

Legislative Council Panel on Health Services

Strategy and action plan to prevent and control non-communicable diseases in Hong Kong

PURPOSE

This paper briefs Members on the latest situation of non-communicable diseases (“NCD”) in Hong Kong and the introduction of the "Towards 2025: Strategy and Action Plan to Prevent and Control NCD in Hong Kong" ("SAP").

BACKGROUND

NCD Situation in Hong Kong

2. NCD are major causes of ill health, disability and death which pose threats on individual health and well-being, as well as the society as a whole. In Hong Kong, five major NCD, namely cardiovascular diseases including heart diseases and stroke, cancers, diabetes and chronic respiratory diseases, accounted for about 55% of all registered deaths in 2016. They also account for about 370 000 inpatient discharges and deaths in hospitals in the same period.

3. The Population Health Survey (“PHS”) 2014-15 conducted by the Department of Health (“DH”) found that among the local population aged 15 to 84, the prevalence of hypertension, diabetes and high blood cholesterol was 27.7%, 8.4% and 49.5% respectively.¹ If nothing is done to more effectively prevent and control NCD, there would be huge burden to our healthcare system and economy in general in future.

Steering Committee on Prevention and Control of NCD

¹ For every person known to be suffering from any of these conditions, at least one other person with the disease went undiagnosed and untreated. It is estimated that at the prime age of 40, about half of all local adults suffer from and would require treatment and counseling for at least one of the conditions listed above.

4. Since 2008, the Secretary for Food and Health has convened a multidisciplinary and inter-sectoral Steering Committee on Prevention and Control of NCD (“SC”) to oversee the overall implementation of a strategic framework to prevent and control NCD. Three Working Groups under the SC have published action plans on specific recommended actions. While the action plans to promote diet and physical activity and reduce alcohol-related harm have been accomplished with some on-going activities, the action plan to strengthen the prevention of unintentional injuries has been and will continue to be implemented in the coming few years.

NINE LOCAL TARGETS AND THE SAP

5. To address the growing threats of NCD, the World Health Assembly endorsed the "Global Action Plan for the Prevention and Control of Non communicable Diseases 2013-2020" (“Global Action Plan”) which provided a road map and policy options to contribute to the attainment of nine global NCD targets by 2025.

6. In line with the above Global Action Plan published by the World Health Organization ("WHO") and on the advice of the SC, the Government has decided to adopt the following as voluntary targets for reducing NCD by 2025 –

- Target 1** A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
- Target 2** At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/alcohol dependence) among adults and in the prevalence of drinking among youth
- Target 3** A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults
- Target 4** A 30% relative reduction in mean population daily intake of salt/sodium
- Target 5** A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- Target 6** Contain the prevalence of raised blood pressure

Target 7 Halt the rise in diabetes and obesity

Target 8 Prevent heart attacks and strokes through drug therapy and counseling

Target 9 Improve availability of affordable basic technologies and essential medicines to treat NCD

7. To achieve the above targets, the Government has developed the SAP to set out specific strategies, programmes and actions that call on Government-wide and stakeholders' efforts. These strategies in the SAP covers a wide range of areas which include –

- (a) strengthening NCD surveillance by enhancing the existing surveys and information collection so as to keep track of population NCD status and key behavioural and biomedical risk factors;
- (b) carrying out alcohol screening and brief interventions, including to strengthen treatment services for people with alcohol problems and support people who want to cut down or stop drinking alongside with stepped up education;
- (c) promoting physical activity participation in school setting and society by collaborating with the education sector and other stakeholders with enhanced accessibility of related facilities;
- (d) continuing discussion with the trade on product reformulation to reduce salt in food alongside with ongoing efforts to implement various salt reduction schemes and dialogue with the catering industry to supply a greater variety of food with less salt;
- (e) adopting a multi-pronged approach in tobacco control including the expansion of statutory no smoking areas, strengthening the regulatory regime on e-cigarettes and heat-not-burn products and the implementation of Smoking Cessation public-private partnership programme;
- (f) strengthening the health system at all levels, in particular a comprehensive primary care for prevention, early detection and management of NCD based on the family doctor model;
- (g) reviewing and update drug lists and clinical protocols regularly based on scientific and clinical evidence to ensure equitable access by patients to cost-effective drugs and therapies of proven safety and efficacy for

treatment of major NCD in all public hospitals and clinics;

