

Response to Consultation Document 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

1 THE CONSULTATIVE DOCUMENT

We will like congratulate the Government's commitment to "protecting the health and infants and young children" and proposes establishing a regulatory framework on nutrition and health claims for foods for children under the age of 36 months.

2 IMPORTANCE OF EARLY NUTRITION = INFANT FORMULA, FOLLOW-UP FORMULA AND PREPACKAGED FOODS FOR INFANTS AND YOUNG CHILDREN UNDER THE AGE OF 36 MONTHS SHOULD NOT BE CONSIDERED AS COMMON COMMODITIES. SOME HAVE ARGUED THAT INFANT FOODS SHOULD BE REGULATED AS DRUGS.¹

FEEDING PRACTICES THAT ARE HEALTHY AND THAT WILL ENCOURAGE HEALTHY EATING ARE OF EQUAL IMPORTANCE ESPECIALLY DURING WEANING AND INTRODUCTION OF SOLID FOOD.

HONG KONG ARE FACING INCREASING INCIDENCE OF OBESITY, DIABETES, HYPERTENSION ETC AND MUST BE ADDRESSED URGENTLY.

ESTABLISHING OPTIMAL EARLY NUTRITION AND FEEDING WILL BE MOST COST-EFFECTIVE FOR ITS PROGRAMMING AND EPIGENETIC EFFECT.

The first 36 months, as the Chinese saying 三〇定八十 is the most vital period for child development. The submissions will be concentrated on children under 36 months of age.

The first three years is the period when the brain is undergoing rapid development. While having optimal nutrition is important, having good feeding practices that promote bonding and social

¹ *Infant Formula: Evaluating the Safety of New Ingredients 2004*, the National Academies Press, 500 Fifth St. NW, Washington, DC 20001

interactions as well as establishing healthy feeding habits of eat in diversity, in moderation and in satiety if not in gratitude is also essential. Core indicators for early feeding from WHO are²:-

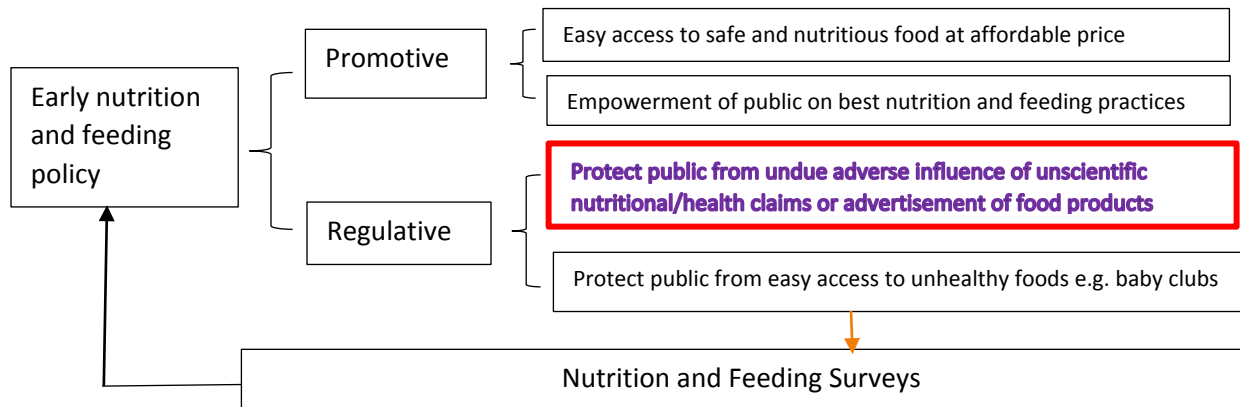
1. Early initiation of breastfeeding
2. Exclusive breastfeeding under 6 months
3. Continued breastfeeding at 1 year
4. Introduction of solid, semi-solid or soft foods
5. Minimum dietary diversity– **and not over-dependence on milk as shown in a recent study in Hong Kong that pica and over-drinking of mild was very common**³
6. Minimum meal frequency
7. Minimum acceptable diet
8. Consumption of iron-rich or iron-fortified foods

Feeding habits in Hong Kong children has not been satisfactory. Besides over-reliance on milk, they are also found to be not taking enough fruit, vegetables and solids.²

For their importance, optimal early feeding and nutrition should considered a public health issue and should be accorded high priority for its promotion, protection and support.

Optimal nutrition and good feeding practices have lifelong impact and must be promoted, protected and supported by

1. Overarching nutrition and feeding policy
2. Easy access to safe and nutritious food at affordable price
3. Empowering parents and children on literacy on nutrition and healthy eating habits
4. Protecting public from undue adverse influence from nutritional claims or advertisement that are not based on sound scientific evidence
5. Protecting public easy access to unhealthy food



Recommendations

² Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C., USA.

