

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2055/16-17  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting**  
**held on Tuesday, 17 January 2017, at 2:00 pm**  
**in Conference Room 1 of the Legislative Council Complex**

**Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)  
Dr Hon Pierre CHAN (Deputy Chairman)  
Hon James TO Kun-sun  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon WONG Ting-kwong, SBS, JP  
Hon CHAN Kin-por, BBS, JP  
Hon Paul TSE Wai-chun, JP  
Hon LEUNG Kwok-hung  
Hon YIU Si-wing, BBS  
Hon Charles Peter MOK, JP  
Hon CHAN Chi-chuen  
Hon CHAN Han-pan, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, JP  
Hon POON Siu-ping, BBS, MH  
Hon CHU Hoi-dick  
Dr Hon Junius HO Kwan-yiu, JP  
Hon SHIU Ka-fai  
Hon SHIU Ka-chun  
Hon YUNG Hoi-yan  
Hon HUI Chi-fung  
Hon Jeremy TAM Man-ho  
Hon Nathan LAW Kwun-chung

**Members attending** : Hon Dennis KWOK Wing-hang  
Hon LAM Cheuk-ting  
Hon Tanya CHAN  
Hon LAU Kwok-fan, MH  
Hon KWONG Chun-yu

[According to the Judgment of the Court of First Instance of the High Court on 14 July 2017, LEUNG Kwok-hung, Nathan LAW Kwun-chung, YIU Chung-yim and LAU Siu-lai have been disqualified from assuming the office of a member of the Legislative Council, and have vacated the same since 12 October 2016, and are not entitled to act as a member of the Legislative Council.]

**Public Officers attending** : Items I to III

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

Item I

Miss Linda LEUNG  
Principal Assistant Secretary for Food and Health  
(Health) 2

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

Dr Deacons YEUNG  
Hospital Chief Executive  
Pok Oi Hospital / Tin Shui Wai Hospital  
Hospital Authority

Mr Donald LI  
Chief Manager (Capital Planning)  
Hospital Authority

Item II

Miss Linda LEUNG  
Principal Assistant Secretary for Food and Health  
(Health) 2

Ms PANG Kit-ling  
Assistant Director (Elderly)  
Social Welfare Department

Ms Nancy KWAN  
Chief Social Work Officer (Rehabilitation & Medical  
Social Services) 2  
Social Welfare Department

Mr Donald LI  
Chief Manager (Capital Planning)  
Hospital Authority

Mr Andrew WONG  
Chief Project Manager (Capital Projects)  
Hospital Authority

Item III

Ms Wendy AU Wan-sze  
Principal Assistant Secretary for Food and Health  
(Health) Special Duties 1  
Food and Health Bureau

Dr Tina CHAN Siu-mui  
Assistant Director of Health (Special Health Services)  
Department of Health

Dr Jeff LEE Pui-man  
Head (Tobacco Control Office)  
Department of Health

**Attendance** : Item III  
**by invitation**

*Session One*

Mr Simon LEE

Ms FONG Kwok-shan

School of Public Health, The University of Hong Kong

Dr HO Sai-yin  
Associate Professor

Hong Kong Council on Smoking and Health

Mr KWONG Cho-shing  
Chairman

Li Ka Shing Faculty of Medicine, The University of Hong Kong

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Prof LAM Tai-hing  
Chair Professor of Community Medicine cum Sir Robert  
Kotewall Professor in Public Health

Hong Kong Association of Youth Development

Ms Lisa LAU Man-man  
Vice-chairman

Dr XU Lin

Hong Kong Newspaper Hawker Association

Mr LAM Cheung-fu  
Vice Chairman

MOMENTUM 107

Mr Raymond HO Man-kit  
Convener

Centre for Health Education and Health Promotion,  
The Chinese University of Hong Kong

Prof Albert LEE  
Clinical Professor in Public Health and Primary Care and  
Director of Centre for Health Education and Health  
Promotion, The Chinese University of Hong Kong

The Pacific Cigar Company Limited

Mr WONG Chun-kwong  
Director

Davidoff of Geneva Hong Kong Ltd.

Mr CHAN Sin-kong  
Director

Cigraal Limited

Mr Eric Paul Piras  
Managing Director

CigarTime Limited

Mr CHUNG Kwai-hoi  
Director

Asian Consultancy on Tobacco Control

Dr Judith Mackay  
Director

Life Education Activity Programme

Miss CHAN Pui-fong  
Development Manager

The Health Education and Health Promotion Foundation

Miss Amelia LO Siu-chee  
Vice President

Auxiliary Medical Service Officers' Club Limited

Prof Johnnie CHAN  
Chairman

Mr Harris YEUNG

Coalition of Hong Kong Newspaper and Magazine  
Merchants

Mr LIU Sair-ching  
Chairman

Mr Michael YUNG Ming-chau, Sha Tin District Council  
Member

Common Society

Miss Carolyn TONG  
Representative

Pok Oi Hospital

Mr CHEN Min  
Senior Chinese Medicine Service Manager

Mr LEE Chun-keung, Eastern District Council Member

JC School of Public Health and Primary Care,  
The Chinese University of Hong Kong

Prof Roger CHUNG Yat-nork  
Assistant Professor

I Smoke Alliance

Miss LEE Mer  
Convenor

Miss LAU Yi-lok

Mr MA Ka-chun

Mr LEE Kai-wang

Liberal Party Youth Committee

Mr CHEUNG King-fan  
Chief

Philip Morris Asia Limited

Mr LAU Wing-cheung  
Senior Counsel

The Hong Kong College of Family Physicians

Dr Angus CHAN Ming-wai  
President

SUTL Corporation (Hong Kong) Ltd

Mr NG Fuk-yu  
Sales Manager

Asian Medical Students' Association Hong Kong

Miss Cynthia LAM Sin-nga  
President, Executive Committee

The Hong Kong Academy of Nursing

Ms Gloria TIEN LUK Sau-kuen  
Executive Consultant

*Session Two*

British-American Tobacco Company (Hong Kong)  
Limited

Mr Dominic Adrian Geiser  
Partner of Herbert Smith Freehills on behalf of British-  
American Tobacco Company (Hong Kong) Limited

Ms NG Yuen-ting, Wan Chai District Council Member

Miss CHEUNG Hoi-shan

Prof Kevin TSUI

Hong Kong United Against Illicit Trade

Mr WONG Chun-chin  
Executive Director

Ever Fortune Tobacco Company

Mr Kris LIM Sheung-wah  
Business Development Manager

The Lok Sin Tong Benevolent Society, Kowloon

Ms LAU Oi-sze  
Chief Executive

Hong Kong Federation of Tobacco Industries Limited

Mr Carson LAM  
Secretary-General

Eastern Worldwide Company Limited

Mr WONG Ching-lun  
Operation Manager

Japan Tobacco Inc.

