

Research Office Legislative Council Secretariat

# Preventive healthcare services

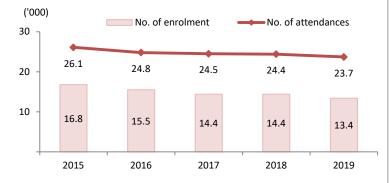
### Figure 1 — Student Health Service

Academic year	2016-2017	2017-2018	2018-2019			
Primary school students						
<ul> <li>No. of students attended SHS Centres</li> </ul>	274 892	286 039	299 814			
- Coverage rate <sup>(1)</sup>	78.9%	79.0%	80.3%			
- No. of referrals to SACs <sup>(2)</sup>	52 442	53 507	54 873			
- No. of referrals to DH/HA <sup>(2)</sup>	8 498	8 783	9 098			
Secondary school students						
<ul> <li>No. of students attended SHS Centres</li> </ul>	141 021	141 311	147 023			
- Coverage rate <sup>(1)</sup>	42.3%	43.3%	45.8%			
- No. of referrals to SACs <sup>(2)</sup>	19 195	20 445	21 230			
- No. of referrals to DH/HA <sup>(2)</sup>	4 988	4 837	4 967			

Notes: (1) Coverage rate refers to the number of students who attended SHS Centres as a percentage of the total number of students in the respective academic year.

(2) A student might have more than one referral.

#### Figure 2 — Woman Health Service





		2017	2018	2019
-	No. of EHC members	45 093	47 710	51 127 <sup>(1)</sup>
-	EHC members as a % of the elderly population	3.7%	3.8%	3.9% <sup>(1)</sup>
-	No. of attendances for health assessment and medical consultation at EHCs	178 000	184 000	191 000
-	No. of attendances for health education activities organized by EHCs and Visiting Health Teams	486 000	478 000	478 000
-	No. of elders waiting for enrolment in EHCs <sup>(2)</sup>	21 815	24 127	19 186 <sup>(1)</sup>
-	Median waiting time for enrolment (no. of months)	6.8	12.3	13.5 <sup>(1)</sup>

Notes: (1) Provisional figures.

(2) Year-end figures.

tatistical Highlights

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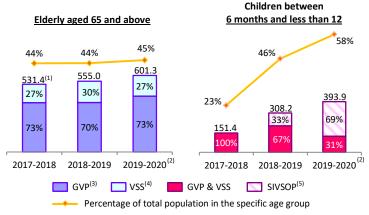
### Highlights

- Preventive healthcare services are important component of primary healthcare, helping prevent acute and chronic diseases and thereby relieve burden on the healthcare system and save medical costs. In this connection, the Department of Health ("DH") is tasked with providing community-based health assessment, preventive and education services to specific population groups including students, women and the elderly.
- Under the Student Health Service ("SHS"), the number of primary and secondary students who attended the SHS Centres for health assessment and education activities had increased modestly in the past three academic years. Among them, the coverage rate for secondary school students was far lower than their primary counterparts. The increase in attendances in SHS Centres also came with gradual increase in referrals of students with health problems to the Special Assessment Centres ("SAC") of DH, or the specialist clinics of DH or the Hospital Authority ("HA") for detailed assessment and follow-up. The total number of referrals reached 90 168 in 2018-2019 (Figure 1).
- In contrast, the number of enrolment and attendances of Woman Health Service ("WHS") had been on a declining trend between 2015 and 2019 (Figure 2).
   WHS, which offers health assessment and health education services to females aged 64 and below, served less than 1% of its targeted woman population group in 2019.

Amidst the ageing population, DH has expanded the capacity of its Elderly Health Service for elders aged 65 and above by increasing the number of clinical teams servicing in the Elderly Health Centres ("EHCs") from 20 to 22 in 2018-2019. Reflecting the above, the number of enrolled members that were serviced in EHCs increased from 45 093 in 2017 to 51 127 in 2019, leading to a slight increase in the coverage rate to 3.9% of the elderly population. The number of attendances for health assessment and medical consultation at EHCs also increased by 7% during the period. Yet, the enhanced service capacity of EHCs still falls short of the increasing service demand. Some 19 000 elders were on the waiting list for enrolment in EHCs as at end-2019 and the waiting time for enrolment among new members in 2019 had increased to 13.5 months (Figure 3).