³ A Survey of infant and young child feeding in Hong Kong: Diet and nutrient intake, Department of Medicine and Therapeutics Centre for Nutritional Studies, CUHK and Family Health Services, DH, HKSAR. 2012

1. Infant formulae, follow up formula and foods for infants and children less than 36 years of age should not be considered as common commodities and their provision, supply, health claims and advertisement should be properly regulated.
2. Early nutrition and feeding policy should be formulated in Hong Kong
3. More promotive actions should be introduced in a systematic and structured way supported by local data.
4. Nutritional and feeding surveys should be regularly conducted to understand the nutritional and dietary intake and feeding practices of children in Hong Kong. The information collected will inform evidence-based changes in policy, service provision (including food supply, price, education, and training) and regulatory practices.

They subsequent discussion will be on protecting public from undue influence from “nutrition and health claims”

3 REGULATORY FRAMEWORK – NUTRITION AND HEALTH CLAIMS/ADVERTISEMENT FROM FOOD INDUSTRY HAVE PROFOUND INFLUENCE ON EATING HABITS OF PUBLIC AND CAN PRIME OUR CHILDREN TO PREFERENCE OF SUCH FOOD LIKE MILK, SWEETS, ENERGY DRINKS.

Definitions

Firstly how should “claims” be defined? The claims can be implicit or explicit. As in Oxford dictionary, to claim is to “state or [assert](#) that something [is the case](#), typically without [providing evidence](#) or proof”

Example of implicit or implied claims – a. DHA is essential for brain development b. Product XX has very high DHA → XX will promote good brain development or used more commonly in advertisement is association of talented child with DHA and the product etc .

The influence of such implicit claims can be more significant on behavioural change than explicit claims as well illustrated by recent studies on advertisement and media

If we should define “claim” as asserting something without proof either explicitly or implicitly, we should differentiate “[claim](#)” from factual [information](#).

Will suggest the following classifications

1. [Nutrition information](#) –listing of all the nutritional constituents of the product in terms of amount, concentration, DRIs/NRVs should always be allowed provided it is factual and proven. This must be easily accessible and readable to provide detail information to consumers and professionals
2. [Nutrition labelling](#) on the product package or pamphlet –listing of the essential nutritional components of the produce e.g. energy, fat, carbohydrate, protein, mineral, vitamins etc should be allowed provided it is factual and proven. Factual labels e.g. lactose free, gluten free, peanuts free...etc should be permitted and encouraged. This should be in line with Food labelling legislations.
3. [Nutrient claims](#) – nutrient content claims and nutrient comparative claims
4. [Nutrient functional claims](#)
5. [Health claims or reduction of disease claims of nutrients](#)
6. [Product functional or health claims](#) – implicit or explicit base on nutrient content.

Overarching Principles

1. Nutritional claims should be prohibited in infant formula. Nutritional information should be provided and essential nutrient information e.g. lactose free, soy protein, hydrolyzed protein etc should be provided – **agreed**
2. Reduction of disease risk claims should be prohibited in formula product and IYC foods – **agreed and all infant formula, follow up formula and IYC should not be marketed as “health food” with a reduction of disease or health problem claims**
3. Nutrition claims (ie nutrient content claims and nutrient comparative claims) and nutrient function claims should be permitted in IYC foods – **disagree**
 - a、 Nutrient information instead of “claims” should only be allowed
 - b、 Our aim should to encourage infants and children to take a variety of natural food in progression to regular diet, these formulae or IYC should not be used as main source of food but for special occasion. Also as stated in 4.10 “No known formula products and IYC foods are created primarily to prevent a disease” nor they are prepared to enhance certain health condition, as such nutrition claims or nutrient function claims should not be allowed.
 - c、 Nutrient labelling can be allowed should it be factual and informational.
 - d、 The Principles 4 should be used here – 4.14 Nutrients with no appropriate DRI or NRV has been established, no claims should be made in respect of that nutrient.
4. Nutrients or constituents permitted to be the subjects of claims should be of high importance to the health of infants and young children – **agreed**
5. Nutrition and health claims should meet specific content conditions and health claims should be scientifically substantiated and have undergone credible evaluation process. –**agreed**
 - a、 On this a Scientific Committee or a mechanism should be established to evaluate and recommend “claims” that are permitted and to produce a list of approved “claims”.
 - b、 Regular survey should be conducted on monitor “claims” published or advertised in Hong Kong

