

**Replies to written questions raised by Legislative Council Members
in examining the Estimates of Expenditure 2022-23**

**Controlling Officer : Director of Health
Head 37- Department of Health**

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CONTROLLING OFFICER'S REPLY

FHB(H)065

(Question Serial No. 0382)

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 Food and Health

Question:

With regard to the mortuaries in local hospitals and public mortuaries, will the Government please advise this Committee on the following information for the past 3 years:

- (a) the number of forensic pathologists under the Department of Health;
- (b) the number of facilities for deceased body storage and their utilisation rate;
- (c) the shortfall in the number of such facilities in view of the increased number of deaths from the fifth wave of the COVID-19 pandemic;
- (d) further to the question above, whether the Government has any measures in place;
- (e) the respective number of deceased bodies handled by hospital mortuaries and public mortuaries each year;
- (f) the number of bodies requiring autopsy by forensic pathologists to investigate the cause of death and the average length of their storage in mortuaries before the autopsy; and
- (g) whether autopsies by forensic pathologists have been delayed by the pandemic?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 2)

Reply:

- (a) The approved establishment for doctors in the Forensic Pathology Service (FPS) of the Department of Health (DH) in the past 3 years (from 2019-20 to 2021-22) is 17.
- (b) The regular body storage capacity of the 3 public mortuaries operated by the FPS, namely Victoria Public Mortuary (VPM), Fu Shan Public Mortuary (FSPM) and Kwai Chung Public Mortuary (KCPM), is 506. The average utilisation rate of the 3 public mortuaries in the past 3 years are as follows:

Public mortuary	Average utilisation rate of the regular body storage capacity*		
	2019	2020	2021
VPM	100.5%	108.1%	115.9%
FSPM	112.6%	140.8%	136.9%
KCPM	112.7%	143.0%	142.3%

*Refers to the capacity of regular body storage racks inside the cold rooms of the public mortuaries, on which bodies are stored on separate decks.

(c) & (d)

To tide over periods of high mortuary utilisation, various measures were implemented to boost the body storage capacity, including (a) deployment of mobile body storage devices and modular refrigerated mortuary units (MRMUs) in the public mortuaries, and (b) temporary reopening of Kowloon Public Mortuary with a structure set up nearby for holding MRMUs. The total body storage capacity of the public mortuaries was increased to about 1 350 in end 2021.

During the sudden upsurge of demand for body storage in the fifth wave of the COVID-19 pandemic, immediate actions have been taken to further increase storage capacity. These include (a) advancing the schedule of FSPM re-provisioning project, with regular storage capacity of 830 bodies, to start using its cold rooms in April 2022; (b) installing refrigerated containers including a storage facility near Fu Shan Public Mortuary in Sha Tin which expanded the storage capacity to about 2 700 deceased bodies and MRMUs in temporary storage sites; and (c) using body storage spaces in private sector (e.g. funeral parlour and nursing home) temporarily.

(e) & (f)

The public mortuaries are specialised forensic pathology facilities for conducting medico-legal investigation of deaths that are reportable to the Coroner in accordance with the Coroners Ordinance (Cap. 504). The public mortuaries receive deceased bodies round-the-clock without waiting time for the service. Body identification by the next-of-kin is arranged by the Police. Unless the autopsy is waived by the Coroner, it is usually carried out within 2 working days after body identification.

The number of bodies handled and the number of autopsy conducted by public mortuaries in the past 3 years are as follows:

	2019	2020	2021
Number of bodies handled	8 326	9 877	9 515
Number of autopsy conducted	2 397	2 604	2 624

DH does not have information on the bodies handled by the hospital mortuaries.

- (g) With the sudden increase in the number of deceased bodies received from Accident and Emergency Departments of the Hospital Authority (HA) during the fifth wave of the COVID-19 pandemic, the procedures related to investigation of Coroner cases (e.g. body identification and autopsy) in the public mortuaries have been affected. The DH has been working closely with the HA and various Government departments to streamline the process for body identification and has enhanced manpower to minimise the impact.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)066

(Question Serial No. 0645)

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 Food and Health

Question:

Regarding the Elderly Health Care Voucher (EHCV) Scheme, please give a breakdown of the following by type of service provider:

- I. the number of voucher claims, the total amount claimed and the average amount claimed per transaction by type of service in each of the past 3 years;
- II. the number of voucher claims exceeding \$2,000 in a single transaction in each of the past 3 years; and
- III. the number of complaints about the EHCV Scheme received by the Department of Health, and the respective numbers of cases with investigation completed, found to be substantiated, and that were related to fraud or improper voucher claims, broken down by type of service, in each of the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 2)

Reply:

I.

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

Number of Voucher Claim Transactions

	2019 ^{Note 1}	2020	2021
Medical Practitioners	2 952 153	1 957 092	1 917 943
Chinese Medicine Practitioners	1 633 532	1 376 436	1 542 578
Dentists	310 306	246 844	308 343
Occupational Therapists	3 233	4 640	7 224
Physiotherapists	43 946	39 669	48 107
Medical Laboratory Technologists	20 770	15 324	20 033
Radiographers	16 779	14 386	19 373
Nurses	9 936	6 903	11 295
Chiropractors	10 820	8 826	9 357
Optometrists	242 424	158 127	196 046
Sub-total (Hong Kong):	5 243 899	3 828 247	4 080 299
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 2}	13 562	18 962	35 953
Total :	5 257 461	3 847 209	4 116 252

Amount of Vouchers Claimed (in HK\$'000)

	2019 ^{Note 1}	2020	2021
Medical Practitioners	1,246,024	947,488	1,027,990
Chinese Medicine Practitioners	599,170	634,851	788,617
Dentists	313,111	276,556	355,444
Occupational Therapists	4,432	5,383	7,503

	2019 ^{Note 1}	2020	2021
Physiotherapists	17,210	15,191	19,238
Medical Laboratory Technologists	18,654	13,706	20,552
Radiographers	15,749	14,700	22,603
Nurses	10,214	8,753	11,049
Chiropractors	5,675	5,127	5,760
Optometrists	431,680	225,903	284,753
Sub-total (Hong Kong):	2,661,919	2,147,658	2,543,509
HKU-SZH ^{Note 2}	3,997	5,507	12,103
Total :	2,665,916	2,153,165	2,555,612

Average Amount of Vouchers Claimed Per Transaction (HK\$)

	2019 ^{Note 1}	2020	2021
Medical Practitioners	422	484	536
Chinese Medicine Practitioners	367	461	511
Dentists	1,009	1,120	1,153
Occupational Therapists	1,371	1,160	1,039
Physiotherapists	392	383	400
Medical Laboratory Technologists	898	894	1,026
Radiographers	939	1,022	1,167
Nurses	1,028	1,268	978
Chiropractors	524	581	616
Optometrists	1,781	1,429	1,452
HKU-SZH ^{Note 2}	295	290	337

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. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elderly person was introduced on the same day.

Note 2: 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 EHCV Scheme on a hospital basis.

II.

The table below shows the number of voucher claim transactions with amount of “more than \$2,000” per transaction made by healthcare service providers in Hong Kong enrolled in the EHCV Scheme in the past 3 years:

Amount of vouchers claimed per transaction	Number of voucher claim transactions		
	2019	2020	2021
More than \$2,000	154 469	116 470	161 228

III.

The table below shows the number of complaints against participating healthcare service providers under the EHCV Scheme received by the Department of Health in the past 3 years:

	2019	2020	2021	Total
Number of complaints against participating healthcare service providers	103	69	105	277

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. Among the 131 cases with investigation completed, 35 cases were found to be substantiated or partially substantiated.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)067

(Question Serial No. 0182)

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 Food and Health

Question:

One of the statutory functions of the Department of Health (DH) is to ensure the safety, quality and efficacy of pharmaceutical products, the key performance measures for which include the inspection of licensed retail drug premises at an average of twice a year per premises. In this connection, please advise this Committee on:

1. the number of licensed retail drug premises in each of the past 5 years, with a breakdown by District Council district;
2. the number of licensed retail drug premises inspected at least once in each of the past 5 years, with a breakdown by 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 in each of the past 5 years;
4. the figures for proprietary Chinese medicines among the unregistered medicines seized for being sold or possessed illegally and their percentage in the seizures in the past 5 years;
5. the total number of times the DH appealed to the public to hand over unregistered medicines to it for disposal, and the number of people who did so in response in the past 5 years; and
6. whether it was reasonable for the DH to make such an appeal when people would need to go out to hand over their unregistered medicines amidst the severe COVID-19 pandemic.

