

**For discussion
on 8 January 2021**

**Legislative Council Panel on Health Services
2020 Policy Address
Policy Initiatives of the Food and Health Bureau**

Hong Kong has been extensively affected by COVID-19, a pandemic sweeping across the world. In the past ten months, Hong Kong people have shown their determination and perseverance in overcoming the difficulties and disruptions caused by the social distancing measures and border control restrictions. Much has been improved in the hardware and technology to tackle the current public health crisis but we are consolidating our experiences and are sparing no effort in making improvements. Having gone through three waves of the epidemic, we are currently enhancing Hong Kong's capacity to confront the new wave.

Together, We Fight the Virus

2. In view of the unstable situation of the epidemic, we should not let our guard down. Recently, there is a resurgence of confirmed cases and clusters of infection without a known source in the community. It is therefore essential for us to take all necessary measures to strengthen epidemic control by guarding against the importation of cases and the resurgence of domestic infections, and to further enhance the precision of the control measures to be taken in a bid to achieve the target of "zero infection" should we have the support and co-operation of the general public, and to resume travelling between the two places at an early date.

Enhancement Measures to Prevent the Importation of Cases

3. In view of the severity of the global epidemic situation, Hong Kong cannot afford to drop its guard on importation prevention and control measures. According to the guidelines of the World Health Organisation (WHO), the incubation period of the virus could be as long as 14 days.

Although there was no current evidence showing that the incubation period of the new virus variant could be longer, in view of expert advice that the incubation period of virus carried by very few infected persons may be longer than the quarantine period of 14 days, as a precautionary measure, the Government has amended the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E) and the Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H), to allow the Secretary for Food and Health (SFH) to, having regard to the extent and pattern of the spread of the pandemic in a certain place and the public health risk posed to Hong Kong by the relevant persons arriving at Hong Kong, lengthen the compulsory quarantine period for persons arriving at Hong Kong from a certain place (to a maximum of 28 days), and lengthen the period for a certain foreign place in which persons who arrive at Hong Kong have stayed before the arrival, for determining the quarantine and boarding requirements (the Relevant Period) under the relevant Regulations (to a maximum of 28 days). This is to ensure that no case would slip through the net even under very exceptional cases where the incubation period of the virus was longer than 14 days

4. The Government has tightened a number of preventive control measures applicable to persons arriving at Hong Kong from places outside China under the above regulations and the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J), including –

- (a) tightening the requirements under Cap. 599H so that all persons who have stayed in the United Kingdom or South Africa for more than two hours in the past 21 days will not be allowed to board for Hong Kong;
- (b) requiring all persons arriving at Hong Kong who have stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day to undergo compulsory quarantine for 21 days in designated quarantine hotels; and

- (c) making an updated compulsory testing notice under Cap. 599J, which imposes compulsory testing requirements on persons subject to compulsory quarantine who arrived at Hong Kong before the 21-day compulsory quarantine arrangement was in place and who have stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day. Apart from the requirement to undergo testing at community testing centres (CTCs) or designated quarantine hotels on the 19th or 20th day following their arrival at Hong Kong, the relevant persons have to stay at their place of residence, private premises or the place of quarantine specified on the quarantine order (place of stay) until the test result is available. If a person needs to take public transport for the purpose of undergoing the test or for returning to the person's place of stay, they should only travel direct by taking taxis and not to disembark on the way. As for the persons under 21-day compulsory quarantine mentioned at 4(b) above, they will undergo testing at designated quarantine hotels on the 19th or 20th day following their arrival at Hong Kong.

Various Measures to Enhance our Surveillance and Testing Capacity

5. Regarding the strategy for virus testing, as pointed out by the WHO, testing should be targeted, and in particular be provided for targeted groups with outbreaks. As such, specified persons of high risk are required to undergo compulsory testing on a mandatory basis, targeted groups are arranged to undergo testing on an obligatory basis, and we also encourage members of the public to undergo testing on a voluntary basis. To tie in with the above strategy, the Government has been stepping up various measures to enhance our surveillance and testing capacity, and the current maximum daily testing capacity of public and private laboratories has been substantially increased to approximately 100 000 tests per day (without sample pooling). Through various channels of specimen collection, it is estimated that samples can be collected from a maximum of around 80 000 members of the public for testing each day.