Finally as stated by Committee on the evaluation of the addition of ingredients new to infant formula, Institute of Medicine, US in 2004

“Infant formulas are liquids or reconstituted powders fed to infants and young children to serve as substitutes for human milk. Infant formulas have a special role in the diet because they are the only source of nutrients for some infants and many receive infant formula at some time during their first year of life, often in combination with breastfeeding. Infancy is a uniquely vulnerable period of rapid growth and development and as such, feeding changes have the potential to impart benefit or harm in the short term, into early childhood, and even later into adulthood. Not all organ systems are fully mature at birth, and many are highly susceptible to environmental inputs as they undergo further development. Thus, measurements of safety parameters during infancy need to be equally or even more stringent than at other periods during the life cycle. The introduction of new ingredients to formulas must pose no or minimal risk to infants.

Existing guidelines and regulations for evaluating the safety of conventional food ingredients (e.g., vitamins, minerals) added to infant formulas have worked well in the past; however, they are not sufficient to address the diversity of potential new ingredients proposed by manufacturers to develop formulas that mimic human milk and do not adequately address the uniqueness of infants and infant nutrition.”

Infant formula and infant food manufacturers are doing great experiments on our infants in a non-scientific way without robust methodology and post-marketing surveillance. She has recommended tighter control and regulation but obtained little response from Governments and manufacturers.

Should the noble aims of our Government “protecting the health and infants and young children” be our prime priority, I cannot see any reasons for “nutrient or health claims” on any pre-packaged food for children under 36 months of age as they have limited ability to choose their food (except by refusing) yet parents are most vulnerable to advertisements for their incessant quest for the best of their children. Our Government has the responsibility to protect parents and children from being exposed to “claims” that are not scientifically proven.

4 REGULATORY OPTIONS

Recommendations

- Table 4 – Health information, Food labelling which are factual and essential to provide information to consumers and professionals are allowed. All nutrient or health “claims” should be subjected to Principles 4 and 5 and only be allowed should they be scientifically proven. Claims should be assessed for their potential implicit and explicit influence on consumer behaviour and not just on explicit or surface levels.

Category	Type of Claim	Restrictive	Inclusive
Infant formula			
Health information		Allowed	
Nutritional labelling		Allowed	
Nutrition Claim	Nutrient content claim	Not allowed	Allowed if **
	Nutrient comparative claim	Not allowed	Allowed if **
Health Claim	Nutrient function claim	Not allowed	Allowed if **
	Other function claim	Not allowed	Allowed if **
	Reduction of disease risk claim	Not allowed	Not allowed
Follow up formula			
Health information		Allowed	
Nutritional labelling		Allowed	
Nutrition Claim	Nutrient content claim	Not allowed	Allowed if **
	Nutrient comparative claim	Not allowed	Allowed if **
Health Claim	Nutrient function claim	Not allowed	Allowed if **
	Other function claim	Not allowed	Allowed if **
	Reduction of disease risk claim	Not allowed	Not allowed
IYC Foods			
Health information		Allowed	
Nutritional labelling		Allowed	
Nutrition Claim	Nutrient content claim	Not allowed	Allowed if **
	Nutrient comparative claim	Not allowed	Allowed if **
Health Claim	Nutrient function claim	Not allowed	Allowed if **
	Other function claim	Not allowed	Allowed if **
	Reduction of disease risk claim	Not allowed	Not allowed
** = in accordance to Principles 4 and 5			

Recommendations

- A Nutrition and Feeding Committee composed of all stakeholders, including nutritional and health

experts, commercial sector and lay public be established to develop

- a) Nutrition and Feeding Policy
- b) Regulation on nutrient and health claims of food products for young children
- c) Develop infant and young children nutrition and feeding indicators to monitor the progress
- d) Conduct regular nutrition and feeding survey
- e) Establish NRV for Hong Kong infants and young children.

5 ESTABLISHMENT OF A SET OF NRVs SPECIFICALLY FOR INFANTS AND YOUNG CHILDREN

Fully agree.

We should also develop a Nutrition and Feeding policy for Hong Kong children.

Regular nutrition and feeding surveys should be conducted (every 3 to 5 years at least) to monitor the nutritional situation of our children as well the feeding practices as good feeding practices of the young will lead to healthy eating in adulthood. This will also have good impact on adults such as parents and grandparents alike as children are good change agents for healthy behaviour.

6 GRACE PERIOD

Each year of delay in introduction of the regulatory mechanism will mean that one hundred and twenty thousand children will be affected which will have life-long impact. The price is too high for any delay!

