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CONTROLLING OFFICER'S REPLY

HHB206

(Question Serial No. 2996)

Head: (37) Department of Health
Subhead (No. & title): (000) Operational expenses
Programme: (3) Health Promotion
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

In addition to the “18111 – Mental Health Support Hotline” launched by the Health Bureau in late December last year which provides one-stop, round-the-clock support for people with mental health needs, rendering them immediate mental health support and referral services, the Department of Health will continue to implement a mental health promotion and public education initiative during 2024–25. In this connection, please inform this Committee of:

1. the number of calls received so far; and of which the number of cases (if any) requiring immediate referral to the Police or the Fire Services Department due to imminent danger and the number of cases requiring referral for medium- and long-term counselling services; and
2. the manpower and detailed breakdown of the expenditure involved in the operation of the hotline.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 20)

Reply:

1. The “18111 – Mental Health Support Hotline” (MHSB) launched by the Health Bureau (HHB) provides one-stop, round-the-clock support for people with mental health needs, rendering emotional and mental health support to members of the public from all backgrounds and of all ages. Depending on the needs of individual callers, service information will be provided or referral to appropriate service organisations will be made. The MHSB has handled around 21 000 calls and has provided immediate support from its launch date on 27 December 2023 to 29 February 2024. About 200 cases were referred to organisations including the Integrated Community Centre for Mental Wellness and the Designated Hotline for Carer Support of the Social Welfare Department, the Hospital Authority Mental Health Direct and non-governmental organisations, etc. Among them, 2 were urgent cases and required immediate referral to the Police for follow-up.

2. The Government has engaged a contractor through public tender to operate the MSHS, hence no increase in staff establishment is required. The HHB and the Department of Health will continue to monitor the operation of the hotline with existing manpower.

- End -

CONTROLLING OFFICER'S REPLY

HHB207

(Question Serial No. 1010)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of a sponsorship scheme for training of dental hygienists and dental therapists to increase the manpower supply of ancillary dental workers for the development of primary dental services, please advise on the following:

1. the details of implementation progress of the sponsorship scheme for training of dental hygienists and dental therapists, including whether the training has been kick-started, the number of teaching institutes providing training, whether admission has been open, and the number of enrolments in the scheme; and
2. when the first batch of dental hygienists and dental therapists trained under the said scheme is expected to join the service and in what ways they will help promote the development of primary dental services.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 27)

Reply:

At present, there are 2 types of ancillary dental workers who provide dental care services to patients in Hong Kong, namely dental hygienists and dental therapists –

- (a) Dental hygienists are now required to enrol under the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B) to work in the public or private sector to perform preventive dental care (e.g. oral examination, education, teeth cleaning and polishing, fluoride application and scaling) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out; and
- (b) Currently, there is no statutory registration or enrolment system for dental therapists. They only work under the Department of Health (DH) to provide the School Dental Care Service. They may perform preventive dental care and basic curative dental care (e.g. dental restoration and extraction) in accordance with the

directions of a dentist who is available in the premises at all times when such work is being carried out.

The Prince Philip Dental Hospital (PPDH) and the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE) are co-organising a two-year Higher Diploma in Dental Hygiene programme, graduates of which or holders of non-local qualifications are eligible to apply to the Dental Council of Hong Kong (DCHK) for enrolment as a dental hygienist. In addition, the PPDH teams up with the DH and HKU SPACE to offer a one-year Advanced Diploma in Dental Therapy programme, graduates of which (or holders of equivalent qualifications) meet the professional requirement to apply for the post of dental therapist.

To safeguard people's oral health, the Chief Executive announced in the 2022 Policy Address that a comprehensive review of the dental services provided or subsidised by the Government will be conducted. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covered policy objectives, implementation strategies, service scopes and delivery models in respect of oral health and dental care. The Working Group released its interim report in December 2023. The Government agreed with the Working Group that the future development of dental services should, as outlined in the Primary Healthcare Blueprint, focus on prevention, early identification and timely intervention, with a view to retaining natural teeth and enhancing the overall level of people's oral health. Meanwhile, we will develop primary dental care services for the public with the premise of preventing dental diseases, as well as allowing ancillary dental workers to play a more significant role in the field.

To enhance local training to meet the development needs of oral health and dental care, in addition to increasing training places for the current programmes of Higher Diploma in Dental Hygiene and Advanced Diploma in Dental Therapy, the Government is currently liaising with the Vocational Training Council for organising a new course for dental hygienists. The provision of training places of dental hygienists and dental therapists will increase to nearly double from 95 in the 2023/24 academic year to 185 in the 2024/25 academic year. To attract more individuals to join the industry, the DH will offer full tuition fee sponsorship to students studying the above diploma programmes. The number of sponsored places was 95 in the 2023/24 academic year. Dental hygienists and dental therapists who have received the sponsorship are required to work in dental clinics of the DH or other specified non-governmental organisations for 1 year after graduation.

Looking ahead, the Government will introduce an amendment bill to the Dentists Registration Ordinance into the Legislative Council in the first half of this year to, inter alia, suitably adjust the scope of work of ancillary dental workers and introduce a statutory registration system for both dental hygienists and dental therapists to enhance the standard of professional training and management of ancillary dental workers under the regulatory control of the DCHK, with a view to reinforcing their professional status and ensuring patients' safety and service quality. After establishing the training and professional development pathway for dental therapists, the Government will allow them to work in the public or private sector at an appropriate time in line with their role in dental care services.

- End -

CONTROLLING OFFICER'S REPLY

HHB208

(Question Serial No. 0639)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Concerning the Shared Use of Health Care Vouchers (Vouchers) between Spouses in place since July 2023, please advise on:

1. the number of elderly persons who have applied to share-use Vouchers, the age distribution of the Voucher users, the types of services claimed and the Voucher amounts involved since the implementation of the measure;
2. the number of complaints received regarding the claims involving the shared use of Vouchers between spouses, the main subject matters of the complaints, the types of services and the Voucher amounts involved; and
3. the number of elderly applicants who have withdrawn from the Shared Use of Vouchers between Spouses since its implementation and the reasons why.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 13)

Reply:

1.

Starting from 28 July 2023, eligible Hong Kong elderly persons can share-use their Health Care Vouchers (Vouchers) with their spouse. As at the end of December 2023, more than 131 000 eligible elderly persons have given consent to share-use their Vouchers, which means more than 65 000 pairs of elderly persons have paired up their eHealth (Subsidies) accounts. Among them, nearly 51 000 have used their spouse's Vouchers. The age distribution of the elderly persons who have used their spouse's Vouchers and the amount of vouchers involved in claim transactions with spouse's Vouchers used by type of healthcare service are as follows:

Age Distribution of Elderly Persons who have used their Spouse's Vouchers

Age	Number of Persons
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65-69	16 000
70-74	16 000
75-79	11 000
80-84	5 000
85+	3 000
Total:	51 000

Amount of vouchers involved in claim transactions with spouse's Vouchers used (in \$'000)

Type of Healthcare Service	Amount of vouchers involved
Medical Practitioners	43,775
Chinese Medicine Practitioners	32,145
Dentists	21,991
Occupational Therapists	12
Physiotherapists	1,205
Medical Laboratory Technologists	420
Radiographers	2,187
Nurses	781
Chiropractors	317
Optometrists	3,672
Audiologists	742
Dietitians	11
Sub-total (Hong Kong):	107,258
University of Hong Kong - Shenzhen Hospital	218
Total:	107,476

2.

Regarding the shared use of Vouchers between spouses, the Department of Health (DH) has received 1 complaint as at the end of December 2023, which is currently under investigation.

3.

As at the end of December 2023, the DH has unpaired the eHealth (Subsidies) accounts of 18 elderly persons at their request, with the major reason being they no longer wished to share-use Vouchers with their spouse.

- End -

CONTROLLING OFFICER'S REPLY

HHB209

(Question Serial No. 2908)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Scheme (EHVS), please inform this Committee of:

1. the number of voucher claim transactions, the amount claimed, and the average amount per claim transaction in the past 3 years, broken down by type of healthcare service provider, as well as the estimated expenditure of the EHVS for 2024-25;
2. the number of healthcare service providers enrolled under the EHVS by type;
3. the respective numbers of complaints against the abuse of Elderly Health Care Vouchers received and investigations conducted by the Department of Health, and prosecutions as a result (by type of healthcare service provider); as well as the respective numbers of cases with investigation completed, found to be substantiated, and related to fraud or improper voucher claims, and the number of service providers and voucher recipients disqualified from the EHVS for violating the Scheme rule in the past 3 years;
4. the number and percentage of voucher claim transactions by principal reason for visit (namely preventive care, management of acute episodic conditions, follow-up/monitoring of long-term conditions and rehabilitative care) in the past 3 years; and
5. in view of the Government's plan to launch the Elderly Health Care Voucher Greater Bay Area Pilot Scheme in the third quarter of this year, the estimated number of elderly persons who will use their vouchers at the 5+2 pilot medical institutions and the estimated amount of vouchers involved.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 40)

Reply:

1.

The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the Elderly Health Care Voucher Scheme (EHVS) in the past 3 years:

Number of Voucher Claim Transactions

	2021	2022	2023^{Note 1}
Medical Practitioners	1 917 943	1 954 032	2 325 617
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441
Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists ^{Note 2}	-	-	784
Clinical Psychologists ^{Note 2}	-	-	2
Dietitians ^{Note 2}	-	-	609
Speech Therapists ^{Note 2}	-	-	5
Sub-total (for Hong Kong):	4 080 299	4 146 701	4 963 765
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	35 953	32 356	38 462
Total:	4 116 252	4 179 057	5 002 227

Amount of Vouchers Claimed (in \$'000)

	2021	2022	2023^{Note 1}
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168
Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists ^{Note 2}	-	-	2,693
Clinical Psychologists ^{Note 2}	-	-	4
Dietitians ^{Note 2}	-	-	829
Speech Therapists ^{Note 2}	-	-	5

Sub-total (for Hong Kong):	2,543,509	2,565,862	3,269,498
HKU-SZH ^{Note 3}	12,103	10,949	11,883
Total:	2,555,612	2,576,811	3,281,381

Average Amount of Vouchers per Claim Transaction (\$)

	2021	2022	2023 ^{Note 1}
Medical Practitioners	536	542	546
Chinese Medicine Practitioners	511	519	580
Dentists	1,153	1,190	1,247
Occupational Therapists	1,039	1,082	1,053
Physiotherapists	400	472	498
Medical Laboratory Technologists	1,026	918	953
Radiographers	1,167	1,187	1,302
Nurses	978	1,054	997
Chiropractors	616	575	576
Optometrists	1,452	1,451	1,532
Audiologists ^{Note 2}	N/A	N/A	3,435
Clinical Psychologists ^{Note 2}	N/A	N/A	2,000
Dietitians ^{Note 2}	N/A	N/A	1,361
Speech Therapists ^{Note 2}	N/A	N/A	1,000
HKU-SZH ^{Note 3}	337	338	309

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of \$1,000 or more on designated primary healthcare services in a year will be allotted \$500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

The financial provision for 2024-25 for the EHVS is \$3.96 billion.

2.

The number of healthcare service providers enrolled under the EHVS by type at the end of 2023 is as follows:

	Number of healthcare service providers
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Medical Practitioners	3 703
Chinese Medicine Practitioners	4 366
Dentists	1 477
Occupational Therapists	187
Physiotherapists	826
Medical Laboratory Technologists	57
Radiographers	63
Nurses	290
Chiropractors	164
Optometrists	888
Audiologists ^{Note 1}	33
Clinical Psychologists ^{Note 1}	13
Dietitians ^{Note 1}	36
Speech Therapists ^{Note 1}	39
Sub-total (for Hong Kong):	12 142
HKU-SZH ^{Note 2}	1
Total:	12 143

Note 1: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 2: The HKU-SZH joined the EHVS on a hospital basis.

3.

The table below shows the number of complaints (including media reports and relevant reports) against healthcare service providers enrolled under the EHVS received by the Department of Health (DH) in the past 3 years (from 2021 to 2023):

	2021	2022	2023	Total
Number of complaints against healthcare service providers enrolled under the EHVS received by DH	105	45	54	204

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH would conduct investigation into every complaint received and take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement was found, including issuing advisory/warning letters to the relevant healthcare service providers, withholding reimbursements or recovering paid reimbursements, disqualifying healthcare service providers from participating in the EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate.

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2023, investigation of 38 cases was completed, of which 14 were found to be substantiated or partially substantiated. The DH has disqualified 3 healthcare service providers from participating in the EHVS and

referred 51 cases to the Police for follow-up action (of which 15 cases have completed investigation with no prosecution made and 36 still under investigation).

4.

The table below shows the number of voucher claim transactions with the voucher amount reimbursed, by principal reason for visit in the past 3 years, and its percentage in the total number of voucher claim transactions with the voucher amount reimbursed in the respective years:

Type of service ^{Note 1}	Number of voucher claim transactions with the voucher amount reimbursed (Percentage)		
	2021	2022	2023
Preventive care	779 119 (19%)	767 280 (18%)	997 171 (20%)
Management of acute episodic conditions	1 661 556 (41%)	1 724 943 (42%)	2 034 290 (41%)
Follow-up/Monitoring of long term conditions	1 375 319 (34%)	1 404 505 (34%)	1 638 832 (33%)
Rehabilitative Care	264 261 (6%)	249 940 (6%)	290 463 (6%)

Note 1: The type of service was directly input by healthcare service providers into the system. No health/medical records were provided alongside for verification of the type of service provided.

5.

The Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) is implemented to offer more convenience and flexibility for eligible Hong Kong elderly persons residing in Mainland cities in the Greater Bay Area (GBA) by providing more service point options where Elderly Health Care Vouchers (EHCVs) can be used to meet their primary healthcare needs. It also allows eligible Hong Kong elderly persons to use their EHCVs across the boundary at medical institutions in Shenzhen or even other Mainland cities in the GBA. Close to 1.7 million eligible Hong Kong elderly persons will benefit from the Pilot Scheme. According to the statistics of the Census and Statistics Department, around 495 800 Hong Kong residents were usually staying in the Guangdong Province as at mid-2023, among which 88 900 were aged 65 or above (around 18%).

The financial provision for 2024-25 for the EHVS is \$3.96 billion, which already included the possible claim amount relating to the Pilot Scheme. The expenditure on the Pilot Scheme is subsumed under the overall provision for the EHVS and will not be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB210

(Question Serial No. 2916)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding influenza vaccination, please advise on:

- i. the estimated and actual numbers of vaccine recipients, the uptake rate and the expenditure incurred in respect of the subsidy schemes under which influenza vaccination is offered, broken down by target group, in the past 3 financial years;
- ii. the numbers of nasal influenza vaccines procured for and actually administered in the above subsidy schemes in the past 3 years; and whether the Government will consider providing nasal influenza vaccines for all young children intending to receive influenza vaccination so as to further boost the uptake rate; if yes, the relevant work plan and the estimated expenditure; if not, the reasons; and
- iii. whether the Government will consider a gradual expansion of the age range eligible for subsidised influenza vaccines to all age groups to reduce the number of severe cases of influenza, thereby alleviating the burden on public medical services; if yes, the timeline and the estimated expenditure.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 44)

Reply:

(i)

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS;

- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/ VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme),

which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority (HA).

The target population eligible for SI vaccination under each vaccination programme/scheme, the relevant number of vaccine recipients, the uptake rates and the expenditure on subsidy in the past 3 seasons are detailed at **Annex**. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

(ii)

The quantities of nasal live attenuated influenza vaccines (LAIV) procured by the Government for the SIVSOP and the number of doses administered in the past 3 years are as follows:

Vaccine	2021/22		2022/23		2023/24	
	Number of doses procured (Actual)	Number of doses administered	Number of doses procured (Actual)	Number of doses administered	Number of doses procured (Provisional figure)	Number of doses administered (Provisional figure)
Live Attenuated Influenza Vaccine (nasal spray)	27 900	19 700	22 500	17 400	25 700	21 400

The DH conducts survey annually to gather feedback from enrolled doctors and schools on the school outreach programmes/schemes. According to the findings of the survey conducted in 2023, among the doctors and schools planning to participate in outreach activities in 2023/24 season, the majority of respondents preferred injectable inactivated influenza vaccines (IIV) to nasal LAIVs; more specifically, nasal LAIVs was only preferred by 1% to 7% of doctors providing services in various school outreach settings, 7% of secondary schools, 9% of primary schools and 26% of kindergartens and childcare centres (KG/CCC).

Under the current arrangement, KG/CCCs can choose between injectable IIVs or nasal LAIVs. While primary and secondary schools are provided with injectable IIVs under the SIVSOP, schools can also arrange outreach vaccination activities through the VSS School Outreach Scheme during which participating schools can discuss with doctors their preference for injectable IIVs or nasal LAIVs for vaccination of eligible students. Private doctors under the VSS may also decide whether they would use injectable IIVs or nasal LAIVs at their practices depending on their preference and stock.

For 2024/25 season, the DH will take into account the survey result of 2024 and the updated recommendations and experience of overseas health authorities in drawing up the

implementation plan, so as to come up with the best mode of operation and type of vaccine (injectable IIV or nasal LAIV) to be provided.

(iii)

The Scientific Committee on Vaccine Preventable Diseases (SCVDP) under the Centre for Health Protection of the DH issues recommendations on SI vaccine composition, type of vaccine as well as the priority groups for receiving vaccine in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organisation and overseas practices.

The VSS provides subsidised vaccination to persons aged 6 months to under 18 years and persons aged 50 or above. For persons aged 18 to under 50 years, the SCVDP recommends that priority for SI vaccination be given to those with chronic medical problems. The current VSS also includes persons with intellectual disabilities, recipients of the Disability Allowance, and recipients classified as “100% Disabled” or “Requiring Constant Attendance” under the Comprehensive Social Security Assistance Scheme.

The Government will consider the SCVDP’s recommendations, cost effectiveness, the financial affordability of the public and other public health considerations to assess the possibility of expanding the coverage of the subsidised target groups under influenza vaccination programmes/schemes.

Annex

Target group	Programmes/ schemes for provision of SI vaccination	2021/22				2022/23				2023/24 (as at 3 March 2024)			
		Target population	No. of SI vaccine recipients	The uptake rate within the age group	Subsidy claimed (\$ million)	Target population	No. of SI vaccine recipients	The uptake rate within the age group	Subsidy claimed (\$ million)	Target population	No. of SI vaccine recipients	The uptake rate within the age group	Subsidy claimed (\$ million)
Elderly aged 65 or above	GVP	1 433 700	377 000	40.4%	Not applicable	1 520 100	452 900	48.3%	Not applicable	1 637 600	499 300	50.3%	Not applicable
	VSS		201 700		48.4		281 300		73.1		324 100		84.3
Persons aged between 50 and 64	GVP	1 774 600	5 400	11.2%	Not applicable	1 796 700	49 200	17.8%	Not applicable	1 824 900	5 800	18.7%	Not applicable
	VSS		193 300		46.4		271 000		70.5		335 300		87.2
Children aged between 6 months and under 18*	GVP	641 700	100	53.3%	Not applicable	917 900	1 400	39.8%	Not applicable	929 600	700	52.4%	Not applicable
	VSS		73 700		19.9		104 700		30.3		164 400		48.3
	SIVSOP		268 100		28.6		259 200		28.8		322 000		36.1
Others ^	GVP/VSS	#	97 300	#	1.4	#	112 300	#	1.5	#	135 700	#	1.6
Total			1 216 600		144.7		1 532 000		204.2		1 787 300		257.5

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.

There are no accurate population statistics for this group.

- End -

CONTROLLING OFFICER'S REPLY

HHB211

(Question Serial No. 3297)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the enforcement of tobacco control legislation by the Department of Health, will the Government please advise this Committee on:

1. the number of complaints received, inspections conducted, and warning letters, fixed penalty notices and summonses issued by the Tobacco and Alcohol Control Office in relation to smoking in the past 3 financial years and, among them, the numbers of complaints received, inspections conducted and enforcement action in relation to alternative smoking products;
2. the number of enforcement action taken in food premises, shops, indoor workplaces, public transport facilities, public outdoor places and bus interchanges (broken down by type of statutory no smoking area); and
3. whether the Government has evaluated the effectiveness of the tobacco-duty increase last year in tobacco control in terms of, for example, the smoking cessation rate and the number of and increase (if any) in the calls to the smoking cessation hotline in the past year; details of promoting and enforcing tobacco control as well as the manpower for and expenditure on the above work in the coming year?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 38)

Reply

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of

alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2021 to 2023 for smoking and other offences are at **Annex 1**.

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes alternative smoking products (ASPs), including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with the Smoking (Public Health) Ordinance (Cap. 371) and the Import and Export Ordinance (Cap. 60). The TACO will conduct investigation upon receiving complaints or referrals. Cases in relation to illegally imported ASPs intercepted by the Customs and Excise Department at boundary control points will be referred to the TACO for follow-up. Any person who contravenes the import ban will be prosecuted on sufficient evidence.

From 30 April 2022 to 31 December 2023, the TACO has issued 572 summonses to offenders for importing ASPs, resulting in 262 convictions in court with fines ranging from \$1,000 to \$6,000. Over the same period, the Customs and Excise Department (C&ED) followed up on 26 cases that involved both offences under the purview of the C&ED and the illegal import of ASPs, among which 7 cases have resulted in conviction, with the maximum fine and sentence being \$4,000 and two months' imprisonment respectively. Meanwhile, the TACO has issued 18 summonses to offenders for suspected sale or possession for commercial purposes of ASPs, resulting in 11 convictions in court (from 17 summonses) with a maximum penalty of two months' imprisonment.

(2)

The number of inspections conducted and FPNs / summonses issued by the TACO from 2021 to 2023 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas is at **Annex 2**.

(3)

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government had made reference to the World Health Organization's (WHO) target and committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to \$3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the DH's Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

The revised estimate and estimate for tobacco control initiatives taken forward by the TACO in 2023-24 and 2024-25, and its approved establishment in 2024-25 are at **Annex 3**.

Numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2021	2022	2023
Complaints/referrals received		13 424	14 805	20 116
Inspections conducted		41 225	35 281	28 817 (Note 4)
Warning letters issued ^(Note 1, 2)		16	21	10
FPNs issued (for smoking offences)		7 703	6 296	10 261 (Note 4)
Summonses issued	for smoking offences	40	35	48
	for other offences (Note 3)	115	130	657

Note

- 1 In general, the TACO will prosecute smoking offenders without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.
- 4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness. In addition, the TACO also deploys staff to strengthen enforcement actions against ASPs.

Number of inspections conducted and FPNs / summonses issued by TACO for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2021	2022	2023
Inspections conducted ^(Note 1)	41 176	35 150	27 371
- <i>Food premises</i>	3 008	1 945	1 897
- <i>Shops and shopping malls</i>	8 482	7 757	5 823
- <i>Public transport facilities</i>	5 596	4 560	3 448
- <i>Bus interchanges</i>	694	664	309
- <i>Other statutory no smoking areas</i>	23 396	20 224	15 894
FPNs issued ^(Note 1)	7 703	6 296	10 261
- <i>Food premises</i>	322	262	421
- <i>Shops and shopping malls</i>	1 984	1 841	2 417
- <i>Public transport facilities</i>	1 645	920	2 493
- <i>Bus interchanges</i>	145	64	109
- <i>Other statutory no smoking areas</i>	3 607	3 209	4 821
Summonses issued ^(Note 1)	40	35	48
- <i>Food premises</i>	5	2	1
- <i>Shops and shopping malls</i>	7	4	6
- <i>Public transport facilities</i>	10	10	8
- <i>Bus interchanges</i>	0	1	0
- <i>Other statutory no smoking areas</i>	18	18	33

Note 1 : The TACO does not have separate figures on enforcement at indoor workplace.

**Revised Estimate/Estimate for
the Department of Health's Tobacco and Alcohol Control Office**

	2023-24 Revised Estimate (\$ million)	2024-25 Estimate (\$ million)
<u>Enforcement</u>		
Programme 1: Statutory Functions	160.2	172.7
<u>Health Education and Smoking Cessation</u>		
Programme 3: Health Promotion	168.0	170.7
<u>(a) General health education and promotion of smoking cessation</u>		
<i>TACO</i>	87.3	89.6
<i>Subvention to Hong Kong Council on Smoking and Health</i>	26.4	26.6
<i>Sub-total</i>	<u>113.7</u>	<u>116.2</u>
<u>(b) Revised estimate/estimate for smoking cessation and related services by Non-Governmental Organisations</u>		
<i>Subvention to Tung Wah Group of Hospitals</i>	14.0	14.0
<i>Subvention to Pok Oi Hospital</i>	17.9	18.0
<i>Subvention to Lok Sin Tong</i>	3.6	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	8.9	8.9
<i>Subvention to Life Education Activity Programme</i>	2.9	3.0
<i>Subvention to Christian Family Service Centre</i>	7.0	7.0
<i>Sub-total</i>	<u>54.3</u>	<u>54.5</u>
Total	<u>328.2</u>	<u>343.4</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff for 2024-25
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB212

(Question Serial No. 0899)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

One of the statutory functions of the Department of Health (DH) is to ensure the safety, quality and efficacy of pharmaceutical products. In this connection, please advise this Committee on the following information for the past 5 years:

- (1) the number of licensed retail drug premises each year, with a breakdown by Hong Kong's District Council district;
- (2) the number of licensed retail drug premises inspected at least once each year, with a breakdown by Hong Kong's District Council district;
- (3) the number of inspections where unregistered medicines were seized for being sold or possessed illegally and their percentage of the total number of inspections each year;
- (4) the figures for proprietary Chinese medicines among the unregistered medicines seized for being sold or possessed illegally and their percentage in the seizures; and
- (5) the total number of times the DH appealed to the public to hand over unregistered medicines to it for disposal, as well as the number of people who did so in response.

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 26)

Reply:

(1) & (2)

The Drug Office of the Department of Health (DH) has all along conducted routine and blitz inspections at Authorized Sellers of Poisons (ASPs, commonly known as "pharmacies" or "dispensaries") and Listed Sellers of Poisons (LSPs, commonly known as "medicine stores") in accordance with the established mechanism to check whether sellers of pharmaceutical products comply with the statutory requirements, licensing conditions and relevant codes of practice. The Chinese Medicine Regulatory Office of the DH also conducts routine and blitz inspections of licensed retailers of Chinese herbal medicines (Chm) to ensure their

compliance with statutory requirements, licensing conditions and relevant practising guidelines.

The DH has all along adopted a risk-based approach to conducting inspections against licensed retailers at various regions in Hong Kong. The numbers of ASP, LSP and Chm retailers, as at 31 December 2023, located on Hong Kong Island, in Kowloon and in New Territories are as follows:

Region*	No. of ASP	No. of LSP	No. of Chm retailers
Hong Kong Island	130	833	1 301
Kowloon	217	1 406	1 845
New Territories	276	1 904	2 292
Total	623	4 143	5 438

* The DH does not maintain the breakdown by District Council district.

The tables below set out the number of the inspections in the past 5 years:

Licensed ASP and LSP:

Year	No. of licensed retailers		No. of inspections# conducted	
	ASP	LSP	ASP	LSP
2019	649	4 295	1 305	8 323
2020	610	4 187	1 060	3 268
2021	593	4 170	1 213	6 975
2022	600	4 151	1 250	8 385
2023	623	4 143	1 242	8 348

Licensed Chm retailers:

Year	No. of licensed retailers	No. of inspections# conducted
2019	4 912	5 568
2020	5 066	5 378
2021	5 281	5 779
2022	5 334	5 688
2023	5 438	6 181

The DH does not maintain the breakdown by District Council district.

(3) & (4)

In the past 5 years, the DH handled 137 conviction cases involving illegal sale and/or possession of unregistered pharmaceutical products (PP), and 7 conviction cases involving illegal sale and/or possession of unregistered proprietary Chinese medicines (pCm). The table below sets out the yearly breakdown of the relevant conviction cases in the past 5 years:

Yearly breakdown of conviction cases:

Year	No. of conviction cases involving illegal sale and/or possession of unregistered PP	No. of conviction cases involving illegal sale and/or possession of unregistered pCm
2019	45	3
2020	18	1
2021	26	0
2022	18	1
2023	30	2
Total	137	7

(5)

To protect public health, the DH has been issuing press releases to alert members of the public on incidents such as illegal possession and/or sale of unregistered medicines. To this end, the DH has all along strongly urged members of the public not to buy products of unknown or doubtful composition, or to consume products from unknown sources, as the safety, efficacy and quality of these products are not guaranteed. For those who have purchased unregistered medicines, the DH also urges them to stop consuming them immediately and consult healthcare professionals for advice if feeling unwell after consumption. The DH has also advised the public to submit the unregistered products to the DH for disposal, even though it is not a mandatory requirement. In the past 5 years, 67 press releases of this nature have been issued.

- End -

CONTROLLING OFFICER'S REPLY

HHB213

(Question Serial No. 0944)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Health Bureau will take forward and implement policy initiatives to promote the development of primary healthcare having regard to the Primary Healthcare Blueprint, including implementing the three-year Chronic Disease Co-care Pilot Scheme, enhancing the Elderly Health Care Voucher Scheme (EHVS), and preparing for the establishment of the Primary Healthcare Commission. In this connection, will the Government inform this Committee of the following:

- a) the expenditure of the EHVS in 2023-24;
- b) the number of voucher claim transactions, the amount claimed and the average amount per claim transaction in the past 3 years; and
- c) whether it has estimated the additional expenditure arising from the 3-year Elderly Health Care Voucher Pilot Reward Scheme?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 27)

Reply:

a)
The revised estimate for the Elderly Health Care Voucher Scheme (EHVS) for 2023-24 is \$3,343.6 million.

b)
The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2021	2022	2023 ^{Note 1}
Medical Practitioners	1 917 943	1 954 032	2 325 617

Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441
Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists ^{Note 2}	-	-	784
Clinical Psychologists ^{Note 2}	-	-	2
Dietitians ^{Note 2}	-	-	609
Speech Therapists ^{Note 2}	-	-	5
Sub-total (for Hong Kong):	4 080 299	4 146 701	4 963 765
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	35 953	32 356	38 462
Total:	4 116 252	4 179 057	5 002 227

Amount of Vouchers Claimed (in \$'000)

	2021	2022	2023 ^{Note 1}
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168
Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists ^{Note 2}	-	-	2,693
Clinical Psychologists ^{Note 2}	-	-	4
Dietitians ^{Note 2}	-	-	829
Speech Therapists ^{Note 2}	-	-	5
Sub-total (for Hong Kong):	2,543,509	2,565,862	3,269,498
HKU-SZH ^{Note 3}	12,103	10,949	11,883
Total:	2,555,612	2,576,811	3,281,381

Average Amount of Vouchers per Claim Transaction (\$)

	2021	2022	2023 ^{Note 1}
Medical Practitioners	536	542	546
Chinese Medicine Practitioners	511	519	580
Dentists	1,153	1,190	1,247
Occupational Therapists	1,039	1,082	1,053

Physiotherapists	400	472	498
Medical Laboratory Technologists	1,026	918	953
Radiographers	1,167	1,187	1,302
Nurses	978	1,054	997
Chiropractors	616	575	576
Optometrists	1,452	1,451	1,532
Audiologists ^{Note 2}	N/A	N/A	3,435
Clinical Psychologists ^{Note 2}	N/A	N/A	2,000
Dietitians ^{Note 2}	N/A	N/A	1,361
Speech Therapists ^{Note 2}	N/A	N/A	1,000
HKU-SZH ^{Note 3}	337	338	309

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of \$1,000 or more on designated primary healthcare services in a year will be allotted \$500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

c)

The financial provision for 2024-25 for the EHVS is \$3.96 billion, which already included the provision earmarked for the Pilot Reward Scheme. The additional expenditure relating to the Pilot Reward Scheme is subsumed under the overall provision for the EHVS and will not be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB214

(Question Serial No. 0946)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (3) Health Promotion
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 193 of the Budget Speech that the Government now proposes to increase the duty on cigarettes by 80 cents per stick, with immediate effect. Duties on other tobacco products will be increased by the same proportion. We expect that the proportion of tobacco duty in the retail price of cigarettes will rise to about 70 per cent, gradually approaching the 75 per cent level recommended by the World Health Organization. This will provide a greater incentive for the public to quit smoking, safeguarding public health. We will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this connection, will the Government inform this Committee of:

- a) the envisaged change in smoking prevalence following the increase in tobacco duty;
- b) the number of people who have made use of the Government's smoking cessation services and the number of successful quitters in the past 3 years; and
- c) whether evaluations have been conducted on the effectiveness of the current smoking cessation services; if yes, the details; if not, the reasons?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 29)

Reply:

a)
The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable

Diseases in Hong Kong”. Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to \$3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government’s commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health (DH)’s Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH’s latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech’s announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers’ strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government’s aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

b) & c)

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community

effort, the DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines,

at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

- End -

CONTROLLING OFFICER'S REPLY

HHB215

(Question Serial No. 0947)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (4) Curative Care
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

Under Programme (4), it is mentioned that the Department of Health will start preparatory work for the pilot programme to enhance emergency dental service and will implement the programme in 2025. In this connection, will the Government inform this Committee of the following:

- a) the current quotas on general public sessions, and the attendances and overall utilisation rates of public dental clinics over the past 3 years; and
- b) the detailed timetable for the pilot programme to enhance emergency dental service, the estimated number of service quotas available under the programme, and its service locations and service scope?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 30)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

- a) Under Programme (4), free emergency dental service (generally referred to as General Public (GP) Sessions) are provided by the Department of Health (DH) through designated sessions each week in its 11 government dental clinics. Dental service under the GP Sessions only include treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

The GP Sessions and the actual maximum numbers of discs for allocation per GP Session of the 11 government dental clinics are tabulated as follows:

Dental clinic with GP Sessions	Service session	Actual max. no. of discs for allocation per session
Kowloon City Dental Clinic	Monday (AM)	42
	Thursday (AM)	21
Kwun Tong Dental Clinic	Wednesday (AM)	42
Kennedy Town Community Complex Dental Clinic	Monday (AM)	42
	Friday (AM)	42
Fanling Health Centre Dental Clinic	Tuesday (AM)	25
Mona Fong Dental Clinic	Thursday (PM)	21
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	21
Tsuen Wan Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Yan Oi Dental Clinic	Wednesday (AM)	21
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	21
	Friday (AM)	21
Tai O Dental Clinic	2 nd Thursday (AM) of each month	16
Cheung Chau Dental Clinic	1 st Friday (AM) of each	16

Dental clinic with GP Sessions	Service session	Actual max. no. of discs for allocation per session
	month	

The numbers of attendances at each dental clinic in 2021-22, 2022-23 and 2023-24 (as at 31 January 2024) are tabulated as follows:

Dental clinic with GP Sessions	No. of attendances		
	2021-22	2022-23	2023-24 (as at 31 January 2024)
Kowloon City Dental Clinic	4 133	3 157	2 341
Kwun Tong Dental Clinic	2 655	2 136	1 777
Kennedy Town Community Complex Dental Clinic	5 420	3 909	3 081
Fanling Health Centre Dental Clinic	1 727	1 192	1 024
Mona Fong Dental Clinic	1 420	1 065	794
Tai Po Wong Siu Ching Dental Clinic	1 420	1 071	849
Tsuen Wan Dental Clinic	5 746	4 104	3 366
Yan Oi Dental Clinic	1 373	1 062	850
Yuen Long Government Offices Dental Clinic	2 872	2 041	1 647
Tai O Dental Clinic	137	130	107
Cheung Chau Dental Clinic	164	168	129
Total	27 067	20 035	15 965

The overall utilisation rates of each dental clinic in 2021-22, 2022-23 and 2023-24 (as at 31 January 2024) are tabulated as follows:

Dental clinic with GP Sessions	Overall utilisation rate in %		
	2021-22	2022-23	2023-24 (as at 31 January 2024)
Kowloon City Dental Clinic	96.8	99.5	98.5
Kwun Tong Dental Clinic	96.7	100.0	98.8
Kennedy Town Community Complex Dental Clinic	96.8	99.7	97.6
Fanling Health Centre Dental Clinic	98.5	99.5	96.2

Dental clinic with GP Sessions	Overall utilisation rate in %		
	2021-22	2022-23	2023-24 (as at 31 January 2024)
Mona Fong Dental Clinic	97.9	98.0	91.6
Tai Po Wong Siu Ching Dental Clinic	98.0	100.0	96.7
Tsuen Wan Dental Clinic	99.2	99.9	99.1
Yan Oi Dental Clinic	97.9	99.8	94.6
Yuen Long Government Offices Dental Clinic	97.8	99.2	96.1
Tai O Dental Clinic	52.9	67.7	66.9
Cheung Chau Dental Clinic	85.4	88.0	91.0

- b) The Working Group considered that the current mode of service of GP Sessions was not effective in targeting underprivileged groups in need. Taking into consideration the dentist manpower shortage in the DH, the Working Group noted that the disc allocation under the GP Sessions arrangement cannot be increased in the near future, and that tooth extraction service is not in line with the goal to improve oral health by retaining natural teeth. The Working Group considered that it is more appropriate to increase the service capacity in collaboration with the non-governmental organisations (NGOs) under a new service model to address the service demands of the underprivileged groups.

As announced in the Chief Executive's 2023 Policy Address, the Government will collaborate with the NGOs to increase the emergency dental service targeting at the underprivileged groups with financial difficulties in 2025 through expansion of service capacity, service points and service scope to promote early identification and timely intervention of dental diseases. The target is to provide a service capacity of at least 2 times the current capacity of GP Sessions arrangement. The Health Bureau is exploring the details and will announce the details in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB216

(Question Serial No. 2276)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in Programme 2 of the Controlling Officer's Report of the Health Bureau that it will continue to oversee the implementation of the "Outreach Dental Care Programme for the Elderly" (ODCP) in the coming year. In this connection, will the Government please advise this Committee on:

1. the expenditure on and the manpower establishment of the ODCP;
2. the numbers of participating organisations and participating elderly persons since the ODCP launched; and
3. whether the Government will consider expanding the service coverage and scope of services of the ODCP to meet the increasing demand for dental services among the elderly in the future; if yes, the details and, if not, the reasons?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 14)

Reply:

1. to 3.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental

services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The Outreach Dental Care Programme for the Elderly (ODCP) has been implemented since October 2014 to provide free on-site oral check-up for elderly persons and oral care training to caregivers of residential care homes (RCHEs), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). If the elderly person is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Six civil service posts have been provided for implementing the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24 (up to January 2024), the number of RCHEs/DEs participating in the ODCP and the number of attendances for the ODCP are set out below:

Year	2021-22	2022-23	2023-24 (up to January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760
Number of attendances	25 011	37 245	42 628

In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of \$64.2 million.

At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. The Government, meanwhile, will approach RCHEs/DEs which have not yet joined the ODCP to promote the programme and encourage participation.

Apart from the ODCP, the Government currently subsidises elderly persons to use private healthcare services, including dental services, through the Elderly Health Care Voucher. At the same time, the Government provides subsidies covering dental services to elderly persons with financial difficulties, including the Elderly Dental Assistance Programme funded by the

Community Care Fund and the dental grant under the Comprehensive Social Security Assistance Scheme.

- End -

CONTROLLING OFFICER'S REPLY

HHB217

(Question Serial No. 0266)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health mentioned in the Matters Requiring Special Attention in 2024-25 under this Programme that it would continue to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. With regard to their enforcement and effectiveness in Hong Kong, will the Government please advise this Committee on:

1. the smoking prevalence among men and women in Hong Kong and the respective average number of cigarettes smoked per day in the past 5 years in tabular form by sex and age group (namely i) 15-19; ii) 20-29; iii) 30-39; iv) 40-49; v) 50-59 and 60 or above);
2. the number of i) complaints received; ii) inspections conducted; iii) fixed penalty notices and summonses issued by the Tobacco and Alcohol Control Office regarding offences such as smoking, displaying or publishing of tobacco advertisements in each of the past 5 years;
3. in view of the increase in the duty on cigarettes by 80 cents per stick as announced in this year's Budget Speech further to the increase last February, the envisaged change in the smoking prevalence in Hong Kong after 2 consecutive tobacco tax increases;
4. in the light of the increase in the duty on cigarettes 2 years in a row, and a forecast to raise it to reach the 75% level recommended by the World Health Organization, the Government's timeline for implementing these tax increments, and whether the Government will contemplate a further increase if the smoking prevalence fails to decline to the 7.8% target by 2025; and
5. the specific tobacco control strategies in place to achieve the target of bringing down the smoking prevalence to 7.8% in the long term; if yes, the details and if not, the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 6)

Reply:

(1)

The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex 1**. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

(2)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes, of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2019 to 2023 for smoking and other offences are at **Annex 2**.

(3), (4) & (5)

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to \$3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive

years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the DH's Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the THS conducted by the C&SD on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Average Daily Consumption of Cigarettes (number of sticks of cigarettes) by Age Group and Sex in 2019 and 2021

	2019	2021
Age group		
15 - 19	#	#
20 - 29	11.7	11.2
30 - 39	12.0	11.5
40 - 49	12.9	12.7
50 - 59	13.7	13.7
≥60	12.4	13.0
Sex		
Male	13.2	13.2
Female	10.4	10.5
Overall	12.7	12.7

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2019	2020	2021	2022	2023
Complaints/referrals received		15 634	11 568	13 424	14 805	20 116
Inspections conducted		34 696	36 129	41 225	35 281	28 817 (Note 4)
Warning letters issued ^(Note 1, 2)		10	16	16	21	10
FPNs issued (for smoking offences)		8 068	6 587	7 703	6 296	10 261 (Note 4)
Summonses issued	for smoking offences	67	58	40	35	48
	for other offences (Note 3)	42	57	115	130	657

Note

- 1 In general, the TACO will prosecute smoking offenders without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.
- 4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness. In addition, the TACO also deploys staff to strengthen enforcement actions against ASPs.

- End -

CONTROLLING OFFICER'S REPLY

HHB218

(Question Serial No. 0267)

Head: (37) Department of Health
Subhead (No. & title): (000) Operational Expenses
Programme: (1) Statutory Functions
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

The Department of Health has stated that the provision for 2024-25 will be \$179.0 million (10.7%) higher than the revised estimate for 2023-24 mainly due to the increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of 19 posts. In this connection, will the Government advise this Committee on:

1. the details of the 19 net-increased posts, including the titles, ranks, duties, staff costs and other staff-related expenses, and the reasons why it is necessary to create these posts; and
2. with regard to setting up a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) as mentioned in the Matters Requiring Special Attention in 2024-25, the preparation progress, the expenditure and staff establishment involved, key responsibilities of CMPR; and whether the 19 net-increased posts will undertake such duties?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 7)

Reply:

1.
There will be a net increase of 19 posts under Programme 1 of the Department of Health (DH) in 2024-25, which involves the creation of 28 posts and the deletion of 9 time-limited posts. The new posts, comprising mainly officers from the Pharmacist, Electronics Engineer and Health Inspector grades, as well as administrative/executive and clerical personnel, serve to strengthen the work of the DH in discharging its statutory functions.

2.
It was announced in the Chief Executive's 2023 Policy Address that the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the approval and registration mechanism for drugs and establish an internationally renowned regulatory authority of drugs and medical devices (medical products). The HKSAR Government will set up a preparatory office under the DH in the first half of 2024 to review

its current regulatory functions on Chinese and western medicines and medical devices, and to study the potential restructuring and strengthening of the current regulatory and approval regimes for medical products and medical technology. The preparatory office will also put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the “primary evaluation” approach in approving applications for registration of new medical products. This will help accelerate the launching of new medical products to the market, and foster the development of research and development (R&D) and testing of medical products and related industries. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, which will help accelerate the launching of new medical products to the market, and foster the development of R&D and testing of medical products and related industries.

There will be 6 time-limited posts in the CMPR preparatory office (included in the 28 new posts mentioned above). Its staff establishment and staff cost are set out in the Annex. The DH will continue to review its manpower requirements. If necessary, the DH will seek resources and create additional posts in accordance with the established mechanism.

**Staff Establishment of
the Hong Kong Centre for Medical Products Regulation Preparatory Office**

Rank	Number of time-limited posts	Net annual recurrent cost of civil service post(s) (HK\$)#
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total	6	7,907,940

Based on the Notional Annual Mid-point Salary value of each rank concerned

- End -

CONTROLLING OFFICER'S REPLY

HHB219

(Question Serial No. 0268)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 that the Elderly Health Care Voucher Scheme (EHVS) will be enhanced. In light of the Government's announcement regarding the inclusion of 7 medical institutions located in the Guangdong-Hong Kong-Macao Greater Bay Area into the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), which enables the use of healthcare vouchers by eligible Hong Kong elderly persons to cover the costs of outpatient healthcare services, will the Government please advise this Committee of the following:

1. the claims on Elderly Health Care Vouchers and the voucher amounts involved in the past 5 financial years in the following table;

Type of Healthcare Service Provider	2019		2020		2021		2022		2023	
	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed
Medical Practitioners										
Chinese Medicine Practitioners										
Dentists										
Occupational Therapists										
Physiotherapists										
Medical Laboratory Technologists										
Radiographers										
Nurses										
Chiropractors										
Optometrists										

University of Hong Kong - Shenzhen Hospital										
Total										

2. the number of complaints received about voucher claims and usage, the subject matters of the complaints, the types of services and the voucher claim amounts involved in each of the past 5 years;
3. given that the provision for 2024-25 is \$901.9 million (12.2%) higher than the revised estimate for 2023-24, the estimated expenditure of the EHVS for 2024-25, and out of which the expenditure arising from the Pilot Scheme;
4. since the EHVS is currently administered by the Health Care Voucher Division of the Department of Health, details of the Division's staff establishment, the expenditure involved, and whether adjustments will be made to them in the light of the Pilot Scheme; and
5. in view of the decrease of 47 posts in 2024-25 as mentioned by the Government, the reasons for the decrease, and whether this will affect the implementation of the Pilot Scheme?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 8)

Reply:

1.

