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**CONTROLLING OFFICER'S REPLY**

**HHB236**

**(Question Serial No. 2870)**

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

Question:

To safeguard public health, the Government has proposed to incentivise the public to reduce and quit smoking by increasing the duty on cigarettes by 60 cents per stick with immediate effect and by increasing duties on other tobacco products by the same proportion. As the number of successful quitters is expected to grow, please advise on whether the Government has allocated additional resources for the promotion and implementation of the relevant work; if yes, the details and the staff establishment as well as estimated operating expenditure involved.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 17)

Reply:

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

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002, and 5 smoking cessation clinics operated by DH targeting civil servants. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among people of diverse race, new immigrants, as well as in the workplace. For young smokers, DH collaborates with local universities to operate a hotline to provide counselling service tailored for young smokers over the phone.

The expenditures and provision related to health promotion activities and smoking cessation services by the Tobacco and Alcohol Control Office (TACO) of DH and its subvented organisations for 2022-23 and 2023-24 is at **Annex 1**. The approved establishment of TACO in this respect in 2022-23 is at **Annex 2**.

**Provision of the Health Promotion and Smoking Cessation Services by  
the Department of Health's Tobacco and Alcohol Control Office**

	<b>2022-23 (Revised Estimate) (\$ million)</b>	<b>2023-24 Estimate (\$ million)</b>
<b>(a) <u>General health education and promotion of smoking cessation</u></b>		
<i>TACO</i>	73.6	88.9
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.5	26.4
<b><i>Sub-total</i></b>	<b><u>100.1</u></b>	<b><u>115.3</u></b>
<b>(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>		
<i>Subvention to Tung Wah Group of Hospitals</i>	32.1	14.0
<i>Subvention to Pok Oi Hospital</i>	7.6	17.9
<i>Subvention to Lok Sin Tong</i>	3.3	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	5.8	8.9
<i>Subvention to Life Education Activity Programme</i>	2.8	2.8
<i>Subvention to Christian Family Service Centre</i>	-	7.0
<i>Subvention to the University of Hong Kong</i>	0.3	-
<b><i>Sub-total</i></b>	<b><u>51.9</u></b>	<b><u>54.2</u></b>
<b>Total</b>	<b><u>152.0</u></b>	<b><u>169.5</u></b>

**Approved Establishment of**  
**the Department of Health's Tobacco and Alcohol Control Office**  
**related to Health Promotion and Smoking Cessation Services**

Rank	2022-23 No. of staff
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u><b>11</b></u>
<b><u>Administrative and General Support</u></b> <sup>(Note)</sup>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u><b>24</b></u>
<b>Total</b>	<u><b>36</b></u>

Note: The staff also provide administrative and general support to the law enforcement activities.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB237**

**(Question Serial No. 2874)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

The provision for 2023-24 is \$267.8 million higher than the revised estimate for the previous year despite the almost identical content of the 2 years in the Brief Description and Matters Requiring Special Attention. In this connection, will the Department of Health please advise on whether the discrepancy in the estimated expenditures is due to the postponement of programmes planned for last year or some other reason?

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 21)

Reply:

Provision for Programme 1 Statutory Functions for 2023-24 is \$267.8 million or 18.4% higher than the revised estimate for 2022-23. The increased requirement for operating expenses is mainly for:

- (a) enforcing the Smoking (Public Health) (Amendment) Ordinance 2021 to ban the import, manufacture, sale, distribution and advertisement of alternative smoking products and strengthening the manpower to support tobacco and alcohol control work;
- (b) enhancing the evaluation of clinical trials, registration of pharmaceutical products and market surveillance of medical devices and strengthening the manpower support to foster the healthcare development of the Greater Bay Area; and
- (c) establishing "Hong Kong Chinese Materia Medica Resources Survey Section" under the Government Chinese Medicines Testing Institute (GCMTI) and strengthening the market surveillance programme and enforcement actions on Chinese herbal medicines and research support for GCMTI.