- (h) broadening the current partnership base by working with other Bureaux/Departments (“B/Ds”), private sectors and non-health sectors for joint efforts in reducing NCD; and
- (i) keeping a close watch on emerging evidence and practical experience of “best buys” and other WHO recommended interventions to reduce NCD risk factors and strengthen health systems to address NCD.

The actions are outlined at **Annex** while the full version of the SAP is accessible at the website of Centre for Health Protection (https://www.chp.gov.hk/files/pdf/saptowards2025_fullreport_en.pdf).

WAY FORWARD

Progress Monitoring

8. To ensure the successful implementation of the SAP, there is a need to effectively monitor the progress for achieving the nine local targets by 2025. In this connection, DH has devised relevant indicators for regular monitoring of these indicators based on enhanced PHS and other information sources which will shed light on our progress and achievements in reducing NCD and saving lives.

Public Engagement and Publicity

9. In order to widely raise awareness and engage all sectors of the community for their involvement and joint-up actions to take forward the SAP, DH conducted a one-day Health Promotion Symposium, namely “Central Health Education Unit 40th Anniversary cum Non-communicable Diseases Framework Launching” on 4 May 2018 to introduce the SAP. In addition, the SAP has been publicised through various means such as publications, media and briefings.

10. To take forward the SAP, the Government will continue to engage professionals, non-governmental organizations and other community stakeholders to seek their views and encourage participation. Meanwhile, DH also embarks on various promotion and communication campaigns that target different sectors and stakeholders to implement the local actions under the SAP. These communication activities aim to convey a clear Government commitment in responding to the NCD challenge and will serve to gauge

public sentiment for considering high-impact measures in preventing and controlling NCD.

11. Members are invited to note the SAP.

**Food and Health Bureau
Department of Health
May 2018**

Summary of Proposed Strategies in “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”

Targets by 2025

The following nine local targets by 2025 are¹-

- Target 1** A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

- Target 2:** At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/alcohol dependence) among adults and in the prevalence of drinking among youth

- Target 3:** A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults

- Target 4:** A 30% relative reduction in mean population daily intake of salt/sodium

- Target 5:** A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

- Target 6:** Contain the prevalence of raised blood pressure

- Target 7:** Halt the rise in diabetes and obesity

- Target 8:** Prevent heart attacks and strokes through drug therapy and counseling

- Target 9:** Improve availability of affordable basic technologies and essential medicines to treat NCD

¹ The local NCD targets are adapted from the WHO’s global monitoring framework of 9 global voluntary targets and 25 indicators. The baseline selected by WHO for all global voluntary targets and indicators is 2010. However, due to local data availability, the baseline adopted by Hong Kong for each target and indicator varies, with the most recent available data adjacent to 2010 being selected.

Proposed Strategies

The proposed strategies to achieve the above 9 local targets are set out below -

Target 1: A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease

(1)	Work closely with relevant sectors in society for successful implementation of the multisectoral NCD action plan and monitor action progress against the committed targets using indicators agreed for Hong Kong
(2)	Continue fostering public-private partnerships, engaging civil societies and networking with stakeholders in NCD prevention and control locally and abroad
(3)	Strengthen NCD surveillance by the following means:- <ul style="list-style-type: none"> ■ Keep track of population NCD status and key behavioural (e.g. smoking, alcohol drinking, physical inactivity, unhealthy diet, salt intake) and biomedical (e.g. diabetes and obesity, raised blood pressure, raised total cholesterol, etc.) risks, based on WHO's STEPwise approach ■ Conduct the second population-based Food Consumption Survey to keep track of the population intake of foods (e.g. salt, fruit and vegetables, oil and fat, etc) that are associated with diet-related NCD ■ Explore data sharing (e.g. clinical data on diabetes mellitus and other NCD) and big data analytics by the Hospital Authority ■ Enhance surveillance of risk factors for NCD among children and adolescents
(4)	Explore the feasibility of implementation "best-buys" ² and timely implementation of other recommended interventions to reduce NCD risk factors and strengthen health systems to address NCD based on WHO guidance
(5)	Enhance cancer surveillance by strengthening steer and support to the Hong Kong Cancer Registry to produce cancer data of use for policy formulation, policy-driven research, cancer service planning and evaluation of preventive/screening programmes

