

**立法會**  
***Legislative Council***

LC Paper No. CB(2)1640/11-12(06)

Ref : CB2/PL/HS

**Panel on Health Services**

**Information note prepared by the Legislative Council Secretariat  
for the meeting on 16 April 2012**

**Development of a Hong Kong Code of Marketing of  
Breast-milk Substitutes**

The Department of Health has indicated that it has set up a multi-disciplinary task force to draw up a Hong Kong Code of Marketing of Breast-milk Substitutes ("Hong Kong Code") in accordance with the International Code of Marketing of Breast-milk Substitutes of the World Health Organisation. The Hong Kong Code aims to regulate the advertising and marketing practices of manufacturers and distributors of breast-milk substitutes in Hong Kong. Five questions were raised at the Council meetings of 10 and 17 November 2010, and 23 February, 22 June and 7 December 2011 respectively relating to the development of the Hong Kong Code. The questions and the Administration's replies are in **Appendices I to V** respectively.

Council Business Division 2  
Legislative Council Secretariat  
10 April 2012

## Press Releases

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LCQ8: Code of marketing of breast-milk substitutes  
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Following is a question by the Hon Fred Li and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (November 10):

Question:

The World Health Organisation (WHO) adopted the International Code of Marketing of Breast-milk Substitutes (WHO Code) as early as 1981, and recently the Department of Health has indicated that it has set up a multi-disciplinary task force to draw up a Hong Kong Code of Marketing of Breast milk Substitutes (local code). In this connection, will the Government inform this Council:

- (a) of the terms of reference of the aforesaid task force;
- (b) how the local code to be drawn up will implement the WHO Code in Hong Kong;
- (c) given that the WHO Code stipulates that milk powder dealers should not directly or indirectly provide samples of milk products to pregnant women, mothers or members of their families when marketing breast milk substitutes, whether the Government had reminded local hospitals and private medical practitioners in the past five years that they should not promote or provide samples of milk products to these people on behalf of milk powder dealers; if it had, of the details; if not, the reasons for that; and
- (d) whether the Government will enforce the local code on a mandatory basis; if not, how the Government will make milk powder dealers comply with the local code on a voluntary basis?

Reply:

President,

(a) The Department of Health (DH) has set up a Task force on Hong Kong Code of Marketing of Breast-milk Substitutes at the end of June 2010 comprising representatives from relevant government departments (including Food and Health Bureau, Food and Environmental Hygiene Department, Television and Entertainment Licensing Authority), Hospital Authority (HA), Consumer Council, specialist groups, non-governmental organisations, and other major local partners. The terms of reference of the Task force are as follows:

- \* To develop and promulgate the Hong Kong Code of Marketing of Breast-milk Substitutes according to the International Code of Marketing of Breast-milk Substitutes (the Code) of the World Health Organisation (WHO) and subsequent World Health Assembly resolutions;
- \* To develop a system for monitoring the compliance with the Hong Kong Code; and
- \* To monitor the compliance with the Hong Kong Code by the trade.

(b) The WHO Code stipulates a number of basic requirements for regulation of undesirable marketing practises in the sale of milk powder, and in particular, emphasises the responsibility of milk powder manufacturers and distributors in complying with the aim and principles of the Code. At present, we rely on milk powder manufacturers and distributors in Hong Kong to exercise self-discipline in compliance with the Code in the monitoring of their marketing practises. Where non-compliance of the WHO Code was noted, DH would issue warning letters to the manufacturers involved. To enhance our monitoring, the Government is now drafting a set of local Code that is applicable in Hong Kong, in accordance with the WHO Code.

(c) DH has produced publicity leaflets on breastfeeding and distributed them to private hospitals and clinics. Besides, public hospitals have banned promotional activities on breast-milk substitutes within their premises. Starting from April 1, 2010, HA purchases milk powder from contract suppliers by tender and no longer accepts free samples of breast-milk substitutes. It is also stipulated in the tender contracts that the suppliers must comply with the WHO Code. Specific requirements set out in the contract include: promotion of breast-milk substitutes in hospitals is prohibited; suppliers are not allowed to distribute free samples to mothers; company representatives are not allowed to contact mothers; suppliers are not allowed to present gifts or personal samples to health workers; words or images idealising consumption of milk powder are banned; information provided to health workers must be scientific and factual, etc. These requirements aimed at ensuring that the sale and advertising of breast-milk substitutes will not discourage breastfeeding so as to achieve more effective implementation of the breastfeeding policy in hospitals and to further enhance the ever-breastfeeding rate in new born babies. Over the past 10 years, the percentage of babies discharged from public hospitals who had been breastfed has risen from 53% in 2000 to 73% in 2009.

(d) At present, many countries like Australia, New Zealand, Singapore and Malaysia etc have formulated voluntary guidelines applicable in their own countries for compliance by the trade with reference to the WHO Code. In light of the experience of other countries, it would be more effective in the control of undesirable marketing practises if appropriate monitoring and sanction mechanisms are put in place in tandem with implementation of the Code. We expected the drafting of the Hong Kong Code will be completed by the end of 2011 for implementation in 2012. DH will monitor the situation and canvass the views of various parties to consider if there is a need to step up enforcement and regulation through the local Code.

Ends/Wednesday, November 10, 2010  
Issued at HKT 15:13

## Press Releases

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LCQ6: Breastfeeding  
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Following is a question by the Hon Wong Yung-kan and a reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (November 17):

Question:

It has been learnt that the Department of Health has set up a task force to develop a Code of Marketing of Breast-milk Substitutes (the Code). In this connection, will the Government inform this Council:

(a) whether the Government had conducted any studies in the past three years on the reasons for some mothers in Hong Kong not breastfeeding their babies; if it had, of the outcome; if not, on what basis the Government will formulate the relevant policies for encouraging breastfeeding; of the work progress of the aforesaid task force to date; when the trade and the public will be consulted on the content of the Code; and

(b) whether the Code to be drawn up will regulate all marketing activities relating to breast-milk substitutes in Hong Kong, including marketing of milk powder products through retailers and the Internet; if it will, how the activities will be regulated; if not, of the reasons for that and how the effectiveness of the Code can be ensured?

Reply:

President,

Breastfeeding is an important public health issue. The World Health Organisation (WHO) recommends breastfeeding as the way of providing the best food for the healthy growth and development of infants. The Government has all along endeavoured to promote, protect and support breastfeeding, and implement this policy through the Department of Health (DH) and Hospital Authority (HA). Healthcare professionals provide counselling service for breastfeeding mothers, and help post-natal women acquire breastfeeding skills and tackle the problems they may encounter during breastfeeding. Over the past 10 years, the percentage of babies discharged from public hospitals who had been breastfed has risen from 53% in 2000 to 73% in 2009.

To provide more support to breastfeeding women, the Government has actively promoted the provision of baby care rooms in public places. The Government's efforts include introduction of the Advisory Guidelines on Baby care Facilities (the Guidelines) in August 2008 for reference by government departments and public organisations. Besides, to encourage the provision of baby care rooms in private commercial premises, the Government has issued a Practice Note on the Provision of Baby care Rooms in Commercial Buildings (the Practice Note) since February 2009. Government departments and property developers have responded favourably to the Guidelines and the Practice Note. As at October 2010, there were some 150 baby care rooms in government properties, whereas a total of 12 shopping arcades

under the management of the Urban Renewal Authority, the Link and the Mass Transit Railway Corporation already provided or would provide baby care rooms on their premises. In addition, baby care rooms will be provided in a number of projects to be carried out by property developers as shown on the plans submitted for approval by the Buildings Department as at the end of 2009.

President, our reply to the question raised by Hon Wong Yung-kan is as follows:

(a) As revealed by researches conducted by DH, local academic institutions and non-governmental organisations (NGOs), the main reasons for mothers giving up breastfeeding their babies include: lack of breastfeeding techniques, perception of having not sufficient breast-milk, discomfort of having painful and engorged breasts, need to return to work, etc. Surveys conducted by certain NGOs also show that the percentage of local obstetricians and paediatricians who have received breastfeeding training is on the low side and suggest that the relevant training should be strengthened.