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 8)

Reply:

1. & 2.

The Drug Office of the Department of Health (DH) conducts 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”) 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 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 all along adopts risk-based approach to conduct inspections against licensed retailers at various regions in Hong Kong. The number of ASP, LSP and Chm retailers, as at 31 December 2021, located in Hong Kong Island, Kowloon and New Territories are as follows:

Region*	No. of ASP	No. of LSP	No. of Chm retailers
Hong Kong Island	121	818	1 270
Kowloon	208	1 433	1 779
New Territories	264	1 919	2 232
Total	593	4 170	5 281

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

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
2017	614	3 937	1 220	7 874
2018	641	3 937	1 212	7 814
2019	649	4 295	1 305	8 323
2020	610	4 187	1 060	3 268
2021	593	4 170	1 213	6 975

Licensed Chm retailers:

Year	No. of licensed retailers	No. of inspections# conducted
2017	4 697	5 543
2018	4 752	5 728
2019	4 912	5 568
2020	5 066	5 378
2021	5 281	5 779

#The DH does not maintain the breakdown by District Council districts.

3. & 4.

In the past 5 years, the DH handled 169 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
2017	35	0
2018	45	3
2019	45	3
2020	18	1
2021	26	0
Total	169	7

5. & 6.

To protect public health, the DH issues press releases to alert members of 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 urges them to stop consuming them immediately and consult healthcare professionals for advice if feeling unwell after consumption. The DH has also advised that the public may submit the affected products to DH for disposal which is not mandatory. In the past 5 years, 81 press releases of this nature had been issued.

The DH stresses that the local situation of COVID-19 infection has become severe recently, and strongly appeals to the community to continue to comply with the social distancing measures, avoid going out and refrain from participating in unnecessary or crowded activities or gatherings, etc. This would lower the risk of infection and prevent the virus from spreading in the community.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)068

(Question Serial No. 0557)

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 Food and Health

Question:

The public are concerned about the growing number of cases of female diseases year on year in Hong Kong. Since the Department of Health (DH) is responsible for, inter alia, disease prevention and control through adopting measures that reduce the risk posed by various communicable and non-communicable diseases, and health promotion through increasing health awareness in the community and among specific target groups, will the Government please advise on:

- (1) whether the DH has deployed more resources and manpower for the prevention and control of various types of female disease, including but not limited to cervical cancer, breast cancer and HPV, in the past 3 years; if yes, the breakdown by type of disease;
- (2) further to the question above, the resources and manpower deployed by the DH for the Cervical Screening Programme and Breast Cancer Screening Pilot Programme in each of the past 3 years, and the effectiveness of the 2 programmes; and
- (3) whether the DH has deployed more resources and manpower in the past 3 years for the promotion of women health information among various types of organisations, including women's groups, grassroots associations, clansman associations and ethnic minority organisations; if yes, the breakdown by type of organisation?

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 2)

Reply:

(1) & (3)

The Department of Health (DH) has been promoting a healthy lifestyle as the primary strategy for cancer prevention. Over the past three years, the DH had strengthened public education relating to female cancers, including breast cancer and cervical cancer, to raise public awareness and prevention. Communication channels included websites, printed materials, published articles, social media, web-based publicity, telephone education hotline, media interviews, etc. Short videos promulgating cervical screening were launched in 2020, and two Announcements in the Public Interest in promoting breast

awareness and breast cancer prevention were launched in 2021. The DH has also produced health information on the prevention and screening of cervical and breast cancers in seven languages (including Hindi, Nepali, Urdu, Thai, Bahasa Indonesia, Tagalog and Vietnamese) for ethnic minorities.

The resources and manpower for cancer prevention and education activities cannot be separately quantified as they are absorbed by the DH's overall provision for disease prevention.

Separately, DH has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and 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 female students at their schools, and the second dose of the recommended vaccination schedule will be given to them when they reach Primary 6 in the following school year. The financial provision for the HPV vaccination programme is \$61.4 million, \$86.8 million and \$91.3 million in 2019-20, 2020-21 and 2021-22 respectively. A total of eight civil service posts have been involved in the work.

(2)

(a) Cervical Screening Programme

The Cervical Screening Programme (CSP) was launched in 2004, in collaboration with the healthcare professionals in the public and private sectors and non-governmental organisations, to facilitate and encourage women to receive regular cervical screening. The CSP encourages women aged between 25 and 64 who ever had sex to receive regular cervical screening as recommended by the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) set up under the Cancer Coordinating Committee led by the Secretary for Food and Health.

Cervical screening service at the Maternal and Child Health Centres (MCHCs) and Woman Health Centres (WHCs) under the Family Health Service of the DH is provided at subsidised rates. In 2019, 2020 and 2021, the numbers of attendances for cervical screening service in MCHCs were 93 740, 17 553 and 53 656 respectively, and numbers of referrals to specialists for follow-up were 4 391, 1 377 and 2 553 respectively. Due to the COVID-19 pandemic, cervical screening service at MCHCs was suspended for eight months from February to October 2020 for redeployment of staff for various anti-epidemic duties. The service has gradually resumed since October 2020.

The financial provision of the CSP is about \$20 million each year in 2019-20 and 2020-21, and about \$21 million in 2021-22.

(b) Breast Cancer Screening Pilot Programme

The 2020 Policy Address announced that the Government would, based on the revised recommendations of the CEWG of the Cancer Coordinating Committee, adopt a risk-based approach for breast cancer screening. Women aged between 44 and 69 with certain combinations of personalised risk factors putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every two years.

The Breast Cancer Screening Pilot Programme (the Pilot Programme) has been rolled out by phases at 3 WHCs and 18 Elderly Health Centres under the DH starting from September 2021 over a period of 2 years. The Programme provides breast cancer screening services for eligible women aged between 44 and 69, based on the revised recommendations on breast cancer screening and personalised breast cancer risk assessment tool, which is accessible at the Cancer Online Resource Hub (www.cancer.gov.hk/en/bctool). Breast ultrasound scanning as a supplementary examination may be arranged for them if necessary.

As at 31 January 2022, more than 4 600 eligible women received breast cancer risk assessment under the Pilot Programme. Among them, around 34% of women were referred for MMG screening.

The financial provision of the Pilot Programme in 2021-22 is about \$23 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)069

(Question Serial No. 0574)

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 Food and Health

Question:

In the light of the pivotal role played by Chinese medicine (CM) in promoting community health, the Government has been pursuing vigorously the establishment of systems in relation to CM in recent years. However, many patients with confirmed Coronavirus Disease 2019 (COVID-19) infection (which has been surging lately) could merely resort to over-the-counter drugs on the market to relieve their symptoms while awaiting treatment with no access to proprietary Chinese medicines (pCm) from the Mainland which are currently prohibited for sale in Hong Kong without registration. In this connection, please advise this Committee on:

- (1) whether the Department of Health (DH) has, in view that the pCm registration system has been repeatedly criticised by the industry for its inefficiency, allocated additional resources and manpower in the last 3 years to expedite the vetting and approval of the registration applications of pCm or provide assistance for the trade concerning their registration; if yes, the details;
- (2) whether the DH has, given that its Government Chinese Medicines Testing Institute (GCMTI) responsible for research on the reference standards and testing methods for CMs has also been criticised for its tardiness, allocated additional resources and manpower in the last 3 years to the GCMTI to accelerate its development of reference standards and testing methods and enlisted the help of related Mainland authorities for experience sharing and assistance in the relevant work; if yes, the details;
- (3) whether the DH plans to allocate resources and manpower for the study and positioning of the role CM plays in the fight against COVID-19; if yes, the details; and
- (4) whether the DH has allocated additional resources and manpower to expedite the vetting and approval procedure for the registration of Mainland pCm beneficial to the treatment of COVID-19 cases so that they can be legally sold in Hong Kong; if yes, the details.

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 9)

Reply:

(1)

Throughout the years, the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong (CMCHK), and the Department of Health (DH), have been implementing various measures to facilitate the trade to prepare the required documents for the registration of proprietary Chinese medicines (pCms), such as publishing a series of guidelines on pCm registration, conducting seminars and meetings with Chinese medicines traders and increasing the number of CMB-recognised Mainland laboratories etc.

