

Submission to the Legislative Council Panel on Food Safety and Environmental Hygiene and Panel on Health Services regarding the Draft Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants & Young Children

Mead Johnson’s Perspective

As a company committed to providing children with the best start in life for more than 100 years, we strongly support breastfeeding. However, we simply cannot support the draft *Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants and Young Children* (Hong Kong Code), which undeservedly attacks infant formula in place of addressing the actual causes of low breastfeeding rates in Hong Kong. The draft Hong Kong Code also fails to guarantee that children are protected and makes no effort to make Hong Kong a more breastfeeding-friendly city.

In fact, we at Mead Johnson feel that the Taskforce appointed to draft the Hong Kong Code has been misguided in pursuing its mandate, resulting in their making the wrong diagnosis, as well as prescribing the wrong medicine in the wrong dosage.

Mead Johnson encourages more regulations that will raise industry standards and sensibly govern ethical marketing practices. However, the Hong Kong Government should refrain from categorically blaming infant formula for low breastfeeding rates in the city and instead focus its efforts on creating a breastfeeding-friendly Hong Kong.

1). Wrong Diagnosis – Root causes of low breastfeeding rates overlooked

The Taskforce cited the marketing of infant formula and follow-up formula in Hong Kong as a primary cause for Hong Kong’s low breastfeeding rates. This is clearly incorrect.

Local researches and overseas data tell a different story

A May 2012 survey conducted by Hong Kong Polytechnic University (PolyU) of 508 mothers with infants 36 weeks old or younger showed the top three barriers to breastfeeding are:

- Work-related issues (40.5 percent);
- Physical limitations (39.2 percent); and
- Lack of public facilities and infrastructures (33.1 percent).

Greatest challenge encountered in breastfeeding

	Number of Respondents	Effective %
1. Work-related issues (the need to work outside their own homes/long working hours)	192	40.5
2. Mother’s physical problem (not producing enough breastmilk, or not well)	186	39.2
3. Lack of public facilities and infrastructure (e.g. at work places, or baby care rooms in public areas)	157	33.1
- Don’t know how to breastfeed \	23	4.9
- Embarrassment	18	3.8
- Mothers experience sleep deprivation/tiredness due to breastfeeding	18	3.8
- Breastfeeding duration too long/too short	12	2.5
- Infant is clingy/troublesome	11	2.3
- Worried about its affect on body shape	9	1.9
- Infant not willing to consume breastmilk	8	1.7
- Infant not full enough	6	1.3

Only 0.4% of the 508 mothers interviewed by PolyU said they refrained from breastfeeding due to formula advertising. A 2011 Hong Kong University survey showed similar barriers to breastfeeding and that advertising does not factor into a mother's decision to breastfeed or not.

2). Wrong Medicine – Proposed remedies unlikely to impact breastfeeding rates

Approximately 100,000 babies are born each year in Hong Kong. Only 14.8 percent of them are exclusively breastfed for 4 to 6 months¹. In contrast, China and South Korea have exclusive breastfeeding rates of 51 percent² and 49.3 percent³ respectively. Both countries allow for the advertising of follow-up formula (six months or older).

In the U.S., where marketing of infant and follow-up formulas and access to information are freely allowed, breastfeeding initiation rates have reached 76.9 percent⁴, the highest they have been in 40 years.

Breastfeeding rates comparison with overseas markets

	Canada	US	HK	China	S. Korea
Marketing of infant formula allowed	✓	✓	✗	✗	✗
Exclusive breastfeeding rate at 6 months	44.2%	47.2%	14.8%	51%	49.3%
Maternity leave (days)	119 - 364	84	70	98	90

Sources:
 - Canadian Community Health Survey (CCHS); 2001, 2003, 2005, 2007, 2009-2010
 - Hong Kong Government News (2012)

It then follows that the Taskforce's proposal to simply prohibit the marketing of infant and follow-up formulas will not have any real impact on breastfeeding rates. A more sensible approach would be to tackle some of the aforementioned root causes of the issue.

Work commitments not addressed

55 percent of respondents from the PolyU survey said they chose to give up breastfeeding because of work commitments. Another 21 percent said work commitment led to their breastfeeding less frequently (Appendix 1). Mothers in Hong Kong, however, are entitled to only 70 days⁵ of maternity leave. In contrast, mothers in South Korea are entitled to 90 days⁶ and mothers in China, 98 days⁷, with breastfeeding rates for both markets more than triple that of Hong Kong.

Women's information needs ignored

In wrongly attacking the infant formula industry and attempting to ban the information they provide, the Taskforce has denied the Hong Kong mothers' inherent right to access this information and, in so doing, created guidelines that discriminate against those mothers who are unable or unwilling to breastfeed. These mothers have practical needs and should be given access to various sources of information on breast milk substitutes. Infant milk formula manufacturers, who by necessity are experts in pediatric nutrition, should be allowed to serve these mothers by providing them with the information they need.

¹ Hong Kong Government News (2012) "Gov't promotes breastfeeding" (WWW)

(http://www.news.gov.hk/en/categories/health/html/2012/07/20120728_123051.shtml)

² UNICEF (2012) "Infant and young child feeding 2000-2007" (WWW) (http://www.childinfo.org/breastfeeding_countrydata.php)

³ UNICEF (2012) "People's Congress to consider resolution on breastfeeding – UNICEF Ambassador Yang Lan urges support for mothers" (WWW) (<http://www.unicef.cn/en/index.php?m=content&c=index&a=show&catid=53&id=923>)

⁴ Centre for Disease Control and Prevention (2012) "Breastfeeding among US children born 2000-2009, CDC National Immunization Survey" (WWW) (http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm)

⁵ Hong Kong Labour Department (2012) "Chapter 6: Maternity Protection" (WWW) (<http://www.labour.gov.hk/eng/public/wcp/ConciseGuide/06.pdf>)

⁶ International Labour Organization (2010) "Maternity at Work: A review of national legislation – findings from the ILO database of conditions of work and employment laws" (WWW) (http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_124442.pdf)

⁷ Library of Congress (2012) "China: Maternity Leave Extended from 90 Days to 98 Days" (WWW) (http://www.loc.gov/lawweb/servlet/lloc_news?disp3_l205403200_text)

3). Wrong Dosage – Safety provisions do not go far enough

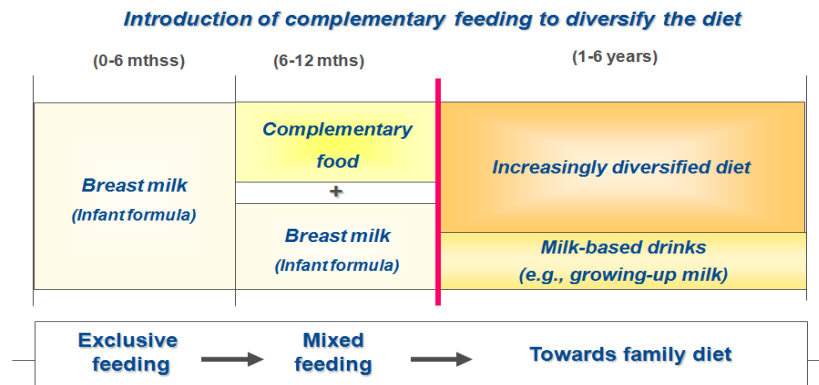
A voluntary code puts children’s health at risk

Part of the Taskforce’s mandate includes assuring the safety of infant formula and follow-up formula, as well as food products. While the provisions of the draft Hong Kong Code seek to address safety issues, the obligation of companies to follow them remains voluntary. As such, Hong Kong infants will not be afforded any real protection.

