立法會
Legislative Council

LC Paper No. CB(2)2713/11-12
Ref : CB2/PL/HS (These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 16 April 2012, at 8:30 am
in Conference Room 1 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon Andrew CHENG Kar-foo Hon LI Fung-ying, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, SBS, JP Prof Hon Patrick LAU Sau-shing, SBS, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou Hon Alan LEONG Kah-kit, SC
Member attending	:	Hon LEE Wing-tat
Members absent	:	Hon CHEUNG Hok-ming, GBS, JP Hon WONG Ting-kwong, BBS, JP Dr Hon Samson TAM Wai-ho, JP

Public Officers attending :

Item IV and V

Miss Janice TSE Siu-wa, JP
Deputy Secretary for Food and Health (Health) 1
Food and Health Bureau

Item IV

Ms Angela LEE Chung-yan
Principal Assistant Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Ms Ivis CHUNG
Chief Manager (Allied Health)
Hospital Authority

Item V

Ms Estrella CHEUNG King-sing
Principal Assistant Secretary for Food and Health (Health) 1
Food and Health Bureau

Dr Shirley LEUNG Sze-lee
Assistant Director of Health
Department of Health

Dr HO Yuk-yin, JP
Consultant (Community Medicine) (Risk Assessment and Communication)
Centre for Food Safety
Food and Environmental Hygiene Department

Dr KWONG Ngai-shan
COS (Paediatrics & Adolescent Medicine)
Department of Paediatrics & Adolescent Medicine
Tuen Mun Hospital
Hospital Authority

Attendance by invitation	**:**	Item V Hong Kong General Chamber of Pharmacy Limited Mr LAU Oi-kwok Chairman Hong Kong Infant and Young Child Nutrition Association Mr Clarence CHUNG President Baby Friendly Hospital Initiative Hong Kong Association Ms IP Lai-sheung Chairperson Hong Kong Society for the Protection of Children Ms Susan SO Director La Leche League – Hong Kong Ms Heidi LAM Yan-yee Leader Alliance for Children's Commission Ms Eliza CHAN Hong Kong Breastfeeding Mothers' Association Ms Kelly CHAN Po-king Vice-chairlady Against Child Abuse Dr Jessica HO Director

Dr CHOW Chun-bong
Honorary Clinical Professor
Department of Paediatrics & Adolescent Medicine
Li Ka Shing Faculty of Medicine
The University of Hong Kong

The Association of Accredited Advertising Agencies of Hong Kong

Ms Sue McCusker
Executive Committee Chairman

The Hong Kong Suppliers Association

Mr Albert TANG
Chairman

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Sandy HAU
Legislative Assistant (2) 5

Miss Liza LAM
Clerical Assistant (2) 5

Action

I. Confirmation of minutes
[LC Paper No. CB(2)1639/11-12]

The minutes of the meeting held on 13 February 2012 were confirmed.

Action

II. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)1391/11-12(01) and CB(2)1392/11-12(01)]

2. Members noted the following papers issued since the last meeting -

(a) letter dated 2 March 2012 from the Hong Kong Government Pharmaceutical Dispenser Association to the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development expressing views on the role of dispensers in the public healthcare sector; and

(b) referral dated 29 February 2012 regarding the concerns raised at the meeting between Legislative Council Members and Kwun Tong District Council members on 5 May 2011 on the expansion of the United Christian Hospital and the services of the public specialist and general outpatient clinics of the Kowloon East Cluster.

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1640/11-12(01) and (02), CB(2)1616/11-12(01) and CB(2)1653/11-12 (01)]

3. Members agreed to discuss the following items at the next regular meeting scheduled for 14 May 2012 at 8:30 am -

(a) replacement of a Thermoluminescent Dosimetry System in the Department of Health;

(b) replacement of a Standard Radiological Dosimetry Calibration Facility in the Department of Health;

(c) issues relating to healthcare personnel infected with HIV; and

(d) Chinese medicinal products containing ingredients from bear gall bladders.

