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Subject: Submission to LegCo Panel of Health Services on "Consultation result of the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants and Young Children" for the July 21 meeting

July 20, 2014

Dr Hon Leung Ka-lau
Chairman
Panel on Health Services
Legislative Council
Tamar, Hong Kong

Dear Dr Leung

First please accept my apologies for this last-minute submission to the Panel, through you, for item IV "Consultation result of the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants and Young Children" of your upcoming meeting on July 21, 2014. Please also excuse the English-only version here presented. If Members wish I would be pleased to provide a Chinese language version post hoc.

Whereas the health benefits of breastfeeding have been clear and beyond dispute and the potential disbenefits, harm even in some cases, of formula feeding are equally well established, allow me to re-emphasise that such effects are as applicable in the local context as in the populations from which the scientific evidence base has mostly drawn. To specify but one example, in the "Children of 1997" cohort study consisting of over 8,000 17-year-olds followed since birth, implemented by my team at the University of Hong Kong, we found that those exclusively breastfed for 3 months or longer were substantially protected from the risk of serious infections requiring hospital admission during the first six months of life.

Breastfeeding is a vitally important public health issue, yet the exclusive breastfeeding rate of local infants at 6 months of 2.3% is one of the lowest in the world.

A major reason for this woeful and unhealthy situation is undoubtedly the unregulated marketing of formula milk. I note from UNICEF Hong Kong that the industry reportedly spent HKD 2.7 billion on advertising and promotion of formula milk in 2013 alone.

Of greater import in many ways, follow-up formulae are intensely marketed despite the proven lack of health necessity and potential harm of overnutrition contributing to the burgeoning epidemic of metabolic conditions such as obesity and diabetes.

Therefore I appreciate the Administration's effort in drafting the HK Code, that is grounded in scientific evidence of health protection and has drawn on international best practice. Now is the time, more than ever, for the Code to be swiftly promulgated and implemented.

More specifically, I should like to offer the following for your kind consideration:-

1. The scope of the draft Hong Kong Code covering formula milk and food products up to 36 months of age must be maintained, lest loopholes concerning the period between (6 or) 12 and 36 months are left to be exploited to the ongoing detriment of infant and toddler health.

2. The draft provisions on health and nutrition claims must be preserved, unless and until they are enshrined by legislative statute. While I welcome Government's proposed public consultation this autumn, it should be a parallel, complementary process and not a replacement for the Code provisions. This is especially important given the often prolonged and highly uncertain process of legislation.

3. The Code, voluntary in nature, is the best first step towards full compliance providing industry partners an incremental ramp-up to eventual legislation. I would strongly disagree with any suggestion being mooted to delay the implementation of the Code, instead awaiting legislation. This is but a typical delaying tactic that would be continually detrimental to child public health.

4. I would urge Government to reject the conflation of regulatory control of formula milk promotion (as per the Code) with the operation of various "mothers' clubs" as a means to ensure adequate and stable supply of stock (given overwhelming demand from the mainland). Any attempt to do so would simply be obfuscation intended to misguide.

5. The Code is a necessary although insufficient measure. Other complementary improvements will still be required, including but not limited to Baby Friendly Initiatives in health care facilities, breastfeeding support in the workplace and the community, and public education in order to establish breastfeeding as the norm of infant feeding.

Thank you for your kind attention.

(electronically signed)

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