

**Legislative Council Panel on Health Services**  
**2019 Policy Address**  
**Policy Initiatives of the Food and Health Bureau**

Hong Kong enjoys a safe and sound public health environment with accessible and quality healthcare services. Life expectancy of the male and female populations in Hong Kong ranks first globally, and our healthcare services are among the most efficient in the world. However, due to Hong Kong's ageing population and increasing prevalence of chronic and complex diseases, our public healthcare system is under mounting pressures and challenges. To safeguard public health and further improve the standard of health services, this term of Government will continue to work in a focused manner and allocate resources to –

- (a) enhance primary healthcare services;
- (b) strengthen diseases prevention and control;
- (c) support the development of Chinese Medicine;
- (d) strengthen healthcare services;
- (e) ensure the long-term sustainability of the healthcare system;  
and
- (f) reinforce public health regulation.

**(a) Primary Healthcare Services**

2. In a bid to shift the emphasis of the present healthcare system and mindset from treatment-oriented to prevention-focused, the Food and Health Bureau is now setting up District Health Centres (“DHC”) in all 18 districts across the territory for providing district-based primary healthcare services through medical-social collaboration and public-private partnership as proposed in the 2017 and 2018 Policy Address. The aim is to enhance the public's capability in self-management of health and provide support for the chronically ill.

3. The first DHC in Kwai Tsing District commenced operation in September 2019. We have earmarked suitable sites for setting up DHCs in 17 other districts and secured the support of the relevant District Councils (“DCs”) on the locations of seven DHCs. Within the term of the current Government, we will actively take forward the setting up of DHCs in all 18 districts and consult the DCs on the locations of DHCs across Hong Kong. We expect to set up DHCs in six more districts within the current-term government.

4. We propose to allocate around \$600 million over a three-year period to fund non-governmental organisations to set up smaller interim “DHC Express” in the remaining 11 districts where full-fledged DHCs would yet to be set up within the current-term Government. To help establish a prevention-focused primary healthcare system, “DHC Express” will provide key primary healthcare services, including health promotion, health assessment and chronic disease management. These “DHC Express” services will migrate as appropriate to the local DHC at a later stage.

## **(b) Diseases Prevention and Control**

### *Prevention and Control of Non-communicable Diseases (“NCDs”)*

5. To address the growing threats of NCDs, and in line with the global action plan published by the World Health Organization (“WHO”), the Government, on the advice of the Steering Committee on Prevention and Control of NCDs, has adopted nine voluntary targets for reducing NCDs by 2025. In order to achieve the targets, the *Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong* was launched in May 2018. It sets out specific strategies, programmes and actions that call on stakeholders’ efforts to reduce the burden posed by NCDs on Hong Kong.

### *Prohibit the Import, Manufacturing, Sales, Distribution and Promotion of Electronic Cigarettes and Other New Tobacco Products*

6. To safeguard the health of the public, the Government has made strenuous efforts in tobacco control. Different measures have been introduced,

including the designation and continuous expansion of no-smoking areas, and periodic increases in tobacco duty. With the concerted efforts by the Government and other stakeholders over the years, smoking prevalence among persons aged 15 and above has significantly dropped from over 20 percent in the 1980s to 10 percent at present. The Government has also laid down the target of further reducing smoking prevalence to 7.8 percent by 2025.

7. The emergence of electronic cigarettes and other alternative smoking products has posed new health risk and challenges. To safeguard public health in particular our next generations and prevent the harm of these new smoking products from taking root, the Government proposed in the 2018 Policy Address and published in the Gazette on 15 February 2019 the Smoking (Public Health) (Amendment) Bill 2019 (“Amendment Bill”) to ban the import, manufacture, sale, distribution and advertisement of alternative smoking products, including electronic cigarettes, heat-not-burn products and herbal cigarettes. Following the first and second reading in the Legislative Council (“LegCo”) on 20 February 2019, the Amendment Bill is under scrutiny by the Bills Committee on Smoking (Public Health) (Amendment) Bill 2019. So far, six Bills Committee meetings have been held, including three meetings with deputations in April where around 270 deputations were heard. The Government will continue to explain to the public and LegCo Members the justifications for the Amendment Bill with a view to securing the passage of the Bill as soon as practicable.

### *Vaccination Schemes*

8. Vaccination is one of the effective means to prevent seasonal influenza and its complications. It also reduces the risks of flu-associated in-patient admission and mortality. The Government has been encouraging the public to receive vaccination as early as possible. Under the Government Vaccination Programme and the Vaccination Subsidy Scheme (“VSS”), the Government provides free and subsidised seasonal influenza vaccination respectively for eligible high-risk groups.

