The George Institute for Global Health

Response to P1066 – Review of young child formula

Submission to Food Standards Australia New Zealand

The George Institute for Global Health

July 2026

About The George Institute for Global Health

At The George Institute, we believe that everyone has the right to a healthy life, so we are finding solutions to some of the world's biggest health challenges, working with partners and communities across the world, to conduct rigorous, high-quality research. With major centres in Australia, the UK, China and India, we have over 400 active projects in more than 60 countries, making a real difference to people's health, particularly those facing the most barriers. The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Bedegal people, on which our Sydney office is situated. We pay our respects to Elders past, present, and future. We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and seek to work in partnership with communities to deliver better health outcomes.

Overview

The George Institute for Global Health welcomes FSANZ's proposed reforms to strengthen the regulation of young child formula and supports the overall objective of ensuring these products are appropriately regulated, clearly differentiated from infant formula and other foods, and presented in a manner that supports informed decision-making by parents and caregivers.

Our submission strongly supports measures that improve the composition, safety and labelling of young child formula, including the adoption of a maximum regulatory limit for iodine, restrictions on added sugars, the application of microbiological standards, and the prohibition of nutrition and health claims, stage labelling and proxy advertising. We also support requirements for clear age-related information, prescribed product naming, mandatory statements, product differentiation, and strengthened controls on marketing practices that may mislead consumers about the role or necessity of these products.

At the same time, we recommend several important refinements to the proposed framework. In particular, we consider that the proposed definition should better capture the range of products currently marketed for young children and avoid terminology that implies nutritional necessity or benefit. We also recommend stronger restrictions on marketing claims and imagery that may create "health halo" effects, and support a regulatory approach that avoids unnecessary fragmentation while ensuring young child formula is clearly distinguished from other food categories. Collectively, these measures will better align the regulatory framework with public health objectives and help ensure that young child formula is marketed and used appropriately.

1. Do you agree that the proposed definition does not unintentionally capture products that are not young child formula?

The George Institute agrees that the proposed definition "formulated supplementary milk drink for young children" does not unintentionally capture products that are not young child formula. However, the definition is limited in its ability to:

- capture all young child formulas currently available on the market; and
- address products positioned as alternatives to young child formula.

To address these issues, we recommend removing the terms “milk drink” and “supplementary” from the prescribed definition.

With respect to “milk drink”, this framing may unintentionally exclude plant-based formulations (e.g., oat-based products) that are marketed for young children. In addition, the term may imply comparability with cow’s milk rather than signalling a special purpose nutrition product, which is inconsistent with the policy intent.

The term “supplementary” should also be removed as it implies need or benefit where none may exist. It suggests the product is required to add something missing from a child’s diet and reinforces perceptions of nutritional inadequacy in otherwise normal diets. This is problematic given that most toddlers do not require these products and can meet their nutritional needs through a balanced diet and cow’s milk. Parents already perceive toddler milks as providing additional or superior nutrition, and the inclusion of this term in the definition risks reinforcing a perceived need for the product. We recommend adopting a definition that clearly signals the product’s specific and intended use, avoids implying dietary benefit or necessity, and distinguishes it from both infant formula and regular milk. The definition should also make explicit that no other drinks or drink powders may be marketed for young children under this category.

We recommend amending the definition to “Formulated nutrition product for young children

1.1 FSANZ recognises that the maximum level for iodine for FSFYC in the Code was established through Application A528 and considered its application to young child formula. Do you support FSANZ’s proposed approach to adopt the Codex GUL as a maximum regulatory limit for iodine in young child formula?

Yes, The George Institute supports the proposed approach to adopt the Codex GUL as a maximum regulatory limit for iodine in young child formula.

We also strongly support FSANZ’s proposal to:

- prescribe a maximum level of 3.0g/100 kJ for carbohydrates; and
- restrict the addition of fructose and/or sucrose in young child formula.

These are necessary requirements to deal with excess energy and total sugar content in young child formula.

2.1 Are there other overseas labelling regulations relevant to young child formula that FSANZ should be aware of when considering this proposal?

The George Institute is not aware of any additional overseas labelling regulations relevant to young child formula beyond those already identified by FSANZ.

2.2 Do you support FSANZ’s proposed approach that general Code requirements, including requirements for warning and advisory statements, allergen declarations, date marking, characterising ingredients and components of foods and foods requiring pre-market approval, should apply to young child formula?

The George Institute does not support the proposed approach for characterising ingredients and components of foods (Standard 1.2.10).

The concept of “characterising ingredients” is suited to conventional foods, where variation in composition is expected and products are distinguished by highlighting particular ingredients. In contrast, young child formula, like infant formula, is designed to meet defined compositional standards. Allowing characterising ingredients may create perceived differences between products, which is inconsistent with the intent of a tightly regulated and standardised framework.

