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For discussion on
15 October 2010

Legislative Council Panel on Health Services
Policy Initiatives of Food and Health Bureau

Purpose

This paper gives an account of the new initiatives and progress of on-going initiatives in respect of health matters as set out in the 2010-11 Policy Agenda.

New Initiatives

Healthcare Reform: Second Stage Public Consultation

2. We launched the Second Stage Public Consultation on Healthcare Reform for three months starting from 6 October 2010. We put forward proposals for a voluntary, government-regulated Health Protection Scheme (HPS) to provide more choices with better protection to those who choose to subscribe to private health insurance and use private healthcare services. The HPS also aims to relieve long-term pressure on the public healthcare system so as to better focus its resources on target service areas, including taking care of low-income families and under-privileged groups. The HPS is proposed having regard to the public views received during the last consultation on healthcare reform in 2008, which reflected broad support for taking forward healthcare reform. However, most of the public expressed reservations against introducing mandatory supplementary financing options, and favoured voluntary choice of personalized healthcare through private health insurance.

3. While reforming the healthcare system, the Government's commitment to healthcare will only increase and not reduce. We will continue to uphold the public healthcare system as the equitable healthcare safety net for all. In this connection, the Government has been progressively increasing the budget for health, from $30.5 billion in 2007-08 to $36.9 billion in 2010-11. We aim to further increase the health budget with a view to raising it to 17% of government's recurrent

expenditure in 2012. On service reform, the Government has devoted over $5 billion to take forward various reform measures, including enhancing primary care, promoting public-private partnership in healthcare, developing electronic health record sharing and strengthening public healthcare safety net. The Government has also made substantial investments to improve healthcare infrastructure and equipment as well as strengthen the safety net with a total commitment of more than $15 billion since 2007-08.

Launching a two-year advocacy campaign starting end 2010 in partnership with healthcare professionals as part of the primary care development strategy

4. Based on the recommendations of Working Group on Primary Care (WGPC) and its three Task Forces, we have drawn up an overall strategy for primary care development in Hong Kong, in consultation with the relevant professions and stakeholders. We plan to publish a strategy document on primary care development at the end of 2010, setting out the benefits of good primary care, and the strategies and pathways of action which will help us deliver high quality primary care in Hong Kong. At the same time, the Primary Care Office (PCO) under the Department of Health (DH) will also embark on a two-year "health" advocacy programme starting from 2010 in partnership with healthcare professionals to raise public awareness of the benefits of primary care in disease prevention and management, encourage the public to make fuller use of primary care service, and adopt a preventive approach in improving health.

Development of private hospitals

5. As part of the healthcare reform initiatives, we actively promote and facilitate the development of private healthcare services with a view to increasing the overall capacity of the healthcare system in Hong Kong and addressing the imbalance between the public and private sector. This would also help Hong Kong develop and consolidate its position as a medical centre of the region. The Government has reserved four sites (at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively) for development of private hospitals. We have invited local and

overseas parties to express their interest in developing private hospitals at the reserved sites from December 2009 to March 2010. We are considering the suggestions and views in the submissions received with a view to formulating the land disposal arrangements for the reserved sites, including the means and timing for land disposal, the detailed requirements for development and the land premium. We plan to dispose of the sites by phases starting from end 2011 or early 2012. To support the development of private healthcare services, we will continue to enhance training for healthcare professionals, with a view to further enhancing the professional standard of our healthcare sector.

Enhancing mental health services

6. In recent years, we have implemented various initiatives to enhance the community support services for mental patients in order to facilitate their recovery and re-integration into the community. Communication platform has also been set up at district level to strengthen cross-sectoral and cross-service collaboration. The Working Group on Mental Health Services (the Working Group) chaired by the Secretary for Food and Health has been reviewing our mental health services on an ongoing basis. Having considered the views of the Working Group and its expert groups, the Hospital Authority (HA) will launch a number of enhancement initiatives in 2011-12 to enhance the support for various mental patients -

(a) HA has started in 2010-11 a pilot Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) to provide continuous and personalized intensive support to patients with severe mental illness. This initiative is carried out in collaboration with the welfare sector through the Integrated Community Centres for Mental Wellness set up by the Social Welfare Department. Having regard to the experience from the pilot programme, HA will roll it out to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) in 2011-12 to benefit more patients;

(b) HA has started in October 2010 an Integrated Mental Health Programme to provide assessment and treatment services in the primary care settings for patients with common mental disorders.

