra-processed diets, but also disruption of appetite regulation, negative impact on gut microbiota, promotion of inflammation and oxidative stress, and exposure to endocrine disrupters from contact plastic packaging (Ref 2). It is important that work to improve foods for infants and young children considers this evidence and shifts the market away from ultra-processed options to foods that are aligned with the dietary guidelines, i.e. minimally processed whole foods.

Ref 1 Louise J. Fangupo, Jillian J. Haszard, Barry J. Taylor, Andrew R. Gray, Julie A. Lawrence, Rachael W. Taylor (2021) Ultra-Processed Food Intake and Associations With Demographic Factors in Young New Zealand Children. Journal of the Academy of Nutrition and Dietetics, 121 (2).

Ref 2 Lane, M. M., Gamage, E., Du, S., Ashtree, D. N., McGuinness, A. J., Gauci, S., ... & Marx, W. (2024). Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses. BMJ, 384.

WIDER CONTEXT OF EARLY CHILDHOOD NUTRITION

The AMA notes the wider context of early childhood nutrition within which commercial foods for infants and young children exist and the additional work that is needed to support improvements to young children's diets and nutrition. We recommend government fund and support:

- regular extensive infant and young child feeding and dietary surveys, including biomarkers. We note consistent methodology and questions must be used so survey data can be compared over time. Flexibility must be built into the surveys to enable follow up questioning
- the development of specific updated dietary guidelines for infants and young children as part of the review of the Australian Dietary Guidelines, as they are doing for older Australians.
- the development and distribution of resources to support infant and young child feeding like the Grow&Go Toolbox.
- adequate parental leave.

Although this policy focuses on the specifics of improving commercial foods for infants and young children, the AMA believes it is also critically important that the Australian Government also considers the importance of increase affordability and accessibility of healthy foods across Australia, with particular focus on priority populations, including Aboriginal and Torres Strait Islander peoples, people in low socio-economic groups and people living in rural and remote areas.

Contact

president@ama.com.au