6. Regarding compulsory testing on a mandatory basis, the Government has published Cap. 599J for the Government to require certain

categories of persons to undergo COVID-19 testing, and for specified medical practitioners to require symptomatic patients to undergo COVID-19 testing. As at 24 December 2020, the Government has required the following groups or individuals to undergo COVID-19 testing by respective deadlines –

- persons who had been to 54 specified premises (including dance clubs/venues, restaurants, construction sites, residential buildings and department stores);
- symptomatic persons;
- staff members of residential care homes for the elderly (RCHEs), residential care homes for persons with disabilities (RCHDs) and nursing homes, day service units attached to the premises of residential care homes; and
- taxi drivers.

7. As at 21 December 2020, more than 121 000 persons received free compulsory testing at CTCs, of which 154 samples tested preliminarily positive (0.13 per cent), which demonstrated the effectiveness of compulsory testing. On the other hand, from 28 November to 18 December, a total of over 31 000 symptomatic persons were issued a written direction to undergo compulsory testing by private medical practitioners, of which 164 positive cases were recorded (0.52 per cent).

8. With a view to enhancing the legal framework, the Government gazetted on 8 December 2020 the latest amendments to Cap. 599J so as to allow the Government to, having regard to infection control needs, restrict movement of persons subject to compulsory testing, or seal off premises with epidemic outbreaks until all persons on the premises have undergone testing and the test results are ascertained.

9. For targeted testing, based on risk assessment, testing is currently arranged on a continuous basis for targeted groups including school teachers, staff of restaurants and bars, designated frontline employees of Kwai Tsing Container Terminal, etc. A total of 167 000 tests were carried out under testing for targeted groups from 15 November to 21 December 2020, equivalent to a daily average of almost 4 500 tests, with the positive

rate being 0.01 per cent. Starting from 18 December, one-off free testing service is also provided for about 400 000 foreign domestic helpers in Hong Kong. The Government will regularly review the coverage and frequency of targeted group testing based on the latest epidemic risk assessment.

10. For testing on a voluntary basis, the Government arranges to provide more convenient specimen collection and testing services. Members of the public can obtain specimen collection packs from designated general outpatient clinics of the Hospital Authority (HA), post offices and MTR stations. The above three channels can distribute more than 40,000 specimen collection packs per day. From 15 November to 21 December 2020, the three channels combined collected more than 226 000 specimens for testing, of which 235 samples tested preliminarily positive (0.10 per cent). We have also set up a total of 19 CTCs, with a total daily capacity of more than 20 000 tests. From 15 November (commencement date of CTCs) to 21 December, more than 210 000 persons were provided self-paid testing service at CTCs, of which 374 samples tested preliminarily positive (0.18 per cent). Moreover, we also arrange to provide free testing services through mobile specimen collection stations or specimen bottle distribution point in districts with a number of confirmed COVID-19 cases, with a view to facilitating and encouraging residents of the districts or individuals who perceive themselves as having a higher risk of exposure to undergo testing. From 23 November to 21 December, the Government had set up a total of 23 mobile specimen collection stations or specimen bottle distribution point, which provided testing service for a total of approximately 153 000 persons, of which 128 samples tested preliminarily positive (0.08 per cent).

11. All in all, the Government implements a risk-based and precision-guided testing strategy through testing measures in the above three aspects, with a view to cutting the transmission chain as soon as possible.