The programme will be expanded to cover all clusters in 2011-12 in order to tackle more effectively the cases of mild mental illness in the community;

(c) HA has since 2001 implemented the Early Assessment and Detection of Young Persons with Psychosis (EASY) programme for early detection and treatment of young persons with psychosis. HA will expand the service targets of the EASY programme to include adults to provide timely intervention and prompt treatment to more patients with psychotic disorders;

(d) The psychogeriatric outreach service of HA provides consultation to elders in residential care homes for the elderly (RCHEs) with varying degrees of mental health problems. The outreach service also provides training and support to carers and staff of RCHEs. HA will gradually strengthen its psychogeriatric outreach service in the next three years. The services in 2011-12 will be enhanced to cover about 80 more RCHEs; and

(e) To enhance our support for autistic children, HA will expand the professional team comprising healthcare practitioners in various disciplines, including child psychiatry, paediatrics, clinical psychology, nursing, speech therapy and occupational therapy, to provide early identification, assessment and treatment services for these children. The professional team will also share their knowledge of autism with the parents and caretakers to enhance their understanding of the condition and treatment needs of these children.

7. Meanwhile, measures have been taken over the years to increase the use of new psychiatric drugs with less disabling side effects. Apart from introducing new psychiatric drugs in its drug formulary for provision to patients at standard charges, HA has also revised the prescription guidelines to enable more mental patients to be treated with new psychiatric drugs. HA will continue to review the use of psychiatric drugs and consider the introduction of more new drugs with proven efficacy in its drug formulary.

Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA): Medical service market in the Mainland

8. The liberalisation measures under Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) and its Supplements have greatly facilitated business expansion of Hong Kong's medical service sector in the Mainland. Since the implementation of CEPA, there are outpatient clinics established in the Mainland by Hong Kong service suppliers. With the signing of Supplement VII to CEPA in May this year, the medical services market in the Mainland is further expanded and opened up. Hong Kong service suppliers can establish hospitals in Shanghai, Chongqing, Guangdong Province, Fujian Province and Hainan Province, as well as convalescent hospitals in Guangdong Province. On top of this, statutory registered healthcare professionals in Hong Kong will be able to provide short-term services in the Mainland. The new measures will present greater business opportunities for Hong Kong service suppliers, and promote exchange and co-operation between the Mainland and Hong Kong in the development of medical services. We will continue to work with the Mainland health authorities to promote and implement the new liberalization measures under CEPA with a view to facilitating the service suppliers of Hong Kong to develop diversified medical services in the Mainland.

On-going Initiatives

To continue to refine our strategy for the long-term development of primary care in Hong Kong and co-ordinate its implementation

9. The development of primary care is an on-going and evolving process, requiring a step-by-step and consensus building approach to reforming the primary care system, and a virtuous cycle of pilot-evaluation-adjustment for the continuous development and implementation of specific initiatives and pilot projects. It will be constantly refined and adjusted in the light of feedback from the healthcare professions and users as well as other stakeholders.

10. With the establishment of PCO under DH in September 2010, we will co-ordinate the implementation of primary care development

strategy through engagement with the relevant professions and stakeholders, including the following initiatives –

(i) Development of primary care conceptual models and reference frameworks

11. The primary care conceptual models and reference frameworks for diabetes mellitus (DM) and hypertension (HT), the two most common chronic diseases in Hong Kong, are being finalised for use as common reference by healthcare professionals. We aim to launch the first edition of the models and frameworks within 2010-11. We are developing the strategies for promoting the use of the frameworks to healthcare professionals and raising public awareness of the frameworks. Age group-specific primary care conceptual models and reference frameworks for children and the elderly will also be developed.

(ii) Development of a Primary Care Directory

12. A Primary Care Directory will be set up to promote enhanced primary care services through the family doctor concept, facilitate a multi-disciplinary approach in delivering primary care services, and encourage continuous training and education among primary care professionals. Members of WGPC have agreed on the criteria for entering and remaining in the Doctor and Dentist sub-directories at the initial stage of development of the Directory. We aim to launch the first edition of the Doctor and Dentist sub-directories within 2010-11. The sub-directories of Chinese medicine practitioners, nurses and other allied health professionals will be developed later.