- End -

**CONTROLLING OFFICER'S REPLY****HHB238****(Question Serial No. 0467)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

1. With regard to the Elderly Health Care Voucher Scheme (EHVS), please advise on:
  - (1) the numbers of eligible persons who have used the vouchers and the amount of vouchers involved (by type of healthcare service provider) in the past 5 years;
  - (2) the respective numbers of complaints against the abuse of EHVS received and investigations conducted by the Department of Health (DH), and prosecutions as a result (by type of healthcare service provider) in the past 5 years;
  - (3) DH's expenditure on and manpower for the investigation of the abuse;
  - (4) how DH will continue to enhance the EHVS to ensure good use of Elderly Health Care Vouchers.
  
2. With regard to the Outreach Dental Care Programme for the Elderly, please advise on the amount of subsidies to be granted to non-governmental organisations (NGOs) by DH this year (broken down by subvented NGO).

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 9)Reply:

1.

(1)

The tables below show the number of elderly persons who had made use of vouchers, the number of voucher claim transactions, the amount of vouchers claimed, and the average amount per claim transaction by types of healthcare service providers enrolled in the Elderly Health Care Voucher Scheme (EHVS) in the past 5 years:

**Number of Elderly Persons Who Had Made Use of Vouchers**

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Cumulative number of elderly persons who had made use of vouchers by the end of the year	1 191 000	1 294 000	1 350 000	1 424 000	1 492 000

**Number of Voucher Claim Transactions**

	<b>2018</b> <sup>Note 1</sup>	<b>2019</b> <sup>Note 2</sup>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	2 917 895	2 952 153	1 957 092	1 917 943	1 954 032
Chinese Medicine Practitioners	1 502 140	1 633 532	1 376 436	1 542 578	1 647 630
Dentists	294 950	310 306	246 844	308 343	288 532
Occupational Therapists	3 515	3 233	4 640	7 224	4 177
Physiotherapists	40 874	43 946	39 669	48 107	37 603
Medical Laboratory Technologists	18 662	20 770	15 324	20 033	14 593
Radiographers	16 785	16 779	14 386	19 373	20 761
Nurses	6 523	9 936	6 903	11 295	9 376
Chiropractors	10 743	10 820	8 826	9 357	8 841
Optometrists	359 343	242 424	158 127	196 046	161 156
<b>Sub-total (Hong Kong):</b>	<b>5 171 430</b>	<b>5 243 899</b>	<b>3 828 247</b>	<b>4 080 299</b>	<b>4 146 701</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <sup>Note 3</sup>	11 418	13 562	18 962	35 953	32 356
<b>Total :</b>	<b>5 182 848</b>	<b>5 257 461</b>	<b>3 847 209</b>	<b>4 116 252</b>	<b>4 179 057</b>

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

	<b>2018</b> <sup>Note 1</sup>	<b>2019</b> <sup>Note 2</sup>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	1,154,745	1,246,024	947,488	1,027,990	1,059,052
Chinese Medicine Practitioners	533,136	599,170	634,851	788,617	854,324
Dentists	287,044	313,111	276,556	355,444	343,327
Occupational Therapists	5,681	4,432	5,383	7,503	4,518
Physiotherapists	16,452	17,210	15,191	19,238	17,743
Medical Laboratory Technologists	17,808	18,654	13,706	20,552	13,393
Radiographers	13,400	15,749	14,700	22,603	24,635
Nurses	7,447	10,214	8,753	11,049	9,878
Chiropractors	5,225	5,675	5,127	5,760	5,080
Optometrists	759,750	431,680	225,903	284,753	233,912

<b>Sub-total (Hong Kong):</b>	<b>2,800,688</b>	<b>2,661,919</b>	<b>2,147,658</b>	<b>2,543,509</b>	<b>2,565,862</b>
University of Hong Kong -Shenzhen Hospital (HKU-SZH) <sup>Note 3</sup>	3,492	3,997	5,507	12,103	10,949
<b>Total :</b>	<b>2,804,180</b>	<b>2,665,916</b>	<b>2,153,165</b>	<b>2,555,612</b>	<b>2,576,811</b>

Note 1: 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 the vouchers was increased to \$5,000.

Note 2: 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 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHVS on a hospital basis.