As of end of February 2022, the CMB received a total of 18 349 applications for registrations of pCms, among which 10 125 applications were rejected or withdrawn due to various reasons including withdrawal of application by the applicants, failure to submit 3 acceptable basic test reports or the required documents/reports, the product concerned not fulfilling the definition of pCm under the Chinese Medicine Ordinance (Cap. 549) (CMO), or the registration holder not applying for renewal of registration. Among the remaining 8 224 applications, 4 540 and 3 564 pCms have been issued with “Notice of confirmation of transitional registration of pCm” (HKP) and “Certificate of registration of pCm” (HKC) respectively, and 120 new applications of HKC are being processed. Cases in relation to the conversion of “Notice of confirmation of (non-transitional) registration of pCm” to HKC were all completed by end of 2019. Among the 4 540 HKP cases, 862 of them have been approved for formal registration such that HKC will be issued subject to payment of relevant fees from the applicants. Among the remaining 3 678 HKP cases, 2 271 (about 62%) of them have been approved for the safety, quality and efficacy documents and their approval of HKC would be granted after completion of the assessment of product labels and inserts.

Additional provision to the DH for the past three years (from 2019-20 to 2021-22) was \$8.4 million per annum for engaging 18 Non-Civil Service Contract (NCSC) Assistant Chinese Medicine Officers under Chinese Medicine Regulatory Office (CMRO) to expedite the conversion of HKP to HKC. To further expedite the processing of applications of pCm registration, the CMRO had established a dedicated team in January 2020, comprising 7 NCSC Chinese Medicine Assistants, to handle the evaluation work in relation to the conversion from HKP to HKC. The additional expenditure involved was absorbed within the financial provision for CMRO.

(2)

In the past three years, the Government Chinese Medicines Testing Institute (GCMTI) has embarked on various research projects and promotion work. As endorsed by the Advisory Committee of GCMTI (AC), GCMTI has completed 6 projects so far, namely (i) identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (ii) collection of specimens of commonly used CMM for GCMTI; (iii) building of a digitalized platform on Chinese medicines (Phase I); (iv) analysis of chemical markers of CMM in medicinal oil for external use; (v) establishment of reference DNA sequence library for identification of CMM (Phase I) and (vi) analysis of Cervi Cornu Pantotrichum (Deer antler velvet) by DNA method as a complementary approach.

Currently, GCMTI is conducting a number of research projects endorsed by AC, including (i) study on the identification of Ziziphi Spinosae Semen and its commonly confused species; (ii) collection of specimens under GCMTI's Chinese Medicines Herbarium - Chinese Daodi medicinal materials; (iii) building of a digitalized platform on Chinese medicines (Phase II) (iv) analysis of chemical markers of CMM in Baifeng Wan; (v) analysis of reference DNA sequence library for identification of CMM (Phase II); (vi) DNA method for identification of Bulbus Fritillariae Ussuriensis – a common adulterant found in Fritillariae Cirrhosae Bulbus and (vii) analysis of chemical markers of CMM in proprietary Chinese medicines for internal use. These projects are targeted to be completed between 2022 and 2023 and now progressing smoothly on schedule.

The financial provision for the temporary GCMTI was about \$47.9 million per annum in 2019-20 and 2020-21 and \$36.0 million in 2021-22. The approved establishment of the GCMTI in the past three years with breakdown is as follows –

Rank	No. of Post		
	2019-20	2020-21	2021-22
Senior Chemist	1	1	1
Chemist	3	3	3
Pharmacist	1	1	1
Scientific Officer (Medical)	14	14	14
Science Laboratory Technologist	1	1	1
Science Laboratory Technician I	2	2	2
Science Laboratory Technician II	3	3	3
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	29

The DH has been collaborating with relevant Mainland organisations in the field of Chinese medicines. Since 2011, the National Institutes for Food and Drug Control (NIFDC) has participated in the Hong Kong Chinese Materia Medica Standards (HKCMMS) project to provide the project with the best national research expertise. The NIFDC also offered technical advice for the establishment of the Chinese Medicines Herbarium in the GCMTI and arranged to donate precious and representative specimens of commonly used Chinese medicines to Hong Kong. Under the HKCMMS project, the GCMTI has completed the establishment of standards for 330 commonly used CMM and will continue to formulate the reference standards for about 30 CMM every 18 months. The research results of the HKCMMS project are generally recognised locally and overseas, and have directly benefited the trade.

In addition, the Government has signed co-operation agreements with the National Medical Products Administration, the National Administration of Traditional Chinese Medicine and the Institute of Chinese Materia Medica of the China Academy of Chinese Medical Sciences. Under these agreements, the Government has strengthened its co-operation with the Mainland in respect of conducting testing and scientific research of Chinese medicines, establishing communication and collaboration mechanism for promoting standardisation of

Chinese medicines, as well as fostering academic exchange and training for the development of Chinese medicines.

(3) and (4)

The CMRO of the DH is responsible for the enforcement of the CMO and provision of professional and administrative support to the CMCHK, among others. Under the CMO, holders of valid wholesaler licence may carry out business as an importer/exporter of pCm and Chinese herbal medicines (Chm). In addition, the import and export of pCm and any of the 31 types of the Chm specified in Schedule 1 or the 5 types of the Chm specified in Schedule 2 under CMO are subject to control of Import and Export Ordinance (Cap. 60). Licenced wholesalers must apply for import or export licences with the DH for each shipment of the aforesaid pCm and Chm beforehand.

With the endorsement of the CMB under the CMCHK, the DH has been according priority to COVID-19 treatment-related pCm, including registration and change of registered particulars, etc. In addition, the DH has also expedited the vetting process and the issue of the import licences of pCm and Chm relating to COVID-19 treatment. As at 4 March 2022, 29 applications were processed and completed by the DH and the CMB, with no outstanding applications being processed. The relevant work has been undertaken by the existing manpower resources of CMRO.

Since the emergence of the COVID-19 epidemic in Hong Kong, the DH has been closely liaising with Chinese medicine practitioners (CMPs), Chinese medicine sector, associations/organisations, the Schools of CM of three local universities and CM clinics operated by non-governmental organisations. The DH has issued letters to local CMPs to provide latest updates on the epidemic situation, and the Centre for Health Protection of the DH has also published and regularly updated the “Prevention of COVID-19 – Infection Control Measures for Chinese Medicine Clinics (Interim)” for the reference of CMPs to encourage their involvement in the prevention and control of COVID-19.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)070

(Question Serial No. 0914)

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 Food and Health

Question:

Will the Government please advise this Committee on:

- (a) the numbers of confirmed cases of Coronavirus Disease 2019 among non-ethnic Chinese living in Hong Kong and foreign domestic helpers, as well as the number of prevention and control programmes in support of each of the population groups, in the past 2 years, and the programmes, resources, the number of people benefitting from these programmes and the expenditure involved; and
- (b) the specific plans, manpower and estimated expenditure in relation to the above work this year?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 8)

Reply:

(a) and (b)

In 2020 and 2021, the Department of Health (DH) recorded a total of 12 650 cases of Coronavirus Disease 2019 (COVID-19) by nucleic acid tests, among which around 3 711 cases (around 30%) were non-Chinese, including 1 006 foreign domestic helpers.

In response to the COVID-19 epidemic, DH has produced health educational materials in various languages (Hindi, Urdu, Nepali, Thai, Bahasa Indonesia, Tagalog, Sinhala, Bengali and Vietnamese) for ethnic minorities (EM) to understand the prevention and control of the disease and the services available to them. Materials were submitted for publication on newsletters and newspapers of ethnic minority groups, and made available in the COVID-19 thematic website for downloading. In addition, DH collaborated with the Home Affairs Department to produce videos and audio clips in EM languages which were disseminated through the COVID-19 thematic website and social media. With the launching of the COVID-19 Vaccination Programme, various health educational materials used in the vaccination centres have been translated into the aforesaid 9 languages. Key vaccination materials (such as vaccination fact sheets) have also been made available in 4 additional

languages (French, Spanish, Punjabi and Tamil). A number of on-site or online health talks for EM have also been organised.

To further encourage the EM community to get vaccinated, DH partnered with a local non-governmental organisation to launch a pilot health promotion project on COVID-19 prevention in March 2021, targeting primarily Nepali, Pakistani and Indian populations living in Yau Tsim Mong, Sham Shui Po, Yuen Long and Kwai Tsing Districts. The project involved home visits and a multilingual telephone hotline service. As at 17 February 2022, a total of 3 246 home visits for EM families were conducted, with 11 674 people reached; 626 calls were received by the telephone hotline services; and 511 COVID-19 vaccination bookings were made. The pilot project has been extended to July 2022 and will continue to target EM populations.