Mr Kazuhito Yamashita  
Executive Vice President/Head of China Division

Japan Tobacco (Hong Kong) Limited

Mr William Robinson  
Representative

United Christian Nethersole Community Health Service

Ms Sharmila Gurung  
Service Manager

Nan Yang Brothers Tobacco Co., Ltd.

Miss Carol LAM  
Deputy Manager

Prof CHU Kwok-nung

CTBAT International Co. Limited

Mr Brendan Brady  
General Manager

Quit-Winners Club

Prof Patrick WONG Lung-tak  
Chairman

Youth Quitline

Dr WANG Man-ping  
Assistant Professor

Mr WONG Sai-chak

Women Quit

Dr HO Ka-yan  
Nurse

Mr Aming Aberdeen

Miss YU Sik-tung

Coalition on Tobacco Affairs Limited

Miss HU Yi-mei  
Chairman

Dr CHEUNG Tsz-yan

Ms Scarlett PONG Oi-lan, BBS, JP

Kwok Fung Consulting & Training Company Limited

Mr Michael MAK Kwok-fung  
Director

Dr SUEN Yi-nam

Miss Grace POON Yen-yen

Mr Rohit Kumar Verma

Wonca Asia Pacific Region

Dr Gene TSOI Wai-wang  
Vice President

Mr Rex LAU

School of Nursing, The University of Hong Kong

Dr William LI Ho-cheung  
Associate Professor

The Education Affairs Department, Po Leung Kuk

Mr WONG Shing-cheuk  
Programme Director, "A LIKE for Smoke-Free"  
Smoking Prevention Programme for Kindergarten

Tobacco Association of Hong Kong Limited

Mr CHONG Moon-hing  
代表律師

The Hong Kong Institute of Family Education

Mr Christopher YU Wing-fai  
Director

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

**Staff in attendance** : Ms Janet SHUM  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Commissioning of the Tin Shui Wai Hospital**  
[LC Paper Nos. CB(2)556/16-17(01) and (02)]

Under Secretary for Food and Health ("USFH") briefed members on the commissioning of services of the Tin Shui Wai Hospital ("TSWH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)556/16-17(01)).

2. Members noted the background brief "Commissioning of the Tin Shui Wai Hospital" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)556/16-17(02)).

Services provided by TSWH

3. While welcoming the commissioning of the long-awaited TSWH, Dr Fernando CHEUNG was concerned that the Accident and Emergency ("A&E") Department of TSWH would only commence service on 15 March 2017, from 8:00 am to 4:00 pm daily at the initial stage. He called on the Hospital Authority ("HA") to provide round-the-clock A&E service at TSWH as early as possible. USFH advised that the construction works of TSWH were completed in September 2016. While it normally took around six months, from the handover of the hospital building, for a new hospital to carry out the preparatory work for service commencement, certain non-emergency services of TSWH had been advanced to start

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operation in early January 2017 to meet the need of the local residents. The A&E Department of TSWH would commence operation on 15 March 2017 to provide eight-hour service at the initial stage. Subject to manpower availability, the A&E service of TSWH would be extended to 12 hours in the fourth quarter of 2017, and to 24 hours by the end of 2018.

4. Ms Alice MAK asked whether the reason why round-the-clock A&E service would only be provided by the end of 2018 was due to not only software but also hardware problem of TSWH. Hospital Chief Executive, Pok Oi Hospital/Tin Shui Wai Hospital of the Hospital Authority ("HCE, POH/TSWH, HA") advised that preparatory work such as testing and installing medical equipment was still underway. At present, pathology services in TSWH was being supported by Tuen Mun Hospital ("TMH"). He assured members that the laboratory would be in operation in March 2017 to support the commencement of A&E services.

5. Pointing out that the daily medical inpatient bed occupancy rate of TMH and Pok Oi Hospital ("POH") had exceeded 100% during the 2016-2017 winter surge period and the demand for day surgery and day chemotherapy services of TMH was high, Dr KWOK Ka-ki was concerned that inpatient and many ambulatory care services were not made available at TSWH during its initial stage of operation. Given the fixed operation cost required of running a hospital, he considered such an arrangement a waste of resources. While acknowledging that it took time for a new hospital to commission all of its services, he asked whether TSWH could first open its convalescent beds to enable the transfer of stable patients from acute public hospitals in the New Territories West ("NTW") Cluster to TSWH for relieving the pressure of the former, and provide follow-up specialist consultations to those patients residing in Tin Shui Wai who were in stable conditions to obviate their need to travel across districts.

6. Mr KWONG Chun-yu pointed out that work pressure of the frontline healthcare personnel of TMH and POH was high. For instance, according to his understanding, the daily bed occupancy rate of paediatric wards of TMH had reached about 170% in October 2016. He enquired about the timetable for commencing the inpatient services in TSWH, so as to help relieving the workload of TMH and POH.

7. Director (Cluster Services), HA ("D(CS), HA") advised that to better manage the inpatient service demand in the NTW Cluster, HA had earmarked additional resources for the opening of around 150 hospital beds in TMH and POH in 2016-2017 and 2017-2018. He explained that opening additional hospital beds in POH and TMH instead of the new TSWH would involve less additional manpower requirement and was considered more

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appropriate given the current healthcare manpower constraint in HA. To relieve ward congestion of TMH, it was expected that certain number of hospital beds in TMH could be transferred to TSWH when the number of local medical graduates started to go up in 2018. HCE, POH/TSWH, HA supplemented that it was expected that around 20% to 25% of A&E patients seeking consultation at TSWH would require admission to the specialties of medicine, surgery and orthopaedics and traumatology. Most of these patients would be transferred to POH. As regards the operation cost of TSWH, D(CS), HA admitted that the operation cost of TSWH would be relatively higher at the initial stage when compared with that of other public hospitals as not all of its services had commenced.