**Average Amount of Vouchers per Claim Transaction (\$)**

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	396	422	484	536	542
Chinese Medicine Practitioners	355	367	461	511	519
Dentists	973	1,009	1,120	1,153	1,190
Occupational Therapists	1,616	1,371	1,160	1,039	1,082
Physiotherapists	403	392	383	400	472
Medical Laboratory Technologists	954	898	894	1,026	918
Radiographers	798	939	1,022	1,167	1,187
Nurses	1,142	1,028	1,268	978	1,054
Chiropractors	486	524	581	616	575
Optometrists	2,114	1,781	1,429	1,452	1,451
HKU-SZH	306	295	290	337	338

(2)

From 2018 to 2022, the Department of Health (DH) received a total of 442 complaints (including media reports and relevant reports) against participating healthcare service providers under the EHVS. These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists.

The DH would conduct investigation on every complaint received. The DH would take appropriate actions / measures when violation of the terms and conditions of the EHVS Agreement was found during the investigation, including issuing advisory / warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHVS; and referring cases to the Police and the relevant professional regulatory boards / councils for follow-up as appropriate. The relevant statistics of complaints received from 2018 to 2022 are provided in the table below:

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Total</b>
Number of complaints (including media reports and relevant reports) received by the DH against participating healthcare service providers under the EHVS	120	103	69	105	45	<b>442</b>
Number of complaint cases referred to the Police by the DH <sup>Note 4</sup>	10	4	3	48	1	<b>66</b>

Note 4: Provisional figures as at end-December 2022. Some of the cases are still under investigation.

Among the 66 complaint cases received from 2018 to 2022 and referred to the Police for follow-up action, investigation of 22 cases by the Police was completed with no prosecution made, and 44 cases were still under investigation as at end-December 2022.

(3)

The EHVS is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHVS is 55.

The following table shows the actual / estimated expenditure for administering and monitoring the EHVS in the past five years:

	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
Expenditures (in \$million)	26.3	37.0	43.6	41.4	44.1 (estimated)

The manpower and expenditure on investigation of suspected abuse under the EHVS cannot be separately identified.

(4)

In accordance with the Primary Healthcare Blueprint launched by the Government in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the

different levels of prevention. Experience on the use of Elderly Health Care Vouchers (EHCVs) since its introduction as a pilot scheme in 2009 indicates that the current mode of completely undesignated and unguided use of EHCVs without monitoring of the healthcare services being provided is not particularly conducive and effective to achieving the objective of enhancing primary healthcare for the elderly. As such, the Government will improve the EHVS by incentivising elders to use their vouchers for continuous preventive healthcare and chronic disease management with healthcare service providers, such as health assessment, chronic disease screening and management or other government initiatives.

As announced in the 2022 Policy Address, the Government will enhance the EHVS by:

- (i) allowing the shared use of vouchers between spouses;
- (ii) extending the coverage to include primary healthcare services provided by audiologists, dietitians, clinical psychologists and speech therapists under the Accredited Registers Scheme for Healthcare Professions, as well as medical equipment (such as hearing aids) provided by them upon professional assessment; and
- (iii) rolling out a three-year pilot scheme to encourage the more effective use of primary healthcare services by the elderly, increasing the annual voucher amount from \$2,000 to \$2,500. The additional \$500 will be allotted automatically to the elderly persons' accounts upon their claiming at least \$1,000 from the voucher for designated primary healthcare services such as disease prevention and health management. The additional amount should also be used for those designated services.

The Government's view is that the direction for EHVS enhancements should be towards designated or guided use of EHCVs for appropriate healthcare services especially evidence-based and protocol-driven disease prevention or health management.

Hong Kong has one of the most rapidly ageing of population in the world and the pace of ageing will peak in the upcoming decade. The population aged 65 and over will increase from 1.5 million in 2021 to 2.52 million in 2039. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. In considering whether to further increase the voucher amount, we will have to have full regard to the effectiveness of the EHVS in achieving our health policy objectives, the situation of Hong Kong's public and private primary healthcare services, and the long-term implications on public finance. Optimising the use of resources invested in the EHVS so as to achieve our objective to enable the elderly to make good use of their vouchers on primary healthcare services for disease prevention and health management is essential for enhancing the health of the elderly and the sustainability of the healthcare system. Continuing to increase or expand EHCVs for undesignated and unguided uses for unmonitored healthcare services, and allowing use of EHCVs for secondary/tertiary healthcare services would not be sustainable policy-wise and financially and is thus not on our policy agenda.

2.

