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Legislative Council Panel on Health Services
2017 Policy Address
Policy Initiatives of the Food and Health Bureau

Hong Kong has a dual track healthcare system comprising both public and private sector. The public healthcare system is the cornerstone of Hong Kong's healthcare system and the safety net for all. The Government will ensure that no one would be denied healthcare services because of lack of means. As an integral part of our dual track system, the private healthcare sector provides personalised and more accessible services for those who are willing and can afford to use private healthcare services.

2. Due to our ageing population and the rising demand for healthcare services, our public healthcare system faces obvious pressures and challenges. We therefore strive to maintain the balance between the public and private healthcare sectors and to meet the long term healthcare needs of our population through various health policies and initiatives. We will continue to increase investment in public healthcare facilities and make improvements through redevelopment of existing hospitals and construction of new ones. We are also committed to implementing a series of reform measures, including the promotion of long-term development of primary care and Chinese medicine, publication of the report of the first territory-wide Strategic Review on Healthcare Manpower Planning and Professional Development, introduction of the Voluntary Health Insurance Scheme ("VHIS"), revamp of the regulatory regime for private healthcare facilities and further development of electronic health record sharing.

New Initiatives

(a) Enhancing Healthcare Services Provision

3. To enhance the public healthcare services for the elderly and other

patients, as well as to reduce the waiting time, we will increase the recurrent provision for the Hospital Authority ("HA") by $2 billion annually from the next financial year onwards. The additional recurrent funding allocation will enable HA to increase the number of public hospital beds and operating theatre sessions as well as the quota for endoscopy examination and diagnostic radiological service so as to enhance the service capacity for addressing the ever rising healthcare needs. To improve the waiting time for out-patient and emergency services, HA will increase the quota for general out-patient and specialist out-patient consultation and enhancing Accident & Emergency Services.

4. In addition, we will invite the Community Care Fund ("CCF") to consider implementing two new pilot schemes to provide drug subsidies for eligible patients with uncommon disorders (e.g. Paroxysmal Nocturnal Haemoglobinuria) and subsidies for eligible public hospital patients to purchase specified implantable medical devices for interventional procedures respectively.

5. To strengthen and make better use of the pharmacist manpower, the HA will expand clinical pharmacy services (including oncology and paediatric clinical pharmacy services) and enhance drug reconciliation, consultation, checking and management services for patients in order to promote proper drug consumption and reduce drug wastage.

(b) Healthcare Service Development

6. We would commence the development of the second stage of the electronic health record programme, which includes enhancement of the core functions of the system, stepping up security and privacy protection measures, further expansion of the scope of data shared such as the inclusion of radiological images, and a study on the development of a patient portal and enhancement of patients' selection of sharable data.

7. We will consider formulating a more robust policy and legislative framework to facilitate end-of-life care planning and the provision of palliative care outside hospital settings.

(c) Enhancing Elderly Services for the Elderly

8. HA will enhance healthcare services for the elderly to meet the growing service demand. These include enhancing support for elderly patients with fragility fractures by increasing the HA's operating theatre sessions for surgery and traumatology, and setting up geriatric fragility fracture co-ordination services in designated acute hospitals; and enhancing physiotherapy service for elderly patients.

9. Meanwhile, medical-social collaboration through the joint efforts of the HA and the Social Welfare Department will also be strengthened with a view to providing a full range of transitional care service and the required assistance for those elderly persons discharged from public hospitals, enabling them to age at home after the transitional period.

10. Furthermore, we propose to extend the medical fee waiver for public hospital and clinic services to cover the older Old Age Living Allowance recipients with more financial needs, i.e. those aged 75 or above with assets not exceeding $144,000 for elderly singletons or $218,000 for elderly couples, benefiting 140 000 persons. At the same time, we will consider adjusting the HA's fee levels having regard to the review findings of HA. In reviewing and considering HA's proposal, the government will consider relevant factors, such as the cost of service, service utilization, public affordability and the economic situation of the society etc.