9. In the 2018/19 season, the eligible groups under the VSS were expanded to cover people aged between 50 and 64, and outreach vaccination services were provided for primary school students, resulting in an increase in the overall seasonal influenza vaccination uptake rate by 46% when compared with that of the 2017/18 season. From the 2019/20 season onwards, the

School Outreach Vaccination Pilot Programme has been regularised to cover more primary schools. It will be also extended to cover kindergartens and child care centres on a pilot basis, and nasal live-attenuated influenza vaccine will be offered on trial at some schools.

10. Starting from the 2019/20 school year, human papillomavirus vaccination is provided to Primary Five female students. Besides, pregnant women will be given one dose of acellular pertussis-containing vaccine during each pregnancy.

#### *Prevention and Control of Viral Hepatitis*

11. In July 2018, the Steering Committee on Prevention and Control of Viral Hepatitis (“SCVH”) was set up to formulate strategies to effectively prevent and control viral hepatitis. The SCVH advises the Government on overall policy, targeted strategies and effective resource allocation with a view to formulating an action plan. With reference to the WHO’s recommendations, international practices and actual local situations, the SCVH will formulate an action plan in 2020 with a view to reducing the public health burden posed by viral hepatitis.

#### **(c) Development and Positioning of Chinese Medicine**

12. There have been developments in various fronts regarding the development of Chinese medicine (“CM”) in Hong Kong after its incorporation into Hong Kong’s healthcare system last year. The Food and Health Bureau, through the Chinese Medicine Unit and the Chinese Medicine Hospital Project Office established in May 2018, have implemented the following strategies and measures for the promotion of CM development in Hong Kong.

#### *Chinese Medicine Hospital*

13. The construction of the Chinese Medicine Hospital (“CMH”) will be funded by the Government and a public-private partnership model will be adopted for its development. A non-profit-making organisation will be responsible for the development and operation of the CMH. The CMH will provide Government-subsidised in-patient and out-patient services as well as

market-oriented CM services. The CMH will also provide Government-subsidised training and research programmes.

14. The Government has launched the prequalification for the operation of the CMH on 13 September 2019 and accepts applications from interested and qualified non-profit-making organisations since then. No more than four organisations which are prequalified tenderers will be invited to participate in the official tender process to be held around mid-2020. It is anticipated that the contractor of the CMH will be identified by end of 2020 in order to commence CMH's operation in phases by end of 2024 the earliest.

#### *Subsidised Chinese Medicine Services*

15. The Government is working on the implementation of the new subsidised service model at the 18 CM Clinics at district level through active preparation by the Hospital Authority ("HA") with a view to providing over 600 000 subsidised quota annually on out-patient, tui-na and acupuncture services at a standard fee of \$120 starting from Q1 2020. At the same time, the Government will also increase subsidy to reduce the fee for the Integrated Chinese-Western Medicine ("ICWM") in-patient services offered in seven public hospitals. The additional daily fee for patients for the ICWM services will be reduced from \$200 to \$120 per day.

16. Furthermore, the Government has been reviewing the remuneration package for staff employed at the 18 CM Clinics at district level, and has allocated additional recurrent funding in December 2017 and December 2018 respectively for the operating non-governmental organisations to increase the salaries of CM practitioners at all ranks. We will continue to review the remuneration package, promotion and training opportunities for staff employed in the CM Clinics further to enhance their career prospects.

#### *Chinese Medicine Development Fund*

17. The \$500 million Chinese Medicine Development Fund was launched in June 2019 to further promote and boost the development of CM. The Fund aims to enhance the overall standard of the industry by nurturing talent necessary for the CMH development, promoting CM-related studies and research as well as providing assistance to local CM drug traders in enhancing

the quality and standards of the production and registration of proprietary Chinese medicines to comply with statutory requirements. It is also aimed to enhance public knowledge and understanding of CM.

18. The Fund, comprising various subsidy programmes, will benefit stakeholders at different levels of the CM practitioners and CM drug sectors with a view to fostering overall development of the trade. Having consulted the industry and taken into account the views from stakeholders, two programmes are set up under the Fund. The Industry Support Programme provides funding for non-profit-making organisations, professional bodies, trade and academic associations and research institutions to support relevant training activities and courses to facilitate development of CM, conducting applied or policy research on CM, and organising various CM promotional activities. The Enterprise Support Programme provides matching funds for individual CM practitioners and clinics, members of the CM industry and CM drug manufacturers to enhance their professional and manufacturing standards as well as management quality.

19. The Advisory Committee on the CM Development Fund was established under the Food and Health Bureau on 1 March 2019 to advise and make recommendations to the Government on matters relating to the overall administration and operation of the Fund. The Committee members are appointed by the Secretary for Food and Health, comprising industry representatives who are CM practitioners, CM drug traders, testing and certification and healthcare sectors, etc., as well as experts, academics and lay persons with rich experience in business management and public administration. The Hong Kong Productivity Council serves as the implementation agent and provide support to the Secretariat of the Fund.