The expenditure and manpower on the COVID-19 prevention and control work targeting EM is absorbed by the DH's overall provision for health promotion and cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)071

(Question Serial No. 0356)

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 Food and Health

Question:

The Government will allocate an additional funding of \$6 billion for the Department of Health to procure more vaccines as booster doses for the general public. In this connection, please inform this Committee of:

1. how the provision will be allocated and how much of it will be used for the procurement of vaccines;
2. the percentage of doses administered by private doctors and at private hospitals since the commencement of vaccination, the expenditure on the Vaccination Subsidy Scheme, and whether more incentives will be provided for the private medical sector to help with vaccination.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 4)

Reply:

1.

With a non-recurrent commitment of \$8,441.3 million approved by the Finance Committee of the Legislative Council in September 2020, the territory-wide COVID-19 Vaccination Programme was launched in February 2021. Two vaccines are provided under the vaccination programme, namely the CoronaVac vaccine by Sinovac and the Comirnaty vaccine by Fosun Pharma/BioNTech. So far, the Government has procured 8.5 million doses of the CoronaVac vaccine and 12.3 million doses of the Comirnaty vaccine. The doses are in aggregate sufficient for providing the eligible population with three doses of vaccine per recipient. In view that the two doses are already sufficient for vaccination of the eligible population, the Government has donated 7.5 million doses of the AstraZeneca vaccine through the COVAX Facility co-ordinated by the World Health Organisation to countries that are still in need of vaccines in aid of global efforts to combat the pandemic.

With the rampant spread of Variants of Concerns (VoCs) around the globe and the emergence of VoCs with greater transmissibility (e.g. Omicron), drug manufacturers are putting in all efforts to develop new generation vaccines that have better efficacy and can

provide better protection against VoCs. Furthermore, having regard to statistics showing that the majority of local fatal cases in the fifth wave epidemic are individuals aged 60 or above, the Joint Scientific Committee and the Chief Executive's expert advisory panel have recommended that a fourth dose be provided to this elderly group, with a view to providing the elderly with better protection against the virus.

The Government has kept a close eye on the development of COVID-19 vaccines and has maintained communication with Fosun Pharma and Sinovac, as well as other drug manufacturers. Procurement decisions will continue to be made having regard to the latest scientific evidence and clinical data, with a view to securing for our citizens safe and efficacious vaccines. The Government will also solicit advice from experts from time to time. In view of confidentiality agreements entered into with the drug manufacturers concerned, we are not at liberty to disclose the average cost per dose of vaccine and other relevant details.

Drawing reference from the ongoing vaccination programme, we estimate that an additional \$9,083.9 million is required for the COVID-19 Vaccination Programme in 2022-23. The detailed breakdown is set out below. After taking into account the uncommitted funds of \$3,052.6 million carried forward from 2021-22 as at mid December 2021, an additional funding of \$6,031.3 million is required in 2022-23.

Items	(\$million)
(a) Procurement of vaccines (including transport, logistics and cold chain management)	4,581.6
(b) Implementation of the vaccination programme (including injection and administrative costs)	3,887.3
(c) Storage and transport	30
(d) Supplies and consumable	33
(e) IT platform	62
(f) Publicity	32
(g) Contingency funds (10% of total procurement cost for vaccines)	458
(h) <i>Deduct</i> : Uncommitted funds carried over	(3,052.6)
Total	6,031.3

2.

Under the COVID-19 Vaccination Programme, private doctors and private hospitals provide COVID-19 vaccination services to members of the public in different settings, including Community Vaccination Centres (CVCs), vaccination stations set up at selected public

hospitals, private doctors or clinics under the Vaccination Subsidy Scheme (VSS) and the BioNTech Vaccination Pilot Scheme, Mobile Vaccination Stations and outreach to residential care homes, etc. As at 28 February 2022, a total of more than 13 million doses of COVID-19 vaccines have been administered to members of the public. Among them, 73.7% were administered in CVCs, 20.1% by private doctors or clinics under VSS, 2.1% in designated general outpatient clinics under the Hospital Authority and 4.1% in other settings.

The vaccination subsidy payment for COVID-19 vaccination provided by private doctors or clinics under the VSS up to end January 2022 is around \$211 million. The subsidy level for private doctors or clinics is based on factors such as resource allocation, public health consideration, running cost of the COVID-19 vaccination service, etc., and will be reviewed from time to time. In order to facilitate the private sector to provide COVID-19 vaccination under VSS, online enrolment is available for the private doctors and relevant information, e.g. the Doctors' Guide and the Agreement, is promulgated on the designated website of the COVID-19 Vaccination Programme.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)072****(Question Serial No. 0217)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for Food and HealthQuestion:

In relation to the hotlines set up by the Centre for Health Protection of the Department of Health to answer enquiries from the public concerning cases of Coronavirus Disease 2019 (COVID-19), will the Government please advise this Committee on:

1. the number of enquiries received and handled so far; the manpower, posts and expenditure involved; and
2. whether there have been statistics on and categorisation of the requests made by the public/enquirers; the progress of follow-up actions taken; their effectiveness; and the number of people who did not receive any follow-up call throughout their 14-day quarantine period?

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 4)Reply:

The Centre for Health Protection of the Department of Health (DH) has set up a number of hotlines shortly after the outbreak of Coronavirus Disease 2019 (COVID-19) for public enquiries in order to cater for the needs of different target groups. Details relating to the hotlines, including the cumulative number of calls received, are tabulated below –

Hotline	Target Group	Commencement Date	Cumulative Number of Calls Received as at 28 February 2022 (rounded to the nearest '000)
2125 1111/ 2125 1122	General public	22 January 2020	1 361 000
2125 1133	Inbound travellers from the Mainland, Macao and Taiwan who are placed	8 February 2020	143 000

	under quarantine under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C)		
2125 1999	Inbound travellers from overseas who are placed under quarantine under the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E)	19 March 2020	149 000

The hotlines are manned by civil servants, Post-Retirement Service Contract staff and Non-Civil Service Contract staff who are redeployed from other services within the DH, and from other bureaux/departments from time to time. Since 4 February 2021, 1823 under the Efficiency Office of the Innovation and Technology Bureau has been entrusted to assist in answering calls for two of the above hotlines (2125 1111/2125 1122) so that the manpower of DH can be redeployed for other anti-epidemic duties. The manpower and expenditure involved in manning the hotlines are absorbed internally within the Government, and cannot be separately quantified.

Depending on the development of epidemic situation and the number and nature of calls received, the handling time of different cases varies. Statistics on and categorisation of requests are also not readily available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)073

(Question Serial No. 0608)

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 Food and Health

Question:

With regard to providing promotive and preventive healthcare to primary and secondary school students and improving the oral health of primary school children, will the Government please advise this Committee on:

1. the respective average expenditures per participant of Student Health Service and School Dental Care Service, and the staffing and expenditures involved in the past 2 years; and
2. the average dental health of students participating in School Dental Care Service, as well as the number of such students who required follow-up consultations and the reasons why?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 7)

Reply:

1. The annual expenditure of the Student Health Service (SHS) of the Department of Health (DH) in 2020-21 and the revised estimate for 2021-22 are as follows –

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2020-21 (Actual)	244.2
2021-22 (Revised estimate)	248.0

The unit cost per attendance at the SHS Centres is \$760 in 2021-22.

The approved establishment of the SHS in 2020-21 and 2021-22 are as follows –

	<u>2020-21</u>	<u>2021-22</u>
Doctors	40	40
Nurses	248	248
Allied health staff	22	22
Administrative & clerical staff	87	87

Supporting staff	40	40
Total	437	437

The School Dental Care Service (SDCS) of the DH promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. Starting from the 2013/14 school year, the SDCS is extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18.

The annual expenditure of the SDCS in 2020-21 and the revised estimate for 2021-22 are as follows –

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2020-21 (Actual)	283.8
2021-22 (Revised estimate)	276.7

The unit cost per participating student at the SDCS is \$1,260 in 2021-22.

The approved establishment of the SDCS in 2020-21 and 2021-22 are as follows –

	<u>2020-21</u>	<u>2021-22</u>
Dentists	32	32
Dental Therapists	269	269
Dental Surgery Assistants	42	42
Administrative & clerical staff	58	57
Supporting staff	27	27
Total	428	427

2. In the service year^{Note} 2020/21, a total of 336 699 students participated in the SDCS. Among them, 52 094 students required further follow up after oral examination. SDCS provides necessary follow-up treatment including restorations, scaling and extractions.

