

**立法會**  
**Legislative Council**

LC Paper No. CB(2)932/17-18

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of policy briefing cum meeting  
held on Monday, 16 October 2017, at 4:30 pm  
in Conference Room 1 of the Legislative Council Complex**

- Members present** :
- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
  - Dr Hon Pierre CHAN (Deputy Chairman)
  - Hon Tommy CHEUNG Yu-yan, GBS, JP
  - Hon WONG Ting-kwong, GBS, JP
  - Hon Starry LEE Wai-king, SBS, JP
  - Hon CHAN Kin-por, GBS, JP
  - Hon Mrs Regina IP LAU Suk-yee, GBS, JP
  - Hon Paul TSE Wai-chun, JP
  - Hon YIU Si-wing, BBS
  - Hon Charles Peter MOK, JP
  - Hon CHAN Chi-chuen
  - Hon CHAN Han-pan, JP
  - Dr Hon KWOK Ka-ki
  - Dr Hon Fernando CHEUNG Chiu-hung
  - Dr Hon Helena WONG Pik-wan
  - Dr Hon Elizabeth QUAT, BBS, JP
  - Hon POON Siu-ping, BBS, MH
  - Dr Hon CHIANG Lai-wan, JP
  - Hon CHU Hoi-dick
  - Hon SHIU Ka-fai
  - Hon SHIU Ka-chun
  - Hon Wilson OR Chong-shing, MH
  - Hon Kenneth LAU Ip-keung, BBS, MH, JP
  - Hon KWONG Chun-yu
- Members attending** :
- Hon WU Chi-wai, MH
  - Hon KWOK Wai-keung, JP
  - Hon LAM Cheuk-ting

**Members absent** : Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon Junius HO Kwan-yiu, JP

**Public Officers attending** : Item III

Prof Sophia CHAN Siu-chee, JP  
Secretary for Food and Health

Ms Elizabeth TSE Man-yee, JP  
Permanent Secretary for Food and Health (Health)  
Food and Health Bureau

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health  
Food and Health Bureau

Dr Constance CHAN Hon-ye, JP  
Director of Health

Dr Cindy LAI Kit-lim, JP  
Deputy Director of Health  
Department of Health

Dr LEUNG Pak-yin, JP  
Chief Executive  
Hospital Authority

Dr CHEUNG Wai-lun  
Director (Cluster Services)  
Hospital Authority

**Clerk in attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in attendance** : Item II

Ms Ivy CHENG  
Senior Council Researcher 3

All items

Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

---

Action

**I. Information paper(s) issued since the last meeting**  
[LC Paper No. CB(2)51/17-18(01)]

Members noted that a letter dated 13 October 2017 from Mr CHAN Han-pan requesting the Panel to discuss the regulation of health food products had been issued since last meeting.

**II. Matter arising from the meeting on 17 July 2017**  
[FS06/16-17]

Proposal for conducting an overseas duty visit to study rare disease policies

2. The Chairman advised that the proposal for conducting an overseas duty visit to study rare disease policies was first raised by a member at the special meeting of the Panel on 11 April 2017. He invited members' views on the proposal. Dr CHIANG Lai-wan suggested that in the case that the Panel decided to conduct the subject duty visit, consideration should be given to expanding the scope of the visit to cover not only the rare disease policies of the place(s) of visit, but also their healthcare policy, in order to make the visit more fruitful.

3. The Chairman remarked that members might wish to consider the proposal having regard to the new initiatives relating to the support for uncommon diseases announced in the Chief Executive's 2017 Policy Address. He suggested that discussion of the proposal be deferred to the next regular meeting in November 2017. Members agreed.

**III. Briefing by the Secretary for Food and Health on the Chief Executive's 2017 Policy Address**

[LC Paper Nos. CB(2)23/17-18(03), CB(2)63/17-18(01) and CB(2)69/17-18(01), The Chief Executive's 2017 Policy Address and The Chief Executive's 2017 Policy Agenda]

4. Secretary for Food and Health ("SFH") briefed members on the policy initiatives in respect of health matters set out in the Chief

Action

Executive's 2017 Policy Address, details of which were set out in the Administration's paper (LC Paper No. CB(2)23/17-18(03)). The speaking note of SFH (LC Paper No. CB(2)69/17-18(01)) was tabled at the meeting.