Enhancing the Efficiency in Contact Tracing

12. Contact tracing is also fundamental to the efforts in preventing further spread of the virus. The Food and Health Bureau (FHB), together

with the Innovation and Technology Bureau and other relevant departments, is developing an internal information portal specifically designed for contact tracing. The portal aims to link up various relevant departments, agencies and existing information systems for centrally and electronically collecting information needed for contact tracing, so as to streamline the procedures for information collection, input and sharing, which are mainly conducted manually at the moment. This will help speed up the Department of Health (DH)'s work in tracing contacts, as well as conducting testing and arranging quarantine or medical surveillance for such contacts.

13. Separately, the "LeaveHomeSafe" exposure notification mobile application has been made available for public download from 16 November 2020 with an aim to encourage the public to keep a more precise record of their whereabouts. If the user of the mobile application is unfortunately a confirmed case, the user will be required to upload his travel records in the mobile application to DH to assist the epidemiological investigation for confirmed cases. Users visited the same venue as an infected person would receive notification and could undergo testing via relevant channels. On 24 November 2020, the Government has requested persons responsible for carrying on catering businesses providing dine-in services and scheduled premises to apply for a "LeaveHomeSafe" venue QR code from the Government on or before 2 December 2020 under Cap. 599F. The QR code obtained should be displayed at the entrance of the premises or at a conspicuous position within two working days upon receipt of the QR code.

Quarantine and Isolation

14. The compulsory quarantine arrangement for close contacts has proven to be an indispensable measure in our fight against the epidemic. All four phases of the Penny's Bay Quarantine Centre has been fully activated, providing 3 500 units. Together with the Junior Police Call Permanent Activity Centre in Pat Heung, Lei Yue Mun Park and Holiday Village, Sai Kung Outdoor Recreation Centre, there are approximate 4 150 quarantine units in total. Furthermore, the Government has activated four hotels for quarantine purpose, namely Silka Tsuen Wan Hotel, Dorsett Kwun Tong Hotel, YauMaTei Silka Seaview Hotel and Tsing Yi Rambler

Garden Hotel, which provides about 1 700 units. With the above measures, the Government will have more than 6 000 units for quarantine purpose to cope with the demand arising from the epidemic.

15. The Government has set up temporary quarantine facilities specifically for residents of RCHEs / RCHDs who are close contacts with nursing needs, hence they are not suitable to be quarantined in regular quarantine centres. The four halls at the AsiaWorld-Expo (AWE) provide a total of 640 beds. Together with another temporary quarantine centre at the Hong Kong PHAB Association Jockey Club PHAB Camp, there are a total of 680 quarantine beds for RCHEs/RCHDs residents in Hong Kong

16. To further reduce the contact between returnees from overseas and the local community, the Government has implemented new measure since 0:00am on 25 December 2020, mandating all returnees who have stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day to undergo compulsory quarantine for 21 days in designated quarantine hotels. The designated quarantine hotels must only receive the aforementioned persons subject to compulsory quarantine who have stayed in places outside China and put in place stringent control measures. The measures include ensuring persons undergoing quarantine will not leave their rooms and receive visitors during the quarantine period etc. In addition, to minimise the contact between persons subject to quarantine and the local community, all persons to be accommodated at designated quarantine hotels must take designated transport arranged by the Government to go to the hotels and cannot disembark on the way.

17. To relieve the pressure on the demand of hospital isolation beds, the Government has assisted HA to establish the Community Treatment Facility at AWE, providing a total of 1 850 beds. Meanwhile, with the assistance from the Central Government, a two-storey temporary hospital is being constructed on a piece of land near AWE. The temporary hospital will provide negative pressure wards that could accommodate around 820 beds, and would be completed in January 2021. HA would strive to put the temporary hospital into service by February 2021 in order to enhance the capability in combating the epidemic.