^{Note} Service year refers to the period from 1 November of the current year to 31 October of the following year.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)074****(Question Serial No. 0609)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for Food and HealthQuestion:

With regard to the specialised outpatient clinics for tuberculosis and chest diseases, skin diseases or human immunodeficiency virus infection, will the Government please advise this Committee on:

1. the number of cases, age groups of the patients, their waiting time, and the percentage of new cases at the said specialised outpatient clinics in the past 5 years; and
2. the details of the education initiatives taken forward by the departments concerned to prevent the said diseases, and the expenditure involved?

Asked by: Hon LAM So-wai (LegCo internal reference no.: 8)Reply:

1. Specialised outpatient clinics of the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Information on the number of total attendances and cases, age groups of the patients, waiting time and the percentage of new cases at specialised outpatient clinics in the past 5 years is set out below –

(a) Chest Clinics

	2017	2018	2019	2020	2021*
(a) Total attendances	186 539	171 949	155 726	122 214	121 047
(b) New cases	19 635	16 247	13 196	8 679	9 066

(c) Number of patients by age group	2017	2018	2019	2020	2021*
19 or below	2 277	2 028	1 713	1 344	1 474
20-29	4 542	4 281	3 782	3 017	2 976
30-39	6 908	6 659	5 943	4 820	4 803
40-49	11 634	11 059	9 849	8 112	7 967
50-59	19 824	19 098	17 113	13 772	13 755
60-69	20 109	19 705	18 059	14 688	14 513
70 or above	16 930	16 072	14 365	11 269	10 741
Total	82 224	78 902	70 824	57 022	56 229

	2017	2018	2019	2020	2021*
(d) Percentage of new cases	23.9%	20.6%	18.6%	15.2%	16.1%

*Provisional figures

In general, patients attending chest clinics with a diagnosis of active or suspected active TB (either by referral or by symptom on triage) will be seen by doctors within 2 working days. The waiting time for non-TB cases may vary from within the same day to a few weeks but the exact figure for this category of patients is not available.

(b) Clinics providing dermatological services

	2017	2018	2019	2020	2021
(a) Total attendances	236 214	216 875	198 960	172 214	180 327
(b) New cases	25 219	24 884	21 890	18 714	21 369

Remark: The clinical information system of Social Hygiene Service was fully rolled out in late 2021. Therefore, data on the number of patients, their age groups and percentage of new cases is not readily available.

The DH has implemented a triage system under which all new case referrals will be assessed by doctors in charge of individual clinics and accorded appointment as appropriate based on their professional clinical judgement. As at end of 2021, the average new skin case appointment time was about 120 weeks. However, in 2021, more than 90% of new cases with severe dermatoses were accorded appointment within 8 weeks.

The status of new skin case appointment at clinics providing dermatological services is updated on a regular basis and the information is available at the website of the DH (www.dh.gov.hk/english/tele/tele_chc/files/New_Skin_Case_Appointment_Status_en.pdf).

(c) **HIV/AIDS Clinic** (i.e. Kowloon Bay Integrated Treatment Centre)

	2017	2018	2019	2020	2021
(a) Total attendances	15 239	14 970	15 230	13 172	13 332
(b) New cases	358	258	231	200	190

(c) Number of patients by age group	2017	2018	2019	2020	2021
19 or below	9	4	6	3	3
20-29	457	480	446	404	361
30-39	811	825	889	914	919
40-49	936	947	944	928	928
50-59	683	761	832	887	897
60-69	233	273	303	343	386
70 or above	110	123	139	142	157
Total	3 239	3 413	3 559	3 621	3 651

	2017	2018	2019	2020	2021
(d) Percentage of new cases	11.1%	7.6%	6.5%	5.5%	5.2%

For the past 5 years, all patients received consultation within 14 days, except those who specifically asked to receive consultation later.

2.

The Government has been allocating substantial resources for the prevention and control of TB and chest diseases, skin diseases and HIV/AIDS via various health promotion activities and through different channels, including health talks, exhibitions, publicity through information webpages, social media, TV and radio Announcements in the Public Interest, distribution of pamphlets and posters, and collaboration with other stakeholders. Publicity campaigns were conducted near the World TB Day and the World AIDS Day every year.

Expenditure on health promotion activities cannot be separately quantified as it is absorbed by respective DH Services' overall provisions for these disease programmes.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)075

(Question Serial No. 0837)

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 Food and Health

Question:

The provision under Subhead 000 Operational expenses is 13.8% higher than the revised estimate for 2021-22, mainly due to the additional provision for meeting the funding requirement for the Elderly Health Care Voucher (EHCV) Scheme and the increased demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons. In this connection, will the Government please inform this Committee of:

- a. the numbers of voucher claim transactions and the total amounts claimed by type of healthcare service provider in the past 3 financial years;
- b. the estimated expenditure on the EHCV Scheme for 2022-23; and
- c. whether there are plans to increase the EHCV amount; if yes, the details?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 3)

Reply:

(a)

The tables below show the number of voucher claim transactions and the amount of vouchers claimed by types of healthcare service providers enrolled in the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years:

Number of Voucher Claim Transactions

	2019 ^{Note 1}	2020	2021
Medical Practitioners	2 952 153	1 957 092	1 917 943
Chinese Medicine Practitioners	1 633 532	1 376 436	1 542 578
Dentists	310 306	246 844	308 343
Occupational Therapists	3 233	4 640	7 224
Physiotherapists	43 946	39 669	48 107
Medical Laboratory Technologists	20 770	15 324	20 033
Radiographers	16 779	14 386	19 373
Nurses	9 936	6 903	11 295
Chiropractors	10 820	8 826	9 357
Optometrists	242 424	158 127	196 046
Sub-total (Hong Kong):	5 243 899	3 828 247	4 080 299
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 2}	13 562	18 962	35 953
Total :	5 257 461	3 847 209	4 116 252

Amount of Vouchers Claimed (in HKS'000)

	2019 ^{Note 1}	2020	2021
Medical Practitioners	1,246,024	947,488	1,027,990
Chinese Medicine Practitioners	599,170	634,851	788,617
Dentists	313,111	276,556	355,444
Occupational Therapists	4,432	5,383	7,503
Physiotherapists	17,210	15,191	19,238
Medical Laboratory Technologists	18,654	13,706	20,552
Radiographers	15,749	14,700	22,603
Nurses	10,214	8,753	11,049
Chiropractors	5,675	5,127	5,760
Optometrists	431,680	225,903	284,753

Sub-total (Hong Kong):	2,661,919	2,147,658	2,543,509
HKU-SZH ^{Note 2}	3,997	5,507	12,103
Total :	2,665,916	2,153,165	2,555,612

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 the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elderly person was introduced on the same day.

Note 2: 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 EHCV Scheme on a hospital basis.

(b)

The financial provision in 2022-23 for the EHCV Scheme is \$4,375.8 million.

(c)

The Government launched the EHCV Scheme 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. Over the years, the Government has introduced a number of enhancements under the EHCV Scheme, including the progressive increase in the annual voucher amount from the initial \$250 to the current \$2,000, the lowering of the face value of each voucher from \$50 to \$1 in 2014 to allow greater flexibility in use, the lowering of the eligibility age from 70 to 65 in 2017, the provision of an additional voucher amount of \$1,000 on a one-off basis to each eligible elderly person as announced in the Budget in 2018 and 2019 respectively, as well as the increase of the accumulation limit of the vouchers to \$8,000 in 2019.

With the lowering of the eligibility age of the EHCV Scheme from 70 to 65 in 2017 and an ageing population, both the number of elderly persons using vouchers and the annual financial commitments involved continue to increase substantially. We will strive to ensure the optimisation of resources invested in the EHCV Scheme. In addition to considering the impact on public finances, we also need to ensure that the EHCV Scheme can effectively achieve the objective of promoting primary healthcare. The Government currently has no plan to increase the annual voucher amount. We will continue to review the operation of the EHCV Scheme, and depending on the need, make appropriate adjustments and take suitable measures. We do not rule out regulating the use of vouchers under the framework of the blueprint for the sustainable development of primary healthcare services, including designating a certain amount of vouchers for specified use related to primary care, such as health risk assessment, chronic disease assessment and management; requiring elders to register their family doctors; and introducing the co-payment concept for non-designated uses. The goal is to enable elders to make good use of their vouchers to choose primary healthcare services for disease prevention and health management.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)076

(Question Serial No. 0861)

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 Food and Health

Question:

Regarding improving the oral health of primary school children and the outreach dental service provided under the Outreach Dental Care Programme for the Elderly (ODCP), will the Government please advise this Committee on:

- a. the number of dental institutions and dentists taking part in oral health screening for primary school children;
- b. the number of elderly persons who have received outreach dental service under the ODCP and their percentage of the elderly population in Hong Kong;
- c. the number of dental personnel under the ODCP; and
- d. whether there are plans to extend the oral health screening service to secondary school students in the next 5 years?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 1)

Reply:

The Government's policy on dental care seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

a&d.