The table below shows the number of voucher claim transactions and the amount of vouchers claimed by type of healthcare service provider enrolled under the Elderly Health Care Voucher Scheme (EHVS) in the past 5 years:

Type of Healthcare Service Provider	2019 ^{Note 1}		2020		2021		2022		2023 ^{Note 2}	
	Number of Voucher Claims	Amount of Vouchers Claimed (\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (\$'000)
Medical Practitioners	2 952 153	1,246,024	1 957 092	947,488	1 917 943	1,027,990	1 954 032	1,059,052	2 325 617	1,270,495
Chinese Medicine Practitioners	1 633 532	599,170	1 376 436	634,851	1 542 578	788,617	1 647 630	854,324	1 965 635	1,140,988
Dentists	310 306	313,111	246 844	276,556	308 343	355,444	288 532	343,327	331 342	413,222
Occupational Therapists	3 233	4,432	4 640	5,383	7 224	7,503	4 177	4,518	4 232	4,455
Physiotherapists	43 946	17,210	39 669	15,191	48 107	19,238	37 603	17,743	45 673	22,726
Medical Laboratory Technologists	20 770	18,654	15 324	13,706	20 033	20,552	14 593	13,393	15 441	14,712
Radiographers	16 779	15,749	14 386	14,700	19 373	22,603	20 761	24,635	22 659	29,503
Nurses	9 936	10,214	6 903	8,753	11 295	11,049	9 376	9,878	11 196	11,168
Chiropractors	10 820	5,675	8 826	5,127	9 357	5,760	8 841	5,080	10 331	5,955
Optometrists	242 424	431,680	158 127	225,903	196 046	284,753	161 156	233,912	230 239	352,743

Audiologists Note 3	-	-	-	-	-	-	-	-	784	2,693
Clinical Psychologists Note 3	-	-	-	-	-	-	-	-	2	4
Dietitians Note 3	-	-	-	-	-	-	-	-	609	829
Speech Therapists Note 3	-	-	-	-	-	-	-	-	5	5
University of Hong Kong - Shenzhen Hospital (HKU- SZH) Note 4	13 562	3,997	18 962	5,507	35 953	12,103	32 356	10,949	38 462	11,883
Total	5 257 461	2,665,916	3 847 209	2,153,165	4 116 252	2,555,612	4 179 057	2,576,811	5 002 227	3,281,381

Note 1: On 26 June 2019, each eligible elderly person was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of vouchers was further increased to \$8,000. Starting from the same day, the voucher amount that can be spent on optometry services has been set at \$2,000 every 2 years.

Note 2: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of \$1,000 or more on designated primary healthcare services in a year will be allotted \$500 reward to his or her voucher account for the same purposes.

Note 3: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (AR Scheme) (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

2.

The number of complaints against healthcare service providers enrolled under the EHVS received by the Department of Health (DH) in the past 5 years are as follows:

	2019	2020	2021	2022	2023	Total
Number of complaints against healthcare service providers enrolled under the EHVS	103	69	105	45	54	376

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH would take appropriate

actions/measures when violation of the terms and conditions of the EHVS Agreement was found, including issuing advisory/warning letters to the relevant healthcare service providers, withholding reimbursements or recovering paid reimbursements, disqualifying healthcare service providers from participating in the EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate. The DH does not maintain the statistics on the voucher claim amount involved in these complaint cases.

3.
The financial provision for 2024-25 for the EHVS is \$3.96 billion, which already included the possible claim amount relating to the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme). The expenditure on the Pilot Scheme is subsumed under the overall provision for the EHVS and will not be separately identified.

4.
The DH's Health Care Voucher Division (HCVD), responsible for the administration and monitoring of the EHVS, has at current an approved establishment of 55. In 2024-25, the financial provision for the administration and monitoring of the EHVS is \$71.3 million, which has included the resources for engaging additional contract staff to cope with the extra workload arising from various enhancement measures introduced to the EHVS in recent years, including the Pilot Reward Scheme, the shared use of vouchers between spouses, the extension of coverage of the EHVS to healthcare professionals under the AR Scheme, as well as the implementation of the Pilot Scheme.

5.
In 2024-25, there is a net decrease of 47 posts in the DH under Programme (2). This is mainly due to the deletion of posts resulting from service integration and the expiry of time-limited posts. The establishment of the HCVD remains unaffected.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0270)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is understood that Hong Kong's primary school students, as well as students aged under 18 years old with intellectual disability and/or physical disability studying in special schools, are eligible for the School Dental Care Service (SDCS) of the Department of Health to receive annual check-ups at 8 designated school dental clinics, which cover oral examination as well as basic treatment and preventive care services. In this connection, please inform this Committee of the following:

1. the number of students receiving such services at the designated dental clinics under the SDCS programme, along with the number of dentists and dental therapists engaged, as well as the expenditure incurred in each of the past 5 years;
2. the progress, performance pledge, staff establishment and the estimated expenditure in respect of the preparatory work for the Primary Dental Co-care Pilot Scheme for Adolescents, the commencement of which is mentioned under the Matters Requiring Special Attention in 2024-25; and
3. the details of the resources allocated for 2024-25 for improving the oral health of primary school children; and whether the Government has any plans to extend the oral health screening service to secondary school students in the future.

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 10)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

1., 2. & 3.

Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained. The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service (SDCS) to children. Currently, there are 8 school dental clinics, namely Tang Shiu Kin School Dental Clinic, Argyle Street Jockey Club School Dental Clinic (1F & 3F), Lam Tin School Dental Clinic, Ha Kwai Chung School Dental Clinic, Pamela Youde School Dental Clinic, Tuen Mun School Dental Clinic and Fanling School Dental Clinic.

Over the past 5 service years, the numbers of primary school students participating in the SDCS are as follows:

Service Year ^{Note}	No. of primary school students participating in the SDCS	Percentage of the total no. of primary school students in Hong Kong
2019-20	359 500	97%
2020-21	336 700	94%
2021-22	326 200	94%
2022-23	313 500	94%
2023-24	313 700	98%

Note: A service year refers to the period from 1 November of the current year to 31 October of the following year.

The annual expenditures of the SDCS in 2019-20, 2020-21, 2021-22, 2022-23 and the revised estimate for 2023-24 are as follows -

Financial Year	Annual Expenditure (\$ million)
2019-20 (Actual)	270.1
2020-21 (Actual)	283.8
2021-22 (Actual)	270.8
2022-23 (Actual)	276.2
2023-24 (Revised estimate)	279.1

Over the past 5 service years, the numbers of dentists and dental therapists within the establishment responsible for providing the SDCS, with a breakdown by grade, are as follows:

	2019-20	2020-21	2021-22	2022-23	2023-24
Dentists	32	32	32	32	32
Dental Therapists	269	269	269	269	269

The SDCS of the Department of Health (DH) has laid a solid foundation for the oral health of primary school students. In respect of publicity and education, the DH has put in place a “Bright Smiles Mobile Classroom”, a roving oral health education bus, tasked to promote oral health to primary school students by means of outreach and games. To raise secondary school students’ awareness of oral health, the DH has continued to carry out a school-based oral health promotion programme named “Teens Teeth” which adopts a peer-led approach in promoting oral health to secondary students.

As an interface with the SDCS for primary school students, the Government’s plan to launch the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) in 2025. By providing partial subsidies for private dental check-ups services for adolescents aged between 13 and 17, as well as to foster the establishment of long-term partnership between adolescents and the dentists of non-governmental organisations or private sector, aims at promoting the life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-ups services in the private healthcare sector by shouldering certain co-payment amount with government subsidies. NGOs and private dentists can determine the co-payment fee. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.

In 2024-25, the DH has earmarked about \$77 million to enhance public dental services, including enhancement of the Healthy Teeth Collaboration and emergency dental service, and launch of the Pilot Scheme. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY**HHB221****(Question Serial No. 3177)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

The Department of Health has set up Elderly Health Centres (EHCs) in the 18 districts across Hong Kong for persons aged 65 or above to enrol as members, who are provided with health assessment and treatment services, etc. for prevention, early detection and control of diseases. Regarding the operation of EHCs, will the Government please advise this Committee on:

1. the number of new members of and the expenditure incurred by EHCs in the 18 districts in each of the past 5 years; and the number of attendances for health assessment (medical examination), counselling, health education and curative treatment performed on members at each EHC in tabular form in the past 5 years; and
2. given the current year(s)-long waiting time for enrolment as members of EHCs with the shortest waiting time being 12 months (at Kwai Shing EHC) and the longest being 51 months (at Tuen Mun Wu Hong EHC), which seriously affects the provision of primary health care to the elderly, the reasons for the long wait, the measures to shorten the waiting time for enrolment as members and whether the Government will increase the membership turnover of EHCs?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 40)Reply:

1.

The number of new members enrolled with the 18 Elderly Health Centres (EHCs) in the past 5 years are as follows:

EHC	Number of new members				
	2019	2020 [^]	2021 [^]	2022 [^]	2023*
Sai Ying Pun	626	241	538	450	615
Shau Kei Wan	1 741	187	566	539	708
Wan Chai	1 913	402	740	729	585
Aberdeen	669	208	487	326	479
Nam Shan	737	265	613	458	551
Lam Tin	738	211	570	479	577

Yau Ma Tei	704	225	509	401	192
San Po Kong	721	195	578	28	560
Kowloon City	1 168	259	609	121	475
Lek Yuen	1 812	329	1 528	573	369
Shek Wu Hui	825	433	536	454	648
Tseung Kwan O	1 723	231	527	620	681
Tai Po	647	222	281	468	615
Tung Chung	665	158	413	398	515
Tsuen Wan	1 126	223	612	414	606
Tuen Mun Wu Hong	699	187	415	687	642
Kwai Shing	604	183	493	463	506
Yuen Long	619	170	481	399	534
Total	17 737	4 329	10 496	8 007	9 858

^ The figures (of 2020 and 2022 in particular) were affected by the COVID-19 pandemic. Since the outbreak of the pandemic in 2020, EHCs had only been able to provide limited service, hence the reduction in the number of new members. The number dropped again in 2022 due to the outbreak of the fifth wave.

* Provisional figures

The number of attendances for health assessment and medical consultation, as well as health education activities provided in the 18 EHCs in the past 5 years are as follows:

EHC		2019	2020[^]	2021[^]	2022[^]	2023[*]
Sai Ying Pun	Health assessment and medical consultation	8 479	4 248	6 995	6 009	8 078
	Health education activities organised by EHCs	9 450	3 527	7 316	10 115	13 405
Shau Kei Wan	Health assessment and medical consultation	12 551	3 865	6 114	5 295	7 509
	Health education activities organised by EHCs	15 080	3 067	3 589	4 270	5 306
Wan Chai	Health assessment and medical consultation	18 489	8 172	12 818	10 957	10 595
	Health education activities organised by EHCs	13 671	7 612	14 711	13 484	13 777
Aberdeen	Health assessment and medical consultation	9 205	4 561	7 048	6 022	8 069
	Health education activities organised by EHCs	10 190	5 361	7 649	6 287	7 125
Nam Shan	Health assessment and medical consultation	9 266	4 719	6 480	5 608	7 600
	Health education activities organised by EHCs	10 417	4 705	6 422	5 331	7 166
Lam Tin	Health assessment and medical consultation	8 403	3 806	6 261	5 163	7 011
	Health education activities organised by EHCs	12 437	4 003	7 843	6 420	8 109
Yau Ma Tei	Health assessment and medical consultation	8 097	3 816	5 902	5 100	6 796
	Health education activities organised by EHCs	10 915	5 658	7 643	7 476	10 665
San Po Kong	Health assessment and medical consultation	8 705	4 409	6 327	2 664	6 614

EHC		2019	2020[^]	2021[^]	2022[^]	2023*
	Health education activities organised by EHCs	10 571	6 400	10 674	761	9 813
Kowloon City	Health assessment and medical consultation	9 745	4 930	6 298	3 964	6 717
	Health education activities organised by EHCs	13 791	7 625	6 903	6 700	7 253
Lek Yuen	Health assessment and medical consultation	18 190	8 434	15 971	11 628	11 125
	Health education activities organised by EHCs	14 719	8 075	9 944	6 406	7 470
Shek Wu Hui	Health assessment and medical consultation	10 801	5 757	6 666	5 892	8 067
	Health education activities organised by EHCs	14 976	4 784	4 373	5 101	5 425
Tseung Kwan O	Health assessment and medical consultation	15 053	4 464	6 137	6 832	7 857
	Health education activities organised by EHCs	9 209	4 309	5 301	4 997	4 800
Tai Po	Health assessment and medical consultation	10 278	5 886	7 141	6 756	8 576
	Health education activities organised by EHCs	13 155	5 283	5 478	5 083	5 998
Tung Chung	Health assessment and medical consultation	8 069	3 571	5 746	4 983	7 347
	Health education activities organised by EHCs	13 640	5 813	10 593	7 348	12 601
Tsuen Wan	Health assessment and medical consultation	11 263	4 640	8 072	6 199	8 388
	Health education activities organised by EHCs	9 011	3 704	6 421	4 230	3 924
Tuen Mun Wu Hong	Health assessment and medical consultation	9 379	5 402	6 767	8 603	8 756
	Health education activities organised by EHCs	4 689	3 111	4 284	7 115	7 394
Kwai Shing	Health assessment and medical consultation	8 002	4 035	6 275	6 006	7 079
	Health education activities organised by EHCs	9 701	2 892	5 376	5 568	6 333
Yuen Long	Health assessment and medical consultation	7 311	3 918	6 196	5 313	7 231
	Health education activities organised by EHCs	7 118	4 893	4 859	4 629	4 968
Total	Health assessment and medical consultation	191 286	88 633	133 214	112 994	143 415
	Health education activities organised by EHCs	202 740	90 822	129 379	111 321	141 532

[^] The figures (of 2020 and 2022 in particular) were affected by the COVID-19 pandemic. Since the outbreak of the pandemic in 2020, EHCs had only been able to provide limited service. The number dropped again in 2022 due to the outbreak of the fifth wave.

* Provisional figures

The Department of Health (DH) does not have a breakdown of operating cost by each EHC. The total expenditure incurred by EHCs in the past 5 years is tabulated below:

	2019/20 \$ million (Actual)	2020/21 \$ million (Actual)^	2021/22 \$ million (Actual)^	2022/23 \$ million (Actual)^	2023/24 \$ million (Revised estimate)
Total expenditure of 18 EHCs	182.9	168.9	172.3	174.6	173.9

^ Affected by the COVID-19 pandemic, EHCs had only been able to provide limited service.

2.

During the COVID-19 pandemic, EHCs had only been able to provide limited service. As a result, the number of attendances for health assessment and medical consultation at EHCs had both decreased. The number of elderly waiting for member enrolment piled up, lengthening the waiting time correspondingly. Services of EHCs have resumed normal since February 2023. However, no significant increase in our service capacity is seen owing to the ongoing shortage of doctors. In view of the situation, the DH has recruited additional contract doctors to address the manpower shortage and will continue to closely monitor the situation.

The Health Bureau has set up District Health Centres (DHCs) or DHC Expresses in 18 districts in 2022 to provide services including health risk assessment to members of the public, including elderly. To address the keen demand for EHCs' services, the EHCs are actively collaborating with the DHCs to implement joint protocols for referral of clients on EHCs' waiting list to receive health assessment services at DHCs.

As mentioned in the Primary Healthcare Blueprint, as the district-based, family-centric community health system evolves, the Government proposes to progressively and orderly migrate primary healthcare services under the DH to the primary healthcare system, with a view to developing community healthcare system and facilitating provision of comprehensive primary healthcare services, reducing service duplication and utilising resources effectively. The Health Bureau has started discussion with the DH to prioritise the service consolidation of EHCs and Woman Health Centres with a view to merging into DHCs progressively, or other private healthcare providers through strategic purchasing as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

HHB222

(Question Serial No. 2761)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Estimates, one of the matters requiring special attention in 2024-25 is that the Health Bureau will continue to oversee the implementation of the “Outreach Dental Care Programme for the Elderly” and the “Healthy Teeth Collaboration” programme. In this connection, please advise this Committee on:

- (1) the estimated expenditure incurred by implementing the two programmes in 2024-25;
- (2) service throughput of the two programmes, the expenditure incurred and the number of people benefiting from them over the past 3 years;
- (3) the number of dentists participating in the two programmes over the past 3 years; and
- (4) the Government's initiatives to encourage more dentists to participate in the two programmes.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 11)

Reply:

(1) to (4)

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental

services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The implementation details of the Outreach Dental Care Programme for the Elderly (ODCP) and the Healthy Teeth Collaboration (HTC) programme are as follows:

(A) The ODCP

The ODCP has been implemented since October 2014 to provide free on-site oral check-up for elderly persons and oral care training to caregivers of residential care homes (RCHEs), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). If the elderly person is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant.

Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24, the number of RCHEs/DEs participating in the ODCP, the number of attendances for the ODCP and the actual expenditure/revised estimate involved are set out below:

Year	2021-22	2022-23	2023-24
Number of RCHEs/DEs participating in the ODCP	630	690	760 (up to January 2024)
Number of attendances	25 011	37 245	42 628 (up to January 2024)
Annual expenditure (\$ million)	41.6 (actual)	48.6 (actual)	58.9 (revised estimate)

To implement the ODCP, the Department of Health (DH) has invited all NGOs with dental clinics to submit their service proposals. In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of \$64.2 million.

At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. The Government, meanwhile, will approach

RCHEs/DEs which have not yet joined the ODCP to promote the programme and encourage participation.

(B) The HTC programme

The Government launched a three-year programme named Healthy Teeth Collaboration (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. To implement the HTC, the DH has invited all NGOs with dental clinics to submit service proposals. At present, 5 NGO dental clinics (with at least 1 qualified dentist and 1 dental surgery assistant) have participated in the programme. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation. In the service years 2021-22, 2022-23 and 2023-24 ^{Note} (up to January 2024), the number of attendances for the services provided under the Government's HTC programme is set out below:

Service Year ^{Note}	2021-22	2022-23	2023-24 (up to January 2024)
Number of attendances	4 129	6 121	4 119

Note: A service year refers to the period from 16 July of the current year to 15 July of the following year.

A breakdown of the actual expenditure and revised estimate in respect of the implementation of the HTC is as follows:

Year	2021-22	2022-23	2023-24
Annual expenditure (\$ million)	11.1 (actual)	22.8 (actual)	32.0 (revised estimate)

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year. In 2024-25, the DH has earmarked about \$77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2762)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates of the Health Bureau that one of the matters requiring special attention in 2024-25 is to enhance the Elderly Health Care Voucher Scheme (EHVS). In this connection, will the Government inform this Committee of:

- (1) the estimated financial provision for the EHVS in 2024-25, and of which the estimated administrative expenses for administering and monitoring the Scheme;
- (2) the respective amount of vouchers claimed and the total amount of unspent vouchers of the elderly in the past 3 years;
- (3) the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the EHVS in the past 3 years in table form;
- (4) the total amount of vouchers claimed by the University of Hong Kong-Shenzhen Hospital in the past 3 years;
- (5) the current manpower and estimated expenditure involved in handling complaints about the EHVS; and
- (6) the number of complaints about the EHVS received, the respective numbers of cases with investigation completed, found to be substantiated, and related to fraud or improper voucher claims, and the number of service providers disqualified from the EHVS for violating the Scheme rule, broken down by type of service, in each of the past 3 years?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 12)

Reply:

(1)&(5)

The financial provision for 2024-25 for the Elderly Health Care Voucher Scheme (EHVS) is \$3.96 billion. In addition, the current approved establishment of the Department of Health

(DH)'s Health Care Voucher Division (HCVD), which is responsible for the administration and monitoring of the EHVS (including the handling of complaints), is 55. In 2024-25, the financial provision for the administration and monitoring of the EHVS is \$71.3 million. The manpower dedicated to and the expenditure involved in handling complaints about the EHVS cannot be separately identified.

(2), (3)&(4)

The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2021	2022	2023^{Note 1}
Medical Practitioners	1 917 943	1 954 032	2 325 617
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441
Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists ^{Note 2}	-	-	784
Clinical Psychologists ^{Note 2}	-	-	2
Dietitians ^{Note 2}	-	-	609
Speech Therapists ^{Note 2}	-	-	5
Sub-total (for Hong Kong):	4 080 299	4 146 701	4 963 765
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	35 953	32 356	38 462
Total:	4 116 252	4 179 057	5 002 227

Amount of Vouchers Claimed (in \$'000)

	2021	2022	2023^{Note 1}
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168

Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists ^{Note 2}	-	-	2,693
Clinical Psychologists ^{Note 2}	-	-	4
Dietitians ^{Note 2}	-	-	829
Speech Therapists ^{Note 2}	-	-	5
Sub-total (for Hong Kong):	2,543,509	2,565,862	3,269,498
HKU-SZH ^{Note 3}	12,103	10,949	11,883
Total:	2,555,612	2,576,811	3,281,381

Average Amount of Vouchers per Claim Transaction (\$)

	2021	2022	2023 ^{Note 1}
Medical Practitioners	536	542	546
Chinese Medicine Practitioners	511	519	580
Dentists	1,153	1,190	1,247
Occupational Therapists	1,039	1,082	1,053
Physiotherapists	400	472	498
Medical Laboratory Technologists	1,026	918	953
Radiographers	1,167	1,187	1,302
Nurses	978	1,054	997
Chiropractors	616	575	576
Optometrists	1,452	1,451	1,532
Audiologists ^{Note 2}	N/A	N/A	3,435
Clinical Psychologists ^{Note 2}	N/A	N/A	2,000
Dietitians ^{Note 2}	N/A	N/A	1,361
Speech Therapists ^{Note 2}	N/A	N/A	1,000
HKU-SZH ^{Note 3}	337	338	309

In addition, the table below shows the amount of unspent vouchers of elderly persons who had ever used vouchers in the past 3 years:

Unspent Balance of Voucher Recipients (in \$'000)

	2021	2022	2023 ^{Note 1}
Total amount of unspent vouchers of elderly persons who had ever used vouchers (as at end of the year)	3,963,000	4,097,000	3,883,000

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of \$1,000 or more on designated primary

healthcare services in a year will be allotted \$500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

(6)

The table below shows the number of complaints (including media reports and relevant reports) against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years (from 2021 to 2023):

	2021	2022	2023	Total
Number of complaints against healthcare service providers enrolled under the EHVS received by DH	105	45	54	204

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH would conduct investigation into every complaint received and take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement was found, including issuing advisory/warning letters to the relevant healthcare service providers, withholding reimbursements or recovering paid reimbursements, disqualifying healthcare service providers from participating in the EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate.

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2023, investigation of 38 cases was completed, of which 14 were found to be substantiated or partially substantiated. The DH has disqualified 3 healthcare service providers from participating in the EHVS.

- End -

CONTROLLING OFFICER'S REPLY

HHB224

(Question Serial No. 2773)

Head: (37) Department of Health
Subhead (No. & title): (000) Operational Expenses
Programme: (1) Statutory Functions, (3) Health Promotion
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

It is recommended in the Budget Speech that the duty on cigarettes be increased by 80 cents per stick and duties on other tobacco products by the same proportion with immediate effect. Since the Department of Health has mentioned in the Matters Requiring Special Attention in 2024-25 that it will strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation, will the Government please advise this Committee on:

- (1) the measures implemented by the Government on smoking prevention and cessation, the staff establishment and the provision for the expenditure involved in the past 3 years;
- (2) with respect to the implementation of smoking prevention and cessation work in 2024-25, the staff establishment and the estimated provision involved, and whether new measures will be implemented regarding the said work; if yes, the details;
- (3) the staff establishment and actual expenditure of the Tobacco and Alcohol Control Office (TACO) in the past 3 years, as well as its respective staff establishment and estimated expenditure for 2024-25;
- (4) the smoking prevalence among different age groups of men and women in Hong Kong and the respective average number of cigarettes smoked per day in the past 3 years; and
- (5) the number of complaints received, inspections conducted, fixed penalty notices and summonses issued by the TACO regarding offences such as smoking, displaying or publishing of tobacco advertisements in each of the past 3 years?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 45)

Reply:

(1), (2) & (3)

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community

effort, the Department of Health (DH) collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and offline training courses, compiling the Practical Handbook for Smoking Cessation Treatments and providing related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines,

at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

The expenditures on and provision for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the DH, as well as the approved establishment of the TACO from 2021-22 to 2024-25 are at **Annex 1**.

(4)

The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex 2**. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

(5)

The TACO of the DH is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes, of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2021 to 2023 for smoking and other offences are at **Annex 3**.

Expenditures on/Provision for
the Department of Health's Tobacco and Alcohol Control Office

	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 Revised Estimate (\$ million)	2024-25 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	101.3	100.4	160.2	172.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	138.9	149.0	168.0	170.7
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	62.8	73.0	87.3	89.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.2	26.8	26.4	26.6
<i>Sub-total</i>	<u>89.0</u>	<u>99.8</u>	<u>113.7</u>	<u>116.2</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations*</u>				
<i>Subvention to Tung Wah Group of Hospitals</i>	30.8	29.4	14.0	14.0
<i>Subvention to Pok Oi Hospital</i>	7.5	7.6	17.9	18.0
<i>Subvention to Po Leung Kuk</i>	0.7	-	-	-
<i>Subvention to Lok Sin Tong</i>	3.2	3.3	3.6	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.9	5.8	8.9	8.9
<i>Subvention to Life Education Activity Programme</i>	2.8	2.8	2.9	3.0
<i>Subvention to Christian Family Service Centre</i>	-	-	7.0	7.0
<i>Subvention to The University of Hong Kong</i>	-	0.3	-	-
<i>Sub-total</i>	<u>49.9</u>	<u>49.2</u>	<u>54.3</u>	<u>54.5</u>
Total	<u>240.2</u>	<u>249.4</u>	<u>328.2</u>	<u>343.4</u>

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2021-22 to 2024-25
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.

Statistics are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

**Average Daily Consumption of Cigarettes (number of sticks of cigarettes)
by Age Group and Sex in 2019 and 2021**

	2019	2021
Age group		
15 - 19	#	#
20 - 29	11.7	11.2
30 - 39	12.0	11.5
40 - 49	12.9	12.7
50 - 59	13.7	13.7
≥60	12.4	13.0
Sex		
Male	13.2	13.2
Female	10.4	10.5
Overall	12.7	12.7

Statistics are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2021	2022	2023
Complaints/referrals received		13 424	14 805	20 116
Inspections conducted		41 225	35 281	28 817 (Note 4)
Warning letters issued ^(Note 1, 2)		16	21	10
FPNs issued (for smoking offences)		7 703	6 296	10 261 (Note 4)
Summonses issued	for smoking offences	40	35	48
	for other offences (Note 3)	115	130	657

Note

- 1 In general, the TACO will prosecute smoking offenders without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.
- 4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness. In addition, the TACO also deploys staff to strengthen enforcement actions against ASPs.

- End -

CONTROLLING OFFICER'S REPLY

HHB225

(Question Serial No. 2774)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the various vaccination programmes/schemes under the Department of Health, will the Government please advise on the estimated number of vaccine recipients, the actual number of vaccine recipients and the expenditure incurred in the past 3 years, with a breakdown of free or subsidised vaccination programmes/schemes?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 48)

Reply:

Details of the regularised vaccination schemes under the Department of Health (DH) (namely the seasonal influenza (SI) vaccination/Pneumococcal vaccination scheme and the Hong Kong Childhood Immunisation Programme (HKCIP)) are as follows –

(a) Programmes/schemes for SI vaccination/Pneumococcal vaccination

The DH has been implementing a package of vaccination programmes/schemes to provide free/subsidised SI/Pneumococcal vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS, as well as provides subsidised Pneumococcal vaccination to elderly aged 65 or above;
- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme), which provides free or subsidised SI vaccination to eligible school children through the public-private partnership outreach teams or the DH's outreach team; and
- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital

Authority, as well as provides free Pneumococcal vaccination to eligible elderly aged 65 or above.

The target population eligible for SI vaccination under each vaccination programme/scheme, the relevant number of vaccine recipients, the uptake rates and the expenditure on subsidy in the past 3 seasons are detailed at **Annex**. As some target group members may have, at their own expense, received SI/Pneumococcal vaccination at private clinics outside the Government’s vaccination programmes/schemes, they are not included in the statistics concerned.

(b) The HKCIP

The DH provides free vaccination services for eligible children under the HKCIP for the prevention of 11 communicable diseases, namely Tuberculosis, Hepatitis B (Hep B), Poliomyelitis, Tetanus, Pertussis, Measles, Diphtheria, Mumps, Rubella, Varicella and Pneumococcal Disease. With a view to preventing children from contracting communicable diseases, Bacillus Calmette-Guerin (BCG) vaccine and the first dose of Hep B vaccine are first given to newborn babies in hospitals under the current arrangement. Pre-school children (aged 0 to 5) then receive different types of vaccines and boosters at recommended ages of vaccination at the DH's Maternal and Child Health Centres (MCHCs). As for primary school children, vaccination is provided at schools by the DH's outreach School Immunisation Teams (SITs). The Student Health Service (SHS) of the DH also provides free mop-up vaccination at Student Health Service Centres (SHSCs) for eligible secondary school students. Apart from the DH's vaccination which is free-of-charge, parents may also arrange vaccination for their children in private healthcare facilities or clinics at their own expense.

The target population and actual number of vaccines administered under the HKCIP over the past 3 years are as follows:

Eligible newborn babies to children aged 5

Eligible newborn babies to children aged 5 can receive vaccination free-of-charge at the MCHCs. Over 90% of local newborn babies receive services including vaccination at MCHCs each year.

The number of vaccines administered at the MCHCs under the HKCIP for newborn babies to children aged 5 over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	Target population#	Doses of vaccines administered*
2021	38 684	385 000
2022	32 950	323 000
2023	33 288	315 000

Total registered live births

* The number only includes children who received vaccines under the HKCIP at the MCHCs (rounded to the nearest thousand)

The DH conducts territory-wide surveys on immunisation coverage on a regular basis to monitor the vaccination rates among pre-school children in Hong Kong (i.e. the percentage of children having received vaccination as recommended under the HKCIP) and carries out random inspections of children’s immunisation records. The results of the latest survey conducted in 2021 on the overall immunisation coverage of vaccination under the HKCIP (among pre-school children born between 2015 and 2017) are tabulated below:

Type of vaccine [^]	Year of birth		
	2015	2016	2017
BCG vaccine	99.9%	99.5%	99.3%
Received Hep B vaccine	99.5%	99.2%	98.9%
Received Poliomyelitis vaccine	98.0%	97.9%	97.4%
Received Diphtheria-Pertussis-Tetanus vaccine	98.7%	98.0%	97.5%
Received Measles vaccine	99.9%	99.0%	99.1%
Received Mumps vaccine	99.9%	99.0%	99.1%
Received Rubella vaccine	99.9%	99.0%	99.1%
Received Varicella vaccine	99.1%	98.7%	98.7%
Received Pneumococcal vaccine	93.5%	94.7%	94.9%

[^] includes vaccines received in private healthcare organisations and outside of Hong Kong

Eligible primary school children

The SITs of the DH provide free vaccination to eligible Primary 1 school children, Primary 5 school girls and Primary 6 school children across the territory under the HKCIP. In addition to administering vaccines to students through outreach programmes, the SITs have set up sub-offices to provide mop-up vaccination for primary school students who have not completed immunisation as recommended under the HKCIP.

The number of vaccines administered by the SITs under the HKCIP for school children over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	Target population#	Doses of vaccines administered*
2021	141 288	255 000
2022	139 560	201 000
2023	Not available	210 000

The number includes all Primary 1 and 6 students and all Primary 5 girls. The number of registered students is obtained from the student enrolment statistics as at the 2022/23 school year from the Education Bureau’s website at https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol_2022.pdf

* rounded to the nearest thousand

The SITs will verify the immunisation records of the students while visiting schools. The overall immunisation coverage rates among primary school students based on these records are tabulated below:

Type of vaccine		School year		
		2020/21	2021/22	2022/23
Primary 1	Received Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine	96.1%	96.9%	97.2%
	Received Measles, Mumps, Rubella & Varicella vaccine	95.0%	95.8%	95.4%
Primary 5	Human Papillomavirus (HPV) vaccine (female students)*	88.5%	88.9%	93.5%
Primary 6	Received Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus vaccine	96.4%	96.1%	96.0%
	Received Measles, Mumps & Rubella vaccine	97.6%	97.9%	98.5%
	Received Hep B vaccine	98.0%	98.8%	99.3%
	Received HPV vaccine (female students)*	86.1%	89.3%	91.9%

* School girls receive their first dose of the HPV vaccine under the HKCIP in Primary 5 and their second dose in Primary 6 starting from the 2019/20 school year. The interim target for the HPV vaccination coverage rate (completing 2 doses of the HPV vaccine) among the first batch of eligible girls was 70% as set out in the Hong Kong Cancer Strategy 2019 announced by the Government.

Eligible secondary school students

In addition to the above services, the SHS of the DH also provides free mop-up vaccination at SHSCs for eligible secondary school students who have yet to complete the recommended vaccination.

The number of mop-up vaccines administered by the SHS under the HKCIP for students over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	Doses of mop-up vaccines administered [^]
2021	307
2022	447
2023	2 673

[^] The number of students served by the SHS was higher in 2023 than those in 2021 and 2022 due to the SHS's limited services as a result of COVID-19 over the past 3 years.

The expenditure for the HKCIP, dispersed across multiple cost components, cannot be separately identified.

Annex

Target groups	Programmes/ schemes for provision of SI vaccination	2021/22			2022/23			2023/24 (as at 3 March 2024)		
		Target Population	No. of SI vaccine recipients	Subsidy claimed (\$ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed (\$ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed (\$ million)
Elderly aged 65 or above	GVP	1 433 700	377 000	Not applicable	1 520 100	452 900	Not applicable	1 637 600	499 300	Not applicable
	VSS		201 700	48.4		281 300	73.1		324 100	84.3
Persons aged between 50 to 64	GVP	1 774 600	5 400	Not applicable	1 796 700	49 200	Not applicable	1 824 900	5 800	Not applicable
	VSS		193 300	46.4		271 000	70.5		335 300	87.2
Children aged between 6 months and under 18*	GVP	641 700	100	Not applicable	917 900	1 400	Not applicable	929 600	700	Not applicable
	VSS		73 700	19.9		104 700	30.3		164 400	48.3
	SIVSOP		268 100	28.6		259 200	28.8		322 000	36.1
Others ^	GVP/VSS	#	97 300	1.4	#	112 300	1.5	#	135 700	1.6
Total			1 216 600	144.7		1 532 000	204.2		1 787 300	257.5

- * In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.
- ^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.
- # Detailed figures of population for this group are not available.

Programme/scheme for provision of Pneumococcal vaccination [@]	2021/22		2022/23		2023/24 (as at 3 March 2024)	
	No. of Pneumococcal vaccine recipients	Subsidy claimed (\$ million)	No. of Pneumococcal vaccine recipients	Subsidy claimed (\$ million)	No. of Pneumococcal vaccine recipients	Subsidy claimed (\$ million)
GVP	26 100	Not applicable	44 100	Not applicable	46 900	Not applicable
VSS	27 400	12.5	37 800	20.2	45 700	24.3
Total	53 500	12.5	81 900	20.2	92 600	24.3

[@] Eligible groups: Aged 65 or above

- End -

CONTROLLING OFFICER'S REPLY

HHB226

(Question Serial No. 2775)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Budget Speech, the Department of Health will continue to promote the health promoting school model in Hong Kong during 2024-25. In this connection, please inform this Committee of:

- (1) the details of the above work;
- (2) the estimated expenditure on the above work; and
- (3) the expected results of promoting the health promoting school model in Hong Kong.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 49)

Reply:

(1) & (3)

The Department of Health (DH) launched the Health Promoting School (HPS) Programme as a pilot project in 30 local primary and secondary schools from 2019/20 to 2022/23 to explore the feasibility of extending the HPS model in Hong Kong. A consultant was commissioned by the DH to conduct a study to assess the feasibility of further promoting and implementing the HPS Programme in local schools. According to the study report, the HPS Framework promulgated jointly by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization was considered applicable in Hong Kong, and its further promotion and implementation through a developmental approach was recommended.

Taking into consideration the opinions of stakeholders from various sectors and the results of the evaluation study, the DH has regularised the HPS Programme in the 2023/24 school year and renamed the programme "Whole School Health Programme" (WSHP). The DH provides professional guidance to participating schools in carrying out school-based health promotion work in a more comprehensive and effective manner under the HPS model. In 2023, the DH established a cross-sectoral multi-disciplinary Health Promoting School Advisory Committee (Advisory Committee) to advise the Government on the planning and implementation of the WSHP.

The WSHP covers 4 health themes: physical activity, healthy eating, mental health and social well-being. The DH has developed a set of guidelines, a checklist and an overall student health assessment report for participating schools so that individual schools may review and assess the health promotion measures in place in a systematic manner, as well as setting priorities and devising strategies for the development of school-based health promotion according to the school's actual circumstances and students' health needs.

According to both local and overseas studies, implementing the HPS will help students develop a healthy lifestyle, which includes an increase in physical activity, improvement in fruit and vegetable consumption, reduction in tobacco use, as well as an increase in the resilience of students and teachers.

The DH will regularly update the Advisory Committee on the progress of its work. Performance indicators will also be developed to facilitate evaluation of the progress and effectiveness of the initiative.

(2)

The financial provision for implementing the WSHP (formerly HPS Programme) for 2024-25 is about \$17 million.

- End -

CONTROLLING OFFICER'S REPLY

HHB227

(Question Serial No. 2779)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health provides promotive and preventive healthcare to primary and secondary school students and improves the oral health of primary school children. In this connection, will the Government advise this Committee of:

- (1) the key measures and funding allocated for the provision of promotive and preventive healthcare to primary and secondary school students in the past 3 years;
- (2) the key measures and funding allocated for the improvement of oral health of primary school children in the past 3 years;
- (3) the estimated expenditure on the provision of promotive and preventive healthcare to primary and secondary school students and on improving oral health of primary school children in 2024-25;
- (4) the actual number of primary and secondary school students participating in the Student Health Service and its percentage in the total number of primary and secondary school students in Hong Kong in each of the past 3 years;
- (5) the attendance of primary school children at the School Dental Care Service programme and its percentage in the total number of primary school children in Hong Kong in the past 3 years; and
- (6) measures to increase participation of primary and secondary school students in the Student Health Service?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 46)

Reply:

(1) to (3)

The Student Health Service Centres (SHSC) of the Department of Health (DH) provides free annual health assessment services for eligible primary and secondary school students with the aim of identifying students with health problems at an early stage for timely advice and intervention. Students are provided with a series of health services designed to cater for their health needs at various stages of their development. Those found to have health problems will be referred to a Special Assessment Centre under the Student Health Service (SHS), specialist clinics of the Hospital Authority or other appropriate organisations for further assessment and follow-up.

The actual expenditure of the SHSCs from 2021-22 to 2022-23, its revised estimate for 2023-24 and its estimate for 2024-25 are set out below:

Financial Year	Annual Expenditure (\$ million)
2021-22 (Actual)	244.7
2022-23 (Actual)	254.5
2023-24 (Revised Estimate)	257.2
2024-25 (Estimate)	269.0

Regarding oral hygiene and health, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained in general. The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service (SDCS) to children. Hong Kong primary school students, as well as students aged under 18 with intellectual disability (ID) and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic treatment and preventive care services. Currently, there are 8 designated school dental clinics, namely Tang Shiu Kin School Dental Clinic, Argyle Street Jockey Club School Dental Clinic (1/F and 3/F), Lam Tin School Dental Clinic, Ha Kwai Chung School Dental Clinic, Pamela Youde School Dental Clinic, Tuen Mun School Dental Clinic and Fanling School Dental Clinic.

The actual expenditure of the SDCS from 2021-22 to 2022-23, its revised estimate for 2023-24 and its estimate for 2024-25 are set out below:

Financial Year	Annual Expenditure (\$ million)
2021-22 (Actual)	270.8
2022-23 (Actual)	276.2
2023-24 (Revised Estimate)	279.1
2024-25 (Estimate)	282.6

The Government plans to launch the “Primary Dental Co-care Pilot Scheme for Adolescents” (Pilot Scheme) in 2025 as an interface with the SDCS for primary school students. By providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17, it is aimed to foster a long-term partnership between the adolescents and dentists in the non-governmental organisations or the private sector, which promotes the adolescents’ life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-up services in the private

healthcare sector by shouldering certain co-payment amount with government subsidies. The co-payment amount will be determined by the respective dentists from non-governmental organisations and the private sector. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.

In 2024-25, the DH has earmarked a provision of about \$77 million for the enhancement of public dental services, including the improvement of the “Healthy Teeth Collaboration” programme and emergency dental services, and the implementation of the Pilot Scheme, for which the Government will allocate additional manpower to engage in its preparation.

(4)

The actual number of primary and secondary school students participating in the SHS and its percentage in the total number of primary and secondary school students in Hong Kong (participation rate) in the past 3 years are as follows:

School Year	Number of students participating in SHS and their participation rate					
	Primary school students		Secondary school students		Total	
	Number	Participation Rate	Number	Participation Rate	Number	Participation Rate
2020/21 [^]	333 000	91.3%	52 000	15.9%	385 000	55.5%
2021/22 [^]	322 000	92.2%	265 000	81.5%	587 000	87.0%
2022/23 [#]	312 000	93.4%	149 000	46.4%	460 000	70.3%

Figures added up may not match the total due to rounding.

[^] The SHS was only able to provide limited services in most of the time of school year 2020/21 to 2021/22 due to the COVID-19 pandemic. Services gradually resumed as the pandemic eased.

[#] Due to the backlog of cases caused by the epidemic and the ongoing shortage of healthcare staff, annual health assessment services were only provided to Primary 1 to Primary 6 and Secondary 1 to Secondary 3 students in school year 2022/23. In school year 2023/24, annual health assessment services were resumed for students of all grades of primary and secondary schools.

(5)

Over the past 3 service years, the numbers of primary school students participating in the SDCS are as follows:

Service Year [@]	No. of primary school students participating in the SDCS	Percentage of the total no. of primary school students in Hong Kong
2021-22	326 200	94%
2022-23	313 500	94%
2023-24	313 700	98%

@ A service year refers to the period from 1 November of the current year to 31 October of the following year.

(6)

All primary and secondary day school students in the territory are eligible for annual health assessment services by the SHS. To facilitate participation, the DH will invite all local students to join the SHS programmes through their schools in September each year and will arrange their annual health assessment at an appropriate SHSC according to the district in which their school is located. Parents can also enroll in the SHS directly for their children to participate in SHS. The DH will provide free school bus services to students to facilitate their visits to the SHSCs, and will send SMS and emails to parents as a reminder for their children to attend annual health assessments.

Apart from continuing regular health assessments for individual students, the SHS monitors the overall health condition and trends of all students in the territory through the data obtained from the annual health assessment service. The SHS will disseminate the information to the public to raise the awareness of the society (including parents and teachers) of students' health and to encourage parents to enroll their children in the annual health assessments. The DH will continue to review and implement other measures in a timely manner to enhance the participation rate of SHS.

- End -

CONTROLLING OFFICER'S REPLY

HHB228

(Question Serial No. 3219)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates that in 2024-25 the Department of Health will continue the work in prevention and control of Coronavirus Disease 2019 (COVID-19) as a type of respiratory tract infection. In this connection, will the Government please advise this Committee on:

- (1) the key measures for the prevention and control of COVID-19; and
- (2) the expenditure thus incurred?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 47)

Reply:

(1) & (2)

As society has returned to full normalcy, COVID-19 has been managed as a type of upper respiratory tract infection since early 2023 under the current new normal system. Our prevention and control efforts are as follows:

- The Centre for Health Protection (CHP) has been monitoring the situation of COVID-19 in Hong Kong through ways such as sewage surveillance, institutions and schools outbreak report, number of severe/death cases in public hospitals, and relevant laboratory figures on human infection cases, etc. The CHP has also been monitoring the development of COVID-19 variants to understand the activity of the virus in Hong Kong and whether emergence of new variant strains would lead to unusual situations. The latest surveillance data is published in the CHP's weekly COVID-19 & Flu Express.
- The CHP has formulated health guidelines for prevention and control of diseases like COVID-19 for the reference of different sectors. These include infection control guidelines for the prevention of seasonal influenza and COVID-19 to high-risk groups such as residential care homes (RCHs) for the elderly and persons with disabilities to reduce the risk of infection and transmission among RCH staff and residents. To prevent and respond to outbreaks in RCHs, the CHP regularly reviews and updates the guidelines, and

continues to provide systematic and in-depth infection control training and disease information for key personnel (such as healthcare workers and staff of RCHs for the elderly and persons with disabilities), adopting a train-the-trainers approach to enhance training effectiveness. In addition, the CHP continues to work with stakeholders to make thorough preparation for future epidemics and other emerging and re-emerging infectious diseases.

- The CHP continues to employ different channels such as websites, Announcements in the Public Interest on TV and radio, social media platforms and Health Education Infoline to strengthen dissemination of health messages about the prevention of COVID-19 and other communicable diseases as well as maintaining personal and environmental hygiene.
- The Government keeps in view the World Health Organisation's latest assessment of COVID-19, takes into account the recommendations from the CHP's Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases (JSC) on COVID-19 vaccination in Hong Kong, and timely reviews the procurement of COVID-19 vaccines and vaccination arrangement so as to protect the public, in particular high-risk groups.
- To enhance the overall preparedness and response for the management of public health emergencies, the CHP will draw from the experience in combating COVID-19, make preparation for emerging communicable diseases, and enhance the local capacity in surveillance, early warning and prevention and control. The CHP will continue to organise and conduct exercises to test and enhance the readiness of relevant government departments and organisations to cope with the outbreak of major infectious diseases and public health emergencies.

The expenditure incurred, dispersed across multiple cost components, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2318)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the preparatory work for the Primary Dental Co-care Pilot Scheme for Adolescents, will the Government please inform this Committee of:

1. the progress so far; and
2. the estimated expenditure of the Scheme this year?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 19)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification, and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

1. The Government's School Dental Care Service (SDCS) has laid a solid foundation for the oral health of primary school students in Hong Kong. As an interface with the SDCC for primary school students, the Chief Executive announced in the 2023 Policy Address the Government's plan to launch the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) in 2025. By providing partial subsidies for private dental check-ups services for adolescents aged between 13 and 17, as well as to foster the establishment of long-term partnership between adolescents and the dentists of non-governmental organisations or private sector, aims at promoting the life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-ups services in the private healthcare sector by shouldering certain co-payment amount with government subsidies. NGOs and private dentists can determine the co-payment fee. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.
2. In 2024-25, the Department of Health has earmarked about \$77 million to enhance public dental services, including enhancement of the Healthy Teeth Collaboration and emergency dental service, and launch of the above PDCC. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

HHB230

(Question Serial No. 2320)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention that the Government Chinese Medicines Testing Institute (GCMTI) will continue to be operated at the temporary site to conduct research on reference standards and testing methods of Chinese medicines. In this connection, will the Government please inform this Committee of:

1. the number of Chemists, Scientific Officers, scientific research experts, technicians and administrative personnel of the GCMTI in each of the past 3 years; and
2. the number of ad hoc committees under the GCMTI currently responsible for monitoring the progress of its ad hoc studies, along with the number of work meetings held annually?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 21)

Reply:

1.

