



Re: Proposed Regulatory Framework on Nutrition and Health Claims on Infant Formula, Follow-up Formula, and Prepackaged Foods for Infants and Young Children under the Age of 36 months in Hong Kong - views submitted by FSTRC, PolyU

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1 個附件檔



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Dear Sir/Madam,

Food Safety and Technology Research Centre (FSTRC), The Hong Kong Polytechnic University appreciate the government's continuous effort to better the coverage on protecting the health of infants and young children. Thus, we applaud the Proposed Regulatory Framework on Nutrition and Health Claims on Infant Formula, Follow-up Formula, and Prepackaged Foods for Infants and Young Children under the Age of 36 months in Hong Kong.

Enclosed please find the views from FSTRC which prepared by our Centre Director, Prof. Wing-tak Wong. Should you have any queries, please feel free to contact us.

Yours faithfully,
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Food Safety and Technology Research Centre
Department of Applied Biology and Chemical Technology
The Hong Kong Polytechnic University

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Consultation on
“Proposed Regulatory Framework on Nutrition and Health Claims on
Infant Formula, Follow-up Formula, and Prepackaged Foods for Infants
and Young Children under the Age of 36 Months in Hong Kong”
- Views from Food Safety and Technology Research Centre,

The Hong Kong Polytechnic University

In light of the growing concern about the nutrition development, **Food Safety and Technology Research Centre, The Hong Kong Polytechnic University** has set up the Laboratory for Infant and Child Nutrition since 2013. As one of the stakeholders in the area of infant and young child nutrition, we appreciate the continuous effort of the Hong Kong government to better protect the health of infants and young children. We applaud this proposed regulatory framework which relates to formula products and foods for infants and young children under the age of 36 months.

Basically, we agree with all the five overarching principles to delineate the boundary of the regulatory framework and to prescribe conditions that will bind any claims allowed. Taking reference from different authorities worldwide, the principles are up to international standard and can benefit all the stakeholders and are positive to public health.

Our reasons for agreeing with the overarching principles 1 to 3 are shown:

For infant formula, we adopt a restrictive approach by which both nutrition claims (i.e. nutrient content claims and nutrient comparative claims) and health claims (i.e. nutrient function claims, other function claims and disease risk reduction claims) should be prohibited. Breast milk is the best source of nutrition for infants, especially during the first 6 months after birth. Infant formula is the only processed foodstuff which wholly fulfils the nutritional requirements of infants during the first few months of life until the introduction of complementary foods. We must therefore ensure that infant formula has the appropriate composition and is nutritionally adequate. However, if any nutrition and health claims are to be allowed, parents or care-givers may be misled into believing that certain added nutrients in the infant formula are absent from breast milk. They may believe infant formula are superior to breastfeeding and therefore give up breastfeeding.



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We take a middle ground on the issue of follow-up formula: nutrient content and nutrient function claims should be permitted while nutrient comparative claims, other function claims and disease risk reduction claims should be prohibited. Infants from the age of 7 to 36 months are in a transitional period to gradually wean from milk to solid foods so that follow-up formula is not the sole nutrition source for babies as complementary foods have already been introduced into their diet. Therefore parents should be provided with more information on the nutritional properties about the formula so that they can make well informed choices over suitable products to cater for the need of their children.

However, we do not agree to allow of the making of comparative claims, other function claims and disease risk reduction claims in the follow-up formula. As the follow-up formula is a vehicle for milk substitute, too much information, especially those not related to the essential nutrients, may be confusing to customers. Moreover, there is no evidence that products with comparative claims have additional health benefits. We worry that parents may have the wrong impression that follow-up formula with these claims are more nutritious than breast milk and are thus discouraged from breastfeeding.

We agree to adopt an inclusive approach for Infant and Young Children (IYC) foods by which nutrition claims and nutrient function claims should be permitted. However, we would like to stress that the use of other function claims in IYC foods should have a restricted list of approved claims. There is a rapid increase in the research on the early development of children, and allowing the use of other function claim may give the IYC food industry an incentive for research and development on the non-nutrient constituents which may be favorable to children. Parents can have up-to-date information to help them choose appropriate IYC foods. The use of other function claims in IYC foods is allowed in EU, Australia, New Zealand and Singapore. Thus, we think other function claims can be allowed in IYC foods but a panel needs to be set up to draw up a list of approved claims supported by sufficient scientific evidence.

We welcome the proposed regulatory mechanism for health claims and agree that there should be a panel made up of both local and world leading experts in infant and child nutrition from the government (e.g. Centre for Food Safety and Department of Health credentials), the academia and trade. With this panel, the list of approved claims could be updated and amended whenever there is new scientific evidence to include any new claims or remove obsolete ones.



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