The School Dental Care Service (SDCS) of the Department of Health promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. School children participating in the SDCS will receive annual dental check-up at designated school dental clinics. The number of dental clinics under SDCS is 8. The approved establishment for dentists in SDCS in 2021-22 is 32.

With the agreement from schools, Primary One to Primary Five students attend their designated clinics with one return bus trip from their schools. As for Primary Six

students, we arrange for them to visit our clinics outside their school hours. Follow-up appointments will be given to those who require further necessary dental treatments. There is currently no plan for the SDCS to provide oral health screening service for secondary school students.

b&c.

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014 to provide free on-site oral check-up for elders and oral care training to caregivers of residential care homes, day care centres and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. Starting from October 2017, a total of 23 outreach dental teams from 10 NGOs have 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 2022, the number of attendances was about 296 200.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)077

(Question Serial No. 0862)

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 Food and Health

Question:

For the purpose of disease prevention and control, the Department of Health will support other initiatives aiming to enhance primary healthcare. Will the Government please inform this Committee of the details (including the timetable and manpower involved) of such initiatives and the breakdown of their estimated expenditure?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 2)

Reply:

The Department of Health (DH) is the Government's health adviser and agency to execute healthcare policies and statutory functions. It safeguards the community's health through a range of promotive, preventive, curative and rehabilitative services. Primary healthcare is being delivered using a life-course approach through DH's various areas of work with emphasis on preventive care. On this front, the Family Health Service of DH provides a range of health promotion and disease prevention services to children from birth to 5 years of age and to women aged 64 years and below. Student Health Service provides centre-based programmes as well as a school-based outreach programme with an aim to safeguarding both the physical and mental health of primary and secondary school children. The Elderly Health Service operates through its Elderly Health Centres and Visiting Health Teams, in order to enhance primary healthcare to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

Other divisions/branches of DH have also been implementing projects and initiatives seeking to enhance primary healthcare in Hong Kong such as health promotion and education, prevention and control of both communicable and non-communicable diseases, vaccination programmes, the Elderly Health Care Voucher Scheme, cancer screening programmes, dental care services and so forth.

The manpower and expenditure of DH on supporting measures in improving primary healthcare cannot be separately quantified.

In the longer run, the Government will publish a consultation document for the blueprint for the sustainable development of primary healthcare services in Hong Kong (the Blueprint) within the current term of Government so as to establish a primary healthcare system that improves the health for all and enhances the quality of living of the people. Under the guidance of the Steering Committee on Primary Healthcare Development, the Blueprint will focus on the discussion on the following five aspects:

- (i) establishment and restructuring of a district-based, prevention-oriented primary healthcare system;
- (ii) utilising private healthcare services and improving financing of primary healthcare services;
- (iii) governance framework of primary healthcare services;
- (iv) manpower and training of primary healthcare personnel; and
- (v) enhancing health surveillance and sharing of health records.

Among others, the Government will review the governance framework of primary healthcare services, including the positioning of DH's aforementioned primary healthcare services. The Government aims to strengthen the planning and coordination of resources, manpower, service structure and service standards, etc., as well as to leverage on public and private primary healthcare services resources to improve service efficiency and effectiveness.

DH will continue to provide professional support to the Food and Health Bureau on matters related to primary healthcare development.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)078

(Question Serial No. 0866)

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 Food and Health

Question:

An additional funding of \$6 billion will be allocated to the Department of Health to procure more vaccines as booster doses for the general public. As suggested by the latest data, Sinopharm's second-generation recombinant protein-based COVID-19 vaccine offers good protection against prototype strains and multiple variants. In this connection, will the Government please advise this Committee on:

- (a) the selection criteria of booster doses; and
- (b) whether the second-generation vaccine will be procured; if not, the reasons?

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

Reply:

(a) and (b)

The Coronavirus Disease 2019 (COVID-19) pandemic has had an unprecedented and severe impact on the world. Vaccination is the most effective measure to prevent severe cases, hospitalisation and death. To this end, the Finance Committee of the Legislative Council approved on 28 September 2020 a non-recurrent commitment of \$8,441.3 million for procurement and administration of COVID-19 vaccines.

The COVID-19 Vaccination Programme was launched in February 2021. Two vaccines are provided under the vaccination programme, namely the CoronaVac vaccine by Sinovac and the Comirnaty vaccine by Fosun Pharma/BioNTech. So far, the Government has procured 8.5 million doses of the CoronaVac vaccine and 12.3 million doses of the Comirnaty vaccine. The doses are in aggregate sufficient for providing the eligible population with three doses of vaccine per recipient.

Vaccine developers are now working at full steam to develop new generation vaccines which are more efficacious and can better protect against new variants. The Government has all along been closely monitoring the overall development of COVID-19 vaccines and the epidemic situation worldwide and keeping close liaison with the drug manufacturers. We will continue to procure sufficient quantities of vaccines shown to be safe, effective

against existing and emerging variants of the SARS-CoV-2 virus, and of good quality, for giving booster doses and for protecting our population against new variants. To this end, we take into account scientific evidence, clinical study data and real-world safety and efficacy data generated from the actual usage of the vaccines among populations. In addition, we will also take into account the latest advice from the World Health Organization, the Joint Scientific Committees established under the Centre for Health Protection, and the Chief Executive's expert advisory panel as well as overseas health agencies and authorities.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)079

(Question Serial No. 0807)

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 Food and Health

Question:

The Government has implemented the Outreach Dental Care Programme for the Elderly (ODCP) since October 2014 to provide free outreach primary dental care services annually for elderly persons in designated residential care homes for the elderly (RCHEs) and day care centres (DEs). Regarding the ODCP, please provide information on:

1. the expenditure involved, the manpower required, the number of attendances and the number of RCHEs and DEs visited under the ODCP in the past 3 years;
2. a breakdown of the number of attendances by type of service and treatment the participants received, as well as the expenditure incurred for each type of service; and
3. the Government's response to the proposal for introducing elderly dental care services to enable elderly persons aged 65 or above other than those in RCHEs and DEs to receive regular dental check-ups.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 2)

Reply:

1&2. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was \$51.7 million in 2019-20, \$58.0 million in 2020-21 and \$60.7 million in 2021-22. Six civil service posts have been provided for implementing the ODCP.

Since the launch of the ODCP in October 2014 up to end-January 2022, the number of attendances was about 296 200. Eligible elders received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions and dentures).

The number of participating residential care homes for the elderly (RCHEs)/day care centres (DEs) under the ODCP was 792 in 2019-20, 503 in 2020-21, and 630 in

2021-22 (up to 31 January 2022). In response to the COVID-19 outbreak, the Centre for Health Protection has been updating the visiting arrangement set out in the “Guidelines for Residential Care Homes for the Elderly (RCHEs) and Residential Care Homes for Persons with Disabilities (RCHDs) for the Prevention of Coronavirus disease (COVID-19)” from time to time, and some RCHEs were not willing to receive outreach dental teams during the various waves of the outbreak. As the COVID-19 situation developed, given the above, non-governmental organisations have encountered difficulty in scheduling the visits to RCHEs for on-site oral check-ups in 2020-21 and 2021-22.