8. Dr Pierre CHAN declared that he was a doctor serving in public hospital. Citing the service commissioning of Tseung Kwan O Hospital as detailed in his letter tabled at the meeting (LC Paper No. CB(2)645/16-17(01)) as an example, he said that it was not uncommon, even at times when there was adequate healthcare manpower supply in HA, that various services of a new hospital, including A&E and inpatient services, were commissioned by phases. He, however, cast doubt over the ability of HA to open new hospitals and introduce various initiatives to enhance its healthcare services albeit the annual Government subvention to HA had reduced in the last two financial years.

9. D(CS), HA advised that the increase in the number of local medical graduates in 2018 was a major factor enabling TSWH to extend its A&E services to 24 hours by the end of 2018. On the operating expenditure of HA, D(CS), HA advised that HA had, among others, made use of its reserve for strengthening its healthcare services. The increased workload, if any, was mainly supported by extra efforts made by its existing staff.

10. Ms Alice MAK sought information about the breakdown, by types of beds, of the planned capacity of 300 inpatient and day beds of TSWH. HCE, POH/TSWH, HA advised that the 300 beds included 80 acute beds, 80 convalescent/rehabilitation beds and 20 A&E beds. The remaining were day beds to support the ambulatory care services.

11. Given the growing children population in the catchment districts of the NTW Cluster, the lack of paediatric service at POH and the long waiting time for paediatric service at TMH, Dr Fernando CHEUNG asked whether consideration could be given by HA to providing paediatric service at TSWH in the future. Mr SHIU Ka-chun remarked that due to planning error, there was a lack of community facilities in the Tin Shui Wai New Town since its development which began in 1987. According to the Hong Kong Planning Standards and Guidelines, there should be one clinic or

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health centre per 100 000 population and 5.5 hospital beds per 1 000 population. The population of Tin Shui Wai had reached more than 300 000. However, there were only two public general outpatient clinics in Tin Shui Wai. The NTW Cluster's ratio of general hospital beds per 1 000 population was 2.1, which was not only lower than the planning standard but also the overall ratio of HA which stood at 2.9. In his view, the additional hospital beds to be provided by TSWH, the opening of additional services at POH, as well as the improvement works to TMH to expand its service capacity were far from adequate to meet the service demand of the growing population in Yuen Long, Tuen Mun and Hung Shui Kui. He urged HA to strengthen its general outpatient services and provide gynaecology services in the NTW Cluster.

12. D(CS), HA advised that Tin Shui Wai Community Health Centre currently provided comprehensive primary care services to residents of Tin Shui Wai. At present, priority would continuously be given to increasing service quotas of the general outpatient clinics in the NTW Cluster in order to meet the healthcare needs of different groups of population. D(CS), HA and HCE, POH/TSWH, HA further advised that the provision of specialist services, including gynaecology and paediatric service, was on a cluster basis. The NTW Cluster would plan for the provision of various services at TSWH in future having regard to overall growth in service demand, service utilization and manpower supply situation.

Manpower requirement

13. Noting that TSWH would require around 1 000 staff upon its full commissioning, Mr POON Siu-ping was concerned about the recruitment progress. Ms Alice MAK asked whether HA had confidence to meet the above recruitment target. HCE, POH/TSWH, HA advised that TSWH had so far recruited around 320 staff, including about 120 healthcare personnel, to mainly support the operation of the specialist outpatient clinic for the specialties of medicine & geriatrics, family medicine, and orthopaedics and traumatology, as well as the A&E Department which would start service in March 2017. HA would review the manpower situation of TSWH each year. Ms Alice MAK expressed concern about the high turnover rate of care-related support staff of POH and TMH partly due to the difference in employment terms and conditions. She urged HA to put in place measures to address the problem in POH and TMH, and in the recruitment of TSWH.

14. Dr Pierre CHAN said that to his understanding, healthcare personnel currently serving at TSWH were not newly recruited but were originally served at TMH or POH. He asked whether the deployment was due to the reduction of recurrent subvention to HA. D(CS), HA explained that under

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the annual service planning process of HA, additional resources had been allocated to the NTW Cluster to support the commencement of operation of TSWH. It should also be noted that the recruitment of and training for healthcare personnel for serving a new hospital would start well before the hospital concerned commenced operation.

Access to TSWH

15. Noting that the current traffic flow along the roads linked to Tin Tan Street, at which the vehicular and ambulance ingress and egress points of TSWH was located, was already very heavy, Mr POON Siu-ping expressed concern about the emergency access to TSWH in case of traffic congestion. Dr Fernando CHEUNG and Mr KWONG Chun-yu raised a similar concern. Chief Manager (Capital Planning), Hospital Authority ("CM(CP), HA") advised that according to the traffic impact assessment conducted by the Architectural Services Department, Tin Tan Street and the connecting Tin Shui Road would be able to cater for the increase in traffic flow arising from the commissioning of TSWH. That said, HA was in discussion with the relevant government departments, including the Transport Department, on the possibility of providing an emergency vehicular access to TSWH via Tin Wah Estate. Mr KWONG Chun-yu suggested that a flyover linking TSWH should be constructed at Tin Ying Road in the long term. CM(CP), HA advised that HA would follow up with the Transport Department in this regard if TSWH was to be expanded in the future.

16. Dr Fernando CHEUNG pointed out that for wheelchair users, access from Chung Fu LRT Station to the entrance of TSWH at Tin Tan Street through Tin Wah Road and Tin Shui Road was undesirable. He called on HA to ensure barrier free access to TSWH through, among others, improve the conditions and signage of the above roads. CM(CP), HA advised that HA would relay the views to the Highways Department for follow-up. Dr Fernando CHEUNG said that his office was arranging a site visit with the Transport Department, Highways Department as well as organizations representing people with disabilities to look into the problem of lack of barrier free access to TSWH. At his request, D(CS), HA said that a representative from HA would join the site visit.

Future expansion

17. Expressing concern about whether the hospital beds of TSWH could meet the healthcare needs of the growing and ageing population in NTW Cluster, Mr POON Siu-ping asked whether there was any plan to expand TSWH in the future. USFH advised that HA intended to expand TSWH in the long term by using the adjoining or adjacent sites.