A total of 23 outreach dental teams from 10 non-governmental organisations (NGOs) have currently been set up under the Outreach Dental Care Programme for the Elderly 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. A breakdown of the estimated provision to the NGOs for 2023-24 is listed below:

<b>Name of NGO</b>	<b>2023-24 Estimate (\$'000)</b>
Caritas Dental Clinics	1,362
Chi Lin Nunnery	5,448
Christian Family Service Centre	2,724
Haven of Hope Christian Service	1,362
Hong Kong Tuberculosis, Chest and Heart Diseases Association	2,724
Pok Oi Hospital	5,448
Project Concern Hong Kong	1,362
Tung Wah Group of Hospitals	8,172
Yan Chai Hospital	2,724
Yan Oi Tong	27,244
<b>Total:</b>	<b>58,570</b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB239**

**(Question Serial No. 0468)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Please advise on:

1. the reason(s) why the estimate for this Programme for 2023-24 is 19.2% lower than the revised estimate for 2022-23 (36.1% lower than the original estimate for 2022-23);
2. the manpower and estimated expenditure of the Department of Health (DH) in relation to the prevention and control of COVID-19, broken down by scope of work, in the past 3 years; and
3. the estimated manpower and expenditure of DH in relation to the above work in the coming year in view of the easing of most COVID-19 prevention and control measures as the epidemic has significantly waned.

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 10)

Reply:

1.

As the COVID-19 epidemic subsides, the overall expenditure figure for Programme (2) in relation to disease prevention is expected to revert to the normal trend and may thus appear lower in total in 2023-24. After deducting the anti-epidemic expenditure for COVID-19 vaccination set aside by the Department of Health (DH) in 2023-24, the financial provision for Programme (2) in 2023-24 increases by 6.3% as compared with the actual expenditure in 2019-20, i.e. prior to the implementation of various anti-epidemic measures.

2 & 3.

Initiatives and measures on prevention and control of infectious disease (including COVID-19) form an integral part of the respective services of DH. Relevant manpower and resources are subsumed under DH's overall expenditure and cannot be separately identified.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB240**

**(Question Serial No. 0203)**

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

Question:

Regarding the Outreach Dental Care Programme for the Elderly, please advise on:

the amount of funding to be allocated by the Government in 2023-24; the details of the relevant work; the implementation of the Programme; the estimated number of elderly beneficiaries; and ways to approach and appeal to them.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 4)

Reply:

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 (RCHes), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2023, the number of attendances was about 329 700. The financial provision for implementing the ODCP is estimated to be \$64.3 million in 2023-24. The NGOs will approach and contact all RCHes/DEs assigned for promotion of participation in the ODCP.

- End -

**CONTROLLING OFFICER'S REPLY****HHB241****(Question Serial No. 0348)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

The Department of Health will enhance the Elderly Health Care Voucher Scheme. In this connection, please advise on the use of Elderly Health Care Vouchers in the past 3 years in terms of the service type (such as consultation with medical practitioners, dentists, psychologists and dietitians), the amount claimed per transaction for every \$100 worth of vouchers, and the number of eligible recipients who used up all vouchers within 3 months of issuance, as well as the details, estimated expenditure and effectiveness evaluation regarding the enhancement measures to be implemented in 2023-24.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 17)Reply:

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 Scheme (EHVS), as well as the number of voucher claim transactions (breakdown by every \$100) in the past 3 years:

**Number of Voucher Claim Transactions**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	1 957 092	1 917 943	1 954 032
Chinese Medicine Practitioners	1 376 436	1 542 578	1 647 630
Dentists	246 844	308 343	288 532
Occupational Therapists	4 640	7 224	4 177
Physiotherapists	39 669	48 107	37 603
Medical Laboratory Technologists	15 324	20 033	14 593
Radiographers	14 386	19 373	20 761
Nurses	6 903	11 295	9 376
Chiropractors	8 826	9 357	8 841

Optometrists	158 127	196 046	161 156
<b>Sub-total (Hong Kong):</b>	<b>3 828 247</b>	<b>4 080 299</b>	<b>4 146 701</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH)	18 962	35 953	32 356
<b>Total :</b>	<b>3 847 209</b>	<b>4 116 252</b>	<b>4 179 057</b>