11. Invasive pneumococcal diseases can occur in persons of any age but the risk is substantially higher for elders. Currently, under Government Vaccination Programme ("GVP"), including Residential Care Home Vaccination Programme, and Vaccination Subsidy Scheme ("VSS"), one dose of free or subsidized 23-valent pneumococcal polysaccharide vaccine ("23vPPV") is provided for eligible elders aged 65 or above who have never received pneumococcal vaccines before. In December 2015, the Scientific Committee on Vaccine Preventable Diseases ("SCVPD") met and reviewed the recommendation on pneumococcal vaccination. Having reviewed current scientific evidence and recommendations among the international authorities, the SCVPD recommends, among others, high-risk individuals aged 65 or above to receive a single dose of 13-valent pneumococcal conjugate vaccine ("PCV13"), followed by a single dose of 23vPPV one year later. For those

high-risk elders who have already received 23vPPV, a single dose of PCV13 should be administered one year later. The SCVPD recommends either a single dose of PCV13 or a single dose of 23vPPV for elders aged 65 or above without high risk conditions. To provide elders with adequate protection so as to lower their risk of hospitalisation and mortality, we will also provide free or subsidized PCV13 to high-risk elders aged 65 or above under the GVP and VSS from 2017/18 onwards. 23vPPV will continue to be provided for all elders aged 65 or above.

12. To support the Government's "ageing in place" policy and to address the challenges brought about by a rapidly ageing population, there is a need for the Elderly Health Service ("EHS") of the Department of Health ("DH") to strengthen its role in promoting active and healthy ageing. In this regard, we will increase the manpower of the EHS of the DH to enhance the capacity of and the services provided by its Elderly Health Centres ("EHCs") and Visiting Health Teams, which include strengthening the provision of health promotion activities, providing priority to the needy elders to use the services of the EHCs, and allocating more first-time health assessment quotas to new members.

13. In 2009, we introduced the Elderly Health Care Voucher Scheme ("the EHV Scheme") on a pilot basis to subsidise Hong Kong elders aged 70 or above to use private primary care services, including preventive care services. In January 2014, the EHV Scheme was converted into a recurrent programme. Since the implementation of the EHV Scheme, we have introduced various enhancement measures to give elders greater flexibility in using vouchers. For example, the annual voucher amount for an eligible elder has increased progressively from the initial sum of $250 to $2,000, and the accumulation limit has been revised upward from $3,000 to $4,000. As at end-December 2016, over 640,000[1] elders have made use of the vouchers. The cumulative actual expenditure is about $3,112.5 million.

14. In order to alleviate the burden of medical expenses on the elderly and their family and to enhance health promotion and primary care, we will allocate additional resources to DH for lowering the present eligibility age of 70 for the EHV Scheme to 65 within 2017, so that more elders will receive the annual voucher amount of $2,000 to use private primary care services.

[1] The figure excludes the deceased elders.

15. It is anticipated that the number of voucher recipients as well as the number of claim transactions will increase significantly upon implementation of the enhancement. The Health Care Voucher Unit of DH needs to strengthen its manpower support for implementing the enhanced measure and strengthening the management and monitoring of the EHV Scheme. Besides, we are reviewing the effectiveness of the EHV Scheme with a view to ensuring that the Scheme will enhance the provision of primary care services for the elderly, including preventive care.

(d) Chinese Medicine

16. The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. The Chief Executive established the Chinese Medicine Development Committee ("CMDC") in February 2013 to focus on the study of four major areas, namely the development of Chinese medicine services, personnel training and professional development, research and development as well as development of the Chinese medicines industry (including Chinese medicines testing). The Government has accepted a number of recommendations put forth by the CMDC, including the development of Chinese medicine hospital ("CMH"), development of the integrated Chinese-Western medicine ("ICWM"), the expansion of the Hong Kong Chinese Materia Medica Standards ("HKCMMS") Project as well as the setting up of the Government Chinese Medicines Testing Institute. We have been implementing these recommendations in phases.

