Health Care and Promotion Fund:

2015-16 Annual Report

Contents

Health Care and Promotion Fund (HCPF) 1

Governance 2

Highlights of 2015-16 3

Appendix A **Membership of the Health Care and Promotion Fund Committee and its Promotion Sub-committee**

Appendix B **Thematic Priorities of the Health Care and Promotion Fund for 2015**

Appendix C **Audited Accounts for the year ended 31 March 2016**

Health Care and Promotion Fund (HCPF)

The HCPF was established in 1995 to provide financial support for activities related to health promotion, preventive care and related research; and patients in need of treatment not available in Hong Kong, particularly in respect of rare diseases. In 2006, the HCPF Committee decided to revise the scope the HCPF to focus primarily on health promotion activities and disease prevention. Since its establishment, the HCPF has funded 289 projects with a total funding support of $82.70 million. The abstracts and the funding of all approved HCPF projects are available at the HCPF website (http://rfs.fhb.gov.hk).

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

(a) Non-Research Health Promotion (NRHP) Projects (funding ceiling: $300,000 per project) – which aim to help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices; and

(b) Seed Funding Scheme (SFS) Projects (introduced in 2007; funding ceiling: $500,000 per project) – which aim to facilitate mobilization of local resources to promote health in the community and encourage partnership between public bodies, private organizations and NGOs.

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

In addition, the HCPF organizes the Health Promotion Symposium from time to time to provide a platform for experts and community partners to share their knowledge and experiences in health promotion, network with leaders in various sectors, and in

particular to recognise and showcase the outstanding projects funded under the HCPF. The last Health Promotion Symposium was held in 2015.

Governance

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

(a) to develop the procedures for inviting applications for health projects, preventive care, research or other related activities and the criteria for vetting them;

(b) to approve applications and allocate funds for health promotion projects, preventive care, research or other related activities;

(c) to monitor the progress and evaluate the outcome of approved health promotion projects, preventive care, research or other related activities; and

(d) to supervise the management and investment of the Fund.

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

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

Highlights of 2015-16

2015 HCPF Open Call

The 2015 HCPF Open Call was issued in April 2015 and by the closing date of 31 July 2015, a total of 122 funding applications were received. In accordance with the updated thematic priorities (***Appendix B***) and the established assessment criteria[1], 14 NRHP projects and 4 SFS projects received funding support under the HCPF at a total commitment of $5.95 million.

During the year, the PSC held 5 sessions to assess funding applications received in the 2015 HCPF Open Call and to evaluate the final reports under 12 completed projects.

NRHP Projects

Of the 252 NRHP projects funded under the HCPF, 217 projects have been completed, including 6 projects completed during the year. These completed projects cover areas including injury prevention for bicycle recreational riders and professional sports players, enhancing parental skills in young children's feeding practices, mental health promotion for caregivers of psychosis and cancer prevention in female ethnic minorities.

[1] Assessment criteria include relevance to thematic priorities, scientific evidence of effectiveness of the proposed health promotion activities, innovation, evaluation plan of programme effectiveness, impact and sustainability of the programme, cross-sector collaboration, potential to build community capacity in health promotion, feasibility, justification of requested budget, and track record of the Administering Institution and applicants.

SFS Projects

Of the 37 SFS projects funded under the HCPF, 24 projects have been completed, including 4 projects completed during the year. These completed projects cover areas including healthy meals for the elderly, enhancing public awareness of sarcopenia, promotion of smoking cessation at smoking hotspots and engaging people with diabetes and hypertension in physical activity.

2015 Health Promotion Symposium

The Health Promotion Symposium 2015, highlighting "Dissemination and implementation science in health promotion" was held on 20 November 2015 to promulgate the importance of evidence-based practice and enhance capacity building in health promotion. It attracted about 340 participants in the field of health promotion, including government officials, academics, healthcare professionals, health promotion practitioners in non-governmental organisations and community leaders.

Financial Position

The cash balance[2] and the uncommitted fund balance (in cash basis) of the HCPF as at 31 March 2016 is $34.69 million and $18.45[3] million respectively. The audited accounts for the HCPF for the 2015-16 financial year ended 31 March 2016 is at ***Appendix C***.

[2] The cash balance comprised cash and cash equivalents and bank deposits held by the Hospital Authority (recorded as amount due from the Hospital Authority in the audited accounts for the HCPF). The Hospital Authority is the custodian and bookkeeper of the HCPF.

[3] The uncommitted balance represented cash balance ($34.69 million) less funds committed but not yet recognised ($13.18 million) and accounts payable ($3.06 million).