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

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	947,488	1,027,990	1,059,052
Chinese Medicine Practitioners	634,851	788,617	854,324
Dentists	276,556	355,444	343,327
Occupational Therapists	5,383	7,503	4,518
Physiotherapists	15,191	19,238	17,743
Medical Laboratory Technologists	13,706	20,552	13,393
Radiographers	14,700	22,603	24,635
Nurses	8,753	11,049	9,878
Chiropractors	5,127	5,760	5,080
Optometrists	225,903	284,753	233,912
<b>Sub-total (Hong Kong):</b>	<b>2,147,658</b>	<b>2,543,509</b>	<b>2,565,862</b>
HKU-SZH	5,507	12,103	10,949
<b>Total :</b>	<b>2,153,165</b>	<b>2,555,612</b>	<b>2,576,811</b>

**Number of Voucher Claim Transactions (breakdown by every \$100)**

<b>Voucher amount claimed per transaction (\$)</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
1 - 100	160 961	170 872	134 325
101 - 200	468 566	465 641	436 511
201 - 300	975 361	952 524	941 880
301 - 400	778 523	791 862	852 641
401 - 500	403 709	436 995	492 124
501 - 600	211 547	235 509	259 236
601 - 700	133 111	155 621	167 834
701 - 800	98 703	120 591	129 573
801 - 900	71 965	86 894	88 710
901 - 1,000	73 982	88 641	89 221
1,001 - 1,100	40 778	49 182	48 407

<b>Voucher amount claimed per transaction (\$)</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
1,101 - 1,200	40 673	50 096	49 008
1,201 - 1,300	31 495	39 369	37 283
1,301 - 1,400	28 873	35 316	34 913
1,401 - 1,500	30 606	38 309	36 741
1,501 - 1,600	23 938	30 360	28 463
1,601 - 1,700	23 214	26 814	23 672
1,701 - 1,800	21 523	27 024	25 030
1,801 - 1,900	17 941	23 732	20 433
1,901 - 2,000	95 093	129 058	122 962
2,001 - 2,100	9 083	13 091	13 599
2,101 - 2,200	8 599	11 314	10 930
2,201 - 2,300	7 447	9 529	9 345
2,301 - 2,400	6 833	9 169	9 872
2,401 - 2,500	7 852	10 414	9 672
2,501 - 2,600	5 167	7 079	7 158
2,601 - 2,700	4 760	6 152	6 350
2,701 - 2,800	4 745	6 573	6 344
2,801 - 2,900	4 056	5 322	5 048
2,901 - 3,000	9 585	10 467	9 436
3,001 - 3,100	3 074	4 337	4 192
3,101 - 3,200	3 260	4 403	4 388
3,201 - 3,300	2 670	3 777	4 116
3,301 - 3,400	2 370	3 346	3 340
3,401 - 3,500	3 012	4 523	4 135
3,501 - 3,600	2 338	3 390	3 703
3,601 - 3,700	1 922	2 998	2 927
3,701 - 3,800	2 503	3 240	3 211
3,801 - 3,900	1 745	2 948	2 742
3,901 - 4,000	3 467	6 192	6 933
4,001 - 4,100	1 416	1 927	1 877
4,101 - 4,200	1 527	2 162	2 057
4,201 - 4,300	1 260	1 734	1 769
4,301 - 4,400	1 200	1 578	1 548
4,401 - 4,500	1 495	1 849	1 919
4,501 - 4,600	1 048	1 425	1 230
4,601 - 4,700	969	1 351	1 240
4,701 - 4,800	913	1 336	1 443
4,801 - 4,900	792	1 182	1 070
4,901 - 5,000	2 207	2 746	2 340

<b>Voucher amount claimed per transaction (\$)</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
5,001 - 5,100	643	891	865
5,101 - 5,200	606	882	813
5,201 - 5,300	511	801	853
5,301 - 5,400	528	817	855
5,401 - 5,500	544	887	885
5,501 - 5,600	449	747	699
5,601 - 5,700	434	632	572
5,701 - 5,800	424	712	650
5,801 - 5,900	363	576	563
5,901 - 6,000	948	1 352	1 656
6,001 - 6,100	249	435	433
6,101 - 6,200	262	523	444
6,201 - 6,300	230	451	424
6,301 - 6,400	207	427	363
6,401 - 6,500	296	543	520
6,501 - 6,600	183	373	354
6,601 - 6,700	150	355	338
6,701 - 6,800	193	367	303
6,801 - 6,900	144	299	289
6,901 - 7,000	307	800	717
7,001 - 7,100	121	225	257
7,101 - 7,200	150	245	268
7,201 - 7,300	118	235	244
7,301 - 7,400	134	208	215
7,401 - 7,500	141	270	268
7,501 - 7,600	122	199	212
7,601 - 7,700	107	201	177
7,701 - 7,800	85	241	200
7,801 - 7,900	89	194	180
7,901 - 8,000	594	1 400	1 539
<b>Total</b>	<b>3 847 209</b>	<b>4 116 252</b>	<b>4 179 057</b>