4. Mr CHEUNG Man-kwong suggested that the Panel should discuss the land disposal arrangement for the development of private hospitals at the identified sites at Wong Chuk Hang and Tai Po. Ms Audrey EU suggested that a special meeting should be convened to discuss the subject. Members agreed.

Action

(*Post-meeting note*: The special meeting was scheduled for 7 May 2012 at 8:30 am.)

5. Ms Audrey EU and Ms Cyd HO said that the public should be invited to attend the special meeting to give views on the subject. Members agreed. The Chairman asked members to inform the Secretariat if they intended to invite any organizations/individuals to give views on the subject.

IV. Relaxation of the assessment criteria for Samaritan Fund

[LC Paper Nos. CB(2)1640/11-12(03) and (04), CB(2)1699/11-12(01) and (02) and CB(2)1733/11-12(01) to (05)]

6. Deputy Secretary for Food and Health (Health) 1 ("DSFH(H)1") sought members' support on the Government's proposal to provide a $10 billion grant to sustain the operation of the Samaritan Fund ("the Fund") and briefed members on the proposal of the Hospital Authority ("HA") to relax the assessment criteria for drug subsidies under the Fund, details of which were set out in the Administration's paper (LC Paper No. CB(2)1640/11-12(03)).

Scope of the Hospital Authority Drug Formulary and the Fund

7. Mr CHAN Hak-kan said that the Democratic Alliance for the Betterment and Progress of Hong Kong was supportive of the proposals to provide a $10 billion grant to the Fund and revise the financial test of the Fund. He asked whether consideration could be given to introducing more drugs of proven efficacy with fewer side effects, such as psychiatric drugs and drugs for treating liver cancers, as standard drugs in the HA Drug Formulary ("the Formulary").

8. Director (Cluster Services), HA advised that the drug list in the Formulary was regularly reviewed by the HA Drug Advisory Committee ("DAC") and the HA Drug Utilization Review Committee ("DURC"). The former would systematically appraise new drugs every three months while the latter would conduct periodic reviews on existing drugs in the Formulary. The committees would give regard to the principles of efficacy, safety and cost-effectiveness when reviewing individual drugs. A review on drugs for treating liver cancers was underway. Drugs meeting the established requirements would be incorporated into the scope of the safety net of the Fund or the Formulary for the provision to the public at HA's standard fees and charges.

Action

9. Director (Cluster Services), HA further said that, apart from the Fund, the first phase medical assistance programme of the Community Care Fund also provided subsidy to needy HA patients for the use of six specified self-financed cancer drugs that had yet been brought into the safety net of the Fund but had been rapidly accumulating medical scientific evidence and with relatively high efficacy. HA would continue to identify self-financed drugs which met the requirements for subsidy under the first phase programme for inclusion into the programme.

10. Mr CHEUNG Man-kwong urged HA not to delay the use of new drugs until the patients' conditions deteriorated. To ensure an efficient use of the proposed grant of $10 billion to the Fund for the benefit of patients, DURC should review the Formulary immediately with a view to including more self-financed drugs for treating breast, colorectal, liver and prostate cancers in the scope of the safety net of the Fund.

11. Pointing out that the proposed injection of $10 billion into the Fund could cover its operating deficit which was projected to be $574.2 million in 2014-2015, Mr CHAN Kin-por asked whether consideration could be given to further relaxing the assessment criteria of the financial test and incorporating more self-financed drugs, say, oral iron chelating drugs, into the scope of the Fund to fully utilize the Fund.