17. For the development of CMH, the Chief Executive announced in the 2014 Policy Address that the Government had reserved a site in Tseung Kwan O to set up a CMH in Hong Kong. The Government then studied the feasible mode of operation of the CMH in consultation with the CMDC. Since the development of a CMH requires detailed and thorough study and planning, as agreed by the CMDC, the HA launched the ICWM Pilot Project in September 2014 to gather experience in the operation of ICWM and Chinese medicine in-patient services, which will serve as the basis for formulating the mode of operation of a CMH. We will provide funding for the HA to continue to implement and expand the ICWM Pilot Project.

18. As for the development of CMH, we conducted an exercise in January to May 2016 to invite non-binding Express of Interest from non-profit-making

organisations interested in developing and operating a CMH on a self-financing basis which would provide ICWM services with Chinese medicine having the predominant role. Apart from providing in-patient and out-patient services to the public, the CMH should also support the teaching, clinical training and scientific research of the higher education institutions in Hong Kong, including the Schools of Chinese medicine under the three universities in Hong Kong, and help strengthen and enhance the quality of the professional training of Chinese medicine practitioners and the scientific research of Chinese medicine in Hong Kong. Feedbacks received from the non-binding EOI exercise indicated that it would be difficult, if not impossible, for non-profit-making organisations to develop the CMH on their own. In this regard, the Chief Executive announced in the 2017 Policy Address the Government's decision to finance the construction of the CMH and invite HA to assist in identifying by way of tender a suitable non-profit-making organisation to take forward and operate the CMH.

19. On the development of Chinese medicines, the Government has accepted the CMDC's recommendation which supports the continuation of the HKCMMS Project to study and formulate reference standards for more Chinese herbal medicines; and the consideration of including study on the reference standard for Chinese medicines decoction pieces under the HKCMMS Project, so that HKCMMS can be more widely adopted. Thus far, the HKCMMS Project has completed the compilation of HKCMMS for some 230 Chinese materia medica commonly used in Hong Kong. Our target is to set reference standards for around 28 Chinese materia medica each year. A pilot study has also been launched on the reference standard for Chinese medicines decoction pieces under the HKCMMS Project.

20. The Government is also actively planning on the establishment of the Government Chinese Medicines Testing Institute to be managed by the DH. By employing state-of-the-art technology and through scientific research, a set of internationally-recognised reference standards for Chinese medicines and related products will be developed. The institute will help empower the industry through transfer of technology to strengthen quality control of their products, establish the brand image of Hong Kong in Chinese medicines, and develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control. Before the establishment of the permanent Government Chinese Medicines Testing Institute, a temporary one, to be set up at the Science Park, will come into operation in phases starting from

the first quarter of this year. The temporary institute will kick start some of the work as soon as possible, including the further development of reference standards for Chinese materia medica and decoction pieces, commencing researches on high-end biological and chemical technologies applicable to Chinese medicines and related products, and preparing for the establishment of a digitalised herbarium on Chinese medicines of international standard.

21. To promote the development of Chinese medical professionals and Chinese medicines, the Government has requested the HA to review the salary level of the Chinese medicine practitioners employed at the Chinese Medicine Centres for Training and Research.

(e) Ensuring Long-term Sustainability of Healthcare System

22. We are ironing out the details of the new regulatory regime for private healthcare facilities in collaboration with various Government departments and stakeholders, with a view to introducing the relevant Bill to the Legislative Council in the first half of 2017.

(f) VHIS

23. In the public consultation on the VHIS, there was broad support for the concept and policy objectives of the VHIS in general. We will proceed to take forward the implementation of the VHIS. Specifically, we will start preparing a set of VHIS practice guidelines with the insurance industry and relevant stakeholders, and working out the arrangements for tax deduction under the VHIS. We aim to finalise the VHIS practice guidelines and the tax deduction arrangement in 2018.

(g) Disease Prevention and Control

24. The seasonal influenza poses a recurrent challenge to our people's health and the healthcare system. To relieve the pressure of seasonal influenza and its complications on the public healthcare system, we have conducted a pilot project in 2016/17 to expand the scope of the GVP and VSS. The target groups of recipients of free or subsidised seasonal influenza vaccination, originally covering children from six months to under six years old, has been expanded to cover children from six months to under 12 years old. Pregnant

women and recipients of disability allowance have also been included. The above measures will be regularised as from 2017/18.

