

**For Information
On 16 April 2012**

Legislative Council Panel on Health Services

**Development of a Hong Kong Code of Marketing
of Breastmilk Substitutes**

PURPOSE

This paper briefs Members on the development of a Hong Kong Code of Marketing of Breastmilk Substitutes (the HK Code).

BACKGROUND

2. In addition to providing clear short-term benefits for child health, both in the protection against morbidity and mortality from infectious diseases, the Evidence on the Long-term Effects of Breastfeeding published by the World Health Organization (WHO) in 2007 further suggests that breastfeeding confers long-term benefits: subjects who were breastfed had lower mean blood pressure and total cholesterol, as well as higher performance in intelligence tests. Furthermore, the study found that the prevalence of overweight/obesity and type-2 diabetes was lower among breastfed subjects.

3. To contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes when necessary, WHO developed the International Code of Marketing of Breast-milk Substitutes in 1981 (the WHO Code, summary at **Annex A**). The Code recommends, inter alia, restrictions on the marketing of breastmilk substitutes. The WHO Code is

under regular review and supplemented from time to time with subsequent resolutions endorsed by the World Health Assembly (WHA) (details at **Annex B**).

4. In line with WHO's advice, the Government has all along endeavoured to promote, protect and support breastfeeding in Hong Kong, and has been implementing this policy through the Department of Health (DH) and Hospital Authority (HA). To provide more support to breastfeeding women, the Government has been actively promoting the provision of baby care rooms in public places and private premises. To this end, the Advisory Guidelines on Baby care Facilities was introduced in August 2008 and the Practice Note on the Provision of Baby care Rooms in Commercial Buildings was issued in February 2009. HA has also stopped providing samples of breastmilk substitutes to newborns in their obstetric departments since 1 April 2010.

5. With concerted efforts of the Government and community, the ever-breastfeeding rate in Hong Kong has been continuously on the rise, with the percentage of newborn babies in Hong Kong who had been ever-breastfed increased from 55% in 2000 to close to 80% in 2010 as revealed by statistics of the obstetric department in all hospitals. However, the rate of exclusive breastfeeding remains relatively low. A regular breastfeeding survey conducted in Maternal and Child Health Centres by DH for birth cohort of 2010 showed that the exclusive breastfeeding rate for 4-6 months was 14.8%.

6. A variety of factors affect the prevalence of breastfeeding, its exclusiveness and duration, as well as mothers' choice to feed their infants with breastmilk substitutes. These include, among others, the promotion of manufactured breastmilk substitutes. Concerned about the rise of the

prevalence of overweight and obesity among children in Hong Kong¹ and recognizing the importance of fostering healthy dietary habits early in life, the Steering Committee on Prevention and Control of Non-Communicable Diseases (the Steering Committee) endorsed in 2010 the proposed actions to optimize infant and young child feeding, among others, under the Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong. These included the development of the HK Code, conducting a survey to understand the diet and nutrient intake of young children and feeding practices of their parents, as well as the production of parent education materials on feeding infants and young children. Consequently, the Taskforce on the Hong Kong Code of Marketing of Breastmilk Substitutes (the Taskforce) was set up under DH in June 2010 to develop the HK Code along the line of the WHO guidelines.

7. The Taskforce has a multi-disciplinary membership drawn from representatives of community organizations, professional bodies, academia, and Government departments and bureau. The terms of reference and membership list of the Taskforce are at **Annex C**.

8. DH, in collaboration with the Hong Kong Polytechnic University and the Chinese University of Hong Kong, conducted the “Survey of Infant and Young Child Feeding in Hong Kong” between February and September 2010 to examine the feeding practices of Hong Kong parents of young children, and their children’s food consumption and nutrient intake. The study results and the launch of a new parenting education resource pack on transitional feeding (6 to 24 months) were announced on 14 March 2012.

¹ According to statistics of the Student Health Service, the prevalence of overweight including obesity (defined as more than 120% median weight for height) among primary school students rose from 16.4% in 1997/98 school year to 22.2% in 2008/09 school year. Similarly, the prevalence of overweight including obesity among secondary students rose from 13.6% to 17.7% in the same period. Overall, the prevalence of overweight including obesity among students rose from 15.7% to 20.4% during the period.

The survey revealed inadequate intake of vegetables and fruits, high intake of protein-rich foods and over-dependence on formula milk in children of 12 months to 4 years. Children who drank more milk (mainly formula milk) generally consumed a smaller amount of grains, vegetables and fruits.