12. DSFH(H)1 stressed that under the established mechanism, the incorporation of self-financed drugs into the scope of the safety net of the Fund was based, among others, on the latest scientific evidence on efficacy, safety and cost-effectiveness of the drugs, rather than the availability of resources under the Fund. Director (Cluster Services), HA supplemented that drugs supported by the Fund were subject to close scrutiny to ensure the provision of drugs of proven safety and efficacy on the one hand, and prudent use of public money on the other. While it was difficult to forecast the future expenditure pattern of the Fund, given the ageing population and advancement in medical technology, it was expected that there would be a multifold increase in the annual expenditure of the Fund in the coming years. There was however no cause for concern that drugs meeting the relevant criteria would not be included in the Fund due to a lack of resources, as additional funding from the Administration would be sought where necessary to support the operation of the Fund.

13. Director (Cluster Services), HA further advised that DURC and its expert panels would convene their meetings during the first and second quarters each year to conduct periodic reviews on existing drugs in the Formulary. Subject to HA Board's approval in May, recommendations of DURC on changes to the Formulary would be implemented afterwards.

Action

There were clear guidelines for doctors of public hospitals on drug prescription. Doctors would take into account the clinical conditions of the patients in prescribing drugs in individual cases.

14. Mr CHEUNG Man-kwong maintained the view that DURC should review the Formulary immediately upon the injection of $10 billion into the Fund, if approved by the Finance Committee.

15. Taking into account the rapid advancement of medical technology, Dr PAN Pey-chyou was of the view that DAC, DURC and their expert panels should meet every six months to review the Formulary.

16. Ms LI Fung-ying was concerned that for drugs with the same efficacy, only those which were less expensive but might have more side effects would be categorized as standard drugs or self-financed drugs with safety net. She urged HA to give more consideration to the side effects of the drugs when reviewing the Formulary.

17. Director (Cluster Services), HA advised that side effect was one factor taken into account by DAC, DURC and their expert panels when assessing the safety of drugs. Apart from the latest scientific evidence on efficacy, safety and cost-effectiveness of drugs, the views and suggestions submitted by patient groups under the established consultation mechanism would also be presented to the relevant drug committees for consideration. In response to these views and suggestions, various initiatives had been undertaken by HA to expand the scope of the Formulary and the Fund in recent years.

Management of the Fund

18. While expressing support for the proposal of providing a $10 billion grant to the Fund, Mr Vincent FANG noted with concern the sharp increase in the projected expenditure for the Fund from $360.2 million in 2012-2013 to $649.2 million in 2014-2015. He urged the Administration to make use of the $10 billion grant to generate investment return to sustain the operation of the Fund to benefit more patients. In his view, an annual investment return of 3% to 4% could be achieved if a prudent investment strategy was to be adopted.

19. DSFH(H)1 responded that to make better use of public resources and to enhance the sustainability of the Fund, HA had all long adopted a prudent and conservative approach in managing the Fund while meeting the operating cash flow requirements of the Fund. However, expenditure for the Fund had surged sharply by 120% from 2006-2007 to 2011-2012

Action

mainly due to technology advancement and rising demand from the ageing population, cancer and other chronic diseases. It was foreseeable that the expenditure of the Fund would continue to increase in the coming years.

Admin

20. Mr Vincent FANG and Ms LI Fung-ying requested the Administration to provide after the meeting the estimated average investment return rate and the estimated investment income to be generated from the $10 billion injection into the Fund. DSFH(H)1 agreed.

21. Expressing concern about the projected decrease in the donations from charitable organizations to the Fund from $17.1 million in 2010-2011 to $9.4 million from 2012-2013 onwards, Mr CHAN Kin-por considered that the Administration should strengthen its efforts to appeal to various sectors for donations.

22. Ms Audrey EU was of the view that measures should be put in place to enhance the transparency of the operation of the Fund, including the establishment of a consultation mechanism with the patient groups to gauge their views on changes to the Fund and making public the evaluation and decisions of the Samaritan Fund Management Committee and the Medical Services Development Committee of the HA Board on the inclusion of self-financed drugs into the scope of the Fund.

