

**Health, Welfare and Food Bureau
Policy Agenda 2003**

Caring and Healthy Society

MISSION AND VISION

The Health, Welfare and Food Bureau is committed and accountable to building a caring and healthy society. In our future, we see a community celebrating their rich diversity and recognizing the different strengths of each individual. A network of family solidarity, mutual care, trust, support and reciprocity embraces all individuals and nurtures their healthy development. Various health care, social, food safety and environmental hygiene measures are in place to enhance everyone's involvement in the community. There is also a safety net for those in need to participate in economic and social life with dignity and self-reliance.

GOALS

- 2 To fulfill our mission and vision, we aim to achieve the following goals -
- Protect and promote the health of the community
 - Assure the safety and quality of our food and provide quality environmental hygiene services
 - Re-create a health care system which provides lifelong holistic care, while being affordable and financially sustainable
 - Provide care and assistance for the physical and psychosocial well-being of the elderly
 - Assist the disadvantaged, the poor and the unemployed with an emphasis on enhancing, not impeding, their will to self-reliance

- Promote the well-being and interests of people with disabilities
- Enable women to fully realize their due status, rights and opportunities in all aspects of life

Health Services

3. To protect and promote the health of the community, we are advocating the development of a living environment conducive to health and ensuring a lifelong preventive programme promoting health, wellness and self-responsibility.

Chinese Medicine

4. The enactment of the Chinese Medicine Ordinance in 1999 has provided the statutory framework for the regulatory control and development of Chinese medicine in Hong Kong. With the making of the relevant subsidiary legislation, the licensing system for Chinese medicines traders and the registration system for proprietary Chinese medicines will be implemented by phases starting from 2003. The regulatory control on Chinese medicine will bring benefits in terms of public health protection and safety and facilitate our Chinese medicinal products to gain international acceptance.

5. We announced in the 2001 Policy Objective for Health Services our plan to introduce Chinese medicine into the public healthcare system, initially in the form of outpatient services. Our objective is to promote the development of evidence-based Chinese medicine practice through clinical research, develop standards in Chinese medicine practice and facilitate interface between western and Chinese medicine. The Government has earmarked the necessary funding for the operation of the Chinese medicine out-patient clinics. The first clinic will commence operation in 2003.

Smokeless and Cleaner Environment in Work and Other Public Places

6. With a view to further strengthening the tobacco control framework in Hong Kong so as to protect the health of the public, we have put forward a host of legislative proposals to amend the Smoking (Public Health) Ordinance. The public consultation exercise on these proposals was concluded in September 2001 and the outcome was reported to the public in July 2002.

7. To ensure that the public enjoy a smokeless and cleaner environment in work and other public places, we are preparing legislative proposals to amend the existing Smoking (Public Health) Ordinance to protect the public against secondhand smoking in public indoor premises and further tighten control over tobacco advertisement and promotion. We are finalizing our proposals for discussion with the LegCo Health Panel and we expect to introduce the bill to the Legislative Council later in the year.

Protection from Misleading or Untruthful Health Claims

8. At present, specific claims relating to prevention or treatment of diseases are already subject to stringent control. Products with such claims are considered pharmaceutical products and are required to be registered under the Pharmacy and Poisons Ordinance (Cap. 138) or, where appropriate, the Chinese Medicine Ordinance (Cap. 549) when the relevant provisions of the latter Ordinance become effective. For general food products, the Public Health and Municipal Services Ordinance (Cap. 132) requires manufacturers and sellers to ensure that their products are fit for human consumption. The Undesirable Medical Advertisements Ordinance (Cap. 231) (UMAO) prohibits advertisements claiming that a product has curative or preventive effects on any of the diseases listed in the schedule to the Ordinance.

9. We propose to include in the UMAO a list of prohibited claims as a new schedule to address the misleading information and exaggerated claims of orally consumed products. The purpose of the prohibition is to protect members of the public from inappropriate self-medication. We shall consult the public on the proposed list of prohibited claims later this year.

Risk-based Regulatory Framework on Supply and Use of Medical Devices

10. With the advances in technology, medical devices play an increasing important role in the delivery of quality health care services. Incidental to the increasing use of medical devices is the health risk to the users and patients brought about by unsafe devices and inappropriate operation by unqualified personnel. We propose to develop a risk-based regulatory framework to control the supply and use of medical devices in the local market to protect public health on the one hand while ensuring our continued access to new technologies and friendly business environment on the other.