² According to the updated Appendix 3 of the WHO Global NCD Action Plan, "best buys" are interventions that are considered to be the most cost-effective and feasible for implementation, for which the WHO CHOICE analysis found an average cost-effectiveness ratio of \leq \$100/DALY averted in low- and lower middle-income countries.

(6)	Further promote awareness and uptake of cervical cancer screening by eligible women through stepping up publicity and community actions especially for under-screened groups
(7)	Provide subsidised colorectal cancer screening to average-risk population aged 50 to 75 as recommended by the Cancer Expert Working Group on Cancer Prevention and Screening under Cancer Coordinating Committee
(8)	Keep abreast with emerging evidence on prevention and screening of cancers and other NCD of public health importance
(9)	In view of the fact that green living promotion (such as commuting by walking and cycling; eating greener with more seasonal fruits and local vegetable products but less meat; drinking water in own bottle in place of processed beverages) can yield co-benefits for other important issues (e.g. energy saving, cleaner air and addressing climate change) while contributing to NCD prevention and control, FHB/DH will broaden the current partnership base by working with other B/Ds and non-health sectors (such as city development, urban planning and urban design, transport and environment) in promotion of healthy living by advocating for and promoting multiple co-benefits that can be gained in promoting healthy eating and physical activities

Target 2: At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/alcohol dependence) among adults and in the prevalence of drinking among youth

(1)	Impose a statutory regulatory regime to prohibit commercial sale and supply of intoxicating liquor to minors, in addition to the prohibition of minors from drinking alcohol on licensed premises as laid down in the Dutiable Commodities (Liquor) Regulations (Cap. 109B). The enacted regulation to cover all forms of commercial sale and supply of alcohol, including internet sale will commence in the second half of 2018
(2)	Encourage primary care professionals to carry out alcohol screening and brief interventions (“A-SBI”) to identify and manage at-risk drinkers as an integral part of practice, by promulgating the A-SBI guidelines and related health education materials developed under Actions 14 and 15 of the “Action Plan to Reduce Alcohol-related Harm in Hong Kong” to primary care professionals
(3)	Engage advocates and community partners in anti-alcohol education targeting general public to strengthen public literacy about harmful effects of drinking especially on youth, making alcohol-free choices part of healthy living
(4)	Strengthen treatment services for people with alcohol problems or supporting people who want to cut down or stop drinking, e.g. the

	Government to make reference to the model of smoking cessation services to allocate resources to fund local non-governmental organisations to provide free or heavily subsidised alcohol treatment services for persons with harmful drinking
(5)	Keep in view and explore the feasibility and timely implementation of “best-buys” or other recommend interventions/ policies to reduce alcohol-related harm based on WHO guidance

Target 3: A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults

	For promoting physical activity participation among children and adolescents –
(1)	Encourage students (for children aged 5-17) to engage in physical activities for at least 60 minutes of moderate-to-vigorous-intensity physical activities daily in accordance with the recommendation of WHO, through the Physical Education Key Learning Area Curriculum Guide. The EDB will spearhead a pilot project of 20 schools in 2017/18 school year to gather and consolidate field experience of creating an active school through a whole-school approach. Support from community partners will be enlisted
(2)	Scale up the WHO Health Promoting School programme to foster a self-sustaining health-enhancing learning environment in a greater number of schools, based on the experience gained from the Healthy Schools Project spearheaded by the Chinese University of Hong Kong
(3)	Collaborate with stakeholder groups which may contribute positively to an active learning culture in schools and educational institutions. Examples are the Active Schools Project spearheaded by the Hong Kong Elite Athletes Association; the School Physical Fitness Award Scheme jointly run with the Hong Kong Child Health Foundation, the Physical Fitness Association of Hong Kong China and EDB; the School Sports Programme and related sub-programmes led by LCSD, the Physical Activities Development Model for Primary Schools Project funded by the Hong Kong Jockey Club Charities Trust and the Jump Rope for Heart Programme by the Hong Kong College of Cardiology
(4)	Promote healthy use of Internet and electronic screen products for children, adolescents, parents and teachers to avoid excessive screen time and reduce physical inactivity
(5)	Increase physical activities of the members of public, including students, parents and teachers and promote a sporting culture in schools through "Opening up School Facilities for Promotion of Sports Development Scheme", which encourages more sport activities to be