Social Distancing

18. The implementation of stringent and decisive social distancing measures is the key to the Government's success in containing the third wave of the epidemic. In view of the signs of rebound in the number of local cases of unknown infection sources since mid-November 2020 and the risks brought about by mask-off gathering activities and staycations in hotels, the Government promptly introduced legislative amendments to the relevant regulations to regulate gathering activities in hotels and guesthouses as well as strengthen infection control measures therein. The Government also, having regard to the development of the epidemic situation, announced successively on 14, 21, 24 and 30 November the further tightening of social distancing measures. Subsequently, taking into account the latest development of the epidemic situation, the Government announced on 8 December the tightening of social distancing measures further. The relevant measures are of similar extent or even more stringent than those implemented in response to the peak of the third wave of the epidemic during July and August, with a view to bringing the epidemic situation under control in a decisive manner by reducing social contacts and cutting the virus transmission chains as early as possible. The latest social distancing measures announced include, with effect from 10 December, shortening the period during which catering premises may provide dine-in services to end at 6:00 p.m. daily; limiting the number of people participating in banquets in catering premises to 20; closing all scheduled premises under Cap. 599F except club-houses and hotels or guesthouses; closing all facilities with the same function(s) as the aforesaid scheduled premises in club-houses and hotels or guesthouses that are open; and limiting the number of persons in a meeting room or function room of club-houses and hotels or guesthouses to 50 per cent of the normal capacity of that room, etc. The above measures are effective until 6 January 2021.

19. In order to implement the anti-epidemic measures effectively, it is essential that members of the community strictly comply with various such measures. In the face of the fourth wave of the epidemic, apart from tightening various infection control measures, it is necessary for the Government to increase the relevant penalties so as to create the necessary deterrence effect to ensure that the community would strictly comply with the relevant requirements. The Government gazetted on 4 December

2020 the legislative amendments to the relevant subsidiary legislation under the Prevention and Control of Disease Ordinance (Cap. 599). For persons in breach of certain requirements under the regulations, the amount for discharging liability for the offence by paying a fixed penalty has been increased from \$2 000 to \$5 000 with effect from 11 December.

20. As the local epidemic situation remains severe, it is necessary for the Government to continue take measures to significantly reduce the flow of people and social contacts in order to stop COVID-19 from further spreading in the community. The Government has announced on 21 December 2020 that the special work arrangements for government employees which have been implemented since 2 December would be extended until 6 January 2021. Save for those involved in the provision of emergency services and essential public services, all other government employees will be arranged to continue to work from home. During the implementation of the special work arrangements, members of the public are encouraged to use alternative means, such as the post, drop-in boxes or online channels, to receive the services they need. The Government also appealed to employers to allow their staff members to work from home as far as possible according to their operational needs. The Government will closely monitor the epidemic situation and review the arrangements before 6 January.

21. However, over the past few weeks, there were still a lot of people out and about and participating in social gatherings. We wish to stress that, similar to other preventive and control work related to public health, sole reliance on the Government to put in place restrictions and requirements through legislation is inadequate for achieving the effect of quickly suppressing the epidemic. We pressingly need the cooperation and self-discipline of the general public to temporarily hold off social activities at this crucial time as far as possible. If the number of people out and about does not show signs of significant decrease within a short period of time, we do not rule out the need to introduce new legislation to further regulate social activities and gatherings for the purpose of protecting public health.

Vaccine Procurement and Preparatory Work

22. According to the views of the WHO and health experts, COVID-19 will not vanish without an effective treatment method and vaccine. The Government has earlier made an announcement in September 2020 that it would adopt a “two-pronged” strategy to procure vaccines for protecting against COVID-19 for the entire Hong Kong population. The Government has on one hand joined the COVAX Facility led by the WHO, and at the same time directly entered into advance purchase agreements with individual vaccine developers for obtaining greater supplies of vaccines at an earlier time. For advance purchase agreements, the Government’s goal is to procure at least two candidate vaccines from different vaccine developers and different vaccine technology platforms, and to procure sufficient doses to serve at least two times the Hong Kong population. The purpose of signing advance purchase agreements is to reserve in advance vaccines which have a higher chance of success for Hong Kong citizens, notwithstanding that the vaccines are still in the development process and have yet to obtain approval from the relevant local regulatory authorities.