The George Institute supports the proposed approach that general Code requirements for the following apply to young child formula:

- warning and advisory statements (Standard 1.2.3);
- allergen declarations (Standard 1.2.3);
- date marking (Standard 1.2.5);
- foods requiring pre-market approval – novel foods (Standard 1.5.1);
- foods requiring pre-market approval – GM foods (Standard 1.5.2).

2.3 Do you support FSANZ’s proposed approach to safety-related labelling for young child formula in relation to:

- **Prescribed name**
- **Age-related information**
- **Required statements**
- **Directions for use and storage**

PRESCRIBED NAME

The George Institute strongly supports that the prescribed name must be used on the front of packs as an identifier for the true nature of the product. However, it is critical that only the prescribed name is permitted, and that the use of any additional names (such as “toddler milk”, “junior milk”, or “young child formula”) is explicitly prohibited.

If alternative names are permitted, it is likely that the prescribed name will be minimised or de-emphasised in visual hierarchy (e.g., smaller font, less prominent placement), and marketing terms (e.g., ‘toddler milk’) will be made more prominent to consumers. In these circumstances, consumers are likely to rely on the marketing term, undermining the purpose of introducing a more accurate and neutral prescribed name.

As outlined in our response to Q1, we recommend that the prescribed name is: “Formulated nutrition product for young children”.

AGE-RELATED INFORMATION

The George Institute strongly supports the requirement for an age statement on the front of pack, co-located with the prescribed name, clearly indicating that the product is suitable for children aged 1 to 3 years.

However, we do not support the inclusion of additional voluntary age range statements on the label. Allowing such statements would provide scope for age messaging to be reframed or emphasised in ways that may undermine the intent of the reform.

REQUIRED STATEMENTS

The George Institute supports all proposed provisions relating to required statements.

In relation to the first required statement — namely, that the product is to be used as a supplement to the diet of a 1- to 3-year-old child in situations where energy and nutrient intakes may be inadequate, and that caregivers should consult an appropriately qualified health professional before use — we recommend that:

- the wording be prescribed in full, to ensure clarity and consistency and to minimise the risk of modification in ways that reflect industry preferences; and
- the statement be preceded by the words “Important notice – Warning statement”.

We also recommend the additional required statements as follows:

- this product is not suitable as a sole source of nutrition;
- this product is not a substitute for a healthy and balanced diet;
- this product is not suitable for children under 12 months of age;
- breastfeeding is recommended up to two years and beyond;
- this product is not a suitable substitute for cow’s milk or breastmilk;

DIRECTIONS FOR STORAGE AND USE

We support the proposed provisions for directions for storage.

2.4 Do you support FSANZ’s proposed approach to the labelling for provision of information for young child formula in relation to:

- **Nutrition information requirements**
- **Statement of ingredients**
- **Nutrition content and health claims**
- **Stage labelling**
- **Product differentiation**
- **Proxy advertising**
- **Other representations.**

NUTRITION INFORMATION REQUIREMENTS

Yes, we support FSANZ’s proposed approach for nutrition information requirements.

STATEMENT OF INGREDIENTS

We do not support FSANZ’s proposal to permit the voluntary use of a separate format for declaring vitamins and minerals.

This is unnecessary, as vitamins and minerals will already be clearly and accurately listed in the Nutrition Information Panel under the new “Composition Information” sub-heading.

Allowing an additional format risks creating a “health halo” effect, potentially misleading consumers about the overall nutritional quality of the product.

NUTRITION CONTENT AND HEALTH CLAIMS

We strongly support prohibiting the following on young child formula: (1) nutrition content and health claims; and (2) endorsements that constitute nutrition content or health claims made with the permission of an endorsing body.

However, we note that a substantial proportion of claims currently used on young child formula fall outside the Code's definitions of nutrition content and health claims and would therefore not be captured by the proposed prohibition. These include a range of marketing statements (e.g., "premium nutrition", "scientifically researched", "naturally gentle") that may influence consumer perceptions and purchasing decisions despite not meeting the formal definitions of regulated claims.

To ensure the policy intent is fully realised, these types of statements should also be explicitly prohibited. Limiting the restriction to defined claim categories risks allowing the continued (and potentially increased) use of unregulated claims that may undermine public health objectives and perpetuate inappropriate product positioning.

STAGE LABELLING

We strongly support the proposed approach for prohibiting the use of stage numbers.

PRODUCT DIFFERENTIATION

We strongly support the proposed approach to clearly differentiate young child formula from infant formula, follow-on formula, special medical purpose products for infants, and other foods — including supplementary foods for young children (subject to our comments at Question 3.1) — through the use of text, pictures, and/or colour.

We recommend that the regulations for product differentiation of young child formula replicate the wording used in Standard 2.9.1-15 of the Code for infant formula and follow-on formula.

PROXY ADVERTISING

We strongly support the proposed prohibition of proxy advertising of other food products on the label of young child formula, including through the use of names, numbers, pictures, images, or words.

OTHER REPRESENTATIONS

We strongly support the proposed approach to prohibit 'other representations' as outlined in the consultation papers.