	organised using school facilities
(6)	Recommend to the Quality Education Fund Steering Committee to continue including "Healthy Lifestyle and Positive Development of Students" as a priority theme
(7)	Adopt a more comprehensive approach to cover the overall benefits of physical activities on mental health and academic performance, etc. in future communication strategies
	For promoting physical activity participation among adults –
(8)	Provide new/enhance existing recreational and sports facilities
(9)	Provide public swimming pools including heated pools to allow people to enjoy swimming throughout the year
(10)	Provide new/enhance existing recreational and sports programmes
(11)	Promote Fitness Walking by organising briefing sessions on an ongoing basis and encourage the use of a Fitness Walking App for acquiring more information and self-practice
(12)	Broaden the current partnership base by working with other B/Ds and non-health sectors (such as city development, urban planning and urban design, transport and environment) in the development of enabling environment and promotion of healthy living by advocating for and promoting multiple co-benefits that can be gained while promoting physical activities to achieve energy saving, cleaner air and addressing climate change. Examples are “Walk-in-HK” initiative by the Transport and Housing Bureau, “Hong Kong 2030+” initiative especially reinventing the public realm and the promotion of active design by the Development Bureau and the Planning Department, health and wellbeing promotion among building users by Green Building Council.

Target 4: A 30% relative reduction in mean population daily intake of salt/sodium

(1)	Continue to further cultivate a culture of low-salt-and-sugar diet in the community along the three directions of “starting from an early age”, “enhancing transparency of information”, and “strengthening publicity and education” as the first steps recommended by the Committee on Reduction of Salt and Sugar in Food
(2)	Continue to implement the “Salt Reduction Scheme for School Lunches”. The target is to cut down the sodium level of each primary school lunchbox to not more than 500mg in 10 years by gradually lowering the sodium level of school lunches with an average reduction of 5 to 10% per year

(3)	Continue to encourage and support preprimary institutions to adopt lower-salt and healthier ways of food preparation for young children
(4)	Step up public education and understanding of salt consumption on health, and provide useful tips to cut down on salt intake while cooking or eating out
(5)	Encourage supplier-initiated food reformulation to reduce the salt content of food during cooking and in the manufacturing process

Target 5: A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

(1)	The smoking ban has been extended to the eight bus interchanges located at tunnel portal areas since 2016. Our evaluation study revealed that the vast majority of respondents agreed that the new smoking ban could protect them from being harmed by secondhand smoke. They also supported a suggestion on further expansion of statutory no smoking areas (“NSAs”). The Government will consider further expanding the statutory NSAs to include more public facilities to safeguard public health
(2)	In view of the potential harmful effect to health, renormalisation of the smoking behaviour and the recommendations of WHO, we are working with relevant B/Ds on the details of strengthening the regulatory regime on e-cigarettes and heat-not-burn products
(3)	WHO encourages its members to raise taxes on tobacco products periodically and recommends raising tobacco taxes to account for at least 75% of retail prices. In this connection, the Government will continue to monitor the proportion of tobacco duty to retail price and raise taxes as necessary
(4)	Smoking Cessation Public-Private Partnersip Programme aims to test a new model which may complement existing government-funded smoking cessation services, hoping to assist hard-to-reach smokers in the community to quit smoking. Private primary care doctors will be engaged to recruit their smoking patients and offer opportunistic counseling. Pharmacotherapy may be prescribed if indicated. Follow-up consultations will be arranged and quit rate will be assessed. Evaluation will be conducted after two years to assess effectiveness