5. Members noted a submission from Concern Group HK Mental Health on the subject under discussion.

Disease prevention and control

*Primary healthcare*

6. Mr WU Chi-wai concurred with the broad directions for improving the public healthcare system including primary healthcare. Noting that a blueprint for the delivery of primary healthcare had been once drawn up in the early 1990s, he asked whether the steering committee on primary healthcare development to be set up by the current term Government would build on the work that had been done so far to swiftly hammer out a development blueprint in this regard, and whether there would be adequate financial and manpower resources as well as infrastructure support for implementing the measures so formulated. Dr Pierre CHAN sought elaboration about the division of work amongst the steering committee, the Working Group on Primary Care set up under the Health and Medical Development Advisory Committee ("HMDAC") which was reconvened in 2008, and the Primary Care Office ("PCO") set up under the Department of Health ("DH") in 2010. Pointing out that the concept of promoting primary care in Hong Kong had been covered in the report "Health for All, the Way Ahead" published by the Working Party on Primary Health Care in 1990, the discussion paper "Building a Better Tomorrow" issued by HMDAC in 2005 and the healthcare reform consultation document "Your Health, Your Life" published by the Administration in 2008 but there had been no remarkable progress in the development of primary care over the years, Mr SHIU Ka-chun hoped that some concrete achievements in this regard could be attained by the current term Government.

7. SFH advised that HMDAC was an advisory body tasked to review and make recommendations to the Government on the service delivery models for the healthcare system. On primary care, it had put forth a host of recommendations with emphasis placed on, among others, promoting the concept of family doctor. Separately, PCO under DH was responsible to support and coordinate the development of primary care and the implementation of primary care development strategies and actions. It had, among others, set up a Primary Care Directory on primary care providers and developed a series of reference frameworks for the care of major chronic diseases, different population groups in primary care settings and promotion of family doctor concept. As a next step, the steering committee,

Action

which would be set up and hold its first meeting in 2017, would comprehensively review the existing planning of primary healthcare services and draw up a development blueprint. In particular, emphasis would be placed on how to enhance the public's awareness on disease prevention through district-based medical-social collaboration and public-private partnership. A district health centre, the first of its kind, would be set up in Kwai Tsing District within two years' time.

8. Mr WU Chi-wai hoped that the development blueprint could be drawn up and implemented as early as practicable. Mr POON Siu-ping expressed a similar view. Mr SHIU Ka-chun remarked that the existing arrangement that a great deal of resources for the public healthcare system were allocated for inpatient and specialist outpatient treatment was not desirable. In his view, more emphasis should be placed on preventive care to reduce the disease burden, and on step-down care in primary care setting to reduce the need for re-admission. He was therefore concerned about whether and, if so, how much additional resources would be allocated to strengthen primary healthcare, and whether medical consultation by doctors would be provided at the planned district health centre. SFH took note of members' views.

9. Dr Helena WONG remarked that the Democratic Party supported the allocation of more resources to promote disease prevention so as to relieve the pressure on hospital services. She asked about the difference between the operation mode of the first district health centre to be set up in Kwai Tsing District and the existing Community Health Centres ("CHCs") managed by the Hospital Authority ("HA"), and whether the former would cover primary healthcare services for women. Mrs Regina IP expressed support for the setting up of the district health centre. Mr POON Siu-ping enquired about the reason why the Administration decided to pilot the centre in Kwai Tsing District. Dr Elizabeth QUAT expressed support for the new initiatives of developing primary healthcare, promoting medical scientific development which included the establishment of a Big Data Analytics Platform under HA, and facilitating the development of Chinese medicine in Hong Kong, which had been long called for. She asked whether consideration could be given to piloting the planned district health centre in more districts.