The number of elderly persons who had exhausted all voucher amount in the first quarter of a year is not readily available.

In accordance with the Primary Healthcare Blueprint launched by the Government in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. Experience on the use of Elderly Health Care Vouchers (EHCVs) since its introduction as a pilot scheme in 2009 indicates that the current mode of

completely undesignated and unguided use of EHCVs without monitoring of the healthcare services being provided is not particularly conducive and effective to achieving the objective of enhancing primary healthcare for the elderly. As such, the Government will improve the EHVS by incentivising elders to use their vouchers for continuous preventive healthcare and chronic disease management with healthcare service providers, such as health assessment, chronic disease screening and management or other government initiatives.

As announced in the 2022 Policy Address, the following enhancements to the EHVS shall be introduced:

- (i) allowing the shared use of vouchers between spouses;
- (ii) extending the coverage to include primary healthcare services provided by audiologists, dietitians, clinical psychologists and speech therapists under the Accredited Registers Scheme for Healthcare Professions, as well as medical equipment (such as hearing aids) provided by them upon professional assessment; and
- (iii) rolling out a three-year pilot scheme to encourage the more effective use of primary healthcare services by the elderly, increasing the annual voucher amount from \$2,000 to \$2,500. The additional \$500 will be allotted automatically to the elderly persons' accounts upon their claiming at least \$1,000 from the voucher for designated primary healthcare services such as disease prevention and health management. The additional amount should also be used for those designated services.

The Government's view is that the direction for EHVS enhancements should be towards designated or guided use of EHCVs for appropriate healthcare services especially evidence-based and protocol-driven disease prevention or health management.

Hong Kong has one of the most rapidly ageing of population in the world and the pace of ageing will peak in the upcoming decade. The population aged 65 and over will increase from 1.5 million in 2021 to 2.52 million in 2039. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. In considering whether to further increase the voucher amount, we will have to have full regard to the effectiveness of the EHVS in achieving our health policy objectives, the situation of Hong Kong's public and private primary healthcare services, and the long-term implications on public finance. Optimising the use of resources invested in the EHVS so as to achieve our objective to enable the elderly to make good use of their vouchers on primary healthcare services for disease prevention and health management is essential for enhancing the health of the elderly and the sustainability of the healthcare system. Continuing to increase or expand EHCVs for undesignated and unguided uses for unmonitored healthcare services, and allowing use of EHCVs for secondary/tertiary healthcare services would not be sustainable policy-wise and financially and is thus not on our policy agenda.

The financial provision in 2023-24 for the EHVS is \$3,769.9 million. The Government will announce the details of respective proposals in due course.

We will continue to review the operation of the EHVS, monitor and evaluate the effectiveness of the measures introduced through various indicators such as enrolment, usage and spending pattern, and depending on the need, make appropriate adjustments and take suitable measures.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB242**

**(Question Serial No. 1819)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

It is announced in the Budget Speech that the Government targets to “bring the smoking prevalence rate down from the current 9.5 per cent to 7.8 per cent”. In this connection, please advise this Committee on:

1. the Government’s plan to strengthen tobacco control in the coming year; the details of and expenditure on the relevant work; and whether extra manpower will be needed;
2. the manpower for and expenditure on work including publicity, promotion and enforcement in relation to tobacco control in the past 3 years; and
3. whether the Government has any plans to review existing tobacco control measures, such as extending no smoke areas and imposing a prohibition on smoking while walking, besides increasing tobacco duty; if yes, the details and timeline and, if not, the reason(s).