Target 6: Contain the prevalence of raised blood pressure

(1)	Continue to strengthen the health system at all levels, in particular emphasising comprehensive primary care for management of NCD

	(including raised blood pressure) based on the family doctor model. The primary care doctors' role could be markedly strengthened as member of the primary care team to provide opportunistic screening for high blood pressure (in line with primary care reference framework) and to support patients to adopt healthier lifestyles for risk factor reduction
(2)	Continue promulgating the “ <i>Hong Kong Reference Framework for Hypertensive Care in Adults in Primary Care Settings</i> ” to health professionals across different sectors and to facilitate the provision of continuing, comprehensive, evidence-based, affordable and holistic care in the community
(3)	Review and update the reference framework for hypertensive care in primary care settings on a regular basis in keeping with latest evidence
(4)	Implement the “Salt Reduction Scheme for School Lunches” from September 2017 onwards benefiting about 450 primary schools in Hong Kong. The target is to cut down the average sodium level of primary school lunchbox to not more than 500mg in 10 years by gradually lowering the sodium level of school lunches with an average reduction of 5 to 10% per year
(5)	Continue the salt reduction strategy
(6)	Keep in view of “best buys” or other recommended interventions to address the obesogenic environment based on WHO guidance.

Target 7: Halt the rise in diabetes and obesity

	Targeting children and adolescents –
(1)	Encourage more pre-primary institutions (“PPIs”) and primary schools to provide healthy lunch and snacks to students, and not to promote unhealthy foods in schools as stated in related guidelines, such as the “ <i>Nutritional Guidelines for Children aged 2 to 6</i> ”, “ <i>Nutritional Guidelines on Lunch for Students</i> ” and “ <i>Nutritional Guidelines on Snacks for Students</i> ” issued by DH
(2)	Encourage students (for children aged 5 - 17) to engage regularly in physical activities for at least 60 minutes of moderate-to-vigorous-intensity physical activities daily in accordance with the recommendation of WHO, through the Physical Education (“PE”) Key Learning Area Curriculum Guide. The Education Bureau will spearhead a pilot project of 20 schools in 2017/18 school year to gather and consolidate field experience of creating an active school through a whole-school approach. Support from community partners will be enlisted

(3)	Scale up the WHO Health Promoting School (“HPS”) programme to foster a self-sustaining health-enhancing learning environment in a greater number of schools, based on the experience gained from the Healthy Schools Project spearheaded by the Chinese University of Hong Kong
(4)	Provide professional input and support from public health perspective to community and academic partners who are conducting research and promotional projects to develop active students. Examples are the Physical Fitness Association of Hong Kong China, the Hong Kong Elite Athletes Association, the Physical Activities Development Model for Primary Schools Project funded by the Hong Kong Jockey Club Charities Trust, the Departments of Pediatrics and Adolescent Medicine of The University of Hong Kong, and the Jump Rope for Heart Programme organised by the Hong Kong College of Cardiology, just to name a few
(5)	Increase physical activities of the members of public, including students, parents and teachers and promote a sporting culture in schools through the “Opening up School Facilities for Promotion of Sports Development Scheme”, which encourages more sport activities to be organised using school facilities
(6)	Recommend to the Quality Education Fund Steering Committee to continue including "Healthy Lifestyle and Positive Development of Students" as a priority theme
(7)	Promulgate recommendations on healthy use of Internet and electronic screen products for children, adolescents, parents and teachers to protect children from the harmful effect of excessive screen time
(8)	Strengthen support and education to families with obese children.
(9)	Continue enhancing measures to promote, protect and support breastfeeding, including stepping up professional support for breastfeeding in healthcare facilities; strengthening public’s acceptance and support of breastfeeding; supporting working mothers to sustain breastfeeding by encouraging the community to adopt breastfeeding friendly workplace policy; promoting and supporting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of baby care facilities; promulgating the voluntary HK Code to various stakeholders; strengthening the surveillance on local breastfeeding
(10)	Collaborate with stakeholders which may contribute positively to a healthy eating environment in schools, e.g. the On-site Meal Portioning Funding Scheme through the Environment and Conservation Fund administered by the Environmental Protection Department (“EPD”)
(11)	Keep in view global and regional developments and emerging evidence on strategies to address the obesogenic environment based on WHO