10. SFH advised that the services currently provided by CHCs covered, among others, medical consultation services, nurse and allied health services and patient empowerment services. To enhance the support to chronic disease patients, CHCs also provided multi-disciplinary primary care services for chronic disease management. The primary healthcare services to be provided by the planned district health centre would be based on the needs and characteristics of the district with reference to health

Action

status and health needs of Kwai Tsing population, with a view to enhancing public's awareness on disease prevention and their ability in self-management of health through medical-social collaboration and procurement of services from organizations and healthcare personnel serving the district. She further advised that Kwai Tsing District had built a solid foundation for the further extension of district-based primary healthcare services as the Kwai Tsing District Council had made use of the \$100 million provided by the Administration in 2013 for district-based signature projects to launch a number of healthcare services in collaboration with local associations and non-profit-making organizations. With the experience gained from the planned centre, the Administration would progressively set up district health centres in other districts.

11. Mr KWOK Wai-keung welcomed the various initiatives on primary healthcare. He called on the Administration to expedite implementation of the proposal of constructing a health centre at a site located in Siu Sai Wan. SFH advised that the subject was being taken forward by DH.

*Cancer and hepatitis B screening*

12. Holding the view that the Administration should step up its efforts to promote women's health, Dr Elizabeth QUAT asked whether consideration could be given to expanding the respective coverage of the Cervical Cancer Vaccination Pilot Scheme and the subsidized cervical cancer screening under CCF from teenage girls and women from eligible low-income families to all teenage girls and women in the appropriate age groups, and introducing population-based breast cancer screening. SFH advised that the implementation of measures for cancer prevention and screening for the population would be based on local and international scientific evidence which was under regular review. In response to Dr Elizabeth QUAT's concern as to whether non-invasive prenatal test for Down syndrome screening would be provided at public hospitals, Chief Executive, HA ("CE, HA") advised that the test would be provided to suitable pregnant women in the Hong Kong Children's Hospital ("HKCH") which would commence operation in 2018.

13. Mr KWOK Wai-keung was concerned that since universal neonatal hepatitis B vaccination programme was only implemented since 1988, the population currently aged 30 or above might not have received vaccination. Given that hepatitis B accounted for about 80% of liver cancer cases, he asked whether consideration could be given to launching a hepatitis B screening programme to reduce the public health burden. SFH advised that building on the resolutions on viral hepatitis adopted by the World Health Assembly, the World Health Organization had promulgated a global health sector strategy on viral hepatitis 2016-2021. The Administration would set

Action

up a steering committee to, among others, advise the Government on policies and cost-effective targeted strategies for prevention and control of viral hepatitis.

*Prevention and testing services for HIV infection*

14. Referring to the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) released by the Hong Kong Advisory Council on AIDS in May 2017, Mr CHAN Chi-chuen asked how the Administration would follow up the five priority areas for action set out therein. He was in particular concerned that many non-governmental organizations ("NGOs") concerned had ceased to provide HIV testing services for heterosexual men due to the lack of funding support for such programmes or projects since June 2017. Director of Health advised that the Strategies had provided a clear direction and targets for major players to follow. As regards funding allocation of HIV projects, the Council for the AIDS Trust Fund would make general reference to the recommendations of the Strategies to prioritise applications. Mr CHAN Chi-chuen held the view that the Panel should discuss the subject at a future meeting. The Chairman undertook to follow up the request at the informal meeting amongst himself, the Deputy Chairman and SFH to discuss the work plan of the Panel for the 2017-2018 session ("the work plan meeting").

Drug treatment for patients with rare diseases

15. While welcoming the improvement measures to enhance support for patients with rare diseases, Dr Fernando CHEUNG was of the view that the measures in place were piecemeal when there was a lack of definition, policy and legislation on rare diseases in Hong Kong. A case in point was that the Administration had adopted the term "uncommon diseases" and "uncommon disorders", instead of "rare diseases", to name the measures in this regard. Dr Pierre CHAN sought explanation about the rationale for adopting the term "uncommon diseases" and "uncommon disorders". Dr Elizabeth QUAT urged the Administration and HA not to drag their feet in introducing a definition of rare diseases.