11. In line with international standard, the level of control imposed on a specific device should be proportional to its level of risk. In Hong Kong, we propose to introduce control over high risk devices initially, followed by lower risk items by phases. We are devising the proposed control arrangements with a view to consulting the public and affected parties later in 2003.

Enhancing Primary Medical Care through Pluralistic Primary Care Model

12. We shall develop a pluralistic primary care model to provide community-based, patient-centred and integrated health care services to the community so as to enhance the health of the population by promoting lifelong wellness and care, improve health outcomes through self management and carer support, and improve the cost-effectiveness of the health care system through rationalization of service delivery and strengthening collaboration with other community-based health care providers. Our goal is to provide the community with one-stop multi-specialty and multi-disciplinary based primary outpatient services.

13. In this connection, the transfer of the General Out-patients Clinics from the Department of Health (DH) to the Hospital Authority (HA), to be implemented in the second half of 2003, will provide opportunities for the development of a model of integrated community-based health care system. HA plans to set up pluralistic family medicine-based clinics where family physicians, community-based specialists and other health care professionals serving the clinics will provide targeted patients with holistic one-stop consultation services. HA will pilot a new model of health care service in developing its future Integrated Community Health Centres to provide a continuum of health care services to meet the needs of targeted individuals at different stages of life and of different health conditions and status. In this regard, we plan to seek funding approval from the Finance Committee of the Legislative Council in mid-2003 to launch a pilot at Yan Chai Hospital by establishing a Community Health and Wellness Centre.

Strengthening Preventive Services

14. While maintaining good health is a personal responsibility, we will continue with our efforts to empower individuals to adopt healthy lifestyle and prevent diseases, so that they may fully develop their potentials. The Department of Health (DH) has started re-engineering its services for parents, children, adolescents, women, men and elders using a life course approach, with a view to strengthening the scope and

effectiveness of such services. New services have been added to enrich the life course health promotion programme. We have implemented a territory-wide parenting programme, an adolescent health programme and the men's health programme. We are implementing a plan to reorganise DH's Central Health Education Unit to enhance effectiveness of health promotion actions. A territory-wide cervical screening programme will be launched in 2003/04 in collaboration with other health care providers.

Sustainable Long-term Funding Arrangement for Hospital Authority

15. In the light of the limited public resources, we also need to re-create the health care system to be affordable and financially sustainable. We strive to enhance the cost-effectiveness in the delivery of health care services and develop a long term financing system. To facilitate the development of the more cost-effective ambulatory and community-based services, the allocation of public funding to HA has changed from a facility-based approach to a population-based approach with effect from 2001/02. Under this approach, the amount of allocation to HA will take into account population increase, demographic changes, the effect of ageing on the use of public hospital services, and the age-specific average cost for treating each patient. Government subvention to HA will be subject to government's annual budgetary planning.

16. HA will continue to improve its efficiency and cost-effectiveness to ensure its long-term sustainability in delivering services within the available resources by adopting the following measures:

- the pursuit of various productivity enhancement initiatives, such as centralization and networking of hospital services among hospitals or clusters to achieve further economies of scale, administrative downsizing of HA Head Office and hospitals, re-engineering work processes, streamlining administrative and management processes, centralization of procurement functions and systems, and implementing "invest-to-save" projects;
- reviewing its human resource policies and staff remuneration packages to explore further opportunities for optimizing the use of its resources. These include the recent launch of a Voluntary Early Retirement

Scheme for all permanent full-time employees with at least 10 years' service in HA, and scrapping nine obsolete allowances for HA staff.

17. The Government has, in the consultation document on health care reform, set out reform proposals for the system of health care service delivery. These include strengthening preventive care, re-organizing primary medical care, developing a community-focused, patient-centred and knowledge-based integrated health care service, and improving public/private interface in the provision of services. These proposals would facilitate a more efficient and effective distribution of work between the different levels and sectors of health care provision, and, together with an emphasis on shared responsibility among patients, public and private health care providers, would help address the financial sustainability of our health care system.