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**II. Placement of residents of the social service units affected by the phase two redevelopment of the Prince of Wales Hospital**

[LC Paper Nos. CB(2)556/16-17(03) and (04)]

18. Members noted the paper provided by the Administration (LC Paper No. CB(2)556/16-17(03)) and the information note prepared by the LegCo Secretariat (LC Paper No. CB(2)556/16-17(04)) on the subject under discussion.

19. Mr LAM Cheuk-ting, Dr KWOK Ka-ki and Dr Fernando CHEUNG expressed grave concern about the placement of residents of the three social welfare units affected by the phase two redevelopment of the Prince of Wales Hospital ("PWH"), i.e. the self-financing supported hostels named Fu Hong Society Concordia Casa Famiglia and The Mental Health Association of Hong Kong Clara House which provided residential care services for mentally handicapped persons and ex-mentally ill persons respectively, and a private residential care home for the elderly ("RCHE") operated by Refine Home Company Limited ("Refine Home"). Mr LAM Cheuk-ting pointed out that while the Administration had advised that sufficient vacant places were currently available in private RCHEs in Sha Tin district to meet the need of the 90 residents at Refine Home, many residents were not willing to transfer to those RCHEs operated by Cambridge Nursing Homes for various reasons. Dr KWOK Ka-ki said that some of these private RCHEs did not have lift.

20. Dr Fernando CHEUNG criticized that the Social Welfare Department ("SWD") had not provided early assistance to residents of the affected social service units because of their private and self-financing nature, as the case might be. He remarked that transferring the affected residents of Refine Homes, who were generally physically weak with frail conditions, to other RCHEs would affect their conditions. He was also concerned that there were still residents at Fu Hong Society Concordia Casa Famiglia and The Mental Health Association of Hong Kong Clara House not being offered a placement.

21. Assistant Director (Elderly), Social Welfare Department ("AD(E), SWD") advised that there were currently 20 private RCHEs, including four operated by Cambridge Nursing Homes, in Sha Tin district. Taking out those vacant places in the RCHEs operated by Cambridge Nursing Homes, there were still around 100 vacant places as at mid-December 2016 and half of these RCHEs had lifts. For those RCHEs without lifts, wheelchair users could be accommodated on the ground floor of the premises. SWD would actively maintain contact with the affected residents and the operator concerned to ensure that residents would receive proper care. As regards

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residents of Fu Hong Society Concordia Casa Famiglia and The Mental Health Association of Hong Kong Clara House, all of them should be able to receive proper care by the time the non-governmental organizations ("NGOs") concerned returned their premises to the Government Property Agency ("GPA"), details of which were detailed in paragraphs 10 and 11 of the Administration's paper. Dr Fernando CHEUNG remarked that some of the placements would be of a temporary nature only. For some cases, the placements were provided by private residential care homes for persons with disabilities participating in the Bought Place Scheme, halfway houses and long stay care homes which, in his view, were a step backward as compared to the level of care services the residents concerned currently received.

22. Mr LAM Cheuk-ting, Dr KWOK Ka-ki and Dr Fernando CHEUNG asked whether the Administration could identify any suitable government sites for relocation of the social service units concerned. AD(E), SWD advised that no government premises were currently available for such purpose. She stressed that NGOs and operators of self-financing or private social service units operated independently in terms of site identification, management, service targets and fee-charging, etc. subject to meeting the relevant statutory requirements.

23. Noting that the tenancy of the affected social service units would expire on 31 March 2017, Mr POON Siu-ping asked about the impact on the phase 2 redevelopment of PWH if these units failed to deliver vacant possession of the premises by 31 March 2017 because of not being able to complete the placements of the affected residents.

24. USFH advised that GPA, acting as the Government's leasing agent, had notified the organizations concerned several times since December 2014 that the Administration planned to recover possession of the premises for the phase 2 redevelopment of PWH. CM(CP), HA supplemented that GPA would normally require tenants to fulfil their reinstatement obligations for leased-out premises. HA had informed GPA that where necessary, the setting of the premises concerned needed not be restored. Its target was to have the premises be handed over to HA by end of June 2017.

25. Dr Fernando CHEUNG urged the Administration to review the policy on the provision of residential care places for the elderly and persons with disabilities. The Chairman concluded that the subject was discussed by the Panel as residents of the three social service units concerned were being affected by the phase two redevelopment of PWH. Members might wish to follow up the matter at the Panel on Welfare Services.

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**III. Proposals to amend the health warnings on packets and retail containers of tobacco products**

[LC Paper Nos. CB(2)386/16-17(05), CB(2)556/16-17(05), CB(2)601/16-17(01) and CB(2)631/16-17(01)]

Presentation of views by deputations

26. Members noted the following papers on the subject under discussion:

- (a) the updated background brief entitled "Proposals to amend the health warnings on packets and retail containers of tobacco products" prepared by the LegCo Secretariat (LC Paper No. CB(2)556/16-17(05)); and
- (b) the two letters dated 12 and 16 January 2017 from Hon Jimmy NG Wing-ka and Hon YUNG Hoi-yan respectively expressing views on the subject (LC Paper Nos. CB(2)601/16-17(01) and CB(2)631/16-17(01)).

27. The Chairman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, a total of 69 organizations and individuals presented their views on the Administration's proposal to amend the health warnings on packets and retail containers of tobacco products ("the legislative proposal").

28. After the presentation, the Chairman summed up that a total of 33 organizations or individuals were in objection to the legislative proposal, whereas 36 organizations or individuals were in support of the legislative proposal. A summary of the views of the 69 organizations and individuals is in the **Appendix**. Members also noted the 87 written submissions from organizations and individuals not attending the meeting.