## Preventive healthcare services (cont'd)

#### Figure 4 — Seasonal influenza vaccination programmes



Total number of SIV recipients in thousands. Notes: (1)

- Figures as at 1 March 2020. (2)
- (3) "GVP" refers to the Government Vaccination Programme which provides free SIV to eligible target groups at public clinics. For the children group, GVP participants only accounted for 1% or below of all participants in the respective years.
- (4) "VSS" refers to the Vaccination Subsidy Scheme which provides subsidized SIV to eligible target groups at private clinics.
- (5) "SIVSOP" refers to the SIV School Outreach (Free of Charge) Programme which provides free SIV to eligible school children through outreach services.

## Figure 5 — Colorectal Cancer Screening Programme<sup>(1)</sup>

	Cumulative no. of participants	Estimated population size	Coverage rate
<ul> <li>Pilot phase (for persons aged 61-70)<sup>(1)</sup></li> </ul>	78 000 <sup>(2)</sup>	0.82 million	9.5%
<ul> <li>Regularized phase (for persons aged 50-75)<sup>(3)</sup></li> </ul>	172 600 <sup>(4)</sup>	2.55 million	6.8%

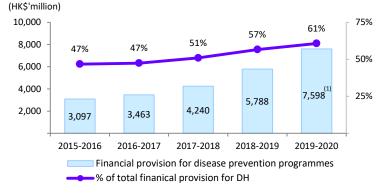
Notes: (1) The pilot phase was implemented between 28 September 2016 and 5 August 2018.

> (2)Figure as at 26 July 2018.

The regularized phase has been implemented since 6 August 2018. (3)

(4) Figure as at end-February 2020.

### Figure 6 — Financial provision for disease prevention programmes of DH



Note: (1) The figure refers to the revised estimate.

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#### Highlights

 In addition, DH has implemented a number of vaccination and screening programmes for disease prevention. For example, DH has provided free or subsidized seasonal influenza vaccinations ("SIV") to eligible high-risk population groups under its annual vaccination programmes. Between 2017-2018 and 2019-2020, the total coverage rate of the elderly under the respective vaccination programmes had maintained at a steady rate of about 44%-45%, and that of children had increased from 23% to 58% due to the introduction of outreach vaccination service for specified groups of school children since 2018-2019 (Figure 4).

 For the prevention of cervical cancer, DH has, in collaboration with the private and non-governmental healthcare sectors, implemented a territory-wide Cervical Screening Programme since March 2004 to encourage women to have regular cervical smears. As at December 2018, some 539 000 women aged 25-64 had participated in the Programme, representing about 21% of the target female population group.

- DH also launched the Colorectal Cancer Screening Programme as a pilot programme in September 2016 to subsidize asymptomatic individuals aged 61 to 70 to undergo screening tests to prevent colorectal cancer (the most common cancer in Hong Kong). As the Programme was regularized in August 2018 with the coverage being expanded in phases to cover asymptomatic individuals aged 50 to 75, the number of participants reached 172 600 as at end-February 2020, representing 6.8% of the target population group (Figure 5). Nonetheless, DH has yet to develop a concrete plan to introduce population-based mammography screening for the prevention of breast cancer, which was the most common cancer among females in 2017.
- In light of the expansion of the capacity/coverage of certain existing service programmes and the launch of new programmes, the financial provision for disease prevention programmes of DH surged in recent years. The amount has more than doubled from HK\$3,097 million in 2015-2016 to HK\$7,598 in 2019-2020, accounting for increasing share of the total financial provision for DH over the same period (Figure 6).

Data sources: Latest figures from Census and Statistics Department, Department of Health and Financial Services and the Treasury Bureau.