20. Some funding programmes on training, promotion and research have been rolled out for applications from the industry. There are encouraging responses from the industry on these programmes and plenty of applications have been received. Other programmes of the Fund will be rolled out in due course. Further information about the Fund is available at its website: [www.cmdevfund.hk](http://www.cmdevfund.hk). In addition, a CM resources platform has been established under the Fund to provide a variety of resources to facilitate information exchange and development of the industry. Details are available at its website: [www.cmresource.hk](http://www.cmresource.hk).

### *Government Chinese Medicines Testing Institute (“GCMTI”)*

21. The Government has set up a temporary GCMTI at the Hong Kong Science Park in March 2017. A permanent GCMTI will be established in Tseung Kwan O next to the CMH to strengthen quality control of Chinese medicines products. The permanent GCMTI will comprise a Chinese medicines testing laboratory and display Chinese medicines specimens. The GCMTI is expected to be commissioned by 2024 the earliest.

### *Electronic Health Record Sharing*

22. We will include CM information in the sharable scope under Stage Two Development of the Electronic Health Record Sharing System. We will launch the pilot version of the Chinese Medicine Information System On-ramp for trial by CM practitioners in the first half of 2020 and continue to standardise clinical and medical terminologies of CM. We expect that the sharing of CM data and information among CM practitioners can be enabled in the first half of 2021.

## **(d) Strengthening Healthcare Services**

### *Hong Kong Cancer Strategy*

23. The *Hong Kong Cancer Strategy* was launched in July 2019, covering directions, strategies and expected outcomes in areas ranging from cancer prevention, screening, diagnosis, treatment, technology and support, research and surveillance activities. To complement the *Hong Kong Cancer Strategy*, the Government will develop an online resource hub to provide health information related to cancer. The HA also plans to enhance the quality of cancer services in terms of diagnosis and treatment, as well as transitional care, etc. Specific initiatives include piloting streamlined cancer-specific diagnostic services, extending the Cancer Case Manager Programme, and continuing to introduce advanced medical technology for cancer treatment and expand the coverage of cancer drugs in its Drug Formulary. The HA will establish a sustainable service model to improve quality of life of cancer survivors and develop a structured rehabilitation and supportive care programme to ensure timely provision of support and care to cancer survivors.

### *Support to Patients with Uncommon Disorders*

24. To strengthen support to patients with uncommon disorders, we plan to implement progressively a series of targeted measures, which include developing databases for individual uncommon disorders to facilitate clinical diagnosis and treatment, and to enhance public awareness of such disorders; strengthening support to the drug treatment for patients with uncommon disorders and cancers through the Samaritan Fund and the Community Care Fund; reviewing manpower support and deploying resources to help meet the needs of patients and promote relevant technological development and clinical research.

### *Genomic Medicine*

25. The Chief Executive in her 2017 Policy Address announced the establishment of Steering Committee on Genomic Medicine to lead the study of strategies for developing genomic medicine in Hong Kong. The Steering Committee plans to submit its report to the Government in end-2019, which would cover recommendations on key issues such as the Hong Kong Genome Project, talent development, clinical services, as well as related ethical and regulatory issues.

26. In addition, the Government will set up the Hong Kong Genome Institute to take forward the Hong Kong Genome Project in 2020. About \$1.2 billion has been reserved for the Project, which will perform whole genome sequencing for 20 000 cases (around 40 000 to 50 000 genomes) in around six years. As a start, the Project will enhance the diagnostic rate of uncommon disorders and promote research on cancers and other hereditary diseases through genome sequencing and the establishment of a genome database.

### *End-of-life Care*

27. A public consultation to seek views on legislative proposals on advance directives and dying in place in relation to end-of-life care services is underway and will be completed in December. We will decide on the way forward in the light of feedback.

### *Smart Hospital and Use of Big Data*

28. Regarding the use of innovation and technology, the HA will continue to implement various smart hospital initiatives to optimise the patient journey, including exploring the set up of smart wards with real time data collected by mobile and Internet of Things technologies, a patient services co-ordination centre for enhancing co-ordination of hospital services and patient triage, and the use of robots for providing logistical support.

29. In addition, the HA continues to enhance its Data Collaboration Laboratory for formally launching the Big Data Analytics Platform by the end of this year to support more healthcare-related research projects, and provide self-service statistical data analysis to further facilitate the work of researchers.

### *Mental Health Services*

30. On the mental health front, we have been allocating additional resources and manpower to both HA and the Department of Health (“DH”) to improve the relevant services. The Advisory Committee on Mental Health is currently exploring ways and means to enhance mental health services for children and adolescents. In parallel, the HA will engage allied health professionals and paediatricians to assist in the handling of attention deficit/hyperactivity disorder cases on a pilot basis in order to speed up processing. Moreover, we will launch an on-going mental health promotion and public education initiative within six months to raise public understanding and awareness about mental health in the first phase, and achieve the objective of building a mental health-friendly society in the long run.