(iii) Development of primary care service delivery models

13. We are devising feasible service models to deliver enhanced primary care services in the community through appropriate pilot projects, including setting up community health centres (CHCs) and networks to provide more comprehensive and co-ordinated primary care services through cross-sectoral collaboration, and the provision of outreach dental services to the elderly in need. We will continue to explore various CHC pilot projects based on different CHC-type models, in consultation

with healthcare professionals and providers from the public sector, private sector, NGOs and universities, to tie in with the different needs of the local communities where these pilot projects will be implemented.

(iv) Implementation of pilot projects to strengthen support for chronic disease patients

14. Pilot projects launched include (see also Public-Private Chronic Disease Management Shared Care Programme in paragraph 26 below) -

(a) Multi-disciplinary Risk Factor Assessment and Management Programme (RAMP) to provide comprehensive health risk assessment for HT and DM patients in designated general out-patient clinics (GOPCs) so that they can receive appropriate preventive and follow-up care. Our plan is to extend it from the Hong Kong East Cluster and New Territories East Cluster to all seven HA clusters by 2011-12;

(b) The Patient Empowerment Programme (PEP) to improve chronic disease patients' knowledge on the diseases and enhance their self-management skills. Our plan is to extend it from the Hong Kong East Cluster and New Territories East Cluster to all seven HA clusters by 2011-12; and

(c) Nurse and Allied Health Clinics (NAHCs) comprising HA nurses and allied health staff established by HA in selected GOPCs in its seven clusters starting from August 2009 to provide more focused care for high-risk chronic disease patients.

Promoting the development of Chinese medicine in Hong Kong

15. To further promote the development of Chinese medicine in Hong Kong, the Government has strived to develop standards for Chinese herbal medicines. DH has conducted studies on the development of standards for Chinese herbal medicines since 2001. Support and advice have been received from Mainland and overseas experts and local universities. We have now completed the studies on the standards for 60

commonly used Chinese herbal medicines in Hong Kong and will extend the coverage to about 200 Chinese herbal medicines by 2012. This can ensure the safety and quality of Chinese medicines and facilitate the development of Chinese medicine.

Elderly Health Care Voucher Pilot Scheme

16. The Elderly Health Care Voucher Pilot Scheme has been launched on 1 January 2009 for three years up to the end of 2011. The Scheme, through the provision of partial subsidy for elderly to seek private primary care services, puts the "money-follow-patient" concept to test. The voucher aims to enable the elderly to choose private primary care services within their local communities that best suit their needs, thereby enhancing primary care services for the elderly. Up to now, some 280 000 eligible elders have used about 1.9 million vouchers involving a total of $94 million subsidies. We are now conducting an interim review on the operation of the Scheme, and anticipate that it will be completed by the end of 2010. Subject to the outcome of the interim review, we will consider extending and enhancing the Scheme, including how we may better appraise the effectiveness of the Scheme and promote wider use of preventive care among the elderly.

Construction of Tin Shui Wai Hospital

17. We have decided to build a public hospital in Tin Shui Wai to meet the needs for hospital services in the district. We last consulted the Yuen Long District Council (YLDC) in March 2009 on the proposed hospital site (Area 32 of Tin Shui Wai) and the proposed project scope. Members of YLDC supported the construction of a hospital in Tin Shui Wai and agreed that relevant technical assessments and studies (including traffic impact assessment and environmental impact assessment) should be conducted before deciding on the hospital site. The relevant technical assessments have been completed and we will further consult YLDC before end 2010. After the hospital site is confirmed, we will consult the Legislative Council Panel on Health Services on the project and commence the tendering procedures. We will then seek funding approval from the Legislative Council based on the tender price and aim to complete the construction works in mid 2016.

