

**SUBMISSION TO HONG KONG LEGISLATIVE COUNCIL PANEL ON HEALTH SERVICES REGARDING
IMPLEMENTATION OF THE WHO INTERNATIONAL CODE OF MARKETING OF BREAST MILK
SUBSTITUTES**

La Leche League Hong Kong

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Who is La Leche League Hong Kong?

La Leche League Hong Kong (LLLHK) is part of La Leche League International (LLLI), a non-profit, non-sectarian organisation dedicated to providing support, encouragement and information to women who want to breastfeed. La Leche League has been helping mothers to breastfeed for 55 years and has over 3,000 groups in 68 countries around the world. La Leche League is recognised by the World Health Organisation (WHO) as the foremost authority on breastfeeding and acts as a non-governmental advisor to the United Nations by serving on the Board of Consultants to UNICEF, the United Nations agency concerned with the welfare of the world's children.

LLLHK, like all LLL groups, is run by volunteer Leaders who have breastfed their own babies and also undertaken training in breastfeeding management. They are well informed and well resourced individuals who can access the substantial resources of LLLI as well as their own knowledge and experience. Leaders hold regular meetings across Hong Kong in English and Cantonese as well as providing support by telephone and email to breastfeeding mothers, so deal with breastfeeding questions and problems experienced by Hong Kong mothers on a daily basis.

What are these problems?

Mothers often enter hospital thinking it doesn't matter too much whether they give breast milk or formula milk. They plan to breastfeed – but deep down they believe that formula milk is probably just as good, so they think it's OK to do some breastfeeds and mix in some formula feeds.

This means perhaps a majority of mothers are mixed feeding in the hospital. This can lead to low milk supply, sore nipples and a swift end to the breastfeeding relationship.

Why do these mothers think that formula milk is a pretty good choice?

Take a look at the waiting rooms of many, many private doctors ... they are awash with formula adverts. If the doctors believe that formula milk is good enough, who can blame the mothers for thinking the same?

Why is the WHO International Code of Marketing of Breast Milk Substitutes (“The Code”) important to Hong Kong?

La Leche League Hong Kong firmly believes that Hong Kong must implement and enforce a Hong Kong Code on the Marketing of Breast Milk Substitutes. This Code must include the full range of breast milk substitutes from newborn through to follow-on formulas.

We believe this is a matter of great urgency to protect the birth rights of all babies. Milk is species specific. Human babies need human milk.

Breastfeeding has long been promoted as a simple, low-cost, essential maternal and child health measure. The Hong Kong government itself recommends exclusive breastfeeding up until the age of

six months. In Hong Kong, however, while the rate of 'ever breastfed' babies in the public system has increased to over 70% over the last 20 years, the rate of breastfeeding is only 20% for babies at one month of age and only 10% by 3 months of age (1). In the private system, where around 50% of Hong Kong babies are born, the rates are much lower. One of the major reasons for this is the marketing of breastmilk substitutes that occurs in Hong Kong. (1)

The repercussions of this trend are serious. More babies will need hospitalisation and/or medical treatment for respiratory infections, gastro intestinal problems and ear infections as the likelihood of these is increased with formula feeding. (2) Formula fed babies are more likely to develop certain forms of childhood cancer and diabetes. They are more likely to be obese when they grow up. (3) The health costs of raising a population of predominantly formula fed babies are considerable. It has been estimated that if all infants could be exclusively breastfed for three months or more, then Hong Kong could save \$80-\$140 million in health care costs. (4)

Why was the Code developed and who does it impact?

The WHO recommends exclusive breastfeeding up until 6 months of age, with breastfeeding to continue for at least 2 years and beyond. This is a result of the known lifelong health benefits of breastfeeding for both mother and child and the poorer health outcomes for babies fed with breast milk substitutes.

On May 21st 1981 the World Health Assembly (the Governing Body of WHO) adopted the International Code of Marketing of Breast Milk Substitutes, as a set of rules to protect breastfeeding from unethical marketing practices. The Preamble to the Code explains that "*the marketing of breast milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products.*" Since then, the WHA has passed resolutions that "*clarified and strengthened*" certain provisions of the Code.

The aim of the Code is 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, where these are necessary, on the basis of adequate information and through appropriate marketing and distribution.* La Leche League fully supports the WHO International Code of Marketing of Breast Milk Substitutes.

The Code does not restrict the availability of substitutes for breast milk, nor prevent mothers from deciding to use them. When properly implemented, the Code will protect breastfeeding and non-breastfeeding families, as well as health workers, from unethical marketing practices.

Main Points of the WHO Code

In summary, the primary requirements of the Code are:

- Breast milk substitutes or products used to deliver breast milk substitutes to infants (such as bottles and teats) are not to be advertised to the public.
- Free samples of breast milk substitutes or other products are not to be distributed to mothers.
- Breast milk substitutes or other products are not to be promoted in the health care system.
- Company personnel are not to advise mothers on infant feeding practices.

- Gifts or personal samples of breast milk substitutes or other supporting products are not to be distributed to health care workers.
- Pictures of infants or other pictures idealising artificial infant feeding products are not to appear on packaging.
- All information to health care workers should be scientific and factual.
- All information on artificial feeding, including packaging and labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, are not to be promoted for use with babies.
- Manufacturers and distributors should comply with the Code (and all subsequent WHA resolutions) *even if governments have not acted to implement it.*

The International Code of Marketing of Breast Milk Substitutes is

... a code of marketing, not a code of ethics. The code is a set of rules for industry, health workers and governments designed to regulate marketing. Marketing is much more than simply advertising. It includes all promotional activities including packaging, shelf space, gifts to health workers, special displays in shops, discount coupons, direct contact with mothers through telephone help/advice lines and internet sites and specifically relations with health workers and their associations.

