



April 5, 2017

Chairman
Panel on Health Services
Legislative Council
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Chairman and members,

**Written Submission to the Panel on Health Services
Special Meeting on 10 April 2017**

Re: Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants and Young Children | LC Paper No. CB(2)1127/16-17(01)

My name is Grace Poon, and I am a Year IV medical student at the Li Ka Shing Faculty of Medicine, The University of Hong Kong. I support the implementation of the “Hong Kong Code” without further delay.

Before I delve into the topic of breastfeeding and child health, I would like to take a step back and survey global health as a whole. Ischemic heart disease, cerebrovascular disease, lower respiratory tract infection (eg. pneumonia), diarrheal diseases, neonatal encephalopathy, self harm (mostly due to mental health disorders), and diabetes are among the leading 30 causes of global Years of Life Lost (YLLs)¹. Hong Kong shares a similar picture with the global figures. Quite notably, in just year 2014 alone, “Intentional Self-Harm” has resulted in 926 deaths in Hong Kong, with 4 deaths occurring in the 5-14 year-old children, and 338 within the 15-44 year-old teenagers to (young) adults². Needless for me to present anymore figures, we could all guess that depressive disorders and other mental health problems contribute greatly to the number of Disability Adjusted Life Years (DALYs), simply by tuning in to our local news daily where heartbreaking stories from various ages stream incessantly into our daily lives.

I believe all members at the Panel and most stakeholders would unanimously agree that everyone has human rights to health and deserves the highest attainable standard of wellbeing. And I believe that all members at the Panel and most stakeholders would have heard of and agree with our ancient Chinese wisdom of “防患未然”, which pretty much underlies the so-called Western theory of public health and preventative medicine. Promoting and enacting public health measures is a pan-win situation for all parties because it effectively targets upstream risk factors that multiple diseases share in common, and hits multiple birds with one stone when a certain risk factor is eliminated, saving endless trouble and effort that would have to be spent in order to mop up the undesired consequences.

Allow me to use another analogy typically used in public health to highlight the importance of identifying risk factors. Imagine yourself standing at a fast flowing-river bank and you spotted a drowning person being carried downstream. Being a competent swimmer, you jumped into the river and saved his life. Yet, after awhile, you noticed another drowning poor soul being carried downstream. It happened again and again and after multiple rescue attempts, you started wondering why there were so many people drowning in the first place. You walked upstream along the riverbank, and you saw the culprit. There was a villain who has been pushing people into the water. But lo and behold, there were a couple more villains further upstream who have been doing the same thing. Some victims initially could swim themselves back to shore but were soon thrown off into the water again by the evildoers. At the end, some just lost the energy to save themselves. You defeated the monsters one after another, you noticed a decrease in the number of people who are drowning, you traced further upstream and you finally



located the Boss of this massacre, who has been throwing off truckloads of people into the water since the beginning of time. Would you stop right there because the rest of the downstream minions have been defeated? Or would you knock down the Boss, and eradicate the root of the problem?

Well being of a person is a longitudinal concept. From the beginning of his/her life, prenatal, antenatal, neonatal, infancy, early childhood, teenage, adult factors all accumulatively contribute to the health of a person. What if I told you that the sword that a person could use to attack the Boss and to protect him/herself from ischemic heart disease, cerebrovascular disease, lower respiratory tract infection, diarrheal diseases, mental health disorders, and diabetes lies in breastfeeding? What if I told you that breastfeeding, almost as if by design, is the most perfect armor that we can clad our children in against infections and later-life morbidities, yet we are foolishly taking it off due to ignorance and erroneous prioritization of things in life? What if I told you that correctly breastfeeding an entire generation of children could possibly be the cheapest method to prevent the arrival of an entire generation of aspirin and statin takers, diabetics, angioplasters and suiciders³? And not to mention the benefits of breastfeeding on mothers: reduced risk of breast and ovarian cancer, type II diabetes, postpartum depression, better bonding with child etc.

Of course, there are legitimate justifiable situations where breastfeeding could not be performed and we are thankful for the invention and availability of formula milk. In fact, in the US, the breastfeeding movement has gone to such an extreme that there has been a movement on destigmatizing mothers who do not or cannot breastfeed, and there has been cases of non-breastfeeding mothers who started buying breast milk from strangers online, fell into depression because of guilt, or poorly/non-lactating mothers resulting in dehydration and ultimate death of her baby because of her fear of giving her child formula milk. I by no means appreciate the extent that the US has gone in demonizing formula milk. However, one thing has to be made clear: breastmilk is superior to formula milk. Babies should be “exclusively breastfed for the first six months of life. At six months, solid foods, such as mashed fruits and vegetables, should be introduced to complement breastfeeding for up to two years or more.”⁴ In situations where breastfeeding is contraindicated, mothers should have an informed choice of alternative infant feeding options.

Way back in 1981, World Health Organization has already adopted an international code to regulate the marketing of breastmilk substitutes, as they realize the difficulty in exclusive breastfeeding, and recognize that barriers to breastfeeding should be eradicated as much as possible⁵. Amongst many barriers, marketing and advertising of formula milk is one of them. Regulating the marketing of formula milk and related products, and food products for infants and young children is by no means the solution to the breastfeeding problem but it is ONE of the frontiers that we need to defend. I was shocked to learn that the exclusive breastfeeding rate at six-months of age was only 2%. Ever since the adoption of the WHO CODE, for the past 36 years, have we missed out an entire generation of children and adults that could have enjoyed a better health? The barriers to promoting breastfeeding in Hong Kong are numerous, and while in parallel the society is creating a more breastfeeding-friendly environment and providing more support for mothers, I strongly urge the Panel to pick this lowest hanging fruit, seize this opportunity, and help break down barriers to breastfeeding in Hong Kong.

Yours sincerely,

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