18. Public sector medical fees and charges will continue to be reviewed. A host of factors including the Government's global budget situation, the costing of providing the medical services, the willingness and ability of users to pay, the demand and changes in demand over time for public health care services and the affordability of the community will be carefully examined for further adjustment of fees.

19. For the longer term, the proposal of a Health Protection Account (HPA) is being examined. A mandatory saving scheme by nature, the HPA is designed to assist individuals to continue to pay for their health care expenditure after their retirement. The HPA scheme is a long-term measure to introduce a steady stream of supplementary funding source to complement financing from the Government. It would also encourage and facilitate insurance industry to play a more active role in health care financing by devising products to dovetail with the proposed HPA scheme, hence giving the public more choices of care and gradually reducing their reliance on public health care services. At present, we are conducting studies on the various aspects related to the HPA, and intend to complete them by the end of 2003 for further consultation with the public.

Medical Fee Waiver Mechanism

20. At present, medical fees for Comprehensive Social Security Assistance (CSSA) recipients are fully waived. There is also a mechanism for patients who are not CSSA recipients but have insufficient earnings or have difficulty to pay for even the highly subsidized services because of serious or chronic illnesses to seek fee waivers from Medical Social Workers stationed in the public hospitals. In parallel with the

revamp of the fee structure for public health care services in April 2003, we will ensure that the fee revision does not impact disproportionately on low income group, chronically ill patients and elderly patients with little income and asset.

21. We shall develop a set of objectives and transparent criteria to assess a patient's eligibility for partial or full fee exemption for public medical fees. In determining a patient's eligibility for exemption, we shall consider the patient's financial condition and non-financial factors including the patient's clinical condition and other applicable social factors.

22. It is our responsibility to ensure provision of effective and quality health care services to the public, particularly the elderly, the chronically ill and the disadvantaged. It remains our long-standing policy that no one will be denied adequate medical care due to lack of means.

Food and Environmental Hygiene

Risk-based Management of Food Safety

23. To ensure the safety and quality of our food, we are targeting the deployment of the limited public resources for inspection and regulation at areas where the risk is highest. We shall keep identifying emerging food hazards in face of the changes in food consumption patterns and preferences of consumers, assessing risks and developing measures commensurate with the level of risk to enhance food safety. We are also developing a risk-based inspection system for food premises and will accelerate closure of unhygienic premises which pose major health risk. On balance, we will review our existing licensing procedures for restaurants to provide for a user-friendly regulatory regime in our overall exercise to cut down outdated or unnecessary licensing requirements for various types of licences.

24. As part of our overall food control strategy, we aim to introduce legislative changes to our food law in the light of the recommendations of leading world food standard authorities, e.g. Codex Alimentarius Commission. We will introduce amendments to our food labeling law to require labeling of allergens and food additives. We have also recently completed a feasibility study on nutrition labeling and are currently examining the various options.

Surveillance of Diseases among Animals and Birds

25. At present, we put in place measures to prevent, monitor, detect and control diseases among animals and birds with particular emphasis on zoonotic diseases in local and imported food animals in order to better protect public health. One of the very significant zoonotic diseases in Hong Kong is avian influenza among poultry. Avian influenza exists in nature and cannot be eliminated altogether as long as there is live poultry in Hong Kong. Depopulation is no longer the only course of action to take. Our strategy is to adopt a multi-pronged approach to minimize the risk of outbreak recurrence. We have implemented a comprehensive and sensitive surveillance system to detect avian influenza viruses at all levels. In enhancing our preventive capability, we shall continue to seek the trades' cooperation in upgrading the farm biosecurity, introducing stricter hygiene measures and additional rest days as necessary in markets, providing the public with a choice of chilled and fresh chickens, and piloting and evaluating vaccination as a complementary control measure.

26. When formulating our strategy, we shall balance the need to protect the public health from risk posed by avian influenza viruses against the community's preference for slaughtered chickens and the impacts on the trades.

Upgrading Quality of Agricultural and Fisheries Products

27. We maintain our commitment to upgrading the quality of agricultural and fisheries products by providing technical advice and support, implementing resource conservation scheme and regulating malpractice. Agriculture, Fisheries and Conservation Department (AFCD) and Vegetables Marketing Organization (VMO) have been helping the local farmers to adopt organic farming and intensive greenhouse production techniques, join the voluntary Accredited Farm Scheme, and comply with the legislative controls on chemical residues in food animals. Our major task ahead is to complete by end 2003 the second phase of Artificial Reef Project. We are also working on the details of a fishing vessel licensing system to regulate commercial fishing with a view to tackling the problem of depletion of fisheries resources. In addition, we will look into how the use of pesticides could be improved.