Discussion

*The Administration's response to the views expressed by deputations*

29. Responding to the views expressed by the deputations, USFH made the following points:

- (a) according to the relevant guidelines promulgated by the World Health Organization ("WHO"), the size of the health warnings and messages should cover 50% or more of the principal

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display areas of the tobacco products. In recent years, WHO had advocated plain packaging of tobacco products, which was adopted by a number of overseas countries. Experience of other countries had indicated that well-designed health warnings could increase smokers' motivation to quit smoking and hence, increasing the number of quit attempts. Evidence-based research had also revealed that enlarged graphic health warnings were effective in lowering smoking prevalence in Australia, Canada and Thailand. Locally, when mapping out the proposal to increase the coverage of the health warning from at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco products concerned, the Administration had balanced the interest of tobacco industry and the need to protect public health. According to a local study, about 50% of smokers were in support of the legislative proposal. The Administration would assess the effectiveness of the legislative proposal after its implementation;

- (b) the WHO guidelines also suggested that two or more sets of health warnings and messages should be established to alternate after a specified period, such as every twelve to thirty six months, as rotation and changes in their layout and design were important to maintain saliency and enhance impact. As the existing batch of health warnings had been used since 2007, it was high time to change the prescribed forms of the health warnings. It was proposed that the number of forms of health warnings be increased from six to 12;
- (c) the Administration had maintained communication with the tobacco trade on the technical issues relating to the legislative proposal since May 2015. It had issued a letter to the trade setting out the detailed specifications of the proposal in May 2016 and held a briefing in this regard in November 2016 to facilitate the trade's understanding of the legislative proposal. The plan of the Administration was to introduce the relevant subsidiary legislation into LegCo in the first quarter of 2017. It would consider suitably extending the adaptation period which was proposed to be six months upon gazettal of the subsidiary legislation to allow more time for the trade to prepare for the implementation of the legislative proposal. As regards other technical concerns raised by the trade, it should be noted that the tar and nicotine yield indication could appear on the 15% remaining areas of the two largest surfaces, or any

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of the other four sides of the cigarette packet or retail container which did not bear the health warning. For soft pack cigarettes, seals which were made transparent could overlay the top part of each of the health warnings appeared on the two largest surfaces of the packet concerned;

- (d) the Food and Environmental Hygiene Department would maintain communication with the licensed newspaper hawkers on ways to improve their business environment, including their suggestion of relaxing the number of additional commodities allowed to be sold by them;
- (e) there was no solid evidence suggesting that increasing the coverage of the health warning would lead to intensification of illicit cigarette trade. The Customs and Excise Department would continue to step up enforcement against illicit cigarette activities; and
- (f) as regards the enforcement of the smoking ban, the Tobacco Control Office ("TCO") would follow up on complaints in relation to the enforcement of smoking ban on footbridges. However, the footbridge located in the vicinity of Clague Garden Estate as referred to by a deputation was not a statutory no smoking area.

30. With the aid of samples of retail containers of cigar in different shapes and sizes, Head (TCO) ("H(TCO)") illustrated the display of the enlarged health warnings on the two largest surfaces of the retail containers for reference of members.

*Indication of tar and nicotine yields*

31. Ms Alice MAK noted that according to Article 11 of the Framework Convention on Tobacco Control of WHO, Parties should not require, among others, quantitative statements on tobacco product packaging and labelling about tobacco constituents and emissions, such as the tar, nicotine and carbon monoxide figures. However, indication of tar and nicotine yields would continue to be required to appear on the packet and retail container of cigarette and relevant tobacco products under the legislative proposal. She invited views from deputations as to whether this would create misunderstanding that lower yield brands were less harmful than others. Mr Simon LEE replied in positive. Mr Harris YEUNG cited his friend's experience to show that it was not uncommon that smokers would have such a misunderstanding.

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*Coverage of the health warning*

32. Dr Junius HO noted that some deputations had strong views against the Administration's proposal of increasing the coverage of the health warning to at least 85% of the two largest surfaces on tobacco packaging. He sought the views of deputations on the acceptable coverage of the health warning. Mr WONG Chun-kwong of The Pacific Cigar Company Limited, Mr CHEUNG King-fan of the Liberal Party Youth Committee, Mr LEE Kai-wang, Mr NG Fuk-yu of SUTL Corporation (Hong Kong) Ltd, Mr LAM Cheung-fu of the Hong Kong Newspaper Hawker Association, Miss LEE Mer of I Smoke Alliance, Miss LAU Yi-lok and Mr MA Ka-chun considered that coverage of the health warning should be not more than 50% of the principle display areas of the tobacco products concerned. Dr Junius HO noted from Annex A to the Administration's paper (LC Paper No. CB(2)386/16-17(05)) that a majority of the countries listed therein required tobacco products to carry a graphic health warning which covered 65% of the front and back of packages. He called on the Administration to make reference to such practices and adjust its proposal.

33. In response to Mr SHIU Ka-fai, Prof LAM Tai-hing of Li Ka Shing Faculty of Medicine, The University of Hong Kong advised that respective studies carried out in Australia, China, Hong Kong, the United Kingdom and the United States showed that life expectancy of smokers was at least 10 years shorter than of non-smokers, and half of smokers would die prematurely of a tobacco-related disease. Separately, the health risks of excessive intake of sugar and sodium, as well as alcohol consumption should be made known to members of the public. Mr KWONG Cho-shing of Hong Kong Council on Smoking and Health concurred with Mr SHIU Ka-fai's view that alcohol consumption would pose adverse health effects. While expressing support for tobacco control, Mr SHIU Ka-fai said that the smoking prevalence in Hong Kong was already very low, and was even lower than those countries implementing a higher requirement on the coverage of health warning on tobacco products. He opined that the level of efforts made by the Administration in addressing tobacco use vis-à-vis alcohol and unhealthy food consumption were not the same, albeit that all these habits were hazardous to health. In his view, the legislative proposal would aggregate discrimination against smokers.

34. Mr SHIU Ka-fai said that the increase in tobacco excise tax might partly contribute to the drop in smoking prevalence in Australia after the implementation of plain packaging in 2012. Mr KWONG Cho-shing of Hong Kong Council on Smoking and Health admitted that plain packaging was one of Australia's multi-pronged tobacco control measures. A study had revealed that after controlling for a range of variables, the combination

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of plain packaging and enlarged graphic health warnings had reduced smoking prevalence in Australia by 0.55% during the period of December 2012 to September 2015.

