



Position Statement of the Hong Kong College of Paediatricians on 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

**Endorsed by the Council of the Hong Kong College of Paediatricians
on 12th March 2015**

Early nutrition is important not only for the growth and development of infants and young children but also their long term health, such as the predisposition to non-communicable diseases in later years, and thus lays the foundation for future population health. Protecting, promoting and supporting optimal infant and young child feeding and nutrition, is therefore a public health priority.

The Hong Kong College of Paediatricians strongly advocates empowering parents to make proper infant feeding choices on the basis of scientific and unbiased information and/or professional advices, rather than relying on commercial advertising, pervaded with scientifically unsubstantiated health claims. We welcome the Government's timely proposal of the Regulatory Framework on Nutrition and Health Claims on Infant Formula, Follow-up formula and Prepackaged Foods for Infant and Young Children Under the age 36 Months in Hong Kong.

Our comments are as follows:-

Infant formula:

Infant formulas are very similar in composition as required by the Codex Standards. It is the milk of choice for infants below 12 months of age when parents do not choose to breastfeed. While manufacturers may add nutrients /constituents as optional ingredients in infant formula with the aim to mimic the composition of breastmilk, in most cases, the anticipated benefits have not been substantiated based on current evidence from meta-analysis of randomized controlled trials with evaluation of long term clinical outcomes. Allowing claims in infant formula discourages breastfeeding and is misleading to parents who opt for formula milk feeding for their children. Therefore, we **strongly support** the prohibition of nutrition claims (**Overarching Principle 1**) as well as all health claims i.e. nutrient functions, other function claims (**the restrictive approach**) and reduction of disease claims in infant formula.

Follow-up formula:

Follow-up milk formula, which bears very similar names / logo and packaged to look like infant formula are marketed aggressively in the local market despite they are not necessary from the nutrition or health point of view. Research suggested that consumers failed to distinguish between advertising for infant formula and follow-up



/ toddler milk.^{1,2} Follow-up formula and infant formula are generally similar in composition except the former generally has higher protein and nutrient content than the latter. Recent research evidence showed that taking formula milk with higher protein content during the first year of life increased the risk of obesity at 2 years compared to feeding on formula with lower protein content or breastfeeding.

The recently released WHO statement entitled “*Information concerning the use and marketing of follow-up formula (2013)*”³ maintains that breastmilk remains the most appropriate liquid part of a progressively diversified diet for the vast majority of children between 6 and 24 months of age, once complementary feeding has begun. For children who are not breastfed, or for whom breastfeeding stops before the recommended duration of two years or beyond, acceptable milk sources exist (including full cream milk, fermented milk, yogurt, or infant formula). Follow-up formula is therefore unnecessary as well as not a more suitable substitute for BM than other milk sources.

We are gravely concerned about the aggressive marketing of follow-up formula in Hong Kong and its impacts on infant and young child feeding practices. A survey conducted by the Department of Health (2010)⁴ to examine the diet and nutrient intake of young children showed a high prevalence of unbalanced dietary patterns with excessive milk consumption. A significant proportion of parents had misconceptions about the nutritional value of follow-up formula milk, which probably reflected the powerful penetration of aggressive advertising.

In view of the latest scientific evidence and local situation, the majority of our Council members **support the prohibition of nutrient comparative claim, nutrient function claim, other function claim and disease risk reduction claim** for follow-up formula. We consider that nutrient content claims as factual information similar to food labelling and this can be allowed.

On the other hand, some Council members opined that in a free society such as Hong Kong, transparency is important, and parents should not be denied true information about milk formulas, provided that they are important and scientifically substantiated (**overarching principles 4 & 5**). Parents should be given the choice and make decisions themselves.

¹ Berry, N., Jones, S. C., Iverson, D., 2010. "It's all formula to me": Women's understandings of Toddler Milk ads. *Breastfeeding Review* 17(3), 21-30.

² Berry, N., Jones, S. & Iverson, D. (2010). Toddler milk advertising in Australia: the infant formula ads we have when we don't have infant formula ads. In P. Ballantine & J. Finsterwalder (Eds.), ANZMAC Annual Conference 2010: Australian and New Zealand Marketing Academy Conference 2010. Christchurch, New Zealand: Department of Management, College of Business and Economics, University of Canterbury.

³ Information concerning the use and marketing of follow-up formula (FUF), World Health Organization. 2013.

Link: http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf

⁴ <http://www.fhs.gov.hk/english/reports/index.html>



Whether the inclusive or restrictive approach is adopted by Government, we recommend to **strengthen the education** given to the public, especially mothers, so that they can make correct choice of infant feeding and help their young children establish a healthy feeding habit.

Infant & Young Child (IYC) Food:

Regarding the nutrition and health claims in IYC foods, we **support** the proposed **overarching principle 3 with caution**. These foods should, under no circumstances, be labeled to be suitable for infants below the age of 6 month, which is currently the case (e.g. baby cereals).

We also **support** the proposed **overarching principles 4 & 5** which provide sound general guidance on the allowance of health and nutrition claims. However, how claims are assessed for their importance to the health of infant and young children, what constitutes a credible evaluation process, as well as the criteria and standards of scientific substantiation have not been adequately described. In this regard, we urge the Government to adopt prudent principles laid down by Codex Alimentarius⁵ and robust standards and processes used by credible international authorities such as the European Food Safety Agency (EFSA)⁶ instead of setting up another local vetting and then appeal mechanism which would entail significant resources.

In conclusion, we consider the proposed regulatory framework a very reasonable approach to the regulation of Nutrition and Health Claims on Infant Formula, Follow-up formula and Prepackaged Foods for Infant and Young Children. **We support the proposed 5 overarching principles and the regulatory approaches as specified in the previous sections.** However, as the legislative process is likely to be lengthy, we urge the Government to, as soon as possible, launch the Hong Kong Code of Marketing of Formula and IYC foods, which would provide voluntary guidelines to the trade in the interim.

⁵ Guideline for use of Nutrition and Health Claims (CAC/GL 23-1997), Codex Alimentarius

⁶ EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA); General guidance for stakeholders on the evaluation of Article 13.1, 13.5 and 14 health claims. EFSA Journal 2011;9(4):2135. [24 pp.]. doi:10.2903/j.efsa.2011.2135. Available online: www.efsa.europa.eu/efsajournal