Prejudicial ban of messaging exclusively for infant formula and follow-up formula will result in unintended consequences

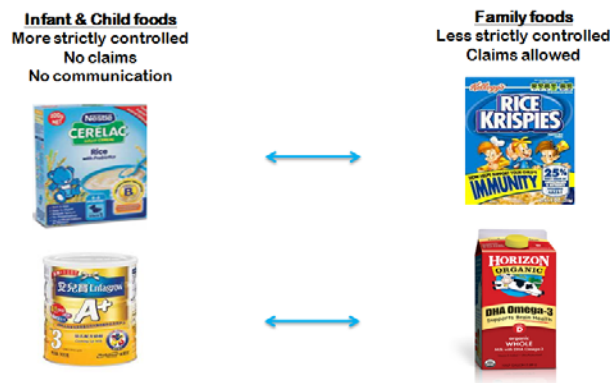
By restricting the dissemination of messages pertaining to follow-up formula (6-36 months), Hong Kong mothers will only receive information on infant foods products – which, unlike follow-up formulas, have not been recognised as a nutritionally viable alternative to breast milk by the World Health Organization. While the Department of Health wishes to ban information of all follow-up formulas, even those used in a complementary fashion, it would continue to allow for unlimited dissemination of information regarding fast foods, soft drinks, potato chips, etc. Such a discriminatory practice could potentially give mothers a false impression that products that can be freely advertised are somehow superior and should be consumed – which would be a perverse outcome and could compromise the health of Hong Kong children. Such a prejudicial ban will also hurt Hong Kong’s reputation as a free market economy that offers a level-playing field for all industries.

Beyond 6 months



Beyond 6 months

Impact of a discriminatory ban on follow-up formula only and not other complementary feeding food



In the absence of any robust scientific justification, it would seem legally disproportional and highly questionable for the Administration to engineer a ban on the dissemination of information on all formula milk, including those products for children 6-36 months, which are NOT breast milk substitutes and which – unlike tobacco or alcoholic

products – are by no means hazardous to health. Such a blanket ban is against the principle of freedom of expression, which is recognized and enshrined by the law.

The government has continuously reiterated their concern regarding the misleading and exaggerated claims in some formula milk advertisements, and has insisted that such advertisement should be subjected to regulation. However, rather than making the effort of vetting and scrutinizing each advertising claim through regular channels, the government has proposed a complete ban on advertisements and promotions. This is a shortcut that not only fails to address the root of the problem, but also infringes on the freedom of corporate speech.

As the Task Force's recommendations have apparently infringed on one of Hong Kong's core values, the current limited scope and duration of consultation is obviously inadequate. A longer and more comprehensive exercise is needed to gauge the views of a wider spectrum of the community to determine if the proposed radical move, which is out of step with most other countries of the world, is appropriate and acceptable for Hong Kong.

Three-in-one code is too broad and ignores best practices

Trying to combine marketing practices, nutrition labeling and quality standards into a single voluntary code is inconsistent with approaches taken elsewhere in the world. According to best practices, the optimal approach would be to set voluntary guidelines on marketing and legally enforceable specifications on quality and labeling.

The fact that the Hong Kong Code as drafted is a 40-page document that only contains 1.5 pages on "quality" further illustrates its lack of commitment and near disregard for the safety and health of children.

The draft also confuses terms and creates new terms and definitions that disregard and conflict with recognized global standards developed over many decades by respected bodies such as the CODEX and the WHO. These inconsistencies will make the Hong Kong Code as currently proposed impossible to follow for companies that adhere to international best practices and standards.

Conclusion

The Department of Health's initiative is an irrational and misguided short cut that will ultimately fail to provide Hong Kong children with the protection they deserve and Hong Kong mothers with the breastfeeding support they need – all the while not boosting local breastfeeding rates.

We urgently call upon all stakeholders to ensure that they understand the details of the draft Hong Kong Code and its implications.

We encourage the government to immediately launch focused efforts to respond to the suggestions from mothers on how to increase breastfeeding rates as per the PolyU survey:

- Provide public infrastructure/breastfeeding facilities (63.7 percent);
- Provide related breastfeeding information and skills to people in need (31.4 percent).
- Encouraging local businesses to increase maternity leave (57.6 percent) and provide two short breaks per day for working mothers at six months postpartum (49.1 percent).