



Comments on Proposed Regulatory Framework on Nutrition and Health Claim on Infant Formula, Follow-up Formula, and Pre-packaged Foods for Infants and Young Children under the Age of 36 Months in Hong Kong

claims_co
@breastfeeding.org.hk to: nsultation 17/4/2015 00:25
@fehd.gov
Cc: @gmail.com, @gmail.com

From: 香港母乳育嬰協會 .@breastfeeding.org.hk>
To: claims_consultation@fehd.gov.hk
Cc: @gmail.com, @gmail.com>

Comments and Recommendation on Proposed Regulatory Framework on Nutrition and Health Claim on Infant Formula, Follow-up Formula, and Pre-packaged Foods for Infants and Young Children under the Age of 36 Months in Hong Kong

The Hong Kong Breastfeeding Mothers' Association agrees that it is time to formulate regulatory framework on nutrition and health claim on infant formula, follow-up formula, and pre-packaged foods for infants and young children under the age of 36 months in Hong Kong. As spelt out in the consultation document, breastfeeding is widely recognised as superior in ensuring physical and psychological health and well being of mother and child, as well as an important early nutrition to infants and young children on their long-term health. The World Health Organisation ("WHO") recommends that infants be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Mothers should continue to breastfeed their children beyond the age of six months, until they are two years of age or older.

Hong Kong Breastfeeding Mothers' Association agrees that misleading and inappropriate making and application of nutrition and health claims, especially on formula can discourage breastfeeding or deprive new mothers of getting the right information. Regulatory framework on infant and follow-up formulas is therefore essential.

Recommendation on the proposed regulatory framework:

Government has a role in public education and should follow global practice

While Codex should be taken into consideration, it is important to note that information on health benefits from breastfeeding by authority such as WHO should be promoted by the Government in order to disseminate the right information to the general public. Guidelines such as the International Code of Marketing of Breastmilk Substitutes, which is an international health policy framework adopted by the World Health Assembly of the WHO in 1981 recommends restrictions on the

marketing of breastmilk substitutes. This should be followed when formulating the regulatory framework especially on infant and follow-up formulas. Some relevant provisions are listed below:

The Code (World Health Organization Publication WHO/MCH/NUT/90.1)

- NO advertising of breast-milk substitutes to the public.
- NO words or pictures idealizing artificial feeding, including pictures of infants on the products.
- Information to health workers should be scientific and factual.
- All information on artificial feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.

Following this code, formula packaging should include the benefits of breastmilk and that formula is not an acceptable substitute for breastmilk. This should be described explicitly on the packaging. In addition, we noticed that under most jurisdictions world wide, Nutrition claims and Health claims in infant formula and follow-up formula are not allowed. Formulas are normally provided with ingredient and composition label. We agree that this basic information shall deem adequate and no claim should be allowed.

Comments on the proposed regulatory framework:

We support the restrictive approach on both infant and follow-up formula and we do not have comments on the approach on IYC Foods. We agree with Principle 1 that nutrition claims should be prohibited in infant formula with the exception of essential health information (such as lactose free), however, we think that the same restrictive approach should also be applied to the follow-up formula. There is difficulty for mothers to distinguish the difference between infant formula and follow-up formula. But they are both not essential in the growth and development of children under 36 months. According to the WHO, formula is not an acceptable substitute for breastmilk. Therefore we recommend that they should both be regulated in a restrictive approach.

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香港母乳育嬰協會

Hong Kong Breastfeeding Mothers' Association

Tel:

Fax: