

Health Care
and Promotion Fund:
2014-15 Annual Report

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Health Care and Promotion Fund (HCPF)

The HCPF was established in 1995 to provide financial support for activities related to health promotion, preventive care and related research; and patients in need of treatment not available in Hong Kong, particularly in respect of rare diseases. Since its establishment, the HCPF has funded over 270 projects with a total funding support of \$76.75 million. The abstracts and the approved funding of all approved HCPF projects are available at the HCPF website (<http://rfs.fhb.gov.hk>).

Following the setting up of the Samaritan Fund in 2007, the HCPF ceased to provide funding for the patients with rare diseases who were in need of financial support. At present, the primary focus of the HCPF is health promotion and disease prevention.

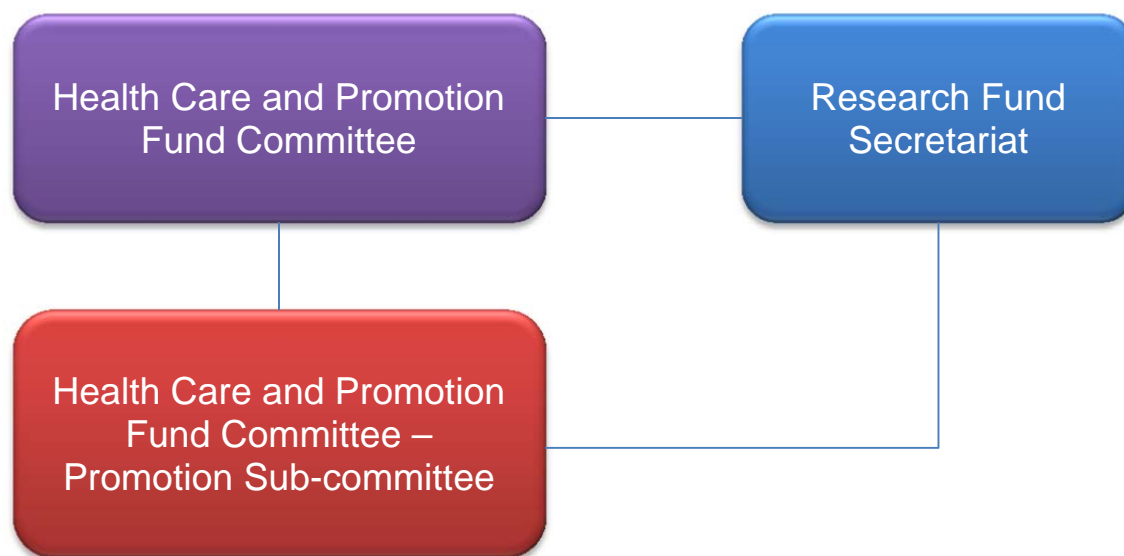
Funding applications for HCPF are invited annually (HCPF Open Call) from local public bodies and non-governmental organizations (NGOs) in accordance with the HCPF thematic priorities which are updated from time to time taking into advice from the Non-Communicable Disease Division and Primary Care Office of the Department of Health and the Hospital Authority. At present, HCPF funding are provided to support the following types of projects -

- (a) Non-Research Health Promotion (NRHP) Projects (funding ceiling: \$300,000 per project) – which aim to help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices; and
- (b) Seed Funding Scheme (SFS) Projects (introduced in 2007; funding ceiling: \$500,000 per project) – which aim to facilitate mobilization of local resources to promote health in the community and encourage partnership between public bodies, private organizations and NGOs.

Where necessary, consideration will be given to extending a funded NRHP project subject to a total amount of funding not exceeding \$500,000.

In addition, HCPF Health Promotion Symposia are organized from time to time to provide a platform for experts and community partners to share their knowledge and experiences in health promotion, network with leaders in various sectors, and in particular, to showcase in particular, recognise and showcase the outstanding projects funded under the HCPF. The last Health Promotion Symposium was held in 2011.

Governance



Chaired by the Secretary for Food and Health, the HCPF Committee was set up to provide strategic steer for funding health care and promotion projects and oversee the administration of the HCPF, including the processing of funding applications received under the HCPF Open Calls. Its terms of reference are as follows –

- (a) to develop the procedures for inviting applications for health projects, preventive care, research or other related activities and the criteria for vetting them;
- (b) to approve applications and allocate funds for health promotion projects, preventive care, research or other related activities;
- (c) to monitor the progress and evaluate the outcome of approved health promotion projects, preventive care, research or other related activities; and
- (d) to supervise the management and investment of the Fund.

A Promotion Sub-Committee (PSC) is set up under the HCPF Committee to assess funding applications and make recommendations on individual applications, including the amount of funding support required from the HCPF. It also monitors approved projects and evaluates completed projects against stated objectives.

The membership of the HCPF Committee and its PSC is at ***Appendix A***. Their operation is supported by the Research Fund Secretariat of the Research Office under the Food and Health Bureau.

Highlights of 2014-15

2014 HCPF Open Call

The 2014 HCPF Open Call was issued in April 2014 and by the closing date of 31 July 2014, a total of 101 funding applications were received. In accordance with the updated thematic priorities (***Appendix B***) and the established assessment criteria, 15 NRHP projects and 7 SFS projects received funding support under the HCPF at a total commitment of \$6.92 million.

During the year, the PSC held 5 sessions to assess funding applications received in the 2014 HCPF Open Call and to evaluate the final reports under 12 completed projects.

NRHP Projects

Of the 238 NRHP projects funded under the HCPF, 211 projects have been completed, including 11 projects completed during the year. The project areas include smoking prevention programmes in the youth, training food labelling for mothers and their children, mental health ambassadors programme in secondary schools, healthy diet among the elderly, managing hypertension and diabetes and promoting healthy lifestyle in ethnic minorities.

SFS Projects

Of the 33 SFS projects funded under the HCPF, 20 projects have been completed, including 3 projects completed during the year. The project areas include promotion

of smoking cessation at smoking hotspots, combating childhood obesity, healthy living in the district, reducing stigma towards persons in recovery of mental illness, building partnership for better parenting, healthy workplace, alcohol prevention programmes in primary schools, mobile application on diabetes, awareness of sarcopenia and designing healthy meals for the elderly.

Financial Position

The cash balance of the HCPF as at 31 March 2015 is \$36.87 million, with an uncommitted funding balance of \$28.41 million (i.e. funding available for new projects). The audited financial accounts for the HCPF for the 2014-15 financial year ended 31 March 2015 is at ***Appendix C***.

**Membership of the
Health Care and Promotion Fund Committee
and its Promotion Sub-committee
(as at 31 March 2015)**

(A) Health Care and Promotion Fund Committee

Chairman

Secretary for Food and Health (or Permanent Secretary for Health)

Members

Dr CHAN Wai-man

Ms Mabel CHAU Man-ki, MH

Dr Eugenie LEUNG Yeuk-sin

Mr James LEUNG Wing-yee

Dr Andrew SIU Man-hong

Mr TSE Hung-sum

Dr Gene TSOI Wai-wang

Ms Deborah WAN Lai-yau, BBS, JP

Mr WONG Cheuk-kin

Director of Health (or representative)

Chief Executive of Hospital Authority (or representative)

Deputy Secretary for Food and Health (Health)²

Secretary

Head of Research Office
Food and Health Bureau

(B) Promotion Sub-committee members

Co-Chairs

Ms Mabel CHAU Man-ki

Dr Andrew SIU Man-hong

Dr Joyce TANG Shao-fen

Ms Deborah WAN Lai-yau

Members

Dr Felix CHAN Hon-wai[#]

Mr Leslie CHAN Kwok-pan

Dr CHAN Wai-chi

Dr CHAN Wai-man

Prof Gladys CHEING Lai-ying

Dr Regina CHING Cheuk-tuen

Dr CHOW Chun-bong

Dr CHOW Yuk-yin

Mr KWOK Lit-tung

Ms Ruby KWOK

Mr LAI Chi-tong

Dr Andrew LAM Kwok-cheung

Dr Zarina LAM

Dr Eugenie LEUNG

Mr James LEUNG Wing-yee

Prof Alice LOKE YUEN Jean-tak

Dr Lobo LOUIE Hung-tak

Mrs Cynthia LUK HO Kam-wan

Prof David MAN Wai-kwong

Ms Cycbie MOK Ching-man

Dr Roger NG Man-kin

Dr Sammy NG Ping-sum

Dr Kathleen SO Pik-han

Dr Stanley TAM Kui-fu

Prof Agnes TIWARI Fung-yee

Mr TSE Hung-sum

Dr WAN Wai-yee

Dr WONG Chun-por

Prof Martin WONG Chi-sang

Dr William WONG Chi-wai

Dr Kitty WU

Ms Sania YAU Sau-wai

Mr Silva YEUNG Tak-wah

Ms Lisa YIP Sau-wah

Dr Patrick YUNG Shu-hang

Secretary
Consultant (Research Office)
Food and Health Bureau

[#] Co-opted PSC member.

Thematic Priorities of the Health Care and Promotion Fund for 2014

I. Tobacco control

While smoking is well known to cause many fatal diseases and cancers, continuous effort is required to put “what we know” into “what we do”. Measures to prevent and reduce tobacco exposure include:

- Motivating smokers, in particular middle-aged men and women, to cease smoking and empowering them to forego cigarettes during the times of day when they face their toughest smoking triggers and peers; and
- Exhorting youth, women or high-stress career workers to abstain from tobacco use and connecting them with proven evidence of its damage to health.

II. Lifestyle, nutrition and physical activity

Adopting a healthy lifestyle, healthy diet and regular physical exercise are fundamental for preventing many chronic diseases. Community involvement to complement government initiatives in fostering active living, healthy eating, tackling overweight/obesity and promoting a healthy workplace will benefit specific groups by:

- Enabling optimal young child feeding practices such as increasing consumption of fruits & vegetables and reducing intake of sugar-sweetened snacks & beverages;
- Enhancing the availability of affordable healthy food and beverages to families and decision makers of schools;
- Empowering the younger generation to adopt healthy lifestyle practices such as avoiding unhealthy habits, excessive screen time activities including internet addiction, high-risk sexual activities, alcohol and drug misuse, and maintaining balanced diet and healthy body mass index;

- Increasing the public's awareness and knowledge of balanced diet by taking the food pyramid as reference and to increase fruit and vegetables consumption and reduce salt consumption in their diet;
- Motivating employers to create a safe and healthy working environment that supports the working population, who are in general at risk of lifestyle-related diseases. Actions include modification of the physical environment, enhancement of organisational policies and provision of personal health skills to the workforce; and
- Increasing physical activity participation and reducing sedentary lifestyle in the general population.

III. Mental well-being

Good mental health is an integral part of good overall health. Mental well-being promotion incorporates any action taken to maximise mental health and well-being among population and individuals by addressing the potentially modifiable determinants of mental health. Childhood, adolescence and old age are critical life stages that require careful attention. Family, school, workplace and community are all important settings for mental well-being promotion. Actions are required to maintain and enhance mental well-being by:

- Building mentally friendly policies, practices and atmospheres that reduce/relieve stress experienced by individuals;
- Promoting social values that respect difference and diversity;
- Raising public awareness and understanding of the ways to mental well-being as well as mental health literacy (e.g. common mental disorders, dementia);
- Reducing stigma against people with and recovering from mental disorders;
- Building relevant knowledge and personal skills that are targeted at the whole population, and tailored for different life stages and different settings (e.g. school, workplace), according to the specific needs, risks and protective factors;
- Empowering parents, carers and teachers to understand, promote and respond to issues related to the mental health and well-being of children and adolescents; and
- Encouraging active and healthy ageing.

IV. Injury prevention

Injury causes significant mortality and morbidity in the community. Emphasis is placed on injury prevention which covers domestic injury, sports injury, falls and

drowning/near drowning by:

- Encouraging community stakeholders to take the lead in coordinating actions to prevent or reduce injuries;
- Identifying environmental and behavioural risk factors of vulnerable populations; and
- Facilitating effective communication of injury data, development and implementation of prevention programmes that involve more extensive collaboration amongst public and private sectors, academics, professional groups and non-governmental organisations.

V. Reducing alcohol-related problems

Alcohol consumption is a risk factor for many health and societal problems. Special attention is paid to the increasing trend of underage drinking and alcohol-related harms. Effective measures are through:

- Engaging important stakeholder groups such as doctors, celebrities, educational institutions, parents, to denounce the use or promotion of alcohol;
- Increasing awareness and knowledge of immediate and long-term harmful effects of alcohol consumption, in particular the carcinogenic effects of alcohol, as well as diseases associated with alcoholism such as liver cirrhosis, stroke, coronary heart disease and hypertension; plus alcohol-related harm to others such as traffic accidents, domestic violence and sexual assault;
- Helping young adults make informed decisions about alcohol use at the point of purchase or consumption;
- Preventing binge drinking, in particular among young adults;
- Enabling young people to resist peer pressure to drink and critically appraise misleading marketing tactics deployed by alcohol industry; and
- Empowering parents to communicate with their children on alcohol-related issues.

VI. Promoting family doctor model of care

The family doctor model of care, which emphasises continuity of care, holistic care and preventive care, is essential to primary care initiatives for better health. Awareness and understanding of this model needs to be further promoted in the community so that patients will be more receptive to the care of their family doctor and reduce doctor-shopping behaviour. The required activities include:

- Promoting the benefits of having a family doctor as the first point of contact in the healthcare system for continuous, comprehensive, coordinated and person-centred care; and
- Empowering the public to improve their own health and that of their family members by establishing a long term partnership with their family doctors and adopting a preventive approach in improving health.

VII. Empowering the community in the management of chronic diseases

Chronic diseases are common in the community and rise in prevalence as the local population ages. According to the two reference frameworks for diabetes mellitus and hypertension care developed by the Task Force on Conceptual Model and Preventive Protocols, of Health and Medical Development Advisory Committee, the community should be empowered so that patients and their carers are made aware of their own roles in disease prevention and management. The required activities include:

- Equipping patients with diabetes mellitus and hypertension with the necessary knowledge and skills to properly manage these two chronic diseases and prevent complications and actively partner with their family doctors and allied health professionals in managing their diseases; and
- Promoting to the general public the benefits and importance of supporting their family members, neighbours and friends with diabetes mellitus and hypertension in managing their health conditions.

VIII. Cancer prevention

Cancer is a major public health problem in Hong Kong. There is an increasing trend in the number of new cancer cases and registered cancer deaths as a result of ageing population and population growth over the past few decades. It is estimated that the number of new cases of colorectal cancer, prostate cancers and female breast cancers will further increase. Primary prevention is of the utmost importance in reducing cancer risk. In some cancer cases without symptoms, identification through screening may lead to early treatment and better health outcome. The required activities include:

- Raising public awareness and changing behaviour for primary prevention of cancer and related risk factors, such as unhealthy diet, physical inactivity, obesity, smoking and consumption of alcohol;

Appendix B

- Promoting cancer awareness and enable the public to recognise early warning symptoms of cancer for early detection, so as to seek prompt medical attention;
- Enhancing public's understanding about the potential pros and cons of screening tests for cancers, in particular for breast, colorectal and prostate cancers in order to make an informed choice; and
- Facilitating underprivileged women such as new immigrants, women from low income families and ethnic minority groups to receive regular cervical screening to prevent cervical cancer.

Audited Accounts

Health Care and Promotion Fund

For the year ended 31 March 2015

Independent Auditor's Report

To the Health Care and Promotion Fund Committee
Health Care and Promotion Fund
For the year ended 31 March 2015

We have audited the accounts of the Health Care and Promotion Fund (the "Fund") funded by the Hong Kong Special Administrative Region ("HKSAR") Government set out on pages 3 to 7, which comprise the balance sheet as at 31 March 2015, and the statement of income and expenditure and statement of changes in fund for the year then ended, and a summary of significant accounting policies and other explanatory information.

Health Care and Promotion Fund Committee's responsibility for the accounts

The Health Care and Promotion Fund Committee ("HCPF Committee") is responsible for the preparation of these accounts in accordance with the accounting policies of the Fund as set out in Note 2 to the accounts, and for such internal control as HCPF Committee determines is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these accounts based on our audit. We conducted our audit in accordance with Hong Kong Standards on Auditing issued by the Hong Kong Institute of Certified Public Accountants. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the accounts are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the accounts. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the accounts, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the accounts in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the accounts.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independent Auditor's Report

To the Health Care and Promotion Fund Committee

Health Care and Promotion Fund

For the year ended 31 March 2015

Opinion

In our opinion, the accounts of the Fund for the year ended 31 March 2015 have been properly prepared, in all material respects, in accordance with the accounting policies of the Fund as set out in Note 2 to the accounts.

Basis of accounting

Without modifying our opinion, we draw attention to Note 2 to the accounts which describes the basis of accounting. As a result, the accounts may not be suitable for another purpose.

Use of this report

This report is intended for HCPF Committee to table at the Legislative Council or other related parties of the HKSAR Government (if necessary), and should not be used for any other purpose.



Certified Public Accountants
Hong Kong, 23 November 2015

Or Ming Chiu

Practising Certificate number: P04786

Health Care and Promotion Fund

Balance Sheet

As at 31 March 2015

	<i>Note</i>	2015 <i>HK\$</i>	2014 <i>HK\$</i>
Current Assets			
Interest receivable		1,392	749
Amount due from the Hospital Authority	3	35,196,192	37,607,761
Cash and cash equivalents		3,989,020	5,597,098
		<u>39,186,604</u>	<u>43,205,608</u>
Current Liabilities			
Accounts payable		2,310,437	3,521,337
Accrued charges		2,300	3,400
		<u>2,312,737</u>	<u>3,524,737</u>
Net Assets		<u>36,873,867</u>	<u>39,680,871</u>
Represented by:			
Accumulated fund		<u>36,873,867</u>	<u>39,680,871</u>
Total Equity		<u>36,873,867</u>	<u>39,680,871</u>

Approved and authorised for issue by the Health Care and Promotion Fund Committee on 23 November 2015.



Dr. Christina MAW Kit-chee

Secretary of Health Care and Promotion Fund Committee

Health Care and Promotion Fund

Statement of Income and Expenditure

For the year ended 31 March 2015

	<i>Note</i>	2015 <i>HK\$</i>	2014 <i>HK\$</i>
Income			
Interest income		<u>613,962</u>	<u>519,350</u>
Expenditure			
Grants		<u>3,402,618</u>	<u>5,911,074</u>
Administrative fees	4	<u>18,348</u>	<u>22,954</u>
		<u>3,420,966</u>	<u>5,934,028</u>
Deficit for the year		(2,807,004)	(5,414,678)
Other comprehensive income		<u>-</u>	<u>-</u>
Total comprehensive loss for the year		<u>(2,807,004)</u>	<u>(5,414,678)</u>

Health Care and Promotion Fund

Statement of Changes in Fund

For the year ended 31 March 2015

	2015 <i>HK\$</i>	2014 <i>HK\$</i>
Total fund at beginning of year	39,680,871	45,095,549
Total comprehensive loss	<u>(2,807,004)</u>	<u>(5,414,678)</u>
Total fund at end of year	<u><u>36,873,867</u></u>	<u><u>39,680,871</u></u>

Health Care and Promotion Fund

Notes to the Accounts

For the year ended 31 March 2015

1. GENERAL INFORMATION

The Health Care and Promotion Fund (the "Fund") was established by the Hong Kong Government in 1995 with an injection of HK\$80 million approved by the Finance Committee of the Legislative Council for the purpose of increasing health promotion and disease prevention. The objective of the Fund is to provide funding support to health promotion projects that empower people to adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices.

The Fund is managed by the Health Care and Promotion Fund Committee ("HCPF Committee"), which is chaired by the Secretary for Food and Health, and is advised by the Promotion Subcommittee. The Research Fund Secretariat is housed in the Research Office of the Food and Health Bureau ("FHB"), which is responsible to provide scientific, administrative and logistic support to the Fund. The Hospital Authority ("HA") acts as an agent for providing accounting services to the Fund which includes keeping the accounts of the Fund and investing the capital money not required immediately in accordance with the guidelines approved by the HCPF Committee.

2. PRINCIPAL ACCOUNTING POLICIES

(a) Basis of preparation

The principal accounting policies adopted in the preparation of the accounts of the Fund are set out below. The accounts have been prepared on an accrual basis and under the historical cost convention.

(b) Revenue recognition

Interest income from bank deposits is recognised on a time proportion basis using the effective interest method.

(c) Expenditure

(i) Grants are recognised on an accrual basis upon receiving of claims from grant applicants for reimbursements of expenses.

(ii) Administrative fees are recognised on an accrual basis. Audit fee of the Fund is borne by the FHB.

(d) Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, demand deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value, having been within three months of maturity when acquired.

(e) Accounts payable

Accounts payable are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, unless the effect of discounting would be insignificant, in which case they are stated at cost.

Health Care and Promotion Fund

Notes to the Accounts

For the year ended 31 March 2015

3. AMOUNT DUE FROM THE HOSPITAL AUTHORITY

The amount due from the Hospital Authority represents principal and accrued interest income of bank deposits held by the Hospital Authority for the Fund. The amount due is unsecured and has no fixed terms of repayment. Interest income accrued on these bank deposits is recognised as income in the Fund's statement of income and expenditure.

4. ADMINISTRATIVE FEES

	2015 HK\$	2014 HK\$
Publicity	14,831	20,061
Other administrative fees	<u>3,517</u>	<u>2,893</u>
	<u>18,348</u>	<u>22,954</u>

健康護理及促進基金

二零一四至一五年度報告

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附件 A	健康護理及促進基金委員會 及健康護理及促進基金小組委員會成員名單
附件 B	健康護理及促進基金二零一四年的優先課題
附件 C	獨立核數師報告 (截至 2015 年 3 月 31 日止年度)

健康護理及促進基金

健康護理及促進基金(下稱“基金”)在一九九五年成立，旨在資助促進健康與預防疾病的活動和相關的研究，同時撥款協助有需要的病人尋求本港未能提供的治療，特別是治療罕見的疾病。基金成立至今，已為超過 270 個項目提供資助，資助金額合計達 7,675 萬元。每個已批核項目的內容概要和資助金額，都可在基金網站查閱(網址：<http://rfs.fhb.gov.hk>)。

隨着撒瑪利亞基金於二零零七年成立，有經濟需要的罕見疾病病人不再由本基金提供資助。目前基金以加強促進健康及預防疾病為工作重點。

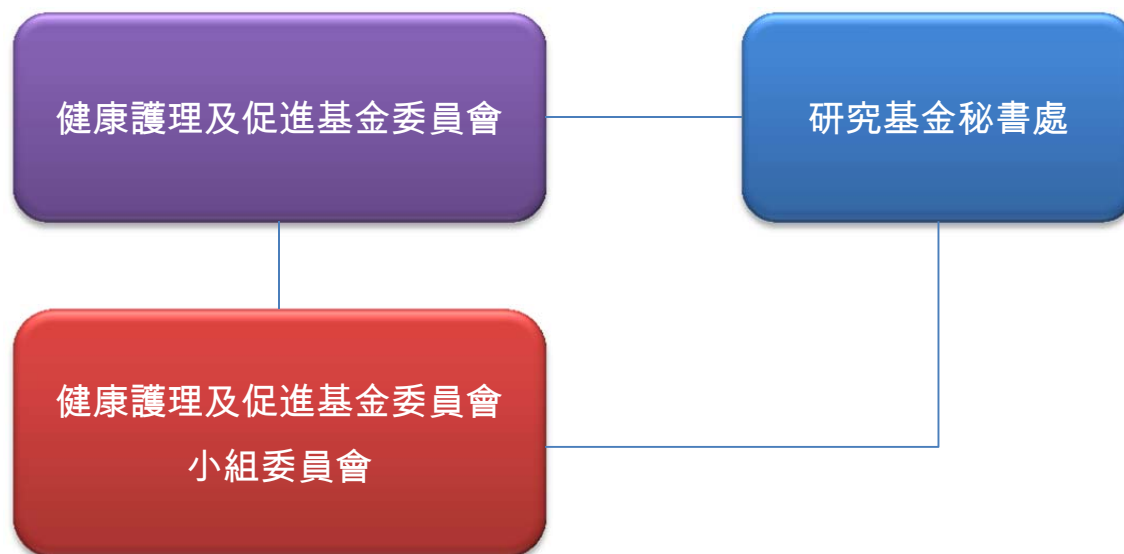
基金每年接受撥款申請，邀請本港的公共機構和非政府機構提交建議。每年的撥款設有優先課題，課題經諮詢衛生署轄下非傳染病部和基層醫療統籌處，以及醫院管理局後予以更新。現時基金提供的資助分以下類別：

- (a) 非研究性質的促進健康計劃(資助上限：每個項目 30 萬元)——旨在透過提高公眾的健康意識，改變不良的健康行為，以及締造健康的生活環境，鼓勵市民選擇和維持健康的生活方式；以及
- (b) 種子撥款計劃(於二零零七年設立;資助上限：每個項目 50 萬元)——旨在協助動用地區資源，以促進社區健康，並鼓勵公營、私營和非政府機構建立伙伴關係。

對於已獲資助的非研究性質的促進健康計劃，如有需要，基金可考慮延續有關計劃，原有計劃與延續計劃所得的資助金額合計不得超過 50 萬元。

此外，基金健康促進研討會會不時舉辦，提供平台讓業內專家與社區伙伴一起分享如何促進公眾健康知識和經驗，加強與各界領袖的聯繫，也藉此機會表揚優秀的獲資助項目。最近一屆健康促進研討會在二零一一年舉行。

管理



健康護理及促進基金委員會(基金委員會)由食物及衛生局局長擔任主席，負責就健康護理及促進項目的資助事宜制訂策略方針，以及監督基金的運作，包括審批撥款申請。基金委員會職權範圍如下：

- (a) 制訂有關健康促進計劃、預防護理、研究或其他有關活動的申請程序，以及批核有關申請的條件；
- (b) 批核及分撥資源予健康促進計劃、預防護理、研究或其他有關活動的申請；
- (c) 監察已批核的健康促進計劃、預防疾病、研究或其他有關活動的進展及評核其成效；以及
- (d) 監察基金管理與投資。

基金委員會之下設有健康護理及促進基金小組委員會(基金小組委員會)，負責對撥款申請逐一評審，甄選合適者給予推薦(說明項目效益並建議資助額)，監管已批核項目，以及評核已完成的項目是否達到原定目標。

基金委員會和基金小組委員會的成員名單載於**附件 A**。兩個委員會的運作，都是由食物及衛生局研究處研究基金秘書處支援。

二零一四至一五年度工作摘要

二零一四年度基金撥款接受申請

二零一四年度的基金撥款在二零一四年四月開始接受申請，七月三十一日截止申請。本年度共收到 101 份申請書。基金委員會根據最新的優先課題(**附件 B**)和既定評審準則進行甄選後，資助其中 15 項非研究性質的促進健康計劃和 7 項種子撥款計劃，總承擔額為 692 萬元。

本年內基金小組委員會舉行了 5 次會議，審批二零一四年度的撥款申請，以及評核 12 項已完成項目的最後報告。

非研究性質的促進健康計劃

基金資助的非研究性質的促進健康計劃共 238 項，有 211 項已經完成，其中 11 項是在本年度內完成，涵蓋的主題包括青少年反吸煙活動、親子食物標籤訓練、中學精神健康大使計劃、長者健康飲食、高血壓和糖尿病管理，以及少數族裔健康生活模式等。

種子撥款計劃

基金資助的種子撥款計劃共 33 項，有 20 項已經完成，其中 3 項是在本年度內完成。涵蓋的主題包括在吸煙熱點宣傳戒煙、對抗學童肥胖、在地區推廣健康生活、消除精神病康復者的社會標籤、羣策羣力做好親職、健康工作場所、預防與酒精有關的問題、糖尿病手機應用程式、認識肌肉減少症，以及設計長者健康餐單等。

財務狀況

截至二零一五年三月三十一日止，基金的現金結餘為 3,687 萬元，未定用途結餘款項(即可供資助新項目的資金)為 2,841 萬元。基金二零一四至一五財政年度經審查的財務報表載於 **附件 C**。

健康護理及促進基金委員會以及
健康護理及促進基金小組委員會成員名單
(截至 2015 年 3 月 31 日)

甲、 健康護理及促進基金委員會

主席

食物及衛生局局長(或食物及衛生局常任秘書長(衛生))

成員

陳慧敏醫生

周敏姬女士，MH

梁若芊博士

梁永宜先生

蕭敏康博士

謝洪森先生

蔡惠宏醫生

溫麗友女士，BBS, JP

黃卓健先生

衛生署署長(或其代表)

醫院管理局行政總裁(或其代表)

食物及衛生局副秘書長(衛生)2

秘書

食物及衛生局研究處主管

乙、 健康護理及促進基金小組委員會

聯合主席

周敏姬女士

蕭敏康博士

唐少芬醫生

溫麗友女士

成員

陳漢威醫生[#]

陳國賓先生

陳偉智醫生

陳慧敏醫生

鄭荔英教授

程卓端醫生

周鎮邦醫生

周育賢醫生

郭烈東先生

郭麗萍女士

黎志棠先生

林國璋博士

林茱莉博士

梁若芊博士

梁永宜先生

袁楨德教授

雷雄德博士

陸何錦環女士

文偉光教授

莫靜敏女士

吳文建醫生

吳秉琛醫生

蘇碧嫻醫生

譚鉅富醫生

羅鳳儀教授

謝洪森先生

尹慧兒醫生

王春波醫生

黃至生教授

黃志威醫生

胡潔瑩博士

游秀慧女士

楊德華先生

葉秀華女士

容樹恒醫生

秘書

食物及衛生局顧問醫生(研究處)

[#]增選成員

**健康護理及促進基金
二零一四年的優先課題**

以健康容易欠佳的**弱勢社羣**為對象的計劃，以及在**基層醫療層面**推行的促進健康計劃，其撥款申請均會獲優先考慮。為了使健康促進介入措施取得可持續的成效，多專科協作模式和跨界別合作可發揮作用，讓公眾參與創造有利促進健康的環境，並提升個人掌握自身健康的能力，是成功達致上述目標的關鍵。以下範疇的課題會獲優先考慮：

一、 控煙

眾所周知，吸煙會引致許多致命疾病和癌症，但各方需要不斷努力，把「我們所知的」付諸實踐為「我們所做的」。為防止和減少煙草的使用，須採取以下措施：

- 鼓勵吸煙人士(特別是中年男性及女性)戒煙，並幫助他們在日常面對最難耐的吸煙衝動及朋輩影響時，能夠遠離煙草；以及
- 加強勸導青少年、婦女或任職於工作壓力較大行業的人士放棄吸煙，並向他們展示吸煙損害健康的實證。

二、 生活方式、營養和體能活動

健康生活方式、健康飲食和恆常運動，是預防患上許多慢性疾病的要素。社會人士的參與，配合政府在提倡積極生活、健康飲食、應付過重／肥胖問題和推廣健康工作環境方面的措施，將有利於各個目標社羣。具體方法如下：

- 實現最佳的幼兒餵養方式，例如多吃水果和蔬菜，以及減少攝取加糖零食和飲料；
- 為家庭和學校決策者增加可負擔的健康食品及飲料的供應；
- 推動年青一代裝備自己，選擇健康的生活方式，例如避免養成不利健康的習慣、避免過長時間的熒幕活動(包括上網成癮)、避免進行高風險的性行為和濫用酒精及藥物，以及保持均衡飲食及理想的體重指數；
- 以食物金字塔為參考，提高公眾對均衡飲食的意識和認知，並在飲食中增加水果和蔬菜，以及減少鹽的攝取量；
- 鼓勵僱主創造安全和健康的工作環境，讓普遍有機會患上與生活方式相關疾病的上班一族得到支援。有關措施包括改善實際環境、優化機構政策和教導工作人口保持個人健康的技能；以及
- 鼓勵市民大眾多進行體能運動和減少靜態的生活方式。

三、 精神健康

良好的精神健康是構成良好身心健康不可或缺的一部分。要促進精神健康，便須正視和處理可能影響精神健康的因素，採取任何能有效提升整體人口及個人精神健康及福利的措施。幼年、少年和老年是重要人生階段，需要特別注意。家庭、學校、工作場所和社區均是促進精神健康的重要環境。要保持和提升精神健康，需要採取以下策略：

- 建立有利於促進精神健康的政策、常規和氣氛，以減輕／紓緩個人面對的壓力；
- 推廣尊重差異和多樣性的社會價值觀；
- 提升市民大眾對保持精神健康方法的認知和了解，以及增進他們的精神健康知識(例如：常見的精神病，癡呆症)；
- 減少對精神病患者及康復者的標籤效應；
- 根據特定需要、風險及防禦性因素，針對整體人口及配合各個人生階段和不同環境(例如：學校、工作場所)建立相關知識及發展個人技能；
- 裝備父母、照顧者和教師，讓他們有能力理解、促進及應付有關兒童及青少年的精神健康及福利的問題；以及
- 鼓勵長者過積極和健康的生活。

四、 預防受傷

受傷在社區造成的死亡率和發病率甚高。社會十分注重如何預防受傷，包括家居受傷、運動創傷、跌倒，以及遇溺／將近遇溺。預防方法如下：

- 鼓勵社區持份者發揮領導作用，協調各種防止或減少受傷的工作；
- 識別較容易受傷人士的環境和行為的風險因素；以及
- 提高傳遞受傷數據的成效，以及制定和推行需要公私營界別、學者、專業團體和非政府機構更廣泛合作的預防計劃。

五、 減少與酒精有關的問題

飲酒是引致許多健康和社會問題的風險因素。社會特別關注青少年飲酒問題的上升趨勢及酒精所造成的危害。有效的解決措施如下：

- 鼓勵重要的持份者團體(例如：醫生、名人、教育機構、家長)對飲酒或鼓吹飲酒的行為加以斥責；
- 提高市民大眾對飲酒的直接和長遠害處的認知，特別是酒精的致癌作

用及與酗酒相關的疾病，如肝硬化、中風、冠狀動脈心臟疾病和高血壓；以及對他人造成的與酒精相關的危害，例如會導致交通意外、家庭暴力和性侵犯等；

- 讓青年人對飲用酒精有正確認識，從而幫助他們就購買酒精或飲酒作出明智的決定；
- 防止暴飲，特別是對青年人而言；
- 促使青年人拒絕受朋輩壓力影響而飲酒，並能對酒類行業誤導性的營銷策略作出判斷；以及
- 促使父母有能力與子女談論與酒精有關的問題。

六、 推廣家庭醫生的醫療服務模式

家庭醫生的概念着重持續護理、全人護理和預防性護理，對於加強基層醫療服務以改善市民健康至為重要。在社區進一步推廣這種醫療服務模式，加深市民的認識和了解，可以使病人更樂意接受家庭醫生的照顧及減少經常轉換醫生的行為。所需進行的推廣活動包括：

- 推廣由家庭醫生作為醫療系統中首個醫護接觸點的好處，以獲得持續、全面、協調和以人為本的醫療服務；以及
- 協助市民大眾透過與其家庭醫生建立長久的伙伴關係，並採取預防性的方式促進健康，從而改善個人和家庭成員的健康。

七、 提升社區在管理慢性疾病方面的能力

慢性疾病在社區十分普遍，而患病率也隨着本地人口老化而有所提高。根據由健康與醫療發展諮詢委員會轄下「基層醫療概念模式及預防工作常規專責小組」所制定的兩份有關糖尿病和高血壓病患者之基層醫療護理的參考概覽，社區的能力需要增強，讓患者和照顧者能意識到他們在疾病預防和管理中所擔當的角色。所需進行的推廣活動包括：

- 幫助糖尿病和高血壓患者掌握必要的知識和技能，以妥善管理這兩種慢性疾病和預防併發症，並促使他們主動與其家庭醫生和專職醫療人員合作，管理患病情況；以及
- 向市民大眾宣傳為患有糖尿病和高血壓的家人、鄰居和朋友提供支援對管理病患者健康狀況的好處及重要性。

八、 預防癌症

癌症是香港主要的公共衛生問題之一。過去數十年，在人口老化和人口增長的情況下，新的癌症病例和因癌症死亡的人數有上升的趨勢。據估計，大腸癌、前列腺癌和女性乳癌新發病例數目將進一步增加。初級預防對減低癌症病發的風險極為重要。對於某些沒有症狀的癌症病例，透過檢測識別出癌症的病徵，可及早治療和達致更好的醫療成效。所需進行的推廣活動包括：

- 提高公眾對癌症的初級預防及相關風險因素(例如：不良飲食習慣、缺乏體力活動、肥胖、吸煙和飲酒行為)的意識和改變行為習慣；
- 促進市民大眾對癌症的認知，使他們辨識癌症的早期症狀，以便及早發現並及時尋求醫治；
- 加深市民大眾對癌症檢測的潛在利弊的了解，特別是乳癌、大腸癌和前列腺癌，以作出明智的選擇；以及
- 協助貧困婦女如新移民、低收入家庭和少數族裔婦女定期接受子宮頸檢查，以預防子宮頸癌。

致健康護理及促進基金委員會
健康護理及促進基金
截至 2015 年 3 月 31 日止年度

本核數師已審核列載於第 3 至 7 頁獲香港特別行政區(「香港特區」)政府資助的健康護理及促進基金(「基金」)的財務報表，此財務報表包括於二零一五年三月三十一日的資產負債表與截至該日止年度的收支結算表和基金變動報表，以及主要會計政策概要及其他附註解釋資料。

健康護理及促進基金委員會就財務報表須承擔的責任

健康護理及促進基金委員會(「委員會」)須負責按照本基金財務報表附註 2 所列載的會計政策編製此財務報表，並落實其認為編製此財務報表所必要的內部控制，以使財務報表不存在由於欺詐或錯誤而導致的重大錯誤陳述。

核數師的責任

我們的責任是根據我們的審計對此財務報表作出意見，並已按照香港會計師公會頒布的香港審計準則進行審計。該等準則要求我們遵守道德規範，並規劃及執行審計，以合理確定此等財務報表是否不存有任何重大錯誤陳述。

審計涉及執执行程序以獲取有關財務報表所載金額及披露資料的審核憑證。所選定的程序取決於我們的判斷，包括評估由於欺詐或錯誤而導致財務報表存有重大錯誤陳述的風險。在作出該等評估時，核數師考慮與該實體編製財務報表相關之內部控制，以設計適當的審計程序，但並非旨在對委員會內部控制的效能發表意見。審計亦包括評估委員會所採用的會計政策的合適性及所作出的會計估計的合理性，以及評估本財務報表的整體列報方式。

我們相信，我們所獲得的審核憑證能充足及適當地為我們的審計意見提供基礎。

致健康護理及促進基金委員會
健康護理及促進基金
截至 2015 年 3 月 31 日止年度

意見

我們認為，基金截至二零一五年三月三十一日止年度的財務報表在各主要方面已按照財務報表附註 2 所列載的會計政策妥為編製。

會計之基準

在不變更我們的意見下，我們謹請委員會注意財務報表附註 2 列載了基金所採用的會計基準，故此本財務報表未必適合作其他用途。

本報告之用途

本報告只供委員會用以提交香港特別行政區立法會或香港特區政府其他有關部門(如需要)，並不適用及不應被用作其他任何用途。

柯銘樵

執業會計師

香港，2015年11月23日

執業證書編號：P04786

健康護理及促進基金

截至 2015 年 3 月 31 日

資產負債表

	附註	2015 港元	2014 港元
流動資產			
應收利息		1,392	749
應收醫院管理局賬款	3	35,196,192	37,607,761
現金及現金等值		3,989,020	5,597,098
		<u>39,186,604</u>	<u>43,205,608</u>
流動負債			
應付賬款		2,310,437	3,521,337
應付費用		2,300	3,400
		<u>2,312,737</u>	<u>3,524,737</u>
資產淨值		<u>36,873,867</u>	<u>39,680,871</u>
相當於：			
滾存基金		<u>36,873,867</u>	<u>39,680,871</u>
權益總額		<u>36,873,867</u>	<u>39,680,871</u>

健康護理及促進基金委員會於 2015 年 11 月 23 日核准並許可發出

健康護理及促進基金委員會秘書
繆潔芝醫生

健康護理及促進基金

截至 2015 年 3 月 31 日
資產負債表

	附註	2015 港元	2014 港元
收入			
利息收入		<u>613,962</u>	<u>519,350</u>
支出			
資助		3,402,618	5,911,074
行政開支	4	<u>18,348</u>	<u>22,954</u>
		<u>3,420,966</u>	<u>5,934,028</u>
年內不敷		(2,807,004)	(5,414,678)
其他全面收益		<u>-</u>	<u>-</u>
年內全面虧損總額		<u>(2,807,004)</u>	<u>(5,414,678)</u>

健康護理及促進基金

截至 2015 年 3 月 31 日止年度
基金變動報表

	2015 港元	2014 港元
年初基金總額	39,680,871	45,095,549
全面虧損總額	<u>(2,807,004)</u>	<u>(5,414,678)</u>
年終基金總額	<u>36,873,867</u>	<u>39,680,871</u>

健康護理及促進基金

截至 2015 年 3 月 31 日止年度
基金變動報表

1. 一般事項

健康護理及促進基金（「基金」）是香港政府於一九九五年經立法局財務委員會通過注資八千萬元成立，旨在加強促進健康及預防疾病的工作。基金的目的是提供撥款資助予促進健康的項目，透過提高市民實踐健康生活的意識，改變不良的行為習慣或締造有利於健康生活的環境，從而鼓勵市民選擇健康的生活方式。

基金由健康護理及促進基金委員會（「委員會」）管理，主席為食物及衛生局局長，並由健康護理及促進基金委員會小組委員會提供諮詢工作。研究基金秘書處設於食物及衛生局（「食衛局」）研究處，負責為基金提供科研、行政及後勤支援。醫院管理局（「醫管局」）為基金代理會計服務，包括為基金製備財務報表，以及根據委員會核准的指引，將基金未即時需要的資金進行投資。

2. 主要會計政策

(a) 編製之基準

編製此財務報表時所採用之主要會計政策已列載如下。有關財務資料是按權責發生制原則及根據歷史成本法編製。

(b) 收入之確認

來自銀行存款的利息收益採用實際利息法按時間比例入賬。

(c) 支出

- (i) 資助是在收到撥款申請人申領發還開支時按權責發生制原則確認。
- (ii) 行政開支是按權責發生制原則確認。基金的審計費用由食衛局承擔。

(d) 現金及現金等值

現金及現金等值包括銀行現金、活期存款，以及其他流通率極高的短期投資，有關投資可隨時轉換為既定金額的現金，其價值變動風險有限，獲取時距離到期日均不超過三個月。

(e) 應付賬款

應付賬款先以公允價值確認，其後以實際利息法按已攤銷成本值計算，除非貼現影響不大，在該種情況下則按成本列賬。

健康護理及促進基金

截至 2015 年 3 月 31 日止年度
基金變動報表

3. 應收醫院管理局賬款

應收醫院管理局賬款是醫管局為基金持有的銀行存款之本金及應計利息收入。這些賬款並無抵押及無固定還款期。有關銀行存款的應計利息收入在基金的收支結算表確認為收入。

4. 行政開支

	2015 港元	2014 港元
宣傳	14,831	20,061
其他行政開支	<u>3,517</u>	<u>2,893</u>
	<u>18,348</u>	<u>22,954</u>

健康護理及促進基金

截至二零一五年三月三十一日止年度
經審查的財務報表