3. Currently, the Government provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly Health Care Voucher to obtain dental services provided by the private sector. We do not have plan to extend the ODCP to cover elders other than those in RCHEs/DEs and similar facilities.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)080

(Question Serial No. 0808)

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 Food and Health

Question:

At present, dental clinics under the Department of Health provide free emergency dental treatments (i.e. general public session service) for those in need. Despite its limited scope providing pain relief and teeth extraction only, the said service remains in short supply. In this connection, will the Government please advise on:

1. the consultation quotas, their utilisation rates and the attendances (with a breakdown by age group in table form) of each dental clinic providing general public session service through designated sessions in the past 3 years;
2. whether there will be an increase in the number of dental clinics providing general public session service or an increase in the number of consultation quotas in the existing dental clinics in the coming year; and
3. whether the Government will consider operating mobile dental clinics on its own, or subsidising non-governmental organisations to operate such clinics to provide dental services for members of the public with walking difficulties or living far away from the dental clinics with general public sessions?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 3)

Reply:

1. The service sessions and the regular maximum numbers of discs allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and in the coming year are set out below. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of disc allocations have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session
Kowloon City Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32

The overall utilisation rates for the dental clinics in the financial years 2019-20, 2020-21 and 2021-22 (up to 31 January 2022) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2019-20	2020-21	2021-22 (up to 31 January 2022)
Kowloon City Dental Clinic	88.5	99.3	99.6
Kwun Tong Dental Clinic	98.0	99.7	99.6
Kennedy Town Community Complex Dental Clinic	91.2	98.0	99.5
Fanling Health Centre Dental Clinic	88.9	99.9	100
Mona Fong Dental Clinic	88.4	98.7	93.5
Tai Po Wong Siu Ching Dental Clinic	95.4	99.3	99.9
Tsuen Wan Dental Clinic	97.8	99.4	100
Yan Oi Dental Clinic	98.3	99.8	99.9
Yuen Long Jockey Club Dental Clinic	96.9	99.4	99.4
Tai O Dental Clinic	30.1	52.2	55.9
Cheung Chau Dental Clinic	69.0	89.7	91.3

The numbers of attendances in GP sessions for each dental clinic in the financial years 2019-20, 2020-21 and 2021-22 (up to 31 January 2022), with breakdown by age group, are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2019-20	Attendance in 2020-21	Attendance in 2021-22 (up to 31 January 2022)
Kowloon City Dental Clinic	0-18	194	47	39
	19-42	1 011	601	651
	43-60	992	996	1 068
	61 or above	2 756	1 957	2 001
Kwun Tong Dental Clinic	0-18	145	33	26
	19-42	754	420	423
	43-60	740	695	694
	61 or above	2 055	1 365	1 300
Kennedy Town Community Complex Dental Clinic	0-18	262	59	52
	19-42	1 367	748	853
	43-60	1 340	1 240	1 397
	61 or above	3 723	2 435	2 619
Fanling Health Centre Dental Clinic	0-18	81	20	16
	19-42	421	252	270
	43-60	413	417	442
	61 or above	1 147	819	829
Mona Fong Dental Clinic	0-18	68	15	14
	19-42	355	200	222
	43-60	348	331	364
	61 or above	966	650	682
Tai Po Wong Siu Ching Dental Clinic	0-18	73	16	13
	19-42	382	199	222
	43-60	374	329	364
	61 or above	1 041	647	681
Tsuen Wan Dental Clinic	0-18	291	63	54
	19-42	1 518	808	895
	43-60	1 488	1 338	1 467
	61 or above	4 135	2 629	2 749
Yan Oi Dental Clinic	0-18	73	17	13
	19-42	379	211	214
	43-60	371	350	350
	61 or above	1 031	687	656
Yuen Long Jockey Club Dental Clinic	0-18	144	31	27
	19-42	750	400	448
	43-60	735	663	734
	61 or above	2 043	1 303	1 376
Tai O Dental Clinic	0-18	4	2	1
	19-42	22	20	22
	43-60	21	33	36
	61 or above	58	66	68
Cheung Chau Dental Clinic	0-18	10	3	2
	19-42	49	34	25
	43-60	48	57	41
	61 or above	135	111	78

2. The Government's policy on dental care seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases. Comprehensive dental services for the community at large involves substantial amount of financial resources. In accordance with the prevailing policy, the Government mainly undertakes publicity, education (including the School Dental Care Service), promotion on oral health, provision of emergency dental services to the public and takes forward initiatives targeting at persons with special dental care needs, in particular elderly persons with financial difficulties and persons with difficulties accessing usual dental services.

In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability, and the programme was extended for another 3 years. The Government has also provided low-income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly (ODCP) and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

The dental clinics under the Department of Health (DH) are primarily for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants under the purview of the Civil Service Bureau. The dental services of these clinics are essentially provided for the above clients as employment benefits. These dental clinics are not intended for provision of comprehensive dental services for the general public, though we have utilised some capacity of these clinics to provide emergency services. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for GP sessions on top of the existing schedule.

3. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles. In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is very limited. Therefore, for the elders residing in residential care homes or receiving services in day care centres who may be too weak and therefore less mobile, we considered it more cost effective to provide dental care service through the ODCP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)081

(Question Serial No. 0503)

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 Food and Health

Question:

Regarding the Elderly Health Care Voucher (EHCV) Scheme and elderly dental services, please advise on:

1. the details of using EHCVs in dental services by elderly persons since the Government lowered the eligibility age for the EHCV Scheme from 70 to 65 in 2017 in the table below:

Year	2017	2018	2019	2020	2021
Number of elderly persons eligible for EHCVs					
Number of elderly persons using EHCVs to pay for dental services					
Average amount of EHCVs claimed per elderly person for dental services					
Number of elderly persons aged 65 or above attending the Hospital Dental Service (HDS) on referral from doctors					
Number of elderly persons aged 65 or above who consulted government dental clinics with general public sessions					

2. the major dental problems facing elderly persons aged 65 or above on referral from doctors to treatment at the HDS; the average expenditure per patient incurred by the Government last year in treating such major dental problems.

Asked by: Hon LI Sai-wing, Stanley (LegCo internal reference no.: 3)

Reply:

1.

The table below shows the number of eligible elderly persons and the number of elderly persons who had made use of vouchers under the Elderly Health Care Voucher (EHCV) Scheme in the past 5 years from 2017 to 2021:

	2017	2018	2019	2020	2021
Number of eligible elderly persons ^{Note 1} (i.e. elderly persons aged 65 ^{Note 2} or above)	1 221 000	1 266 000	1 325 000	1 377 000	1 450 000
Cumulative number of elderly persons who had made use of vouchers by end of the year	953 000	1 191 000	1 294 000	1 350 000	1 424 000

Note 1: According to Hong Kong Population Projections 2017 – 2066 and Hong Kong Population Projections 2020 – 2069, Census and Statistics Department.

Note 2: The eligibility age for the EHCV Scheme has been lowered from 70 to 65 since 1 July 2017.

The number of elderly persons who had made use of vouchers to pay for dental services and the average amount of vouchers claimed per elderly person for dental services are not readily available.

The table below shows the number of voucher claim transactions and the average amount of vouchers claimed per transaction on dental services in Hong Kong in the past 5 years from 2017 to 2021:

	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}	2020	2021
Number of voucher claim transactions on dental services	168 738	294 950	310 306	246 844	308 343
Average amount of vouchers claimed per transaction on dental services (HK\$)	855	973	1,009	1,120	1,153

Note 1: The eligibility age for the EHCV Scheme has been lowered from 70 to 65 since 1 July 2017.

Note 2: On 8 June 2018, 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 increased to \$5,000.

Note 3: 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.

The number of patient of aged 65 or above who was referred by medical practitioner to the Hospital Dental Service is not readily available.

Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. Professional advice with regard to the individual needs of patients is also given at the GP sessions.

The number of attendances in GP sessions by age group of 61 years old or above[#] in the financial years 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22 (up to 31 January 2022) are as follows:

Year	2017-18	2018-19	2019-20	2020-21	2021-22 (up to 31 January 2022)
No. of attendance	20 305	21 812	19 090	12 669	13 039

[#] Breakdown of the numbers of attendances in GP sessions by age group of 65 or above is not maintained.

2.

The DH provides Hospital Dental Service through its Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners. The expenditures on Hospital Dental Service are not available as they have been absorbed within the provisions for dental services under Programme (4). The DH does not keep statistics on the cost per case for public dental services in various dental clinics.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)082

(Question Serial No. 0859)

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 Food and Health

Question:

Please provide information on:

1. 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;
2. the breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 5 years;
3. the respective numbers of people requesting and obtaining PEP, as well as the expenditure and financial provisions involved in the past 5 years;
4. the breakdown of the expenditure on HIV prevention research in the past 5 years;
5. the reasons why the Government does not consider allocating more resources to HIV prevention (including the provision of PrEP and PEP, legislation against discrimination on the grounds of sexual orientation and the provision of sexuality 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;
6. the breakdown of the expenditure on the promotion of U=U in the past 5 years; and
7. the breakdown of the expenditure incurred in preventing HIV infection in the heterosexual population, men who have sex with men, ethnic minorities, sex workers and injecting drug users in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 12)

Reply:

1. and 3.

The numbers 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, are as follows:

Financial year	Number of clients prescribed with PEP
2017-18	104
2018-19	151
2019-20	140
2020-21	155
2021-22*	135

* Figure up to 28 February 2022

The expenditure involved cannot be separately quantified as it has been subsumed as part of the HIV care services provided by the DH.

2.