The breakdown of the approved establishment of the Government Chinese Medicines Testing Institute (GCMTI) in the past 3 years is as follows:

Rank	Number of post		
	2021-22	2022-23	2023-24
Senior Chemist	1	1	1
Chemist	3	3	4
Pharmacist	1	1	1
Scientific Officer (Medical)	14	14	14
Science Laboratory Technologist	1	1	1
Science Laboratory Technician I	2	2	3
Science Laboratory Technician II	3	3	3

Rank	Number of post		
	2021-22	2022-23	2023-24
Senior Executive Officer	1	1	1
Executive Officer II	1	1	1
Assistant Clerical Officer	1	1	1
Laboratory Attendant	1	1	1
Total:	29	29	31

2.

The Department of Health set up the GCMTI Advisory Committee (AC) in 2017 for stakeholders to advise the GCMTI on long-term development strategies, measures and specific research proposals of the GCMTI. The AC is composed of members from the Government, Chinese medicine practitioners, Chinese medicines industry, testing sector, academia, etc. At present, the Chinese Herbal Medicines Task Force, the Proprietary Chinese Medicines Task Force and the Technical Support Group set up under the AC provide advice on relevant topics.

The AC, the Task Forces and the Technical Support Group keep abreast of and advise on the GCMTI's work by such means as meetings, circulation of papers and emails, depending on the actual needs. Over the past 3 years, the AC and the Task Forces have convened a total of 9 meetings, and advised the GCMTI on multiple occasions on different matters through circulation of papers, emails, etc.

The International Advisory Board (IAB) established by the DH for the Hong Kong Chinese Materia Medica Standards (HKCMMS) project is responsible for giving advice on the principles, methodologies, parameters and analytical methods for the development of the HKCMMS. The IAB is also responsible for formulating the content of the HKCMMS and selecting the target herbs for research. The Scientific Committee (SC) under the IAB monitors the progress of research and laboratory work, and is also tasked with resolving various technical issues arising during the research process and review research results.

The IAB and the SC advise on the HKCMMS by such means as meetings, circulation of papers and emails, depending on the actual needs. Over the past 3 years, the IAB and the SC have convened a total of 7 online and physical meetings, and provided advice by means of paper circulation and email for nearly 1 000 times.

- End -

CONTROLLING OFFICER'S REPLY

HHB231

(Question Serial No. 2321)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the setting up of a preparatory office for the Hong Kong Centre for Medical Products Regulation, will the Government please advise this Committee on:

1. the estimated expenditure on setting up the preparatory office;
2. the estimated manpower establishment and average salary of the personnel?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 22)

Reply:

1. & 2.

It was announced in the Chief Executive's 2023 Policy Address that the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the approval and registration mechanism for drugs and establish an internationally renowned regulatory authority of drugs and medical devices (medical products). The HKSAR Government will set up a preparatory office under the Department of Health (DH) in the first half of 2024 to review its current regulatory functions on Chinese and western medicines and medical devices, and to study the potential restructuring and strengthening of the current regulatory and approval regimes for medical products and medical technology. The preparatory office will also put forward proposals and steps for the establishment of the Hong Kong Centre for Medical Products Regulation (CMPR) which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products. This will help accelerate the launching of new medical products to the market, and foster the development of research and development (R&D) and testing of medical products and related industries. The HKSAR Government will also explore the upgrading of the CMPR as a standalone statutory body in the long run, which will help accelerate the launching of new medical products to the market, and foster the development of R&D and testing of medical products and related industries.

There will be 6 time-limited posts in the CMPR preparatory office. Its staff establishment and staff cost are set out in the Annex. The DH will continue to review its manpower

requirements. If necessary, the DH will seek resources and create additional posts in accordance with the established mechanism.

**Staff Establishment of
the Hong Kong Centre for Medical Products Regulation Preparatory Office**

Rank	Number of time-limited posts	Net annual recurrent cost of civil service post(s) (HK\$)#
Senior Pharmacist	1	1,597,080
Pharmacist	2	2,077,800
Scientific Officer (Medical)	1	1,038,900
Senior Chemist	1	1,597,080
Senior Electronics Engineer	1	1,597,080
Total	6	7,907,940

Based on the Notional Annual Mid-point Salary value of each rank concerned

- End -

CONTROLLING OFFICER'S REPLY

HHB232

(Question Serial No. 2334)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the reasons why the actual allocation for the Disease Prevention programme for 2023-24 is 41.9% lower than the original estimate for the same year.

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 35)

Reply:

Under Programme (2): Disease Prevention, the revised estimate for 2023-24 is \$5.3267 billion or 41.9% lower than the original estimate. The reduction is mainly attributed to the fact that under a system of the “new normal” upon the full resumption of normalcy in society, COVID-19 has been managed as a type of upper respiratory tract infection since early 2023, hence the significant reduction in the actual expenditure on the prevention and control of COVID-19 comparing with the original estimate.

- End -

CONTROLLING OFFICER'S REPLY

HHB233

(Question Serial No. 1549)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Since the Government will continue to implement the free human papillomavirus (HPV) vaccination programme for school girls, please inform this Committee of:

1. the number of students receiving the first dose of 9-valent HPV vaccine in Primary 5 for free via outreach by the School Immunisation Teams of the Department of Health and the second dose when they reached Primary 6 in the following school year, between the 2019/20 and 2023/24 school years, as well as the number of schools to which these students belong;
2. the number of students who have received the first dose of the HPV vaccine between the 2020/21 and 2023/24 school years but have yet to receive the second dose in the following school year;
3. as at the 2023/24 school year, the cumulative number of students who have not received the first and second doses of the HPV vaccine; and
4. whether the Government will provide catch-up vaccination as a one-off arrangement for students who have not received the HPV vaccine; if yes, the estimated expenditure; if not, the reasons.

Asked by: Hon CHU Kwok-keung (LegCo internal reference no.: 10)

Reply:

1. The Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and Primary 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/20 school year. The first dose is given to Primary 5 students at their schools, and in accordance with the recommended vaccination schedule, they will receive the second dose after progressing to Primary 6 in the following school year. The number of schools visited by and students receiving the HPV vaccine from

the School Immunisation Teams (SIT) in each school year since the launch of the vaccination programme is tabulated as follows:

School year	2019/20	2020/21	2021/22	2022/23
Number of schools visited	598	620	625	629
Number of vaccine recipients	22 200 [#]	46 300	48 400	53 600

Only Primary 5 female students received HPV vaccines in the 2019/20 school year.

2. & 3.

As at the 2022/23 school year, the HPV vaccination coverage rates among Primary 5 and Primary 6 school girls, which met the interim target (i.e. 70% coverage for completion of HPV vaccination) for female students as set out in the Hong Kong Cancer Strategy, are tabulated as follows:

	2020/21	2021/22	2022/23
Primary 5 (first dose)	88%	89%	94%
Primary 6 (second dose)	86%	89%	92%

According to the immunisation records of students, the number of Primary 6 school girls who have yet to receive the first and second doses of the HPV vaccine in the 2022/23 school year were 800 and 2 200 respectively.

In addition to visiting primary schools to provide students with vaccination, the SIT has also set up sub-offices to provide mop-up vaccination for primary school students who have not completed basic immunisation or received booster doses, so as to ensure that eligible girls receive the vaccination on time. The Student Health Service of the DH also provides free mop-up vaccination at Student Health Service Centres for eligible girls who have entered secondary schools but have not received any HPV vaccine. The DH will continue to disseminate information on immunisation to raise awareness of the vaccine among students, parents and school staff, thereby increasing the vaccination rate.

4.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experience in relation to the efficacy and safety of HPV vaccine, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended in November 2022 the extension of the HPV vaccination target group to include older girls who are under 18 years old. In response to the recommendations of the SCVPD, the Government is preparing for the implementation of a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls, who were born in or after 2004 (i.e. those who were aged 18 years or below in 2022) and thus were not covered by the HPV vaccination programme under the HKCIP previously. The Government expects to commence the catch-up vaccination programme in the 2024/25 school year and the implementation details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB234

(Question Serial No. 2008)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government subvents the Hong Kong Council on Smoking and Health (COSH) in promotional initiatives in support of tobacco control. It also provides community-based smoking cessation programmes and promotes smoking prevention in collaboration with non-governmental organisations. In this connection, will the Government please advise this Committee on:

1. the details of its subvention to the COSH in providing a focal point for promotional initiatives in support of tobacco control, and of its estimate for providing community-based smoking cessation programmes and promoting smoking prevention in collaboration with non-governmental organisations;
2. the staff establishment and expenditure breakdown of the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) regarding enforcement work against smoking, commercial sale and supply of alcohol to minors and related offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) in the past 3 financial years;
3. in view of the enforcement, publicity and education efforts of the TACO and the COSH, and by the Government in collaboration with non-governmental organisations, the number of smokers along with the change in the smoking prevalence in Hong Kong over the past 3 years, broken down by age and gender; and
4. the methods employed by the relevant department for data collection and statistical analysis; ways to ascertain the accuracy of the data; and whether the number of illicit cigarette and e-cigarette smokers and users of heated tobacco products have been included in the data; if yes, the number of these people and their percentage in the smoking population in Hong Kong?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 34)

Reply:

(1) & (2)

The Department of Health's Tobacco and Alcohol Control Office (TACO) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The expenditures on and provision/revised estimate for tobacco and alcohol control initiatives taken forward by the TACO from 2021-22 to 2024-25, broken down by type of activity and the approved establishment of the TACO, are at Annex 1. The manpower and resources for the implementation of alcohol and tobacco control initiatives cannot be separately identified.

(3)

The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at Annex 2. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

(4)

The C&SD adopts a scientific method to select a sample of quarters for participating in the Thematic Household Survey on Pattern of Smoking, covering different districts and housing types across Hong Kong. About 10 000 households encompassing all persons aged 15 and above (excluding foreign domestic helpers) are interviewed in each round of the THS with a specific questionnaire with a minimum response rate of 75% secured. The C&SD also adopts a data quality assurance mechanism to ensure that the process of data collection and processing meets the requirements.

The prevalence of daily smokers of heated tobacco products and electronic smoking products aged 15 and above in 2021 was 0.1% (around 8 400 smokers) and 0.3% (around 17 500 smokers) respectively. As questions regarding whether the tobacco or related products consumed by the respondents were illicit were not included in the above THS, relevant information is not available.

Expenditures on/Provision for
the Department of Health's Tobacco and Alcohol Control Office

	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 Revised Estimate (\$ million)	2024-25 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	101.3	100.4	160.2	172.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	138.9	149.0	168.0	170.7
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	62.8	73.0	87.3	89.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.2	26.8	26.4	26.6
<i>Sub-total</i>	<u>89.0</u>	<u>99.8</u>	<u>113.7</u>	<u>116.2</u>
<u>(b) Expenditure on/Provision for smoking cessation and related services by Non-Governmental Organisations*</u>				
<i>Subvention to Tung Wah Group of Hospitals</i>	30.8	29.4	14.0	14.0
<i>Subvention to Pok Oi Hospital</i>	7.5	7.6	17.9	18.0
<i>Subvention to Po Leung Kuk</i>	0.7	-	-	-
<i>Subvention to Lok Sin Tong</i>	3.2	3.3	3.6	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.9	5.8	8.9	8.9
<i>Subvention to Life Education Activity Programme</i>	2.8	2.8	2.9	3.0
<i>Subvention to Christian Family Service Centre</i>	-	-	7.0	7.0
<i>Subvention to The University of Hong Kong</i>	-	0.3	-	-
<i>Sub-total</i>	<u>49.9</u>	<u>49.2</u>	<u>54.3</u>	<u>54.5</u>
Total	<u>240.2</u>	<u>249.4</u>	<u>328.2</u>	<u>343.4</u>

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on

the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2021-22 to 2024-25
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

Prevalence of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021*

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥ 60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2594)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (-) Not Specified
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

The revised estimate for 2023-24 of \$13.5 billion is \$7 billion lower than the actual total expenditure of \$20.6 billion in 2022-23, whereas the estimated expenditure of \$15.2 billion for this year is \$1.7 billion higher than the revised estimate for last year. Please inform this Committee of the reasons for the changes in expenditure over the past 3 financial years, along with an analysis of such changes?

Asked by: Hon KONG Yuk-foon, Doreen (LegCo internal reference no.: 12)

Reply:

The reduction of \$7.15 billion in the Department of Health (DH)'s revised estimate for 2023-24 from the actual expenditure for 2022-23 is mainly attributed to the fact that under a system of the "new normal" upon the full resumption of normalcy in society, COVID-19 has been managed as a type of upper respiratory tract infection since early 2023, hence the reduction in the expenditure on the prevention and control of COVID-19.

In fact, after deducting the DH's expenditure on the prevention and control of COVID-19 from the actual expenditure for 2022-23 and the revised estimate for 2023-24, the revised estimate for 2023-24 is \$1.2 billion (i.e. 10%) higher than the actual expenditure for 2022-23.

The financial provision for 2024-25 is \$1.75 billion (i.e. 13%) higher than the revised expenditure for 2023-24. The requirement for operating expenses is increased mainly for:

- (1) meeting the expenses of the Elderly Health Care Voucher Scheme and other operating expenses;
- (2) setting up a preparatory office for the Hong Kong Centre for Medical Products Regulation (CMPR) (which is established to enhance existing services in respect of Chinese and Western medicines and medical devices) to render support to the CMPR;

- (3) strengthening public dental services, including the enhancement of the “Healthy Teeth Collaboration” programme and emergency dental services, as well as implementing the Primary Dental Co-care Pilot Scheme for Adolescents;
- (4) implementing a sponsorship scheme for training of dental hygienists and dental therapists, as well as making preparations for the proposed arrangements for local dental graduates and non-locally trained dentists to undergo internship or period of assessment when the Dentists Registration Ordinance is amended;
- (5) making payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons; and
- (6) other items, including the anticipated increase in operating expenses for filling of vacancies.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2229)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

In recent years, colorectal cancer has become the second most common cancer in the territory. Since the launch of the Colorectal Cancer Screening Programme (CRCSP) by the Government in 2016, asymptomatic Hong Kong residents aged between 50 and 75 have been subsidised to undergo screening every 2 years in the private sector for early detection of colorectal polyps to prevent colorectal cancer. In this connection, will the Government inform this Committee of:

1. the respective numbers of new colorectal cancer cases and colorectal cancer deaths each year since the launch of the CRCSP, with a breakdown by the (i) sex and (ii) age group of the patients;
2. the percentage of colorectal cancer deaths in all deaths in the local population in Hong Kong each year since the launch of the CRCSP;
3. the cumulative number of primary care doctors enrolled in the CRCSP since its introduction, and of which the number of those who do not charge any additional payment for colonoscopy and polyp removal (if necessary); and
4. as studies have indicated a global downward trend in the age of colorectal cancer patients, whether the Health Bureau will consider expanding the CRCSP to a larger population to include, for example, Hong Kong residents aged between 40 and 50; if yes, the details and if not, the reasons?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 4)

Reply:

The Colorectal Cancer Screening Programme (CRCSP) was launched by the Government in 2016 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo regular screening. As at end-December 2023, more than 420 000 eligible persons have participated in the CRCSP. Among those participants who had undergone colonoscopy examination, over 33 000 were found to have colorectal adenomas and about 2 900 were

diagnosed with colorectal cancer. A preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57% belonged to early-stage (stage II or below) with a more favourable prognosis. Such screenings can help in the early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

1. The number of new colorectal cancer cases from 2016 to 2021, broken down by sex and age, is shown in the table below:

Year	Sex	<40 years old	40-49 years old	50-59 years old	60-69 years old	70+ years old	Total
2016	Male	54	151	543	994	1 427	3 169
	Female	48	152	424	583	1 061	2 268
	Total	102	303	967	1 577	2 488	5 437
2017	Male	46	137	536	1 103	1 481	3 303
	Female	60	137	412	651	1 072	2 332
	Total	106	274	948	1 754	2 553	5 635
2018	Male	42	159	475	1 098	1 485	3 259
	Female	56	164	387	648	1 120	2 375
	Total	98	323	862	1 746	2 605	5 634
2019	Male	59	161	502	1 030	1 484	3 236
	Female	62	155	370	616	1 117	2 320
	Total	121	316	872	1 646	2 601	5 556
2020	Male	45	121	461	967	1 311	2 905
	Female	48	149	347	570	1 068	2 182
	Total	93	270	808	1 537	2 379	5 087
2021	Male	50	155	502	1 132	1 588	3 427
	Female	63	170	422	687	1 130	2 472
	Total	113	325	924	1 819	2 718	5 899

Note: Statistics for 2022 and 2023 are being processed.

Source: Hong Kong Cancer Registry

The number of registered deaths for colorectal cancer from 2016 to 2022, broken down by sex and age, is shown in the table below:

Year	Sex	<40 years old	40-49 years old	50-59 years old	60-69 years old	70+ years old	Total
2016	Male	13	24	170	292	709	1 208
	Female	10	42	91	189	549	881
	Total	23	66	261	481	1 258	2 089
2017	Male	12	43	139	322	758	1 274
	Female	12	19	98	172	563	864
	Total	24	62	237	494	1 321	2 138
2018	Male	7	29	134	328	811	1 309
	Female	12	38	126	182	647	1 005
	Total	19	67	260	510	1 458	2 314
2019	Male	10	31	140	299	786	1 266
	Female	13	28	100	175	591	908*
	Total	23	59	240	474	1 377	2 174*
2020	Male	5	34	123	337	816	1 315
	Female	11	21	95	186	659	972

	Total	16	55	218	523	1 475	2 287
2021	Male	7	27	142	358	789	1 323
	Female	9	41	77	176	672	975
	Total	16	68	219	534	1 461	2 298
2022	Male	13	31	132	353	762	1 291
	Female	4	37	103	191	644	979
	Total	17	68	235	544	1 406	2 270

*Age unknown for one death case.

Note: Statistics for 2023 are being processed.

Source: Department of Health

- The number of registered deaths for colorectal cancer and the percentage of such deaths among the overall number of registered deaths in Hong Kong from 2016 to 2022 are shown in the table below:

Year	Number of registered deaths for colorectal cancer	Overall number of registered deaths in Hong Kong	Percentage (%)
2016	2 089	46 662	4.5
2017	2 138	45 883	4.7
2018	2 314	47 478	4.9
2019	2 174	48 706	4.5
2020	2 287	50 653	4.5
2021	2 298	51 536	4.5
2022	2 270	61 557	3.7

Note: Statistics for 2023 are being processed.

Source: Department of Health

- To tie in with the development of primary healthcare services, with effect from 6 October 2023, only doctors enlisted in the Primary Care Directory are allowed to enrol in the CRCSP. As at the end of 2023, about 1 040 primary care doctors (PCDs) have successfully enrolled in the CRCSP covering nearly 1 960 locations, and 97% of these PCDs will not charge any additional payment. In addition, about 240 colonoscopy specialists have joined the CRCSP to provide colonoscopy examination at about 770 service locations, and over 70% of these locations will not charge any additional payment for colonoscopy and polyp removal (if necessary).
- The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) of the Cancer Coordinating Committee regularly reviews the local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. Regarding colorectal cancer, according to the latest recommendations on colorectal cancer screening made by the CEWG in 2022, asymptomatic people at average risk aged between 50 and 75 are advised to undergo regular colorectal cancer screening upon consultation with their doctors. According to local data, the 40-49-year-old age group accounted for about 4.9% to 5.7% of new colorectal cancer cases from 2016 to 2021, showing no upward trend. Meanwhile, the Government is also aware that in most developed overseas countries (such as the United Kingdom, Australia, Canada), the colorectal cancer screening programmes rolled out by the government have a starting age for screening at 50 years old or above. The Government will continue to keep in view the relevant evidence and review the details and arrangements of services.

- End -

CONTROLLING OFFICER'S REPLY

HHB237

(Question Serial No. 0071)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Under this Programme, the Department of Health (DH) promotes health and increases health awareness in the community and among specific target groups. In this connection, will the Government inform this Committee of the following:

- a. the number of schools joining the Adolescent Health Programme (AHP) for the past 3 years in a row; and whether any schools have ceased to participate during the period;
- b. further to the above question, the number of schools which no longer joined (if any); and whether the DH will take follow-up action and explore the reasons behind; if yes, the details; if not, the reasons;
- c. among the 320 secondary schools expected to join the AHP in 2024 according to the information provided, the estimated number of schools joining the programme for the first time; and
- d. concerning the DH's mental health promotion and public education initiative, the types of activities to be organised, their estimated expenditure and the number of persons expected to be reached?

Asked by: Hon KWOK Ling-lai, Lillian (LegCo internal reference no.: 6)

Reply:

(a) to (c)

The number of schools joining the Adolescent Health Programme (AHP) for the past 3 years are set out as below:

School year	2020/21	2021/22	2022/23
Number of schools joining	130	220	280

Prior to COVID-19 pandemic, around 310 secondary schools joined the AHP each year. However, due to the impact of the pandemic, on-site services were suspended or limited for most of the time in the past 3 school years amid school, contributing to a decrease in the number of schools joining. The Department of Health (DH) has fully resumed its on-site services in the 2023/24 school year and extended invitations to around 500 secondary schools across the territory. As at the end of February 2024, there were around 320 secondary schools joining the AHP in the 2023/24 school year, slightly higher than the pre-pandemic figures, with at least 10 schools expected to join for the first time.

The DH sends invitations to all secondary schools across the territory each year to join the AHP. If a school is found to be no longer joining the programme, the DH will take follow-up action and explore the reasons behind. As at the end of February 2024, around 20 secondary schools no longer joined the AHP in the 2023/24 school year, mainly due to internal school policy adjustments.

(d)

For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of \$50 million for the implementation of “Shall We Talk”, a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. Such promotional efforts include the following:

1. A one-stop mental health thematic website at <https://shallwetalk.hk> has been launched to provide information and resources on mental health to the public and broadcast videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues. As at 31 December 2023 in the year 2023-24, the “Shall We Talk” thematic website has accumulated 851 784 page views;
2. The Mental Health Workplace Charter was implemented to promote mental well-being at workplace. As at 31 December 2023, over 1 200 organisations signed the Charter, benefiting more than 600 000 employees;
3. Announcements in the Public Interest are broadcast in TV, radio stations and other media, including television channels run by the Television Broadcasts Limited and the HK Television Entertainment Company Limited, the “Shall We Talk” YouTube channel, the MTR in-train television and digital motion network on its platforms, as well as free display channels run by the Government. The DH does not maintain statistics on the number of reaches; and
4. Tour activities are organised in different districts and tertiary institutions to promote mental health, which attracted over 25 000 participants in 2023-24.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0074)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (5) Rehabilitation
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

Under this Programme, it is mentioned that the Department of Health (DH) provides comprehensive assessment for children with developmental problems and disabilities. In this connection, will the Government please inform this Committee:

- a. of the number of children and parents receiving interim support over the past 3 years along with their average waiting time; and
- b. whether DH will set a timetable for Child Assessment Centres to complete assessments within 6 months in order to achieve the target completion rate of 90%; if yes, the details; if not, the reasons?

Asked by: Hon KWOK Ling-lai, Lillian (LegCo internal reference no.: 7)

Reply:

- a. The Child Assessment Service (CAS) provides comprehensive assessment and diagnosis, and formulates rehabilitation plan for children under 12 years of age who are suspected to have developmental problems. While the children are waiting for assessment and rehabilitation services, the CAS will provide interim support to the parents such as organising seminars, workshops and practical training, with the aim to increase parents' knowledge on child development and to provide them practical skills, to enhance their understanding of their children's conditions and of information about relevant community resources, so that the parents can put them into practice in their daily lives and conduct home-based training, to manage their children's conditions and develop their potential.

The CAS has organised 115 interim support activities in the past 3 years. In view that many parents have difficulty joining support activities in person or the online webinars at specific times, the CAS has gradually introduced pre-recorded online self-learning videos as an alternative so that parents can watch the videos online any time according to their own schedule. The number of participants for interim support activities and the viewership for self-learning videos are set out below:

	2021*	2022*	2023 (Provisional figures)#
No. of participants for interim support activities	6 403	6 787	4 757
Viewership for online self-learning videos	Not applicable	Not applicable	4 711

* The CAS continued to organise relevant interim support activities during the COVID-19 pandemic.

Since the introduction of online self-learning videos in 2023, some parents have switched to watching the videos online, thus the number of participants for interim support activities dropped in comparison to the previous year, while the overall participation rate (participating in activities in person and watching videos online) had shown an increase.

The CAS does not maintain statistics on the average waiting time for interim support activities.

- b. The rate for completion of assessment for new cases within 6 months in the past 3 years is set out below:

	2021	2022	2023 (Provisional figures)
Rate for completion of assessment for new cases within 6 months (%)	73	61	70

Due to the ongoing shortage of and difficulties in recruiting doctors, the CAS was unable to achieve the target of completion of assessment for 90% of new cases within 6 months. However, all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded a higher priority for assessment upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The DH has also recruited part-time contract senior doctors to address the problem of shortage of doctors, and will continue to recruit suitable doctors to fill the vacancies.

- End -

CONTROLLING OFFICER'S REPLY

HHB239

(Question Serial No. 1325)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government provides free or subsidised seasonal influenza (SI) vaccination to designated target groups every year. With regard to enhancing the SI vaccination arrangements for better protection of high risk groups, will the Government please advise this Committee on:

1. the amount incurred by the Government for subsidising eligible individuals in the past 3 years;
2. the number of free SI vaccines provided by District Health Centres in the past 3 years and the number of people benefiting from them in each of the past 3 years;
3. the total expenditure incurred by the Government for procuring SI vaccines in each of the past 3 years?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 30)

Reply:

(1)

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS;
- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/ VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme), which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority (HA).

The target population eligible for SI vaccination under each vaccination programme/scheme, the relevant number of vaccine recipients and the expenditure on subsidy in the past 3 seasons are detailed at **Annex**. The number of SI vaccine doses administered in 2023-24 has increased by approximately 20% compared to the same period last year. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

(2)

Regarding SI vaccination, the primary role of the District Health Centres (DHCs)/DHC Expresses in various districts is to advise the public on receiving vaccination annually or at different stages of life and make recommendations on various vaccination services according to their needs. To this end, the DHCs also collaborate with family doctors in their respective districts to organise educational activities regarding vaccination.

Meanwhile, the DHCs have been actively promoting SI vaccination in all districts since October 2023 by providing a list of private doctors participating in the VSS and assisting in the arrangement of appointments for SI vaccination when necessary. The DHCs also collaborate with private doctors in the districts to provide SI vaccination to their members at the core and satellite centres.

Furthermore, the Primary Healthcare Office (PHO) actively promotes the role of family doctors and encourages the public to establish partnership with family doctors, through which family doctors will act as personal health managers to develop personalised care plans for their patients with the support and assistance of the DHCs. The Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare was also published by the PHO in September 2023 to provide guidance to healthcare professionals in addressing the comprehensive health needs of the public. This includes providing recommendations on SI vaccination, thus opening the way for family doctors to encourage the public to receive vaccination and enhance their awareness of disease prevention and a healthy lifestyle.

(3)

The quantities of SI vaccines procured by the Government for the GVP and the SIVSOP and the related cost in the past 3 years are as follows:

Vaccine	2021/22 (Actual)		2022/23 (Actual)		2023/24 (Provisional figure)	
	Number of doses	Amount (\$ million)	Number of doses	Amount (\$ million)	Number of doses	Amount (\$ million)
Seasonal Influenza Vaccine	880 900	79.3	1 268 500	79.5	1 044 500	54.3

Target groups	Programmes/schemes for provision of SI vaccination	2021/22			2022/23			2023/24 (as at 3 March 2024)		
		Target Population	No. of SI vaccine recipients	Subsidy claimed (\$ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed (\$ million)	Target Population	No. of SI vaccine recipients	Subsidy claimed (\$ million)
Elderly aged 65 or above	GVP	1 433 700	377 000	Not applicable	1 520 100	452 900	Not applicable	1 637 600	499 300	Not applicable
	VSS		201 700	48.4		281 300	73.1		324 100	84.3
Persons aged between 50 and 64	GVP	1 774 600	5 400	Not applicable	1 796 700	49 200	Not applicable	1 824 900	5 800	Not applicable
	VSS		193 300	46.4		271 000	70.5		335 300	87.2
Children aged between 6 months and under 18*	GVP	641 700	100	Not applicable	917 900	1 400	Not applicable	929 600	700	Not applicable
	VSS		73 700	19.9		104 700	30.3		164 400	48.3
	SIVSOP		268 100	28.6		259 200	28.8		322 000	36.1
Others ^	GVP/VSS	#	97 300	1.4	#	112 300	1.5	#	135 700	1.6
Total			1 216 600	144.7		1 532 000	204.2		1 787 300	257.5

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.

There are no accurate population statistics for this group.

- End -

CONTROLLING OFFICER'S REPLY

HHB240

(Question Serial No. 1326)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government has proposed to incentivise the public to reduce and quit smoking by increasing the duty on cigarettes by 80 cents per stick. In this connection, will the Government inform this Committee of:

1. the staff establishment and the estimated operating expenditure incurred; and
2. whether the Government has allocated additional resources for the promotion and implementation of the relevant work; if yes, the details?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 31)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the Department of Health (DH) collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers.

For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

The revised estimate and estimate for tobacco control initiatives taken forward by the TACO of the DH, and its approved establishment, in 2023-24 and 2024-25, are at **Annex**.

**Revised Estimate/Estimate for
the Department of Health's Tobacco and Alcohol Control Office**

	2023-24 Revised Estimate (\$ million)	2024-25 Estimate (\$ million)
<u>Enforcement</u>		
Programme 1: Statutory Functions	160.2	172.7
<u>Health Education and Smoking Cessation</u>		
Programme 3: Health Promotion	168.0	170.7
<u>(a) General health education and promotion of smoking cessation</u>		
<i>TACO</i>	<i>87.3</i>	<i>89.6</i>
<i>Subvention to Hong Kong Council on Smoking and Health</i>	<i>26.4</i>	<i>26.6</i>
<i>Sub-total</i>	<u><i>113.7</i></u>	<u><i>116.2</i></u>
<u>(b) Revised estimate/estimate for smoking cessation and related services by Non-Governmental Organisations</u>		
<i>Subvention to Tung Wah Group of Hospitals</i>	<i>14.0</i>	<i>14.0</i>
<i>Subvention to Pok Oi Hospital</i>	<i>17.9</i>	<i>18.0</i>
<i>Subvention to Lok Sin Tong</i>	<i>3.6</i>	<i>3.6</i>
<i>Subvention to United Christian Nethersole Community Health Service</i>	<i>8.9</i>	<i>8.9</i>
<i>Subvention to Life Education Activity Programme</i>	<i>2.9</i>	<i>3.0</i>
<i>Subvention to Christian Family Service Centre</i>	<i>7.0</i>	<i>7.0</i>
<i>Sub-total</i>	<u><i>54.3</i></u>	<u><i>54.5</i></u>
Total	<u>328.2</u>	<u>343.4</u>

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2023-24 to 2024-25
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB241

(Question Serial No. 1327)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention that the Department of Health will continue to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. Will the Government advise this Committee on:

1. the number of people fined for smoking offences and the amount of fines imposed in each of the past 3 years; and
2. whether there have been any changes to the tobacco control areas in the past 3 years; whether more outdoor areas will be designated as no smoking areas; if yes, the details; if no, the reasons?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 32)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issues summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes, of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60).

Under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), any person who does a smoking act in a statutory no smoking area commits an offence and is subject to a fixed penalty of \$1,500. The TACO issued 7 703, 6 296 and 10 261 FPNs in 2021, 2022 and 2023 respectively to smoking offenders, resulting in respective fines of \$11,554,500, \$9,444,000 and \$15,391,500. 40, 35

and 48 summonses were issued in 2021, 2022 and 2023 respectively, with fines ranging from \$250 to \$2,500 in each case.

(2)

According to the prosecution statistics of smoking offences over the past 3 years, the categories of statutory no smoking areas with the highest numbers of prosecution included shops and shopping malls, public transport facilities, amusement game centres and public pleasure grounds. Together, these accounted for approximately 60% of all prosecutions related to smoking offences. No substantial changes in the above trend have been observed. To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, which included extending the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies.

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organisation's target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is exploring to roll out different tobacco control measures in a phased approach, and plans to give an account of the next step of work in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB242

(Question Serial No. 1328)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Starting from the 2019/20 school year, eligible primary school girls of the relevant age cohort are provided with human papillomavirus vaccine (also known as HPV vaccine) under the Hong Kong Childhood Immunisation Programme. In this regard, will the Government please advise this Committee on:

1. the number of primary school girls receiving HPV vaccine by year since the implementation of the initiative; and
2. the expenditure incurred in the provision of the vaccination each year?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 33)

Reply:

1. & 2.

The Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and Primary 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/2020 school year. The first dose is given to Primary 5 students at their schools, and in accordance with the recommended vaccination schedule, they will receive the second dose after progressing to Primary 6 in the following school year. In addition to visiting primary schools to provide students with vaccination, the School Immunisation Teams have also set up sub-offices to provide mop-up vaccination for students who have not completed basic immunisation or received booster doses, so as to ensure that eligible girls receive the vaccination on time. The Student Health Service of the DH also provides free mop-up vaccination at Student Health Service Centres for eligible girls who have entered secondary schools but have not received any HPV vaccine.

The number of Primary 5 and Primary 6 girls receiving HPV vaccine and the expenditure on the vaccine procurement in each school year since the launch of the vaccination programme are tabulated as follows:

School year	2019/20	2020/21	2021/22	2022/23
Number of vaccine recipients	22 200 [#]	46 300	48 400	53 600
Expenditure on vaccine procurement (\$ million)[^]	19.0	37.4	45.8	55.6

[#] Only Primary 5 female students received HPV vaccines in the 2019/20 school year.

[^] HPV vaccination usually begins in the second term of a school year, and the vaccine procurement expenses are calculated from December to November of the following year.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experience in relation to the efficacy and safety of HPV vaccine, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended in November 2022 the extension of the HPV vaccination target group to include older girls who are under 18 years old. In response to the recommendations of the SCVPD, the Government is preparing for the implementation of a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls, who were born in or after 2004 (i.e. those who were aged 18 years or below in 2022) and thus were not covered by the HPV vaccination programme under the HKCIP previously. The Government expects to commence the catch-up vaccination programme in the 2024/25 school year and the implementation details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY**HHB243****(Question Serial No. 0130)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

The Department of Health (DH) established the Government Chinese Medicines Testing Institute (GCMTI) in 2017 pending the completion of its office building. The GCMTI specialises in the testing of, and scientific research on, Chinese medicines with a view to setting internationally recognised reference standards for the safety, quality and testing methods of Chinese medicines. In this connection, will the Government please advise this Committee on:

- (1) the financial provision for the GCMTI in each of the past 5 years;
- (2) the establishment, staff cost and total expenditure of the GCMTI in each of the past 5 years;
- (3) research projects commenced by the GCMTI in the past 5 years, along with their commencement and completion dates, and the expenditure involved; and
- (4) the number and names of Chinese Materia Medica for which the establishment of reference standards has been completed in the past 5 years?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 17)Reply:

(1) & (2)

The financial provision, establishment and staff cost in respect of the Government Chinese Medicines Testing Institute (GCMTI) over the past 5 years are as follows:

Financial Year	Financial Provision (\$ million)	Number of posts in the approved establishment	Net Recurrent Cost of Civil Service Post (\$ million)
2019-20	around 47.9	29	around 23.5
2020-21	around 47.9	29	around 24.6
2021-22	around 36	29	around 24.6
2022-23	around 52.5	29	around 24.6
2023-24	around 63	31	around 26.9

Being a part of the Chinese Medicine Regulatory Office (CMRO), the operating expenditure and research project expenses are subsumed into the overall expenditure of the CMRO. Therefore, the total expenditure incurred by the GCMTI cannot be separately identified.

(3)

One of the major research activities of the GCMTI is to carry on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for 14 additional CMM have also been completed and will be published in due course. The actual expenditure involved in the HKCMMS project over the past 5 years is set out as follows:

Financial Year	2019-20	2020-21	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure (\$ million)	4.9	2.9	5.6	6.3	7.3

Moreover, the Department of Health (DH) set up the GCMTI Advisory Committee in 2017, providing a platform for stakeholders to advise the GCMTI on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the committee, the GCMTI has embarked on 14 research and thematic projects in the past 5 years, details of which are set out in Annex. Given that the majority of the research projects are funded by the internal resource allocation and that the expenditure on manpower and outsourced services, etc. are subsumed into the overall expenditure of the CMRO, breakdown of the total expenditure for the research projects is not available. The expenditure on the procurement of consumables such as chemicals, reagents and standard substances pertinent to the research projects in the past 5 years are set out below:

Financial Year	2019-20	2020-21	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure (\$ million)	3.0	3.6	3.3	5.5	4.3

(4)

Over the past 5 years, the GCMTI has established and released reference standards for 31 CMM under the HKCMMS project, namely *Ardisiae Japonicae Herba*; *Artemisiae Anomalae Herba*; *Catharanthi Rosei Herba*; *Commelinae Herba*; *Crotonis Fructus* (unprocessed); *Deinagkistrodon (Agkistrodon)*; *Dendrobii Caulis*; *Dioscoreae Bulbiferae Rhizoma*; *Eupatorii Chinensis Radix et Rhizoma*; *Euphorbiae Hirtae Herba*; *Euphorbiae Pekinensis Radix*; *Fici Pumilae Receptaculum*; *Geranii Caroliniani Herba*; *Hyperici Ascyri Herba*; *Impatiensis Caulis*; *Isodonis Herba*; *Leonuri Fructus*; *Nigellae Semen*; *Osmundae Rhizoma*; *Phyllanthi Urinariae Herba*; *Picrasmae Ramulus et Folium*; *Polygonati Rhizoma*; *Ranunculi Ternati Radix*; *Rhododendri Daurici Folium*; *Salviae Plebeiae Herba*; *Sambuci Williamsii Ramulus*; *Sargentodoxae Caulis*; *Saxifragae Herba*; *Sedi Herba*; *Tamaricis Cacumen* and *Valerianae Radix et Rhizoma*. On the other hand, reference standards for the following 14 CMM have been established for release in due course: *Caryophylli Flos*; *Changii Radix*;

Galangae Fructus; Hippophae Fructus; Lycii Fructus; Menthae Haplocalycis Herba; Myrrha;
Perillae Folium; Pogostemonis Herba; Poria; Sauropi Folium; Stellariae Radix; Storax and
Ziziphi Spinosae Semen.

**Research and Thematic Projects Conducted by the GCMTI of the DH
from 2019-20 to 2023-24**

Research/Thematic Project	Commencement Date	Completion Date
DNA method for identification of <i>Bulbus Fritillariae Ussuriensis</i> – a common adulterant found in <i>Bulbus Fritillariae Cirrhosae</i>	October 2019	May 2022
Analysis of chemical markers of CMM in pCms for internal use (Pei Pa Koa)	June 2020	December 2021
Study on the identification of <i>Ziziphi Spinosae Semen</i> and its commonly confused species	June 2021	November 2022
Analysis of chemical markers of CMM in Baifeng Wan	December 2021	June 2023
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	March 2022	December 2023
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	June 2022	December 2022
Collection of specimens of <i>Daodi</i> medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI	June 2020	In progress
Establishment of reference DNA Sequence Library for CMM (Phase II)	June 2020	In progress
Identification of tiny seed and fruit types of CMM	April 2022	In progress
Building of 3D CMM Images for DHCM	March 2023	In progress
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II)	May 2023	In progress
Study on the identification of <i>Ziziphi Spinosae Semen</i> and its commonly confused species by DNA method	June 2023	In progress
Analysis of chemical markers in pCms containing <i>Psoraleae</i> and <i>Ginseng</i>	July 2023	In progress
Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI	September 2023	In progress

- End -

CONTROLLING OFFICER'S REPLY

HHB244

(Question Serial No. 0146)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding public dental services, will the Government please advise this Committee on:

- (1) the establishment, actual number of staff, vacancy rate, attrition rate and number of retirees in respect of the government dental clinics under the purview of the Department of Health (DH) in each of the past 3 years with a breakdown by grade;
- (2) the staff cost of members from various grades and the total expenditure concerning DH's government dental clinics in each of the past 3 years; and
- (3) the Government's plan to increase the number of dental healthcare staff to shorten the waiting time for dental services of the public?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 33)

Reply:

(1) to (3)

It has always been the Government's dental care policy to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. In pursuit of this policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service (SDCS) to children, among other initiatives. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Public dental services currently provided by the Department of Health (DH) directly include:

- (a) Various oral health promotion programmes by the Oral Health Education Division of the DH for different age groups, which aim to raise public awareness of oral hygiene and health and to encourage proper oral health habits;

- (b) SDCS and treatment services for school children in Hong Kong provided through the 8 school dental clinics;
- (c) Free emergency dental services for the public through designated sessions each week at 11 government dental clinics under the DH (generally referred to as General Public Sessions) made available by utilising a small portion of their service capacity;
- (d) Oral maxillofacial surgery and specialist dental treatment for in-patients, patients with special oral health care needs and dental emergency needs provided through Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in 7 public hospitals; and
- (e) The Special Oral Care Service for preschool children under six years old with intellectual disability provided through collaboration with the Hospital Authority.

Apart from the above dental services directly provided by the DH, the Government also subsidises dental services provided by non-governmental organisations (NGOs) and private sector for persons with special dental care needs, especially the elderly persons with financial difficulties or persons who have difficulty in accessing general dental services. These services include:

- (a) Special care dental services for adults with intellectual disability under the Healthy Teeth Collaboration (HTC);
- (b) Free on-site dental check-up and dental treatment for elderly persons in residential care homes for the elderly, day care centres and similar facilities under the Outreach Dental Care Programme for the Elderly (ODCP);
- (c) The Elderly Dental Assistance Programme (EDAP) funded by the Community Care Fund (CCF); and
- (d) Subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme of the Social Welfare Department.

Eligible elderly persons can also receive dental services in the private sector with elderly health care vouchers.

The establishment, strength, vacancy rate, attrition figures and number of retirees in respect of the various grades in the 11 government dental clinics with General Public Sessions and the 7 OMS&DCs are at **Annex**. The operating expenses of these clinics are absorbed within DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available.

The Government also utilises the capacity of dental professionals from NGOs and the private sector to provide subsidised services. There are more than 2 100 dentists in the NGOs and the private sector as at the end of 2023, nearly 1 500 of them have joined the Elderly Health Care Voucher Scheme and about 800 dentists have participated in the EDAP. Under the ODOP implemented by the DH, a total of 25 outreach dental teams from 11 NGOs will be set up in 2024-25. As for the HTC, each of the 5 NGO dental clinics currently participating in the programme has at least 1 qualified dentist and 1 dental surgery assistant.

Regarding dental training, the Government has increased the number of first-year-first-degree training places of University Grants Committee (UGC)-funded bachelor programme in dentistry on four occasions. The number increased from 50 in the 2009/10 academic year to 90 in the 2024/25 academic year, representing an increase of 80%. Given the lead time required for training local dentists, as well as the practical constraints in expanding the

teaching manpower and the facilities, the Government cannot solely rely on increasing the number of local training places to address the imminent shortage, particularly the acute shortage of dentists in the public sector. To ensure adequate manpower to support local public or subsidised dental care services, the Government proposes to create new pathways for the admission of qualified non-locally trained dentists to practise in specified institutions while maintaining professional standards and patient welfare. This will be achieved through the amendment to the Dentists Registration Ordinance. The Bill has been introduced into the Legislative Council (LegCo) and the Government will work closely with LegCo to facilitate the scrutiny of the Bill.

Separately, the Government will increase the provision of training places of dental hygienists and dental therapists to nearly double, from 95 in the 2023-24 academic year to 185 in the 2024/25 academic year. To attract more individuals to join the industry, the DH will offer full tuition fee sponsorship to students studying the dental hygienists and dental therapists courses.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group.

In this connection, the CE announced in the 2023 Policy Address a series of measures to enhance the dental services for different age cohorts and target groups as follows:

- (a) to collaborate with the NGOs to increase the emergency dental service for targeting at the underprivileged groups with financial difficulties in 2025 through expansion of service capacity, service points and service scope to promote early identification and timely intervention of dental diseases. The target is to provide a service capacity of at least 2 times the current capacity of GP Sessions arrangement;
- (b) to launch the Primary Dental Co-care Pilot Scheme for Adolescents in 2025 as an interface with the SDCS for primary school students. By providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17, as well

as to foster the establishment of a long-term partnership between the adolescents and the dentists in the NGOs or private sector and to promote the adolescents' life-long habit of regular dental check-ups for prevention of dental diseases;

- (c) to strengthen in the third quarter of 2024 special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, expanding its scope to cover patients with autistic spectrum disorder, and adding 900 service quotas for new patients every year; and
- (d) to enhance the EDAP funded by the CCF in the third quarter of 2024 by relaxing the mandatory requirement for elderly persons to receive dental services provided under the EDAP so that eligible elderly persons can still receive dental services such as dental check-ups, scaling, extraction and filling without having to apply for removable denture services.

Annex

Grade	2021-22					2022-23					2023-24 (as at 1 February 2024)				
	Establishment	Actual strength	Vacancy rate (%)	Attrition figure	Number of retirees	Establishment	Actual strength	Vacancy rate (%)	Attrition figure	Number of retirees	Establishment	Actual strength	Vacancy rate (%)	Attrition figure	Number of retirees
Dental Officer	83	76	8.4%	11	2	87	70	19.5%	8	4	87	74	14.9%	7	0
Dental Surgery Assistant	88	79	10.2%	8	7	91	83	8.8%	7	4	91	78	14.3%	7	5
Dental Hygienist	3	2	33.3%	0	0	3	2	33.3%	1	0	3	2	33.3%	0	0
Dental Technician	7	8#	0.0%	2	2	7	7	0.0%	1	1	7	7	0%	0	0
Clerical Officer	16	15	6.3%	1	0	16	15	6.3%	1	0	16	16	0%	0	0
Clerical Assistant	28	25	10.7%	2	2	29	21	27.6%	3	2	29	20	31.0%	1	1
Laboratory Attendant	8	4	50.0%	1	0	8	3	62.5%	0	0	8	2	75.0%	0	0
Workman II	24	24	0.0%	1	1	25	25	0.0%	2	1	25	25	0.0%	1	1
Total:	257	233	9.3%	26	14	266	226	15.0%	23	12	266	224	15.8%	16	7

Including 1 staff member on pre-retirement leave.

Note: In January 2024, a Laboratory Attendant was transferred from a hospital's OMS&DC to the Hong Kong Central Dental Laboratory.