As mentioned above, the Government has formulated a policy to promote, protect and support breastfeeding based on the recommendations made in the Innocenti Declaration of WHO and United Nations Children's Fund and in light of the findings of local researches. Healthcare professionals of DH's Maternal and Child Health Centres (MCHC) have received formal training to provide professional counselling services to breastfeeding mothers. Workshops have also been conducted to equip breastfeeding working mothers with the necessary skills to get them prepared for continuing breastfeeding after returning to work. Besides, DH is preparing a package of training kits for obstetricians, paediatricians, doctors working in accident and emergency departments and family physicians so as to let them have a better understanding of the breastfeeding policy and update them on the latest knowledge about breastfeeding coaching, with a view to providing more effective professional support to local mothers and babies.

With the objectives to prevent non-communicable diseases and promote community health, the Food and Health Bureau (FHB) has earlier set up a Steering Committee on Prevention and Control of Non-communicable Diseases. Under this Steering Committee, a Working Group on Diet and Physical Activity has been established to make recommendations on matters relating to eating habits and physical activity, and set up a Task force to develop and promulgate a Hong Kong Code of Marketing of Breast-milk Substitutes (the Hong Kong Code). The Task force, formed in June 2010, is comprised of representatives from relevant government departments (including FHB, DH, Food and Environmental Hygiene Department, Television and Entertainment Licensing Authority), HA, specialist groups, Consumer Council, NGOs, etc. The terms of reference of the Task force are as follows:

- \* To develop and promulgate the Hong Kong Code according to the International Code of Marketing of Breast-Milk Substitutes (the Code) of the WHO and subsequent World Health Assembly resolutions;
- \* To develop a system for monitoring the compliance with the Hong Kong Code; and
- \* To monitor the compliance with the Hong Kong Code by the trade.


It is expected that the drafting of the Hong Kong Code will be completed by the end of 2011. Thereafter, the Government will introduce and publicise the Hong Kong Code to the trade and the public.

(b) The aim of the Hong Kong Code is to exercise regulation over the manufacturers and distributors of breast-milk substitutes so as to prohibit them from advertising and marketing their breast-milk substitutes and related products by way of malpractice. The scope of regulation as recommended in the WHO Code covers marketing practices for all breast-milk substitutes including infant and baby formulas, feeding bottles, teats, baby food and related products. Manufacturers and distributors are prohibited from promotion of their products among the public by way of advertisement or other forms of promotion including distribution of free samples of milk powder and coupons to mothers, product labels, information on baby feeding, thematic talks, and activities such as mothers' clubs and babies' clubs, etc. In addition, no words or pictures idealising infant formulas or breast-milk substitutes are allowed on the product labels. The Government will develop the Hong Kong Code having regard to the details and scope of regulation recommended in the WHO Code.

At present, many countries like Australia, New Zealand, Singapore and Malaysia etc have formulated voluntary guidelines applicable in their own countries for compliance by the trade with reference to the WHO Code. In light of the experience of these countries, it would be more effective in the control of undesirable marketing practices if appropriate monitoring and sanction mechanisms are put in place in tandem with implementation of the Code. When the Hong Kong Code comes into effect, DH will monitor the situation and canvass the views of various parties to consider if there is a need to step up enforcement and regulation through the Hong Kong Code.

Ends/Wednesday, November 17, 2010  
Issued at HKT 16:28

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## Press Releases

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LCQ8: Breastfeeding

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Following is a question by the Hon Fred Li and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (February 23):

Question:

The World Health Organization has pointed out that breastmilk is the best food for the healthy growth and development of babies, and that babies under six months of age should preferably be exclusively breastfed, and then continue to be breastfed supplemented by other foods until the age of two or above. Regarding the promotion of breastfeeding in Hong Kong, will the Government inform this Council:

(a) whether it knows the respective current percentages of babies who are exclusively breastfed in the first month and within six months of birth, as well as the percentages of those who continue to be breastfed supplemented by other foods until the age of two; of the criteria based on which the authorities assess if breastfeeding in Hong Kong has reached a satisfactory level;