23. The Government's procurement of vaccines is based on prevailing scientific evidence and that our goal is to provide as early as possible the safest and most effective vaccines for the entire Hong Kong population. The Government has reached a preliminary agreement with Sinovac Biotech (Hong Kong) Limited to provide 7.5 million doses of vaccine to Hong Kong. This vaccine is developed from the inactivated virus technology platform. The first batch of one million vaccine doses is expected to be delivered to Hong Kong in January 2021 the earliest. After the vaccine obtains approval from the Government, arrangement will be made for the public to receive vaccination as soon as possible. At the same time, the Government has reached an agreement with Fosun Pharma to procure a maximum of 7.5 million doses of the vaccine developed by Fosun Pharma in collaboration with the German drug manufacturer BioNTech (Pfizer is the collaboration partner of BioNTech in regions outside of Greater China). This vaccine is developed from the mRNA technology platform. The first batch of one million doses is expected to be delivered in the first quarter of 2021 the earliest. Furthermore, the Government will also be obtaining 7.5 million doses of the vaccine

developed by AstraZeneca in collaboration with the University of Oxford. The relevant vaccines are expected to start arriving in Hong Kong by batches by the end of the second quarter of 2021 the earliest. The abovementioned vaccines requires two doses per person, and the quantity procured is enough to cover 1.5 times the population of Hong Kong.

24. The three vaccines now purchased by the Government are frontrunners in terms of the progress of scientific research and technology development and clinical trials from the three respective technology platforms. The Government's decision on procurement of the relevant vaccines is reached after having made reference to the experts' views on candidate vaccines and having considered factors such as the quantity and timing of supply, logistics and storage methods, etc. The global competition for vaccines is very vigorous, and it is expected that supply in the initial stage will be relatively tight. We will continue to negotiate procurement arrangements with other vaccine developers and strive to provide sufficient supplies of vaccines which are proven to be safe and effective for the Hong Kong population as early as possible.

25. In terms of the regulation of vaccines, Government published the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) (the Regulation), which provides the legal framework under the present state of public health emergency to bring in COVID-19 vaccines which satisfy the criteria of safety, efficacy and quality for emergency use. The Regulation empowers SFH to, based on the objective clinical data of a COVID-19 vaccine (including third phase clinical research data), with reference to the expert advice of an independent advisory panel and having regard to the approval given by a regulatory authority in a place outside Hong Kong that performs the function of approving pharmaceutical products (including emergency use), authorise and allow the specified use of the relevant COVID-19 vaccine in Hong Kong under the emergency situation, which is basically for vaccination programmes conducted by the Government. The Regulation will remain in effect until 23 December 2021.

26. As regards the arrangements for vaccination, the Government's goal is to provide vaccines for the majority of the Hong Kong population within 2021 through vaccination programmes led by the

Government. Members of the public can receive the vaccines on a voluntary basis free of charge. We will make reference to the views of the relevant Scientific Committees and the expert advisory group and arrange for priority groups to receive vaccination first, including groups which have higher risks of coming into contact with the COVID-19 virus (e.g. healthcare workers), groups which have greater mortality rates after contracting the disease (e.g. the elderly, chronic patients), and/or groups which may easily transmit the virus to the vulnerable or weak if infected (e.g. staff of residential care homes). As the vaccines will arrive Hong Kong in batches, the Government will arrange for members of the public to receive vaccination as early as possible based on priority and the characteristics of the vaccines.

27. Notwithstanding that the vaccines to soon enter the market have undergone stringent clinical tests to ascertain their safety and that tens of thousands of people have participated in the clinical research, and that the number of people administered with the vaccines in other places continues to increase, it is a matter of fact that the research and development period of COVID-19 vaccines is greatly compressed as compared to other regular vaccines. Hence, the occurrence of rare or unpredictable severe adverse event after widespread vaccination on the population cannot be completely ruled out. Having made reference to overseas practices on the relevant issue, the Government plans to set up an indemnity fund. In the event members of the public encounter a rare or unpredicted severe adverse event associated with the administration of the vaccine, they can still take action against the drug manufacturer. The fund will cover the indemnities ultimately determined by court or arbitration and can provide in advance part of the indemnities in order to make available financial assistance to the member of the public as early as possible. The Government is formulating the relevant mechanism and details and will seek funding approval from the Finance Committee of the Legislative Council (LegCo) as soon as possible.