Appendix A

Membership of the Health Care and Promotion Fund Committee and its Promotion Sub-committee (as at 31 March 2016)

(A) Health Care and Promotion Fund Committee

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

Members
Dr CHAN Wai-man

Ms Mabel CHAU Man-ki, MH

Dr Eugenie LEUNG Yeuk-sin

Mr James LEUNG Wing-yee

Dr Andrew SIU Man-hong

Mr TSE Hung-sum

Dr Gene TSOI Wai-wang

Ms Deborah WAN Lai-yau, BBS, JP

Mr WONG Cheuk-kin

Director of Health (or representative)

Chief Executive of Hospital Authority (or representative)

Deputy Secretary for Food and Health (Health)2, Food and Health Bureau

Secretary
Head of Research Office, Food and Health Bureau

(B) Promotion Sub-committee members

Co-Chairs

Ms Mabel CHAU Man-ki

Dr Andrew SIU Man-hong

Dr Joyce TANG Shao-fen

Ms Deborah WAN Lai-yau

Members

Dr Felix CHAN Hon-wai#

Mr Leslie CHAN Kwok-pan

Dr CHAN Wai-chi

Dr CHAN Wai-man

Prof Gladys CHEING Lai-ying

Dr Regina CHING Cheuk-tuen

Dr CHOW Chun-bong

Dr CHOW Yuk-yin

Mr KWOK Lit-tung

Ms Ruby KWOK

Mr LAI Chi-tong

Dr Andrew LAM Kwok-cheung

Dr Zarina LAM

Dr Eugenie LEUNG

Appendix A

Mr James LEUNG Wing-yee

Prof Alice LOKE YUEN Jean-tak

Dr Lobo LOUIE Hung-tak

Mrs Cynthia LUK HO Kam-wan

Prof David MAN Wai-kwong

Ms Cycbie MOK Ching-man

Dr Roger NG Man-kin

Dr Sammy NG Ping-sum

Dr Kathleen SO Pik-han

Dr Stanley TAM Kui-fu

Prof Agnes TIWARI Fung-yee

Mr TSE Hung-sum

Dr WAN Wai-yee

Dr WONG Chun-por

Prof Martin WONG Chi-sang

Dr William WONG Chi-wai

Dr Kitty WU

Ms Sania YAU Sau-wai

Mr Silva YEUNG Tak-wah

Ms Lisa YIP Sau-wah

Dr Patrick YUNG Shu-hang

Appendix A

Secretary
Consultant (Research Office)
Food and Health Bureau

[#] Co-opted PSC member.

Appendix B

Health Care and Promotion Fund
Thematic Priorities for 2015

I. Tobacco control

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

- Motivating smokers, in particular middle-aged men and women, to cease smoking and empowering them to forego cigarettes during the times of day when they face their toughest smoking triggers and peers; and
- Exhorting youth, women or high-stress career workers not to start smoking and also to abstain from tobacco use and connecting them with proven evidence of its damage to health.

With an increasing promotion of e-cigarettes worldwide, there are valid concerns that use of e-cigarettes may enhance the attractiveness of smoking and users may eventually switch to cigarette smoking. Besides, the trade also tries to promote e-cigarettes as smoking cessation aids. In August 2014, the World Health Organization (WHO) issued a report on e-cigarette which expresses the evidence for the effectiveness of e-cigarette as a method for quitting smoking is limited and does not allow conclusions to be reached. Meanwhile, no e-cigarette has yet been evaluated and approved for smoking cessation by a governmental agency at the moment. Therefore, WHO recommends that efforts should be made to regulate these products appropriately, so as to minimise consequences that may contribute to the tobacco epidemic and to optimise the potential benefits to public health. Measures to prevent the use of e-cigarette include:

- Discouraging the general public particularly youth from using e-cigarette, the contents of which are heterogeneous; and
- Warning them about the possible harms of e-cigarettes.

II. Lifestyle, nutrition and physical activity

Adopting a healthy lifestyle, such as balanced diet and regular physical exercise, is fundamental for the prevention of chronic diseases. While the government initiatives are taking a stronger lead, community involvement should also be used to foster active living, encourage healthy eating, tackle obesity and promote a health-supportive workplace. Successful community involvement is based upon information and dialogue. An informed community can be part of the

decision-making process and thus benefit from:

- Enabling optimal young child feeding practices such as increasing consumption of fresh fruits and vegetables and reducing intake of processed food like artificially sweetened snacks and beverages;
- Improving the choice of affordable healthy food and beverages to families and decision makers of schools;
- Effectively conveying to and supporting the younger generation the practice of healthy lifestyle, such as avoiding excessive screen time activities including internet addiction, unsafe sexual activities, alcohol and drug misuse, and maintaining balanced diet ;
- Increasing the public's awareness and knowledge of balanced diet in an easy-to-understand manner, for instance by taking the food pyramid as reference, so as to increase fruit and vegetables consumption and reduce salt consumption in their diet;
- Incentivising employers to create a safe and healthy working environment that promotes work safety, reduces risk of occupational hazards and supports the working population to practise health-enhancing behaviours. Actions include modification of the physical environment, enhancement of organisational policies and provision of task-related health knowledge to the employees; and
- Encouraging the public to actively participate in physical activities in lieu of sedentary lifestyle.