Redevelopment of Yan Chai Hospital

18. We will redevelop the Yan Chai Hospital in Tsuen Wan District to meet the increasing service demand and upgrade the facilities to meet the standards of a modern community hospital. The redevelopment project involves the demolition of four existing blocks for the construction of a Community Health and Wellness Centre and ancillary facilities as well as the provision of landscaped area and car-parking facilities. The project has obtained the support of the Tsuen Wan District Council and we have already completed the preparatory works for the project. We will soon consult the Legislative Council Panel on Health Services on the main works for the project and commence the tendering procedures. We will thereafter seek funding approval from the Legislative Council and aim to complete the construction works by 2016.

Preparing for the establishment of the multi-partite Medical Centre of Excellence in Paediatrics

19. In the last two years, we have been working closely with experts from the public and private medical and academic sectors, as well as representatives from allied health groups and patients' groups to prepare for the establishment of the Centre of Excellence in Paediatrics (the Centre). After careful deliberations, we have decided to build the Centre at Kai Tak.

20. The Centre will be a model of multi-partite collaboration of experts within and outside Hong Kong, including universities, healthcare institutions and private sector organisations. It will provide clinical services for tertiary and complicated paediatric cases, serve as the essential base for research and training into more advanced therapy and technique, which would in turn sharpen our skills and enhance the quality of medical care for our young patients.

21. We have completed the technical feasibility study for the Centre and are now finalizing the Schedules of Accommodation. We will seek funding approval from the Legislative Council in 2011.

Healthcare profession manpower requirements

22. We have been conducting healthcare manpower projections regularly to provide advice on manpower requirements for healthcare professionals to the University Grants Committee (UGC). In projecting the manpower requirements, we will take note of the number and trend of natural wastage each year, and assess the long term manpower requirements having regard to such factors as ageing population, demographic changes and the special needs of the community for particular areas of services. We will also take into account the views of the major employers of healthcare professionals, including the HA, DH, welfare service providers and private hospitals.

23. With an ageing population and taking into account the manpower implications of healthcare reform and other related policies such as the development of primary healthcare services and promotion of private hospital development, we anticipate that the demand for healthcare professionals will increase in future. The Administration has now embarked on the planning for the 2012-15 triennium funding exercise of the UGC, including the manpower requirements for healthcare professionals. We will continue to monitor the manpower requirements for healthcare professionals closely and make recommendations to the UGC on future publicly-funded student places for reference by the institutions in their academic planning.

Enhancing professional training for medical and healthcare practitioners

24. HA has all along attached great importance to the training and development of its medical and healthcare practitioners. It has, in recent years, implemented a series of initiatives to enhance the training opportunities for its staff, such as establishing the Institute of Advanced Allied Health Studies to provide systematic training to allied health practitioners; re-opening certain nurse training schools to train more nurses to meet service demand; and providing medical and healthcare practitioners with specialist training and short-term overseas training scholarships so as to enhance their professional competence. HA has also implemented new career development structures for doctors, nurses

and selected grades of allied health practitioners and carried out the Doctor Work Reform and other measures to improve the working arrangements of nurses. HA will continue to enhance the training and development for its medical and healthcare practitioners with a view to enhancing the professionalism and competency of its workforce.

To enhance public healthcare services through public-private partnership (PPP)

25. PPP offers greater choice of services for individuals in the community, promotes healthy competition and collaboration among healthcare providers, makes better use of resources in the public and private sectors, benchmarks the efficiency and cost-effectiveness of healthcare services, and facilitates cross-fertilization of expertise and experience between healthcare professionals.

26. The Government has implemented a number of pilot projects to promote PPP in healthcare, including the Tin Shui Wai Primary Care Partnership Project, the Elderly Health Care Voucher Pilot Scheme, the Elderly Vaccination Subsidy Scheme, the Childhood Influenza Vaccination Subsidy Scheme, and the Human Swine Influenza Vaccination Subsidy Scheme. More recently, the Public-Private Chronic Disease Management Shared Care Programme is currently being piloted by HA in the New Territories East Cluster. It offers additional choices to chronic disease patients currently under the care of the public healthcare system to have their conditions followed up by private doctors. It also aims to establish long-term patient-doctor relationships in order to achieve the objective of continuous and holistic care.

27. The Haemodialysis Shared Care Programme has been launched since March 2010 to utilise spare capacity in the private sector in providing haemodialysis services to eligible patients with end-stage renal disease currently under the care of HA. HA will also expand its Cataract Surgeries Programme which will provide subsidies for patients on waiting queues in public hospitals to receive cataract surgeries from private doctors of their own choice.