- End -

CONTROLLING OFFICER'S REPLY

HHB245

(Question Serial No. 0044)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (3) Health Promotion
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this regard, will the Government inform this Committee of the total number of projects launched in relation to smoking cessation services, publicity and education in the past 3 years, as well as the expenditure on and concrete outcomes of each project?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 3)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the Department of Health (DH) collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditures on and provision for tobacco control initiatives taken forward by the TACO of the DH from 2021-22 to 2023-24, broken down by type of activity, are at **Annex**. Expenditure on individual publicity programmes cannot be separately identified.

Expenditures on/Provision for
the Department of Health's Tobacco and Alcohol Control Office

	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	101.3	100.4	160.2
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	138.9	149.0	168.0
<u>(a) General health education and promotion of smoking cessation</u>			
<i>TACO</i>	62.8	73.0	87.3
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.2	26.8	26.4
<i>Sub-total</i>	<u>89.0</u>	<u>99.8</u>	<u>113.7</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations*</u>			
<i>Subvention to Tung Wah Group of Hospitals</i>	30.8	29.4	14.0
<i>Subvention to Pok Oi Hospital</i>	7.5	7.6	17.9
<i>Subvention to Po Leung Kuk</i>	0.7	-	-
<i>Subvention to Lok Sin Tong</i>	3.2	3.3	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.9	5.8	8.9
<i>Subvention to Life Education Activity Programme</i>	2.8	2.8	2.9
<i>Subvention to Christian Family Service Centre</i>	-	-	7.0
<i>Subvention to The University of Hong Kong</i>	-	0.3	-
<i>Sub-total</i>	<u>49.9</u>	<u>49.2</u>	<u>54.3</u>
Total	<u>240.2</u>	<u>249.4</u>	<u>328.2</u>

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0531)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Elderly Health Care Voucher Greater Bay Area Pilot Scheme announced earlier by the Government is set to expand in its scope of service. Will the Government please advise this Committee on whether there is legislation governing cross-border medical disputes or even medical blunders arising from the use of health care vouchers by Hong Kong elderly in the Greater Bay Area to safeguard their rights; whether a regulatory mechanism will be established in this respect?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 25)

Reply:

The Government attaches great importance to the service quality of the pilot medical institutions included under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (the Pilot Scheme). To this end, the medical institutions for the Pilot Scheme were selected through a rigorous process. From November 2023 to early February 2024, the Health Bureau and the Department of Health (DH) conducted market research, sought opinions and recommendations from the Health Commission of Guangdong Province, conducted on-site visits of the medical institutions' facilities, equipment and operation, etc., and met with the senior management of those medical institutions to gain a thorough understanding of their management structures and models, as well as their operation. Having considered factors such as service quality, experience in terms of management and operation, as well as the fee schedules and levels, the Government subsequently selected 7 high-quality medical institutions for the Pilot Scheme.

The DH adopts a robust monitoring mechanism for checking and auditing voucher claims under the Elderly Health Care Voucher Scheme (EHVS) both in Hong Kong and Shenzhen (i.e. at the University of Hong Kong-Shenzhen Hospital) to ensure proper disbursement of public monies in the handling of reimbursement to healthcare service providers. The relevant measures and procedures include routine checking, monitoring and investigating in respect of aberrant transactions, and investigation into complaints. The DH adopts a risk-based approach to check voucher claims, targeting healthcare service providers who have records of non-compliance with the terms and conditions of the EHVS Agreement and those

whose voucher claims show aberrant patterns. The above measures will also be applicable to the medical institutions participating in the Pilot Scheme.

To ensure the sustainability of high-quality services at the pilot medical institutions, the Government is now working with each medical institution on the follow-up arrangements, and will further work out details of the monitoring mechanism for the Pilot Scheme so as to optimise the relevant arrangements, and will also liaise with the Mainland health authorities during the process.

- End -

CONTROLLING OFFICER'S REPLY

HHB247

(Question Serial No. 1777)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

In respect of the manpower change of Dental Officers of the Department of Health (DH), please inform this Committee in detail of:

the number of the post's new recruits (and their percentage in the total number of DH's Dental Officers) and attrition figures broken down by retirement and resignation in the past 3 years.

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 7)

Reply:

A Dental Officer is mainly deployed to provide dental care and perform administrative duties at dental clinics or other institutions under the Department of Health (DH). As at 1 February 2024, the strength of DH's Dental Officers stands at 269.

A breakdown of the establishment, strength, vacancies, wastage rates, number of new recruits and attrition figures in respect of DH's Dental Officer Grade is set out below:

Financial year	Establishment	Strength	Vacancy	Wastage rate ^{Note 1} (%)	Number of new recruits (Percentage in the total strength of Dental Officers in DH)	Attrition figure	
						Number of resignees (Percentage in the total attrition figure)	Number of retirees (Percentage in the total attrition figure)
2021-22 (as at 31 March 2022)	371	321	50	12.1%	11 (3.4%)	35 (89.7%)	4 (10.3%)
2022-23 (as at 31 March 2023)	370	294	76	12.9%	11 (3.7%)	32 (84.2%)	6 (15.8%)
2023-24 (as at 1 February 2024)	370	269	101	12.3%	8 (3.0%)	20 (60.6%)	13 (39.4%)

^{Note 1} The wastage rates are calculated by dividing the number of wastage during the financial year by the strength as at the end of that financial year or on 1 February 2024.

- End -

CONTROLLING OFFICER'S REPLY

HHB248

(Question Serial No. 1778)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the admission of non-locally trained medical practitioners to Hong Kong, will the Government please advise this Committee on:

- 1) the number of non-locally trained medical practitioners admitted to practise in Hong Kong through the special registration scheme along with where they acquired their medical qualifications, broken down by specialty; and
- 2) whether the Government has any plans in 2024-25 to continue expanding the "List of Recognized Medical Qualifications" in Schedule 1A to the Medical Registration Ordinance, and the relevant details?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 8)

Reply:

- 1) According to the information provided by the Medical Council of Hong Kong (MCHK), since the passage of the Medical Registration (Amendment) Bill 2021 up to 29 February 2024, 66 medical practitioners (including 57 applicants holding recognized medical qualifications and 9 applicants transferred from limited registration) have been granted special registration to practise in Hong Kong. Of the 66 medical practitioners, 13 have had their names included in the Specialist Register of the MCHK at the time when they applied for special registration. Their respective specialties are tabulated as follows:

Specialty	Number of medical practitioners
Anaesthesiology	2
Emergency Medicine	1
Gastroenterology & Hepatology	3
General Surgery	1
Geriatric Medicine	1
Medical Oncology	1
Ophthalmology	1
Otorhinolaryngology	1
Radiology	2
Total:	13

The countries/places where the 66 medical practitioners acquired their medical qualifications are tabulated as follows:

Country/Place	Number of medical practitioners
China	2
United Kingdom	48
United States of America	3
Australia	8
Canada	2
South Africa	3
Total:	66

Note: The above figures only include medical practitioners granted special registration by the MCHK. Non-locally trained medical practitioners may also qualify for registration to practise in Hong Kong through participation in the Licensing Examination of the MCHK, the limited registration scheme or other means as stipulated in the Medical Registration Ordinance (MRO).

- 2) In November 2021, the Special Registration Committee (SRC) was established under the MCHK in accordance with the amended MRO (Cap. 161) to draw up the list of recognized medical qualifications upon review of non-local medical programmes of quality comparable to those run by the 2 medical schools in Hong Kong. The list will be submitted to the Registrar of Medical Practitioners for promulgation as a Legal Notice. To date, a total of 100 non-local medical qualifications have been promulgated as recognized medical qualifications in Hong Kong. The SRC is pressing ahead with assessment of other non-local medical programmes fulfilling the stipulated criteria in order to expand the “List of Recognized Medical Qualifications” in Schedule 1A to the MRO.

- End -

CONTROLLING OFFICER'S REPLY

HHB249

(Question Serial No. 1802)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (1) Statutory Functions
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

Will the government inform this committee of, since the enactment of the Smoking (Public Health) (Amendment) Ordinance 2021 on 30 April 2022, the respective numbers of prosecutions, convictions and penalties imposed regarding each new offence under the Ordinance; the respective numbers of electronic smoking product smokers and heated tobacco product smokers in Hong Kong each year since the enactment of the Ordinance, along with their age distribution?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 32)

Reply:

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes alternative smoking products (ASPs), including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with the Smoking (Public Health) Ordinance (Cap. 371) and the Import and Export Ordinance (Cap. 60). The Tobacco and Alcohol Control Office (TACO) of the Department of Health will conduct investigation upon receiving complaints or referrals. Cases in relation to illegally imported ASPs intercepted by the Customs and Excise Department at boundary control points will be referred to the TACO for follow-up. Any person who contravenes the import ban will be prosecuted when there is sufficient evidence.

From 30 April to 31 December 2023, the TACO issued 572 summonses to offenders for importing ASPs, resulting in 262 convictions in court with fines ranging from \$1,000 to \$6,000. Over the same period, the Customs and Excise Department (C&ED) followed up on 26 cases that involved both offences under the purview of the C&ED and the illegal import of ASPs, among which 7 cases have resulted in conviction, with the maximum fine and sentence being \$4,000 and two months' imprisonment respectively. Meanwhile, the TACO issued 18 summonses to offenders for suspected sale or possession for commercial purposes of ASPs. 11 cases (involving 17 summonses) were convicted by the court with a maximum penalty of two months' imprisonment.

According to the Thematic Household Survey Report No. 75 of the Census and Statistics Department, the prevalence of daily use of heated tobacco products and electronic smoking products aged 15 and above in 2021 was 0.1% (around 8 400 smokers) and 0.3% (around 17 500 smokers) respectively. Statistics of the latest thematic survey on the pattern of smoking, which was conducted in 2023 encompassing heated tobacco products and electronic smoking products, are still being analysed.

- End -

CONTROLLING OFFICER'S REPLY

HHB250

(Question Serial No. 1115)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Government's Oral Health Survey in 2011, adults and the elderly persons in Hong Kong tended to ignore oral diseases. In this connection, please advise on:

- (1) the amount of allocation for oral health education for the elderly persons and the nature of work in this area for the past 3 years;
- (2) the provisions for the Outreach Dental Care Programme for the Elderly (ODCP), which has been implemented since October 2014 to provide free on-site oral check-up for elderly persons living in residential homes or receiving services in day care centres and similar facilities in Hong Kong, in each of the past 3 years, along with the attendances and nature of services of the ODCP by district in each year during the above period.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 1)

Reply:

The Oral Health Education Division (OHED) of the Department of Health (DH) is responsible for implementing oral health promotion programmes targeting at different age groups and disseminating oral health information through different channels to raise public awareness of oral hygiene and health and encourage proper oral health habits. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained. The Government places particular emphasis on nurturing good oral hygiene habits from an early age and providing the School Dental Care Service (SDCS) to children.

Services for Young Children

The DH disseminates oral health care information on children aged 0 to 6 through websites and Maternal and Child Health Centres (MCHCs), and produces a series of pamphlets on oral care for young children, such as "Oral Health Care for Your Children", "Children's Diet and Dental Health" and "Brushing Teeth is What Children Can Do", which are distributed by healthcare personnel to parents during examination and development monitoring of new-born

babies at MCHCs, aiming to teach parents on how to take care of their babies' oral health as early as possible.

Over the past 3 years, the number of pamphlets distributed at MCHCs is as follows:

Year	2021	2022	2023
Number	36 840	23 890	28 500

In addition, the DH has been implementing the “Brighter Smiles for the New Generation” oral care activity at home and school targeting at children under 6 years old attending kindergartens and nurseries in Hong Kong. Provided with diverse learning and teaching materials such as cartoon animations and storybooks, teachers, parents and children can follow clear instructions while engaging in tooth brushing and practicing tooth-friendly diet at school and at home, fostering good habits of tooth brushing and tooth-friendly diet among children to prevent dental problems. Besides, the DH has also set up the “Brighter Smiles Playland” specifically designed for 4-year-old children, where local kindergartens and nurseries may apply for free visits for children to learn about a wealth of oral care knowledge in a fun way through interactive games and activities, such as singing nursery rhymes, brushing teeth on dental models, using different dental appliances in rotation and role-playing games, with a view to developing proper oral care habits. The DH will continue to encourage more kindergartens and nurseries to actively participate in its oral health education activities/programmes.

Over the past 3 school years, the number of participants of the “Brighter Smiles for the New Generation” oral care activity at home and school is as follows:

School Year ^{Note 1}	2020-2021	2021-2022	2022-2023
Number of participating schools	696	646	677
Number of participants	134 758	122 452	113 302

Over the past 3 school years, the number of participants of the “Brighter Smiles Playland” is as follows:

School Year ^{Note 1}	2020-2021	2021-2022	2022-2023
Number of participants	0 ^{Note 2}	15 385	32 090

Note 1: School year refers to the period from 1 September of one year to 31 August of the following year.

Note 2: Kindergarten students were unable to join the activity due to the COVID-19 pandemic.

The OHED of the DH launched a pilot programme named “Bright Smiles Baby Programme 2023-24 - Pilot Outreaching Oral Health Care and Promotion Programme for Pre-kindergarten Children” in some child care centres in June 2023. The programme is targeting at children aged 0 to 3 receiving child care services or studying in child care centres. It aims to increase parents' knowledge on oral health and improve parents' skills in cleaning their children's teeth, thereby helping children establish good habits of oral hygiene, dietary and oral check-up as early as possible. The two-school year programme (2023-2024) involved educational outreach and evaluation, under which free oral check-ups for assessing risk of tooth decay, application of topical fluoride for controlling tooth decay depending on the child's age and need, educational workshops for parents and caregivers, and pamphlets for the programme will be provided. For children with high risk of tooth decay, telephone follow-up for their parents will be arranged.

Over the past year, the number of participants of the “Bright Smiles Baby Programme 2023-24 - Pilot Outreaching Oral Health Care and Promotion Programme for Prekindergarten Children” is as follows:

Year	1 June 2023 to 31 March 2024
Number of participating organisations	9
Number of children receiving oral check-ups	491

The Faculty of Dentistry of the University of Hong Kong launched the Jockey Club Children Oral Health Project in 2019 with the support of the Hong Kong Jockey Club Charities Trust. The Government reviewed the data collected by the Faculty of Dentistry of the University of Hong Kong and noted that the Project was effective in slowing down tooth decay among preschool children. The Project will be supported by the Hong Kong Jockey Club Charities Trust up to the 2025-2026 school year. The Government will continuously monitor the effectiveness of this Project to determine the way forward for dental services for preschool children.

Services for Primary and Secondary School Students

The DH is currently providing various dental care and treatment services for students in Hong Kong, including the provision of SDCS for local primary school students and students aged under 18 years old with intellectual disability and/or physical disability (such as cerebral palsy) studying in special schools. Participating students will receive annual dental check-ups at designated school dental clinics, which cover oral examination as well as basic treatment and preventive care services. Meanwhile, the DH has also put in place a “Bright Smiles Mobile Classroom”, a roving oral health education bus, tasked to promote oral health to primary school students by means of outreach and games.

Over the past 3 service years, the number of primary school students participating in the SDCS is as follows:

Service Year ^{Note 3}	2021-2022	2022-2023	2023-2024
Number of primary school students participating in the SDCS	326 200	313 500	313 700

Note 3: Service year refers to the period from 1 November of one year to 31 October of the following year.

Over the past 3 service years, the number of attendances for the “Bright Smiles Mobile Classroom” is as follows:

School Year ^{Note 4}	2020-2021	2021-2022	2022-2023
Number of attendances	4 213	14 613	12 023

Note 4: School year refers to the period from 1 September of one year to 31 August of the following year.

To sustain the efforts made in primary school level, the DH has been organising oral health promotion activities for secondary students, including the “Teens Teeth” oral health promotion programme and the annual “Love Teeth Campaign” (LTC). Since 2005, the DH has been implementing a school-based programme “Teens Teeth” (which was later renamed as “TEENS Teeth Award Scheme” in 2015) among local secondary schools. Under the programme, senior secondary school students are trained to promote and educate lower-form schoolmates about the importance of oral health care and hygiene with a peer-led approach (i.e. train-the-trainers). Starting from 2003, the DH has been organising the LTC annually with a specific theme to promote oral health through the mass media to all Hong Kong people. The theme of this year is “A HAPPY MOUTH IS...A HAPPY BODY”.

Over the past 4 school years, the number of participants of the “TEENS Teeth Award Scheme” is as follows:

School Year ^{Note 5}	2019-2021 ^{Note 6}	2021-2022	2022-2023
Number of participating schools	9	17	26
Number of participants	81	229	355

Note 5: School year refers to the period from 1 September of one year to 31 August of the following year.

Note 6: It was a two-year programme in 2019-2021.

Over the past 3 years, the number of attendances for the LTC is as follows:

Year	2021	2022	2023
Number of attendances	22 100	19 000	28 000

As announced in the Chief Executive’s 2023 Policy Address, the Government plans to launch the Primary Dental Co-care Pilot Scheme for Adolescents in 2025 as an interface with the SDCS for primary school students. By providing partial subsidies for private dental check-ups services for adolescents aged between 13 and 17, as well as to foster the establishment of a long-term partnership between adolescents and the dentists of non-governmental organisations (NGOs) or private sector aims at promoting the life-long habit of regular dental check-ups for prevention of dental diseases. Under the co-payment model, eligible adolescents will receive dental check-ups services in the private healthcare sector by shouldering certain co-payment amount with government subsidies. NGOs and private dentists can determine the co-payment fee. At present, the Government is actively taking forward the relevant preparatory work and formulating the details of the scheme, particulars of which will be announced in due course.

- (1) Every year, the OHED of the DH organises the LTC, a year-round campaign, under the theme of the World Oral Health Day advocated by the FDI World Dental Federation. Through various publicity channels, the LTC aims at promoting the awareness among the public (including the elderly persons) towards oral health, desirable oral self-care and regular dental check-ups to prevent oral diseases.

The financial provision for oral health promotion for 2021-22, 2022-23 and 2023-24 is as follows:

Year	2021-22	2022-23	2023-24
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Financial provision (\$ million)	33.7	34.4	34.5
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Dental professionals offering public or subsidised dental services for the elderly persons (through the Outreach Dental Care Programme for the Elderly (ODCP), the Elderly Dental Assistance Programme funded by the Community Care Fund, the Elderly Health Care Voucher Scheme, etc.) will provide oral health education when delivering such services.

- (2) The ODCP has been implemented since October 2014 to provide free on-site oral check-up for elderly persons and oral care training to caregivers of residential care homes for the elderly (RCHEs), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). If the elderly person is considered suitable for further curative treatment, free dental treatment will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for the elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. Some 60% to 70% of the RCHEs/DEs are participating in the ODCP. However, we do not have the number of attendances broken down by district.

Over the past 3 years, the financial provision provided by the Government for implementing the ODCP, the number of attendances and the number of RCHEs/DEs participating in the ODCP are as follows:

Year	2021-22	2022-23	2023-24
Financial provision (\$ million)	60.7	63.1	64.3
Number of attendances	25 011	37 245	42 628 (as at January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760 (as at January 2024)

- End -

CONTROLLING OFFICER'S REPLY

HHB251

(Question Serial No. 2449)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (1) Statutory Functions
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

It is stated in the matters requiring special attention that the Department of Health will implement a sponsorship scheme in the coming year for training of dental hygienists and dental therapists to increase the manpower supply of ancillary dental workers for the development of primary dental services. In this regard, will the Government please advise this Committee on:

1. the number of trained and registered dental hygienists and dental therapists in each of the past 3 years and among them, how many pursued their studies locally and how many completed their training programme overseas;
2. the current enrolment capacity of training programmes for dental hygienists and dental therapists in Hong Kong, and whether there are plans to increase the enrolment capacity of such programmes in the coming 3 years; and
3. whether subsidies are provided to institutes for training dental hygienists and dental therapists at present; if yes, the details and if not, the way forward for such provision?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 114)

Reply:

At present, there are 2 types of ancillary dental workers who provide dental care services to patients in Hong Kong, namely dental hygienists and dental therapists –

- (a) Dental hygienists are now required to enrol under the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156B) to work in the public or private sector to perform preventive dental care (e.g. oral examination, education, teeth cleaning and polishing, fluoride application and scaling) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out; and

- (b) Currently, there is no statutory registration or enrolment system for dental therapists. They only work under the Department of Health (DH) to provide the School Dental Care Service. They may perform preventive dental care and basic curative dental care (e.g. dental restoration and extraction) in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out.

The Prince Philip Dental Hospital (PPDH) and the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE) are co-organising a two-year Higher Diploma in Dental Hygiene programme, graduates of which or holders of non-local qualifications are eligible to apply to the Dental Council of Hong Kong for enrolment as a dental hygienist. In addition, the PPDH teams up with the DH and HKU SPACE to offer a one-year Advanced Diploma in Dental Therapy programme, graduates of which (or holders of equivalent qualifications) meet the professional requirement to apply for the post of dental therapist.

The number of enrolled dental hygienists and dental therapists serving under the DH in the past 3 years are shown in the table below:

	Number of enrolled dental hygienists (as at 31 December)			Number of DH's dental therapists
	With local qualifications	With non-local qualifications	Total	
2021	408	123	531	253
2022	435	123	558	243
2023	489	123	612	237

To enhance local training to meet the development needs of oral health and dental care, in addition to increasing training places for the current programmes of Higher Diploma in Dental Hygiene and Advanced Diploma in Dental Therapy, the Government is currently liaising with the Vocational Training Council for organising a new course for dental hygienists. The provision of training places of dental hygienists and dental therapists will increase to nearly double from 95 in the 2023/24 academic year to 185 in the 2024/25 academic year. To attract more individuals to join the industry, the DH will offer full tuition fee sponsorship to students studying the above diploma programmes. The number of sponsored places was 95 in the 2023/24 academic year. Dental hygienists and dental therapists who have received the sponsorship are required to work in dental clinics of the DH or other specified non-governmental organisations for 1 year after graduation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3185)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The “Healthy Teeth Collaboration” (HTC) programme, launched by the Department of Health in 2018 and further extended for 3 years as announced in 2021, aims to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disability. In this connection, will the Government inform this Committee of:

1. the number of people enrolled in the HTC at the 5 non-governmental organisation (NGO) dental clinics since its launch;
2. the number of dental service sessions provided by the 5 NGO dental clinics each year since the launch of the HTC;
3. in relation to the provision of operating theatre services, the number of clinic referrals received by Evangel Hospital and Gleneagles Hospital Hong Kong each year respectively since the launch of the HTC;
4. the Government’s annual expenditure on subsidising the HTC since its launch; and
5. the end date of the HTC according to the current plan; and whether the Government will consider further extending the programme in the light of its effectiveness?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 110)

Reply:

1. to 5.

To safeguard the oral health of the public, the Chief Executive (CE) announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The Government launched a three-year programme named Healthy Teeth Collaboration (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation. In the past 5 service years, the number of dental service sessions provided by the 5 non-governmental organisation (NGO) dental clinics, as well as the number of referrals received by Evangel Hospital and Gleneagles Hospital Hong Kong are tabulated as follows:

Service Year ^{Note}	No. of dental service sessions provided by the 5 NGO dental clinics	No. of referrals received by Evangel Hospital	No. of referrals received by Gleneagles Hospital Hong Kong
2018-19	5 016	171	9
2019-20	2 252	96	27
2020-21	1 761	16	9
2021-22	3 926	59	26
2022-23	5 725	23	60
July 2023-January 2024	3 925	10	10

Note: A service year refers to the period from 16 July of the current year to 15 July of the following year.

The actual expenditures for implementing the HTC in 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 were \$3.2 million, \$12.8 million, \$6.8 million, \$11.1 million and \$22.8 million respectively, and the revised estimate for 2023-24 is \$32 million.

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the Department of Health (DH) by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year. The Government will closely monitor the

effectiveness and conduct reviews of the programme in a timely manner. In 2024-25, the DH has earmarked about \$77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

HHB253

(Question Serial No. 2158)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (2) Disease Prevention
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

A majority of schools substituted in-class teaching for online classes during the pandemic, which has a grave impact on students' vision due to their habitual use of electronic screen products. The resulting myopia can increase the risk of eye diseases such as macular degeneration, glaucoma and cataracts, burdening medical expenses in the long run. According to the findings of the Annual Health Assessment conducted by the Department of Health, a rising trend was noted in the percentage of Primary 1 students wearing corrective lenses since 2020. Although the figures saw a slight drop in the 2022/23 school year, it still remained higher than the pre-increase levels. In this connection, will the Government please advise this Committee on:

1. the number of Primary 1 students wearing corrective lenses with a breakdown by reason in each of the past 5 years;
2. in tabular form, the number of primary students by school grade and dioptré of myopia (lower than -0.5 dioptrés, -0.5 to -3.0 dioptrés, -3.0 to -6.0 dioptrés, and higher than -6.0 dioptrés) in the past 3 years;
3. the existing health promotion and support measures for students' vision and the corresponding expenditure; and
4. whether the Government has any plans such as spectacles subsidy to prevent vision deterioration among students, given that severe myopia can increase the risk of eye diseases?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 6)

Reply:

1. The number of Primary 1 students who were already wearing glasses by the time they took the visual acuity test at the Student Health Service Centres (SHSCs) of the Department of Health (DH) over the past 5 years is as follows:

Academic Year	Number of Primary 1 students with glasses (rounded to the nearest hundred)	Number of Primary 1 students receiving annual health assessment services (rounded to the nearest hundred)	Percentage of Primary 1 students with glasses among all Primary 1 students receiving annual health assessment services
2018/19	6 300	56 100	11.3%
2019/20 [^]	1 300	12 000	10.9%
2020/21 [^]	3 500	22 800	15.3%
2021/22 [^]	4 800	32 000	14.9%
2022/23	6 000	40 800	14.8%

[^] Due to service disruption by COVID-19, the data collected is not directly comparable to that of other academic years.

- The annual health assessment service under the Student Health Service (SHS) of the DH provides visual acuity tests for primary and secondary school students, including the assessment of refractive errors (but not the assessment of the severity of myopia), with the aim to detect as early as possible visual acuity problems of the students and whether the problems so detected have already been properly corrected (for example, wearing suitable glasses). Those who fail the visual acuity test will be referred to optometrists of the Special Assessment Centres (SAC) of the SHS for further visual assessment. Optometrists at the SACs will assess the level of myopia for students. The number of primary students with myopia detected at the SACs over the past 3 years, broken down by dioptré, is as follows:

Academic Year	Number of primary school students					Number of primary school students assessed by optometrists at the SACs*
	<-0.5 dioptrés	-0.5 to -2.99 dioptrés	-3.0 to -5.99 dioptrés	≥ -6.0 dioptrés	Total	
2020/21 [^]	204	4 072	920	72	5 268	11 626
2021/22 [^]	350	8 196	1 214	100	9 860	16 170
2022/23	456	12 716	2 361	202	15 735	26 239

[^] Due to service disruption by COVID-19, the data collected is not directly comparable to that of other academic years. The number of primary school students assessed at the SACs and found to have myopia prior to the epidemic was approximately 14 000 to 17 000.

* Myopia is the most common eye health issue among the primary school students assessed by optometrists at the SACs. While other refractive problems such as astigmatism and hyperopia are also prevalent, some students have other eye or vision-related problems, such as colour vision deficiency, strabismus and amblyopia.

3. & 4.

The SHS of the DH currently provides free annual health assessment service for eligible primary and secondary school students, which includes a visual screening test. Apart from evaluating refractive errors mentioned above, the annual health assessment also includes screening for other visual problems, such as amblyopia. The aim is to identify students with health problems at an early stage for timely advice and intervention. The SHS conducted annual health assessments for a total of 330 000 students in Primary 1 to Primary 6 and Secondary 1 to Secondary 3 in the 2022/23 academic year, among which 13% of them required referral to optometrists of the SHS for further visual evaluation (including those who failed the visual acuity test).

In addition, healthcare professionals will provide health advice and education to promote eye health, for example, healthy reading habits including proper use of electronic screen products, to individual students during the annual health assessment. Relevant information including the importance of regular eye check-ups will also be provided to those with high myopia and astigmatism.

Apart from continuing regular health assessments for individual students, the SHS monitors the overall health condition and trends (including the eye/vision health of students) of all students in the territory through the data obtained from the annual health assessment service. The SHS will disseminate the information to the public to raise the awareness of the society (including parents and teachers) of students' health.

Furthermore, the DH has been promoting vision and eye health through various channels. The SHS website of the DH provides relevant health information, including a series of recommendations and health tips on using the Internet and electronic screen products.

Meanwhile, the Government has set up District Health Centres (DHC) and smaller interim DHC Expresses across the territory in 2022 and achieved the interim goal of "coverage in all 18 districts". These DHCs and DHC Expresses aim to develop personalised health plans for the public, including children, based on factors such as age, gender and lifestyle. The DHCs provide health assessment services, organise health promotion activities (including health education on eye care), and serve as hubs for primary healthcare resources in the district, liaising with different healthcare professionals in the community to provide coordination and referrals for those in need.

The SHSCs of the DH provide a wide range of services, and the expenditure and manpower related to students' vision health work cannot be separately identified. Given that all eligible students can participate in the SHS programmes for free, the expenditure on the aforementioned assessments and promotion of vision health are subsumed into the overall expenditure of the SHS and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB254

(Question Serial No. 2159)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Scheme (EHVS), will the Government please inform this Committee of:

- 1 the number of attendances at the designated clinics/departments of the University of Hong Kong-Shenzhen Hospital for outpatient services under the EHVS in the past 3 years, broken down by age groups (65 to 69, 70 to 74, 75 to 79, 80 to 84 and 85 or above);
- 2 the number of attendances for primary healthcare services under the EHVS in the past 3 years, broken down by age groups (65 to 69, 70 to 74, 75 to 79, 80 to 84 and 85 or above);
- 3 the amount claimed for primary healthcare services and its percentage in the total amount claimed from the EHVS in the past 3 years;
- 4 the estimated number of persons eligible for and the estimated increase in expenditure on the EHVS in the next 3 years.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 7)

Reply:

1.

The number of voucher claim transactions for designated outpatient services at the University of Hong Kong-Shenzhen Hospital (HKU-SZH) in the past 3 years, broken down by age group of the elderly persons receiving such services, is as follows:

Elderly age group	Number of voucher claim transactions for designated outpatient services at the HKU-SZH ^{Note}		
	2021	2022	2023
65-69	4 702	6 170	10 376

70-74	13 232	11 815	13 237
75-79	8 871	7 106	7 786
80-84	4 737	3 809	4 139
85+	4 411	3 456	2 924
Total:	35 953	32 356	38 462

Note: Designated Outpatient Medical Centers/Medical Service Departments of the HKU-SZH which accept the use of vouchers by elderly persons include the Family Medicine Clinic, Health Assessment and Management Center, Accident and Emergency Department, Orthopedic Clinic, Ophthalmology Clinic, Dental Clinic, Chinese Medicine Clinic, Medicine Clinic, Gynaecology Clinic, Surgery Clinic, Rehabilitation Clinic, Physiotherapy Department, Department of Medical Imaging, Department of Clinical Microbiology and Infection Control and the Department of Pathology. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

2. & 3.

The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009 to provide financial incentive to encourage elderly persons to receive primary healthcare services such as preventive care, screening, and management of chronic diseases at private institutions. The aim is to change their health-seeking behaviour to achieve early detection and treatment for health protection, and to facilitate their choice of private primary healthcare services that best suit their health needs by providing them with additional healthcare choices on top of the existing public healthcare services. The number of elderly persons who had made use of vouchers in the past 3 years (by the end of each year), broken down by age group, is as follows:

	2021	2022	2023
	Number of elderly persons	Number of elderly persons	Number of elderly persons
Cumulative number of elderly persons who had made use of vouchers by end of the year	1 424 000	1 492 000	1 610 000
By elderly age group			
65-69	440 000	455 000	505 000
70-74	402 000	426 000	450 000
75-79	217 000	247 000	282 000
80-84	161 000	157 000	157 000
85+	204 000	207 000	216 000

Currently, the EHVS subsidises eligible Hong Kong elderly persons aged 65 or above with an annual voucher amount of \$2,000 (accumulation limit of \$8,000) for using private primary

healthcare services provided by private healthcare professionals. The amount of vouchers claimed and its percentage in the total amount claimed from the EHVS by type of healthcare service provider enrolled in the EHVS in the past 3 years are as follows:

Amount of Vouchers Claimed (in \$'000)

	2021	2022	2023 ^{Note 1}
Medical Practitioners	1,027,990 (40.4%)	1,059,052 (41.3%)	1,270,495 (38.9%)
Chinese Medicine Practitioners	788,617 (31.0%)	854,324 (33.3%)	1,140,988 (34.9%)
Dentists	355,444 (14.0%)	343,327 (13.4%)	413,222 (12.6%)
Occupational Therapists	7,503 (0.3%)	4,518 (0.2%)	4,455 (0.1%)
Physiotherapists	19,238 (0.8%)	17,743 (0.7%)	22,726 (0.7%)
Medical Laboratory Technologists	20,552 (0.8%)	13,393 (0.5%)	14,712 (0.4%)
Radiographers	22,603 (0.9%)	24,635 (0.9%)	29,503 (0.9%)
Nurses	11,049 (0.4%)	9,878 (0.4%)	11,168 (0.3%)
Chiropractors	5,760 (0.2%)	5,080 (0.2%)	5,955 (0.2%)
Optometrists	284,753 (11.2%)	233,912 (9.1%)	352,743 (10.8%)
Audiologists ^{Note 2}	-	-	2,693 (0.1%)
Clinical Psychologists ^{Note 2}	-	-	4 (0.0001%)
Dietitians ^{Note 2}	-	-	829 (0.03%)
Speech Therapists ^{Note 2}	-	-	5 (0.0002%)
Sub-total(for Hong Kong):	2,543,509 (100%)	2,565,862 (100%)	3,269,498 (100%)
HKU-SZH ^{Note 3}	12,103	10,949	11,883
Total:	2,555,612	2,576,811	3,281,381

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of \$1,000 or more on designated primary healthcare services in a year will be allotted \$500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

4.

According to the Hong Kong Population Projections for 2022-2046 of the Census and Statistics Department, it is projected that the number of elderly persons (aged 65 or above) eligible for vouchers will increase by 64 000, 146 000 and 218 000 in 2024, 2025 and 2026 respectively compared to 2023. The financial provision for the EHVS for 2024-25 is \$3.96 billion, representing an increase of about \$190 million over its provision in 2023-24. The Department of Health does not have the figures on the financial provision for the EHVS for 2025-26 and 2026-27.

- End -

CONTROLLING OFFICER'S REPLY

HHB255

(Question Serial No. 2162)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the proposal in both the 2023-24 and 2024-25 Budget Speeches to increase tobacco duty, will the Government please advise this Committee on the following information since the duty increase last year:

- (1) the number of smokers who have sought help with quitting;
- (2) the change in the overall smoking prevalence in Hong Kong?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 10)

Reply:

(1) & (2)

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to \$3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health's (DH) Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB256

(Question Serial No. 2185)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the free human papillomavirus (HPV) vaccination programme for school girls, please advise this Committee on:

- 1 the incidence and mortality figures of cervical cancer in each of the past 5 years;
- 2 the number of schools participating in the HPV vaccination programme in each of the past 5 years; and
- 3 among the school girls who have received the HPV vaccine under the Hong Kong Childhood Immunisation Programme, the number of school girls attending local schools and those attending non-local schools in each of the past 5 years.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 34)

Reply:

1.

The annual number of new cases of cervical cancer from 2017 to 2021 is shown in the table below:

Year	Number of new cases #
2017	516
2018	582
2019	520
2020	556
2021	596

Source: Hong Kong Cancer Registry, Hospital Authority
Figures for 2022 and 2023 are not yet available.

The number of registered deaths for cervical cancer from 2018 to 2022 is shown in the table below:

Year	Number of registered deaths[^]
2018	163
2019	162
2020	159
2021	178
2022	167

Source: Department of Health (DH)

[^] The figure for 2023 is not yet available.

2 & 3.

The DH has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and Primary 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/2020 school year. The first dose is given to Primary 5 students at their schools, and in accordance with the recommended vaccination schedule, they will receive the second dose after progressing to Primary 6 in the following school year. Students who have not received the vaccine at their schools and eligible girls who are not studying in Hong Kong can receive the vaccine at the sub-offices of the School Immunisation Team (SIT) by appointment. The Student Health Service of the DH also provides free mop-up vaccination at Student Health Service Centres for eligible girls who have entered secondary schools but have not received any HPV vaccine.

The number of schools visited by and students receiving the HPV vaccine from the SIT in each school year since the launch of the vaccination programme is tabulated as follows:

School year	2019/20	2020/21	2021/22	2022/23
Number of schools visited	598	620	625	629
Number of vaccine recipients	22 200*	46 300	48 400	53 600

* Only Primary 5 female students received HPV vaccines in the 2019/20 school year.

The DH does not maintain the breakdown of HPV vaccine recipients by female student attending local schools and female student attending non-local schools.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experience in relation to the efficacy and safety of HPV vaccine, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended in November 2022 the extension of the HPV vaccination target group to include older girls who are under 18 years old. In response to the recommendations of the SCVPD, the Government is preparing for the implementation of a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls, who were born in or after 2004 (i.e. those who were aged 18 years or below in 2022) and thus were not covered by the HPV vaccination programme under the HKCIP previously. The Government expects to commence the catch-up vaccination programme in the 2024/25 school year and the implementation details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB257

(Question Serial No. 3081)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the financial provision for this Programme, the estimated expenditure for 2024-25 is 34.8% lower than the original estimate for 2023-24. Please advise on the reasons for the reduction in the estimate.

Asked by: Hon LEUNG Tsz-wing, Dennis (LegCo internal reference no.: 35)

Reply:

The reduction of \$4.42 billion (34.8%) in the financial provision for disease prevention under Programme (2) in 2024-25 from the original estimate for 2023-24 is mainly attributed to the fact that under a system of the “new normal” upon the full resumption of normalcy in society, COVID-19 has been managed as a type of upper respiratory tract infections since early 2023, hence the reduction in the expenditure on the prevention and control of COVID-19.

If the Department of Health's expenditure on the prevention and control of COVID-19 for both 2023-24 and 2024-25 is deducted, the financial provision for Programme (2) for 2024-25 is 4.2% higher than the original estimate for 2023-24.

- End -

CONTROLLING OFFICER'S REPLY

HHB258

(Question Serial No. 2637)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

1. The Government has stated that it will continue to oversee the implementation of the "Outreach Dental Care Programme for the Elderly" (ODCP) and the "Healthy Teeth Collaboration" (HTC) programme. With regard to the two programmes, will the Government advise this Committee on:
 - (a) the number of people benefiting from the programmes in each of the past 3 years;
 - (b) the average waiting time of the applicants;
 - (c) the number of dentists participating in the programmes each year;
 - (d) the estimates for the coming year and the expenditure and manpower involved each year in the expansion of services;
 - (e) the amount of subventions provided to non-governmental organisations and the administrative costs incurred in each of the past 3 years; and
 - (f) whether the Government will review the implementation and effectiveness of the programmes on a regular basis; if yes, the details; if not, the reasons?
2. Please advise on the number of residential care homes and day care centres for the elderly participating and not participating in the ODCP, and whether the Government has explored the reasons why they did not join.
3. Please advise on whether the Government has compiled any statistics on the application and approval for the escort and transport subsidies since the launch of the HTC programme.

Asked by: Hon LI Sai-wing, Stanley (LegCo internal reference no.: 18)

Reply:

1. to 3.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The implementation details of the Outreach Dental Care Programme for the Elderly (ODCP) and the Healthy Teeth Collaboration (HTC) programme are as follows:

(A) The ODCP

The ODCP has been implemented since October 2014 to provide free on-site oral check-up for elderly persons and oral care training to caregivers of residential care homes (RCHes), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). The timing for provision of such service is determined between the NGOs and RCHes/DEs; basically, ODCP participants residing in those RCHes/DEs receive the service once a year. If the elderly person is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. 6 civil service posts have been provided for implementing the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24 (up to January 2024), the number of RCHes/DEs participating in the ODCP and the number of attendances for the ODCP are set out below:

Year	2021-22	2022-23	2023-24 (up to January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760
Number of attendances	25 011	37 245	42 628

A breakdown of the Government's actual expenditure and revised estimate in respect of the implementation of the ODCP is set out below:

Breakdown	Actual expenditure (\$ million)		Revised estimate (\$ million)
	2021-22	2022-23	2023-24
Subvention to NGOs for operating outreach dental teams	31.6	39.3	53.7
Administrative costs	10.0	9.3	5.2
Total:	41.6	48.6	58.9

In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of \$64.2 million. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. The DH regularly reviews the implementation and effectiveness of the ODCP through questionnaire surveys, the results of which indicated that the RCHEs/DEs interviewed are satisfied with the ODCP. The Government also takes the initiative to learn about the situations faced by the RCHEs/DEs that have not participated in the ODCP, such as the area and manpower of the RCHEs, the health conditions of their residents, as well as the requests of the residents and/or their families, etc. The Government will continue to promote the programme and encourage participation.

(B) The HTC programme

The Government launched a three-year programme named Healthy Teeth Collaboration (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. At present, 5 NGO dental clinics (with at least 1 qualified dentist and 1 dental surgery assistant) have participated in the programme. Applicants can register and make their first appointment at one of the NGO dental clinics. The earliest available time slot for new cases at the clinics is 2 to 3 weeks. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation. Eligible persons may also apply for escort subsidy and

transport subsidy. In 2023-24 (up to January 2024), the number of such applications was about 120.

In the service years 2021-22, 2022-23 and 2023-24 ^{Note} (up to January 2024), the number of attendances for the services provided under the HTC is set out below:

Service Year ^{Note}	2021-22	2022-23	2023-24 (up to January 2024)
Number of attendances	4 129	6 121	4 119

Note: A service year refers to the period from 16 July of the current year to 15 July of the following year.

A breakdown of the actual expenditure and revised estimate in respect of the implementation of the HTC is as follows:

Breakdown	Actual expenditure (\$ million)		Revised estimate (\$ million)
	2021-22	2022-23	2023-24
Subvention to NGOs for operating outreach dental teams	7.9	19.2	26.7
Administrative costs	3.2	3.6	5.3
Total:	11.1	22.8	32.0

The DH regularly reviews the implementation and effectiveness of the HTC through questionnaire surveys. The families of adults with ID interviewed in the survey were satisfied with the HTC and hoped that it could be further extended.

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year. In 2024-25, the DH has earmarked about \$77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

HHB259

(Question Serial No. 2673)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of a mental health promotion and public education initiative in paragraph 15 of this Programme, will the Government please:

1. set out in a table the provision for this initiative and the allocation of funds across the portfolio;
2. set out in a table the means of promoting mental health and public education; and
3. advise on the number of clinical psychologists and social workers engaged in the programme and the staff cost incurred?

Asked by: Hon NG Chau-pei, Stanley (LegCo internal reference no.: 17)

Reply:

(1) & (2)

For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of \$50 million for the implementation of “Shall We Talk”, a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. The key promotion channels include:

<u>Offline channels, for example:</u>	
The Mental Health Workplace Charter	The Mental Health Workplace Charter was implemented jointly by the Department of Health (DH), the Labour Department and the Occupational Safety and Health Council to promote mental well-being at workplace.

	As at 31 December 2023, over 1 200 organisations signed the Charter, benefiting more than 600 000 employees.
Tour Activities	Tour activities (such as Community Mobile Game Station – “The Emotion Archive” and School Tour – “Talk with the Flow”) are organised in different districts and tertiary institutions to promote mental health.
Announcements in the Public Interest (APIs)	APIs are broadcast in TV, radio stations and other media.
Online approaches, for example:	
The “Shall We Talk” Thematic Website	A one-stop mental health thematic website has been set up at https://shallwetalk.hk to provide information and resources on mental health to the public and broadcasts videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues. As at 31 December 2023 in the year 2023-24, the “Shall We Talk” thematic website has accumulated 851 784 page views.
Social Media	Videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) are broadcast on social media platforms to encourage the public to face mental health issues.

(3)

The mental health promotion and public education initiative is undertaken by the Health Promotion Branch under the Centre for Health Protection of the DH. There are 4 posts in the Clinical Psychologist Grade but no social worker related grades in its approved establishment. The staff cost of mental health promotion, which is subsumed under the overall expenditure of the DH on health promotion, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB260

(Question Serial No. 0764)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is stated by the Financial Secretary in paragraph 193 of the Budget Speech that “(i)ncreasing the tobacco duty is recognised internationally as the most effective means of reducing tobacco use. The Government now proposes to increase the duty on cigarettes by 80 cents per stick, with immediate effect. Duties on other tobacco products will be increased by the same proportion. The rate of increase is similar to that of last year.” Following the increase of cigarette duty by 60 cents per stick since February last year, the advertising of suspected duty-not-paid cigarettes both online and offline (in the form of, for example, leaflets commonly known as “dim sum sheets” and website advertisements) has gone viral according to media reports. Under the Smoking (Public Health) Ordinance (Cap. 371), the enforcement of which is mainly the task of the Tobacco and Alcohol Control Office (TACO) of the Department of Health, no person shall display or cause to be displayed, or publish or distribute for the purpose of display, any tobacco advertisement in any form (including leaflets or advertisements on the Internet). Please then advise this Committee on the TACO’s expenditure on and manpower for the enforcement of the legislation, the number of prosecutions and complaints handled (as well as the results) in 2023-24, and the following information for the last year:

- (1) the number of complaints received about advertisements for suspected duty-not-paid cigarettes;
- (2) the effectiveness of enforcement against advertisements for suspected duty-not-paid cigarettes;
- (3) whether the TACO has taken the initiative to look into the barrage of advertisements for suspected duty-not-paid cigarettes; if yes, the findings; if not, the reasons.

Asked by: Hon NG Kit-chong, Johnny (LegCo internal reference no.: 33)

Reply:

(1), (2) & (3)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) (the Ordinance). Part 4 of the Ordinance sets out regulations on the advertising of smoking products, including prohibition on the display or distribution of smoking product advertisements (including leaflets) and the placing of smoking product advertisements on the Internet. Offenders are liable to a fine of \$50,000. Upon receiving complaints or referrals concerning smoking product advertisements, the TACO will take follow-up action and investigate, prosecuting offenders when there is sufficient evidence. In 2023, the TACO received around 1 100 complaints/referrals concerning smoking product advertisements and issued 80 summonses and 2 warning letters for suspected violations.

Advertising of smoking products, both duty-paid and duty-not-paid, falls within the ambit of the Ordinance and the TACO's enforcement work. Any case that involves duty-not-paid smoking products will be referred to the Customs and Excise Department (C&ED) for follow-up investigation.