### *Elderly Health Care Voucher Scheme*

31. The Government will continue to promote the Elderly Health Care Voucher Scheme, which subsidises elderly persons aged 65 or above to use private primary healthcare services. We completed a review on the Scheme in Q1 2019 and, based on the review outcome, implemented a number of enhancement measures in June, including allowing the use of vouchers in DHCs, enhancing the Scheme enquiry system, strengthening education to the elderly on wise use of vouchers, and regularising the Pilot Scheme at the University of

Hong Kong – Shenzhen Hospital. At the same time, we provided each eligible elder with an additional one-off \$1,000 worth of vouchers and increased the accumulation limit of vouchers to \$8,000.

**(e) Long-term Sustainability of the Healthcare System**

*The Second Ten-year Hospital Development Plan*

32. To cope with the increasing demand for healthcare services arising from the ageing population, we need to have early planning for the healthcare facilities. As we are proceeding with the projects under the First Ten-year Hospital Development Plan (“HDP”), we have invited the HA to plan for the Second Ten-year HDP. The HA has commenced planning for the Second Ten-year HDP at an estimated budget of about \$270 billion. Upon completion of the Second Ten-year HDP, there would be a planned capacity of over 9 000 additional beds and other additional hospital facilities that would more or less meet the projected service demand up to 2036.

*Healthcare Manpower Planning*

33. Against the serious shortfall in the supply of doctors in the public sector, the Government is now adopting a multi-pronged approach to help alleviate the problem. For locally trained doctors, the Government has substantially increased the number of University Grants Committee (“UGC”)-funded medical training places by 90% over the past decade. In the 2019/20 to 2021/22 UGC triennium, the Government has further increased the number of UGC-funded medical training places by 60 each year. The Government will also continue to upgrade and increase the teaching facilities of the University of Hong Kong, Chinese University of Hong Kong and Hong Kong Polytechnic University, with a view to expanding the capacity for relevant professional healthcare training. Besides, renovation works to the Prince Philip Dental Hospital will commence in 2019-20 to enhance its teaching facilities to cater for the training needs of dentists and dental ancillary personnel.

34. For non-locally trained doctors, The Medical Council of Hong Kong (“MCHK”) has taken forward various enhanced and new initiatives over the

past few years to help qualified non-locally trained doctors to obtain full registration in Hong Kong. For instance, the MCHK shortened the period of assessment for non-locally trained specialist doctors from six months to two days in August 2019. In order to provide more incentive for non-locally trained doctors to serve in the public healthcare system of Hong Kong, the Government is now exploring means to effectively provide specialist training for them, provided training opportunities for locally trained doctors would not be compromised.

35. Meanwhile, the Food and Health Bureau, DH and HA will continue to work closely, in collaboration with the overseas Economic and Trade Offices, to promote the new facilitation measures and encourage non-locally trained doctors to practise in Hong Kong. The Secretary for Food and Health has led a delegation to Australia in mid-September 2019 for this purpose.

36. As an ongoing initiative to monitor the manpower situation of healthcare professionals, the Government will conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of UGC. A new round of manpower projection exercise has already commenced, and the results are expected to be available in 2020.

#### *Voluntary Health Insurance Scheme*

37. The Voluntary Health Insurance Scheme has been fully implemented since April 2019. Tax deduction is provided for relevant premiums of Certified Plans. As at end September 2019, the number of approved Certified Plans has increased to 55, including 28 Standard Plans and 27 Flexi Plans, offering over 200 products for consumers' choice.

### **(f) Public Health Regulation**

#### *Regulation of Private Healthcare Facilities*

38. The Private Healthcare Facilities Bill was passed by the LegCo in November 2018, under which a new regulatory regime for private hospitals, day procedure centres, clinics and health services establishments would be

implemented to ensure public safety and enhance consumer rights. We will commence the regulatory regime in phases based on the types of facilities and their risk levels. The application period for licences for private hospitals started on 2 July 2019, and that for day procedure centres will commence on 2 January 2020. For clinics, applications for licences and requests for letters of exemption are anticipated to commence in 2021 at the earliest.

### *Nursing Specialisation*

39. The Food and Health Bureau has set up a task force in 2016 with wide participation from the nursing profession to look into the critical issues concerning specialisation of nursing practice. After discussion and consultation with the profession, the Nursing Council of Hong Kong plans to launch in early 2020 a voluntary registration scheme for the development of nursing specialties, in order to pave way for the eventual setting up of a statutory registration regime.

### **Conclusion**

40. 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  
October 2019**