III. Mental well-being

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

- Building mentally friendly policies, practices and atmospheres that reduce/relieve stress experienced by individuals;
- Promoting social values that respect difference and diversity;
- Raising public awareness and understanding of the ways to mental well-being as well as mental health literacy (e.g. common mental disorders, dementia);
- Reducing stigma against people with and recovering from mental disorders;

- Building relevant knowledge and personal skills that are targeted at the whole population, and tailored for different life stages and different settings (e.g. school, workplace), according to the specific needs, risks and protective factors;
- Empowering parents, carers and teachers to understand, promote and respond to issues related to the mental health and well-being of children and adolescents; and
- Encouraging active and healthy ageing.

IV. Injury prevention

Injuries cause significant mortality and morbidity in the community. Emphasis is placed on injury prevention which covers domestic injuries, sports injuries, falls and drowning/near drowning by:

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

V. Reducing alcohol-related problems

Alcohol consumption is a well-proven and yet highly reversible risk factor for copious health and societal problems. Special attention has to be paid to the increasing trend of underage drinking and alcohol-related harms. Effective measures are through:

- Identifying and engaging stakeholders that can represent a diverse constituency such as health professionals, academia, educational institutions, sports sector and parents, to denounce the use or promotion of alcohol;
- Educating the public about immediate and long-term harmful effects of alcohol consumption, in particular the carcinogenic effects of alcohol, along with diseases related to alcoholism (e.g. liver cirrhosis, stroke, coronary heart disease, hypertension), and alcohol-related harms (e.g. road traffic accidents, domestic violence, sexual assault);
- Helping young adults make informed decisions on alcohol use at the point

of purchase or consumption;
- Preventing binge drinking, in particular among young adults;
- Enabling young people to resist peer pressure to drink and stay vigilant to misleading marketing tactics deployed by the alcohol industry; and
- Empowering parents to discuss with their children on alcohol-related issues.

VI. Promoting family doctor model of care

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

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

VII. Empowering the community in the management of chronic diseases

Reference frameworks on hypertension and diabetes as well as specific population group including older adults and children in the primary care settings are being promulgated by the government. These frameworks provide common reference to healthcare professionals for the provision of quality primary care in the community, as well as emphasizing the importance of empowering patients, carers and the public to play an active role in health improvement, and disease prevention and management. The required activities include:

- Equipping patients with diabetes mellitus and hypertension with the necessary knowledge and skills to properly manage these two chronic diseases and prevent complications and actively partner with their family doctors and allied health professionals in managing their diseases;
- Promoting to the general public the benefits and importance of supporting their family members, neighbours and friends with diabetes mellitus and hypertension in managing their health conditions; and
- Raising the public’s awareness on the importance of health promotion and disease prevention for children and older adults.

VIII. Cancer prevention

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

- Raising public awareness and changing behaviour for primary prevention of cancer and related risk factors, such as unhealthy diet, physical inactivity, obesity, smoking and consumption of alcohol;
- Promoting cancer awareness and enabling the public to recognise early warning symptoms of cancer, so as to seek prompt medical attention for early detection;
- Enhancing the public understanding about the potential pros and cons of screening tests, and the risk and potential harm of over-screening for cancers, in particular for breast, colorectal and prostate cancers in order to make an informed choice; and
- Facilitating underprivileged women such as new immigrants, women from low income families and ethnic minority groups to receive regular cervical screening to prevent cervical cancer.

IX. Breastfeeding

Breastfeeding provides optimal nutritional, immunological and emotional nurturing for growth and development of infants and is an effective way in primary prevention of chronic conditions in later life. Multi-level actions taken by health professionals and the community to support mothers to achieving optimal breastfeeding practices, in terms of exclusiveness and duration, include:

- Promoting breastfeeding as the norm of infant and young child feeding to the general public, in particular the younger generation, through effective communication strategies;
- Empowering family members, in particular fathers and grandparents, and carers in supporting mothers to achieve exclusive and sustained breastfeeding;

- Empowering and engaging healthcare professionals, especially for those working in the private sector, in supporting breastfeeding mothers by building relevant knowledge and personal skills on breastfeeding management and creating a breastfeeding friendly environment in the healthcare facilities;
- Encouraging and enabling community stakeholders to provide effective mother-to-mother support;
- Engaging and motivating employers and management of public venues to create breastfeeding friendly environments that support mothers to breastfeed in workplace and public venues respectively; and
- Identifying and empowering specific subgroups of mothers who may have more barriers to initiate and sustain breastfeeding, e.g. teenage mothers, mothers of disadvantaged families, ethnic minority, etc.