With a view to stepping up efforts in combating the distribution of smoking product advertisements in public housing estates, the TACO has been conducting joint operations with the Police, the Housing Department (HD) and the C&ED since January this year in public housing estates in different districts across Hong Kong. In addition, a collaboration mechanism has been established among the TACO, the Police and the HD. When smoking product advertisements are found to be distributed at public housing estates, housing estate staff will immediately contact the Police for assistance and subsequently refer the case to the TACO for further investigation. The DH will closely monitor the situation and continue to take stringent enforcement actions against any violation of the Ordinance. Since 2021, the TACO has prosecuted 12 offenders for distributing smoking product leaflets. Apart from joint operations with the relevant departments, the TACO also carries out regular online surveillance. Upon discovery of the smoking product advertisements on the Internet, the TACO will ask the relevant Internet service providers and social media platforms to remove such contents as soon as possible. The TACO has removed over 1 300 webpages and social media accounts/posts involving smoking product advertisements in 2023.

The expenditure, provision/revised estimate in respect of tobacco control work undertaken by the TACO from 2021-22 to 2023-24 and its approved establishment are at **Annex**.

Expenditure on/Provision of
the Department of Health's Tobacco and Alcohol Control Office

	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	101.3	100.4	160.2
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	138.9	149.0	168.0
<u>(a) General health education and promotion of smoking cessation</u>			
<i>TACO</i>	62.8	73.0	87.3
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.2	26.8	26.4
<i>Sub-total</i>	<u>89.0</u>	<u>99.8</u>	<u>113.7</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations*</u>			
<i>Subvention to Tung Wah Group of Hospitals</i>	30.8	29.4	14.0
<i>Subvention to Pok Oi Hospital</i>	7.5	7.6	17.9
<i>Subvention to Po Leung Kuk</i>	0.7	-	-
<i>Subvention to Lok Sin Tong</i>	3.2	3.3	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.9	5.8	8.9
<i>Subvention to Life Education Activity Programme</i>	2.8	2.8	2.9
<i>Subvention to Christian Family Service Centre</i>	-	-	7.0
<i>Subvention to The University of Hong Kong</i>	-	0.3	-
<i>Sub-total</i>	<u>49.9</u>	<u>49.2</u>	<u>54.3</u>
Total	<u>240.2</u>	<u>249.4</u>	<u>328.2</u>

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	From 2021-22 to 2023-24 No. of staff
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB261

(Question Serial No. 0110)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (1) Statutory Functions
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

The Government is committed to implementing promotional initiatives in support of tobacco control. It is stated in the Budget Speech that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. Please set out the number of smokers in Hong Kong (with a breakdown by age, gender and year of smoking), as well as the Government's manpower for and expenditure on work in relation to enforcement, publicity and health education and smoking cessation, in the past 3 years.

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 52)

Reply:

The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex 1**. Preliminary findings of the latest THS conducted by the C&SD in 2023 on the pattern of smoking show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

The expenditures on and provision for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH), as well as the approved establishment of TACO from 2021-22 to 2023-24 are at **Annex 2**.

Prevalence of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021*

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥ 60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

Expenditures on/Provision for
the Department of Health's Tobacco and Alcohol Control Office

	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	101.3	100.4	160.2
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	138.9	149.0	168.0
<u>(a) General health education and promotion of smoking cessation</u>			
<i>TACO</i>	62.8	73.0	87.3
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.2	26.8	26.4
<i>Sub-total</i>	<u>89.0</u>	<u>99.8</u>	<u>113.7</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations*</u>			
<i>Subvention to Tung Wah Group of Hospitals</i>	30.8	29.4	14.0
<i>Subvention to Pok Oi Hospital</i>	7.5	7.6	17.9
<i>Subvention to Po Leung Kuk</i>	0.7	-	-
<i>Subvention to Lok Sin Tong</i>	3.2	3.3	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.9	5.8	8.9
<i>Subvention to Life Education Activity Programme</i>	2.8	2.8	2.9
<i>Subvention to Christian Family Service Centre</i>	-	-	7.0
<i>Subvention to The University of Hong Kong</i>	-	0.3	-
<i>Sub-total</i>	<u>49.9</u>	<u>49.2</u>	<u>54.3</u>
Total	<u>240.2</u>	<u>249.4</u>	<u>328.2</u>

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	No. of Staff from 2021-22 to 2023-24
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB262

(Question Serial No. 3134)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

To effectively reduce tobacco use, the Government proposes to increase the duty on cigarettes by 80 cents per stick with immediate effect. In respect of the correlation between tobacco duty increase and the deduction in smoking prevalence, will the Government please inform this Committee of:

- (1) whether the Government has, following the increase in tobacco duty by about 31.5% last year, conducted any study on the effectiveness of the said increase or tobacco control policy to prove that such increase can effectively lead to a significant decrease in smoking prevalence; if yes, the details and findings; if not, the reasons;
- (2) given that the key performance indicator (KPI) set by the Government for the specified task under the tobacco control policy is to reduce the smoking prevalence to 7.8% in 2025, whether the Government has in place, apart from logging the number of calls received by the Smoking Cessation Hotline for assistance, other KPIs to assess the effectiveness of its tobacco control policies including duty increase; if yes, details of the KPIs; if not, the reasons;
- (3) given that the smoking prevalence of 9.5% as announced by the Government at present is taken from statistics as at 2021 and that the Financial Secretary has mentioned a slight decrease in smoking prevalence after the tobacco duty increase last year, whether figures can be provided by the Government on smoking prevalence and the smoking population over the past 3 years?

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 32)

Reply:

(1) & (2)

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged

approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to \$3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health (DH)'s Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Surveys (THS) conducted by the Census and Statistics Department (C&SD) on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The

Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

(3)

The C&SD conducts the THS from time to time to study the smoking prevalence in the population. The data from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5% as compared to 10.2% in 2019. Two rounds of THS on the pattern of smoking have been conducted and completed in the past 5 years, with smoking prevalence by age group and sex set out at **Annex**. As mentioned above, preliminary findings of the latest THS conducted by the C&SD in 2023 on the smoking pattern show that smoking prevalence has further dropped to 9.1%. Details of the survey results will be released in mid-2024.

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2019 and 2021

Age group	Male		Female		Overall	
	2019	2021	2019	2021	2019	2021
15 - 19	#	#	#	#	#	#
20 - 29	9.0%	9.6%	2.4%	2.1%	5.7%	5.9%
30 - 39	19.3%	15.3%	5.0%	4.5%	11.6%	9.5%
40 - 49	23.2%	24.6%	5.6%	5.8%	13.4%	14.2%
50 - 59	25.1%	22.0%	3.3%	3.2%	13.5%	11.7%
≥60	17.5%	15.7%	1.5%	1.2%	9.1%	8.2%
Overall	18.1%	16.7%	3.2%	3.0%	10.2%	9.5%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.0% were daily cigarette smokers based on the survey conducted in 2019.

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 70 and 75, Census and Statistics Department.

- End -

CONTROLLING OFFICER'S REPLY

HHB263

(Question Serial No. 0686)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (DH) makes recommendations regarding the Hong Kong Childhood Immunisation Programme (HKCIP) from the public health perspective. Maternal and Child Health Centres provide immunisation to children from birth to 5 years according to the HKCIP. As for primary school children, vaccination is provided at schools by the DH's outreaching School Immunisation Teams. Will the Government advise this Committee on:

1. in tabular form, the estimated number of vaccine recipients, the actual number of people vaccinated, the uptake rate, the expenditure involved and the implementation details of the HKCIP over the past 3 years;
2. the uptake rate of children of the age cohort suitable for vaccination by type of vaccine including those available under the HKCIP and those not covered by it;
3. whether the Government has explored the feasibility of fully subsidising children under the HKCIP to receive vaccination at private healthcare facilities; and
4. whether the Government has taken any measures to ensure that children of the age cohort suitable for vaccination receive all necessary vaccines?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 3)

Reply:

1. to 4.

The Department of Health (DH) provides free vaccination services for eligible children under the Hong Kong Childhood Immunisation Programme (HKCIP) for the prevention of 11 communicable diseases, namely Tuberculosis, Hepatitis B (Hep B), Poliomyelitis, Tetanus, Pertussis, Measles, Diphtheria, Mumps, Rubella, Varicella and Pneumococcal Disease. With a view to preventing children from contracting communicable diseases, Bacillus Calmette-Guerin (BCG) vaccine and the first dose of Hep B vaccine are first given to newborn

babies in hospitals under the current arrangement. Pre-school children (aged 0 to 5) then receive different types of vaccines and boosters at recommended ages of vaccination at the DH's Maternal and Child Health Centres (MCHCs). As for primary school children, vaccination is provided at schools by the DH's outreach School Immunisation Teams (SITs). The Student Health Service (SHS) of the DH also provides free mop-up vaccination at Student Health Service Centres (SHSCs) for secondary school students.

The estimated number of vaccine recipients, the number of doses administered, the vaccination coverage rate and the implementation details of the HKCIP in the past 3 years are as follows:

Eligible newborn babies to children aged 5

Eligible newborn babies to children aged 5 can receive vaccination free-of-charge at the MCHCs. Over 90% of local newborn babies receive services including vaccination at MCHCs each year.

The number of vaccines administered at the MCHCs under the HKCIP for newborn babies to children aged 5 over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	Target population#	Doses of vaccines administered*
2021	38 684	385 000
2022	32 950	323 000
2023	33 288	315 000

Total registered live births

* The number only includes children who received vaccines under the HKCIP at the MCHCs (rounded to the nearest thousand)

The DH conducts territory-wide surveys on immunisation coverage on a regular basis to monitor the vaccination rates among pre-school children in Hong Kong (i.e. the percentage of children having received vaccination as recommended under the HKCIP) and carries out random inspections of children's immunisation records. The results of the latest survey conducted in 2021 on the overall immunisation coverage of vaccination under the HKCIP (among pre-school children born between 2015 and 2017) are tabulated below:

Type of vaccine [^]	Year of birth		
	2015	2016	2017
BCG vaccine	99.9%	99.5%	99.3%
Received Hep B vaccine	99.5%	99.2%	98.9%
Received Poliomyelitis vaccine	98.0%	97.9%	97.4%
Received Diphtheria-Pertussis-Tetanus vaccine	98.7%	98.0%	97.5%
Received Measles vaccine	99.9%	99.0%	99.1%
Received Mumps vaccine	99.9%	99.0%	99.1%
Received Rubella vaccine	99.9%	99.0%	99.1%
Received Varicella vaccine	99.1%	98.7%	98.7%
Received Pneumococcal vaccine	93.5%	94.7%	94.9%

[^] includes vaccines received in private healthcare organisations and outside of Hong Kong

The DH does not maintain data on vaccination coverage rates other than those under the HKCIP. There are at present no regulations requiring private healthcare service providers to store vaccination records in the Electronic Health Record Sharing System (eHealth system).

The DH follows up on cases where children have not been brought to the MCHCs for vaccination at the recommended age. This includes calling or reaching by other means their parents or caretakers to remind them of arranging vaccination under the HKCIP for the babies/young children under their care in a timely manner.

Eligible primary school children

The SITs of the DH provide free vaccination to eligible Primary 1 school children, Primary 5 school girls and Primary 6 school children across the territory under the HKCIP. In addition to administering vaccines to students through outreach programmes, the SITs have set up sub-offices to provide mop-up vaccination for primary school students who have not completed immunisation as recommended under the HKCIP.

The number of vaccines administered by the SITs under the HKCIP for school children over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	Target population#	Doses of vaccines administered*
2021	141 288	255 000
2022	139 560	201 000
2023	Not available	210 000

The number includes all Primary 1 and 6 students and all Primary 5 girls. The number of registered students is obtained from the Education Bureau's website at https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol_2022.pdf

* rounded to the nearest thousand

The SITs will verify the immunisation records of the students while visiting schools. The overall immunisation coverage rates among primary school students based on these records are tabulated below:

Type of vaccine		School year		
		2020/21	2021/22	2022/23
Primary 1	Received Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine	96.1%	96.9%	97.2%
	Received Measles, Mumps, Rubella & Varicella vaccine	95.0%	95.8%	95.4%
Primary 5	Human Papillomavirus (HPV) vaccine (female students)*	88.5%	88.9%	93.5%

Primary 6	Received Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus vaccine	96.4%	96.1%	96.0%
	Received Measles, Mumps & Rubella vaccine	97.6%	97.9%	98.5%
	Received Hep B vaccine	98.0%	98.8%	99.3%
	Received HPV vaccine (female students)*	86.1%	89.3%	91.9%

* School girls receive their first dose of the HPV vaccine under the HKCIP in Primary 5 and their second dose in Primary 6 starting from the 2019/20 school year. The interim target for the HPV vaccination coverage rate (completing 2 doses of the HPV vaccine) among the first batch of eligible girls was 70% as set out in the Hong Kong Cancer Strategy 2019 announced by the Government.

The DH does not maintain data on vaccination coverage rates other than those under the HKCIP. There are at present no regulations requiring private healthcare service providers to store vaccination records in the eHealth system.

During the suspension of face-to-face classes in schools due to the COVID-19 epidemic, the SITs arranged for vaccination of primary students in 6 sub-offices of the DH in replacement of the original outreach programme. To meet service demands, the service hours of these sub-offices were extended and the daily quota for vaccination increased to ensure timely vaccination of students under the HKCIP. The SITs also sent letters to schools via the Education Bureau, together with messages and telephone calls to parents of students yet to complete the vaccination under the HKCIP and to arrange mop-up vaccination at the sub-offices. The SITs will continue to promote health information relating to vaccination to students, school teaching staff, parents and other stakeholders to raise their awareness of vaccine preventable diseases.

Eligible secondary school students

In addition to the above services, the SHS of the DH also provides free mop-up vaccination at SHSCs for secondary school students who have yet to complete the recommended vaccination. The number of mop-up vaccines administered by the SHS under the HKCIP for students over the past 3 years (2021 to 2023) are tabulated below:

Calendar year	Doses of mop-up vaccines administered [^]
2021	307
2022	447
2023	2 673

[^] The number of students served by the SHS was higher in 2023 than those in 2021 and 2022 due to the SHS's limited services as a result of COVID-19 in those 2 years.

Data shows that the overall immunisation coverage rates of most vaccines recommended for pre-school children and school children is maintained at a very high level, providing an effective barrier of protection for children. The Government will consider the recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the DH, cost-effectiveness and other public health considerations to continuously assess the vaccination arrangements in Hong Kong.

The expenditure for the HKCIP, dispersed across multiple cost components, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0690)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Student Health Service (SHS) provides comprehensive, promotive and preventive health programmes for primary and secondary school students according to their needs at various stages of development. It aims at promoting and maintaining the physical and psychological health of students. Its services include physical examination and health assessment, individual counselling and health education activities, as well as referring students with problems to Special Assessment Centre or specialties for further assessment and management. In this connection, please advise this Committee on:

1. the key findings and effectiveness assessment, related expenditure and manpower allocation in respect of the annual health assessment service in the 2022/23 school year, and the expenditure on and manpower allocation for such service for the next school year;
2. the number of students identified with health problems in the annual health assessment service in the 2022/23 school year, along with overall situation including changes in and development trends of health risks among students; and how the Department will follow up on the health risks among students in the future; and
3. whether the Department has considered expanding the scope of assessment services provided by SHS to include mental health and intellectual development assessment, etc., in the light of changes in health risks among students, to facilitate early therapeutic intervention and support for children with special needs to safeguard their physical and mental well-being and development?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 7)

Reply:

The Student Health Service (SHS) of the Department of Health (DH) provides free annual health assessment for eligible primary and secondary school students with the aim of identifying students with health problems at an early stage for timely advice and intervention. Students are provided with a series of health services designed to cater for their health needs

at various stages of their development. Students found to have health problems will be referred to Special Assessment Centre (SAC) under the SHS, specialist clinics of the Hospital Authority, or other organisations as appropriate for further assessment or management.

The annual health assessment service of the SHS covers not only physical health but also mental health and intellectual development. Through clinical examinations and screening by questionnaires, healthcare workers assess students on aspects such as their psychosocial behaviour. Students will be referred to the SAC, specialist clinics or other organisations for follow up if needed.

In the 2022/23 school year, a total of 233 000 primary students and 97 000 secondary students attended the Student Health Service Centres (SHSCs) for annual health assessment services. Key assessment findings from the 2018/19 to 2022/23 school years are set out as below:

The number (to the nearest hundred) and percentage of overweight (including obese) students

School year	Primary school		Secondary school		Total	
	No. of students	Percentage	No. of students	Percentage	No. of students	Percentage
2018/19	52 300	17.4%	29 300	19.9%	81 600	18.3%
2019/20 [^]	13 500	19.0%	9 200	21.3%	22 700	19.9%
2020/21 [^]	5 900	18.6%	4 400	22.8%	10 200	20.2%
2021/22 [^]	19 400	20.6%	13 800	22.1%	33 200	21.2%
2022/23 [#]	45 400	19.5%	20 000	20.5%	65 400	19.8%

The number and percentage of Primary 1 students wearing glasses

School year	No. of students (to the nearest hundred)	Percentage
2018/19	6 300	11.3%
2019/20 [^]	1 300	10.9%
2020/21 [^]	3 500	15.3%
2021/22 [^]	4 800	14.9%
2022/23	6 000	14.8%

The number and percentage of students who required a referral to the optometry service of the SHS for further visual assessment, including those who failed the preliminary visual acuity test

School year	No. of students (to the nearest hundred)	Percentage
2018/19	41 600	9.4%
2019/20 [^]	10 200	9.1%
2020/21 [^]	8 400	16.7%
2021/22 [^]	22 400	14.4%
2022/23 [#]	42 700	13.0%

The number and percentage of students requiring a referral to the SAC, specialist clinics or other appropriate organisations for follow-up due to psychological and behavioural problems

School year	No. of students (to the nearest hundred)	Percentage
2018/19	4 900	1.1%
2019/20 [^]	1 200	1.1%
2020/21 [^]	600	1.1%
2021/22 [^]	2 400	1.5%
2022/23 [#]	6 000	1.8%

Note:

Individual figures may not add up to the total due to rounding.

[^] In view of serious service disruption during the COVID-19 pandemic, the number of attending students shall not be directly compared to the figures of other school years.

[#] Owing to the need to clear the backlog of cases caused by the pandemic and the ongoing shortage of healthcare professionals, annual health assessment services were only provided to Primary 1 to 6 and Secondary 1 to 3 students in the 2022/23 school year. The SHS has resumed the provision of annual health assessment services to primary and secondary school students of all grades in the 2023/24 school year.

During the COVID-19 pandemic, class suspension, online classes, reduced outdoor physical activities, together with increased screen time, all imposed higher risks of overweight/obesity and deteriorated vision. Looking ahead, besides continuing to provide regular health assessment service to individual students, the SHS will also monitor the overall health condition and related trends of students in the territory through the data obtained from annual health assessment services and disseminate related information to the public, so as to heighten the awareness of the public (including parents and teachers) of student health.

In addition, the SHS will conduct health promotion activities through outreach services, including the promotion of the school-based “Whole School Health Programme” (WSHP). The WSHP, a school health programme implemented in primary and secondary schools of Hong Kong, adopts the “Health Promoting School Framework” promulgated jointly by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization, taking also in account the student health risks as indicated by the data from the health assessment of the particular year. It aims to build a school that constantly strengthens its capacity as a healthy setting for living, learning and working through a concerted effort of all its members in the school community. The WSHP covers 4 health themes: physical activity, healthy eating, mental health and social well-being. The DH has developed a set of guidelines, a checklist and an overall student health assessment report for participating schools so that individual schools may review and assess the health promotion measures in place in a systematic manner, as well as setting priorities and devising strategies for the development of school-based health promotion according to the school’s actual circumstances and students’ health needs. The DH will develop performance indicators to facilitate evaluation of the progress and effectiveness of the initiative. Taking the promotion of physical activity as an example, it is recommended that schools should provide a variety of equipment and facilities at schools and allow access to playgrounds, activity zones, and equipment and facilities at various time periods to encourage students to do physical activities. Schools are also advised to integrate physical activities into school curriculum and activities.

The actual expenditure and estimates for the SHS of the DH in 2022-23, 2023-24 and 2024-25 are set out as below:

<u>Financial year</u>	<u>Annual expenditure</u> (\$ million)
2022-23 (Actual)	254.5
2023-24 (Revised estimate)	257.2
2024-25 (Estimate)	269.0

The financial provision for annual health assessment service is absorbed within the overall provision for the SHS of the DH and cannot be separately identified.

The approved establishment of the SHS in 2022-23, 2023-24 and 2024-25 are set out as below:

	2022-23	2023-24	2024-25
Doctors	40	40	40
Nurses	248	248	248
Allied health staff	22	22	22
Administrative and clerical staff	87	87	87
Supporting staff	40	40	39
Total	437	437	436

- End -

CONTROLLING OFFICER'S REPLY

HHB265

(Question Serial No. 0692)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (3) Health Promotion
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

The Student Health Service of the Department of Health (DH) launched the Health Promoting School (HPS) Programme as a pilot project in 30 local primary and secondary schools from 2019 to 2023 to explore the feasibility of extending the HPS model in Hong Kong. Taking into consideration the opinions of stakeholders from various sectors and the results of the evaluation, DH continues to promote the HPS programme in the 2023/24 school year and renamed the programme as “Whole School Health Programme” (WSHP). DH aims to provide professional guidance to participating schools in carrying out school-based health promotion work in a more comprehensive and effective manner under the HPS model. In this connection, will the Government please advise this Committee on:

1. the implementation and effectiveness evaluation of the HPS Programme in brief, and the expenditure and manpower involved;
2. in the light of the persistent surge in student suicide cases in recent years, the measures in response, their implementation and effectiveness; and
3. whether there are plans to enhance the WSHP, including the incorporation of more mental health-related content for students?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 9)

Reply:

1.
The Department of Health (DH) launched the Health Promoting School (HPS) Programme as a pilot project in 30 local primary and secondary schools from 2019/20 to 2022/23 to explore the feasibility of extending the HPS model in Hong Kong. A consultant was commissioned by the DH to conduct an evaluation study to assess the feasibility of further promoting and implementing the HPS Programme in local schools. According to the study report, the HPS Framework promulgated jointly by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization was considered applicable in Hong Kong,

and its further promotion and implementation through a developmental approach was recommended.

Taking into consideration the opinions of stakeholders from various sectors and the results of the evaluation study, the DH has regularised the HPS Programme in the 2023/24 school year and renamed the programme “Whole School Health Programme” (WSHP). The DH provides professional guidance to participating schools in carrying out school-based health promotion work in a more comprehensive and effective manner under the HPS model. In 2023, the DH established a cross-sectoral multi-disciplinary Health Promoting School Advisory Committee (Advisory Committee) to advise the Government on the planning and implementation of the WSHP. The DH will regularly update the Advisory Committee on the progress of its work. Performance indicators will also be developed to facilitate evaluation of the progress and effectiveness of the initiative.

The financial provision of about \$17 million has been made each year since 2019-20 for implementing the WSHP (formerly the HPS Programme). The manpower required has been subsumed under the existing resources.

2. & 3.

The WSHP covers 4 health themes: physical activity, healthy eating, mental health and social well-being. The DH has developed a set of guidelines, a checklist and an overall student health assessment report for participating schools so that individual schools may review and assess the health promotion measures in place in a systematic manner, as well as setting priorities and devising strategies for the development of school-based health promotion according to the school’s actual circumstances and students’ health needs.

In support of mental health, one of the four health themes of the WSHP, the DH promulgates mental health information, gives advice to participating schools and organises related activities such as talks for parents, workshops on mental health for teachers and joint school teacher sharing sessions on the promotion of mental health literacy at school. In addition to all this, the DH offers a wide array of assistance to participating schools:

- Distributing videos, infographics and other materials to schools on a regular basis to provide useful mental health information and advice for children, adolescents and parents in an engaging way, as well as encouraging schools to support and partake in students’ emotional, mental and psychosocial well-being;
- introducing online mental health questionnaires to assist adolescents in understanding and caring for their mental health conditions (such as symptoms of depression and anxiety), as well as providing appropriate recommendations based on the questionnaire results (including channels to seek professional assistance);
- providing outreach services at secondary schools to promote physical, psychosocial and mental health, such as organising activities to facilitate emotion, anxiety and adversity management, as well as holding thematic discussions for parents and teachers on the prevention of student suicide, increasing their awareness of such risks and teaching them ways to handle such situations; and
- encouraging schools to enrol in the Student Health Service proactively and allow students to undergo annual health checks, which include physical examination, screenings for mental health, psychosocial health and behavioural issues, individual counselling, health education. Students identified with physical and/or psychosocial health issues will be

referred to Special Assessment Centres, specialist clinics, school social workers, the Social Welfare Department or other organisations as appropriate for follow-up.

The DH will continue to promote and introduce the WSHP to schools and the public with a view to encouraging school participation. Regular reviews of the content and services of the programme, including mental health promotion, will also be conducted to provide students with appropriate health education and information.

- End -

CONTROLLING OFFICER'S REPLY**HHB266****(Question Serial No. 0708)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

At present, the Department of Health (DH) runs 7 Child Assessment Centres (CACs) for children under 12 years of age suspected or diagnosed to have developmental-behavioural problems or disorders, which formulate follow-up plans for them according to their individual needs. In this connection, will the Government please advise this Committee on the following information:

1. Normally, children are referred to the Child Assessment Service (CAS) for further assessment at a CAC as and when necessary after initial assessment by a registered medical practitioner. The CAS also accepts referrals from Maternal and Child Health Centres (MCHCs), registered medical practitioners and clinical or educational psychologists. Please provide in the table below details of the referral sources to the CAS in the past 5 years:

Means of Referral	Number of cases				
	2019	2020	2021	2022	2023
MCHCs and other specialties (DH)					
Paediatricians, General Out-Patient Clinics and other specialties (Hospital Authority(HA))					
Doctors in private practice					
Psychologists (including HA, Education Bureau & Social Welfare Department)					
Psychologists (non-governmental organisations)					
Psychologists (private practice)					
Others					
Total					

2. Regarding CACs under the DH, please provide in the table below the number of children assessed by the CAS, the rate for completion of assessment for new cases within 6 months, the waiting time for assessment of new cases, and the attendances at the 7 CACs in the past 5 years.

Number of children assessed by the CAS and completion rate of new case assessment within 6 months

	2019	2020	2021	2022	2023
Number of children assessed by CAS					
Rate for completion of assessment for new cases within 6 months (%)					

Waiting time for attendance at Child Assessment Centres under the DH (%)

	2019	2020	2021	2022	2023
Less than 3 months					
3 to less than 6 months					
6 to less than 9 months					
9 to less than 12 months					
12 to less than 15 months					
15 to less than 18 months					
18 months or above					

Attendances at the 7 Child Assessment Centres

Child Assessment Centre (CAC)	2019	2020	2021	2022	2023
Central Kowloon CAC					
Ha Kwai Chung CAC					
Pamela Youde CAC (Kwun Tong)					
Pamela Youde CAC (Sha Tin)					
Fanling CAC					
Tuen Mun CAC					
Ngau Tau Kok CAC					
Total:					

3. The CAS of the DH serves children who are under 12 years of age with developmental-behavioural problems or disorders. Please advise on the number of newly referred

cases received, the age distribution and the average age of the children involved, in the past 5 years.

4. Please set out the number of children diagnosed with developmental disorders by type of developmental condition in each of the past 3 years and the age distribution; and
5. Please advise on the expenditure and staff establishment of the CACs in the last financial year and in the coming year. What is the rough estimate of CACs' average expenses of each assessment? How does it compare with the assessment fees in the private sector?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 25)

Reply:

- 1 & 3. The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment of children under the age of 12 years with suspected developmental problems. New cases are referred through different channels, including the Maternal and Child Health Centres (MCHCs), the Hospital Authority (HA), private practitioners and psychologists, etc. Details of the referral sources to the CAS in the past 5 years are as follows:

Means of Referral	Number of cases				
	2019	2020	2021	2022	2023 (Provisional figures)
MCHCs and other service units of DH	6 872	5 357	8 817	7 589	6 639
Paediatricians, General Out-Patient Clinics and other specialties of HA	1 232	944	1 243	925	941
Doctors in private practice	1 064	753	1 173	860	843
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations and private psychologists)	622	472	929	778	902
Others	9	0	4	2	1
Total	9 799	7 526	12 166	10 154	9 326

We do not have the breakdown of number of new cases by age group.

2. The number of children assessed by the CAS, the rate for completion of assessment for new cases within 6 months and the number of attendances at the 7 Child Assessment Centres (CACs) in the past 5 years are as follows:

	2019	*2020	*2021	*2022	2023 (Provisional figures)
Number of children assessed by the CAS#	16 946	14 507	16 626	14 251	18 637
Rate for completion of assessment for new cases within 6 months (%)	53	65	73	61	70

The figure includes both newly registered referral cases and follow-up cases.

Number of attendances at CACs	2019	*2020	*2021	*2022	2023 (Provisional figures)
Central Kowloon CAC	5 492	3 583	4 258	3 672	4 567
Ha Kwai Chung CAC	5 827	4 290	5 954	4 870	5 529
Pamela Youde CAC (Kwun Tong)	6 577	4 879	6 199	4 753	5 028
Pamela Youde CAC (Sha Tin)	7 535	5 110	6 298	5 131	6 039
Fanling CAC	4 875	3 729	5 036	4 284	4 821
Tuen Mun CAC	5 186	4 121	5 780	4 665	5 270
Ngau Tau Kok CAC	2 513	1 569	1 853	1 427	1 576
Total:	38 005	27 281	35 378	28 802	32 830

* The figures (of 2020 and 2022 in particular) were affected by the COVID-19 pandemic. During the outbreak of the pandemic in 2020, even though the CAS services remained available many parents were reluctant to take their children out, thus postponing the registration of new cases or the assessment. As a result, there was an accumulation of children requiring assessment in 2021 when the epidemic situation slightly eased. The number dropped again in 2022 due to the outbreak of the fifth wave.

In the past 5 years, all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The CAS does not maintain statistics on the waiting time for assessment of new cases.

4. The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	Number of newly diagnosed cases		
	2021	2022	2023 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 970	2 422	3 156
Autism Spectrum Disorder	1 960	1 861	2 415

Developmental conditions	Number of newly diagnosed cases		
	2021	2022	2023 (Provisional figures)
Borderline Developmental Delay	2 652	2 105	2 479
Developmental Motor Coordination Problems/Disorders	2 503	2 256	2 765
Dyslexia & Mathematics Learning Disorder	331	229	359
Hearing Loss (Moderate to profound grade)	63	50	58
Language Delay/Disorders and Speech Problems	5 401	4 147	5 441
Physical Impairment (i.e. Cerebral Palsy)	38	34	38
Significant Developmental Delay/Intellectual Disability	1 722	1 527	1 914
Visual Impairment (Blind to Low Vision)	11	6	46

Note: A child might have been diagnosed with more than one developmental condition.

We do not maintain statistics on the breakdown of children's developmental conditions by age group.

5. The revised estimate and the estimate for the CAS for 2023-24 and 2024-25 are \$159.5 million and \$178.2 million respectively. In 2023-24 and 2024-25, the approved establishment of the CAS stands at 183. Details are set out below:

Grade	Approved establishment	
	2023-24	2024-25
Medical and Health Officer	25	25
Registered Nurse	40	40
Scientific Officer (Medical)	5	5
Clinical Psychologist	22	22
Speech Therapist	16	16
Optometrist	2	2
Occupational Therapist	9	9
Physiotherapist	7	7
Hospital Administrator	1	1
Electrical Technician	1	1
Executive Officer	2	2
Clerical Officer	16	16
Clerical Assistant	23	23
Office Assistant	1	1
Personal Secretary	1	1
Workman II	12	12

Grade	Approved establishment	
	2023-24	2024-25
Total:	183	183

We do not have the estimated average expenses for each assessment.

- End -

CONTROLLING OFFICER'S REPLY

HHB267

(Question Serial No. 1369)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The local population of women aged between 45 and 69 stands at 1.63 million. With regard to enhancing women health services in Hong Kong, will the Government please advise this Committee on the following:

1. regarding the Government's Breast Cancer Screening Pilot Programme implemented between 2021 and 2023, the numbers of women screened and participants who required further investigation and management, and whether the Government will continue to allocate resources in 2024-25 for the implementation of the Programme; if yes, details of the work plan and the estimated expenditure; if not, the reasons;
2. in respect of the osteoporosis screening services provided for women by the District Health Centre (DHC) in Kwai Tsing district at present to prevent fragility fractures, whether the Government will extend such services to other DHCs as regular services; if yes, the work plan and the estimated expenditure involved; if not, the reasons;
3. regarding the cervical smear examination, a regular gynecological examination for women, whether the Government will allocate resources in 2024-25 to increase its quotas for the examination provided by the public healthcare system, women health centres and DHCs to raise its prevalence among women; if yes, the work plan and the estimated expenditure involved; if not, the reasons;
4. the Government's work plan for and estimated expenditure on the promotion of women's mental health for 2024-25, and whether it will consider launching programmes targeting women's mental health; if yes, the work plan and the estimated expenditure involved; if not, the reasons; and
5. whether the Government will allocate more resources to strengthen public education and promotion related to women's health in 2024-25 and encourage more women to embrace a holistic approach to their physical and mental well-being; if yes, the work plan and the estimated expenditure involved and, if not, the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 37)

Reply:

1.

Since the launch of the Breast Cancer Screening Pilot Programme in the latter half of 2021, a total of 27 807 women aged between 44 and 69 have undergone breast cancer risk assessment at 3 Women Health Centres (WHCs), 4 Maternal and Child Health Centres (MCHCs) and 18 Elderly Health Centres (EHCs) as of 31 December, 2023. Among them, 7 820 women (around 28%) were referred for mammography (MMG) screening. Among those who received mammography screening, 646 (around 8%) were referred to specialist doctors for further tests and treatments. The relevant data are tabulated by quarter below:

Period	Number of recipients of breast cancer risk assessment	Number of people referred for MMG screening
Sep – Dec 2021	3 487	1 250
Q1 in 2022	2 448	796
Q2 in 2022	2 943	779
Q3 in 2022	3 572	944
Q4 in 2022	3 441	844
Q1 in 2023	3 396	862
Q2 in 2023	3 073	825
Q3 in 2023	2 741	726
Q4 in 2023	2 706	794
Total	27 807	7 820

Currently, the Department of Health (DH)'s Women Health Service still adopts a risk-based approach in its provision of breast cancer screening services for eligible women based on the recommendations of the Cancer Expert Working Group (CEWG) on Cancer Prevention and Screening established under the Cancer Coordinating Committee (CCC).

The CCC, chaired by the Secretary for Health and comprising cancer experts, academics, doctors in public and private sectors as well as public health professionals, has conducted a preliminary review of the first phase of the Breast Cancer Screening Pilot Programme. The Government is now studying the CCC's recommendations to decide on the implementation details of the next phase of the pilot programme, which will be announced in due course.

2.

There are no sufficient scientific evidence and public health basis to support territory-wide osteoporosis screening at present. People who are at risk of developing osteoporosis due to reasons such as underweight, previous history of bone fracture, premature menopause, smoking, heavy drinking, or a family history of osteoporosis or bone fracture, should take active control of the risk factors and seek medical advice on appropriate management options, such as bone mineral density assessment or treatment. The DH will regularly review the need for osteoporosis screening based on scientific evidence and public health considerations. In view of the above reasons, the District Health Centres (DHCs) have no plans to provide osteoporosis screening services to the public at the moment.

The DHCs will organise educational activities to promote prevention of osteoporosis in respect of health management and promotion. The DHCs and DHC Expresses will provide muscle strength and balance training, as well as offer advice on mobility aids and gadgets, home safety and home modification as appropriate for elderly persons at higher risks. Meanwhile, the DHCs and DHC Expresses will also collaborate with local community organisations and healthcare providers across different sectors to refer those who are in need.

Furthermore, to prevent osteoporosis, the DH provides health education through various service units including the Centre for Health Protection, the Elderly Health Service, and the Family Health Service which include ways to maintain bone health and prevent osteoporosis as well as falls to avoid fractures, and promote a healthy diet and lifestyle, such as doing regular weight-bearing exercise, maintaining optimal body weight, having a balanced diet for adequate calcium and vitamin D intake, having appropriate sunlight exposure for vitamin D synthesis, and refraining from smoking and excessive drinking. Information on the prevention and treatment of osteoporosis has been uploaded to websites under the purview of the DH for public reference. The DH also disseminates health education messages through health talks, individual counselling, and leaflets etc.

3.

The DH's Family Health Service provides government-subsidised cervical screening services through its MCHCs and WHC. Currently, the quota for such services at these centres are sufficient. The DH will continue to strengthen promotional education through various channels, including websites, printed materials, articles, promotional videos, social media, online promotion, telephone education hotlines and media interviews to encourage women to receive regular cervical screening services. The results of the Population Health Survey from 2020 to 2022 show that about 52% of women aged 25 to 64 have undergone cervical screening, among them 38% indicated that their last cervical screening was within the 5 years prior to the survey.

The financial provision for the services related to the Cervical Screening Programme is subsumed under the overall provision for the Family Health Service of the Department of Health, and therefore cannot be separately identified.

4. & 5.

The DH provides women health services through the WHCs and the MCHCs for women under the age of 64 according to their health needs at different stages of life, including health assessments and appropriate examinations and tests. Additionally, the women health services offer health education and individual counselling on aspects such as menstrual issues, sexual health, and mental health. They also promote a healthy lifestyle and educate women in breast awareness and cancer prevention. The MCHCs use professional assessment tools to identify mothers at risk of postpartum depression and will refer them to appropriate services as necessary.

Furthermore, the DH promotes a healthy lifestyle as a primary strategy for preventing cancer, including breast and cervical cancer. This includes avoiding tobacco and alcohol, maintaining a healthy diet, exercising regularly, and maintaining a healthy body weight and waist circumference. The DH has all along attached importance to the public education of women's cancer (including breast and cervical cancer) to raise awareness and prevention.

Information is disseminated through various channels, including websites, printed materials, articles, social media, online campaigns, telephone hotlines, and media interviews. The DH has released 4 sets of short video clips promoting cervical screening, breast awareness, and breast cancer prevention across various media platforms. They have also produced health information on cervical and breast cancer prevention and screening in 7 languages (including Hindi, Nepali, Urdu, Thai, Indonesian, Filipino, and Vietnamese) for ethnic minorities.

The Government will continue to make good use of existing resources to promote messages related to women's health through individual counselling, health education resources, and lectures at the MCHC and WHCs, and will strengthen promotion efforts when necessary.

The resources and manpower involved in women's health education activities are subsumed into the overall provision of the DH and cannot be separately identified.

As mentioned in the Primary Healthcare Blueprint, as the district-based, family-centric community health system evolves, the Government proposes a progressive and orderly migration of certain primary healthcare services under the DH to a primary healthcare system, with a view to developing a community healthcare system and facilitating the provision of comprehensive primary healthcare services, reducing service duplication and utilising resource effectively. The Health Bureau (HHB) has started discussions with the DH on prioritising the service consolidation of WHCs to integrate them to the DHCs progressively or to other private healthcare providers through strategic purchasing as appropriate.

Regarding mental health, the Government plans to introduce a variety of policies and initiatives related to mental health in 2024-25 (with women among the beneficiaries). Major initiatives and related expenditures are set out below:

(a) The Hospital Authority (HA) has earmarked additional funding of approximately \$127 million in 2024-25 to enhance mental health services. Relevant initiatives include: (i) enhancing community psychiatric services by recruiting additional case managers; (ii) strengthening the nursing manpower and support from allied health workers and peer support workers for psychiatric inpatient and outpatient services; and (iii) strengthening treatment by long-acting injectable antipsychotics in psychiatry;

(b) The HHB has launched the "18111 - Mental Health Support Hotline" in December 2023 to provide one-stop, round-the-clock support for people with mental health needs, rendering them immediate mental health support and referral services. The time-limited recurrent expenditure for 2023-24, 2024-25 and 2025-26 is approximately \$9.9 million;

(c) The HHB has set up a service centre in December 2023 to provide emotional support and counselling services for ethnic minorities. Supported by a multi-professional team comprising social workers, counsellors and support staff conversant in ethnic minority languages, the service centre provides mental health support and counselling services to ethnic minorities and refers cases to other service platforms for additional support and/or treatment if needed. The time-limited recurrent expenditure for the financial years 2023-24, 2024-25 and 2025-26 is approximately \$8.1 million;

(d) The HHB will launch a pilot program in three DHCs in 2024 in collaboration with community organisations to provide mental health assessments for the public and to provide

early follow-up and referral for high-risk cases. The Government is currently formulating the implementation arrangements of the proposed initiative;

(e) The HHB will provide mental health support training (including mental health first aid training) for Care Team members in 2024 to allow them to assist in the early referral of persons in need in the local community for support. The Government is currently formulating the implementation arrangements of the proposed initiative;

(f) In 2023-24, the Social Welfare Department (SWD) increased the manpower of clinical psychologists at 24 Integrated Community Centres for Mental Wellness (ICCMW) to strengthen the professional support and training, and provided them with additional funding to enhance the application of information technology in service delivery, thereby strengthening the support for persons in mental recovery and their carers. The additional annual recurrent expenditure involved is around \$23 million;

(g) The SWD will enhance the service of ICCMW in 2024, including stepping up the early identification of persons with mental health needs and early intervention, as well as enhancing the training of social workers in community mental health service units to elevate their competence in handling complicated cases. The additional annual recurrent expenditure involved exceeds \$60 million; and

(h) The SWD will strengthen the peer support service in 2024 and set up 4 additional Parents/Relatives Resource Centres specifically for carers of individuals in mental recovery in 2025 to support persons in mental recovery and their carers. The annual recurrent expenditure involved is around \$26 million.

For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of \$50 million for the implementation of “Shall We Talk”, a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. Such promotional efforts include the following: (a) a one-stop mental health thematic website at <https://shallwetalk.hk> has been launched to provide information and resources on mental health to the public and broadcast videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues; (b) implementation of the Mental Health Workplace Charter to promote mental well-being at workplace; (c) Announcements in the Public Interest are broadcast in TV, radio stations and other media; and (d) tour activities are organised in different districts and tertiary institutions to promote mental health.

Meanwhile, the Labour and Welfare Bureau will continue to co-organise public education activities with non-governmental organisations (NGOs) in 2024-25, such as the annual “Mental Health Month” campaign in response to the “World Mental Health Day” to raise public awareness of mental health and the integration of people with disabilities. The SWD

will also continue to support NGOs through subsidy in setting up mobile publicity vehicles across Hong Kong to promote mental health in the community.

- End -

CONTROLLING OFFICER'S REPLY

HHB268

(Question Serial No. 0209)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (3) Health Promotion
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget Speech that the Government proposes to increase the duty on cigarettes by 80 cents per stick, with immediate effect. Duties on other tobacco products will be increased by the same proportion. It is expected that the proportion of tobacco duty in the retail price of cigarettes will rise to about 70%. In this connection, will the Government inform this Committee of:

1. the number of smoking cessation service recipients, the cessation rate and the expenditure incurred in each of the past 5 years; and
2. the expenditure allocated for publicity and education in respect of smoking cessation in each of the past 5 years?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 22)

Reply:

1. & 2.

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the Department of Health (DH) collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH.

Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

From 2019 to 2023, the quitlines operated by the DH and local universities handled 8 184, 7 502, 12 405, 9 216 and 11 051 enquiries in each year respectively. During these 5 years, there were 25 375, 17 516, 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditures on and provision for tobacco control initiatives taken forward by the TACO of the DH from 2019-20 to 2023-24, broken down by type of activity, are at [Annex](#). Expenditure on individual publicity programmes cannot be separately identified.

**Expenditures on/Provision for
the Department of Health's Tobacco and Alcohol Control Office**

	2019-20 (\$ million)	2020-21 (\$ million)	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 Revised Estimate (\$ million)
<u>Enforcement</u>					
Programme 1: Statutory Functions	93.4	102.2	101.3	100.4	160.2
<u>Health Education and Smoking Cessation</u>					
Programme 3: Health Promotion	132.1	141.2	138.9	149.0	168.0
<u>(a) General health education and promotion of smoking cessation</u>					
<i>TACO</i>	55.9	64.5	62.8	73.0	87.3
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	28.3	26.0	26.2	26.8	26.4
<i>Sub-total</i>	<u>84.2</u>	<u>90.5</u>	<u>89.0</u>	<u>99.8</u>	<u>113.7</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations*</u>					
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6	30.6	30.8	29.4	14.0
<i>Subvention to Pok Oi Hospital</i>	7.3	7.4	7.5	7.6	17.9
<i>Subvention to Po Leung Kuk</i>	1.6	1.7	0.7	-	-
<i>Subvention to Lok Sin Tong</i>	2.9	3.0	3.2	3.3	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	4.4	4.9	5.8	8.9
<i>Subvention to Life Education Activity Programme</i>	2.6	2.7	2.8	2.8	2.9
<i>Subvention to Christian Family Service Centre</i>	-	-	-	-	7.0
<i>Subvention to The University of Hong Kong</i>	-	0.9	-	0.3	-
<i>Sub-total</i>	<u>47.9</u>	<u>50.7</u>	<u>49.9</u>	<u>49.2</u>	<u>54.3</u>
Total	<u>225.5</u>	<u>243.4</u>	<u>240.2</u>	<u>249.4</u>	<u>328.2</u>

- * The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

- End -

CONTROLLING OFFICER'S REPLY

HHB269

(Question Serial No. 1397)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (3) Health Promotion
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

It is stated in the Budget Speech that increasing the tobacco duty is recognised internationally as the most effective means of reducing tobacco use, and the Government proposed to raise the proportion of tobacco duty in the retail price of cigarettes so that it gradually approaches the 75 per cent level recommended by the World Health Organization, which will provide a greater incentive for the public to quit smoking, safeguarding public health. In this connection, will the Government please advise on whether resources have been deployed to study the correlation between the proportion of tobacco duty in retail price and smoking prevalence by way of, for example, analysing data from other countries or regions, to ascertain the inherent correlation between the two; if yes, the findings and expenditure involved; if no, the reasons?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 36)

Reply:

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to

raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to \$3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the DH's Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, nearly five times the weekly number of calls in the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The WHO's Framework Convention on Tobacco Control (FCTC) is an international convention grounded in scientific evidence. Article 6 of the FCTC stipulates that all parties should recognise price and tax measures as effective and important means of reducing tobacco consumption in various segments of the population, particularly among young people. The parties should implement tax policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption. The People's Republic of China became a signatory party to the FCTC in 2005. Its scope of application has also been extended to the Hong Kong Special Administrative Region.