We strongly recommend that imagery that idealises young child formula, or that appeals to young children, be explicitly prohibited. This should include:

- images of nature that imply the product is natural (e.g., animals, plants, heart shapes), despite being a highly processed product;
- images, mascots, illustrations, cartoon characters, animals, or other child-oriented imagery designed to appeal to children; and
- imagery with a scientific theme that suggests scientific superiority (e.g., shields, brains, molecules, DNA strands, bacterial imagery).

Such imagery may create unwarranted “health halo” effects and mislead consumers about the nature and intended role of these products.

3.1 Do you support FSANZ preferred option (option 3) which proposes establishing a new food class in in the table to section S15—5 for young child formula, which would list food additive permissions for young child formula separate to provisions for formulated meal replacements and formulated supplementary foods.

The George Institute supports the proposed list of food additive permissions and prohibitions outlined in the consultation documents.

However, we do not support implementation via Option 3.

Rather than creating a new division for young child formula, Standard 2.9.3 Division 4 should be retained and strengthened. The scope of the category should be explicitly narrowed to apply only to clearly defined young child formula products, while excluding other formulated supplementary foods and drinks for young children.

This approach would avoid regulatory fragmentation, reduce opportunities for circumvention, and better align with the objective of preventing misleading representations and unnecessary product proliferation.

3.2 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on whether young child formula currently on the Australia and New Zealand market would be disadvantaged from a food technology perspective by alignment with CXS 156-1987 food additive permissions

The George Institute has no specific comments on this question.

3.3 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on whether the 7 food additives assessed for young child formula (Ascorbyl palmitate (INS 304), Ascorbyl stearate (INS 305), Potassium hydroxide (INS 525), Sodium hydroxide (INS 524), d-alpha-Tocopherol (INS 307a), Tocopherol concentrate mixed (INS 307b) and dl-alpha-Tocopherol (INS 307c)) require permissions in the new proposed food class.

The George Institute has no specific comments on this question.

4.1 FSANZ seeks stakeholder comment, supported by data or other evidence where available, on the need for microbiological criteria in Schedule 27 for young child formula, specifically:

- **criteria for Salmonella; and**
- **criteria for Cronobacter**

The George Institute supports the proposed approach to apply microbiological criteria and preparation requirements equivalent to those for infant formula to young child formula.

4.2 FSANZ seeks comment on the need to extend the Compendium of Microbiological Criteria for Food to include young child formula.

The George Institute has no specific comments on this question.

4.3 FSANZ seeks comment on aligning or retaining the Standard Plate Count for all powdered formula in the Compendium of Microbiological Criteria for Food.

The George Institute has no specific comments on this question.

5.1 Have all the major impacts to industry, consumers and government from the proposed options been identified in Table 2 of SD5?

The George Institute supports and agrees with FSANZ's preliminary conclusion that the costs of the proposed regulatory approach are likely to be outweighed by the benefits. As outlined by FSANZ, these benefits include improvements in product composition and labelling, supporting better health outcomes for young children and more informed use by caregivers, alongside regulatory clarity, enforceability, and potential system-level efficiencies.

5.2 Do you have information which may assist FSANZ in quantifying the costs and benefits currently identified as unquantified in Table 3 of SD5?

The George Institute has no specific comments on this question.

5.3 Do you agree with the assumptions proposed to be used to estimate the cost of reformulation in SD5?

The George Institute agrees with the assumption that reformulation costs will be a one-off cost for industry.

We note the intention to use the same estimated cost to reformulate each SKU as was used for P1028 ($200,000/SKU). We have no data to show whether this is an accurate cost or not. However, any compliance costs to industry should be considered in the scheme of the substantial revenues generated by the sales of these products to industry.

Assuming industry has an implementation period aligned with P1028 (until 2029 to reformulate) this gives industry three years and therefore the cost to reformulate can be spread over that timeframe.

5.4 Do you agree with the assumptions proposed to be used to estimate the cost of re-labelling in SD5?

The George Institute agrees with the assumptions that (1) the required label changes will be a one-off cost and (2) all young child formulas are likely to need to be re-labelled.

Conclusion

The proposed reforms represent an important opportunity to strengthen the regulation of young child formula and improve the information available to parents and caregivers. The George Institute supports the overall direction of the proposal, including strengthened compositional requirements, microbiological standards, and a more robust labelling framework that limits inappropriate promotion and reduces the risk of consumer confusion.

To maximise the public health benefits of these reforms, FSANZ should ensure that product names, labelling, marketing and representations do not imply that young child formula is necessary,

superior to a healthy diet, or required for normal child development. Strong and consistent regulatory requirements will help distinguish these products from infant formula and ordinary foods, improve transparency for consumers, and support appropriate feeding practices for young children.

The George Institute encourages FSANZ to proceed with the proposed reforms while incorporating the recommendations outlined in this submission to ensure the framework delivers clear public health benefits, supports informed consumer choice, and promotes the appropriate use of young child formula.