Continuing to develop a territory-wide patient-oriented electronic health record system

28. We set up the Electronic Health Record (eHR) Office in July 2009 to take forward the territory-wide patient-oriented eHR Programme for sharing important health and medical records of patients between healthcare providers subject to the patients' consent and providing an essential infrastructure for implementing healthcare reform. Our targets are (i) to have the eHR sharing platform ready by 2013-14 for connection with all public and private hospitals; (ii) to ensure the availability of electronic medical/patient record and other health information systems in the market for private doctors, clinics and other healthcare service providers to connect to the eHR sharing platform; and (iii) to formulate a legal framework for the eHR sharing system to protect data privacy and security prior to commissioning of the system. To address the issue of personal data privacy arising from the development of the eHR sharing system and to ensure adequate protection for personal data in the system, the eHR Office commissioned a Privacy Impact Assessment (PIA) scoping study in August 2010 to prepare a strategy plan for a full scale PIA, and to review the proposed legal, privacy and security framework with reference to local and overseas legislation and experiences. The full scale PIA will be completed before the commissioning of the system in 2013-14, and a "Privacy Compliance Audit" will be implemented upon operation of individual components of the system. The eHR Office will also conduct a "Security Risk Assessment" and a "Security Audit" in collaboration with the Office of the Government Chief Information Officer in respect of the whole eHR Programme and individual development designs and projects. The eHR Office will, based on the findings of the assessments, make adjustments to the system as appropriate.

29. One of the key elements of the eHR Programme is the participation of stakeholders in the private and non-governmental sectors. In this connection, the eHR Office launched the first stage Electronic Health Record Engagement Initiative (EEI) in October 2009 and invited private healthcare service providers to submit partnership proposals contributing to eHR development. Over 50 EEI proposals were received from various healthcare stakeholders and on-going EEI engagement plans

for first stage EEI commenced in June 2010. The eHR Office would launch the second stage EEI to engage IT professional bodies and private IT vendors in November 2010.

Further expanding the "Electronic Patient Record Sharing Pilot Project"

30. We will further expand the "Electronic Patient Record Sharing Pilot Project" (PPI-ePR) to allow more private healthcare providers, including those participating in public-private partnership projects, non-governmental organisations and elderly homes/centres, to access patients' medical records kept at HA upon the patients' consent, with a view to promoting sharing of patients' records and preparing for the participation of the private sector in the eHR sharing system in future. Over the past year, PPI-ePR has enrolled over 110,000 patients, 1,750 private healthcare professionals, 12 private hospitals, 32 other private and non-governmental organisations providing healthcare-related services, and more than 140 institutions. PPI-ePR has received positive feedback from both participating patients and healthcare providers. HA has also expanded the one-way sharing pilot project to DH.

31. Since January 2009, we have also tested the two-way sharing technologies through the Radiological Image Sharing Pilot that allows participating private healthcare providers to send radiological images to HA via electronic means with the consent of patients. The pilot has already been rolled out at the private hospitals. We will continue to test the system security and data privacy protection measures and technologies through PPI-ePR to pave way for the future territory-wide eHR sharing system.

Overseeing the implementation of a three-year interim funding arrangement for HA and the continuous service improvement with new resources

32. With an increase in overall healthcare demand caused by a growing and ageing population in Hong Kong, as well as rapid advancement in medical technology, the operating costs of HA is ever-increasing. Under a three-year interim funding arrangement for

HA, there is an additional recurrent subvention of some $870 million per year for HA from 2009-10 to 2011-12 to cope with service needs. HA will continue to use the additional resources to improve its service for the public. For instance, it will endeavour to reduce the waiting time for some specialist services, including cataract surgery, joint replacement, mental health assessment and consultation services for children and adolescents, magnetic resonance imaging and computerized tomography scanning, etc. We will continue to monitor closely the service and operational needs of HA, oversee the implementation of the three-year interim funding arrangement, and work out a long-term and sustainable funding arrangement in the light of the outcome of public consultation on the healthcare reform.