The Council for the AIDS Trust Fund (the Fund) approved a sum of \$7.3 million from 2017-18 to 2021-22 to support the following research studies:

- (a) Operability of a pilot incentivised pre-exposure prophylaxis (PrEP) programme for men who have sex with men (MSM) in Hong Kong;
- (b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong (PrEP tourists);
- (c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP;
- (d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study;
- (e) PrEP use and its monitoring mechanism in MSM – a qualitative study; and
- (f) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

4.

From 2017-18 to 2021-22, the Fund approved a total of \$23.6 million for conducting 32 researches with the breakdown as follows:

High risk groups	Amount of funding approved (\$ million)
Men who have sex with men	14.1
People living with HIV	8.2
More than 1 high risk group*	1.3
Total	23.6

* The Fund granted \$1.3 million for two researches which targeted more than 1 high risk groups.

5. and 6.

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes:

- (a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise the Government on policy relating to the prevention, care and

control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong;

- (b) setting up the Fund since April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund; and
- (c) providing resources to DH services, namely Special Preventive Programme (SPP), Men's Health Programme, Social Hygiene Service, and Student Health Service (SHS) for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. People with HIV who achieve sustained viral suppression to an undetectable level will not transmit the virus through sex, i.e. Undetectable = Untransmittable (U=U). The SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the DH has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Regarding the use of PrEP and PEP, the DH currently adopts the relevant recommendations by the Scientific Committee on AIDS and Sexually Transmitted Infections, which has been monitoring the latest scientific evidence and, if necessary, will consider updating the recommendations. Breakdown of the resources allocated for the prevention of HIV/AIDS cannot be separately quantified.

The Government will keep in view the service demand in the coming years for resource allocation.

7.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by ACA, higher funding priorities would be accorded to the applications under the Fund for projects targeted at the 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 male-to-female transgender.

From 2017-18 to 2021-22, the Fund approved a total of \$150.8 million for 75 projects with the breakdown as follows:

High risk groups	Amount of funding approved (\$ million)
Men who have sex with men	71.6
People living with HIV	30.3
Female sex workers and their male clients	28.7
People who inject drugs	9.3
Ethnic minorities	8.8
Male-to-female transgender	2.1
Total	150.8

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)083

(Question Serial No. 0718)

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 Food and Health

Question:

It is mentioned in the Controlling Officer's Report that the Department of Health would earmark around \$2.7 billion in the financial year 2021-22 for implementing the Elderly Health Care Voucher (EHCV) Scheme. Will the Government please inform this Committee of:

- (1) the expenditure under the EHCV Scheme on each of the 3 aspects, namely preventive care services, chronic disease management services and rehabilitation services, in each of the past 10 years in table form; and
- (2) further to the question above, out of the expenditures on the 3 said aspects, the amounts used to subsidise the purchase of products prescribed or recommended by healthcare professionals?

Asked by: Hon WONG Yuen-shan (LegCo internal reference no.: 2)

Reply:

(1)

The table below shows the amount of vouchers claimed by healthcare service providers in Hong Kong enrolled in the Elderly Health Care Voucher (EHCV) Scheme for preventive care, follow-up/ monitoring of long term conditions and rehabilitation in the past 5 years where information is available:

Year	Amount of vouchers claimed (in HK\$'000)		
	Preventive care	Follow-up / monitoring of long-term conditions	Rehabilitation
2017	403,658	330,236	143,034
2018	947,737	590,707	320,655
2019	718,691	643,303	282,916
2020	581,840	568,341	223,180
2021	797,129	686,425	266,091

(2)

Currently, the EHCV Scheme subsidises eligible Hong Kong elderly persons with an annual voucher amount of \$2,000 to use private primary healthcare services provided by 10 types of healthcare professionals, viz. 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). Vouchers cannot be used solely for purchasing products such as medication or healthcare products. However, vouchers can be used for preventive, curative and rehabilitative services, including the treatment or services prescribed and provided by participating healthcare service providers in their professional capacity to meet the healthcare needs of elderly persons after consultation, as well as the medication and healthcare products, etc. provided to elderly persons during the course of treatment. No separate breakdown of the voucher amount spent on consultation, medication and/ or healthcare products in a voucher claim transaction is kept.

- End -

CONTROLLING OFFICER'S REPLY**CSB040****(Question Serial No. 0598)**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 the medical and dental treatment for civil servants, the provision for 2022-23 is \$725.2 million (36.4%) higher than the revised estimate for 2021-22. Will the Government please advise this Committee on:

1. the breakdown of the estimated expenditure under Programme (7): Medical and Dental Treatment for Civil Servants for 2022-23;
2. the reasons for the estimated additional provision for enhancing the medical and dental services for civil service eligible persons (CSEPs) for 2022-23; and
3. the numbers of CSEPs attending various families clinics and the overall utilisation rates of such clinics in the past 3 years?

Asked by: Hon LEE Hoey Simon (LegCo internal reference no.: 6)Reply:

1. The estimated expenditure on Programme (7) Medical and Dental Treatment for Civil Servants in 2022-23 is broken down as follows-

Item	Estimated expenditure (\$million)
Medical services	204.1
Dental services	843.5
Payment and reimbursement of medical fees and hospital charges	1,665.9
Procurement of equipment	5.1
Total:	2,718.6

2. The provision for 2022-23 is \$725.2 million (36.4%) higher than the revised estimate for 2021-22. This is mainly due to the additional provision for meeting the increasing demand for the payment and reimbursement of medical fees and hospital charges in respect of CSEPs. Such expenditure is demand-driven. In view of the growing number

of CSEPs, their longer average life expectancy, and more medications, treatments and equipment made available through research and development as technology advances, the number of reimbursement applications and actual expenditure will see continued growth. It is therefore necessary for the Department of Health to earmark additional resources for 2022-23 to cope with the demand which cannot be fully anticipated so that applications from eligible persons with medical needs can be processed in a timely manner.

3. The attendances of CSEPs at each families clinic in the past 3 years are as follows:

Year	2019	2020	2021
Number of attendances^{Note 1}			
Chai Wan Families Clinic	58 000	45 000	52 000
Hong Kong Families Clinic	58 000	47 000	52 000
Kowloon Families Clinic	64 000	56 000	59 000
New Territories Families Clinic	52 000	41 000	48 000
Fanling Families Clinic	40 000	29 000	43 000
Sai Kung Families Clinic	9 000	9 000	10 000

Note 1: The number of attendances is rounded to the nearest thousand.

The overall utilisation rates^{Note 2} of families clinics in the past 3 years are as follows:

2019	2020	2021
98%	93%	95%

Note 2: The utilisation rates are rounded to the nearest whole percent.

Families clinics do not keep statistics on the number of patients visiting individual clinics.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)007

(Question Serial No. S037)

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 Food and Health

Question:

1. According to Reply Serial No. FHB(H)068, as at 31 January 2022, more than 4 600 eligible women received breast cancer risk assessment under the Breast Cancer Screening Pilot Programme. Among them, around 34% of women were referred for mammography (MMG) screening. Will the Government please advise on the age distribution of women who have received a mammogram, the number of such women diagnosed with breast cancer, a breakdown of such patients by stage of cancer, as well as the resources and manpower deployed each year for the women mentioned above?
2. For women diagnosed with breast cancer as a result of MMG screening, will the Government please advise on the follow-up action and the referral process for their treatment, the numbers of patients receiving treatment in public and private hospitals respectively, and the resources and manpower deployed each year for the women mentioned above?

Asked by: Hon CHAN Man-ki, Maggie

Reply:

1. & 2.

Based on the revised recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening under the Cancer Coordinating Committee, the Department of Health (DH) adopts a risk-based approach for breast cancer screening for women aged between 44 and 69 with certain combinations of personalised risk factors for breast cancer.

Under the Breast Cancer Screening Pilot Programme (the Pilot Programme), the DH has been providing breast cancer screening to eligible women through its 3 Women Health Centres (WHCs) since September 2021 and 18 Elderly Health Centres (EHCs) since December 2021. As at 31 January 2022, about 4 600 women received breast cancer risk assessment including more than 4 150 women aged between 44 and 64 who received assessment at the 3 WHCs, of which about 1 500 women (36%) were referred for

mammography (MMG) screening; and about 450 women aged between 65 and 69 who received breast cancer risk assessment at EHCs, of which 70 women (16%) were referred for MMG screening.

Women with abnormal MMG results will be referred to specialists for further investigation and management. Since some women may be followed up in the private sector, we do not have complete information on the number of women diagnosed of breast cancer and its staging.

The financial provision of the Pilot Programme in 2022-23 is about \$23 million.

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