Extensive research and epidemiological data from regions around the world and countries with different income levels have confirmed the effectiveness of tobacco duty increase in reducing tobacco use. Pursuant to the Guidelines for Article 6 of the FCTC, implementing effective tobacco duty can significantly reduce tobacco use and smoking prevalence, thereby reducing mortality and morbidity rates and improving population health. Our local experience in increasing tobacco duty also confirms its significant effectiveness on reducing smoking prevalence.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The

Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

- End -

CONTROLLING OFFICER'S REPLY**HHB270****(Question Serial No. 2043)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding Elderly Health Centres (EHCs), will the Government please advise this Committee on:

1. the number of applicants aged 65 or above and the healthcare services they applied for in each of the 18 EHCs in Hong Kong in the past 3 years;
2. the number of women aged 65-69 who have received breast cancer screening services provided by the Government; and
3. whether the Government will consider enrolling all elderly persons in Hong Kong in the EHCs, given that the large number of applicants means a long wait for new applicants?

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 1)Reply:

1.

The 18 Elderly Health Centres (EHCs) aim to address the multiple health needs of the elderly by providing integrated primary health care services to them. Elderly persons aged 65 or above are eligible for enrolling as members of the EHCs. Enrolled members are provided with services of health risk assessment, counselling, promotive and curative services.

The number of elderly people waiting for enrolment and the number of new enrolments in respect of the 18 EHCs in the past 3 years are as follows:

EHC	Number of elderly on the waiting list (as at end of year)		
	2021 [^]	2022 [^]	2023*
Sai Ying Pun	1 252	1 830	1 933
Shau Kei Wan	1 172	1 439	1 530
Wan Chai	2 958	3 635	4 017
Aberdeen	971	1 401	1 440
Nam Shan	702	958	982
Lam Tin	1 300	1 780	1 730

Yau Ma Tei	1 209	1 305	1 682
San Po Kong	1 147	1 476	1 416
Kowloon City	1 040	1 875	1 784
Lek Yuen	3 440	4 515	5 228
Shek Wu Hui	1 181	1 608	1 613
Tseung Kwan O	1 397	2 029	2 195
Tai Po	2 075	2 254	2 399
Tung Chung	804	996	1 016
Tsuen Wan	1 430	1 393	1 403
Tuen Mun Wu Hong	2 643	3 076	3 009
Kwai Shing	671	705	633
Yuen Long	1 773	1 984	1 972
Overall	27 165	34 259	35 982

EHC	Number of new enrolments		
	2021 [^]	2022 [^]	2023 [*]
Sai Ying Pun	538	450	615
Shau Kei Wan	566	539	708
Wan Chai	740	729	585
Aberdeen	487	326	479
Nam Shan	613	458	551
Lam Tin	570	479	577
Yau Ma Tei	509	401	192
San Po Kong	578	28	560
Kowloon City	609	121	475
Lek Yuen	1 528	573	369
Shek Wu Hui	536	454	648
Tseung Kwan O	527	620	681
Tai Po	281	468	615
Tung Chung	413	398	515
Tsuen Wan	612	414	606
Tuen Mun Wu Hong	415	687	642
Kwai Shing	493	463	506
Yuen Long	481	399	534
Overall	10 496	8 007	9 858

[^] The figures (especially of 2022) are affected by Coronavirus Disease 2019 (COVID-19).

^{*} Provisional figures

2.

As one of the service providers under the Breast Cancer Screening Pilot Programme, the 18 EHCs have been providing breast cancer screening services for eligible female members aged 65-69 since 13 December 2021. As at 31 December 2023, 6 269 women (63.0%) among the 9 957 eligible female members who underwent health risk assessment received breast cancer risk assessment, of which 865 (13.8%) were referred for mammogram screening. 106 of those who underwent the screening were referred to specialist doctors for further examination and treatment.

3.

During the COVID-19 epidemic, the EHCs could only provide limited service. As a result, the number of attendances for health assessment and medical consultation at the EHCs had decreased, resulting in an increase in the accumulated number of elderly persons waiting for enrolment as members, hence the longer waiting time. Services of the EHCs have resumed normal since February 2023, but a substantial increase in service capacity has not been possible due to an ongoing shortage of doctors. The DH has recruited more contract doctors to address the shortage, and will closely monitor the situation.

The Health Bureau has set up the District Health Centres (DHCs) or DHC Expresses in 18 districts in 2022 to provide services including health risk assessment to members of the public, including the elderly. To address the keen demand for the EHCs' services, the EHCs are actively collaborating with the DHCs to implement joint protocols for referral of clients on the EHCs' waiting list to the DHCs for health assessment services.

As mentioned in the Primary Healthcare Blueprint, as the district-based, family-centric community health system evolves, the Government proposes a progressive and orderly migration of certain primary healthcare services under DH to a primary healthcare system, with a view to developing a community healthcare system and facilitating the provision of comprehensive primary healthcare services, reducing service duplication and utilising resource effectively. The Health Bureau has started discussions with the DH on prioritising the service consolidation of the EHCs and Woman Health Centers to integrate them to the DHCs progressively or to other private healthcare providers through strategic purchasing as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

HHB271

(Question Serial No. 2075)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of a mental health promotion and public education initiative in paragraph 15 of this Programme, will the Government please:

1. set out in a table the provision for this initiative and the allocation of funds across the portfolio;
2. set out in a table the means of promoting mental health and public education; and
3. advise on the number of clinical psychologists and social workers engaged in the programme and the staff cost incurred?

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 33)

Reply:

(1) & (2)

For the promotion and public education of mental health, the Government has earmarked recurrent annual funding of \$50 million for the implementation of “Shall We Talk”, a mental health promotion and public education initiative launched in July 2020 under the auspices of the Advisory Committee on Mental Health. The programme aims to step up public engagement in promoting mental well-being, enhance public awareness of mental health with a view to encouraging prompt help-seeking and early intervention, and reduce stigma towards people with mental health needs. Besides conventional offline approaches, the initiative reaches out to people from all walks of life with the use of emerging online platforms. The key promotion channels include:

<u>Offline channels, for example:</u>	
The Mental Health Workplace Charter	The Mental Health Workplace Charter was implemented jointly by the Department of Health (DH), the Labour Department and the Occupational Safety and Health Council to promote mental well-being at workplace.

	As at 31 December 2023, over 1 200 organisations signed the Charter, benefiting more than 600 000 employees.
Tour Activities	Tour activities (such as Community Mobile Game Station – “The Emotion Archive” and School Tour – “Talk with the Flow”) are organised in different districts and tertiary institutions to promote mental health.
Announcements in the Public Interest (APIs)	APIs are broadcast in TV, radio stations and other media.
Online approaches, for example:	
The “Shall We Talk” Thematic Website	A one-stop mental health thematic website has been set up at https://shallwetalk.hk to provide information and resources on mental health to the public and broadcasts videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) on social media platforms to encourage the public to face mental health issues. As at 31 December 2023 in the year 2023-24, the “Shall We Talk” thematic website has accumulated 851 784 page views.
Social Media	Videos featuring the sharing of personal experience and feeling by different stakeholders (including celebrities and key opinion leaders) are broadcast on social media platforms to encourage the public to face mental health issues.

(3)

The mental health promotion and public education initiative is undertaken by the Health Promotion Branch under the Centre for Health Protection of the DH. There are 4 posts in the Clinical Psychologist Grade but no social worker related grades in its approved establishment. The staff cost of mental health promotion, which is subsumed under the overall expenditure of the DH on health promotion, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB272

(Question Serial No. 1513)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2024-25 that the Department of Health will continue to provide comprehensive assessment services to children with developmental problems and disabilities. In this connection, will the Government please advise this Committee on:

1. the number of families benefiting from the services and the details of the interim support offered to them in the past 3 years; and
2. the total number of educational activities organised in the past 3 years?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 4)

Reply:

The Child Assessment Service (CAS) of the Department of Health (DH) provides comprehensive assessments and diagnosis, and formulates rehabilitation plan for children under 12 years of age who are suspected to have developmental problems. While the children are waiting for assessment and rehabilitation services, the CAS will provide interim support to their parents, such as organising seminars, workshops and practical training with the aim to increase parents' knowledge on child development and to provide them practical skills, to enhance their understanding of their children's conditions and of information about relevant community resources, so that the parents can put them into practice in their daily lives and conduct home-based training, to manage their children's conditions and develop their potential.

The CAS has organised 115 interim support activities in the past 3 years. In view that many parents have difficulty joining support activities in person or the online webinars at specific times, the CAS has gradually introduced pre-recorded online self-learning videos as an alternative so that parents can watch the videos online any time according to their own schedule. The number of participants for interim support activities and the viewership for self-learning videos are set out below:

	2021*	2022*	2023 (Provisional figures)#
No. of participants for interim support activities	6 403	6 787	4 757
Viewership for online self-learning videos	Not applicable	Not applicable	4 711

* The CAS continued to organise relevant interim support activities during the COVID-19 pandemic.

Since the introduction of online self-learning videos in 2023, some parents have switched to watching the videos online, thus the number of participants for interim support activities dropped in comparison to the previous year, while the overall participation rate (participating in activities in person and watching videos online) had shown an increase.

The DH does not maintain the statistics on the number of participants on household basis.

- End -

CONTROLLING OFFICER'S REPLY

HHB273

(Question Serial No. 1515)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Programme in the Controlling Officer's Report of the Health Bureau that it will enhance the Elderly Health Care Voucher Scheme (EHVS) in 2024-25. In this regard, will the Government inform this Committee of:

1. the number of voucher claim transactions and the total amount claimed in the past 3 years, broken down by healthcare service provider;
2. the estimated expenditure on the EHVS in 2024-25; and
3. whether there are any plans to increase the voucher amount; if yes, the details; if no, the reasons?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 6)

Reply:

1.

The tables below show the number of voucher claim transactions and the amount of vouchers claimed by type of healthcare service provider enrolled in the Elderly Health Care Voucher Scheme (EHVS) in the past 3 years:

Number of Voucher Claim Transactions

	2021	2022	2023 ^{Note 1}
Medical Practitioners	1 917 943	1 954 032	2 325 617
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635
Dentists	308 343	288 532	331 342
Occupational Therapists	7 224	4 177	4 232
Physiotherapists	48 107	37 603	45 673
Medical Laboratory Technologists	20 033	14 593	15 441

Radiographers	19 373	20 761	22 659
Nurses	11 295	9 376	11 196
Chiropractors	9 357	8 841	10 331
Optometrists	196 046	161 156	230 239
Audiologists ^{Note 2}	-	-	784
Clinical Psychologists ^{Note 2}	-	-	2
Dietitians ^{Note 2}	-	-	609
Speech Therapists ^{Note 2}	-	-	5
Sub-total (for Hong Kong):	4 080 299	4 146 701	4 963 765
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	35 953	32 356	38 462
Total:	4 116 252	4 179 057	5 002 227

Amount of Vouchers Claimed (in \$'000)

	2021	2022	2023 ^{Note 1}
Medical Practitioners	1,027,990	1,059,052	1,270,495
Chinese Medicine Practitioners	788,617	854,324	1,140,988
Dentists	355,444	343,327	413,222
Occupational Therapists	7,503	4,518	4,455
Physiotherapists	19,238	17,743	22,726
Medical Laboratory Technologists	20,552	13,393	14,712
Radiographers	22,603	24,635	29,503
Nurses	11,049	9,878	11,168
Chiropractors	5,760	5,080	5,955
Optometrists	284,753	233,912	352,743
Audiologists ^{Note 2}	-	-	2,693
Clinical Psychologists ^{Note 2}	-	-	4
Dietitians ^{Note 2}	-	-	829
Speech Therapists ^{Note 2}	-	-	5
Sub-total (for Hong Kong):	2,543,509	2,565,862	3,269,498
HKU-SZH ^{Note 3}	12,103	10,949	11,883
Total:	2,555,612	2,576,811	3,281,381

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of \$1,000 or more on designated primary healthcare services in a year will be allotted \$500 reward to his or her voucher account for the same purposes.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis. Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH.

2.

The financial provision for 2024-25 for the EHVS is \$3.96 billion.

3.

Hong Kong has one of the most rapidly ageing of population in the world and the speed of ageing will peak in the upcoming decade. The population aged 65 and above will increase from 1.45 million in 2021 to 2.74 million by 2046. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. When considering whether to further increase the voucher amount, we have to fully consider the effectiveness of the EHVS in achieving our health policy objectives, the situation of Hong Kong's public and private primary healthcare services, and the long-term implications on public finance. To improve elderly health and ensure the sustainability of the healthcare system, the Government must ensure the optimised use of resources invested in the EHVS so that elderly persons can make good use of their vouchers for primary healthcare services for disease prevention and health management. Simply continuing to increase the voucher amount would not be sustainable from policy and financial perspectives, which the Government has no plans to do at this stage.

In accordance with the Primary Healthcare Blueprint (Blueprint) launched in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing different levels of disease prevention. To tie in with the directions set out in the Blueprint, the 3-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched in November 2023 to further incentivise elderly persons by offering rewards to them to make better use of vouchers for continuous preventive healthcare, chronic disease management, etc. It is hoped that the policy objective of the EHVS can be achieved through such optimised use of resources to promote primary healthcare and support the healthcare needs of elderly persons.

Under the Pilot Reward Scheme, an eligible elderly person who has an accumulated use of vouchers of \$1,000 or more for designated primary healthcare purposes such as disease prevention and health management in a year (from January to December) will be allotted \$500 reward automatically to his or her voucher account by the eHealth System (Subsidies) for the same purposes. No further registration is needed. In other words, for elderly persons who have been allotted the reward on meeting the criterion, the amount of vouchers they will receive in that year increases from \$2,000 to \$2,500.

- End -

CONTROLLING OFFICER'S REPLY

HHB274

(Question Serial No. 1516)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly (ODCP), will the Government inform this Committee of:

1. the estimated expenditure for 2024-25 and the details of the preparation work; and
2. the promotion plan of the ODCP and the estimated number of elderly people benefiting from it?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 7)

Reply:

1.&2.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups

defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The Outreach Dental Care Programme for the Elderly (ODCP) has been implemented since October 2014 to provide free on-site oral check-up for elderly persons and oral care training to caregivers of residential care homes (RCHEs), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). If the elderly person is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elderly persons to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2024, the number of attendances was about 378 300. In 2021-22, 2022-23 and 2023-24 (up to January 2024), the number of RCHEs/DEs participating in the ODCP and the number of attendances for the ODCP are set out below:

Year	2021-22	2022-23	2023-24 (up to January 2024)
Number of RCHEs/DEs participating in the ODCP	630	690	760
Number of attendances	25 011	37 245	42 628

In 2024-25, a total of 25 outreach dental teams from 11 NGOs will be set up under the ODCP with the Government's financial provision of \$64.2 million.

At present, some 60% to 70% of the RCHEs/DEs are participating in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. The Government, meanwhile, will approach RCHEs/DEs which have not yet joined the ODCP to promote the programme and encourage participation.

Apart from the ODCP, the Government currently subsidises elderly persons to use private healthcare services, including dental services, through the Elderly Health Care Voucher. At the same time, the Government provides subsidies covering dental services to elderly persons with financial difficulties, including the Elderly Dental Assistance Programme funded by the Community Care Fund and the dental grant under the Comprehensive Social Security Assistance Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1518)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The estimated provision for Disease Prevention under Programme (2) of the Department of Health is over \$8.2 billion, representing a 12.2% increase from the revised estimate for 2023-24. As one of the targets of this Programme is enhancing the vaccination arrangements, please advise this Committee on the following:

1. hundreds of thousands of Hong Kong residents are currently living long-term in cities within the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) in the Mainland. These residents, if they wish to benefit from preventive vaccination or subsidies under the subsidised vaccination programmes, need to endure a long journey back to Hong Kong. Some elderly people are unable to return for vaccination due to poor health. How will the Government enhance the disease prevention efforts for these residents?
2. will the Government conduct a feasibility study to explore the expansion of subsidised vaccination programmes to GBA cities in the Mainland to provide vaccination services to Hong Kong residents living in these areas? If yes, what are the details? If not, what are the reasons?
3. will the Government conduct statistical analysis based on the age and gender of Hong Kong residents living in GBA cities in the Mainland to assess their demand for various preventive vaccinations? If yes, what are the details? If not, what are the reasons?
4. some types of vaccine currently covered by the subsidised vaccination programmes have not yet been registered in the Mainland, while others, even if registered, have not been included in the local subsidised vaccination programmes. In this connection, will the Government liaise with related Mainland authorities to allow the importation of these vaccines to designated healthcare institutions in the 9 GBA cities through measures such as allowing Hong Kong registered drugs and medical devices used in Hong Kong public hospitals to be used in GBA, and provide such vaccines under the subsidised vaccination programmes to Hong Kong residents living in Guangdong Province? If yes, what are the details? If not, what are the reasons?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 9)

Reply:

1 to 3.

As the public health authority in Hong Kong, the Department of Health (DH) has been formulating vaccination programmes based on the recommendations of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection. To safeguard public health and the well-being of Hong Kong people, vaccination programmes are developed in accordance with the local epidemiology and scientific evidence applicable to the situation in Hong Kong as far as the prevention and control of epidemics are concerned. Under the various vaccination programmes rolled out by the DH, eligible Hong Kong residents can receive free vaccination at the clinics under the DH or the Hospital Authority, or receive subsidised vaccination at private medical practitioner clinics participating in the Vaccination Subsidy Scheme. Eligible Hong Kong residents living abroad may also receive vaccination upon their return to Hong Kong. Different regions in the Mainland China have vaccine recommendations and services suitable for their local situations, and Hong Kong residents living in the Mainland China are advised to follow the advice of local health authorities to take appropriate disease prevention measures.

Currently, the public or subsidised healthcare services provided by the Hong Kong Government are based on catering to the needs of local Hong Kong residents. In recent years, the Government has actively promoted medical collaboration in Guangdong-Hong Kong-Macao Greater Bay Area (GBA), providing additional choices for Hong Kong residents commuting to and from the GBA for work or living purposes. These measures aim to provide additional convenience and choices for Hong Kong people while alleviating the burden on the public healthcare system in Hong Kong to a certain extent. These measures are not intended to comprehensively address the healthcare needs of Hong Kong residents who choose to settle in the Mainland China. Any policies or measures to subsidise the medical needs of Hong Kong residents residing in the Mainland, including the GBA cities, represents a huge financial commitment. The Government currently has no plans to subsidise the provision of medical services, including vaccination, to Hong Kong residents living in the Mainland.

4.

The National Medical Products Administration announced the Work Plan for Regulatory Innovation and Development of Pharmaceutical and Medical Device in the Guangdong-Hong Kong-Macao Greater Bay Area in November 2020. It allows designated healthcare institutions operating in the GBA to use Hong Kong-registered drugs with urgent clinical use, and medical devices used in Hong Kong public hospitals with urgent clinical use.

The Government will continue to maintain close ties with the Mainland authorities concerned on the above measure and will actively collaborate with them to allow a wider use of eligible Hong Kong drugs and medical devices in designated healthcare institutions operating in GBA cities in the Mainland.

- End -

CONTROLLING OFFICER'S REPLY

HHB276

(Question Serial No. 2200)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the Colorectal Cancer Screening Programme (CRCSP) and the Breast Cancer Screening Pilot Programme (BCSPP), will the Government inform this Committee of:

1. the number of participants, the screening results, the number of cancer patients identified by screening (with a breakdown of cancer stages) and the expenditure involved each year since the launch of the above two programmes;
2. whether the RCCSP has met its target, and whether publicity and promotion efforts will be stepped up to encourage eligible persons to join the programme; if yes, the details; if not, the reasons; and
3. whether the effectiveness of the BCSPP has been evaluated, and whether there has been any progress of late on Phase 2 of the BCSPP; if yes, the details; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 5)

Reply:

1.

Colorectal Cancer Screening Programme (CRCSP)

The CRCSP has been implemented by the Government since 2016 to subsidise regular colorectal cancer screening tests for asymptomatic Hong Kong residents aged between 50 and 75. As at end-December 2023, more than 420 000 eligible persons have participated in the CRCSP. Among those participants who had undergone colonoscopy examination, over 33 000 were found to have colorectal adenomas and about 2 900 were diagnosed with colorectal cancer. A preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57% were earlier-stage cases (stage II or below) with a more favourable prognosis. Such screenings can identify people who have colorectal cancer before symptoms are shown, or people with a higher risk of colorectal cancer, enabling them to receive early treatment and significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy prevents them from turning into cancer.

The CRCSP's expenditure for 2021-22 and 2022-23 and its revised estimate for 2023-24 are set out below:

Financial year	Expenditure (\$ million)
2021-22 (Actual)	175.5
2022-23 (Actual)	151.6
2023-24 (Revised estimate)	264.7

Breast Cancer Screening Pilot Programme (BCSPP)

Since the implementation of Phase 1 of the BCSPP in the latter half of 2021, as at 31 December 2023, 27 807 women aged between 44 and 69 have received breast cancer risk assessment in 3 Women Health Centres (WHCs), 4 Maternal and Child Health Centres and 18 Elderly Health Centres (EHCs). 7 820 women (about 28%) of them were referred for mammogram (MMG) screening. Relevant figures by quarter are tabulated as below:

Period	No. of women receiving breast cancer risk assessment	No. of women referred for MMG screening
Sep – Dec 2021	3 487	1 250
Q1 in 2022	2 448	796
Q2 in 2022	2 943	779
Q3 in 2022	3 572	944
Q4 in 2022	3 441	844
Q1 in 2023	3 396	862
Q2 in 2023	3 073	825
Q3 in 2023	2 741	726
Q4 in 2023	2 706	794
Total	27 807	7 820

With the consent of the women participating in the BCSPP, the Department of Health (DH) has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry (HKCR) on the number of breast cancer detected and the relevant data. The data collection process is still on-going and no data is available yet.

As the expenditure for the BCSPP is subsumed under the overall provision for WHCs and EHCs, a breakdown of such expenditure is not available.

2.

According to the HKCR's case analysis data, about 57% of diagnosed colorectal cancer cases were earlier-stage cases (stage II or below) with a more favourable prognosis. Screenings can identify people who have colorectal cancer before symptoms are shown, or people with a higher risk of colorectal cancer, enabling them to receive early treatment and significantly improving the prognosis.

To enhance public awareness of the CRCSP, the DH has been conducting publicity campaigns through various channels. Health education information and publicity materials are disseminated on different media platforms such as the website (www.colonscreen.gov.hk), television, radio, newspapers, magazines and social media. The DH has also produced Announcements in the Public Interest for broadcast and posters for display on television and public transportation (such as trains, buses, ferries, trams) to promote healthy lifestyle among the public for preventing colorectal cancer and encourage eligible persons to participate in the CRCSP. The health education information on the thematic website is available in different languages (including Bahasa Indonesia, Hindi, Nepali, Tagalog, Thai and Urdu) to help ethnic minorities understand colorectal cancer screening and prevention. The DH will continue to step up its publicity efforts for CRCSP on various media platforms to encourage participation of those eligible for screening to maximise its effectiveness.

3.

The Cancer Coordinating Committee (CCC), which is chaired by the Secretary for Health, and comprises members including cancer experts, academics, doctors in public and private sectors, as well as public health professionals, has conducted a preliminary review on Phase 1 of the BCSPP. The Government is deliberating on the CCC's recommendations to devise the implementation details of the next phase of the BCSPP. Further details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB277

(Question Serial No. 2202)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the administration of seasonal influenza vaccines (SIVs) to schoolchildren, will the Government please advise this Committee on:

1. the number of severe cases of and fatalities caused by seasonal influenza among people aged under 18 in each of the past 3 years, with a breakdown by age group;
2. the uptake rate of SIVs among children and adolescents aged under 18 in each of the past 3 years, with a breakdown by age group;
3. the estimated quantities and contract amounts for the purchase of injectable and nasal SIVs for 2024-25; and whether more nasal SIVs will be made available to schoolchildren to address concerns of parental resistance due to panic or pain at the injection site encountered by their children; if yes, the related work plan and estimated expenditure and, if not, the reasons;
4. whether the Government will consider setting up a one-stop platform to provide parents, schoolchildren and schools with information regarding seasonal influenza and enhance public education on that platform; if yes, the related work plan and estimated expenditure and, if not, the reasons; and
5. as schools are required to arrange for SIV administration for their students, which creates additional workload for teachers, whether the Government will consider digitalising the administrative procedures, such as the distribution of electronic forms to schools to enable parents to apply for in-school vaccination through an online platform; if yes, details of the work plan and the estimated expenditure and, if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 7)

Reply:

The Department of Health (DH) has been implementing various vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to

eligible persons. To increase seasonal influenza vaccine (SIV) uptake among school students, the DH has fully regularised the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) since the 2020/21 season to cover all primary schools, kindergartens and childcare centres (KG/CCCs), and has expanded the eligible groups under the SIVSOP to include secondary school students and Hong Kong residents less than 18 years of age in the 2022/23 season.

(1)

The number of severe cases of and fatalities caused by SI among people aged under 18 in each of the past 3 years, with a breakdown by age group, is set out in the table below:

Age group	Total no. of cases (Fatalities among the total)			
	2021	2022	2023	2024*
0-5	0	1 (0)	10 (3)	5 (0)
6-11	0	0	7 (0)	4 (0)
12-17	0	1 (0)	11 (2)	1 (0)
Total	0	2 (0)	28 (5)	10 (0)

* As at 9 March 2024

(2)

The uptake rate of SIVs among children and adolescents aged under 18 in each of the past 3 years, with a breakdown by age group, is set out in the table below:

Age group	2021/22		2022/23		2023/24 (as at 3 March 2024)	
	No. of SIV recipients	The uptake rate within the age group	No. of SIV recipients	The uptake rate within the age group	No. of SIV recipients	The uptake rate within the age group
Between 6 months and under 6*	107 400	37.6%	93 000	37.88%	111 300	47.3%
Between 6 and under 12	234 500	65.8%	209 700	60.2%	234 100	67.7%
Between 12 and under 18*	Not applicable	Not applicable	62 600	19.3%	141 700	40.6%

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

As some people may have, at their own expense, received SIV at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

(3)

In general, the Government will, before ordering SIVs each year, make an estimate based on the recommendations of the World Health Organization and the number of persons covered by the eligible groups in a particular year, as well as making reference to the past uptake rates. As the Government is planning on the procurement of SIVs for use under various vaccination

programmes/schemes in 2024/25, the quantities and estimated costs of SIVs to be procured are currently unavailable.

The DH conducts survey annually to gather feedback from enrolled doctors and schools on the school outreach programmes/schemes. According to the findings of the survey conducted in 2023, among the doctors and schools planning to participate in outreach activities in 2023/24 season, the majority of respondents preferred injectable inactivated influenza vaccines (IIV) to nasal live attenuated influenza vaccines (LAIV); more specifically, nasal LAIVs was only preferred by 1% to 7% of doctors providing services in various school outreach settings, 7% of secondary schools, 9% of primary schools and 26% of KG/CCCs.

Under the current arrangement, KG/CCCs can choose between injectable IIVs or nasal LAIVs. While primary and secondary schools are provided with injectable IIVs under the SIVSOP, schools can also arrange outreach vaccination activities through the Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed) Scheme during which participating schools can discuss with doctors their preference for injectable IIVs or nasal LAIVs for vaccination of eligible students. Private doctors under the VSS may also decide whether they would use injectable IIVs or nasal LAIVs at their practices depending on their preference and stock. In the 2023/24 season, the DH procured 25 700 doses of LAIV for KG/CCCs, of which 21 400 doses were administered for 16 500 students.

In the 2022/23 season, the Government procured 22 500 doses of nasal LAIV for various SIV programmes/schemes, of which 17 400 doses were administered for students. The remainder of around 5 100 doses were unused and disposed of, resulting in vaccine wastage of around 22.7%, which was higher than the 13.1% vaccine wastage for IIVs.

(4) & (5)

The Centre for Health Protection (CHP) disseminates information in a transparent and timely manner to ensure that up-to-date information is made available to the public. Influenza surveillance data is summarised in the weekly on-line publication “COVID-19 and Flu Express” and uploaded to the CHP’s website every week. The CHP also issues letters to doctors, hospitals, kindergartens, child care centres, primary and secondary schools, as well as residential care homes for the elderly and persons with disabilities, informing them of the latest SI situation and reminding them to take preventive measures.

The CHP has created thematic webpages about SI (<https://www.chp.gov.hk/tc/features/14843.html>) and vaccination programmes/schemes (<https://www.chp.gov.hk/tc/features/17980.html>) to provide the general public, parents and schools with the latest information. The CHP has also been promoting health messages on personal and environmental hygiene as well as prevention of respiratory diseases including seasonal influenza through various channels, including thematic webpages, Announcements in the Public Interest on television and radio stations, social media, and newspapers. The CHP produces various health education materials, such as leaflets, posters, infographics and guidelines, to enhance promotion. Relevant information is disseminated to parents and students through various channels, such as schools and parent-teacher associations. In addition, key health information is also available in ethnic minority languages for relevant parties’ reference.

A strong advocate for digitalization, the DH has been actively assisting the Health Bureau in implementing the Electronic Health Record Sharing System (eHealth). In the 2023/24 school year, registration consent forms for eHealth were distributed together with that for SI vaccination at schools. Students could then sign up for eHealth in one go and start building up an electronic health record from an early age. Members of the public can store and access the vaccination record of various government vaccination programmes via the eHealth mobile application, saving the trouble of handling paper records.

- End -

CONTROLLING OFFICER'S REPLY**HHB293****(Question Serial No. 3521)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the Breast Cancer Screening Pilot Programme (BCSPP), please advise this Committee on:

1. the expenditure summary related to the BCSPP since its launch in September 2021;
2. the number of women who have undergone breast cancer risk assessment under the BCSPP, and among them, the number of referrals for mammogram screening, the rate of diagnosed breast cancer cases detected by such screening, the age distribution of these cancer patients and the clinical stage (0 to 4) of the cancer among these cases, with a breakdown by quarter;
3. in the absence of progress, details of the next phase of the BCSPP planned to be launched by the end of 2023 for a period of 3 years as announced earlier by the Department of Health; whether it will consider expanding and regularising the BCSPP, or implementing population-wide breast cancer screening; if yes, the details; if no, the reasons.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 43)

Reply:

(1) & (2)

As at 31 December 2023, 27 807 women aged between 44 and 69 received breast cancer risk assessment in Woman Health Centres (WHCs), 4 Maternal and Child Health Centres and 18 Elderly Health Centres (EHCs), of which 7 820 women (around 28%) were referred for mammography (MMG) screening. Relevant figures by quarter are tabulated below:

Period	Number of women received breast cancer risk assessment	Number of women referred for MMG screening
Sep - Dec 2021	3 487	1 250
Q1 of 2022	2 448	796

Q2 of 2022	2 943	779
Q3 of 2022	3 572	944
Q4 of 2022	3 441	844
Q1 of 2023	3 396	862
Q2 of 2023	3 073	825
Q3 of 2023	2 741	726
Q4 of 2023	2 706	794
Total	27 807	7 820

With the consent of the women participating in the Breast Cancer Screening Pilot Programme (BCSPP), the Department of Health has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry on the number of breast cancer detected and the relevant data. The data collection is still on-going and information could not be provided at this moment.

The expenditure for the BCSPP is absorbed under the overall provision for WHCs and EHCs and cannot be separately identified.

(3)

The Cancer Coordinating Committee (CCC), chaired by the Secretary for Health, comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals, has conducted preliminary review of BCSPP Phase 1. The Government is now studying the suggestion of the CCC to decide on the implementation details for the next phase of pilot programme. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY**HHB294****(Question Serial No. 3301)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

For 3 consecutive years, the Government has conducted 34 000 annual inspections for commercial sale and supply of alcohol to minors and related offences. In this connection, will the Government please advise this Committee on:

1. the number of violations, prosecutions and convictions regarding the sale and supply of alcohol to minors in the past 3 years in the following table:

Contravention	2021	2022	2023
Number of violations related to the sale of alcohol to minors			
Number of violations related to the supply of alcohol to minors			
Number of prosecutions for the sale of alcohol to minors			
Number of prosecutions for the supply of alcohol to minors			
Number of convictions for the sale of alcohol to minors			
Number of convictions for the supply of alcohol to minors			

2. whether the Government has assessed the effectiveness of the enforcement and inspection efforts; if yes, the details and, if not, the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 47)

Reply:

(1) & (2)

The sale and supply of intoxicating liquor to minors in the course of business is prohibited under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B). Tobacco and Alcohol Control Inspectors conduct inspections and carry out enforcement actions upon

receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. The Tobacco and Alcohol Control Office (TACO) of the Department of Health received 58 complaints from 2021 to 2023 regarding the sale or supply of intoxicating liquor to minors in the course of business or the sale of such liquor from vending machines. No violation was found upon investigation.

Apart from the stipulation above, Cap. 109B also requires vendors which sell or supply intoxicating liquor in face-to-face distributions to display a prescribed notice in a prominent position at the premises in the course of business. The Tobacco and Alcohol Control Inspectors will conduct inspections at these premises to ensure that vendors comply with this requirement. The TACO issued 5 summonses to offenders in this respect between 2021 and 2023.

- End -

CONTROLLING OFFICER'S REPLY

HHB295

(Question Serial No. 3770)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates that the Department of Health will continue to operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site to conduct research on reference standards and testing methods of Chinese medicines in 2024-25. In this connection, will the Government please advise this Committee on:

- (1) the respective staff establishment and estimated expenditure concerning the GCMTI and its Hong Kong Chinese Materia Medica Standards project, laboratories, Chinese Medicines Herbarium and training and technology transfer centre for 2024-25;
- (2) the research projects carried out by the GCMTI at the temporary site, the results of the research projects and the expenditure involved in the past 3 years;
- (3) the key focus of the GCMTI's work in 2024-25; and
- (4) the progress of the GCMTI's construction so far as the Government is pressing ahead with its construction according to the Budget Speech?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 56)

Reply:

(1)
The financial provision for the Government Chinese Medicines Testing Institute (GCMTI) for 2024-25 is about \$60.6 million. Its approved establishment is 31, with a breakdown according to the section as follows:

<u>Section/Unit</u>	<u>Rank</u>	<u>Number of Post</u>
Hong Kong Chinese Materia Medica Standards Section	Scientific Officer (Medical)	9
Research and Development Section (including Chemistry Laboratory and DNA Laboratory)	Senior Chemist	1
	Chemist	4
	Science Laboratory Technologist	1
	Science Laboratory Technician I	3
	Science Laboratory Technician II	3
	Laboratory Attendant	1

Macroscopic and Microscopic Identification Laboratory	Scientific Officer (Medical)	1
Chinese Medicines Herbarium Section	Scientific Officer (Medical)	4
Collaboration and Training Unit	Pharmacist	1
Administration Section	Senior Executive Officer	1
	Executive Officer II	1
	Assistant Clerical Officer	1
Total:		<u>31</u>

(2) & (3)

One of the major research activities of the GCMTI is to carry on the research work on the Hong Kong Chinese Materia Medica Standards (HKCMMS) project. So far, the GCMTI has published the reference standards for a total of 330 Chinese Materia Medica (CMM). The reference standards for 14 additional CMM have been completed and will be published in due course. The actual expenditure involved in the HKCMMS project over the past 3 years is set out as follows:

Financial Year	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure (\$ million)	5.6	6.3	7.3

Moreover, the Department of Health (DH) set up the GCMTI Advisory Committee in 2017, providing a platform for stakeholders to advise the GCMTI on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the committee, the GCMTI has completed 9 projects in the past 3 years with another 8 projects underway, details of which are set out in the [Annex](#). Given that the majority of the research projects are funded by the internal resource allocation and that the expenditure on manpower and outsourced services, etc., are subsumed into the overall expenditure of the Chinese Medicine Regulatory Office, breakdown of the total expenditure for the research projects is not available. The expenditure on the procurement of consumables such as chemicals, reagents and standard substances pertinent to the research projects in the past 3 years are set out below:

Financial Year	2021-22	2022-23	2023-24 (Revised Estimate)
Expenditure (\$ million)	3.3	5.5	4.3

The GCMTI will carry on the HKCMMS project and other ongoing research and thematic projects in 2024-25.

(4)

The design and construction of the permanent GCMTI building commenced in June 2021 and is expected to be commissioned in phases alongside the adjoining Chinese Medicine Hospital starting from end-2025. The DH is now finalising the detailed design of the permanent GCMTI building with the Architectural Services Department and the contractor.

Preparations are underway for various aspects, such as manpower and the procurement of furniture and equipment, to support the commissioning of the permanent GCMTI building.

Completed and Ongoing Research and Thematic projects of the GCMTI of the DH

(i) Projects completed between 2021-23 and 2023-24

Research/Thematic Projects	Completion Date	Achievements
Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics	June 2021	Published digital and printed copies of monographs on 100 CMM (in Chinese and English)
Analysis of chemical markers of CMM in proprietary Chinese medicines (pCms) for internal use (Pei Pa Koa)	December 2021	Published 4 analytical methods for the 7 CMM in Pei Pa Koa
Collection of specimens of commonly used CMM for the Chinese Medicines Herbarium of the GCMTI	December 2021	Completed the collection, data organisation and digitalisation of 1 800 specimens of commonly used CMM, as well as setting up an exhibition and producing a pamphlet for the exhibition
Building of the Digitalised Chinese Medicines Information Platform (Phase I)	March 2022	Completed the system analysis and design of the platform
DNA method for identification of <i>Bulbus Fritillariae Ussuriensis</i> – a common adulterant found in <i>Bulbus Fritillariae Cirrhosae</i>	May 2022	Published the analytical method of the real time PCR of <i>Bulbus Fritillariae Ussuriensis</i>
Study on the identification of <i>Ziziphi Spinosae Semen</i> and its commonly confused species	November 2022	Published 5 monographs on <i>Ziziphi Spinosae Semen</i> and its commonly confused CMM species
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	December 2022	A series of tasks (such as literature reviews, surveys, consultations, fieldwork and the consolidation of the Preliminary Index of CMM Resources in Hong Kong) were completed at the request of the National Administration of Traditional Chinese Medicine
Analysis of chemical markers of CMM in Baifeng Wan	June 2023	Published a total of 12 analytical methods for the 8 CMM in Baifeng Wan
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	December 2023	Built a platform and a public website featuring 220 commonly used CMM, 3-Dimensional (3D)

		images, virtual reality tour and special topics on knowledge related to CMs
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(ii) Ongoing projects

- Identification of tiny seed and fruit types of CMM
- Collection of specimens of Daodi medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI
- Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI
- Building of 3D CMM Images for DHCM
- Establishment of reference DNA Sequence Library for CMM (Phase II)
- Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method
- Analysis of chemical markers in pCms containing Psoraleae and Ginseng
- Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II)

- End -

CONTROLLING OFFICER'S REPLY

HHB296

(Question Serial No. 3784)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

One aspect of work undertaken by the Department of Health is to ensure the safety, quality and efficacy of pharmaceutical products through product registration and licensing control. In this connection, will the Government please advise this Committee on:

- (1) the establishment of and the expenditure on the personnel responsible for vetting and approving the registration applications of proprietary Chinese medicines (pCms) or providing assistance for the trade concerning their registration;
- (2) the number of registration applications of pCms received by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong, the number of applications rejected/withdrawn, as well as the respective numbers of pCms issued with "Notice of confirmation of transitional registration of pCm" and "Certificate of registration of pCm", in the past 3 years; and
- (3) whether the Government will deploy additional resources and manpower in 2024-25 to expedite the vetting and approval of the registration applications of pCms or provide assistance for the trade concerning their registration?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 57)

Reply:

(1)

The Chinese Medicine Council of Hong Kong (the Council) is a statutory body established under the Chinese Medicine Ordinance (Cap. 549) implementing regulatory measures for Chinese medicine. The manpower for the registration of proprietary Chinese medicines (pCms) in the Council Secretariat cannot be separately identified as the staff members discharging such duties are also responsible for other matters related to Chinese medicines. On the other hand, the Chinese Medicine Regulatory Office (CMRO) of the Department of Health (DH) provides professional and administrative support to the Council, which includes handling matters related to the registration of pCms, licensing of Chinese medicines traders, import and export control, Certificate for Clinical Trial and Medicinal Test of pCms and Certificate for Manufacturer (Good manufacturing practice in respect of proprietary Chinese medicines) (GMP). The Chinese Medicines Management Division of the CMRO is

responsible for such work, and its approved establishment for the registration of pCms as broken down by rank is set out below:

<u>Rank</u>	<u>No. of posts</u>
Senior Pharmacist	1
Pharmacist	4
Scientific Officer (Medical)	10
Clerical Officer	3
Assistant Clerical Officer	<u>5</u>
Total:	<u>23</u>

As for the breakdown of expenditure, the DH does not maintain such data as the relevant expenditure on the registration of pCms are subsumed under the CMRO's overall provision.

(2)

As at 29 February 2024, the Chinese Medicines Board has received a total of 18 765 applications for the registration of pCms, among which 525 applications were received between 2021 and 2023. Of all the applications, 10 324 were withdrawn or rejected due to various reasons.

Out of the remaining 8 441 applications, 2 929 and 5 217 pCms have been issued with the still valid "Notice of confirmation of transitional registration of pCm" (HKP) and "Certificate of registration of pCm" (HKC) respectively, and 295 new applications of HKC are being processed.

(3)

The DH has reserved a provision of about \$13.1 million for 2024-25 to recruit additional personnel to expedite the processing of applications for the conversion of HKP to HKC.

- End -

CONTROLLING OFFICER'S REPLY

HHB297

(Question Serial No. 3868)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 193 of the Budget Speech that the Government will continue to step up enforcement against illicit cigarette trading and strengthen smoking cessation services, publicity and education. In this connection, will the Government advise this Council on:

- (1) the detailed breakdown of expenditure on smoking cessation services in the past 3 years; and
- (2) the detailed breakdown of expenditure on the publicity and education on smoking cessation in the past 3 years?

Asked by: Hon LAM Shun-chiu, Dennis (LegCo internal reference no.: 32)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the Department of Health (DH) collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free

postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness on smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students on the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for one week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and DHC Expresses during the Quit in June annual campaign starting from 2023. Furthermore, the DH also encourages and helps all healthcare professionals to provide support and treatment to smokers who are quitting by organising online and face-to-face training courses, providing the Practical Handbook for Smoking Cessation Treatments and related resources, etc.

Smoking cessation services and counselling for smokers are now available at all DHCs and DHC Expresses in the 18 districts, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2021, 2022 and 2023, the quitlines operated by the DH and local universities handled 12 405, 9 216 and 11 051 enquiries respectively. During these 3 years, there were 25 965, 20 406 and 27 715 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditures on and provision for tobacco control initiatives taken forward by the TACO of the DH from 2021-22 to 2023-24, broken down by type of activity, are at **Annex**. Expenditure on individual publicity programmes cannot be separately identified.

**Expenditures on/Provision for
the Department of Health's Tobacco and Alcohol Control Office**

	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	101.3	100.4	160.2
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	138.9	149.0	168.0
<u>(a) General health education and promotion of smoking cessation</u>			
<i>TACO</i>	62.8	73.0	87.3
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.2	26.8	26.4
<i>Sub-total</i>	<u>89.0</u>	<u>99.8</u>	<u>113.7</u>
<u>(b) Expenditures on/Provision for smoking cessation and related services by Non-Governmental Organisations*</u>			
<i>Subvention to Tung Wah Group of Hospitals</i>	30.8	29.4	14.0
<i>Subvention to Pok Oi Hospital</i>	7.5	7.6	17.9
<i>Subvention to Po Leung Kuk</i>	0.7	-	-
<i>Subvention to Lok Sin Tong</i>	3.2	3.3	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.9	5.8	8.9
<i>Subvention to Life Education Activity Programme</i>	2.8	2.8	2.9
<i>Subvention to Christian Family Service Centre</i>	-	-	7.0
<i>Subvention to The University of Hong Kong</i>	-	0.3	-
<i>Sub-total</i>	<u>49.9</u>	<u>49.2</u>	<u>54.3</u>
Total	<u>240.2</u>	<u>249.4</u>	<u>328.2</u>

* The number of DH-subsidised non-governmental organisations providing community-based smoking cessation services with medication has increased from 2 to 4 since the 2023-24 financial year, bringing the number of target service recipients up by 39% on the 2022-23 financial year to 5 000 per year. The cost per quitter has been reduced accordingly.

- End -

CONTROLLING OFFICER'S REPLY

HHB298

(Question Serial No. 3869)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It has been commented that the duty increase on cigarettes by 80 cents per stick as announced in the Budget Speech may fuel sales of illicit cigarettes in the territory. In this connection, please advise this Committee on the envisaged change in the smoking prevalence of the public after the said duty increase.

Asked by: Hon LEE Chun-keung (LegCo internal reference no.: 5)

Reply:

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government has made reference to the World Health Organization's (WHO) target and is committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a tobacco-free, healthy and vibrant city.

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Raised costs of smoking provide a greater incentive for smokers to quit smoking, and the high prices of tobacco products will also dampen the eagerness of non-smokers, young people in particular, to try smoking. The WHO encourages its members to raise tobacco duty periodically and recommends that tobacco duty should account for at least 75% of the retail price of tobacco products.

As such, further to the increase of 60 cents per stick last year, the Government has announced in the Budget Speech this year an increase of the tobacco duty on cigarettes by 80 cents per stick to \$3.306 per stick. It was the first time for tobacco duty to increase in 2 consecutive years over the past 20 years. This has served to ensure that the price of cigarettes can remain

at a certain level which helps prevent a rebound of the smoking prevalence rate and demonstrate to the public the Government's commitment to protecting the health of the community as a whole.

Past experience in raising tobacco duty indicated that the greater the tax increase, the larger the increase in call volume of the Department of Health's (DH) Smoking Cessation Hotline and the drop in smoking prevalence. According to the DH's latest data, the number of calls received by the Smoking Cessation Hotline increased from about 7 400 in 2022 to about 9 700 in 2023, representing an increase of over 30%. Meanwhile, in the first week after the Budget Speech's announcement of the proposal to increase the duty on tobacco products this year, the Smoking Cessation Hotline received 542 calls, representing an approximately five-fold increase in the weekly number of calls over the preceding 3 months, indicating smokers' strong intention to quit smoking in the light of tobacco tax increases.

Preliminary findings of the Thematic Household Survey conducted by the Census and Statistics Department on the smoking pattern show that there are indeed signs of a decline in smoking prevalence after the increase in tobacco duty in 2023, with preliminary data indicating that the smoking prevalence has further dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1%. It is evident from such decline that tobacco duty increase and the various tobacco control initiatives are effective. Details of the survey results will be released in mid-2024.

The Government's aim is to gradually implement the recommendation of the WHO so as to create more incentives for cessation of smoking and hence safeguard public health. The Government will continue to monitor the effect of tobacco duty increases and review the pace of further adjustments.