Environmental Hygiene Services

28. It is our responsibility to enhance the cost effectiveness and quality of environmental hygiene services by expanding outsourcing, strengthening contract management capacity and stepping up community participation. In particular, we will put into place effective surveillance and risk assessment programmes in mosquito and rodent control and implement a timely and effective vector control and vector borne disease response programme. We will also improve public education and awareness through increased efforts of the Clean Hong Kong programme.

Public Markets

29. To improve the competitiveness of public markets, we shall adopt user-friendly design for new markets, upgrade the market facilities and enhance the management of existing markets.

30. To ensure safe food and quality environmental hygiene conditions, the Government, the trades and the public all share the responsibility. We seek to maintain our efforts to educate the public, provide training to the trades, and facilitate mutual communications by all means.

Care for Elders

31. To pay tribute to the past economic and social contributions of our elders, we undertake to provide care and assistance for their physical and psychosocial well-being.

Promoting Active and Healthy Ageing

32. We will continue to promote active and healthy ageing by continuing a three-year Healthy Ageing Campaign in collaboration with the Elderly Commission aimed at building a positive image of ageing, promoting more opportunities for elders to pursue lifelong learning, and encouraging senior volunteerism to enable older persons to remain active and participatory in both the family and community. We aim to achieve these targets through collaboration with different sectors in the community. Specifically, we will, in collaboration with the Hong Kong Arts Development Council and the 18 District Councils, organise an Arts Promotion Programme for Elders in the districts in the coming year. We will also collaborate with the Hong Kong Retirement Schemes Association to promote a deeper understanding of the need for well-planned retirement protection, and of retired persons as a valuable resource of the community.

We will also work with Radio Television Hong Kong to produce television programmes which will show the positive aspects of ageing.

Developing Quality and Financially Sustainable Long Term Care System

33. To enable elders to have a greater say in the choice of residential care homes for the elderly (RCHEs) to facilitate service improvement, we will develop a fee assistance scheme. It will also allow co-payment whereby elders and their families can contribute to their own care costs in RCHEs in accordance with their affordability. We are at an early stage of our deliberations and will consult stakeholders when we have formulated proposals.

34. To the extent necessary, we will provide residential care services offering continuum of care suited to the varying needs of elders to enable them to age in place. For the three contract RCHEs which we invited tenders in July 2002 providing a total of over 280 subsidised places, about half of these places are designated for elders of nursing home frailty. We will continue to pursue the concept of continuum of care in government supplied RCHE premises put out for tender in future. To further improve the quality of RCHEs beyond the licensing requirements, we have commissioned a study on establishing an accreditation system for RCHEs in Hong Kong. The project has commenced in mid 2002 and will complete in two years' time.

Ageing at Home

35. We will re-engineer and enhance home and community based services for elders and their families to realise the concept of ageing at home as far as possible. The re-engineering exercise consists of two parts, namely –

- Revamping of centre-based services in which existing social centres for the elderly (S/Es) and multi-service centres for the elderly (M/Es) will be upgraded to neighbourhood elderly centres (NECs) and district elderly community centres (NECCs) respectively to provide expanded functions to elders and the community; and
- Upgrading of home-based services in which existing home help teams (HHTs) will be upgraded to integrated home care services teams (IHCSTs) to provide enhanced personal and nursing care services to frail elders.

The revamped centre-based and upgraded home-based services will commence in

phases within 2003-04.

Developing a Sustainable Financial Support System for Elders Most in Need

36. In view of the ageing population and the overall financial constraints, we have been reviewing the current social security arrangements for elders in the context of the three-pillar approach recommended by the World Bank. We have already put in place one of the two mandatory pillars of a Mandatory Provident Fund Scheme for the working population. We will consider the development of a long-term sustainable financial support system that better targets resources at elders most in need under the second mandatory pillar. In view of the complexity of the issues, it will take some time for the review to be completed. We will conduct more in-depth studies.