Strengthening the regulation of Chinese medicine

33. The Chinese Medicine Ordinance gives statutory recognition to the professional status of Chinese medicine practitioners and is designed to ensure the professional standard and conduct of practitioners and those who are in the Chinese medicine industry. This will, in turn, enhance public confidence in Chinese medicine. To further strengthen the regulation of Chinese medicine, the Chinese Medicines Board of the Chinese Medicine Council of Hong Kong has completed the assessment of all applications for transitional registration. The Administration will put into full implementation the provisions under the Chinese Medicine Ordinance relating to mandatory registration of proprietary Chinese medicine (pCm) in phases starting from the end of 2010. The sale, import or possession of unregistered pCm in Hong Kong will be an offence by then.

Enhancing Chinese medicine service in our public healthcare system

34. During the past few years, the Government has been actively taking forward the plan to establish public Chinese medicine clinics (CMCs). So far, we have established 14 public CMCs, which are located in the Central and Western District, Wanchai, the Eastern District, Kwun Tong, Wong Tai Sin, Sham Shui Po, Tsuen Wan, Tai Po, Sai Kung (Tseung Kwan O), Yuen Long, Tuen Mun, Kwai Tsing, the North District and Shatin respectively. We have secured a suitable site for a CMC at

the Southern District and have started the fitting-out works. It is projected that the CMC will commence operation and will provide services to the public in 2011. We will continue our effort to identify suitable sites in the Kowloon City District, Yau Tsim Mong District and Islands District for establishing three additional CMCs, so as to enhance Chinese medicine service in our public healthcare system.

Implementing the Prevention and Control of Disease Ordinance and continuing to improve our infectious disease surveillance, control and notification system

35. The Prevention and Control of Disease Ordinance and its subsidiary legislation, namely the Prevention and Control of Disease Regulation, ensure that the laws of Hong Kong are in line with the requirements of the International Health Regulations (2005) of the World Health Organization and that our mechanism is effective in controlling infectious diseases and in coping with public health emergencies. In addition, the Centre for Health Protection (CHP) of DH has also drawn up contingency plans to handle major infectious disease outbreaks, and has maintained close communication and collaboration with our neighbouring regions to cope with public health emergencies. Taking into account the experiences gained in the outbreak of human swine influenza last year, we will review and update our contingency plans for influenza pandemic, and continue to improve our infectious disease surveillance, control and notification system, with a view to reducing the spread of infectious diseases in local communities.

Implementing a multi-pronged strategy to minimise the risk of avian influenza outbreaks

36. To prevent the outbreak of avian influenza, we have all along been striving to reduce the risk of human infection, maintain a surveillance system for timely detection of human infection of avian influenza, strengthen our emergency response capability and maintain collaboration with the Mainland and international health authorities. We adopt proactive risk communication strategies and widely disseminate health information on seasonal influenza, avian influenza and influenza pandemic preparedness as well as preventive and response measures

through various channels. We will continue to adopt a multi-sectoral approach with the healthcare, social welfare, education, property management, public transportation and tourism sectors to enhance our preparedness for avian influenza and influenza pandemics.

Prevention and control of non-communicable diseases

37. Many non-communicable diseases (NCD) are the result of how we live our lives and our living habits, such as smoking, unhealthy diet, physical inactivity and excessive drinking. To improve the population's health profile and reduce the burden of NCD, DH drew up the "Strategic Framework for Prevention and Control of Non-communicable Diseases" in October 2008, and a steering committee chaired by the Secretary for Food and Health was established to oversee the development of the strategy as well as the progress of its overall implementation and way forward. Working groups have been set up under the steering committee to make recommendations on issues related to diet and physical activity as well as alcohol and health. The Working Group on Diet and Physical Activity launched in September this year an "Action Plan to Promote Healthy Diet and Physical Activity in Hong Kong" which outlines the measures and action plans to be taken by various government departments and relevant organisations in the promotion of healthy diet and physical activities in the future.

Enhancing cancer surveillance

38. To prevent and control cancer, we collect cancer data of our whole population through the Hong Kong Cancer Registry under HA. In addition, DH collects information on health-related behaviours of the Hong Kong adult population through telephone surveys every year. The information collected can provide evidence to support and evaluate health promotion and cancer prevention programmes.