23. Director (Cluster Services), HA advised that in recent years, HA had implemented a number of measures to enhance the transparency of its overall drug policy and utilization, including matters concerning self-financed drugs within the scope of the Fund. The list of new drugs to be reviewed by DAC, the decisions of DAC on each individual application and a list of references that had been taken into account in the process of consideration of the applications, were posted on the internet website of HA for the public's information. A consultation mechanism with patient groups was also in place to gauge their views on the formulation and changes to the scope of the Formulary and the Fund twice a year.

Admin

Ms Audrey EU requested the Administration to provide in writing details of the measures being put in place to enhance the transparency of the operation of the Fund.

Relaxation of the assessment criteria for drug subsidies under the Fund

24. Citing an example whereby the annual contribution of a patient with chronic myeloid leukaemia to the cost of the self-financed drugs would only be reduced from $97,000 to $92,000 under the proposed disposal capital deduction, Mr CHAN Hak-kan asked whether consideration could

Action

be given to further relaxing the assessment criteria of the Fund to benefit more needy patients.

25. DSFH(H)1 explained that with the introduction of the proposed deductible allowance from patients' disposable capital and the simplified tiers of patients' contribution ratio, patients who marginally fell outside the Fund's safety net for the use of the subsidized drugs under the present calculation of a patient's annual disposable household financial resources might now be able to meet the Fund's financial test. Using the deductible allowance for a four-member household (i.e. around $400,000) as the average for the purpose of estimation, it was estimated that about 2 300 patients using the 17 drugs covered by the Fund would be better off after the introduction of the deductible allowance for disposal capital.

26. Mr CHEUNG Man-kwong urged the Administration to abolish the requirement that applicants for the Fund had to be income-tested on a household rather than individual basis. Mr Vincent FANG echoed Mr CHEUNG's view that the income test should be conducted on an individual basis. Citing the need for households to maintain savings to meet the education expenses of children as an example, Ms Audrey EU considered that the Administration should be more generous in setting the amount of allowance deductible from disposable capital.

27. DSFH(H)1 advised that same as other safety nets funded by public money, the requirement was in line with the policy objective that financial assistance funded by general revenue should be provided to those most in need. Given that family formed the basic unit of society, members of the same household were expected to support each other financially.

Admin

28. At the request of Ms Audrey EU, Chief Manager (Allied Health), HA undertook to provide after the meeting some case examples to illustrate how patients, in particular those four-member households having a monthly household income of $40,000 or less, would be benefited from the proposed relaxation of the financial test under the Fund.

29. Dr PAN Pey-chyou pointed out that in some cases, extended family members, such as uncles or aunts, nephews and cousins, living under the same roof would not provide financial support to the nuclear family. He enquired whether consideration could be given to establishing a high-level committee for the exercise of discretion to grant approval for subsidy to applicants who fell marginally outside the safety net after taking into account all the circumstances of these individual cases.

Action

30. DSFH(H)1 advised that every funding application which had fulfilled the clinical indications would be assessed carefully by Medical Social Workers to ensure that the Fund would be used to benefit the poor and the needy patients. There were also drug assistance schemes ran by community pharmacies operated by non-governmental organizations or charitable funds in the community to provide financial assistance for means-tested patients to purchase self-financed drugs in the Formulary. Nevertheless, she agreed to consider Dr PAN's suggestion.

Review of the Fund

31. Expressing concern about the relationship between the Fund and the Formulary which were both managed by HA, Mr CHEUNG Kwok-che said that he would support the proposal of providing a $10 billion grant to the Fund if the Administration undertook to conduct a comprehensive review of the Fund. He requested the Administration to provide a written response on whether such review would be conducted, and if so, the review timetable.

Admin

32. Citing Oxaliplatin for treatment of adjuvant resected colon cancer as an example, the Chairman surmised that the Fund might be used as a justification by HA for excluding drugs proven to be of significant benefits but extremely expensive in the Formulary. He enquired about the mechanism to ensure that expensive drugs of proven safety and efficacy would also be provided as special drugs in the Formulary, rather than being classified as self-financed drugs covered by the Fund, with a view to ensuring the sustainability of the Fund.