Adjusting Hospital Service Models due to the Epidemic

Telemedicine

28. HA will continue to change the service model where practicable, provide services for patients using video conferencing technologies, and provide telehealth services for elderly persons living in remote areas through the installation of relevant facilities at village offices and the use of e-payment.

Development of Hospitals

29. HA will promote the wider use of new technologies, including piloting the use of location-based services and navigation technology in selected public hospitals, the Bed Booking System for Convalescent/Rehabilitation Beds and the Blood Taking Scheduling System in selected Specialist Out-patient Clinics.

30. In 2016, the Government set aside \$200 billion for HA to implement the First Ten-year Hospital Development Plan (HDP), which covers the redevelopment and expansion of 11 hospitals, and the construction of a new acute hospital, three community health centres and one supporting services centre, for providing more than 6 000 additional bed spaces and 90 additional operating theatres. To date, the Government has upgraded seven projects in full and seven projects in part to Category A under the First Ten-year HDP.

31. HA has also commenced the planning of the Second Ten-year HDP for a budget of \$270 billion. Upon completion, there will be a planned capacity of over 9 000 additional beds and other additional hospital facilities that will be meeting the projected service demand up to 2036.

32. HA will also review the design of hospital projects under the two Ten-year HDPs taking into account the experience in combating COVID-19 and incorporate required provisions for two to three general wards in each selected hospital to be readily converted into Tier-2 isolation wards in epidemic situation.

Use of Technology

33. In April and August 2020, the Health and Medical Research Fund administered by FHB approved a total funding of \$170 million to support the local universities to conduct 49 medical research studies on COVID-19 under its commissioned research programme to address important research areas in transmissibility and infectability of the virus, effective detection and surveillance and prevention strategies of the disease and development of treatments and therapies. These studies last for 12 to 24 months.

Safeguarding Public Health and Improving the Standard of Health Services

34. Apart from anti-epidemic efforts, to safeguard public health and further improve the standard of health services, this term of Government will also 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) Enhancing Primary Healthcare Services

35. In a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-focused, FHB is setting up District Health Centres (DHCs) in 18 districts progressively. Through medical-social collaboration and public-private partnership, DHCs provide district-based primary healthcare services, with a view to enhancing public capability in self-management of health and support patients with chronic diseases.

36. Following the service commencement of the first DHC in the Kwai Tsing District in September 2019, the Government has expedited the setting up of DHCs in other districts. In September 2020, the service contracts of Sham Shui Po and Wong Tai Sin DHCs were awarded with a view to commencing services in 2021 and 2022 respectively. In addition, suitable sites have been identified for setting up DHCs in remaining districts. Apart from the nine districts announced in the Policy Address where service contracts were awarded or sites being confirmed (namely Sham Shui Po, Wong Tai Sin, Wan Chai, Eastern, Yau Tsim Mong, Kwun Tong, Tai Po, Sai Kung and North District), we have recently consulted Central and Western District Council on the site and secured support.

37. Meanwhile, we have just completed the invitation of proposals for providing DHC Express services in 11 districts with a view to commencing services in 2021. The proposals are currently under assessment. It is our target to set up either DHCs or DHC Expresses of various scales in all 18 districts within the current-term Government with a view to lay a solid foundation for establishing a prevention-focused primary healthcare system in the long run.

38. Currently, the chronic disease screening programme under DHC provides members with diabetes mellitus and hypertension screening and diagnosis services. To further strengthen the chronic disease management measures in the community and relieve the pressure on the public healthcare system, the Government will explore the implementation of Pilot Public-Private Partnership Programme in DHC. By offering subsidy to DHC members diagnosed with diabetes mellitus or hypertension in the DHC screening programme to receive treatment from the private network doctors in the community, the programme aims to relieve the pressure on the public healthcare system and promote the concept of family doctors.