35. Mr Paul TSE remarked that the effectiveness of enlarged graphic health warnings in lowering smoking prevalence varied in different places and were affected by a number of factors. That said, it was noted that while Canada had introduced graphic health warning which had to cover 75% of the front and back of cigarette and little cigar packages in 2011, the drop in smoking prevalence in Canada (i.e. 0.6%) in the corresponding period was lower than that of the United States (i.e. 2.3%) which only required the display of text-only health warnings on the side panel of cigarette packages. In response to Mr Paul TSE's enquiry, Prof LAM Tai-hing of Li Ka Shing Faculty of Medicine, The University of Hong Kong advised that no target and estimation had been set on the reduction in smoking prevalence to be brought about by the introduction of graphic health warning in Hong Kong in 2007. However, from the public health perspective, there was no argument against the need to strengthen the tobacco control measures. He added that with the tobacco control efforts made over the past three decades, there was a significant drop in the death rate caused by lung cancer in Hong Kong and an increase in average life expectancy of the local population.

36. Mr Paul TSE considered that there was a lack of local statistics and evidence-based analysis to justify the effectiveness of the Administration's proposal. Prof LAM Tai-hing of Li Ka Shing Faculty of Medicine, The University of Hong Kong advised that according to a local study, about 50% of smokers supported the proposal. In addition, a number of smokers had indicated that the proposed new forms of health warning would make them smoke less and increase their motivation to quit.

*[At this juncture, the Chairman suggested and members agreed that the four motions proposed to be moved by Mr SHIU Ka-fai, which were directly related to the agenda item under discussion and the wording of which had been tabled at the meeting, be dealt with towards the end of the discussion of this agenda item. At the suggestion of the Chairman, members further agreed to extend the meeting for 30 minutes beyond its appointed time to allow more time for discussion and for dealing with member's motion.]*

37. Mr SHIU Ka-fai and Dr Junius HO remained the view that the 85% requirement was a too drastic step forward and went against the progressive approach taken by the Administration in tobacco control. Mr SHIU Ka-fai called on the Administration to strike a proper balance between the

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interests of smokers and the tobacco trade and the need to protect public health as smoking was not totally banned in Hong Kong. He said that he had invited the Administration to meet with him and representatives of the trade to address their concerns on the practical implementation issues arising from the 85% requirement, such as the authenticity seals of the cigar products would be covered by the graphic health warnings and the limited space left for the sealing of soft pack cigarettes. However, the Administration had turned a deaf ear in this regard. USFH stressed that the 85% requirement was considered appropriate in the local context. In mapping out the proposal, the Administration had balanced the interest of the trade and the need to protect public health. It did not see any room for adjusting the requirement, in particular when many developed countries had already adopted plain packaging on tobacco products.

38. Mr Dennis KWOK said that from the public health perspective, the Civic Party supported implementing measures to strengthen tobacco control. However, he was of the view that the concerns raised by the trade about the lack of a public consultation exercise for the legislative proposal and local evidence-based analysis to justify the measures so proposed were not unreasonable. Mr Paul TSE considered it of utmost importance to uphold procedural justice and strike a balance among the interests and rights of various parties in the formulation of a public health measure. He remained of the view that there was no sufficient local statistics to justify the need for as well as the feasibility and effectiveness of the legislative proposal. In addition, the various issues raised in the submission dated 10 January 2017 from British American Tobacco Company (Hong Kong) Limited (LC Paper No. CB(2)584/16-17(24)) had yet been addressed by the Administration. He would not support the legislative proposal at this stage.

39. At the invitation of the Chairman, Miss HU Yi-mei of Coalition on Tobacco Affairs Limited opined that the one-way technical briefing held by the Administration on 23 November 2016 could not be regarded as a proper platform to consult the trade on the legislative proposal. In addition, the Administration had not invited distributors and retailers of the tobacco products and other relevant stakeholders to attend the briefing. In the Coalition's view, the Administration could not simply attend meetings of the Panel to explain the legislative proposal and evade the responsibilities to independently conduct study and consultation in relation to the proposed measures. She criticized that the Administration had failed to analyse the findings of the overseas studies and the views made by the deputations at today's meeting and the meeting of the Panel held on 6 July 2015 in an objective manner.

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40. USFH advised that the Administration had gauged the views of members of the public and the trade on the legislative proposal on various occasions. It had also taken into account the findings of various studies in hammering out the legislative proposal. Principal Assistant Secretary for Food and Health (Health) Special Duties 1 added that the Administration had, after considered the views expressed by the deputations at the meeting on 7 July 2015 and in the written submissions to the Panel, sought the advice of the Department of Justice on the legal issues involved. It had maintained communication with the trade on the technical issues relating to the implementation of the legislative proposal through inviting written views from the trade in May 2016 and at the briefing in November 2016.

*Design of the forms of the health warning*

41. Mr SHIU Ka-fai said that he did not oppose to the Administration's proposal of increasing the number of forms of health warning from six to twelve. Dr Junius HO considered that the tobacco trade should be allowed to carry out part of the design work of the graphic health warnings, say four out of the 12 health warnings. USFH advised that the Department of Health had conducted focus group study to garner the views of smokers, non-smokers and ex-smokers on how a health warning would be effective in discouraging cigarette consumption.

*Public education and enforcement*

42. Dr KWOK Ka-ki opined that Hong Kong had the obligation to follow the health warning requirements in the Framework Convention on Tobacco Control. This apart, he considered that the Administration should allocate additional resources to step up public education to prevent young people from picking up smoking. Dr Junius HO urged TCO to strengthen the enforcement of smoking ban at statutory no smoking areas.

43. H(TCO) advised that expenditure on smoking cessation services had increased from about \$3.5 million in 2009 to around \$60 million in 2016. Health promotion activities relating to tobacco control were conducted in kindergartens, primary schools and secondary schools. Subvention had been provided to the Hong Kong Council on Smoking and Health for raising public awareness on tobacco hazards and encouraging smokers to quit smoking through various publicity programmes. As regards the enforcement of smoking ban, TCO would set up a dedicated team to conduct surprise inspections on black spots, such as bars and restaurants.

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Motions

44. Mr SHIU Ka-fai proposed to move the following four motions:

*The first motion*

"由於政府當局沒有充分證據支持面積較大的圖像健康忠告有助降低吸煙率，本委員會現反對當局將圖像面積由現時覆蓋封包或零售盛器上最大兩個表面的 50% 大幅增加至 85%，並且要求當局停止相關的修例計劃，重新先與所有持份者充分溝通，商討實際可行方案後，再向本委員會匯報。"

(Translation)

"As there is no sufficient evidence to justify that larger graphic health warnings can help lower the smoking prevalence rate, this Panel opposes the Administration's proposal to substantially increase the size of the graphic health warning from covering 50% to 85% of the two largest surfaces of the packet or the retail container, and requests the Administration to suspend the relevant plan of introducing the legislative amendments, and prior to reporting to this Panel again, communicate afresh and adequately with all stakeholders for the discussion of a practical and feasible plan."