Admin

33. Ms Cyd HO requested the Administration to provide the timetable to reposition the 17 self-financed drugs subsidized by the Fund as special drugs in the Formulary.

34. DSFH(H)1 advised that there were cases that self-financed drugs originally subsidized by the Fund had been repositioned as special drugs in the Formulary. Director (Cluster Services), HA supplemented that unlike items covered by the standard fees and charges in public hospitals and clinics which could benefit a relatively large number of patients, items covered within the scope of the Fund were those with significant cost burden for HA and opportunity costs to other patients if HA was to provide them as part of its standard service. To ensure that patients' quality of life would be broadly maintained even if they had to purchase these more costly drugs, the Fund would provide subsidy to needy patients who met

Action

the specified clinical criteria and passed the means test to meet their expenses on these drugs.

35. The Chairman expressed dissatisfaction with HA's response, as it ran contrary to the inclusion of Laronidase, Idursulfase and Galsulfase (i.e. drugs for treatment of Mucopolysaccharidosis I, II and VI), which would cost about $4 million each year for treatment, as special drugs in the Formulary in 2010-2011.

36. Director (Cluster Services), HA explained that it was not meaningful to include the "orphan drugs" (i.e. drugs for rare disorders) in the Fund and require patients to undergo the means test, as it would be rare, if not impossible, for patients to be able to afford the expenses on these drugs. Such an arrangement was also adopted in many overseas countries. With the additional recurrent funding earmarked for HA to support the inclusion of Laronidase, Idursulfase and Galsulfase in the Formulary, patients suffering from Mucopolysaccharidosis would be assessed by an expert panel on their clinical suitability for use of the drugs on a case-by-case basis.

Conclusion

37. In concluding the discussion, the Chairman said that members were supportive of the Administration's proposal of providing a $10 billion grant to support the continued operation of the Fund.

Admin

38. The Chairman requested the Administration to provide, before the meeting of the Finance Committee scheduled to consider the Government's proposal to provide a $10 billion grant to the Fund, information requested by members in paragraphs 20, 23, 28, 31 and 33 above, as well as the mechanism to ensure that drugs of proven safety and efficacy would be provided as special drugs in the Formulary.

V. Development of a Hong Kong Code of Marketing of Breastmilk Substitutes

[LC Paper Nos. CB(2)1640/11-12(05) to (08), CB(2)1699/11-12(03) to (06), CB(2)1663/11-12(01) and CB(2)1733/11-12(06) to (08)]

Views of deputations

39. At the invitation of the Chairman, the following 11 deputations presented their views on the development of a Hong Kong Code of Marketing of Breastmilk Substitutes ("Hong Kong Code") –

Action

(a) Hong Kong General Chamber of Pharmacy Limited;

(b) Hong Kong Infant and Young Child Nutrition Association;

(c) Baby Friendly Hospital Initiative Hong Kong Associaton;

(d) Hong Kong Society for the Protection of Children;

(e) La Leche League – Hong Kong;

(f) Alliance for Children's Commission;

(g) Hong Kong Breastfeeding Mothers' Association;

(h) Against Child Abuse;

(i) Dr CHOW Chun-bong;

(j) The Association of Accredited Advertising Agencies of Hong Kong; and

(k) The Hong Kong Suppliers Association.

40. Members also noted the written submissions from the following organizations –

(a) Hong Kong Retail Management Association; and

(b) Consumer Council.