DEVELOPMENT OF THE HK CODE

Objectives

9. The HK Code aims 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.

10. In line with WHO guidelines which encourages the provision of objective and adequate information on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition, the Government also proposes that requirements including nutrition labeling, nutritional composition and claims of breastmilk substitutes and related products should also be covered in the HK Code.

Progress

11. The Taskforce commenced work on 30 June 2010. Two sub-groups, namely the Code Drafting Subgroup and the Code Education and Publicity Subgroup, are formed under the Taskforce.

12. Drafting of the HK Code takes reference from the WHO Code and relevant subsequent resolutions of the WHA. For example, the WHA

resolution (WHA 63.23 in year 2010) recommended member states to strengthen implementation of the WHO Code and relevant WHA Resolutions, the Global Strategy on Infant and Young Child Feeding and the Baby Friendly Hospital Initiative. In formulating the scope and details of the HK Code, the Taskforce has also taken into account the concerns expressed by the Steering Committee, local advertising and marketing practices of the manufacturers and distributors of the relevant products, and the impacts these may have made on the feeding practices of parents and the dietary pattern of their infants and young children.

13. The Taskforce recommends that, apart from infant formula, the HK Code should also cover the follow-on formula and foods for children up to 3 years, in line with WHO's latest recommendation that member states should strengthen implementation of the WHO Code and relevant subsequent resolutions of the WHA and the Global Strategy on Infant and Young Child, and to supplement the current Nutrition Labelling Scheme by setting guidelines for the labeling of foods for children below three. Under WHO Codex, "young children" is defined as persons from the age of more than 12 months up to the age of three years. The Nutrition Labelling Scheme, implemented by the Centre for Food Safety (CFS) since July 2010, covers all prepackaged foods for children above 3 and adults.

14. The Taskforce is in the midst of its detailed drafting of the HK Code. It is expected that the drafting work will be completed by mid 2012. The Taskforce would also deliberate on the implementation and monitoring mechanism for the HK Code. In that connection, it is noted that the WHO Code has been adopted as voluntary guidelines in Australia, New Zealand, UK, Malaysia, Singapore and Taiwan. The Taskforce has therefore come to a view that the HK Code should be implemented in the form of voluntary

guidelines in tandem with a series of education and publicity activities, as well as an appropriate monitoring mechanism.

Next steps

15. Upon completion of the drafting work, DH will consult the trade and relevant stakeholders on the detailed implementation. Briefing sessions will be arranged for manufacturers, distributors, importers, retailers and other relevant parties. Beside, the Taskforce will urge all healthcare service providers to support the HK Code. It is expected that the HK Code would be promulgated in the first half of 2013.

16. Upon implementation of the HK Code, DH and CFS will work closely to monitor the trade's compliance with the requirements of nutrition labeling, nutritional composition and claims of products under the HK Code. CFS will also conduct testing on the nutritional composition of infant formula available in the market. In the light of the information gathered, the Government will consider in due course whether specific law or regulation governing nutritional composition and labeling of foods for infant and young children is necessary.

ADVICE SOUGHT

17. Members are invited to note the content of this paper.

**Food and Health Bureau
April 2012**

World Health Organization's International Code of Marketing of Breastmilk Substitutes

Table 1: Content of WHO's International Code of Marketing of Breastmilk Substitutes

<u>Article no.</u>	<u>Content</u>
1 to 3	Aims, Scope and Definitions
4	Information and Education (for the general public and mothers)
5	Promotion to the Public
6	Promotion in Health Care Facilities
7	Promotion to Health Workers
8	Manufacturers and Distributors
9	Labeling
10	Quality standards
11	Implementation and Monitoring

A summary of the content of the 11 articles is as follows:-

- (a) Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition.
- (b) There should be no advertising or other forms of promotion to the general public of breast-milk substitutes.
- (c) Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of breast-milk substitutes.
- (d) There should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums and special sales.
- (e) Samples of infant formula or other products within the scope of the

WHO Code should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level.

- (f) Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.
- (g) Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealise the use of infant formula.
- (h) Governments should take action to give effect to the principles and aim of the WHO Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures.