(b) Strengthening Diseases Prevention and Control

39. Based on the latest recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening of the Cancer Co-ordinating Committee on breast cancer screening, the Government will adopt a risk-based approach for breast cancer screening. DH will provide

breast cancer screening for eligible women having regard to their risk of developing breast cancer. Details will be announced in due course.

(c) Developing Chinese Medicine (CM)

40. At present, the Mainland and Hong Kong have in place different registration regimes in respect of the regulation of CM products. Applicants are required to submit applications in respect of registration of proprietary CMs (pCm) pursuant to the respective registration requirements in the Mainland and Hong Kong, before such pCms can be sold in a particular place. With the support of the Central Government, traditional proprietary Chinese medicine products for external use registered in Hong Kong will be allowed to be registered and sold in the Guangdong-Hong Kong-Macao Greater Bay Area through a streamlined approval process. FHB will proactively follow up with the Guangdong Medical Products Administration to implement the relevant arrangement, with a view to enhancing the business exchanges in respect of pCm with the Mainland and fostering the development of pCm in Hong Kong, thereby creating favourable conditions for CM drug to “go global”.

41. The construction of Hong Kong’s first Chinese Medicine Hospital (CMH) will be funded by the Government, with an appropriate non-profit-making organisation to be selected to operate the hospital on the basis of a public-private partnership model. The result of the first-stage prequalification for the operation of the CMH was announced in May 2020, and the second-stage tendering process was also launched in September. It is expected that the service deed for the operation of the CMH will be awarded in mid-2021, with a view to commencing the CMH’s operation by phases from the first half of 2025. On the other hand, the tendering process of the construction of the CMH and the adjacent Government Chinese Medicines Testing Institute commenced in October.

42. Since March 2020, the Government has been providing quotas for Government-subsidised CM out-patient general consultation, tui-na and acupuncture services at the Chinese Medicine Clinics cum Training and Research Centres established in the 18 districts over the territory, at a fee of \$120 per attendance/treatment. Furthermore, the fee of the Integrated Chinese-Western Medicine in-patient services currently offered

in seven public hospitals has also been reduced from \$200 to \$120 per day since March 2020.

43. Since the commencement of operation in June 2019, various subsidy programmes have progressively been launched under the \$500 million Chinese Medicine Development Fund to support training activities in CM, enhancement of good manufacturing practices for pCm, registration of pCm, enhancement of clinic facilities, scientific research and promotional activities, etc. There are overwhelming responses from the industry on these subsidy programmes. Over 700 projects have been approved, benefiting different levels of the CM industry, as well as non-profit-making organisations and academic institutions which foster the development of CM in Hong Kong.

(d) Strengthening Healthcare Services

44. HA is actively working along the Hong Kong Cancer Strategy to continuously enhance cancer diagnosis and treatment services, including recruiting additional Cancer Case Managers (CCM) and expanding the CCM programme to gynaecological and haematological cancer patients; providing additional attendances for radiography services; increasing quotas for Specialist Outpatient Clinic and Nurse Clinic attendances in oncology; and recruiting additional Medical Social Workers to offer psychosocial support to cancer patients, etc., in 2020-21.

Community Care Fund Elderly Dental Assistance Programme

45. The Elderly Dental Assistance Programme with funding provided under the Community Care Fund (CCF) was launched in September 2012 to provide free removable dentures and related dental services (covering X-ray examination, scaling and polishing, fillings and extractions) to low-income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. The Programme has been expanded since February 2019 to cover elders who are recipients of Old Age Living Allowance and aged 65 or above. The Programme has also been extended to February 2022 and the number of target eligible elders has increased to about 590 000.