To further reduce smoking prevalence, the Government conducted the Vibrant, Healthy and Tobacco-free Hong Kong public consultation on tobacco control strategies last year. The Health Bureau is studying the phased implementation of tobacco control measures and will give an update of the next steps in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3571)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of health promotion and preventive programmes, will the Government inform this Committee of the following information for the past 3 years:

1. the number of people receiving seasonal influenza vaccination annually, broken down by age group (under 6; 6 to 12; 13 to 17; 18 to 64; and 65 or above);
2. the number of severe and fatal cases of influenza recorded in public hospitals, broken down by gender and age; and whether the Government has assessed the relationship between vaccination and severe and fatal cases of influenza; if yes, the details; if not, the reasons;
3. the expenditure incurred and the manpower involved for implementing the Vaccination Subsidy Scheme (VSS);
4. the usage and popularity of the 316 000 doses of inactivated influenza vaccine and 21 000 doses of live-attenuated influenza nasal vaccine procured under the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) in 2023;
5. whether the Government will consider raising the procurement ratio of nasal vaccines under the SIVSOP to encourage more children or parents to receive vaccination, as some parents have expressed that their children show higher acceptance towards nasal vaccines; if yes, the details; if not, the reasons; and
6. whether a study of the VSS subsidy rate will be included in the review of fees and charges for public healthcare services, given that the Government has recently indicated that the review is underway, and that increasing the VSS subsidy rate can further encourage the public to receive vaccination; if yes, the details; if not, the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 15)

Reply:

1.

The DH has been implementing a package of vaccination programmes/schemes to provide free/subsidised SI/Pneumococcal vaccination to eligible persons:

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in the VSS, as well as provides subsidised Pneumococcal vaccination to elderly aged 65 or above;
- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)/VSS School Outreach (Extra Charge Allowed) Scheme (VSS School Outreach Scheme), which provides free or subsidised SI vaccination to eligible school children through the public-private partnership outreach teams or the DH's outreach team; and
- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority (HA), as well as provides free Pneumococcal vaccination to eligible elderly aged 65 or above.

The number of vaccine recipients under the above programmes and the uptake rate by age group in the past 3 years are tabulated below. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

Target group	2021/22		2022/23		2023/24 (as at 3 March 2024)	
	No. of SIV recipients	The uptake rate within the age group	No. of SIV recipients	The uptake rate within the age group	No. of SIV recipients	The uptake rate within the age group
Between 6 months and under 6*	107 400	37.6%	93 000	37.8%	111 300	47.3%
Between 6 and under 12	234 500	65.8%	209 700	60.2%	234 100	67.7%
Between 12 and under 18*	Not applicable	Not applicable	62 600	19.3%	141 700	40.6%
Between 50 and 64	198 700	11.2%	320 200	17.8%	341 100	18.7%
65 or above	578 700	40.4%	734 200	48.3%	823 400	50.3%
Others^	97 300	Not applicable	112 300	Not applicable	135 700	Not applicable
Total	1 216 600	Not applicable	1 532 000	Not applicable	1 787 300	Not applicable

* In 2022/23 and 2023/24, eligible groups under the SIV programmes were expanded to include secondary school students and Hong Kong residents less than 18 years of age.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities; Disability Allowance recipients; and pregnant women, etc.

2.

Since 2018, the Centre for Health Protection (CHP) has collaborated with the HA and private hospitals to regularly monitor severe and fatal cases with laboratory confirmation of influenza.

The number of severe (including fatal) cases of influenza over the past 3 years are as follows:

Age group	Number of cases (male : female)			
	2021 ^{Note 1}	2022 ^{Note 2}	2023 ^{Note 3}	2024 (week 1-10) ^{Note 4}
Under 6	0 (0 : 0)	1 (1 : 0)	10 (3 : 7)	5 (2 : 3)
Between 6 and 12	0 (0 : 0)	0 (0 : 0)	7 (3 : 4)	4 (3 : 1)
Between 13 and 17	0 (0 : 0)	1 (0 : 1)	11 (8 : 3)	1 (0 : 1)
Between 18 and 64	0 (0 : 0)	3 (2 : 1)	232 (149 : 83)	99 (59 : 40)
65 or above	0 (0 : 0)	2 (0 : 2)	681 (411 : 270)	219 (123 : 96)

Note 1 From 27 December 2020 to 25 December 2021

Note 2 From 26 December 2021 to 31 December 2022

Note 3 From 1 January 2023 to 30 December 2023

Note 4 From 31 December 2023 to 9 March 2024

SI vaccines have been used for many years and are very safe. Except for people who have developed severe allergic reactions, there is no scientific evidence indicating that SI vaccination will cause severe illness or death. On the contrary, SI vaccination is an effective means to prevent SI and its complications, reducing the risk of influenza-related hospitalisation and death.

3.

The approved establishment for the implementation of the VSS (including SI and Pneumococcal vaccination) was 22 for the past 3 years. The expenditure on VSS subsidy over the past 3 years is tabulated below:

VSS	2021/22	2022/23	2023/24 (as at 3 March 2024)
	Subsidy claimed (\$ million)	Subsidy claimed (\$ million)	Subsidy claimed (\$ million)
SI vaccination*	116.1	175.4	221.4
Pneumococcal vaccination [@]	12.5	20.2	24.3
Total	128.6	195.6	245.7

* Includes the VSS School Outreach Scheme

@ Eligible groups: Aged 65 or above

4.

The number of SI vaccines procured by the Government for the ongoing 2023/24 season's SIVSOP and their uptake rate are as follows:

Type of vaccine	Number of doses (Provisional figure)	Number of doses administered (Provisional figure) and uptake rate
Injectable inactivated influenza vaccines (IIV)	347 400	323 800 (93.2%)
Nasal live attenuated influenza vaccines (LAIV)	25 700	21 400 (83.3%)

5.

The DH conducts survey annually to gather feedback from enrolled doctors and schools on the school outreach programmes/schemes. According to the findings of the survey conducted in 2023, among the doctors and schools planning to participate in outreach activities in 2023/24 season, the majority of respondents preferred injectable IIV to nasal LAIV; more specifically, nasal LAIVs was only preferred by 1% to 7% of doctors providing services in various school outreach settings, 7% of secondary schools, 9% of primary schools and 26% of kindergartens and childcare centres (KG/CCC).

Under the current arrangement, KG/CCC can choose between injectable IIVs or nasal LAIVs. While primary and secondary schools are provided with injectable IIVs under the SIVSOP, schools can also arrange outreach vaccination activities through the VSS School Outreach Scheme during which participating schools can discuss with doctors their preference for injectable IIVs or nasal LAIVs for vaccination of eligible students. Private doctors under the VSS may also decide whether they would use injectable IIVs or nasal LAIVs at their practices depending on their preference and stock.

In the 2022/23 season, the Government procured 22 500 doses of nasal LAIV for various SI vaccination programmes/schemes, of which 17 400 doses were administered for students. The remainder of around 5 100 doses were unused and disposed of, resulting in vaccine wastage of around 22.7%, which was higher than the 13.1% vaccine wastage for IIVs.

For 2024/25 season, the DH will take into account the survey result of 2024 and the updated recommendations and experience of overseas health authorities in drawing up the implementation plan, so as to come up with the best mode of operation and type of vaccine (injectable IIV or nasal LAIV) to be provided.

6.

The Government subsidises part of the VSS's cost in line with the principles of the scheme. The Government will take into consideration factors such as the costs of vaccine and injection and the affordability of the groups under the VSS when deciding on the amount of subsidy provided to these groups. It will also review the amount of subsidy for each vaccine from time to time.

- End -

CONTROLLING OFFICER'S REPLY

HHB300

(Question Serial No. 3602)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Colorectal Cancer Screening Programme (CRCSP) launched by the Government in 2016 subsidises Hong Kong residents within a specific age range to receive screening service in the private sector for the prevention of colorectal cancer. Will the Government advise this Committee on:

1. the number of eligible persons who have participated in the CRCSP and undergone faecal immunochemical tests since the launch of the programme in 2016;
2. the number of colorectal cancer cases diagnosed under the CRCSP since its launch in 2016, and among them the number of cases in earlier stages with a more favourable prognosis;
3. the number of deaths for colorectal cancer in Hong Kong in the past 3 years;
4. the number of enrolment in the CRCSP in each of the past 3 years;
5. the number of enrolment in the CRCSP via the Health Bureau's website each year;
6. the number of enrolment in the CRCSP via the District Health Centres or District Health Centre Expresses across the territory each year; and
7. the staff establishment and the administrative costs of the CRCSP each year?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 107)

Reply:

1. & 2.

Since the launch of the Colorectal Cancer Screening Programme (CRCSP) in 2016, asymptomatic Hong Kong residents aged between 50 and 75 are subsidised to undergo regular screening tests. As at end December 2023, over 420 000 eligible persons have participated in the CRCSP. Among those who underwent a colonoscopy examination, over 33 000

persons had colorectal adenomas and around 2 900 persons had colorectal cancer. According to the data analysis of the Hong Kong Cancer Registry, a preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57% belonged to early-stage (stage II or below), representing a more favourable prognosis. Such screenings can help in the early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

3.

The number of registered deaths for colorectal cancer from 2020 to 2022 by year is as follows:

Year	Number of registered deaths for colorectal cancer
2020	2 287
2021	2 298
2022	2 270

Source: Department of Health

4.

The number of persons enrolled in the CRCSP* from 2021 to 2023 by year is as follows:

Year	Number of persons enrolled in the CRCSP (to the nearest hundreds)
2021	71 900
2022	72 600
2023	71 900

* The number of persons enrolled in the CRCSP refers to the number of new enrolments per year, excluding those participating in the CRCSP who undergo regular screening test.

Source: Department of Health

5. & 6.

CRCSP enrolment is not processed on the Health Bureau's website or at the District Health Centres (DHC) / DHC Expresses across the territory. Eligible persons intending to participate in the CRCSP, which is operated under a public-private partnership model, can make appointments directly with enrolled primary care doctors for assessment without referral for a faecal immunochemical test. Members of the public can access the list of primary care doctors on the Department of Health (DH)'s thematic website www.colonscreen.gov.hk, or call the hotline on 3565 6288 for more details about the CRCSP.

7.

The DH's civil service establishment for the CRCSP is 25. The expenditure incurred by the CRCSP from 2021-22 to 2022-23 and its revised estimate for 2023-24 are as follows:

Financial Year	Annual Expenditure (\$ million)
2021-22 (Actual)	175.5
2022-23 (Actual)	151.6
2023-24 (Revised estimate)	264.7

- End -

CONTROLLING OFFICER'S REPLY

HHB301

(Question Serial No. 3603)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the two-year Breast Cancer Screening Pilot Programme (BCSPP) launched in 2021, will the Government please advise this Committee on:

1. the number of women receiving breast cancer risk assessment under the BCSPP each year;
2. the number of women referred for mammography screening under the BCSPP;
3. the number of breast cancer cases diagnosed through the BCSPP and, among them, the number of early-stage cases with a higher cure rate;
4. the number of breast cancer deaths in Hong Kong in the past 3 years;
5. whether the BCSPP has ended, as the Department of Health indicated in 2021 that it would last for 2 years;
6. whether the BCSPP will be extended in the light of its effectiveness; if not, the referral services or programmes available to members of the public in need when they seek breast cancer screening services at District Health Centres (DHCs) or DHC Expresses?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 108)

Reply:

(1), (2) & (3)

As at 31 December 2023, 27 807 women aged between 44 and 69 received breast cancer risk assessment in Woman Health Centres, 4 Maternal and Child Health Centres and 18 Elderly Health Centres, of which 7 820 women (around 28%) were referred for mammography (MMG) screening. Relevant figures by quarter are tabulated below:

Period	Number of women received breast cancer risk assessment	Number of women referred for MMG screening
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Sep - Dec 2021	3 487	1 250
Q1 of 2022	2 448	796
Q2 of 2022	2 943	779
Q3 of 2022	3 572	944
Q4 of 2022	3 441	844
Q1 of 2023	3 396	862
Q2 of 2023	3 073	825
Q3 of 2023	2 741	726
Q4 of 2023	2 706	794
Total	27 807	7 820

With the consent of the women participating in the Breast Cancer Screening Pilot Programme (BCSPP), the Department of Health (DH) has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry on the number of breast cancer detected and the relevant data. The data collection is still on-going and information could not be provided at this moment.

(4)

The number of registered female deaths for breast cancer in 2020, 2021 and 2022 is as follows:

Year	Number of registered deaths
2020	751
2021	791
2022	792

(5) & (6)

Currently, the Woman Health Service under the DH is still adopting a risk-based approach to provide breast cancer screening service to eligible women based on the recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening under the Cancer Coordinating Committee (CCC).

The CCC, chaired by the Secretary for Health, comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals, has conducted preliminary review of BCSPP Phase 1. The Government is now studying the suggestion of the CCC to decide on the implementation details for the next phase of pilot programme. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB302

(Question Serial No. 3605)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Child Assessment Centres (CACs) under the Department of Health (DH) provide professional assessments and follow-up services for children under 12 years of age with developmental-behavioural problems or disorders. In this connection, will the Government please inform this Committee of:

1. the current number of CACs across Hong Kong, the number of attendances at CACs and the number of new case referrals in each of the past 3 years;
2. given that the CACs' target rate for completion of assessment for new cases within 6 months is over 90% but the actual rates in the last 2 years were only 60% and 71%, the reasons for falling short of the target;
3. in view of the above reasons, the measures in place to address the issue, and whether support should be given in order to achieve a higher completion rate;
4. regarding children with developmental-behavioural problems or disorders, whether the progress and effectiveness of their future recovery would be affected should the new case assessment fail to be completed within 6 months; and
5. whether the Government has any plans to establish new sites for CACs and increase the capacity of service; if yes, the details; if not, the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 115)

Reply:

1. The Child Assessment Service (CAS) of the Department of Health (DH) currently operates 7 Child Assessment Centres (CACs) in the territory. The table below sets out the number of attendances at the CACs in the past 3 years.

Child Assessment Centre	2021*	2022*	2023 (Provisional figures)
Central Kowloon CAC	4 258	3 672	4 567
Ha Kwai Chung CAC	5 954	4 870	5 529
Pamela Youde CAC (Kwun Tong)	6 199	4 753	5 028
Pamela Youde CAC (Sha Tin)	6 298	5 131	6 039
Fanling CAC	5 036	4 284	4 821
Tuen Mun CAC	5 780	4 665	5 270
Ngau Tau Kok CAC	1 853	1 427	1 576
Total	35 378	28 802	32 830

* The figures (of 2022 in particular) were affected by the COVID-19 pandemic. During the outbreak of the pandemic in 2020, even though the CAS services remained available, many parents were reluctant to take their children out, thus postponing the registration of new cases or the assessment. As a result, there was an accumulation of children requiring assessment in 2021 when the epidemic situation slightly eased. The number dropped again in 2022 due to the outbreak of the fifth wave.

New cases are referred through different channels, including the Maternal and Child Health Centres, the Hospital Authority, private practitioners and psychologists, etc. The number of newly referred cases received by the CAS in the past 3 years is as follows. The statistics for individual CACs are not readily available.

	2021	2022	2023 (Provisional figures)
Number of newly referred cases received by the CAS	12 166	10 154	9 326

2. The rate for completion of assessment for new cases within 6 months in the past 2 years is set out below:

	2022	2023 (Provisional figures)
Rate for completion of assessment for new cases within 6 months (%)	61	70

During the fifth wave of the pandemic in 2022, even though the CAS services remained available, many parents were reluctant to take their children out, thus postponing the assessment of new cases. In addition, due to the ongoing shortage of and difficulties in recruiting doctors, the CAS was unable to achieve the target of completion of assessment for 90% of new cases within 6 months.

3. & 4.

In the past 3 years all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children

with urgent and more serious conditions are accorded a higher priority for assessment upon preliminary assessment by nurses.

While the children are waiting for assessment and rehabilitation services, the CAS will provide interim support to the parents such as organising seminars, workshops and practical training, with the aim to increase parents' knowledge on child development and to provide them practical skills, to enhance their understanding of their children's conditions and of information about relevant community resources, so that the parents can put them into practice in their daily lives and conduct home-based training, to manage their children's conditions and develop their potential.

The CAS has organised 115 interim support activities in the past 3 years. In view that many parents have difficulty joining support activities in person or the online webinars at specific times, since 2023 the CAS has gradually introduced pre-recorded online self-learning videos as an alternative so that parents can watch the videos online any time according to their own schedule.

In addition, with the regularisation of the "Project on Tier-1 Support Services in Kindergartens/Kindergarten-cum-Child Care Centres" by the Social Welfare Department (SWD) in 2023, the project is providing early intervention services for children awaiting assessment by the CACs or who are assessed by the CACs to have borderline developmental problems.

At the same time, the DH has recruited part-time contract doctors to address the problem of manpower shortage and will continue to make efforts to recruit suitable doctors to fill the vacancies. The DH will continue to monitor closely the service demand and review the situation of the waiting time at the 7 CACs from time to time, for flexible deployment of manpower as necessary.

5. In view of the increasing demand for the services provided by the CAS, the DH will set up a new CAC in a health centre and social welfare facilities building to be completed shortly, in Siu Sai Wan, to handle the increasing number of cases. The building is expected to be completed for operation in 2025.

- End -

CONTROLLING OFFICER'S REPLY

HHB303

(Question Serial No. 3853)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding public dental services, please advise this Committee on:

1. in respect of the 11 government dental clinics providing free emergency dental services to the public through general public (GP) sessions, the respective quotas on the GP session service and the attendances for such service broken down into age groups (0-18, 19-40, 41-60, 60-64 and 65 or above) of each clinic over the past 3 years; and
2. given that the Government will strengthen the 3-year "Healthy Teeth Collaboration" programme currently implemented in collaboration with non-governmental organisations, the estimated increase in the manpower involved, expenditure incurred and number of people benefiting from the programme.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 23)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

Besides, free emergency dental service (generally referred to as General Public (GP) Sessions) are provided by the Department of Health (DH) through designated sessions each week in its 11 government dental clinics. Dental service under the GP Sessions only include treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

- Under Programme (4), the GP Sessions and the actual maximum numbers of discs for allocation per GP Session of the said 11 government dental clinics are tabulated as follows:

Dental clinic with GP Sessions	Service session	Actual max. no. of discs for allocation per session
Kowloon City Dental Clinic	Monday (AM)	42
	Thursday (AM)	21
Kwun Tong Dental Clinic	Wednesday (AM)	42
Kennedy Town Community Complex Dental Clinic	Monday (AM)	42
	Friday (AM)	42
Fanling Health Centre Dental Clinic	Tuesday (AM)	25
Mona Fong Dental Clinic	Thursday (PM)	21
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	21
Tsuen Wan Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Yan Oi Dental Clinic	Wednesday (AM)	21
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	21
	Friday (AM)	21
Tai O Dental Clinic	2 nd Thursday (AM) of each month	16
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	16

The numbers of attendances for the GP Session service at each dental clinic in 2021-22, 2022-23 and 2023-24 (as at 31 January 2024) are tabulated by age group as follows:

Dental clinic with GP Sessions	Age group	Number of attendances in 2021-22 (Percentage)	Number of attendances in 2022-23 (Percentage)	Number of attendances in 2023-24 (as at 31 January 2024) (Percentage)
Kowloon City Dental Clinic	0-18	59 (1.4%)	39 (1.2%)	28 (1.2%)
	19-42	652 (15.8%)	506 (16.0%)	369 (15.8%)
	43-60	1 250 (30.2%)	912 (28.9%)	604 (25.8%)
	61 or above	2 172 (52.6%)	1 700 (53.8%)	1 340 (57.2%)
	Sub-total	4 133 (100.0%)	3 157 (100.0%)	2 341 (100.0%)
Kwun Tong Dental Clinic	0-18	31 (1.2%)	17 (0.8%)	11 (0.6%)
	19-42	430 (16.2%)	247 (11.6%)	221 (12.4%)
	43-60	723 (27.2%)	640 (30.0%)	474 (26.7%)
	61 or above	1 471 (55.4%)	1 232 (57.7%)	1 071 (60.3%)
	Sub-total	2 655 (100.0%)	2 136 (100.0%)	1 777 (100.0%)
Kennedy Town Community Complex Dental Clinic	0-18	55 (1.0%)	29 (0.7%)	21 (0.7%)
	19-42	1 257 (23.2%)	954 (24.4%)	712 (23.1%)
	43-60	1 475 (27.2%)	1 413 (36.1%)	1 071 (34.8%)
	61 or above	2 633 (48.6%)	1 513 (38.7%)	1 277 (41.4%)
	Sub-total	5 420 (100.0%)	3 909 (100.0%)	3 081 (100.0%)
Fanling Health Centre Dental Clinic	0-18	16 (0.9%)	12 (1.0%)	9 (0.9%)
	19-42	280 (16.2%)	169 (14.2%)	116 (11.3%)
	43-60	469 (27.2%)	323 (27.1%)	250 (24.4%)
	61 or above	962 (55.7%)	688 (57.7%)	649 (63.4%)

Dental clinic with GP Sessions	Age group	Number of attendances in 2021-22 (Percentage)	Number of attendances in 2022-23 (Percentage)	Number of attendances in 2023-24 (as at 31 January 2024) (Percentage)
	Sub-total	1 727 (100.0%)	1 192 (100.0%)	1 024 (100.0%)
Mona Fong Dental Clinic	0-18	15 (1.1%)	4 (0.4%)	5 (0.6%)
	19-42	243 (17.1%)	151 (14.2%)	76 (9.6%)
	43-60	387 (27.3%)	297 (27.9%)	170 (21.4%)
	61 or above	775 (54.6%)	613 (57.6%)	543 (68.4%)
	Sub-total	1 420 (100.0%)	1 065 (100.0%)	794 (100.0%)
Tai Po Wong Siu Ching Dental Clinic	0-18	18 (1.3%)	10 (0.9%)	8 (0.9%)
	19-42	231 (16.3%)	159 (14.8%)	142 (16.7%)
	43-60	370 (26.1%)	237 (22.1%)	175 (20.6%)
	61 or above	801 (56.4%)	665 (62.1%)	524 (61.7%)
	Sub-total	1 420 (100.0%)	1 071 (100.0%)	849 (100.0%)
Tsuen Wan Dental Clinic	0-18	59 (1.0%)	44 (1.1%)	29 (0.9%)
	19-42	908 (15.8%)	609 (14.8%)	452 (13.4%)
	43-60	1 589 (27.7%)	1 160 (28.3%)	874 (26.0%)
	61 or above	3 190 (55.5%)	2 291 (55.8%)	2 011 (59.7%)
	Sub-total	5 746 (100.0%)	4 104 (100.0%)	3 366 (100.0%)
Yan Oi Dental Clinic	0-18	16 (1.2%)	9 (0.8%)	2 (0.2%)
	19-42	230 (16.8%)	111 (10.5%)	95 (11.2%)
	43-60	358 (26.1%)	259 (24.4%)	215 (25.3%)
	61 or above	769 (56.0%)	683 (64.3%)	538 (63.3%)
	Sub-total	1 373 (100.0%)	1 062 (100.0%)	850 (100.0%)

Dental clinic with GP Sessions	Age group	Number of attendances in 2021-22 (Percentage)	Number of attendances in 2022-23 (Percentage)	Number of attendances in 2023-24 (as at 31 January 2024) (Percentage)
Yuen Long Government Offices Dental Clinic	0-18	37 (1.3%)	26 (1.3%)	21 (1.3%)
	19-42	491 (17.1%)	343 (16.8%)	280 (17.0%)
	43-60	851 (29.6%)	621 (30.4%)	443 (26.9%)
	61 or above	1 493 (52.0%)	1 051 (51.5%)	903 (54.8%)
	Sub-total	2 872 (100.0%)	2 041 (100.0%)	1 647 (100.0%)
Tai O Dental Clinic	0-18	2 (1.5%)	1 (0.8%)	0 (0.0%)
	19-42	25 (18.2%)	17 (13.1%)	20 (18.7%)
	43-60	41 (29.9%)	33 (25.4%)	29 (27.1%)
	61 or above	69 (50.4%)	79 (60.8%)	58 (54.2%)
	Sub-total	137 (100.0%)	130 (100.0%)	107 (100.0%)
Cheung Chau Dental Clinic	0-18	4 (2.4%)	6 (3.6%)	0 (0.0%)
	19-42	28 (17.1%)	15 (8.9%)	6 (4.7%)
	43-60	46 (28.0%)	45 (26.8%)	27 (20.9%)
	61 or above	86 (52.4%)	102 (60.7%)	96 (74.4%)
	Sub-total	164 (100.0%)	168 (100.0%)	129 (100.0%)
Total	0-18	312 (1.2%)	197 (1.0%)	134 (0.8%)
	19-42	4 775 (17.6%)	3 281 (16.4%)	2 489 (15.6%)
	43-60	7 559 (27.9%)	5 940 (29.6%)	4 332 (27.1%)
	61 or above	14 421 (53.3%)	10 617 (53.0%)	9 010 (56.4%)
	Sub-total	27 067 (100.0%)	20 035 (100.0%)	15 965 (100.0%)

Note: Percentages may not add up to 100 due to rounding.

2. The Government launched a three-year programme named Healthy Teeth Collaboration (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adults aged 18 or above with intellectual disability (ID). In 2021, the programme was further extended for 3 years to July 2024. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation.

The CE also announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the HTC by providing services to 900 new cases every year, expanding its scope to cover adults (aged 18 or above) with Autistic Spectrum Disorder in addition to adults with ID and further extending the HTC to March 2027.

In 2024-25, the DH has earmarked about \$77 million to enhance public dental services, including enhancement of the HTC and emergency dental service, and launch of the Primary Dental Co-care Pilot Scheme for Adolescents. The Government will also deploy additional manpower to carry out the relevant preparatory work.

- End -

CONTROLLING OFFICER'S REPLY

HHB304

(Question Serial No. 3330)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding dental services provided for people with disabilities, please advise on the service locations, quotas, details of services, number of beneficiaries and costs per capita in the past 3 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 100)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The review covers policy objectives, implementation strategies, service scopes and delivery models of oral health and dental care. The Working Group released an interim report in end-2023 to summarise its work progress.

The Government agreed with the suggestion of the Working Group that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint which attaches importance to prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health. In considering the provision of government-funded curative dental services, the long-term financial sustainability must be taken into account. It is more cost-effective to put the emphasis on preventive dental services.

The Government will strive to develop and promote primary dental services to assist citizens to manage their own oral health and to put prevention, early identification and timely intervention of dental diseases into action. The Government will also explore how to continue to develop appropriate and targeted dental services to the underprivileged groups defined by the Working Group, including persons with financial difficulties, persons with disabilities or special needs, and the high risk groups.

The dental services currently provided by the Government to persons with disabilities are outlined below.

School Dental Care Service (SDCS)

Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability (ID) and/or physical disability studying in special schools, can join the SDCS of the Department of Health (DH) to receive annual check-ups at 8 designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. The 8 designated school dental clinics are Tang Shiu Kin School Dental Clinic, Argyle Street Jockey Club School Dental Clinic (1/F and 3/F), Lam Tin School Dental Clinic, Ha Kwai Chung School Dental Clinic, Pamela Youde School Dental Clinic, Tuen Mun School Dental Clinic and Fanling School Dental Clinic. The number of participating students with ID and/or physical disability studying in special schools in the past 3 years is set out below:

Service Year ^{Note 1}	2021-22	2022-23	2023-24
Number of participants	6 328	6 429	6 907

Note1: A service year refers to the period from 1 November of the current year to 31 October of the following year.

Figures of the expenditure on providing the SDCS to persons with ID, absorbed within the overall provision for dental services under its Programme, are not available.

Dandelion Oral Care Action

Noting that concerted efforts from parents and schools are necessary to facilitate children with ID to maintain personal oral hygiene, the Oral Health Education Division (OHED) of the DH has been conducting since 2005 a special oral health promotion programme named the “Dandelion Oral Care Action” (the Dandelion Programme) in a train-the-trainer approach whereby the school nurses, teachers and parents of the participating special schools are trained to equip special tooth cleaning skills. Under the Dandelion Programme, oral care skill has become part of the self-care curriculum of the participating schools, and the OHED trains at least 1 school nurse or teacher nominated by each school to be the Oral Health Trainer (OHT) equipped with certain basic oral care knowledge/techniques. The OHTs, in turn, will train all the teachers in the school and conduct workshops to train the parents to take care of their children at home using the same oral care techniques. The long-term goal of the Dandelion Programme is for the children with ID to brush and floss their own teeth competently and independently by the time they leave school. As per the DH’s understanding, parents who participated on a voluntary basis have found that the tooth brushing and flossing skills of their children have improved. Currently, 28 schools in Hong Kong have joined the Dandelion Programme.

The number of participants (including school nurses, teachers, parents and students) in the past 3 school years is set out below:

School Year ^{Note2} :	2020-2021	2021-2022	2022-2023
Number of participants	5 124	5 288	5 396

Note2: A school year refers to the period from 1 September of the current year to 31 August of the following year.

Figures of the expenditure on the Dandelion Programme, absorbed within the provision for dental services under its Programme, are not available.

Oral Maxillofacial Surgery & Dental Clinics (OMS&DCs) and Special Oral Care Service (SOCS)

The DH set up the OMS&DCs in 7 public hospitals (Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital, North District Hospital and Tuen Mun Hospital) to provide oral maxillofacial surgery and specialist dental treatment to in-patients and patients with special oral health care needs and dental emergency. Such specialist services are provided through referral by the Hospital Authority (HA) or private practitioners, etc.

The number of attendances of patients with ID and/or severe physical disability in the past 3 years is set out below:

Year	2021	2022	2023
Number of attendances	534	366	375

In order to improve the oral health of children with ID, the DH set up a SOCS in September 2019 in collaboration with the HA at the Hong Kong Children’s Hospital (HKCH) for pre-school children under 6 years old with ID for early intervention and prevention of common oral diseases. The SOCS has also implemented an outreach dental service since September 2019 to provide free onsite dental check-up and oral health education for eligible children at Special Child Care Centres under the Social Welfare Department. If necessary, children can be referred to the HKCH for follow-up dental treatment, including treatment under sedation/general anaesthesia.

The number of children with ID receiving services over the past 3 service years is as follows:

Service Year ^{Note3}	2021-22	2022-23	2023-24 (as at January 2024)
Number of attendances for dental check-ups by the SOCS teams	1 292	1 580	484
Number of referrals to the HKCH	242	232	72

Note3: A service year refers to the period from 1 November of the current year to 31 October of the following year.

Figures of the expenditure for providing services to persons with ID and/or severe physical disability under the DH’s OMS&DCs and SOCS, absorbed within the provision for dental services under its Programme, are not available.

Dental Service for Adult Patients with ID

The Government launched a three-year programme named Healthy Teeth Collaboration (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adults aged 18 or above with ID. In 2021, the programme was further extended for 3 years to July 2024. At present, 5 NGO dental clinics (with at least 1 qualified dentist and 1 dental surgery assistant) have participated in the HTC. Among them, 2 are located on Hong Kong Island, 1 in Kowloon and the remaining 2 in the New Territories. As at end-January 2024, about 5 230 adults with ID have registered under the HTC, of which about 5 040 have received their first consultation.

The number of attendances over the past 3 service years is set out below:

Service Year ^{Note4}	2021-22	2022-23	2023-24 (up to January 2024)
Number of attendances	4 129	6 121	4 119

Note4: A service year refers to the period from 16 July of the current year to 15 July of the following year.

The actual expenditures in 2021-22 and 2022-23 and the revised estimate for 2023-24 are as follows:

Year	2021-22	2022-23	2023-24
Annual expenditure (\$ million)	11.1 (actual)	22.8 (actual)	32.0 (revised estimate)

The CE announced in the 2023 Policy Address that the Government will strengthen in the third quarter of 2024 the special care dental services for persons with disabilities or special needs currently provided by the DH by further extending the HTC to March 2027, extending its scope to cover patients with Autistic Spectrum Disorder, and providing services to 900 new cases every year.

- End -

CONTROLLING OFFICER'S REPLY**HHB305****(Question Serial No. 3334)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Will the Government advise on the number of non-locally trained allied health professionals registered under the Supplementary Medical Professions Ordinance in the past 5 years, with a breakdown by healthcare profession, including but not limited to physiotherapists, occupational therapists, optometrists, radiographers and medical laboratory technologists?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 104)Reply:

The number of allied health professionals (namely physiotherapists, occupational therapists, optometrists, radiographers and medical laboratory technologists) registered under the Supplementary Medical Professions Ordinance (SMPO) in the past 5 years is tabulated below:

Position as at 31 December of the year	Type ^{Note(1)}	Healthcare profession				
		Physiotherapist	Occupational therapist	Optometrist	Radiographer	Medical laboratory technologist
2019	New registration (locally-trained)	158	149	38	96	107
	New registration (non-locally trained)	110	36	4	9	29
	Name removed from register ^{Note(2)}	13	9	15	23	49
	Application for restoration of name to register ^{Note(3)}	5	3	3	4	8
	Total number of registrants	3 510	2 403	2 250	2 479	3 862
2020	New registration (locally-trained)	110	135	34	101	121

Position as at 31 December of the year	Type ^{Note(1)}	Healthcare profession				
		Physiotherapist	Occupational therapist	Optometrist	Radiographer	Medical laboratory technologist
	New registration (non-locally trained)	83	49	5	3	51
	Name removed from register ^{Note(2)}	21	17	29	29	68
	Application for restoration of name to register ^{Note(3)}	3	1	6	0	17
	Total number of registrants	3 685	2 571	2 266	2 554	3 983
2021	New registration (locally-trained)	180	178	34	121	210
	New registration (non-locally trained)	107	51	2	9	54
	Name removed from register ^{Note(2)}	30	20	36	18	43
	Application for restoration of name to register ^{Note(3)}	12	3	7	7	20
	Total number of registrants	3 954	2 783	2 273	2 673	4 224
2022	New registration (locally-trained)	176	146	39	127	104
	New registration (non-locally trained)	70	55	3	9	44
	Name removed from register ^{Note(2)}	34	21	36	21	57
	Application for restoration of name to register ^{Note(3)}	4	3	4	2	11
	Total number of registrants	4 170	2 966	2 283	2 790	4 326
2023	New registration (locally-trained)	245	187	45	132	292
	New registration (non-locally trained)	202	78	14	13	81
	Name removed from register ^{Note(2)}	34	32	46	31	50

Position as at 31 December of the year	Type ^{Note(1)}	Healthcare profession				
		Physiotherapist	Occupational therapist	Optometrist	Radiographer	Medical laboratory technologist
	Application for restoration of name to register ^{Note(3)}	6	6	10	3	9
	Total number of registrants	4 589	3 205	2 306	2 907	4 658

Notes:

- (1) The number of persons who have their names removed from the register, who have applied for restoration of their names to the register and the total number of registrants include the number of both locally-trained and non-locally trained persons.
- (2) According to sections 10 and 22 of the SMPO, the names of registered allied health professionals may be removed from the register for various reasons, e.g. they have requested voluntarily that their names be so removed; they are deceased; they have not renewed their practising certificates for a period exceeding 6 months; or their names are ordered to be removed from the register after due disciplinary inquiry.
- (3) A person whose name has been removed from a register under section 10 or 22 of the SMPO may apply to the board for the restoration of his name to the register.

- End -

CONTROLLING OFFICER'S REPLY

HHB306

(Question Serial No. 3335)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (1) Statutory Functions
Controlling Officer: Director of Health (Dr. Ronald LAM)
Director of Bureau: Secretary for Health

Question:

Will the Government please inform this Committee of the staff establishment and total expenditure of the Supplementary Medical Professions Council in the past 5 years and its current processing time of registration applications submitted by allied health professionals?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 105)

Reply:

The Boards and Councils Office (B&C Office) provides secretariat support to 15 healthcare-related statutory Boards and Councils, including the Supplementary Medical Professions Council (the Council). As at 1 February 2024, there were 79 civil service posts in the B&C Office, including 8 posts mainly responsible for providing support to the Council. The expenditure for the Council secretariat has been subsumed under the overall expenditure for the B&C Office and hence could not be separately listed.

The applications of registration for professions specified in the Schedule to the Supplementary Medical Professions Ordinance (Cap. 359) (Ordinance) (including medical laboratory technologists, radiographers, physiotherapists, occupational therapists and optometrists) are processed by the Council in accordance with sections 12 and 13 of the Ordinance and its subsidiary legislation.

For applicants holding professional qualifications prescribed in section 12(1)(a) of the Ordinance and its subsidiary legislation, the application procedure will generally be completed within 1 month upon submission of the duly completed application form and the requisite documents.

For applicants holding professional qualifications not prescribed in section 12(1)(a) of the Ordinance and its subsidiary legislation, the application procedure will generally be completed within 3 months upon submission of the duly completed application form and the requisite documents, as time is needed to examine the education, training, professional experience and skill of individual applicants in detail. For applications involving overseas

qualifications or clinical training, additional processing time may be required to contact overseas institutions for verification.

- End -

CONTROLLING OFFICER'S REPLY**HHB307****(Question Serial No. 3463)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the breakdown of the number of people from most-at-risk populations for HIV requesting post-exposure prophylaxis (PEP), the number of PEP recipients and the expenditure involved in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 235)Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2019-20	140
2020-21	155
2021-22	140
2022-23	172
2023-24*	169

* Figure as at 29 February 2024

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB308

(Question Serial No. 3464)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 236)

Reply:

The Council for the AIDS Trust Fund approved a sum of \$1.5 million from 2019-20 to 2023-24 to support the following research projects:

- (a) Perception of pre-exposure prophylaxis (PrEP) use and its monitoring mechanism in men who have sex with men (MSM) - a qualitative study; and
- (b) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

HHB309

(Question Serial No. 3465)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the estimated expenditure if the Government proposes the introduction of pre-exposure prophylaxis (PrEP) drugs to the Drug Formulary to subsidise the prevention of HIV infection among the most-at-risk populations.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 237)

Reply:

The Department of Health (DH) has implemented a programme called “The Commons” since 5 February 2024 to provide one-stop sexual health service for sexual minorities such as men who have sex with men with risk behaviours. The services provided under the programme include test for HIV and viral hepatitis, viral hepatitis vaccination, sexual health assessment, test and treatment for sexually transmitted infection and counselling. The programme further provides monitoring and counselling services for PrEP users to ensure that they receive medication in an appropriate and safe manner. A bundle of individualised preventive measures is also offered to optimise the effectiveness of PrEP use.

The DH will study the demand for PrEP and the need for related services through “The Commons” newly in place, with a view to establishing an appropriate mode of service provision and operation.

Subsumed into the DH’s overall provision for disease prevention, the expenditure of the resources involved in the implementation of “The Commons”, the one-stop sexual health service programme mentioned above, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY**HHB310****(Question Serial No. 3466)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please provide the number of people requesting and obtaining post-exposure prophylaxis (PEP) and the expenditure and financial provision for the past 5 years in this respect.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 238)Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2019-20	140
2020-21	155
2021-22	140
2022-23	172
2023-24*	169

* Figure as at 29 February 2024

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY**HHB311****(Question Serial No. 3467)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the estimated expenditure for 2023-24 if the Government relaxes the stringent requirement for access to post-exposure prophylaxis.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 239)Reply:

The post-exposure prophylaxis (PEP) is one of the prevention strategies targeting individuals with risk of exposure to HIV. The eligibility for PEP and its prescription is a clinical decision based on individual risk assessment and stratification. The Scientific Committee on AIDS and Sexually Transmitted Infections under the Centre for Health Protection of the Department of Health (DH) will regularly review the application of PEP (including both occupational and non-occupational exposure) and disseminate relevant guidelines/recommendations for reference by frontline healthcare providers and relevant stakeholders.

The number of clients prescribed with HIV PEP by the Integrated Treatment Centre of the DH, including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2019-20	140
2020-21	155
2021-22	140
2022-23	172
2023-24*	169

* Figure as at 29 February 2024

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY**HHB312****(Question Serial No. 3468)**

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the expenditure per head on the prevention of HIV infection in the most-at-risk populations in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 240)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The major initiatives include:

- (a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong;
- (b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education about AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations set up in response to AIDS and other organisations under the ATF. From 2019-20 to 2023-24, \$142.4 million was approved under the ATF for 67 projects targeting high-risk groups, with a breakdown as follows:

High-risk groups	Funding approved (\$ million)
Men who have sex with men	64.8
People living with HIV	27.5
Female sex workers and their male clients	30.6
People who inject drugs	8.3

Ethnic minorities	8.7
Transgenders	2.5
Total	142.4

- (c) providing resources for the Department of Health's (DH) services, including the Special Preventive Programme (SPP), the Social Hygiene Service, the Methadone Treatment Programme and the Student Health Service (SHS), for HIV prevention and care. The DH has been delivering sex education information and conducting promotional programmes for primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based activities about sex education under the Adolescent Health Programme, life-skill-based education about HIV and sex through the SPP, as well as online resources about sex education.

Subsumed into the DH's overall provision for disease prevention, the expenditure of the overall resources for prevention of HIV/AIDS for high-risk individuals cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY**HHB313****(Question Serial No. 3469)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the breakdown of expenditure on HIV prevention research in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 241)Reply:

From 2019-20 to 2023-24, the AIDS Trust Fund approved a total of \$12.5 million for conducting 21 research projects on HIV prevention with a breakdown as follows:

High risk groups	Funding approved (\$ million)
Men who have sex with men	7.5
People living with HIV	3.7
More than 1 high risk group*	1.3
Total	12.5

* \$1.3 million was granted to fund 2 research projects targeting more than 1 high-risk group.

- End -

CONTROLLING OFFICER'S REPLY

HHB314

(Question Serial No. 3470)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the reasons why the Government does not consider allocating more resources to HIV prevention (including the provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), legislation against discrimination on the grounds of sexual orientation and the provision of sex education catering for present-day circumstances) to minimise the number of infected people, thereby reducing the lifetime HIV treatment cost and the economic loss arising from the reduction in the workforce.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 242)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The major initiatives include:

- (a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong. The key strategic areas of the latest "Recommended HIV/AIDS Strategies for Hong Kong (2022-2027)" include (i) enhancing the accessibility of HIV prevention tools (including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)), (ii) promoting sex education, and (iii) reducing HIV-related stigma and discrimination;
- (b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education about AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations

set up in response to AIDS and other organisations under the ATF. From 2019-20 to 2023-24, \$142.4 million was approved under the ATF for 67 projects targeting high-risk groups;

- (c) providing resources for the Department of Health's (DH) services, including the Special Preventive Programme (SPP), the Social Hygiene Service, the Methadone Treatment Programme and the Student Health Service (SHS), for HIV prevention and care. The DH has been delivering sex education information and conducting promotional programmes for primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based activities about sex education under the Adolescent Health Programme, life-skill-based education about HIV and sex through the SPP, as well as online resources about sex education. The DH will continue the promotion endeavours and regularly review and update the content and approaches in respect of sex education so as to address the needs of adolescents;
- (d) the PEP is one of the prevention strategies targeting individuals with risk of exposure to HIV. The eligibility for PEP and its prescription is a clinical decision based on individual risk assessment and stratification. The Scientific Committee on AIDS and Sexually Transmitted Infections under the Centre for Health Protection will regularly review the application of PEP (including both occupational and non-occupational exposure) and disseminate relevant guidelines/recommendations for reference by frontline healthcare providers and relevant stakeholders; and
- (e) the DH has implemented a programme called "The Commons" since 5 February 2024 to provide one-stop sexual health service for sexual minorities such as men who have sex with men with risk behaviours. The services provided under the programme include test for HIV and viral hepatitis, viral hepatitis vaccination, sexual health assessment, test and treatment for sexually transmitted infection and counselling. The programme further provides monitoring and counselling services for PrEP users to ensure that they receive medication in an appropriate and safe manner. A bundle of individualised preventive measures is also offered to optimise the effectiveness of PrEP use.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

HHB315

(Question Serial No. 3471)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the expenditure on the promotion of U=U in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 243)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The major initiatives include:

- (a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong. Promoting the idea of “Undetectable = Untransmittable (U=U)” can reduce the public’s stigma and discrimination against people with HIV, alleviate the fear of undergoing HIV test, and enhance treatment adherence of people with HIV. In the latest “Recommended HIV/AIDS Strategies for Hong Kong (2022-2027)”, “U=U” is listed as a key message for promotion;
- (b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education about AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations (NGOs) set up in response to AIDS and other organisations under the ATF. The NGOs funded by the Government have been promoting the idea of “U=U”; and
- (c) providing resources for the Department of Health’s (DH) services, including the Special Preventive Programme (SPP), the Social Hygiene Service, and the Student Health

Service (SHS), for HIV prevention and care. The DH has been delivering sex education information and conducting promotional programmes for primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based activities about sex education under the Adolescent Health Programme, life-skill-based education about HIV and sex through the SPP, as well as online resources about sex education. The idea of “U=U” has already been incorporated into the SPP’s publicity work, including online promotion, mass media promotion and health talks. Moreover, the DH has been collaborating with NGOs to organise events for promoting the idea of “U=U” and fostering the public’s acceptance of people with HIV/AIDS.

Resources for the “U=U” promotion have been subsumed into the DH’s overall provision for disease prevention and cannot be separately identified.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY**HHB316****(Question Serial No. 3472)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the expenditure incurred in preventing HIV infection in the past 5 years broken down into the following groups: heterosexual population, men who have sex with men, ethnic minorities, sex workers and injecting drug users.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 244)Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (ATF) accords higher funding priority to applications for projects targeting 6 high-risk groups, namely men who have sex with men, people living with HIV, female sex workers and their male clients, people who inject drugs, ethnic minorities and transgenders.

From 2019-20 to 2023-24, \$142.4 million was approved under the ATF for 67 projects targeting high-risk groups, with a breakdown as follows:

High-risk groups	Funding approved (\$ million)
Men who have sex with men	64.8
People living with HIV	27.5
Female sex workers and their male clients	30.6
People who inject drugs	8.3
Ethnic minorities	8.7
Transgenders	2.5
Total	142.4

- End -

CONTROLLING OFFICER'S REPLY

HHB317

(Question Serial No. 3884)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 227 of the Budget Speech that relevant bureaux have been requested to review the mode of operation of the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (the \$2 Scheme) and the Public Transport Fare Subsidy Scheme, in the light that both schemes have incurred higher expenditure with a rapid growth rate. In this connection, will the Government inform this Committee on:

1. the expenditure and its year-on-year growth in respect of the Elderly Health Care Voucher Scheme (EHVS) in each of the past 5 years; and
2. whether the Government will also ask the bureaux concerned to review the EHVS and/or other allowance/subsidy schemes which have incurred higher expenditure with rapid growth rate and are purportedly prone to abuse; if not, the reasons?