25. To follow up on the announcement of the 2015 Policy Address, we launched the Pilot Study of Newborn Screening for Inborn Errors of Metabolism ("Pilot Study") in October 2015. The Pilot Study has been implemented in two HA birthing hospitals (i.e. Queen Elizabeth Hospital and Queen Mary Hospital) for a period of 18 months in two phases – phase I from 1 October 2015 to 31 March 2016 covered a total of 21 Inborn Errors of Metabolism ("IEMs") while phase II from 1 April 2016 to 31 March 2017 expanded coverage to a total of 24 IEMs. As at 30 November 2016, over 11,000 babies were screened for IEMs under the Pilot Study. The Pilot Study has proven to be effective in reducing and preventing severe problems arising from IEMs. The DH and the HA plan to extend the screening service to all public hospitals with maternity wards in phases starting from the second half of 2017/18.

26. In Hong Kong, cervical cancer is the eighth most common cancer among females in 2014 and the eighth leading cause of female cancer death in 2015. Cervical cancer screening is proven to be effective in reducing cervical cancer incidence and mortality. Low income women tend to be under-screened for cervical cancer due to various reasons including affordability issues. We will invite the CCF to consider providing subsidies for eligible low-income women aged 25 or above to receive cervical cancer screening and education on prevention to reduce the risk of developing cervical cancer.

27. Breastfeeding confers much health benefit to babies and mothers, with benefits proportional to its exclusivity and duration. The Government has all along endeavoured to protect, promote and support breastfeeding. The Committee on Promotion of Breastfeeding ("the Committee"), chaired by the Under Secretary for Food and Health, was set up by the Food and Health Bureau in April 2014 to enhance the effort to protect, promote and support breastfeeding. Multi-pronged strategies have been adopted by the Committee to promote breastfeeding which include strengthening support to breastfeeding in healthcare institutions and the community, encouraging adoption of breastfeeding friendly workplaces, and promoting breastfeeding friendly premises. We will also implement "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young

Children" to protect breastfeeding from being undermined by inappropriate marketing practices of formula milk and related products. We will continue to work with the Committee to promote breastfeeding as the norm for babycare widely accepted by the community.

(h) Healthcare Manpower Planning and Professional Development

28. The Government will publish the report of the first territory-wide Strategic Review of Healthcare Manpower Planning and Professional Development in the first half of this year. The review aims to make recommendations to ensure a stable supply of healthcare professionals in the long run, and to chart the course of development with regard to the standards and regulation of the healthcare professions.

29. The Government and HA will implement the following measures to meet demand for service needs –

(a) <u>Increasing healthcare training places</u>

The Government has increased the number of publicly-funded degree places in medicine, dentistry and other healthcare disciplines by 50, 20 and 68 respectively in the 2016/17-2018/19 triennium. Under the Study Subsidy Scheme for Designated Professions/Sectors, in 2017/18 academic year, the Government will subsidize 480 students studying in designated self-financing nursing degree programmes and another 12 and 20 students studying in the radiography and medical laboratory science programmes offered by the Tung Wah College respectively.

Locally-trained medical graduates are the most important sources of doctors serving in the public sector. The Government has increased the number of medical student places in local universities for three times since 2009 and will consider further increases having regard to the supply of and demand of for doctors. Looking ahead, the growth in healthcare services will be able to absorb new medical graduates.

(b) <u>Making use of non-locally trained healthcare professionals</u>

As it takes considerable time to train doctors, HA will continue to engage on a need basis non-locally trained doctors under limited registration to serve in our public healthcare sector to meet service needs in the short term.

The Government has already provided additional resources to the Medical Council of Hong Kong ("MCHK") to set up an online platform for candidates sitting the Licensing Examination, with an aim to increasing the transparency of the Licensing Examination. MCHK is working on the detailed arrangement of the platform.

(c) Implementing the Special Retired and Rehire Scheme

HA will continue to re-employ suitable retirees through the Special Retired and Rehire Scheme in 2017/18.