41. A summary of the views of deputations is in the **Appendix**.

The Administration's response to the views expressed by deputations

42. Responding to the views expressed by the deputations, DSFH(H)1 and Assistant Director of Health, Department of Health made the following points –

(a) the Government had endeavoured to promote, protect and support breastfeeding in Hong Kong through the Department of Health ("DH") and HA, in line with the International Code of Marketing of Breast-milk Substitutes ("the WHO Code") developed by the World Health Organization in 1981 and the

Action

subsequent resolutions endorsed by the World Health Assembly ("WHA") to review and supplement the WHO Code;

(b) the percentage of newborn babies in Hong Kong who had ever been breastfed increased from 55% in 2000 to close to 80% in 2010, but the exclusive breastfeeding rate for 4-6 months remained relatively low at around 15%. In the Administration's view, the promotion and advertising of manufactured breastmilk substitutes was one important factor affecting the prevalence of breastfeeding;

(c) the Taskforce on the Hong Kong Code of Marketing of Breastmilk Substitutes ("the Taskforce") was set up in June 2010 to develop the Hong Kong Code. Making reference to the WHO Code and the relevant resolutions of WHA, the Hong Kong Code aimed to contribute to the provision of safe and adequate nutrition for infants and young children by protecting breastfeeding and ensuring the proper use of formula milk and related products, and food products for infants and young children up to the age of 36 months, on the basis of adequate and unbiased information and through appropriate marketing;

(d) the Hong Kong Code would cover nutrition labelling, nutritional composition and claims of breastmilk substitutes and related products. To supplement the current Nutrition Labelling Scheme which only covered all prepackaged foods for adults and children aged above three, the Taskforce would prepare guidelines for the labelling of foods for children below three. While the Hong Kong Code aimed at regulating the advertising and marketing practices of manufacturers and distributors of breastmilk substitutes, it was not intended to prohibit sale of breastmilk substitutes;

(e) DH had held three meetings with the manufacturers and distributors to receive their views on the drafting of the Hong Kong Code. It would consult the trade and relevant stakeholders again upon completion the drafting work; and

(f) the Hong Kong Code would be implemented in the form of voluntary guidelines. DH and the Centre for Food Safety would monitor the trade's compliance with the requirements under the Hong Kong Code.

Action

Discussion

43. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

Implementation of the Hong Kong Code

44. While supporting the introduction of regulation over the practices of advertising and marketing of breastmilk substitutes and related products, Mr Fred LI expressed disappointment at the slow progress of formulating the Hong Kong Code and urged its early implementation. He was also of the view that unless the Hong Kong Code was made a mandatory requirement for manufacturers and distributors, nutrition labelling, nutritional composition and claims of formula milk could not be effectively regulated. He urged the Administration to consider regulating formula milk by legislation.

Admin

45. Sharing the view of Mr Fred LI, Ms Audrey EU considered it difficult to implement the Hong Kong Code by the trade's voluntary compliance. She requested the Administration to provide, after the meeting, information on how to effectively implement the Hong Kong Code in the form of voluntary guidelines. Noting that 103 nations had enacted legislation or other legislative means to enforce all or certain provisions of the WHO Code, Ms EU requested the Administration to provide information on how the United Kingdom had enforced the WHO Code. She also stressed the need to have the Hong Kong Code underpinned by legislation which could be introduced by phases.

46. Referring to Report No. 57 of the Director of Audit issued in 2011, Ms Cyd HO urged the Administration to introduce legislation to regulate the nutrition labelling of formula milk and food intended to be consumed by children under the age of 36 months.

Regulating misleading and exaggerated claims of formula milk

47. Mr Fred LI expressed grave concern about the misleading and exaggerated claims in some formula milk advertisements. In his view, no misleading and exaggerated claims should be allowed. He further proposed a ban on the promotion of infant formula for infants under the age of six months in order to protect and support breastfeeding. Dr PAN Pey-chyou, Mr LEE Wing-tat and Mr Vincent FANG also considered that formula milk advertisements making untruthful nutrition or health claims should be subject to regulation.

Action

Admin

48. Ms Audrey EU was concerned about the existing regulation on the advertising of formula milk. She requested the Administration to provide information as to whether advertisements making misleading and untruthful claims were currently subject to statutory regulation; if not, the reasons for not introducing legislation expeditiously.