Also legislation on the Nutritional Claims will take time, The Hong Kong Code of Marketing of Breastmilk Substitutes should be implemented immediately.

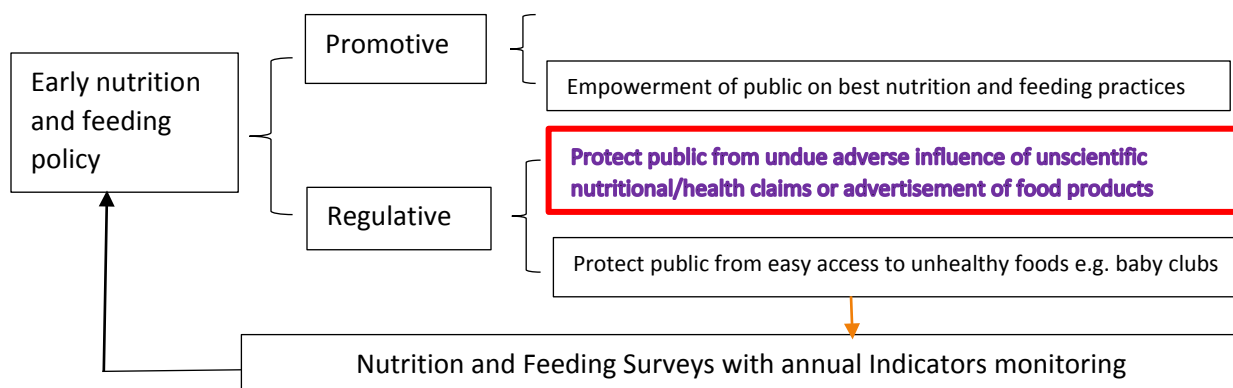
7 CONCLUSIONS

Infancy is a uniquely vulnerable period of rapid growth and development and as such, feeding changes have the potential to impart benefit or harm in the short term, into early childhood, and even later into adulthood. Not all organ systems are fully mature at birth, and many are highly susceptible to environmental inputs as they undergo further development. Such changes will have lifelong or even intergeneration effect on obesity, hypertension and diabetes risk from programming and epigenetic changes.

Infant formulas, follow on formula and IYC have a special role in the diet because they are the only or main source of nutrients for some infants and many receive infant formula at some time during their first year of life, often in combination with breastfeeding. For their important public health impact, such food should not be considered as common commodities and should be properly regulated.

A proposed scheme is suggested

Easy access to safe and nutritious food at affordable price



While the consultative documents concentrates on the regulative aspects, we must not forget, in order to promote and protect the health of our next generation promotive or preventive actions are equally important.

8 RECOMMENDATIONS

1. Infant formulae, follow up formula and foods for infants and children less than 36 years of age should not be considered as common commodities and their provision, supply, health claims and advertisement should be properly regulated.
2. Early nutrition and feeding policy should be formulated in Hong Kong
3. Exclusive breastfeeding for 6 months must be promoted, protected and supported at all cost for its important effect on infant growth and development and lifelong impact.
4. More promotive actions should be introduced in a systematic and structured way supported by local data.
5. Nutritional labelling should be more informative to enhance good eating habits and may also contain statements to encourage to eat in variety, in moderation and avoid high energy, high fat, high salt content diet etc.
6. Indicators for infant and children nutrition and feeding should be developed and monitored
7. Nutritional and feeding surveys should be regularly conducted to understand the nutritional and dietary intake and feeding practices of children in Hong Kong. The information collected will inform
8. A Nutrition and Feeding Committee composed of all stakeholders, including nutritional and health experts, commercial sector and lay public be established to develop
 - a) Nutrition and Feeding Policy
 - b) Regulation on nutrient and health claims of food products for young children
 - c) Conduct regular nutrition and feeding survey including indicators
 - d) Establish NRV for Hong Kong infants and young children.

6. Regulatory framework

Category	Type of Claim	Restrictive	Inclusive
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** = in accordance to Principles 4 and 5			

9. Such regulatory framework should be introduced as soon as possible.

10. The **Hong Kong Code of Marketing of Breastmilk Substitutes** should be implemented immediately as the Code and the Regulatory legislation on Nutritional and Health Claims of formula products and prepackaged food for infants and young children under the age of 36 months together will provide much better mechanism on the promotion, protection and support for breastfeeding for infants of Hong Kong, a gift most precious and most important for healthy development of our next generation.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chow Chun Bong' in a cursive style.

Dr. Chow Chun Bong BBS, JP

Chairman
Hong Kong Committee on Children's Rights

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