*The second motion*

"政府當局於 2006 年採用類似先審議後訂立程序(positive vetting procedure)的法案形式實施 50% 圖像健康忠告，但現時擬大幅增加圖像至 85% 時，反而採用先訂立後審議程序(negative vetting procedure)。由於此做法實為重大改變，影響到立法會行使審議法例的職權，本委員會要求當局停止相關的修例計畫，並重新與所有持份者充分溝通，待商討出實際可行方案後，再以先審議後訂立程序(positive vetting procedure)提交法案供立法會審議。"

(Translation)

"In 2006, the Administration introduced a bill, which was scrutinized under a procedure similar to the positive vetting procedure, to implement the requirement that graphic health warnings should cover at least 50% of the two largest surfaces of packets or retail containers of tobacco products. However, the negative vetting procedure is to be adopted for the current proposal to substantially

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increase the size of graphic health warnings to cover 85% of the surfaces. As it is a substantial change that has implications on the exercising of powers and functions by the Legislative Council in scrutinizing legislation, this Panel requests the Administration to suspend the relevant plan of introducing the legislative amendments, and introduce a bill for the Legislative Council's scrutiny under the positive vetting procedure after engaging in sufficient communication with all stakeholders afresh for the purpose of coming up with a practical and feasible proposal."

*The third motion*

"由於政府當局未有進行實質的本地調查，以證明面積較大的圖像健康忠告有助降低吸煙率，本委員會現要求政府當局暫停相關的修例計畫，待進行有關調查後，再向本委員會匯報。"

(Translation)

"Given that the Administration had not conducted any substantive local survey to support that larger graphic health warnings are conducive to reducing smoking prevalence, this Panel requests the Administration to suspend the relevant plan of introducing the legislative amendments, and report to this Panel again after such conducting relevant surveys."

*The fourth motion*

"鑒於有意見質詢當局現行做法涉嫌違反《基本法》第六條和第一百零五條及相關國際條約，加上當局一直未有充分回應業界和公眾提出的法律觀點，本委員會現要求政府當局暫停相關的修例計畫，重新尋求法律意見，再向本委員會匯報。"

(Translation)

"Since there are views raising query that the current practice of the Administration is suspected to be in contravention of Article 6 and 105 of the Basic Law as well as the relevant international treaties, coupled with the fact that it has all along failed to address comprehensively the points of law raised by the trade and the public, this Panel requests the Administration to suspend the relevant plan of introducing the legislative amendments, and report to this Panel again after seeking legal advice afresh."

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Admin

45. The Chairman said that both members and deputations had diverse views over the legislative proposal. In addition, the Administration had yet addressed various concerns raised by members and the deputations. As the meeting was near the extended closing time, he suggested that the Panel should further discuss the legislative proposal and to deal with the motions under the agenda item to which it related at the February or March regular meeting of the Panel. To facilitate members' further discussion on the subject, the Administration would be requested to provide, prior to that meeting, a written response to the issues raised by members at today's meeting and the issues raised in the submission dated 10 January 2017 from British American Tobacco Company (Hong Kong) Limited (LC Paper No. CB(2)584/16-17(24)). He would work with the Clerk in this regard. Members agreed.

*(Post-meeting note: With the concurrence of the Chairman and the Administration, the subject has been scheduled for further discussion by the Panel at its next regular meeting held on 28 February 2017 at 10:30 am. On 22 February 2017, Mr SHIU Ka-fai informed the Clerk that having regard to the written response given by the Administration to issues raised at the meeting on 17 January 2017, of which the English version was circulated to members via LC Paper No. CB(2)859/16-17(02) on that day, he would not move the above motions at the meeting on 28 February 2017 but would consider whether to propose any new motions at the meeting.)*

**IV. Any other business**

46. There being no other business, the meeting ended at 8:02 pm.

## Panel on Health Services

**Special meeting on Tuesday, 17 January 2017, at 2:00 pm  
in Conference Room 1 of the Legislative Council Complex**

### Summary of views and concerns expressed by organizations/individuals on the proposal to amend the health warnings on packets and retail containers of tobacco products

No.	Name of deputation/individual	Submission / Major views and concerns
<i>Session One</i>		
1.	School of Public Health, The University of Hong Kong	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(02)</li> </ul>
2.	Mr Simon LEE	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(01)</li> </ul>
3.	Ms FONG Kwok-shan	<ul style="list-style-type: none"> <li>• Supported the Administration's proposals to (a) increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco products concerned; (b) increase the number of forms of health warning from six to twelve; and (c) include a health warning message on smoking cessation in the existing statement.</li> </ul>
4.	Hong Kong Council on Smoking and Health	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(03)</li> </ul>
5.	Li Ka Shing Faculty of Medicine, The University of Hong Kong	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(04)</li> </ul>
6.	Hong Kong Association of Youth Development	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(05)</li> </ul>
7.	Dr XU Lin	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(06)</li> </ul>
8.	Hong Kong Newspaper Hawker Association	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(07)</li> </ul>
9.	Centre for Health Education and Health Promotion, The Chinese University of Hong Kong	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(09)</li> </ul>
10.	The Pacific Cigar Company Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(10)</li> </ul>
11.	Davidoff of Geneva Hong Kong Ltd.	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(10)</li> </ul>
12.	Cigraal Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(10)</li> </ul>

