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LegCo Panel on Health Services

Redefined Roles of Department of Health

Introduction

This paper briefs Members on the proposed redefined roles of the Department of Health (DH).

Background

2. DH was established on 1st April 1989 upon the reorganization of the former Medical & Health Department to focus on the development of health services for the promotion of positive health and the prevention of diseases.

3. The work of DH is reflected by its mission statement which reads “The Department of Health is the Government’s health adviser and agency to execute health care policies and statutory functions. It safeguards the health of the community through promotive, preventive, curative and rehabilitative services.”

4. The development of DH was also guided by the recommendations of the Working Party on Primary Health Care published in 1990. DH has since then introduced and developed a number of disease prevention and health promotion oriented programmes targeting at specific clients such as Student Health Service, Women Health Service and Elderly Health Service.

5. Hong Kong can indeed be proud of our achievements in the health of the community, contributed by many factors and reflected by our health indices, which are on par with the developed countries. Notwithstanding this, we still see the need to keep in pace with the changing health needs of the community brought about by challenges such as changes in trends of diseases, emerging and re-emerging infections, ageing population, globalization as well as advances in medical technology and information technology.

6. As stated in the Consultation Document on Health Care Reform released in December 2000, the Government has a vision to re-create a health

care system which promotes health, provides lifelong holistic care, enhances quality of life and enables human development. Against this background, DH considers it opportune to re-examine its core roles in fulfilling its commitments as health authority and health advocate to protect and promote the health of the community.

Core Roles of Department of Health

7. In defining the new roles of DH, reference is made to :

- ◆ the roles of health departments in overseas countries;
- ◆ epidemiology of communicable and non-communicable diseases, locally and globally;
- ◆ expectations of the public; and
- ◆ views of the Legislature.

8. Currently, the work or activities of DH under the policy area of health are grouped into five programmes :

Programme (1)	Statutory Functions
Programme (2)	Disease Prevention
Programme (3)	Health Promotion
Programme (4)	Curative Care
Programme (5)	Rehabilitation

9. Over the years, there is growing public expectation for DH to strengthen its roles as a regulator to safeguard public health and in health promotion to improve the quality of life of the population. Taking into account public aspiration and overseas practices, it is considered appropriate for DH to adopt a functional approach in this exercise and we have proposed to refine our core roles under 4 areas, namely :

- (i) Regulatory
- (ii) Advisory
- (iii) Health Advocacy and Promotion
- (iv) Disease Prevention and Control

Regulatory

10. DH has been exercising its regulatory functions in the following specific areas where it has explicit statutory power or duties :-

- ◆ preventing the importation of quarantinable diseases and their spread in Hong Kong;
- ◆ ensuring the safety, quality and efficacy of pharmaceutical products;
- ◆ promoting/protecting the health of radiation workers and minimizing public exposure to radiation hazard;
- ◆ providing secretariat support to registration of health personnel;
- ◆ licensing of health care institutions.

11. For other health related areas, the role of DH is more an informant and expert advisor rather than regulator. This is particularly so in matters related to health claims and the safe use of medical devices. There is a clear call for DH to take on a more proactive role in regulation and to take on the functions of a prosecutor. In this regard, DH is studying the regulation of health claims and examining the appropriate regulatory framework for medical devices. These reviews are expected to be completed by 2002/03. On the regulation of Chinese medicine, we are developing standards for the regulation of Chinese medicinal herbs. The target is to develop the standards for the commonly used Chinese medicinal herbs by 2007.

12. Meanwhile, as our existing roles in the enforcement of certain ordinances such as the one on undesirable medical advertisements are limited and cases have to be referred to other authorities for investigation and prosecution, we are looking into the feasibility of establishing a prosecution unit within DH with a view to expediting and stepping up law enforcement activities through direct involvement in the investigation and prosecution process.

Advisory

13. Since its inception, DH has been providing health advice in support of the formulation of health policy and the work of other Government bureaux and departments.