16. Director (Cluster Services), HA ("D(CS), HA") advised that the Government's public healthcare policy was to ensure that no one, including patients with uncommon disorders, would be denied adequate medical treatment due to lack of means. At present, the definition of rare diseases in different countries varied depending on their healthcare systems and situations. Taking into account that patients with uncommon disorders would also face the difficulties encountered by patients with rare diseases, it was considered more appropriate to use the term "uncommon disorders" in order to cover all such patients. To provide more assistance for patients

Action

with uncommon disorders, the scope of the new CCF medical assistance programme named "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" would be expanded. This apart, the Clinical Genetic Service of DH would be relocated to HKCH, which would commence operation by phases in 2018, and provide clinical genetics services there. In addition, HA and DH would continue to join hands to extend the newborn screening service for inborn errors of metabolism from two public birthing hospitals to all public hospitals with maternity wards in phases.

17. Dr Pierre CHAN remarked that the Administration should consider controlling the prices of drugs for treating rare diseases, which were often ultra-expensive, in the longer term, in order to ensure the sustainability of any measure to subsidize the drug expenses of those patients in need of the drug treatments. D(CS), HA agreed that pharmaceutical companies had an important role to play in determining the sustainability of the long-term treatment for uncommon disorders. Efforts had been and would continuously be made by HA to liaise with pharmaceutical companies concerned on the long-term drug arrangements for individual patients.

18. Pointing out that drugs for treating rare diseases and new drugs for treating cancer were in most cases ultra-expensive, Dr Fernando CHEUNG considered it not appropriate to adopt the principle of cost-effectiveness in evaluating whether these drugs should be listed on the Drug Formulary of HA ("the Drug Formulary") or included in the existing safety net coverage. In his view, a dedicated fund should be set up to subsidize the drug expenses of these patients. Mr KWONG Chun-yu was concerned that the listing of new drugs on the drug formulary of individual hospital clusters or hospitals might take as long as 30 to 40 months. He asked if the time required could be shortened for the benefit of patients.

19. D(CS), HA advised that the Drug Advisory Committee ("DAC") of HA would conduct quarterly meetings to evaluate new drug applications for listing on the Drug Formulary. On average, 10-odd applications would be evaluated at each meeting. Once a new drug was approved by DAC for listing on the Drug Formulary, the Cluster and the Hospital Drug and Therapeutics Committees would discuss at their upcoming meeting whether the drug would be included in their respective hospital formulary in the light of operational needs. For drugs not approved for listing on the Drug Formulary, DAC would evaluate a resubmission if new information was available to support the listing. For such cases, it would take a longer time for the drugs concerned to be listed on the Drug Formulary. Separately, the Drug Management Committee would convene one to two meetings each year to consider, among others, inclusion of self-financed drugs in the safety net or relaxation of safety net indications. It would also consider the



Action

repositioning of drugs across categories in the Drug Formulary once every two years and anytime as required. HA had compiled the HA Drug Formulary Management Manual to enhance public understanding in the management of the Drug Formulary.

20. Mr CHAN Chi-chuen was concerned that many patients with ankylosing spondylitis might not be able to purchase on their own the costly self-financed biological agents. D(CS), HA advised that subsidy for the use of the drug would be granted to needy patients under the safety net.

Development of Chinese medicine

21. Mrs Regina IP expressed support for the Administration's efforts to actively support the development of Chinese medicine. Mr KWOK Wai-keung called on the Administration to enhance the development of Chinese medicine, in particular its role in primary care in order to meet the increasing service demand in this regard. SFH advised that a dedicated unit on the development of Chinese medicine ("CMU") would be set up under the Food and Health Bureau ("FHB"). Work in the pipeline included formulating the positioning and the framework of development in major areas of the Chinese medicine hospital, speeding up the establishment of the permanent Government Chinese Medicines Testing Institute, continuing to formulate reference standards for more Chinese herbal medicines under the Hong Kong Chinese Materia Medica Standards Project; enhancing the current tripartite collaboration model adopted by the Chinese Medicine Centres for Training and Research ("CMCTRs") in the 18 districts; and reviewing the remuneration package and promotion opportunities of staff at all levels in these Centres.