Consultation with the trade

49. Mr Vincent FANG expressed dissatisfaction that the trade was not consulted during the drafting of the Hong Kong Code. Noting that the Task Force comprised representatives of community organizations, professional bodies, academia and Government bureau and departments, he considered that representatives of the trade should also be invited to join the Taskforce. Ms Audrey EU concurred with Mr FANG that consultation with the trade was necessary in the drafting of the Hong Kong Code.

Promotion of breastfeeding

50. While recognizing the benefits of breastfeeding, Dr PAN Pey-chyou pointed out the difficulties encountered by mothers to have exclusive breastfeeding. The difficulties included the lack of assistance given to mothers in case of insufficient breast milk, the lack of babycare rooms in office buildings and shopping malls as well as unfavourable social attitudes towards breastfeeding in public places. He urged the Administration to step up its efforts in promoting breastfeeding.

51. Mr LEE Wing-tat said that a motion without legislative effect on legislating for the provision of baby-sitting room was passed at the Council meeting of 12 December 2007. Pointing out that property developers did not respond favourably to the voluntary guidelines on the provision of babycare facilities and only newly built government properties were provided with babycare rooms, Mr LEE called on the Administration to consider introducing legislation to make the provision of babycare rooms a mandatory requirement so as to promote and encourage breastfeeding.

Conclusion

52. The Chairman concluded that the Administration should consider introducing legislation to regulate the marketing and nutrition labelling of breastmilk substitutes, and consult the trade before the implementation of the Hong Kong Code, as well as strengthen its efforts in promoting breastfeeding through education and provision of babycare facilities in office buildings and shopping malls.

Action

V. Any other business

53. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
29 August 2012

Appendix

Panel on Health Services

Meting on Monday, 16 April 2012
Development of a Hong Kong Code of Marketing of Breastmilk Substitutes

Summary of views and concerns expressed by deputations/individuals

Organization / Individual	Major views and concerns
Implementation of the Hong Kong Code of Marketing of Breastmilk Substitutes ("Hong Kong Code")	
• Against Child Abuse Ltd. • Alliance for Children's Commission • Baby Friendly Hospital Initiative Hong Kong Association • The Consumer Council • Hong Kong Breastfeeding Mothers' Association • Hong Kong Society for the Protection of Children • La Leche League – Hong Kong • Dr CHOW Chun-bong	1. The deputations express support for the development of the Hong Kong Code, based on the International Code of Marketing of Breast-milk Substitutes ("WHO Code") developed by the World Health Organization and the subsequent resolutions endorsed by the World Health Assembly, to regulate the marketing, nutrition labelling and nutritional composition of breastmilk substitutes and related products, especially the infant formula and follow-on formula for infants and young children up to three years old. 2. Noting that the Hong Kong Code is proposed to be implemented in the form of voluntary guidelines, the deputations are skeptical of the effectiveness of the voluntary adoption of the guidelines by the manufacturers or distributors of breastmilk substitutes. They call on the Administration to consider enforcing the Hong Kong Code by legislation. 3. Some deputations propose the conduct of a post-implementation review and the establishment of an appropriate mechanism for monitoring compliance with the requirements by the trade.

Organization / Individual	Major views and concerns
• Hong Kong General Chamber of Pharmacy Limited • Hong Kong Infant and Young Child Nutrition Association	1. The deputations express support for the regulation of the marketing practices of breastmilk substitutes for infants up to 6 months old. They are of the view that the Hong Kong Code should be based on the international standards and the Administration should separately address the nutrition claims for the follow-on formula milk and foods for children up to three years. 2. The deputations consider that the Administration should consult the views of various stakeholders, such as parents, distributors and retailers concerned as well as the media on the drafting of the Hong Kong Code.
• Hong Kong Retail Management	1. The deputation considers that the Hong Kong Code should follow the WHO Code to govern the advertising and marketing behaviours of breakmilk substitutes for infants up to 6 months old. As the coverage of the WHO Code is sufficient for the purpose, it is not necessary to adopt a unique code for Hong Kong.
• The Hong Kong Suppliers Association	1. The deputation expresses grave concern about the proposed Hong Kong Code which, in its view, might imply a ban on the sale of formula milk in Hong Kong. The deputation also points out that the trade has not been consulted during the drafting of the Hong Kong Code and there is no representative from the industry in the Taskforce on the Hong Kong Code of Marketing of Breastmilk Substitutes.
• The Association of Accredited Advertising Agencies of Hong Kong	1. The deputation considers the proposed regulation of breastmilk substitutes through the development of the Hong Kong Code unnecessary. It also points out that the advertising industry has not been consulted on the proposed regulation. The deputation considers that the infant and young children nutrition industry should be self-regulated by an Industry Code of