(i) Improving the Operation of MCHK

30. The Government has grave concern over the operation of MCHK, especially the backlog of cases and the prolonged time required for handling complaints. As at end 2016, the number of backlog cases has reached about 940. Due to the backlog of cases, the time required for scheduling an inquiry has further aggravated, to about 36 months. Besides, the mode of operation of the Preliminary Investigation Committee ("PIC") has been changed in response to a court judgment, resulting in yet longer time for the PIC stage. According to the latest estimate by the MCHK Secretariat, it will take an average of 72 months to handle a case starting from receipt of a complaint to the conduct of disciplinary inquiry unless legislative amendment to expedite complaint handling by MCHK is introduced as soon as possible.

31. The Government has provided additional funding to strengthen the manpower support for the MCHK Secretariat and to give honorarium to experts who provide assistance at the preliminary investigation stage, with a view to improving complaint handling through administrative means as far as possible.

32. The Government has set up a Tripartite Platform on Amendments to

the Medical Registration Ordinance ("MRO") which aims to provide a platform to promote understanding and communication among doctors, persons representing patients' and consumers' interests and Members of the Legislative Council ("LegCo") on improving the operation of MCHK, as well as to offer views and deliberate on amendment proposals to the MRO.

33. The Government plans to re-introduce a Medical Registration (Amendment) Bill into the LegCo as soon as possible in the first half of 2017 with a view to improving the complaint investigation and disciplinary inquiry mechanism of MCHK, allowing more lay participation in MCHK, and extending the valid period of limited registration of non-locally trained doctors to be approved by the MCHK from not exceeding one year to not exceeding three years.

(j) Mental Health Policy

34. The Review Committee on Mental Health, chaired by the Secretary for Food and Health, has finished its work and is currently preparing its final report, which is expected to be published in the first half of 2017. The Government will set up a standing advisory committee to follow up the recommendations of the Review Committee on Mental Health. The preparatory work for the establishment of the advisory committee is currently under way.

35. Since 2016, based on the preliminary recommendations of the Review Committee on Mental Health, in 2016, the Government has been working on two pilot schemes, namely the Student Mental Health Support Scheme and the Dementia Community Support Scheme, to strengthen the support for children and adolescents with mental health needs and elderly with mild or moderate dementia respectively. The Student Mental Health Support Scheme has been launched in the 2016/17 school year, while the Dementia Community Support Scheme will be launched in February this year. The Government will map out the way forward in the light of the experience of the pilot schemes and by making reference to the actual operation.

(k) Tobacco Control

36. We will launch a pilot public-private partnership programme to test a

new mode of smoking cessation service supported by family physicians, actively study the proposal on regulation of electronic cigarettes through legislation, and step up patrol and enforcement actions in statutory no-smoking areas.

On-going Initiatives

37. Apart from the above, we will implement a series of measures to improve and strengthen our public healthcare services as well as the collaboration and co-operation between the public and private healthcare sectors. These on-going initiatives and the progress are set out in the ensuing paragraphs.

(a) Enhancing Healthcare Service Provision

38. We are planning and implementing initiatives to promote the development of primary care, formulating reference frameworks for specific population groups and chronic diseases, promoting the Primary Care Directory, and co-ordinating and planning the works projects for the establishment of community health centres in various districts.

39. We will enhance public healthcare services through public-private partnership to increase service volume, reduce waiting time, offer additional choices to patients and enhance cost-effectiveness. HA is implementing the following projects:

(a) procuring additional places for haemodialysis services from the private sector to provide treatment for eligible patients with end-stage renal disease;

(b) providing outsourced radiological investigation services for selected groups of cancer patients;

(c) subsidising patients to receive cataract operation in the private sector; and and

(d) enhancing the choices of infirmary care services for applicants on

the Central Infirmary Waiting List managed by HA through collaboration between the HA and non-governmental organisations (NGOs). An Infirmary Service Public-Private Partnership Programme has been implemented on a pilot basis with an NGO to provide infirmary services at the Wong Chuk Hang Hospital.