22. Noting that CMU would be responsible for, among others, oversee the policy matters in relation to the new Chinese medicine hospital and the 18 CMCTRs, Mr POON Siu-ping was concerned about the roles of CMU, HA and the Chinese Medicine Development Committee ("CMDC"). SFH advised that CMU would be supported by, among others, non-civil service staff such as staff seconded from HA to take forward the planning of the new Chinese medicine hospital. Separately, CMDC was tasked to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicine in Hong Kong.

23. While expressing support to the development of Chinese medicine in Hong Kong, Dr Helena WONG was concerned that the Chinese Medicine (Amendment) Bill 2017, which was currently under scrutiny by a bills committee, was silent on what would constitute that the Chinese medicines or related products in question were dangerous or injurious to health, or unfit for use by human beings that a Chinese medicine safety order had to

Action

be issued to prohibit their sale and supply. This apart, the current standards for testing of pesticide residues and heavy metals contents in the samples of Chinese herbal medicines collected by DH from local market, which only covered 37 pesticide residues and four heavy metals contents, had not been reviewed since its adoption some 15 years ago. She noted that the Administration had already proceeded with the legislative work for introducing more stringent regulatory control on levels of metallic contamination in food. SFH took note of the above concerns.

24. Mr SHIU Ka-fai welcomed the Administration's work to foster the development of Chinese medicine in Hong Kong. He considered that more should be done by the Administration to regulate the health food products not consisted solely of Chinese medicine materials, and assist the industry to understand clearly those acts that would amount to contravention of the legislation. For the latter, a case in point was the provision of manipulative therapy with medicinal claims. SFH advised that the Administration was considering the need to impose more targeted control on products sold in the market which contained not only Chinese medicine ingredients. Efforts was being made to review the definition of proprietary Chinese medicines.

Mental health

25. Mrs Regina IP expressed grave concern about the mental health of the population having regard to the recent increase in the number of suicide cases, of which some involved students. Referring to the Mental Health Review Report which was released in April 2017, she asked how the Administration would enhance the mental health services so as to address the long waiting time for public psychiatric specialist outpatient services which stood for as long as three years and the short consultation duration for the first and follow-up consultations. Both were attributable to, among others, the healthcare manpower shortage of HA. Expressing concern that it was estimated that one out of four people in Hong Kong might have mental health needs, Mr WU Chi-wai asked about the actions to be taken by the Administration to address the issue.

26. SFH advised that the Mental Health Review Report promulgated in April 2017 had put forth a total of 40 recommendations. In 2018-2019, the Administration would strengthen mental health services in five areas, namely the implementation of an on-going mental health education and destigmatization campaign; regularizing and expanding the Dementia Community Support Scheme; enhancing the support for students with mental health needs through the Student Mental Health Support Pilot Scheme; expanding the enhanced model of providing multi-disciplinary services in common mental disorder clinics to the New Territories West Cluster; and enhancing the case manager to patient ratio in the Case

Action

Management Programme for psychiatric patients. The above apart, HA would recruit over 40 additional psychiatric nurses in 2018-2019 and would continue to strengthen the medical manpower of its psychiatric stream with the increase in the number of locally trained medical graduates from 2018-2019.

27. Dr Fernando CHEUNG expressed concern about the coordination between FHB and the Labour and Welfare Bureau ("LWB") in addressing the growing demand for long-term care services arising from an ageing population. For persons with dementia, there were no subsidized residential and day care places for them and a lack of support services for those who were under the age of 60 years. SFH assured members that FHB and LWB would continue to join hands to address the medical and welfare needs of persons requiring long-term care, including persons with dementia. For instance, the Dementia Community Support Scheme was being implemented via a medical-social collaboration model.

Palliative care

28. Holding the view that it was necessary to improve the quality of end-of-life care services, Dr Elizabeth QUAT asked whether the Administration would examine the feasibility of introducing the Quality of Death Index, which was a standard adopted in many places for measuring the quality of palliative care. SFH advised that HA had developed the Strategic Service Framework for Palliative Care in 2017 to guide the development of its palliative care services in the coming five to 10 years.