(b) whether the authorities had conducted any research or survey in the past three years to gauge whether the public, particularly parents of new-born babies, understand that breastmilk is more beneficial to babies' healthy growth and development than infant formula, the public's knowledge of infant formula, and the influence of infant formula advertisements on mothers' decision on whether or not they will breastfeed and when they will use infant formula; if they had, of the details; if not, whether the authorities have any plan to conduct such a survey to provide the basis for promoting breastfeeding and regulating infant formula; and

(c) whether, when drawing up the Hong Kong Code of Marketing of Breastmilk Substitutes, the task force set up by the Food and Health Bureau will organise group discussions to understand the situation and needs of parents using breastmilk substitutes, as well as consult businessmen who manufacture and sell breastmilk substitutes, to ensure effective implementation of the Code in the future in order to protect babies' health and development?

Reply:

President,

Breastfeeding is an important public health issue. The World Health Organization (WHO) recommends breastfeeding as the way of providing the best food for healthy growth and development of infants. It recommends that babies under six months of age should preferably be exclusively breastfed, and then continue to be breastfed along with supplementary foods up to two years of age or beyond. The Government has all along endeavoured to promote, protect and support breastfeeding, and implement this policy through the Department of Health (DH) and Hospital Authority (HA). Healthcare professionals provide counselling service for breastfeeding mothers, and help post-natal women acquire breastfeeding skills and tackle the problems they may encounter during breastfeeding.

(a) The DH carries out regular breastfeeding surveys in its maternal and child health centres (MCHCs). The survey findings indicated that of the babies born in 2008, the percentage of ever-breastfed babies was 74%. Among them, the percentage of babies breastfed continuously for one month, two months, four months, six months and twelve months was 54%, 40%, 31%, 24% and 10% respectively, while the percentage of babies exclusively breastfed for four to six months was 12.7%.

Over the past 10 years, the Government has been working to promote breastfeeding. Such efforts have borne fruits, as evidenced by the increase in the percentage of newborn babies who had been ever-breastfed from 55% in 2000 to 77% in 2009. The Government will continue its efforts to further enhance the breastfeeding rate in Hong Kong.

(b) The DH has recently conducted a survey to gauge the knowledge, attitude and behaviour of about 1,000 parents, who have children aged one to four, on feeding of young children with milk products. The findings will be officially released in mid-2011. The data of the findings preliminarily shows that some parents do not have a thorough understanding of a balanced diet for babies and infants. The DH will continue to publicise positive health information through different channels to enhance parents' understanding on diet for babies and infants. It also plans to produce a parenting education kit on healthy diet for babies and infants, which will include a parents' handbook, education VCDs and recipes, etc.

(c) The Government will put in place a Hong Kong Code of Marketing of Breast-milk Substitutes (the Hong Kong Code), with the aim to exercise regulation over the manufacturers and distributors of breast-milk substitutes so as to prohibit them from advertising and marketing their breast-milk substitutes and related products by way of malpractice. In developing the Code, the Government will take into account the details and scope of regulation recommended in the WHO Code. In the light of some overseas experience, no negotiation will be made with manufacturers and distributors of breast-milk substitutes during the process. When the Code comes into effect, we will monitor its implementation to ensure that the correct information reaches the parents.

Ends/Wednesday, February 23, 2011  
Issued at HKT 16:08



## Press Releases

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LCQ12: Breastmilk substitutes

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Following is a question by the Dr Hon Joseph Lee and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (June 22):

Question:

According to available information, the percentage of babies exclusively breastfed for four to six months in Hong Kong is only 12.7%; in other words, breastmilk substitutes (e.g. milk powder and rice cereal) have become the staple food for most babies, and their ingredients, quality and safety directly affect babies' health and growth; at present, there are quite a number of milk powder products which are commonly known as "parallel-imported" products or not imported through dealers in Hong Kong and from unknown sources for sale in the market, and some advertisements are suspected to be exaggerating the components of milk powder and there is no assurance of their quality. In this connection, will the Government inform this Council:

- (a) whether it will formulate regulations on breastmilk substitutes for babies of 0 to 6 months to comprehensively regulate the manufacturing process, amount of supply, marketing practices and promotional tactics of all breastmilk substitutes for sale in Hong Kong; if it will, of the details; if not, the reasons for that;
- (b) given that the Government has indicated that it is drawing up a Code of Marketing of Breastmilk Substitutes applicable to Hong Kong (the Code) to regulate the marketing practices of manufacturers and distributors of breastmilk substitutes, of the detailed scope of the Code; whether all breastmilk substitutes for sale in Hong Kong are covered; if not, the reasons for that;
- (c) apart from the Code, whether the Government has any measure in place to ensure that members of the public have sufficient information in choosing suitable breastmilk substitutes;
- (d) whether the nature of the Code is only for voluntary compliance by the trade; if so, what measures the Government has to ensure that all manufacturers and distributors of breastmilk substitutes comply with the Code, and when formulating the measures, whether it has assessed their effectiveness; if so, of the details; if not, the reasons for that; and
- (e) given that the Code involves stakeholders of different sectors, whether the Government has conducted thorough consultation on it, and has held discussions with various stakeholders, including manufacturers and distributors of breastmilk substitutes; if it has, of the details including the timetable; if not, the reasons for that?

Reply:

President,

- (a) Currently, the manufacturing process of breastmilk substitutes, like that of other food, is subject to regulation

under existing legislation. If breastmilk substitutes such as infant formula are manufactured in Hong Kong, their manufacturing process must be carried out under a food factory licence in accordance with Section 31 of the Food Business Regulation (Cap. 132X). As for the manufacture of milk products (including liquid breastmilk substitutes) in Hong Kong, a milk factory licence is required under the Milk Regulation (Cap. 132AQ).

We have been proactively liaising closely with milk powder suppliers, the Hong Kong General Chamber of Pharmacy and major retailers, and given assurance by the suppliers that they have sufficient stock, and that they would increase supply to cope with the growing market demand.

The major milk powder suppliers have all agreed that meeting the needs of local babies and infants is their prime responsibility, and they have been closely monitoring the market situation. If necessary, arrangements will be made for increasing supply in Hong Kong to ensure a stable supply of milk powder in the local market. The major brands have already set up hotlines or purchase and delivery services to ensure that the needs of local babies and infants are met. Individual suppliers have also pointed out that there has been an upward trend in requests for purchase and delivery services from their members, which shows that the public has got used to purchasing milk powder under the membership system.

In addition, some retail outlets have set sale quota according to their actual need for certain brands of milk powder in order to cater for the demand of local citizens.

We consider that the existing measures have helped stabilise the supply of milk powder. We will continue to keep close liaison with the Consumer Council, and major suppliers, importers and retailers of milk powder to jointly ensure the stable supply of milk powder in the local market.

On advertising and marketing practices, basic requirements have been set out under the International Code of Marketing of Breastmilk Substitutes promulgated by the World Health Organisation (WHO) in 1981. WHO also updated these requirements and enhanced the relevant regulation by way of resolution at its subsequent World Health Assembly (WHA) held once every one to two years in light of scientific and market developments. At the 63rd WHA held in 2010, WHO urged its member states to end all forms of inappropriate promotion of foods for infants and young children (i.e. those who are 0-3 years old). At present, we mainly rely on milk powder manufacturers and distributors in Hong Kong to exercise self-discipline in compliance with the WHO Code and requirements in the relevant WHA resolutions in monitoring their marketing practices. Where non-compliance of the WHO Code was noted, the Department of Health (DH) would issue warning letters to the manufacturers involved.

(b) To further regulate the advertising and marketing of breastmilk substitutes, DH has set up a Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes at the end of June 2010, which is tasked to develop a Code of Marketing of Breastmilk Substitutes applicable to Hong Kong (the Hong Kong Code). The objective of the Hong Kong Code is to regulate manufacturers and distributors of breastmilk substitutes and related products to prohibit them from advertising and marketing their breastmilk substitutes and related products by way of malpractice. The Administration will work out the details and

coverage of the Hong Kong Code having regard to the details and scope of regulation recommended in the WHO Code and the WHA resolutions.

(c) At present, DH has been making use of different channels including meetings between healthcare professionals and parents as well as workshops to provide parents with correct information about diets and nutrition for infants and young children, and to give advice to parents on choosing the appropriate breastmilk substitutes and related products. To enhance parents' understanding on diet for infants and young children, DH plans to produce a parenting education kit on healthy diet for infants and young children, which will include a handbook, education VCDs and recipes, etc.