Relevant Resolutions endorsed by the World Health Assembly

Year	Number	Resolutions
1981	WHA34.22	<ul style="list-style-type: none">• Code overwhelmingly adopted by WHA (118 in favour, 1 no, 3 abstentions)• Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.
1982	WHA35.26	<ul style="list-style-type: none">• Recognizes that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.
1984	WHA37.30	<ul style="list-style-type: none">• Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding.
1986	WHA39.28	<ul style="list-style-type: none">• Urges Member States to ensure that small amounts of breastmilk substitutes needed for the minority of infants are made available through normal procurement channels and not through free or subsidized supplies.• Directs attention of Member States to the following:<ul style="list-style-type: none">• Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.• Practice of providing infants with follow up milks is “not necessary”.
1988	WHA41.11	<ul style="list-style-type: none">• Request the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.
1990	WHA43.3	<ul style="list-style-type: none">• Highlights the WHO/UNICEF statement on “protection, promoting and supporting breastfeeding: the special role of maternity services” which led to the Baby-Friendly Hospital Initiative in 1992.• Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.
1994	WHA47.5	<ul style="list-style-type: none">• Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code.• Provides guidelines on donation of breastmilk substitutes in emergencies.
1996	WHA49.15	<ul style="list-style-type: none">• Calls on Member States to ensure that:<ul style="list-style-type: none">• Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding;• financial support to health professionals does not create conflicts of interests;• Code monitoring is carried out in an independent, transparent manner free from commercial interest.

Year	Number	• Resolutions
2001	WHA 54.2	<ul style="list-style-type: none"> • Sets global recommendation of “6 months” exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.
2002	WHA55.25	<ul style="list-style-type: none"> • Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies’ role to 1. Ensure quality of their products and 2. Comply with the Code and subsequent WHA resolutions, as well as national measures. • Recognizes the role of optimal infant feeding to reduce the risk of obesity. • Alerts that micronutrient interventions should not undermine exclusive breastfeeding.
2005	WHA58.32	<ul style="list-style-type: none"> • Asks Member States to: <ul style="list-style-type: none"> • Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/regional legislation allows; • Be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information be conveyed through label warnings; • Ensure that financial support and other incentives for programmers and health professionals working in infant and young child health do not create conflicts of interest.
2006	WHA59.11	<ul style="list-style-type: none"> • Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.
2006	WHA 59.21	<ul style="list-style-type: none"> • Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilize technical support for Code implementation and monitoring
2008	WHA61.20	<ul style="list-style-type: none"> • Urges Member States to scale up efforts to monitor and enforce national measures and to avoid conflicts of interest. • Investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs
2010	WHA 63.14	<ul style="list-style-type: none"> • Member States to implement recommendations to reduce the impact on children of the marketing of 'junk' foods (foods high in saturated fats, trans-fatty acids, free sugars, or salt) by restricting marketing, including in settings where children gather such as schools and to avoid conflicts of interest.
	WHA 63.23	<ul style="list-style-type: none"> • Member States to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions, The Global Strategy on Infant and Young Child Feeding, the Baby Friendly Hospital Initiative, Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies. • End to all forms of inappropriate promotion of foods for infants and young children and that nutrition and health claims should not be permitted on these foods .(i.e. claims about IQ, eyesight or protection from infection)

(Table adopted from IBFAN)

**Taskforce on the Hong Kong Code
of Marketing of Breastmilk Substitutes**

Terms of Reference

- To develop and promulgate the Hong Kong Code of Marketing of Breastmilk Substitutes (the HK Code)
- To develop a system for monitoring compliance of the HK Code
- To monitor the implementation of the HK Code

Membership List

Chairman

Dr LEONG, Lilian

Members, representatives from

Food and Health Bureau

Department of Health

Centre for Food Safety, Food and Environmental Hygiene Department

Television and Entertainment Licensing Authority

Consumer Council

Hospital Authority

The Hong Kong Private Hospital Association

Hong Kong College of Paediatricians

Hong Kong College of Obstetricians and Gynaecologists

Hong Kong College of Family Physicians

The Obstetrical and Gynaecological Society of Hong Kong

The Hong Kong Paediatric Society (withdrew in March 2011)

Hong Kong Medical Association

College of Nursing, Hong Kong

Hong Kong Midwife Association

Hong Kong Nutrition Association

Hong Kong Dietitians Association

Department of Marketing, the Chinese University of Hong Kong

Baby Friendly Hospital Initiative Hong Kong Association

Hong Kong Breastfeeding Mothers' Association

Secretary

Dr LEUNG, Shirley

Assistant Director, Family & Elderly Health
Services, Department of Health