46. We plan to expand the scope of subsidy in the second half of 2021 through the CCF so that eligible elderly persons in need of treatment can receive more targeted dental services. These include (a) allowing the inclusion of more subsidised items, including the removal of bridges or crowns and the provision of root canal treatment; and (b) allowing elderly persons aged 75 or above who have received dental services under the Programme five years ago to receive free removable dentures and other related dental services for a second time.

Drug subsidy

47. The Government and HA introduced enhancement measures for the means test mechanism of the Samaritan Fund and the Community Care Fund Medical Assistance Programmes in early 2019 to alleviate the financial burden of patients' families arising from drug expenses. We will further refine the mechanism after reviewing the effectiveness of the measures. Specific measures include –

- (a) modifying the calculation of the annual disposable financial resources (ADFR) for recurrent applications for drug subsidy by deducting the drug expenses paid by the patient for the last treatment course; and counting only 80% of the patient's household disposable income; and
- (b) including more allowable deduction items in calculation of the ADFR, such as school fees on tertiary education and maintenance payments.

Genomic Medicine

48. The Steering Committee on Genomic Medicine announced the Strategic Development of Genomic Medicine in Hong Kong in May 2020 and put forth eight recommendations, including the implementation of Hong Kong Genome Project (HKGP), nurturing talents in genomic medicine, and enhancing clinical services in genetics and genomics, etc. The Government has set up Hong Kong Genome Institute to implement the HKGP, which will sequence around 40 000 to 50 000 genomes with a view to promoting the clinical applications of genomic medicine and its research. The pilot phase of the HKGP will start in mid-2021, focusing on patients

with undiagnosed disorders and cancers with clinical clues linked to possible hereditary / genetic components.

Big Data Analytics Infrastructure

49. HA formally launched the Big Data Analytics Platform in December 2019 to support more collaborative research projects carried out by local academics and HA.

Mental Health

50. The social unrest in 2019, together with the persisting COVID-19 epidemic since early 2020, have brought different levels of impact and influence on the mental well-being of some people. The Government has decided to provide additional resources of \$300 million under the Beat Drugs Fund to better support the needy in the community and raise public awareness of mental health. The Advisory Committee on Mental Health (ACMH) had preliminary discussion on the project at its meeting on 14 October 2020. The preparatory work is ongoing and ACMH will work with the service providers and NGOs in the sector to identify needs and set priorities, with a view to facilitating or promoting suitable projects.

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

51. The Voluntary Health Insurance Scheme (VHIS) was implemented in April 2019. As at end-March 2020, the number of VHIS policies reached 522 000. As at end-July 2020, 67 Certified Plans had been certified and were available in the market, offering 257 products for consumers.

(f) Reinforcing Public Health Regulation

52. The Private Healthcare Facilities Bill was passed by the LegCo in November 2018 to implement a new regulatory regime for private hospitals, day procedure centres, clinics and health services establishments 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 new licences for private hospitals and the first batch of

licenses for day procedure centres will take effect on 1 January 2021.

53. The Pharmacy and Poisons (Amendment) Bill 2019 was passed by the LegCo in July 2020 to provide a clear and dedicated regulatory framework on the use of advanced therapy products to safeguard public health and facilitate the relevant scientific development. The industry will have ample time to get prepared before the new regulatory framework come into operation.

54. In addition, the Government will implement as soon as possible the arrangement of using Hong Kong-registered drugs and medical devices used in Hong Kong public hospitals at The University of Hong Kong – Shenzhen Hospital on a trial basis subject to the approval of the Guangdong Province, and extend the policy to cover more designated healthcare institutions, drugs and medical devices in a timely manner. We have commenced follow-up work with the relevant Mainland authorities. We believe that this measure can facilitate Hong Kong residents to seek appropriate healthcare services in the Greater Bay Area (GBA) and encourage pharmaceutical companies to set up and develop in the GBA cities, bringing mutual benefits to both places.

Conclusion

55. FHB'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, fight the battle against COVID-19 and meet the health challenges of our ageing population.

Food and Health Bureau
December 2020