(d) At present, many countries like Australia, New Zealand, Singapore and Malaysia, etc, have formulated voluntary guidelines applicable in their own countries for compliance by the trade with reference to the WHO Code. In light of the experience of other countries, it would be more effective in the control of undesirable marketing practices if appropriate monitoring and sanction mechanisms are put in place in tandem with implementation of the Code. After the Hong Kong Code has been put into implementation, DH will monitor the situation and canvass the views of various parties to consider if there is a need to step up enforcement and regulation through the local Code.

(e) The Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes responsible for developing the Hong Kong Code is comprised of members from different sectors of the community, including representatives from the Hospital Authority, Consumer Council, specialist groups, academia, non-governmental organisations, and other major local partners. DH has earlier met major local milk powder suppliers to listen to their views on the Hong Kong Code. It is expected that the drafting of the Hong Kong Code will be completed by the end of 2011. Upon completion of the drafting of the Hong Kong Code, DH will consult the trade and collect the views of various parties. It is expected that the Hong Kong Code will be put into implementation within 2012.

Ends/Wednesday, June 22, 2011  
Issued at HKT 13:31

## Press Releases

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LCQ17: Code of Marketing of Breastmilk Substitutes applicable to Hong Kong

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Following is a question by the Hon Frederick Fung and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (December 7):

Question:

Nowadays infant formula advertisements and promotion are of a great variety and according to a study conducted earlier by the Consumer Council (CC), there is insufficient evidence to prove the beneficial claims of certain ingredients in some infant formulas, and exaggerating and misleading claims in the advertisements are involved. It has also pointed out in my earlier question that the authorities should, by means of publicity and education, eliminate the public misconception that infant formulas are richer and more comprehensive in nutrient components than breastmilk and change the parents' behaviour of blind worship of famous brands of infant formulas. In this connection, will the Government inform this Council:

(a) how the authorities regulate the publicity contents of infant formula advertisements at present; as CC's study has found that the claims in some infant formulas might be exaggerating and misleading, whether the authorities had taken any corresponding action in respect of similar claims in the past three years; if they had, whether such actions included issuing warnings and instituting prosecutions; if not, of the reasons for that, and whether this is an indication that the authorities can do nothing about the false claims in the advertisements of infant formulas;

(b) given that the Government is now drawing up a Hong Kong Code of Marketing of Breastmilk Substitutes applicable to Hong Kong (the Code) for the purpose of regulating manufacturers and distributors of breastmilk substitutes to prohibit them from advertising or marketing their breastmilk substitutes and related products by way of malpractice, of the details of the drafting of the Code; whether it will incorporate the Code in law and mete out a heavy penalty, and also consider taking a step further to impose a blanket ban on infant formula advertisements; if not, of the reasons for that; and

(c) given that the World Health Organization has all along been advocating breastfeeding, pointing out that breastmilk is the best food for the healthy growth and development of babies and suggesting that babies under six months of age should preferably be exclusively breastfed, and then continue to be breastfed supplemented by other foods until the age of two or above, of the latest percentage and practice of breastfeeding in Hong Kong according to the surveys of the Government; the measures taken by the authorities to support the practice of continual breastfeeding; and whether the authorities will set a target percentage for breastfeeding?

Reply:

President,

The Government has all along endeavoured to promote, protect and support breastfeeding, and has been implementing this policy

through the Department of Health (DH) and Hospital Authority (HA). Healthcare professionals provide counselling service for breastfeeding mothers, and help post-natal women acquire breastfeeding skills and tackle the problems they may encounter during breastfeeding. Infant formulas are manufactured in imitation of the nutritional content of breastmilk, and different infant formulas are very similar in composition. Although some parents choose to feed their babies with infant formulas, breastmilk remains the best food for the healthy growth and development of babies.

My reply to the various parts of the question is as follows:

(a) The Government has all along attached importance to the safety of infant formulas. Every year, under the routine food surveillance programme of the Centre for Food Safety (CFS), milk powder samples are taken at import, wholesale and retail levels for chemical and microbiological testing. Between 2007 and 2010, CFS took a total of 960 milk powder samples (including 590 infant formula samples) for testing. All results were satisfactory.

