



Complementary Medicines Australia Submission to FSANZ Proposal P1028 – Infant Formula

Consultation Paper 2 2021 – Nutrient composition

2 September 2021

To:
Food Standards Australia New Zealand

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Complementary Medicines Australia

Complementary medicines Australia (CMA) is the peak body representing the complementary medicines and health foods products sector supporting Australian jobs, research, manufacturing and exports by meeting community demand for preventative and complementary healthcare. CMA represents sponsors, manufacturers, suppliers and retailers of complementary medicines, nutritional food products, sports supplements, infant formula and other concentrated foods for health purposes. CMA supports access through appropriate and balanced risk-based regulation, while contributing to skilled local employment, health enhancement and preventative health strategies to help Australians live healthier lives.

CMA supports the ongoing review of Food Standards in order to maintain currency; to align with comparable overseas regulation where practicable; and to ensure safety for consumers.

Proposal P1028 - Nutrient composition - Background

Proposal P1028 focuses on issues relating to the safety and food technology of infant formula, from manufacture of the product to preparation by caregivers. The purpose of the Proposal is to revise and clarify standards relating to infant formula (for use from birth to <12 months of age) comprising category definitions, composition, labelling and representation of products. The aim of this proposal is to ensure regulation of infant formula is clear and reflects the latest scientific evidence.

The focus of the second paper is nutrient composition for macronutrients and energy, vitamins and minerals, permitted forms and other nutritive substances.

FSANZ has provided that, although the standards for infant formula are, on the whole, functioning adequately, there is scope to improve the clarity of some standards, and to consider the application of Ministerial policy guidance and alignment with international regulations.



CMA summary position

CMA supports the **Infant Nutrition Council's position on Proposal P1028 Paper 2 - Nutrient composition.**

In addition, we provide the comments below.

CMA agrees that, to ensure the best possible nutrition for non-breastfed infants, policy and regulatory instruments must ensure a balance between restrictions on use and formulation in order to both protect public health and provide flexibility and incentive for innovation for continuous improvement of infant formulas.

5.4 Long chain polyunsaturated fatty acids and other LC-PUFA, ratios and sources

- **CMA supports** docosahexaenoic acid (DHA) remaining optional together with the requirement of DHA being no higher than arachidonic acid (AA) when added. However, the guidance upper limit (GUL) should be increased from 0.5 to 1.0% of fat to 14 mg/100kJ (50mg/100kcal) and that when added, a target 0.5% of fatty acids is recommended.
- **CMA does not support** adopting the Codex STAN 72-1981 GUL for DHA of 0.5% total fatty acids. The CODEX CCNFSDU Draft standard for Follow-Up Formula (FUF) states that
 “If docosahexaenoic acid (22:6 n-3) is added to follow-up formula for older infants, a minimum level of 20mg/100kcal (4.8mg/100kJ) should be reached, and arachidonic acid (20:4 n-6) contents should reach at least the same concentration as DHA”.

This is presented on the basis that the age bracket for CODEX Follow-up formula (6 -12 months) overlaps with the FSANZ P1028 scope on Infant formula (0-12 months).

Figure 1: Extract from Codex draft standard for FUF

Docosahexaenoic acid ²¹⁾

Unit	Minimum	Maximum	GUL
mg /100 kcal	-	-	30
mg /100 kJ	-	-	7

²¹⁾ If docosahexaenoic acid (22:6 n-3) is added to follow-up formula for older infants, a minimum level of 20 mg/100 kcal (4.8 mg/100 kJ) should be reached, and arachidonic acid (20:4 n-6) contents should reach at least the same concentration as DHA. The content of eicosapentaenoic acid (20:5 n-3), which can occur in sources of LC-PUFA, should not exceed the content of docosahexaenoic acid. Competent national and/or regional authorities may deviate from the above conditions, as appropriate for the nutritional needs of their population.

CMA appreciates the opportunity to provide feedback on FSANZ Proposal P1028-Infant Formula – Nutrient composition. Please do not hesitate to contact us for further feedback on specific technical matters or industry implementation considerations.

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