No.	Name of deputation/individual	Submission / Major views and concerns
13.	CigarTime Limited	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(10)</li> </ul>
14.	Asian Consultancy on Tobacco Control	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(11)</li> </ul>
15.	Life Education Activity Programme	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(12)</li> </ul>
16.	The Health Education and Health Promotion Foundation	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(13)</li> </ul>
17.	Auxiliary Medical Service Officers' Club Limited	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(14)</li> </ul>
18.	Mr Harris YEUNG	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(15)</li> </ul>
19.	Coalition of Hong Kong Newspaper and Magazine Merchants	<ul style="list-style-type: none"> <li>Objected to the Administration's proposal to increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco product concerned.</li> <li>The legislative proposal would aggravate the problem of counterfeit and illicit trade of tobacco products.</li> </ul>
20.	Mr Michael YUNG Ming-chau, Sha Tin District Council Member	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(16)</li> </ul>
21.	Common Society	<ul style="list-style-type: none"> <li>The Tobacco Control Office should step up its enforcement of smoking ban at the statutory no smoking areas, such as footbridges meeting the "indoor" definition.</li> </ul>
22.	Pok Oi Hospital	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(17)</li> </ul>
23.	Mr LEE Chun-keung, Eastern District Council Member	<ul style="list-style-type: none"> <li>Objected to the Administration's proposal to increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco product concerned.</li> </ul>
24.	JC School of Public Health and Primary Care, The Chinese University of Hong Kong	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(18)</li> </ul>
25.	I Smoke Alliance	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)584/16-17(19)</li> </ul>
26.	Miss LAU Yi-lok	<ul style="list-style-type: none"> <li>Objected to the Administration's proposal to increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco product concerned.</li> </ul>
27.	Mr MA Ka-chun	<ul style="list-style-type: none"> <li>Objected to the Administration's proposals to (a) increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco product concerned; and (b) maintain the requirements of displaying the indication of tar and nicotine yields on cigarette packets and retail containers.</li> </ul>

No.	Name of deputation/individual	Submission / Major views and concerns
28.	Mr LEE Kai-wang	<ul style="list-style-type: none"> <li>• Objected to the Administration's proposal to increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco product concerned.</li> <li>• Electronic cigarettes could reduce the health risks of smoking and help smokers to quit smoking.</li> </ul>
29.	Liberal Party Youth Committee	<ul style="list-style-type: none"> <li>• Objected to the Administration's proposals to (a) increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco product concerned; and (b) maintain the requirements of displaying the indication of tar and nicotine yields on cigarette packets and retail containers.</li> </ul>
30.	Philip Morris Asia Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(20)</li> </ul>
31.	The Hong Kong College of Family Physicians	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)619/16-17(01)</li> </ul>
32.	SUTL Corporation (Hong Kong) Ltd	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(21)</li> </ul>
33.	Asian Medical Students' Association Hong Kong	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(22)</li> </ul>
34.	The Hong Kong Academy of Nursing	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(23)</li> </ul>
35.	MOMENTUM 107	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(08)</li> </ul>
<i>Session Two</i>		
36.	British-American Tobacco Company (Hong Kong) Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(24)</li> <li>• LC Paper No. CB(2)674/16-17(01)</li> </ul>
37.	Ms NG Yuen-ting, Wan Chai District Council Member	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(25)</li> </ul>
38.	Miss CHEUNG Hoi-shan	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)619/16-17(02)</li> </ul>
39.	Prof Kevin TSUI	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(26)</li> </ul>
40.	Hong Kong United Against Illicit Trade	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)619/16-17(03)</li> </ul>
41.	Ever Fortune Tobacco Company	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(27)</li> </ul>
42.	The Lok Sin Tong Benevolent Society, Kowloon	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(28)</li> </ul>
43.	Hong Kong Federation of Tobacco Industries Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(29)</li> </ul>

No.	Name of deputation/individual	Submission / Major views and concerns
44.	Eastern Worldwide Company Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(30)</li> </ul>
45.	Japan Tobacco Inc.	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)645/16-17(02)</li> </ul>
46.	Japan Tobacco (Hong Kong) Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(31)</li> <li>• LC Paper No. CB(2)645/16-17(03)</li> </ul>
47.	United Christian Nethersole Community Health Service	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(32)</li> </ul>
48.	Nan Yang Brothers Tobacco Co., Ltd.	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(33)</li> </ul>
49.	Prof CHU Kwok-nung	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(34)</li> </ul>
50.	CTBAT International Co. Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(35)</li> </ul>
51.	Quit-Winners Club	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(36)</li> </ul>
52.	Youth Quitline	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(37)</li> </ul>
53.	Mr WONG Sai-chak	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(38)</li> </ul>
54.	Women Quit	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(39)</li> </ul>
55.	Mr Aming Aberdeen	<ul style="list-style-type: none"> <li>• Objected to the Administration's proposal to increase the area of the graphic health warning from covering at least 50% to at least 85% of the two largest surfaces of the packet or the retail container of the tobacco product concerned.</li> <li>• The legislative proposal would aggravate the problem of counterfeit and illicit trade of tobacco products.</li> </ul>
56.	Miss YU Sik-tung	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(40)</li> </ul>
57.	Coalition on Tobacco Affairs Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(41)</li> <li>• LC Paper No. CB(2)700/16-17(02)</li> </ul>
58.	Dr CHEUNG Tsz-yan	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(42)</li> </ul>
59.	Ms Scarlett PONG Oi-lan	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(43)</li> </ul>
60.	Kwok Fung Consulting & Training Company Limited	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(44)</li> </ul>
61.	Dr SUEN Yi-nam	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(45)</li> </ul>
62.	Miss Grace POON Yen-yen	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(46)</li> </ul>
63.	Mr Rohit Kumar Verma	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(47)</li> </ul>
64.	Wonca Asia Pacific Region	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)584/16-17(48)</li> </ul>

<b>No.</b>	<b>Name of deputation/individual</b>	<b>Submission / Major views and concerns</b>
65.	Mr Rex LAU	<ul style="list-style-type: none"><li>• LC Paper No. CB(2)584/16-17(49)</li></ul>
66.	School of Nursing, The University of Hong Kong	<ul style="list-style-type: none"><li>• LC Paper No. CB(2)584/16-17(50)</li></ul>
67.	The Education Affairs Department, Po Leung Kuk	<ul style="list-style-type: none"><li>• LC Paper No. CB(2)584/16-17(51)</li></ul>
68.	Tobacco Association of Hong Kong Limited	<ul style="list-style-type: none"><li>• LC Paper No. CB(2)584/16-17(52)</li><li>• LC Paper No. CB(2)700/16-17(01)</li></ul>
69.	The Hong Kong Institute of Family Education	<ul style="list-style-type: none"><li>• LC Paper No. CB(2)584/16-17(53)</li></ul>

Council Business Division 2  
Legislative Council Secretariat  
4 September 2017