14. It is well appreciated that many activities in other sectors will ultimately have an impact on the health of individuals and the community and our role as health adviser can be expanded to support sectors outside the health setting. To facilitate our work in this expanded advisory role, we are establishing a Public Health Information System (PHIS) and to enhance the capacity of DH in health assessment by 2003 and 2004 respectively. With the development of the PHIS, DH will be able to collate and analyse data from services within and outside the health care sector to generate information and to identify key areas where maximum health impact can be achieved with public health intervention. The PHIS will lay the foundation for DH in taking up the

enhanced health advisory role. Our goal is to critically assess the local health status and set priorities for action. We aim to commence preparing regular reports on the health status of the community in two years' time.

Health Advocacy and Promotion

15. Traditionally, the Central Health Education Unit of DH has been playing a key role in health promotion in Hong Kong. It is a resource centre and provides advice to other agencies in health education matters. It has a rich collection of health education resources which are available to the public free of charge. Health education messages are disseminated through various channels including its resource centres, printed materials, electronic media, telephone hotline, the internet, campaigns, as well as the organisation of training activities, exhibitions etc.

16. The Health Care Reform Consultation Document proposes, among other things, that DH should enhance its work in health promotion and adopt the role of an advocate for health, working in concert with the Health & Welfare Bureau, seeking political commitment, policy and systems support and social acceptance for different health goals and programmes.

17. Health promotion is a process of enabling people to increase control (over the determinants of health), and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Community participation is essential to sustain health promotion action.

18. Health advocacy is a combination of actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme. Such action may be taken by and/or on behalf of individuals and groups to create living conditions which are conducive to health and the achievement of healthy lifestyles.

19. To prepare for the expanded role in health advocacy and promotion, a study of Community, Organizational and Workforce Capacity in Health Promotion and Education was conducted in September 2000 which proposed steps for DH to enhance its health promotion capability and effectiveness. Training in health promotion for 40 staff commenced in 2001 to equip them with necessary skills in health promotion across various health services within the Department. The CHEU will also be reorganized in 2002-03 to strengthen its leadership role in health advocacy and promotion. The new functions are :-

- ◆ Develop, monitor and review a strategy for promoting health in Hong Kong
- ◆ Coordinate and strengthen cohesiveness of health promotion actions across the community
- ◆ Build, collect and disseminate evidence of good practices in health promotion
- ◆ Develop and enhance workforce capacity
- ◆ Communicate and campaign for health improvement
- ◆ Involve the community in all aspects of health promotion

Disease Prevention and Control

20. Hong Kong has a well-established and effective system for surveillance of infectious diseases. Under the Quarantine and Prevention of Disease Ordinance (Cap. 141), doctors are required to notify DH of cases of specified diseases. DH has also put in place a sentinel surveillance system on influenza-like illness, hand, foot and mouth disease, acute conjunctivitis, acute diarrhoeal disease and antibiotics resistances through a network of general out-patient clinics and private practitioners.

21. The Public Health Pathology Service provides laboratory services for the surveillance and diagnosis of infectious diseases. With the completion of the Public Health Laboratory Centre in end 2001, pathology services at different locations will be centralized and enhanced to support disease prevention and control programmes. State-of-the-art techniques will be introduced to support the control of tuberculosis, sexually transmitted diseases, anti-microbiol resistance study and disease surveillance and epidemiological studies.

22. Apart from communicable diseases, DH will also collaborate with other sectors in the prevention and control of non-communicable diseases, many of which are closely related to life styles. A number of new initiatives such as Adolescent Health, Parenting, Men's Health and Cervical Cancer Screening will be implemented as reported at the LegCo Health Panel meeting in February 2002. On disease surveillance, at present, our statistics on non-communicable diseases are mainly confined to mortality data and public hospital/clinics attendances. Our goal is to establish a surveillance system to include the top five diseases which pose the greatest burden to the community.

23. We shall also continue to strengthen our network with the World Health Organization and other health authorities in meeting the challenges brought about by globalization, emerging and re-emerging infections and advances in technology.

Implementation Strategies

24. The smooth implementation of the redefined roles of DH depends on many factors. Some critical success factors include policy and community support, stakeholders buy in and commitment of DH to build organizational capacity and staff competence. The programmes and activities under the new roles will be planned in consultation with the community and with stakeholders to achieve strategic alliance and maximum impact. Within DH, re-organization of functions, training of staff and setting up of infrastructural support are being planned or implemented to prepare the way forward.

Advice Sought

25. Members are invited to comment on the proposed redefined roles of DH.

Department of Health

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