Providing a Supportive Environment for the Vulnerable Elders

37. We will enhance the awareness of frontline workers and the community about elder abuse and neglect. To this end, two Non-Governmental Organisations (NGOs) have already been commissioned since 2001 to undertake two 3-year pilot projects to raise awareness of elder abuse through community education, and the provision of counselling services etc. Another NGO was commissioned in 2002 to undertake a 2-year project to research on elder abuse in Hong Kong with a view to developing an accepted definition of elder abuse in Hong Kong, developing a multi-professional protocol in dealing with suspected cases of elder abuse, setting up a registry on elder abuse, and providing training to frontline workers. We will follow up on these efforts.

38. We will also step up suicide prevention efforts on elders with mental illness and previous suicidal attempts. In this connection, the Social Welfare Department, in conjunction with the Hong Kong Council of Social Services and the Hong Kong Psychogeriatric Association has already embarked on a 3-year joint project in mid 2001 which, apart from raising awareness on problems of elder suicide, also provides hotline service, volunteer visits, professional counselling and treatment service in the pilot districts of Shatin and Taiipo. The Hospital Authority has also started a territory-wide elder suicide prevention programme in October 2002 which provides a two-tiered service of early detection at the community level, and specialist treatment by psycho-geriatricians at fast track clinics. We will monitor developments in these areas.

Welfare Services

39. It is important for us to strengthen families through a child-centred, family-focused and community-based approach. Besides, we are committed to enabling the young people to develop their full potential in order to become responsible and contributing members of the society. As for the people with disabilities (PWDs), we will continue to assist their integration with the community. In doing the above, we need to promote a vibrant “third sector” to support the development of a caring, compassionate and cohesive community.

40. In the meantime, we will ensure the availability of an effective and sustainable safety net to meet the basic and special needs of the financially vulnerable members of our community whilst assisting those employable ones to become self-reliant. Yet, the Comprehensive Social Security Assistance (CSSA) Scheme currently accounts for some 8% of Government recurrent expenditure and we will need to keep the Scheme under constant review to ensure the effectiveness and sustainability of the safety net.

For Children

41. We will continue to provide services to promote the well being of children. We also propose to introduce the Adoption (Amendment) Bill into LegCo in 2003 to bring improvements to local adoption arrangements and ensure that inter-country adoptions are made in the best interests of the child and in line with the Hague Convention on Protection of Children and Cooperation (the Hague Convention). Our Working Party has considered the way forward of harmonizing pre-primary welfare/educational services in the light of the views received during the public consultation exercise in 2002.

For Families

42. A new service delivery model is being developed to integrate family welfare services and community based services to provide a continuum of preventive, supportive and remedial services. 15 integrated family service center pilot projects have been selected. The pilot projects started in April 2002 and will run for two years. We will consider the way forward in the light of the outcome of these pilot projects.

43. To prevent and tackle the problems of family violence and suicide, the Lotteries Fund Advisory Committee has approved funding for conducting studies on

child abuse, spouse battering and homicide-suicide. We will consider the findings of these studies in mapping out the way forward.

For the Community

44. We launched the \$300 million Community Investment and Inclusion Fund in August 2002 to encourage mutual concern/ aid and community participation. In the first batch, 14 projects have been approved for funding of \$9 million. Two to three batches of applications will be processed each year.

45. By end 2002, we have built up a pool of over 350,000 individual volunteers and 900 corporate volunteers. We will continue to encourage and promote wider participation in volunteerism.

For Youth

46. We aim to enhance youth services through an integrated and holistic approach, including expediting the formation of and modernizing Integrated Child and Youth Services Centres (ICYSC). To date, 115 ICYSC are in operation and another 14 will be set up by April 2003. This year, Social Welfare Department (SWD) started a 5-year modernization programme for ICYSC with funding of \$400 million provided jointly by the Hong Kong Jockey Club, and Charities Trust and the Lotteries Fund.

For PWDs

47. To promote the well-being and interests of the PWDs, one of our major strategies is to enhance their employment opportunities by encouraging their self-reliance and provide them with employment services and vocational training. In particular, we have launched a series of initiatives involving total expenditure exceeding \$72 million to encourage and facilitate self-reliance of PWDs and their employment.