Organization / Individual	Major views and concerns
	Practice which should be jointly developed by the industry and the Government.
Marketing of breastmilk substitutes	
• Against Child Abuse Ltd. • Baby Friendly Hospital Initiative Hong Kong Association • La Leche League – Hong Kong • Hong Kong Breastfeeding Mothers' Association • Hong Kong Society for the Protection of Children • Dr CHOW Chun-bong	1. The deputations express grave concern about the misleading health claims made by some suppliers of formula milk and their negative effect on breastfeeding initiation. They consider that many of these health claims are not scientifically proven and are misleading and untruthful. The deputations urge the Administration to introduce regulation to prohibit the untruthful nutrition and health claims of breastmilk substitutes.
• Alliance for Children's Commission	1. The deputation holds the view that in the absence of legislation, the Consumer Council should play a monitoring role on the health and development claims of formula milk products.
• Hong Kong Infant and Young Child Nutrition Association	1. The deputation holds the view that parents and caregivers should not be deprived of the access to the information provided by infant milk formula manufacturers. There is no evidence to show that the provision of marketing information on breastmilk substitutes is a key factor affecting mothers' decision on breastfeeding. It is not necessary to prohibit the marketing activities of the follow-on formula milk for children of six months or above.
• The Association of Accredited Advertising Agencies of Hong Kong	1. The deputation suggests that stronger validation of advertising claims should be provided by the manufacturers of formula milk in order to

Organization / Individual	Major views and concerns
	ensure that information provided to consumers is useful and not misleading.
Parent education	
• Against Child Abuse Ltd. • Hong Kong Breastfeeding Mothers' Association • Hong Kong Society for the Protection of Children • Dr CHOW Chun-bong	1. The deputations stress the importance of parent education on breastfeeding and urge the Administration to step up its effort to promote the benefits of breastfeeding and increase parents' awareness of the risks involved in formula feeding, so as to help parents make informed choices.
Others	
• Alliance for Children's Commission	1. The deputation urges the Administration to consider the setting up of a Children Commission to protect the rights and welfare of children.

Name of Organization / individual	Submission [LC Paper No.]
Against Child Abuse Ltd.	LC Paper No. CB(2)1733/11-12(07)
The Association of Accredited Advertising Agencies of Hong Kong	LC Paper No. CB(2)1699/11-12(05)
Baby Friendly Hospital Initiative Hong Kong Association	LC Paper No. CB(2)1699/11-12(03)
The Consumer Council	LC Paper No. CB(2)1699/11-12(06)
Hong Kong Breastfeeding Mothers' Association	LC Paper No. CB(2)1699/11-12(04)
Hong Kong Infant and Young Child Nutrition Association	LC Paper No. CB(2)1640/11-12(07)
Hong Kong Retail Management Association	LC Paper No. CB(2)1640/11-12(08)
Hong Kong Society for the Protection of Children	LC Paper No. CB(2)1733/11-12(06)
La Leche League – Hong Kong	LC Paper No. CB(2)1663/11-12(01)
Dr CHOW Chun-bong, Li Ka Shing Faculty of Medicine, The University of Hong Kong	LC Paper No. CB(2)1733/11-12(08)

Council Business Division 2
Legislative Council Secretariat
29 August 2012