29. Noting that the Administration would consider amending the relevant legislation so that patients could have the choice of "dying in place", Mr POON Siu-ping sought elaboration about the work progress in this regard. SFH advised that the Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong was commissioned to study the issue. The Administration would consider the way forward after the completion of the study.

Dental services for elders and persons with disabilities

30. Expressing concern that no new dental initiatives were proposed to meet the growing service demand arising from an ageing population, Mr CHAN Chi-chuen asked if the Administration would consider setting up dental clinics in the newly developed or redeveloped hospitals under the 10-year public hospital development plan. SFH advised that HA only provided special oral care services for inpatients and patients with special oral health care or dental emergency needs. It should also be noted that there was at present a shortage of dentists. To respond to the challenges of

Action

an ageing population, annual intake of the University Grants Committee-funded dental students had been increased for the 2016-2017 triennium. In addition, the Administration had implemented a number of initiatives to provide low-income elders to receive dental care and support services in recent years. Eligible elders could also use Elderly Health Care Vouchers for private dental services. Expressing concern that many elders might save the vouchers for the management of episodic health conditions rather than dental problems, Mr CHAN Chi-chuen urged the Administration to provide separate dental care vouchers for elders as had been repeatedly called for by Members.

31. In response to Mr KWONG Chun-yu's question about the way forward for the Pilot Project on Dental Service for Patients with Intellectual Disability, SFH advised that the Administration was currently evaluating the Pilot Project and actively working out the arrangements for a new programme to continue the provision of dental care services for adult patients with intellectual disability. To prepare the dentists for the implementation of the new programme, relevant training programmes would be arranged. In the meantime, it would continue to provide the relevant dental services for those patients who were already on the waiting list of the Pilot Project.

Healthcare manpower planning

32. Mr KWOK Wai-keung urged the Administration to consider the suggestion of the Hong Kong Federation of Trade Unions that it should make reference to the promulgation of the Long Term Housing Strategy to gauge the views of members of the public for mapping out the long-term healthcare strategy in order to facilitate the planning of the healthcare manpower requirements. Mrs Regina IP called on HA to recruit more qualified non-locally trained doctors through limited registration after the passage of the Medical Registration (Amendment) Bill 2017 which sought to, among others, extend the maximum validity period and renewal period of limited registration of non-locally trained medical practitioners. Mr SHIU Ka-fai considered that more efforts should be made to facilitate qualified non-locally trained healthcare professionals to practise in Hong Kong so as to ease the manpower shortage in the public healthcare sector in the short term. SFH advised that the previous term Government had engaged the relevant stakeholders and the healthcare professions in the process of conducting the strategic review on healthcare manpower planning and professional development ("the strategic review"). The current term Government would take steps to implement the recommendations put forth in the review report, which was released in June 2017, to increase manpower supply with a view to meeting the demand for healthcare professionals.

Action

33. Dr Fernando CHEUNG was concerned that in view of the medical manpower constraints in HA, the average length of outpatient consultation time per patient was as short as a few minutes. Referring to a recent media report that the Administration had undertaken in 2008 to conduct a study on the reasonable length of consultation time, he enquired about the work in this regard. In his view, the outcome of the study would be useful for the planning of healthcare manpower requirements in the public sector.

34. SFH advised that it was noted that there were concerns that there might be an underestimation in the healthcare manpower demand projected under the strategic review, as the projection was based on the existing service level and model. She assured members that the Administration would conduct manpower planning and projections for healthcare professionals once every three years. CE, HA supplemented that any review of the consultation time had to strike a balance between healthcare manpower and service needs of patients. Given the current inadequate healthcare manpower supply, it might not be desirable to set a requirement on the minimum consultation time at this stage. HA would keep this in view when there was an improvement in the supply of healthcare manpower in the future. Noting that the Administration would augment the civil service establishment by not less than 3% in the 2018-2019 financial year to ease the work pressure on civil servants, Mr POON Siu-ping asked whether HA would make similar efforts to strengthen the manpower establishment of its healthcare staff. CE, HA advised that there was a net annual increase of more than 3% in healthcare manpower in HA in recent years. It was expected that this would continue to be the case for the coming year, as HA would, among others, employ all qualified local medical graduates.