Further strengthening tobacco control

39. To safeguard public health by controlling the use of tobacco and minimizing public exposure to second-hand smoke, the Government has been actively taking forward various tobacco control measures through a

multi-pronged approach including publicity, education, legislation, enforcement, taxation and smoking cessation. To further strengthen the effectiveness of tobacco duty increased since 2009 as a measure to discourage tobacco consumption, we have abolished the duty-free concessions on tobacco products for incoming passengers (except for small quantity for self-consumption) at border entries with effect from 1 August 2010.

40. To further reduce the adverse impact of passive smoking to passengers of public transport, we will also extend smoking ban to 129 public transport interchanges (PTIs) in open air and 2 PTIs with cover on 1 December 2010, in addition to 48 PTIs that have become smoke-free since 1 September 2009. We have been strengthening the enforcement manpower of the Tobacco Control Office of DH in enforcing the smoking ban and other provisions in the tobacco control legislation over the years. We have also allocated additional resources for enhancing smoking cessation services in collaboration with non-government organisations involving both Western and Chinese medicine. We will closely monitor the effectiveness of various tobacco control measures with a view to considering the need for recommending further increase in tobacco duty.

Promoting healthy eating habits in schools and food premises

41. To encourage children to develop healthy eating habits, DH will continue the EatSmart@school.hk Campaign in all local primary schools to promote healthy eating among school children. DH will also continue to encourage collaboration among family, school and community to reduce the risk of obesity and non-communicable diseases among children through the EatSmart School Accreditation Scheme. In addition, to further promote healthy eating, DH will collaborate with some 30 pre-primary institutions to conduct a pilot project with a view to extending the promotion of healthy eating and physical activities to all pre-primary institutions in Hong Kong in the light of experiences gained. At the community level, DH will continue the EatSmart@restaurant.hk Campaign to encourage and assist restaurants to make available on their menus more dishes with fruit and vegetables and with less oil, salt and sugar to provide more healthy choices for the public.

Developing a statutory regulatory proposal on medical devices

42. To safeguard public health, DH has put in place the voluntary Medical Device Administrative Control System since 2004 to pave the way for implementing a statutory control framework in future. On the basis of the Regulatory Impact Assessment (RIA) completed in 2008, DH is reviewing the RIA recommendations and the experience gained from the operation of the Medical Device Administrative Control System. We plan to consult the Legislative Council Panel on Health Services on the statutory regulatory proposal this year.

Continuing the subsidy scheme for elderly to receive seasonal influenza and pneumococcal vaccinations

43. The Government introduced the "Elderly Vaccination Subsidy Scheme" in 2009-10 to provide subsidy for elderly aged 65 or above to receive seasonal influenza and pneumococcal vaccinations at private practitioners' clinics in order to reduce their risk of contracting these infectious diseases. The "2010-11 Elderly Vaccination Subsidy Scheme" will be launched on 1 November 2010. The subsidy levels will remain the same as last year, with a subsidy of HK$130 per dose (including $80 vaccine cost and $50 injection cost) for seasonal influenza vaccination; and HK$190 per dose (including $140 vaccine cost and $50 injection fee) for pneumococcal vaccination. The Government will reimburse the subsidies to participating private practitioners directly, and encourage them not to impose any other charges to the elders.

Implementing the recommendations of the Review Committee on Regulation of Pharmaceutical Products in Hong Kong

44. To ensure patients' safety and safeguard public health, and to enhance the standard and performance of the pharmaceutical sector, the Administration is implementing the 75 recommendations of the Review Committee on Regulation of Pharmaceutical Products in Hong Kong. These recommendations include enhancing the standard of local drug manufacturers, enhancing the monitoring system on product recall and stepping up regulatory control of drug distribution. Furthermore, we are working on legislative amendments and implementation details of the

recommendations to enhance the regulatory regime for Western medicines.

Continuing to promote the Central Organ Donation Register

45. The Central Organ Donation Register (CODR), established in 2008 and managed by DH, provides a channel for prospective organ donors to voluntarily register their details apart from filling in organ donation cards. Through a highly secured computer system, authorised transplant coordinators of HA can access information of organ donors who have just passed away and facilitate arrangement of organ transplants. This would help benefit patients in the waiting queue for organ transplants. As at 30 September 2010, over 60,000 members of the public have registered through the CODR.

Food and Health Bureau
October 2010