48. For the PWDs to better integrate with our community, a barrier-free physical environment with improved accessibility of buildings and related facilities, roads, etc. would be very instrumental. We have decided on the time-table for modification works in Government offices, roads and public transport facilities to facilitate accessibility of PWDs. We also aim to commission a consultancy study to

review the “Design Manual: Free Access 1997” in 2003 in order to enhance guidelines for barrier free access.

49. At the receiving end, the community must foster an inclusive environment for the PWDs. We are in the process of promoting the “A Society for All” campaign through joint public education activities with the NGOs to enhance the public acceptance of PWDs. We have also launched a series of publicity programmes to mark the conclusion of the Asian Pacific Decade for Disabled Persons. It would be a net gain to overall community if the talented PWDs could get the opportunity to develop their potential in sports, art and culture. The Paralympian Fund has so far granted \$2.6 million to 79 disabled athletes. We are looking into the feasibility of introducing a pilot scheme to facilitate development of PWDs in art and culture.

50. While assisting the PWDs by all means, we are mindful of minimizing the impact of disabilities by promoting a healthy life style, a safe working environment, and early identification and assessment of disability. We shall uphold our obligations in providing pre-school training for disabled children. We have created 47 additional speech therapist posts to benefit over 3,400 children with disabilities. The focus of our rehabilitation programme is also shifting from an institutional approach to community-based approach.

Promotion of Well-being and Interests of Women

51. The Government is committed to promoting the well-being and interests of women in Hong Kong. On the advice of the Women's Commission, we have adopted a three-pronged strategy of gender mainstreaming, empowerment of women and public education in order to create an enabling environment to develop women's full potential and to build up their capacity.

Gender Mainstreaming

52. In respect of gender mainstreaming, we will seek to incorporate women's needs and perspectives in Government's policy making, implementation and legislative processes, where appropriate, by means of an analytical tool (in the form of a checklist). We have completed a pilot testing of the gender mainstreaming checklist, which is currently under revision. The checklist will be rolled out into other policy areas on an incremental basis. We shall continue to collaborate with local tertiary institutions to provide gender-related training to civil servants to enhance their

sensitivity towards gender issues and women's concerns and to facilitate their gender mainstreaming work.

Empowerment of Women

53. An important part of the empowerment prong is to facilitate women's full and active participation in all aspects of community life and decision making processes, and participation in Government advisory and statutory bodies (ASBs) is a crucial aspect of community involvement. We will work with other Bureaux to enhance women's participation in these bodies. This will allow the views of both genders to be more fully reflected and considered. Bureaux and departments have been encouraged to make proactive efforts to reach out, identify and cultivate women to contribute to the work of ASBs. A special exercise is being conducted to increase the pool of women candidates in the central database from which candidates for appointment are often drawn.

54. NGOs and Government departments are offering various continuing education, training and re-training programmes for those in need of vocational skills. Other capacity building programmes, such as leadership training, life education, health awareness, and social/interpersonal skills, are also available to help build up women's self-confidence, self-esteem, internal strength and resilience to change and challenge.

55. We are aware that some NGOs have adopted innovative models to empower women, to enhance their knowledge/skills, and enable them to take an active part in the community. We shall continue to support the Women's Commission's work in promoting and promulgating new service models and good practices.

56. To complement the above, we are working with the Women's Commission in exploring a capacity building framework which would facilitate women from different sectors, including women with dual roles and homemakers, to acquire various skills and gain recognition for the courses they take.

57. To support women in performing carers' role, SWD is providing subsidized childcare places and elderly home care services. We shall continue to review health services provided to women to ensure appropriateness of service.

Public Education

58. As part of our efforts to create an enabling environment, we are working with the Women's Commission in launching a public education programme to raise public awareness of gender issues and to reduce gender stereotyping.

ACHIEVING OUR GOALS THROUGH PARTNERSHIP

59. In reviewing our policies and implementing our programmes, we need partnership from all members and sectors of our community (including all individuals, non-governmental organizations, charity groups and the private sector), our regional neighbours, overseas countries and institutions, academia as well as within the civil service. We need to expand our partnership both locally and globally for collective wisdom in maintaining our highly accessible and quality health care system, building a caring community, and ensuring that our food and environmental hygiene are safe and clean.

60. Together we can foster social cohesion and a spirit of mutual help and care.