40. We will widen the scope of the HA Drug Formulary to improve the drug treatment for patients in public hospitals.

41. On mental health services, we will continue to strengthen the manpower of the psychiatric healthcare team with a view to improving the waiting time. We will also improve the case manager to patient ratio in the Hospital Authority's Case Management Programme for patients with severe mental illness.

42. Besides, the DH is also preparing for the setting up of an additional Child Assessment Centre ("CAC") to handle the increasing caseloads. It is expected that, with the establishment and full functioning of the new CAC, Child Assessment Service will be able to complete assessments for at least 90% of the newly referred cases within six months, as compared to the current 62%. As an interim measure, the DH will set up a temporary CAC in its existing facilities to help improve the waiting time problem.

43. Prevention is better than cure. The Government announced in the 2014 Policy Address the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups. Launched in September 2016, the Colorectal Cancer Screening Pilot Programme provides subsidised colorectal cancer screening in phases for eligible Hong Kong residents aged 61 to 70 within three years.

44. We will continue to extend the coverage of the General Out-patient Clinic Public-Private Partnership Programme to more areas, with a view to covering all 18 districts of the territory in phases in the coming two years.

(b) Healthcare Service Development and Infrastructure

45. We have been working hard to improve our healthcare infrastructure. The construction of the Hong Kong Children's Hospital at Kai Tak will be

completed this year. We will continue with the implementation of the Ten-year Hospital Development Plan. In addition to the redevelopment of Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital, the Operating Theatre Block of Tuen Mun Hospital (Foundation Work) and the expansion of United Christian Hospital and Haven of Hope Hospital, which have already commenced, the preparation work for the construction of a new acute hospital at Kai Tak Development Area and the redevelopment of Prince of Wales Hospital (Phase 2) (Stage 1), and the main works for the extension of the Operating Theatre Block of Tuen Mun Hospital will also start.

46. We will continue with the minor works projects to improve facilities in public hospitals and clinics by utilising the one-off grant of $13 billion allocated to the HA in 2014.

47. We will continue to operate the first stage of the electronic health record sharing system which was launched on 13 March 2016. The new system facilitates the sharing of the electronic health records of voluntary participants among public and private healthcare providers. The response from both healthcare providers and patients has been positive. As at end-December 2016, over 350,000 patients have registered. As for healthcare providers, apart from HA, DH and 11 private hospitals, over 1,100 other organizations (including private clinics, elderly homes, etc.) have registered, and over 36,000 accounts have been created for healthcare professionals to enable access to eHRSS.

48. As regards private healthcare services, a new private hospital will be completed for commissioning early this year and the construction of the Chinese University of Hong Kong Medical Centre has also started. The Government will continue to facilitate the further development of private hospitals.

(c) Regulation of Medical Devices

49. We briefed the Panel on Health Services ("the Panel") in June 2014 on the Business Impact Assessment findings of the proposed regulatory framework for medical devices and, having considered the findings and recommendations of the study and views of stakeholders, the revised regulatory proposal. On the use control of selected medical devices, the DH commissioned an external

consultant to conduct a detailed study from September 2015 to September 2016. We then briefed the Panel in January 2017 on the results of the study as well as the latest legislative proposal. We plan to introduce a bill for the regulatory framework on medical devices into the Legislative Council in the latter half of 2016/17 legislative session.

(d) Chinese Medicine

50. We will continue to conduct review of the development of Chinese medical professionals and Chinese medicines through the CMDC to formulate strategies to raise the professional standard and status of Chinese medicine practitioners, support research and development of Chinese medicine, promote treatment with ICWM, expand the role of Chinese medicine in the Hong Kong healthcare system, and examine the feasible mode of operation of the CMH.

51. We will continue to subsidise and monitor the 18 Chinese Medicine Centres for Training and Research to enhance Chinese medicine service in our public healthcare system.