X. Healthy Use of Internet and Electronic Screen Products

With the increasing use of new technology in learning and the affordable package to keep oneself online with various electronic screen products, children start contacting such technology and using these products at a much younger age, even before they enter schools; primary school students are starting to browse Internet for homework assignment and majority of students are spending significant amount of time everyday online for learning, entertainment and social networking. According to the e-Report of the Advisory Group on Health Effects on Use of Internet and Electronic Screen Products, inappropriate and excessive use of these products will result in adverse health effects especially to children and adolescents. The required activities include:

- Raising public awareness on the potential health risks in inappropriate and excessive use of Internet and electronic screen products;
- Promoting health messages and practice on appropriate use of Internet and electronic screen products through different channels and media to the general public; and
- Enhancing parents, students and teachers to adopt appropriate practice and measures on healthy use of Internet and electronic screen products.

Appendix C

Audited Accounts

Health Care and Promotion Fund

For the year ended 31 March 2016

MAZARS

Appendix C

Independent Auditor's Report

To the Health Care and Promotion Fund Committee
Health Care and Promotion Fund
For the year ended 31 March 2016

We have audited the accounts of the Health Care and Promotion Fund (the "Fund") funded by the Hong Kong Special Administrative Region ("HKSAR") Government set out on pages 3 to 7, which comprise the balance sheet as at 31 March 2016, and the statement of income and expenditure and statement of changes in fund for the year then ended, and a summary of significant accounting policies and other explanatory information.

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

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

Auditor's responsibility

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

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

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

MAZARS CPA LIMITED
瑪澤會計師事務所有限公司
42ND FLOOR, CENTRAL PLAZA, 18 HARBOUR ROAD, WANCHAI, HONG KONG
香港灣仔港灣道18號中環廣場42樓
TEL: (852) 2909 5555 - FAX: (852) 2810 0032 - info@mazars.hk - www.mazars.hk

Praxity MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

MAZARS

Independent Auditor's Report

To the Health Care and Promotion Fund Committee
Health Care and Promotion Fund
For the year ended 31 March 2016

Opinion

In our opinion, the accounts of the Fund for the year ended 31 March 2016 have been properly prepared, in all material respects, in accordance with the accounting policies of the Fund as set out in Note 2 to the accounts.

Basis of accounting

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

Use of this report

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

Certified Public Accountants
Hong Kong, 18 October 2016

Or Ming Chiu
Practising Certificate number: P04786

Balance Sheet

As at 31 March 2016

	Note	**2016** *HK$*	2015 *HK$*
Current Assets			
Interest receivable		**290**	1,392
Amount due from the Hospital Authority	*3*	**30,012,758**	35,196,192
Cash and cash equivalents		**4,762,672**	3,989,020
		34,775,720	39,186,604
Current Liabilities			
Accounts payable		**3,062,366**	2,310,437
Accrued charges		**-**	2,300
		3,062,366	2,312,737
Net Assets		**31,713,354**	36,873,867
Represented by:			
Accumulated fund		**31,713,354**	36,873,867
Total Equity		**31,713,354**	36,873,867

Approved and authorised for issue by the Health Care and Promotion Fund Committee on 18 October 2016.

Dr. Christina MAW Kit-chee
Secretary of Health Care and Promotion Fund Committee

Statement of Income and Expenditure

For the year ended 31 March 2016

	Note	2016 HK$	2015 HK$
Income			
Interest income		**438,722**	613,962
Expenditure			
Grants		**5,582,224**	3,402,618
Administrative fees	4	**17,011**	18,348
		5,599,235	3,420,966
Deficit for the year		**(5,160,513)**	(2,807,004)
Other comprehensive income		**-**	-
Total comprehensive loss for the year		**(5,160,513)**	(2,807,004)

Statement of Changes in Fund

For the year ended 31 March 2016

	2016 *HK$*	2015 *HK$*
Total fund at beginning of year	**36,873,867**	39,680,871
Total comprehensive loss	**(5,160,513)**	(2,807,004)
Total fund at end of year	**31,713,354**	36,873,867

Notes to the Accounts
For the year ended 31 March 2016

1. GENERAL INFORMATION

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

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

2. PRINCIPAL ACCOUNTING POLICIES

(a) Basis of preparation

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

(b) Revenue recognition

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

(c) Expenditure

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

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

(d) Cash and cash equivalents

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

(e) Accounts payable

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

3. AMOUNT DUE FROM THE HOSPITAL AUTHORITY

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

4. ADMINISTRATIVE FEES

	2016	2015
	HK$	*HK$*
Publicity	**12,983**	14,831
Other administrative fees	**4,028**	3,517
	17,011	18,348