Under section 61 of the Public Health and Municipal Services Ordinance (Cap.132), a person shall be guilty of an offence if he uses or displays a label which falsely describes food or is calculated to mislead as to its nature, substance or quality. The Ordinance also makes it an offence for any person to publish, or to be partly to the publication of, an advertisement which falsely describes any food, or is likely to mislead as to the nature, substance or quality of any food. The maximum penalty is a fine of \$50,000 and imprisonment for six months.

From 2009 to 2010, CFS received a complaint related to promotional materials of infant formula. After seeking legal advice, the complaint was confirmed to be not substantiated. In 2011, CFS has taken follow-up actions on 27 suspected cases of infant formulas with questionable claims and issued letters to the retailers/distributors/manufacturers involved in three of these cases, demanding them to provide information in support of their claims. As for the remaining cases, follow-up actions are still in progress. No prosecution has been instituted so far.

The Broadcasting Authority (BA), as the statutory regulatory body for the broadcasting industry, has stipulated that licensed broadcasters must not broadcast misleading advertisements. Over the past three years, BA handled a total of 10 complaints about misleading infant formula advertisements. Having taken into account the professional advice given by the relevant departments (including DH and CFS), BA considered that there was insufficient evidence to conclude that the advertisements were misleading and thus decided that the complaints were not substantiated.

The Government encourages manufactures and distributors of infant formulas to exercise self-discipline and monitor their marketing practice of their own accord by complying with the International Code of Marketing of Breastmilk Substitutes published by the World Health Organization (WHO Code) in 1981 and the resolutions made in subsequent sessions of the World Health Assembly (WHA).

(b) DH set up a Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes at the end of June 2010, which is tasked to develop a Code of Marketing of Breastmilk Substitutes applicable to Hong Kong (the Hong Kong Code) with the objective to govern manufacturers and distributors of breastmilk substitutes and related products to prevent them from advertising and marketing their breastmilk substitutes and related products by way of malpractice. When formulating the details and coverage

of the Hong Kong Code, the Government will make reference to the details and scope of regulation recommended in the WHO Code and the subsequent WHA resolutions, and take account of the local advertising and marketing practices of the manufacturers and distributors of the relevant products.

The Hong Kong Code will be implemented in the form of voluntary guidelines in tandem with an appropriate monitoring mechanism. At present, many countries like Australia, New Zealand, Singapore and Malaysia, etc, have formulated voluntary guidelines applicable in their own countries for compliance by the trade with reference to the WHO Code. In light of the experience of these countries, it would be more effective in the control of undesirable marketing practices if appropriate monitoring and sanction mechanisms are put in place in tandem with implementation of the Code. After the Hong Kong Code has been put into implementation, the Government will monitor the situation and canvass the views of various parties to consider if there is a need to step up enforcement and regulation through the Hong Kong Code.

(c) With the Government's efforts to promote breastfeeding, the breastfeeding rate in Hong Kong has been continuously on the rise. The findings of the regular breastfeeding surveys carried out by DH's maternal and child health centres (MCHCs) among their target clients indicated that of the babies born in 2010, the percentage of ever-breastfed babies was 77%, while the percentage of babies exclusively breastfed for 4 to 6 months was 14%. Over the past 10 years, the surveys conducted by obstetric departments in hospitals indicated that the percentage of newborn babies in Hong Kong who had been ever-breastfed increased from 55% in 2000 to close to 80% in 2010, demonstrating an impressive outcome.

DH's MCHCs have been endeavouring to promote breastfeeding and have conducted a series of workshops to equip breastfeeding working mothers with the necessary skills to get them prepared for continuing breastfeeding after returning to work. DH has also been collaborating with other professional bodies in enhancing the breastfeeding training for local healthcare personnel, enabling them to give effective support to mothers for continued breastfeeding. Besides, the formulation of a local Code applicable to Hong Kong is crucial for encouraging and upholding breastfeeding as well as affording protection to infants and babies through proper use of breastmilk substitutes.

Ends/Wednesday, December 7, 2011  
Issued at HKT 19:45