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 51)

Reply:

1.
The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009. It aims at providing financial incentives for elderly persons to choose private primary healthcare services that best suit their health needs and providing them with additional healthcare choices on top of the existing public healthcare services. Launched in 2009, the EHVS initially provided eligible Hong Kong elderly persons aged 70 or above with \$250 vouchers annually (5 vouchers worth \$50 each, for covering part of their medical fees to encourage co-payment). The EHVS has been extended to cover eligible Hong Kong elderly persons aged 65 or above¹ and the annual amount of vouchers provided for them has been increased to \$2,000 (there is no limit on the voucher amount that can be used each time of receiving healthcare service; co-payment is not mandated and the accumulation limit of vouchers is \$8,000) for subsidising their use of private primary healthcare services provided by 14 types of healthcare professionals².

- 1 Since 1 July 2017, the eligibility age for the EHVS has been lowered from 70 to 65.
- 2 They are medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359), as well as audiologists, dietitians, clinical psychologists and speech therapists under the Accredited Registers Scheme for Healthcare Professions (AR Scheme).

The number of elderly persons eligible for the EHVS from 2009 to 2023 is tabulated below:

Year	Eligible elderly persons (i.e. elderly persons aged 65/70 ^{Note} or above)*
2009	671 000
2010	688 000
2011	707 000
2012	714 000
2013	724 000
2014	737 000
2015	760 000
2016	775 000
2017	1 221 000
2018	1 266 000
2019	1 325 000
2020	1 377 000
2021	1 450 000
2022	1 526 000
2023	1 638 000

Note: Since 1 July 2017, the eligibility age for the EHVS has been lowered from 70 to 65.

* Source: "Hong Kong Population Projections 2010-2039", "Hong Kong Population Projections 2012-2041", "Hong Kong Population Projections 2015-2064", "Hong Kong Population Projections 2017-2066", "Hong Kong Population Projections 2020-2069" and "Hong Kong Population Projections 2022-2046" of the Census and Statistics Department.

The actual/estimated expenditure and its year-on-year growth in respect of the EHVS from the financial year 2008-09 to 2023-24 are tabulated below:

Year	Actual expenditure on the EHVS (\$ million)	Year-on-year growth
2008-09 (January to March 2009)	6.6	--
2009-10	49.0	+642%
2010-11	72.0	+47%
2011-12 ^{Note 1}	104.1	+45%
2012-13 ^{Note 2}	196.0	+88%
2013-14 ^{Note 3}	341.0	+74%
2014-15 ^{Note 4}	682.2	+100%
2015-16	914.5	+34%
2016-17	1,102.3	+21%
2017-18 ^{Note 5}	1,697.5	+54%
2018-19 ^{Note 6}	2,930.2	+73%
2019-20 ^{Note 7}	2,569.7	-12%
2020-21	2,150.7	-16%
2021-22	2,554.7	+19%
2022-23	2,785.9	+9%
2023-24 ^{Note 8}	3,343.6 (revised estimate)	+20%

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- Note 1: The voucher amount has increased from the original \$250 to \$500 since 1 January 2012.
- Note 2: The voucher amount has increased to \$1,000 since 1 January 2013.
- Note 3: The EHVS has been regularised since 1 January 2014.
- Note 4: The voucher amount has increased to \$2,000 with the accumulation limit revised upward from \$3,000 to \$4,000 since 7 June 2014. Starting from 1 July 2014, the face value of each voucher has been lowered from \$50 to \$1.
- Note 5: Since 1 July 2017, the eligibility age for the EHVS has been lowered from 70 to 65.
- Note 6: On 8 June 2018, each eligible elderly person was provided with an additional voucher amount of \$1,000 on a one-off basis. The accumulation limit of the vouchers was also increased to \$5,000.
- Note 7: On 26 June 2019, each eligible elderly person was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of vouchers was further increased to \$8,000. Starting from the same day, the voucher amount that can be spent on optometry services has been set at \$2,000 every 2 years.
- Note 8: Starting from 17 April 2023, eligible elderly persons can use vouchers to pay for the outpatient healthcare services at the 15 designated Outpatient Medical Centers/Medical Service Departments of the University of Hong Kong - Shenzhen Hospital (HKU-SZH), as well as the Huawei Li Zhi Yuan Community Health Center, an offsite medical institution set up by the HKU-SZH. Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the AR Scheme (namely audiologists, clinical psychologists, dietitians and speech therapists). Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, to encourage more effective use of primary healthcare services by elderly persons, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023. An eligible elderly person who has an accumulated use of vouchers of \$1,000 or more on designated primary healthcare services in a year will be allotted \$500 reward to his or her voucher account for the same purposes.

2.

The Department of Health (DH) adopts a robust monitoring mechanism for checking and auditing voucher claims made by healthcare service providers for voucher users both in Hong Kong and Shenzhen (i.e. at the HKU-SZH) under the EHVS. The relevant measures and procedures include routine checking, monitoring and investigating in respect of aberrant transactions, and investigation into complaints. The DH adopts a risk-based approach to check voucher claims, targeting healthcare service providers who are suspected of non-compliance with the terms and conditions of the EHVS Agreement and those whose voucher claims show aberrant patterns. To prevent abuse, misuse or fraud, the DH will also investigate cases where healthcare service providers are suspected to have made false voucher claims in collusion with EHVS users. The DH will take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement is found, including issuing advisory/warning letters to the relevant healthcare service providers, withholding reimbursements or recovering paid reimbursements, disqualifying healthcare service providers from participating in the EHVS, and referring cases to the Police or the relevant professional regulatory boards/councils for follow-up as appropriate.

Apart from close monitoring of suspected abuse/misuse of vouchers, the DH regularly issues guidelines to healthcare service providers participating in the EHVS to remind them of the scheme's requirements. Besides, the DH has strengthened its efforts in empowering elderly persons to make informed choices and use vouchers wisely through reaching out to elderly persons more proactively and enhancing the mechanism for checking voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHVS and voucher usage on the websites of the DH and the EHVS to help both elderly persons and the general public better understand the EHVS.

The Government launched the EHVS in 2009 to provide elderly persons with financial incentives to choose private primary healthcare services that best suit their healthcare needs.

However, the EHVS does not mandate that elderly persons must use their vouchers on designated primary healthcare services, nor are healthcare service providers enrolling in the EHVS required to furnish details of the healthcare services provided or register with the eHealth system. The elderly, therefore, have not been directed towards the optimal use of vouchers for primary healthcare services under the EHVS, nor has the EHVS provided comprehensive data for assessing its overall cost-effectiveness and effectiveness in improving the overall health of the elderly. According to the information available on the voucher claim transactions in the past years, vouchers were mainly (over 40%) used for services related to the treatment of acute episodic illnesses while only about 20% were used for preventive care services.

In accordance with the Primary Healthcare Blueprint launched by the Government in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. To this end, through providing rewards, the Government launched the three-year Pilot Reward Scheme in November 2023 to further incentivise elderly persons by guiding them to make better use of vouchers for continuous preventive healthcare and chronic disease management services, etc., so as to achieve the original policy objectives of the EHVS by optimising the use of resources to promote primary healthcare and supporting the healthcare needs of elderly persons. Meanwhile, the Government will continue to review the effectiveness of the EHVS and put forward enhancement measures as and when necessary to ensure the effective use of public resources.

Hong Kong has one of the most rapidly ageing of population in the world and the speed of ageing will peak in the upcoming decade. The population aged 65 and above will increase from 1.45 million in 2021 to 2.74 million by 2046. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. To improve elderly health and ensure the sustainability of the healthcare system, the Government must ensure the optimised use of resources invested in the EHVS so that elderly persons can make good use of their vouchers for primary healthcare services for disease prevention and health management. Continuing to increase the voucher amount or expand the coverage of the EHVS for undesignated and unguided use of unmonitored healthcare services, and allowing use of vouchers for secondary/tertiary healthcare services will not be sustainable policy-wise and financially. Thus, the further increase of voucher amount or expansion of the coverage of EHVS without designating the use of primary healthcare services is not on our policy agenda. We will continue to review the health benefits brought by the EHVS in planning for the future development of primary healthcare.

- End -

CONTROLLING OFFICER'S REPLY

CSB071

(Question Serial No. 1846)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the Pilot Scheme on Dental Services (Dental Scaling) (Pilot Scheme), will the Government please advise this Committee on:

- (1) the number of (i) serving civil servants, (ii) retired civil servants, and (iii) eligible persons qualified for the Pilot Scheme;
- (2) the monthly cumulative number of (i) invitations issued, (ii) people who have accepted the invitation, (iii) successful appointments made at private dental clinics, (iv) cancellations without rebooking before the specified deadline, (v) appointments not kept, (vi) people who have received dental scaling service at private dental clinics, and (vii) the participation rate of the Pilot Scheme, broken down by type of civil service eligible person (CSEP) since the implementation of the Pilot Scheme;
- (3) the data of the Pilot Scheme's opinion survey, including (i) the satisfaction rate, (ii) the number of complaints received, (iii) the grounds for complaint, and (iv) the follow-up actions taken by the Department of Health (DH);
- (4) regarding each of the private dental clinics participating in the Pilot Scheme, (i) the service capacity that they have committed to providing, (ii) the number of dental scaling attendances at such clinics, and (iii) the amount of subsidy they have received and the administration costs incurred;
- (5) in view of the Government's remark made at the meeting of the Legislative Council's Subcommittee to Follow Up Issues Relating to Benefits for Civil Servants, Retired Civil Servants and Eligible Persons that the CSEPs may be referred to the DH for follow-up should they are found to have other problems while attending private dental clinics, the number of cases referred from private dental clinics since the implementation of the Pilot Scheme and the average waiting time of the above cases; and
- (6) the quotas for new cases provided by the dental clinics of DH each month, and the overall waiting time of the CSEPs for regular dental check-ups and dental follow-up treatment since the implementation of the Pilot Scheme?

Asked by: Hon CHAU Siu-chung (LegCo internal reference no.: 1)

Reply:

- (1) & (2) Following the launch of the Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons (Pilot Scheme) in July 2023, as at 29 February 2024, the Department of Health (DH) has sent invitations to about 132 000 civil servants eligible persons (CSEPs), and among them, a total of about 45 100 CSEPs have received or made appointments for dental scaling services, representing a participation rate of about 34%. There were 11 CSEPs who had cancelled their appointments without rebooking before the specified deadline or did not attend their appointment as scheduled. The DH does not have a breakdown of the above statistics by civil servants, retired civil servants and eligible persons.
- (3) As at 29 February 2024, about 41% of CSEPs who had received dental scaling services completed an opinion survey on the Pilot Scheme, of which 91% of the respondents expressed satisfaction. The DH has received 13 complaints, mainly related to not being invited to participate in the Pilot Scheme, the limited scope of services offered (as only dental scaling is available), unsatisfactory arrangements by the participating private dental clinics and service attitude of their staff. Upon receipt of the complaints, the DH has taken follow-up actions, including explaining the details of the Pilot Scheme to the complainants. For complaints about the services of private dental clinics, the DH has asked the private dental organisation (PDO) concerned to follow up and make improvements. The DH will also carry out investigation as and when necessary.
- (4) According to the service agreement signed with the DH, each PDO shall provide a minimum of 400 dental scaling sessions through a minimum of 4 of its dental clinics each month during the service period. As at 29 February 2024, about 45 100 CSEPs have received or made appointments for dental scaling services. The expenditure thus incurred is about \$27 million. The DH will re-allocate the existing provision for medical and dental services for civil servants to cover the relevant expenditure of the Pilot Scheme.
- (5) As at 29 February 2024, private dental clinics participating in the Pilot Scheme have referred about 8 100 cases to the DH for follow-up. Most of the cases could be followed up within 6 months upon referral.
- (6) The monthly quotas for new cases provided by dental clinics of the DH since the implementation of the Pilot Scheme are set out in the table below:

Month	Quota for new cases
August 2023	200
September 2023	300
October 2023	400
November 2023	500
December 2023	600

With the implementation of new registration arrangements for new dental cases from 5 January 2024, CSEPs are now able to join the waiting list for new dental appointment by completing the one-time e-Registration Form for New Dental

Consultation Waiting List for CSEPs. There is no quota restriction on the registration platform. Eligible registrants will be put onto the waiting list, and the DH will arrange appointments based on the order of the assigned sequence number.

As at 31 December 2023, the waiting time of CSEPs for regular dental check-up and follow-up dental treatment at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) ranged from 24 to 48 months and 8 to 44 months respectively.

- End -

CONTROLLING OFFICER'S REPLY**CSB072****(Question Serial No. 0114)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

Regarding public dental services, please advise this Committee on the following figures for the past 3 years:

- (1) the total number of attendances of civil service eligible persons (CSEPs) at dental clinics;
- (2) the number of CSEP attendances at each dental clinic broken down by District Council district;
- (3) the waiting time of CSEPs for dental services at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals), including regular dental check-ups, follow-up dental treatments and consultation for elective specialised dental services; and
- (4) the number of CSEPs unable to secure an appointment for dental treatment since all appointments were fully booked?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 1)Reply:

- (1) The total numbers of attendances of civil service eligible persons (CSEPs) at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years are as follows –

Year	Attendance (rounded to the nearest hundred)
2021	708 600
2022	585 700
2023	530 300

Note: The attendances in 2022 and 2023 are lower than that in 2021 due to the Coronavirus Disease 2019 epidemic and staff wastage in dental clinics.

- (2) The attendances of CSEPs at each dental clinic (including OMS&DCs in hospitals) by District Council district in the past 3 years are at Annex.
- (3) The waiting time of CSEPs for dental services at dental clinics (including OMS&DCs in hospitals) in the past 3 years is as follows –

Year (as at 31 December)	Regular Dental Check-up	Follow-up Dental Treatment	Consultation for Elective Specialised Dental Service
2021	12 to 16 months	4 to 16 months	6 to 42 months
2022	18 to 32 months	8 to 37 months	4 to 47 months
2023	24 to 48 months	8 to 44 months	1 to 48 months

- (4) The Department of Health does not maintain information on the number of CSEPs who were unable to secure an appointment for dental treatment when all appointments were fully booked.

District	Dental Clinic	Attendance [^]		
		2021	2022	2023
Central and Western	Harbour Building Dental Clinic	26 200	19 500	18 100
	Harbour Building Orthodontic Clinic	12 800	11 000	11 100
	Kennedy Town Community Complex Dental Clinic	18 000	13 400	13 600
	Queensway Government Offices Dental Clinic	27 100	23 600	22 600
	Sai Ying Pun Dental Clinic 3/F [@]	3 900	0	0
	Sai Ying Pun Dental Clinic 8/F	13 100	11 100	8 200
	Victoria Road Dental Clinic	3 500	3 600	5 300
Western Dental Clinic	5 000	4 400	4 700	
Eastern	Chai Wan Government Dental Clinic [@]	17 100	15 000	9 200
	Tang Shiu Kin Dental Clinic	23 100	18 800	19 400
Southern	Aberdeen Jockey Club Dental Clinic [@]	8 800	7 000	5 000
	Hong Kong Police College Dental Clinic	400	200	100
Wanchai	MacLehose Dental Centre 2/F	9 300	7 800	8 100
	MacLehose Dental Centre 6/F	31 500	26 300	25 800
	Wan Chai Dental Clinic	30 500	20 200	17 700
Kowloon City	Kowloon City Dental Clinic	36 300	31 000	25 600
Kwun Tong	Kwun Tong Dental Clinic	17 000	15 600	15 000
	Kwun Tong Yung Fung Shee Dental Clinic	15 200	13 100	10 700
Sham Shui Po	Cheung Sha Wan Government Offices Dental Clinic	60 900	47 600	42 500
Yau Tsim Mong	Li Po Chun Dental Clinic	15 100	11 800	12 100
	West Kowloon Government Offices Dental Clinic	12 000	13 200	14 100
	Yau Ma Tei Dental Clinic	33 700	25 800	24 400
	Yau Ma Tei Orthodontic Clinic	27 300	21 700	19 800
Islands	Cheung Chau Dental Clinic [@]	500	<100	0
	Tai O Dental Clinic [@]	100	<100	0
	Tung Chung Dental Clinic [@]	7 700	7 100	3 800
Kwai Tsing	Ha Kwai Chung Government Dental Clinic	11 300	10 400	8 400
	Kwai Chung Hospital Dental Clinic [@]	2 500	800	0
	Sheung Kwai Chung Government Dental Clinic	25 900	20 500	18 900
	Sheung Kwai Chung Prosthodontic Clinic	7 300	8 100	8 400
North	Fanling Health Centre Dental Clinic	24 600	21 800	19 100
Sai Kung	Mona Fong Dental Clinic [@]	4 600	4 200	1 500
	Tseung Kwan O Dental Clinic	21 400	19 700	17 800

District	Dental Clinic	Attendance [^]		
		2021	2022	2023
Shatin	Ma On Shan Dental Clinic	12 200	9 700	9 700
	Pamela Youde Government Dental Clinic	23 400	19 600	17 900
Tai Po	Tai Po Wong Siu Ching Dental Clinic	12 400	10 600	10 200
Tsuen Wan	Tsuen Wan Dental Clinic	7 600	7 800	8 300
	Tsuen Wan Government Offices Dental Clinic	16 500	14 600	10 500
Tuen Mun	Castle Peak Hospital Dental Clinic	10 900	9 900	7 300
	Yan Oi Dental Clinic	8 700	8 000	6 900
Yuen Long	Madam Yung Fung Shee Dental Clinic	12 500	10 900	9 500
	Yuen Long Government Offices Dental Clinic	12 700	12 900	13 900
	Yuen Long Jockey Club Dental Clinic [@]	8 200	3 500	0

District	OMS&DCs in Hospitals	Attendance [^]		
		2021	2022	2023
Eastern	Pamela Youde Nethersole Eastern Hospital OMS&DC	3 900	3 300	3 300
Southern	Queen Mary Hospital OMS&DC	5 000	3 900	3 800
Yau Tsim Mong	Queen Elizabeth Hospital OMS&DC	6 100	4 200	5 000
Kwai Tsing	Princess Margaret Hospital OMS&DC	3 300	2 900	3 100
North	North District Hospital OMS&DC	4 400	3 500	3 100
Shatin	Prince of Wales Hospital OMS&DC	5 300	3 900	4 300
Tuen Mun	Tuen Mun Hospital OMS&DC	1 800	2 100	2 500

Note: The attendances in 2022 and 2023 are lower than that in 2021 due to the Coronavirus Disease 2019 epidemic and staff wastage in dental clinics.

[^] The number of attendances is rounded to the nearest hundred except those specified as <100.

[@] The services provided by Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic, Yuen Long Jockey Club Dental Clinic, Mona Fong Dental Clinic, Tung Chung Dental Clinic, Aberdeen Jockey Club Dental Clinic and Chai Wan Government Dental Clinic to CSEPs have been suspended by phases since October 2021 in view of the development of the epidemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to dental clinics nearby for service.

- End -

CONTROLLING OFFICER'S REPLY**CSB073****(Question Serial No. 0115)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

The Department of Health provides general out-patient services for civil service eligible persons (CSEPs) through 6 families clinics. In this connection, will the Government please advise this Committee on:

- (1) the number of attendances of CSEPs in each of the past 3 years, broken down by families clinic;
- (2) the actual expenditure of, revised estimate for or estimated expenditure of the families clinics in each of the past 3 years and in 2024-25; and
- (3) whether separate expenditure accounts are maintained for individual families clinics; if yes, the details for the past 3 years?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 2)Reply:

- (1) The attendances of civil service eligible persons at each families clinic in the past 3 years are as follows –

Number of attendances ^{Note}	2021	2022	2023
Chai Wan Families Clinic	52 000	44 000	46 000
Hong Kong Families Clinic	52 000	52 000	56 000
Kowloon Families Clinic	59 000	49 000	52 000
New Territories Families Clinic	48 000	39 000	41 000
Fanling Families Clinic	43 000	31 000	39 000
Sai Kung Families Clinic	10 000	9 000	11 000

Note: The number of attendances is rounded to the nearest thousand.

- (2) The actual expenditures of the families clinics for 2021-22 and 2022-23 were \$210.2 million and \$209.4 million respectively, while the revised estimate for 2023-24 and the estimated expenditure for 2024-25 are \$197.8 million and \$215.3 million respectively.
- (3) The Department of Health does not maintain statistics on the expenditure of individual families clinics.

- End -

CONTROLLING OFFICER'S REPLY**CSB074****(Question Serial No. 2174)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

Regarding public dental services, please provide the Committee with the following information:

1. in respect of the government dental services, the quota of and attendance at each clinic, broken down by age group (0-18, 19-40, 41-60, 61-64 and 65 or above) over the past 3 years; and
2. the Government's measures in response to the rather low participation rate of the Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 23)

Reply:

1. The attendances of civil service eligible persons (CSEPs) at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years are as follows –

Dental Clinic	Attendance [^]		
	2021	2022	2023
Aberdeen Jockey Club Dental Clinic [@]	8 800	7 000	5 000
Castle Peak Hospital Dental Clinic	10 900	9 900	7 300
Chai Wan Government Dental Clinic [@]	17 100	15 000	9 200
Cheung Chau Dental Clinic [@]	500	<100	0
Cheung Sha Wan Government Offices Dental Clinic	60 900	47 600	42 500
Fanling Health Centre Dental Clinic	24 600	21 800	19 100
Ha Kwai Chung Government Dental Clinic	11 300	10 400	8 400
Harbour Building Dental Clinic	26 200	19 500	18 100
Harbour Building Orthodontic Clinic	12 800	11 000	11 100
Hong Kong Police College Dental Clinic	400	200	100

Dental Clinic	Attendance ^		
	2021	2022	2023
Kennedy Town Community Complex Dental Clinic	18 000	13 400	13 600
Kowloon City Dental Clinic	36 300	31 000	25 600
Kwai Chung Hospital Dental Clinic [@]	2 500	800	0
Kwun Tong Dental Clinic	17 000	15 600	15 000
Kwun Tong Yung Fung Shee Dental Clinic	15 200	13 100	10 700
Li Po Chun Dental Clinic	15 100	11 800	12 100
Ma On Shan Dental Clinic	12 200	9 700	9 700
MacLehose Dental Centre 2/F	9 300	7 800	8 100
MacLehose Dental Centre 6/F	31 500	26 300	25 800
Madam Yung Fung Shee Dental Clinic	12 500	10 900	9 500
Mona Fong Dental Clinic [@]	4 600	4 200	1 500
Pamela Youde Government Dental Clinic	23 400	19 600	17 900
Queensway Government Offices Dental Clinic	27 100	23 600	22 600
Sai Ying Pun Dental Clinic 3/F [@]	3 900	0	0
Sai Ying Pun Dental Clinic 8/F	13 100	11 100	8 200
Sheung Kwai Chung Government Dental Clinic	25 900	20 500	18 900
Sheung Kwai Chung Prosthodontic Clinic	7 300	8 100	8 400
Tai O Dental Clinic [@]	100	<100	0
Tai Po Wong Siu Ching Dental Clinic	12 400	10 600	10 200
Tang Shiu Kin Dental Clinic	23 100	18 800	19 400
Tseung Kwan O Dental Clinic	21 400	19 700	17 800
Tsuen Wan Dental Clinic	7 600	7 800	8 300
Tsuen Wan Government Offices Dental Clinic	16 500	14 600	10 500
Tung Chung Dental Clinic [@]	7 700	7 100	3 800
Victoria Road Dental Clinic	3 500	3 600	5 300
Wan Chai Dental Clinic	30 500	20 200	17 700
West Kowloon Government Offices Dental Clinic	12 000	13 200	14 100
Western Dental Clinic	5 000	4 400	4 700
Yan Oi Dental Clinic	8 700	8 000	6 900
Yau Ma Tei Dental Clinic	33 700	25 800	24 400
Yau Ma Tei Orthodontic Clinic	27 300	21 700	19 800
Yuen Long Government Offices Dental Clinic	12 700	12 900	13 900
Yuen Long Jockey Club Dental Clinic [@]	8 200	3 500	0

OMS&DCs in Hospitals	Attendance [^]		
	2021	2022	2023
North District Hospital OMS&DC	4 400	3 500	3 100
Pamela Youde Nethersole Eastern Hospital OMS&DC	3 900	3 300	3 300
Prince of Wales Hospital OMS&DC	5 300	3 900	4 300
Princess Margaret Hospital OMS&DC	3 300	2 900	3 100
Queen Elizabeth Hospital OMS&DC	6 100	4 200	5 000
Queen Mary Hospital OMS&DC	5 000	3 900	3 800
Tuen Mun Hospital OMS&DC	1 800	2 100	2 500

Note: The attendances in 2022 and 2023 are lower than that in 2021 due to the Coronavirus Disease 2019 epidemic and staff wastage in dental clinics.

[^] The number of attendances is rounded to the nearest hundred except those specified as <100.

@ The services provided by Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic, Yuen Long Jockey Club Dental Clinic, Mona Fong Dental Clinic, Tung Chung Dental Clinic, Aberdeen Jockey Club Dental Clinic and Chai Wan Government Dental Clinic to CSEPs have been suspended by phases since October 2021 in view of the development of the epidemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to dental clinics nearby for service.

The Department of Health does not have a breakdown of attendances by age group.

- To increase the participation rate of the Pilot Scheme on Dental Services (Dental Scaling) (Pilot Scheme), the Government has implemented a series of measures, including conducting a sample survey to learn about the reasons of CSEPs not participating in the Pilot Scheme, sending reminder SMS to CSEPs who have been invited to participate in the Pilot Scheme but have not yet made an appointment for dental scaling services before the deadline, promoting and explaining the Pilot Scheme to serving civil servants and retirees' associations through social media, staff networks, emails and the Civil Service Newsletter, as well as incorporating the link to the Pilot Scheme webpage within the intranet systems of different bureaux/departments for civil servants' easy access to its information. As a result of the above promotional efforts, the overall participation rate of the Pilot Scheme has increased from less than 25% at the onset of its implementation to 34% as at end-February 2024. The participation rate of those invited to join the Pilot Scheme in recent month has further reached 46%. The Government will continue to closely monitor the implementation of the Pilot Scheme and encourage CSEPs to participate in it.

- End -

CONTROLLING OFFICER'S REPLY

CSB075

(Question Serial No. 2356)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

The demand for civil service dental services has seen a continuous rise in recent years. The suspension of dental services on multiple occasions during the Coronavirus Disease 2019 epidemic, coupled with issues such as staff attrition, resulted in an accumulation of cases awaiting dental services and a significant extension of waiting time. In response to this situation, the Civil Service Bureau launched an 18-month Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons (Pilot Scheme) in July last year, arranging over 140 000 civil service eligible persons (CSEPs) to receive dental scaling services at private dental clinics. The Pilot Scheme is implemented in the form of public-private partnership. As at 23 October 2023, the Department of Health has sent invitations to about 29 300 CSEPs, and a total of about 7 300 CSEPs have made appointments for or received dental scaling services. In this connection, will the Government please advise this Committee on:

1. whether the Government will consider providing civil servants with dental services in the Mainland to offer more choices and to possibly shorten the overall waiting time since the excessive waiting time still persists despite the implementation of the 18-month Pilot Scheme for the CSEPs;
2. whether any new measures have been formulated for 2024-25 to enhance the service quality and reduce the waiting time for appointments at families clinics and specialist outpatient clinics; if yes, the details including the additional expenditure and manpower involved; if not, the reasons; and
3. given that the Government stated last October that it was developing a new clinical information system which will allow the CSEPs to make appointments via electronic means in addition to telephone bookings, the Government's current plans to roll out the system and whether there is a preliminary timeline for its launch?

Asked by: Hon SHANG Hailong (LegCo internal reference no.: 3)

Reply:

1. To alleviate the situation where civil service eligible persons (CSEPs) have to wait a long time for dental services, the Government launched the Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons (Pilot Scheme) in July 2023 to arrange some CSEPs to receive dental scaling services at private dental clinics. CSEPs who are invited to join the Pilot Scheme can receive dental scaling services at a time earlier than their original appointments, and the consultation time slots thus freed up can be allocated to new consultations, regular check-ups or follow-up treatments. The Government will initiate a review about 1 year after the launch of the Pilot Scheme with a view to determining the way forward. As to the feasibility of further extending the provision of dental services for CSEPs by the private healthcare sector (including healthcare institutions in the Mainland), the Government has to carefully examine and review other factors such as cost effectiveness, monitoring mechanism and service capacity of the private healthcare sector apart from the experience gained and the effectiveness of the Pilot Scheme.
2. To enhance its services, the DH launched the Integrated Care Programme (ICP) and the Stable Drug Use (SDU) pilot programme at families clinics in March 2020. The ICP aims at improving the quality of care for patients with diabetes mellitus, and identifying complications early to reduce the extra consultation time arising from development of complications. The SDU pilot programme seeks to enhance drug use safety for patients with chronic diseases under stable conditions and who are required to take multiple types of drugs, and to minimise their needs for follow-up consultations with doctors. To date, the numbers of participants of the ICP and SDU pilot programmes are about 3 000 and 1 000 respectively. Since the launch of both programmes, the doctor consultation quotas released have been allocated to other CSEPs in need. To further enhance the service of the SDU pilot programme, the DH will create 3 civil service posts (including 1 Pharmacist, 1 Dietitian and 1 Dispenser) in 2024-25 with an estimated expenditure of around \$2.04 million.
3. The DH is currently upgrading its Clinical Information Management System, which would support registration and appointment booking by electronic means upon completion of the upgrading works. The upgrading works relating to families clinics are expected to be completed in 2025. In addition, the DH launched the e-Registration Form for New Dental Consultation Waiting List for CSEPs on 5 January 2024. CSEPs are now able to join the waiting list for new dental appointment by completing the one-time e-Registration Form for New Dental Consultation Waiting List for CSEPs.

- End -

CONTROLLING OFFICER'S REPLY

CSB076

(Question Serial No. 2077)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the 18-month Pilot Scheme on Dental Services (Dental Scaling) implemented by the Department of Health since 1 August 2023, will the Government please advise on:

1. the respective attendances of civil service eligible persons since the Scheme was launched, and the ratio between public and private dental clinics under the Scheme;
2. the estimated expenditure of this Scheme?

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 35)

Reply:

1. The Pilot Scheme on Dental Services (Dental Scaling) (Pilot Scheme) is being implemented in the form of public-private partnership, with more than 100 participating private dental clinics across the territory. As at 29 February 2024, the Department of Health (DH) has invited about 132 000 civil service eligible persons (CSEPs) to join the Pilot Scheme. Among them, about 45 100 CSEPs have received or made appointments for dental scaling services.
2. Considering that the DH will arrange over 140 000 CSEPs to join the Pilot Scheme, the estimated total expenditure on payment to private dental organisations is around \$84 million, while the actual total expenditure will be subject to the total number of participants. The DH will re-allocate the existing provision for medical and dental services for civil servants to cover the relevant expenditure of the Pilot Scheme.

- End -

CONTROLLING OFFICER'S REPLY

CSB077

(Question Serial No. 1530)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the medical and dental treatment for civil servants, will the Government inform this Committee of the following:

1. the maximum daily service capacity, actual numbers of appointments and attendances as well as utilisation rates in respect of services provided to eligible persons by each government dental clinic in the past 3 years;
2. the actual attendances of dental procedures and the average waiting time for such cases in the past 3 years; and
3. whether the Government has considered extending the service hours or introducing evening services for civil service eligible persons at the families clinics, given that these clinics only provide services during normal office hours at present?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 22)

Reply:

1&2. The utilisation rate of government dental clinics providing dental services to civil service eligible persons (CSEPs) has reached 100% over the past 3 years. Currently, government dental clinics provide dental services to CSEPs by appointment. As the time required for each appointment depends on the type and complexity of the dental treatment, we are unable to define a specific service capacity or maximum daily service capacity for the clinics. In addition to serving scheduled appointments, government dental clinics also provide emergency services to CSEPs with urgent conditions. No quota is set for such emergency services. Clients in need of urgent treatment can register at dental clinics during operating hours and no prior appointment is required.

Dental procedures encompass general and specialised dental treatment, which vary in type and complexity. CSEPs can receive general follow-up dental treatment by appointment, and also specialised dental services through referral from general dental clinics under the DH. Appointments are arranged according to the urgency

and nature of the clinical conditions, and patients with urgent conditions will be provided treatment as early as possible.

The attendances of CSEPs at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years are as follows –

Year	Attendance (rounded to the nearest hundred)
2021	708 600
2022	585 700
2023	530 300

Note: The attendances in 2022 and 2023 are lower than that in 2021 due to the Coronavirus Disease 2019 epidemic and staff wastage in dental clinics.

The waiting times of CSEPs for appointment of services with dental clinics (including the OMS&DCs in hospitals) in the past 3 years are as follows –

Year (as at 31 December)	Follow-up Dental Treatment	Consultation for Elective Specialised Dental Service
2021	4 to 16 months	6 to 42 months
2022	8 to 37 months	4 to 47 months
2023	8 to 44 months	1 to 48 months

3. Extension of service hours or introducing evening services in families clinics requires additional manpower. Given the DH's current shortage of healthcare workers and recruitment difficulties, the present situation does not meet the conditions to consider extending the service hours.

- End -

CONTROLLING OFFICER'S REPLY

CSB078

(Question Serial No. 1531)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

According to the Government's 2024-25 Budget, the estimated total expenditure on healthcare amounts to \$127.9 billion, of which the Health Bureau and the Department of Health account for more than \$99.8 billion and more than \$15.2 billion respectively in their estimates. In this regard, please advise on:

1. the estimated expenditure on the medical treatment for serving civil servants, retirees and other eligible persons (such as dependents of civil servants) and its percentage in the said estimates in 2024-25;
2. the expenditure on medical treatment for serving civil servants, retirees and other eligible persons (such as dependents of civil servants) and its percentage in the total expenditure in 2021-22, 2022-23 and 2023-24; and
3. the attendance of serving civil servants, retirees and other eligible persons for various types of medical treatment (including out-patient and dental services) and the average cost per attendance of each type of treatment over the past 3 years.

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 23)

Reply:

- 1.&2. In respect of the medical and dental treatment for civil servants provided by the Department of Health (DH), the expenditure involved from 2021-22 to 2022-23, the revised estimate for 2023-24, the estimate for 2024-25 and their percentage in the DH's overall expenditure/estimate in the respective year are as follows:

	2021-22 Actual expenditure (\$million)	2022-23 Actual expenditure (\$million)	2023-24 Revised estimate (\$million)	2024-25 Estimate (\$million)
Medical and dental treatment for civil servants	1,939.6	2,140.0	2,360.0	2,914.7
Percentage in the DH's overall expenditure/estimate in the year	10%	10%	18%	19%

It must be pointed out that DH provides medical and dental treatment for civil servants under Programme (7) which is in different policy areas from other Programmes. The service provided under Programme (7) is the contractual obligations of the Government as the employer while those under other Programmes are mainly within the ambit of public health. As their provisions are drawn from different envelopes, their expenditure should not be compared.

In addition to the above expenditure incurred by the DH, resources for the provision of medical benefits for civil service eligible persons (CSEPs) are absorbed in the annual lump sum provision allocated by the Government to the Hospital Authority (HA). However, the Government has not separately accounted for the amount of subvention to the HA for providing CSEPs with medical treatment. Moreover, the Government also allocates dedicated funding for the HA annually to enhance the provision of diagnostic services, specialist out-patient services and Civil Service Chinese Medicine Clinics' services for CSEPs.

3. The attendances of CSEPs at families clinics and dental clinics under the DH (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) over the past 3 years are as follows:

Families clinics

Year	Attendance (rounded to the nearest thousand)
2021	263 000
2022	224 000
2023	245 000

Dental clinics (including the OMS&DCs in hospitals)

Year	Attendance (rounded to the nearest hundred)
2021	708 600
2022	585 700
2023	530 300

Note: The attendances in 2022 and 2023 are lower than that in 2021 due to the Coronavirus Disease 2019 epidemic and staff wastage in dental clinics.

Given the wide variety of medical treatment for CSEPs, the DH does not keep any statistics on the average cost per attendance of each type of treatment.

- End -

CONTROLLING OFFICER'S REPLY**CSB079****(Question Serial No. 2207)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

With regard to the dental services of the Department of Health (DH), will the Government please advise this Committee on:

1. the staff establishment, the strength, the attrition figure and the number of retirees in respect of the Dental Officer Grade and Dental Hygienist Grade of the DH in each of the past 3 years;
2. the number of attendances at each dental clinic in each of the past 3 years;
3. the overall waiting time of civil service eligible persons for appointments for regular dental check-ups and follow-up treatment (including filling treatment and root canal treatment) in each of the past 3 years; and
4. regarding the Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons, the number of people invited and participating, as well as the expenditure incurred since its launch?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 12)Reply:

1. The establishment and strength of the Dental Officer Grade and Dental Hygienist Grade deployed to government dental clinics under the Department of Health (DH) in the past 3 years are as follows –

Grade	2021-22 (as at 31.3.2022)		2022-23 (as at 31.3.2023)		2023-24 (as at 1.2.2024)	
	Establishment	Strength	Establishment	Strength	Establishment	Strength
Dental Officer	291	246	291	224	291	202
Dental Hygienist	14	9	14	9	14	8

The wastage of the Dental Officer Grade and Dental Hygienist Grade in the DH in the past 3 years is as follows –

Grade	2021-22 (as at 31.3.2022)		2022-23 (as at 31.3.2023)		2023-24 (as at 1.2.2024)	
	Leaving Service ^	Retirement	Leaving Service ^	Retirement	Leaving Service ^	Retirement
Dental Officer	39	4	38	6	33	13
Dental Hygienist	2	2	1	0	1	1

Note: The above figures account for the overall wastage of the Dental Officer Grade and Dental Hygienist Grade in the DH.

^ Including the number of retirees.

2. The attendances of civil service eligible persons (CSEPs) at each dental clinic (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years are as follows –

Dental Clinic	Attendance ^		
	2021	2022	2023
Aberdeen Jockey Club Dental Clinic [@]	8 800	7 000	5 000
Castle Peak Hospital Dental Clinic	10 900	9 900	7 300
Chai Wan Government Dental Clinic [@]	17 100	15 000	9 200
Cheung Chau Dental Clinic [@]	500	<100	0
Cheung Sha Wan Government Offices Dental Clinic	60 900	47 600	42 500
Fanling Health Centre Dental Clinic	24 600	21 800	19 100
Ha Kwai Chung Government Dental Clinic	11 300	10 400	8 400
Harbour Building Dental Clinic	26 200	19 500	18 100
Harbour Building Orthodontic Clinic	12 800	11 000	11 100
Hong Kong Police College Dental Clinic	400	200	100
Kennedy Town Community Complex Dental Clinic	18 000	13 400	13 600
Kowloon City Dental Clinic	36 300	31 000	25 600
Kwai Chung Hospital Dental Clinic [@]	2 500	800	0
Kwun Tong Dental Clinic	17 000	15 600	15 000
Kwun Tong Yung Fung Shee Dental Clinic	15 200	13 100	10 700
Li Po Chun Dental Clinic	15 100	11 800	12 100
Ma On Shan Dental Clinic	12 200	9 700	9 700
MacLehose Dental Centre 2/F	9 300	7 800	8 100
MacLehose Dental Centre 6/F	31 500	26 300	25 800
Madam Yung Fung Shee Dental Clinic	12 500	10 900	9 500

Dental Clinic	Attendance ^		
	2021	2022	2023
Mona Fong Dental Clinic [@]	4 600	4 200	1 500
Pamela Youde Government Dental Clinic	23 400	19 600	17 900
Queensway Government Offices Dental Clinic	27 100	23 600	22 600
Sai Ying Pun Dental Clinic 3/F [@]	3 900	0	0
Sai Ying Pun Dental Clinic 8/F	13 100	11 100	8 200
Sheung Kwai Chung Government Dental Clinic	25 900	20 500	18 900
Sheung Kwai Chung Prosthodontic Clinic	7 300	8 100	8 400
Tai O Dental Clinic [@]	100	<100	0
Tai Po Wong Siu Ching Dental Clinic	12 400	10 600	10 200
Tang Shiu Kin Dental Clinic	23 100	18 800	19 400
Tseung Kwan O Dental Clinic	21 400	19 700	17 800
Tsuen Wan Dental Clinic	7 600	7 800	8 300
Tsuen Wan Government Offices Dental Clinic	16 500	14 600	10 500
Tung Chung Dental Clinic [@]	7 700	7 100	3 800
Victoria Road Dental Clinic	3 500	3 600	5 300
Wan Chai Dental Clinic	30 500	20 200	17 700
West Kowloon Government Offices Dental Clinic	12 000	13 200	14 100
Western Dental Clinic	5 000	4 400	4 700
Yan Oi Dental Clinic	8 700	8 000	6 900
Yau Ma Tei Dental Clinic	33 700	25 800	24 400
Yau Ma Tei Orthodontic Clinic	27 300	21 700	19 800
Yuen Long Government Offices Dental Clinic	12 700	12 900	13 900
Yuen Long Jockey Club Dental Clinic [@]	8 200	3 500	0

OMS&DCs in Hospitals	Attendance ^		
	2021	2022	2023
North District Hospital OMS&DC	4 400	3 500	3 100
Pamela Youde Nethersole Eastern Hospital OMS&DC	3 900	3 300	3 300
Prince of Wales Hospital OMS&DC	5 300	3 900	4 300
Princess Margaret Hospital OMS&DC	3 300	2 900	3 100
Queen Elizabeth Hospital OMS&DC	6 100	4 200	5 000
Queen Mary Hospital OMS&DC	5 000	3 900	3 800
Tuen Mun Hospital OMS&DC	1 800	2 100	2 500

Note: The attendances in 2022 and 2023 are lower than that in 2021 due to the Coronavirus Disease 2019 epidemic and staff wastage in dental clinics.

^ The number of attendances is rounded to the nearest hundred except those specified as < 100.

@ The services provided by Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic, Yuen Long Jockey Club Dental Clinic, Mona Fong Dental Clinic, Tung Chung Dental Clinic, Aberdeen Jockey Club Dental Clinic and Chai Wan Government Dental Clinic to CSEPs have been suspended by phases since October 2021 in view of the development of the epidemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to dental clinics nearby for service.

3. The overall waiting time of CSEPs for appointment for regular dental check-ups and follow-up dental treatment (including filling and root canal treatment) in the past 3 years is as follows –

Year (as at 31 December)	Regular Dental Check-up	Follow-up Dental Treatment
2021	12 to 16 months	4 to 16 months
2022	18 to 32 months	8 to 37 months
2023	24 to 48 months	8 to 44 months

4. As at 29 February 2024, the DH has invited about 132 000 CSEPs to join the Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons (Pilot Scheme). Among them, about 45 100 CSEPs have received or made appointments for dental scaling services. The expenditure thus incurred is about \$27 million. The DH will re-allocate the existing provision for medical and dental services for civil servants to cover the relevant expenditure of the Pilot Scheme.

- End -

CONTROLLING OFFICER'S REPLY

SB146

(Question Serial No. 0748)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Security

Question:

The methadone clinics run by the Department of Health provide drug abusers with readily accessible, legal, medically safe and effective treatment services. In this regard, will the Government please advise this Committee on:

1. the numbers of people who have successfully detoxified through the Methadone Treatment Programme (MTP) in each of the past 3 years, and the normal duration of treatment;
2. whether the Government has any plans in 2024-25 to further promote drug users to detoxify by participating in the MTP; if not, the reasons; and
3. the number of methadone clinics across the territory, the manpower and expenditure involved, and whether resources will be re-prioritised according to the utilisation rate of these clinics?

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 19)

Reply:

1. According to international medical knowledge and standards, abusers of opiate drugs should receive sustained treatment and support, so as to reduce the cost arising from their drug addiction problems that they themselves, their families and the whole society have to bear. Using methadone as a maintenance agent in the treatment for abusers of opiate drugs is currently recognised by the medical community as one of the most effective treatments and is endorsed by international organisations such as the United Nations Office on Drugs and Crime and the World Health Organization. The effectiveness of Hong Kong's Methadone Treatment Programme (MTP) is affirmed by the results of a review conducted by international consultants commissioned by the Department of Health (DH) in 2012, which recommended that the MTP should continue, with maintenance treatment as its focus. The DH conducted in-house studies again in 2017 and 2022. The results indicated that drug abusers receiving continuous methadone treatment in the previous year had lower rates of illicit opiate drug use,

polydrug use, arrests for crimes or unemployment than those who did not participate in the MTP in the previous year. Moreover, the former also had a more harmonious relationship with their family members.

The MTP adopts an integrated treatment approach, offering professional counselling and social welfare support to provide holistic care alongside the provision of methadone. Methadone helps reduce the discomfort of opiate drug abusers when they go through detoxification, and prevents them from falling prey to the temptation of relapse or even committing crimes. Apart from helping drug abusers stay away from drugs, the programme provides a legal, effective, affordable and readily accessible alternative to illegal opiate drugs to those who are unable to attain total abstinence. The MTP can reduce crime and anti-social behaviours arising from drug abuse, and enable drug abusers to lead a normal productive life and continue their work. It can also prevent the spread of diseases, in particular blood-borne diseases such as AIDS, hepatitis B and tetanus, through reduction of intravenous drug abuse and needle-sharing.

Under the MTP, the majority of clients opt for maintenance treatment. Depending on the condition of individual clients, doctors engaged in the programme prescribe methadone to the clients who wish to undergo detoxification treatment at tapered doses until total abstinence. 18-month aftercare services will be provided to those who have completed the detoxification programme for prevention of relapse. The numbers of participants who completed detoxification in each of the past 3 years (2021-2023) were 23, 15 and 24 respectively.

2&3. Over the past 10 years, the overall number of reported drug abusers in Hong Kong has dropped by more than half. According to the statistics of the Government's Central Registry of Drug Abuse, while heroin (commonly known by its Chinese street name as "white powder") is still the most commonly abused drug (accounting for about 40% of the total reported drug abusers in Hong Kong), the number of reported abusers of narcotics analgesics (including opiate drugs but mainly heroin) has dropped significantly over the past decade, from 5 127 in 2013 to 2 145 in 2022, representing a decrease of 58%. Based on the actual circumstances and the recommendations set out in the report of the said review conducted by international consultants, the DH has been monitoring the utilisation of methadone clinics and adjusting their services and operation where necessary. The DH closed down the Lee Kee Methadone Clinic in Kowloon City and the Eastern Street Methadone Clinic in Sai Ying Pun in October 2016 and July 2022 respectively to meet the demands and optimise resource utilisation.

Currently, there are a total of 18 methadone clinics across the territory. The revised estimated expenditure of the DH for operating the clinics for the financial year 2023-24 is \$50.3 million. As for the staff establishment, the approved establishment of the DH's methadone clinics contains 13 posts, including 3 Senior Medical and Health Officers, 1 Executive Officer I and 9 supporting staff.

- End -