(e) Disease Prevention and Control

52. We would keep up our effort in disease prevention and control. We have implemented the Prevention and Control of Disease Ordinance and improved our infectious disease surveillance, control and notification system in order to minimise the spread of communicable diseases in the local community. The Centre for Health Protection under the DH will continue to maintain close liaison and cooperation with neighbouring regions and conduct exercises on public health emergencies from time to time. As regards other novel infectious diseases, we announced the "Preparedness and Response Plan for Zika Virus Infection", "Preparedness and Response Plan for the Middle East Respiratory Syndrome" and the "Preparedness and Response Plan for Ebola Virus Disease", and activated the "Alert" response levels under the respective plans on the day of announcement after risk assessment. We will continue to closely monitor the situation of novel infectious diseases and review the relevant policies as appropriate.

53. We are implementing a multi-pronged strategy under the "Preparedness Plan for Influenza Pandemic" to minimise the risk of and

enhance Hong Kong's preparedness for influenza pandemic. Besides, we will continue to implement and improve the GVP and VSS to enhance primary care and disease prevention.

54. We will continue to adopt a comprehensive preventive and surveillance programme to reduce the risk of avian influenza outbreaks and human infections in Hong Kong. We will keep the situation under review and update the relevant policies in a timely manner.

55. Antimicrobial resistance ("AMR") is a global public health threat. To coordinate concerted efforts from different stakeholders to tackle the problem of AMR, we set up in June 2016 a High-level Steering Committee on AMR ("HLSC") chaired by the Secretary for Food and Health and comprises representatives from relevant government departments, public and private hospitals, healthcare organisations, academia and relevant professional bodies to formulate and implement strategies and action plans with a multi-sectoral and whole-of-society approach by adopting the "One-Health" framework. The HLSC held the first meeting on 27 June 2016 at which it endorsed the setting up of an Expert Committee on AMR ("Expert Committee") to provide science-based and practical advice to the HLSC for the formulation of a local action plan.

56. The Expert Committee held its first meeting on 1 November 2016 and will continue to review the local situation in the light of international practices, trends and developments in providing advice to combat AMR to the HLSC. The second meetings of the Expert Committee and the HLSC will be held in the first quarter and second quarter of 2017 respectively.

57. The CCF launched a three-year pilot scheme in October 2016 to provide free cervical cancer vaccination for teenage girls from eligible low-income families.

58. With ageing population and socioeconomic changes, the burden of non-communicable diseases ("NCD") is expected to rise in the decades ahead. We will continue implementing the Strategic Framework for Prevention and Control of Non-communicable Diseases to promote cross-sectoral co-operation in the prevention and control of NCD. The overall goal of the Strategy Framework is to improve the health and quality of life of people in Hong Kong,

which will in turn increase Hong Kong's productivity and competitiveness.

(f) Pilot Scheme of Accredited Registers for Healthcare Professions

59. The Government launched the Pilot Scheme of the Accredited Registers for Healthcare Professions in end 2016. Under the principle of professional autonomy, the Pilot Scheme aims to enhance the existing society-based registration arrangements of healthcare professions currently not subject to statutory regulation with a view to ensuring the professional competency of healthcare personnel and providing more information for the public to make informed decisions. The Accreditation Agent is now accepting applications from healthcare professions to join the Pilot Scheme, and plans to complete accreditation assessment with a view to submitting the accreditation results for consideration by the Department of Health by the third quarter of 2017. The final accreditation outcomes are expected to be announced by end 2017.

(g) Health Promotion

60. We will continue to promote organ donation and encourage the public to register at the Centralised Organ Donation Register through strengthening the collaboration with relevant organisations.

(h) Elderly Healthcare Services

61. We will continue to implement the Outreach Dental Care Programme for the Elderly to provide dental care and treatment for elderly people in residential care homes and similar facilities.

62. The CCF further expanded the Elderly Dental Assistance Programme in October 2016 to cover elders who are Old Age Living Allowance recipients aged 75 or above.

Conclusion

63. The Food and Health Bureau's policy objectives are to safeguard public health and ensure our medical and healthcare system maintains its high quality services and a sustainable development. To this end, we work

strenuously to implement various measures outlined in the paper to meet the challenges of our ageing population.

Food and Health Bureau
January 2017