	guidance
	Targeting adults -
(12)	Continue to strengthen the health system at all levels, in particular emphasising comprehensive primary care for early detection and management of NCD (including diabetes and obesity) based on the family doctor-based primary care team model. The primary care team could be markedly strengthened to provide opportunistic screening for high blood sugar (in line with primary care reference framework) and to support patients to adopt healthier lifestyles for risk factor reduction
(13)	Continue promulgating the “ <i>Hong Kong Reference Framework for Diabetes Care in Adults in Primary Care Settings</i> ” to health professionals across different sectors and to facilitate the provision of continuing, comprehensive, evidence-based, affordable and holistic care in the community
(14)	Review and update the reference framework for diabetes care in primary care settings with emphasis on weight management on a regular basis in keeping with latest evidence
(15)	Keep in view global and regional developments and emerging evidence on strategies based on WHO guidance

Target 8: Prevent heart attacks and strokes through drug therapy and counseling

(1)	Explore to collect relevant data on drug therapy and counselling in the next round of the PHS, so as to better describe and quantify the local situation. Access to and analysis of big data may also shed light of these issues. In the meantime, the proportions of adults being diagnosed of hypertension, diabetes and/or hypercholesterolaemia among those found to be suffering from these conditions will be tracked by the PHS every four to six years
(2)	Continue to strengthen the health system at all levels, with emphasis on risk factor reduction, evidence-based screening for early detection and management of NCD using a locally relevant, effective and sustainable primary medical care approach
(3)	The Steering Committee on Primary Healthcare Development announced in the Chief Executive’s 2017 Policy Address will comprehensively review the existing planning of primary healthcare services, develop a blueprint for the sustainable development of primary healthcare services for Hong Kong, devise service models to provide primary healthcare services via district-based medical-social collaboration in the community, and develop strategies to raise community awareness and exploit the use of big data to devise strategies that best fit the needs of the community
(4)	On an ongoing basis, develop, update and promulgate use of the reference

	frameworks and evidence based practices for preventive care in primary care settings to facilitate the provision of continuous, comprehensive and evidence-based care in the community
(5)	Regularly review and update drug lists and clinical protocols based on scientific and clinical evidence to ensure equitable access by patients to cost-effective drugs and therapies of proven safety and efficacy for treatment of major NCD in all public hospitals and clinics
(6)	Strengthen public education (using a life course approach) and raise health literacy regarding aetiology, prevention, early detection and management of NCD

Target 9: Improve availability of affordable basic technologies and essential medicines to treat NCD

(1)	Continue to strengthen the health system at all levels, with emphasis on risk factor reduction, evidence-based screening for early detection and management of NCD using a locally relevant, effective and sustainable primary medical care approach
(2)	The Steering Committee on Primary Healthcare Development announced in the Chief Executive's 2017 Policy Address will comprehensively review the existing planning of primary healthcare services, develop a blueprint for the sustainable development of primary healthcare services for Hong Kong, devise service models to provide primary healthcare services via district-based medical-social collaboration in the community, and develop strategies to raise community awareness and exploit the use of big data to devise strategies that best fit the needs of the community
(3)	Continue to support the long-term sustainable development of our dual track healthcare system to ensure equitable access to healthcare services
(4)	On an ongoing basis, develop, update and promulgate use of the reference frameworks and evidence based practices for preventive care in primary care settings to facilitate the provision of continuous, comprehensive and evidence-based care in the community
(5)	Regularly review and update drug lists and clinical protocols based on scientific and clinical evidence to ensure equitable access by patients to cost-effective drugs and therapies of proven safety and efficacy for treatment of major NCD in all public hospitals and clinics