Resource allocation for HA

35. Referring to the Administration's undertaking to increase the recurrent funding for HA progressively on a triennium basis having regard to population growth rates and demographic changes, Mr WU Chi-wai asked whether the proportion of expenditure on health to the total recurrent public expenditure, which currently stood at about 17%, would be increased correspondingly. Permanent Secretary for Food and Health (Health) advised that the new arrangement was not aimed at increasing the above proportion but at enabling HA to address in a more effective and sustained manner the staffing and service demands in the face of a growing and ageing population.

Breastfeeding

36. Dr Elizabeth QUAT enquired about the actions to be taken by the Administration to further protect, promote and support breastfeeding. SFH

Action

advised that with the implementation of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children since June 2017, the Administration would continue to promote breastfeeding on all fronts, including, among others, the implementation of "breastfeeding friendly hospital" in public hospitals with maternity wards under HA in phases.

Voluntary Health Insurance Scheme

37. Referring to the Administration's plan to implement the Voluntary Health Insurance Scheme ("VHIS") in 2018, Dr Pierre CHAN asked whether the Administration would re-examine in due course the proposed requirement of guaranteed acceptance with premium loading cap, which would be underpinned by a proposed High Risk Pool to be established with injection of public funding. SFH replied in affirmative. In response to Dr Pierre CHAN's enquiry about whether the arrangements for tax reduction under VHIS would be covered in the 2018-2019 Budget, SFH advised that the plan of the Administration was to implement VHIS in 2018.

Other issue of concern

38. Mr LAM Cheuk-ting noted that the Administration would review the current export control of powdered formulae for infants and young children under the age of 36 months. Holding the view that relaxing or revoking the export control would affect the supply of powdered formulae to local infants and young children and aggregate the parallel trading activities in Northern, Tuen Mun and Yuen Long districts, he urged the Administration to commit that the export control would remain after the review. Mr SHIU Ka-fai, however, held the view that the export control went contrary to the policy of free trade and had imposed an adverse impact on the retail business. The export control could be revoked if stable and sufficient supply of powdered formulae to meet the demand of local parents could be safeguarded. Other issues that might arise after the revocation of the measure, such as increase in number of parallel trading activities, should be addressed separately.

39. SFH advised that when the export control of powdered formulae was implemented in 2013, it was meant to be a short-term measure to safeguard the stable and sufficient supply of powdered formulae in order to meet local demand. In tandem, the Administration had discussed with the industries concerned measures to improve the supply chain of powdered formulae. Having regard to various factors including, among others, the supply level of powdered formulae and the numbers of prosecution and convicted cases for contravention of the export control, it was an opportune time to conduct a comprehensive review of the export control. The Administration had no presupposition in this regard. It was expected that the review would be

Action

completed in a year's time. Mr LAM Cheuk-ting was of the view that the potential huge demand from the Mainland for powdered formulate could not be reflected by the above numbers.

40. Mrs Regina IP suggested that if the export control was to be abolished, the Administration should consider subjecting the export of powdered formulae under licensing control through the Import and Export Ordinance (Cap. 60) or the Reserved Commodities Ordinance (Cap. 296) to ensure an adequate supply of powdered formulae for local consumption. SFH took note of the suggestion.

41. The Chairman remarked that members could follow up with the Administration on the subject through the platform of the Panel on Food Safety and Environmental Hygiene.

**IV. Any other business**

42. The Chairman informed members that the work plan meeting of the Panel would be held on 30 October 2017. He reminded members that the Panel would hold a special meeting on 6 November 2017 at 2:30 pm to receive views from deputations on the "Mode of operation of Chinese medicine hospital".

43. There being no other business, the meeting ended at 6:20 pm.