... about breast milk substitutes, not just infant formula. The Code covers other milk products, cereals, teas and juices, bottles and teats. Six months of exclusive breastfeeding is recommended thus any other food or drink introduced during that time will replace breast milk, therefore the marketing of cereals, teas, juices or water for children under six months can be interpreted as intending to replace breast milk and undermine breastfeeding.

... a compromise, not the ideal. The Code is the result of negotiations. Therefore national measures could be stronger and adapted to include new products and changing marketing practices. For example, in Iran formula is only available by prescription and is provided in plain packaging with no marketing or brand content. It is very important that the Code is put into effect through legislation or enforceable regulations. If this step is not taken, the current routine practice of violations of the Code in Hong Kong will continue.

... a tool, not an end in itself. When properly implemented, the Code will regulate marketing practices and will protect all mothers against the promotion of breast milk substitutes. This will make the work of health professionals promoting and supporting breast feeding, in line with the Hong Kong government's own policy, easier and more effective.

The policies and practices of LLL as an international organisation and of its individual Leaders, when they represent LLL at a community level, are fully in accord with the code.

What should implementation of the Code in Hong Kong cover?

The Code should be implemented as it was intended, and as it is supposed to be followed, in full.

La Leche League Hong Kong believes that regulation is needed to curb the advertising of ALL formula milks. It is not sufficient to only regulate for the newborn formulas. When a mother sees an advert for a tin of formula milk on the side of a van, she doesn't consciously think, "Oh, THAT'S for babies of 6 months and older – I'd better breastfeed my newborn." NO – she sees a tin for a milk product which promises better health and a higher IQ for all babies. Much of the Hong Kong community believes that milk from a tin is better than milk from a human breast. This is a very sad fact and certainly the result of decades of advertising.

The advertising is sophisticated and pervasive. It suggests that formula milk contains immunological factors to protect babies from infections. Some adverts imply that babies who drink this product will be more intelligent.

This is false advertising – we know that formula-fed babies have more infections than breastfed babies and that formula does not offer the same immunity that breast milk does. We know that formula-fed babies do less well in IQ tests than breastfed ones. But the messages are widespread, convincing and subliminal.

Hong Kong is proud to have a free economy. But formula milk is not just any product. Choosing between formula milk and breast milk is not like choosing between two brands of shampoo.

Advertising formula milk is not like advertising shampoo. The health risks of formula feeding are well documented and are recognised by the Hong Kong government. Yet the current situation of unregulated formula promotion means that most members of our community are not aware of this fact.

We should not continue to allow the unregulated promotion of a product which is bad for the health of our babies – and their mothers.

Ongoing violation of the Code in Hong Kong

Although the WHA adopted the Code in 1981, manufacturers and distributors are still not adhering to the Code both internationally and in Hong Kong. The majority of the Codes' requirements are broken in Hong Kong on a daily basis. This demonstrates that Hong Kong regulation and appropriate enforcement is essential for manufacturers and distributors to comply.

The last point of the Code is that the Code should be followed by those who profess to adhere to it in all countries, even when the relevant government has not implemented the Code via legislation. In theory therefore, this would happen in Hong Kong but in fact the opposite occurs. It is clear that the industry does not and cannot police itself on a voluntary basis.

Promotion of breast milk substitutes does not merely create and maintain a market: it also legitimises and normalises formula and bottle feeding, making it socially acceptable, which undermines the biological norm of breastfeeding as the basis of infant and child nutrition and therefore the Hong Kong government's own policy.

Legislation is required in Hong Kong

48 countries worldwide have implemented some or all aspects of the Code, including China. LLLHK believes it is essential that Hong Kong adopt legislation which implements the Code. This would be in line with the position in China where many provisions of the Code are law. Implementing similar laws here would not only protect the mothers and babies of Hong Kong in line with the government's own policy but also help to enforce the Chinese laws. Hong Kong is a gateway to China and breast milk substitutes will infiltrate the Mainland Chinese market from here thus defeating the headway that has been made in China in protecting breastfeeding. An example of this is in Iran, which has stringent rules regulating the marketing of breast milk substitutes, which are well enforced yet some infringing products find their way there via neighbouring Pakistan.

Legislation of the Code is the best way to ensure optimum nutrition for children by promoting breastfeeding. Even in Hong Kong, which espouses free trade, such legislation is feasible and desirable, especially if breastfeeding and the marketing of breast milk substitutes are seen not as simple business matters but as important health issues.

We ask that the Panel on Health ensures that the Department of Health is able to implement its own policies effectively and therefore recommend the implementation of a Hong Kong Code of Marketing of Breast Milk Substitutes in legislative form.

REFERENCES

1. M.Tarrant et al **Breastfeeding and weaning practices among Hong Kong mothers: a prospective study** May 2010
2. Smith JP, Thompson JF, Ellwood DA: **Hospital system costs of artificial infant feeding: estimates for the Australian Capital Territory.** *Aust N Z J Public Health* 2002, **26**(6):543-551.
3. Walker M: **A fresh look at the risks of artificial infant feeding.** *J Hum Lact* 1993, **9**(2):97-107.
4. Ball TM, Wright AL: **Health care costs of formula-feeding in the first year of life.** *Pediatrics* 1999, **103**(4):870-876.