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 9)

Reply:

(1), (2) and (3)

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

The Government had made reference to the World Health Organisation (WHO)’s target and committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”. Our ultimate aim is to make Hong Kong a smoke-free, healthy and vibrant city. A public consultation on next-phase tobacco control will be launched in

the first half of 2023. Different options will be listed in the public consultation to reduce the accessibility of tobacco products, reduce the attractiveness of tobacco products, reduce public's exposure to second hand smoke and help smokers to quit. The Government will engage stakeholders on the measures for next-phase tobacco control and formulate its tobacco control policies.

The expenditures and provision of tobacco control activities managed by the Tobacco and Alcohol Control Office (TACO) of the Department of Health from 2020-21 to 2023-24, broken down by types of activities, are at **Annex 1**. The approved establishment of TACO from 2020-21 to 2022-23 is at **Annex 2**. For 2023-24, there is no change in staff establishment.



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

	2020-21 (\$ million)	2021-22 (\$ million)	2022-23 Revised Estimate (\$ million)	2023-24 Estimate (\$ million)
<b><u>Enforcement</u></b>				
Programme 1: Statutory Functions	102.2	101.3	98.5	176.8
<b><u>Health Education and Smoking Cessation</u></b>				
Programme 3: Health Promotion	141.2	138.9	152.0	169.5
<b><u>(a) General health education and promotion of smoking cessation</u></b>				
<i>TACO</i>	64.5	62.8	73.6	88.9
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.0	26.2	26.5	26.4
<b><i>Sub-total</i></b>	<b><u>90.5</u></b>	<b><u>89.0</u></b>	<b><u>100.1</u></b>	<b><u>115.3</u></b>
<b><u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>				
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6	30.8	32.1	14.0
<i>Subvention to Pok Oi Hospital</i>	7.4	7.5	7.6	17.9
<i>Subvention to Po Leung Kuk</i>	1.7	0.7	-	-
<i>Subvention to Lok Sin Tong</i>	3.0	3.2	3.3	3.6
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.4	4.9	5.8	8.9
<i>Subvention to Life Education Activity Programme</i>	2.7	2.8	2.8	2.8
<i>Subvention to Christian Family Service Centre</i>	-	-	-	7.0
<i>Subvention to The University of Hong Kong</i>	0.9	-	0.3	-
<b><i>Sub-total</i></b>	<b><u>50.7</u></b>	<b><u>49.9</u></b>	<b><u>51.9</u></b>	<b><u>54.2</u></b>
<b>Total</b>	<b><u>243.4</u></b>	<b><u>240.2</u></b>	<b><u>250.5</u></b>	<b><u>346.3</u></b>

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

Rank	2020-21 to 2022-23 No. of staff
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<b><u>147</u></b>
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<b><u>24</u></b>
<b>Total</b>	<b><u>183</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB243**

**(Question Serial No. 1824)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding the various vaccination programmes/schemes, please advise on:

- (i) the estimated beneficiaries, the actual number of vaccine recipients and the expenditure incurred, broken down by free or subsidised vaccination programme/scheme in the past 3 financial years;
- (ii) whether it will consider bringing vaccines against herpes zoster as part of the subsidised vaccines in support of high-risk persons aged 50 or above; if yes, the work plan and the estimated expenditure; and
- (iii) whether it will consider providing subsidised 13-valent pneumococcal conjugate vaccine under various programmes/schemes for free in the future for all people aged 65 or above other than high-risk elderly persons, currently the only recipients of the vaccine; if so, the timetable and the expenditure involved.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 35)

Reply:

i. Details of the vaccination schemes administered by the Department of Health (DH) are as follows –

(a) Programmes/schemes for provision of seasonal influenza vaccination (SIV)/Pneumococcal vaccination (PV)

DH has been administering the following vaccination programmes/schemes to provide free/subsidised SIV/PV to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority (HA). It also provides free PV to eligible elderly aged 65 or above;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 and other target groups through the participation of private doctors. It also provides subsidised PV to elderly aged 65 or above; and
- Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP), which provides free SIV to eligible school children through DH or Public-Private Partnership.

The target population of each eligible group, number of recipients and the expenditure on subsidies under various programmes/schemes in the past three seasons are detailed at **Annex**. As some target group members may have received SIV/PV outside the Government’s vaccination programmes/schemes, they are not included in the concerned statistics.

(b) Hong Kong Childhood Immunisation Programme

(1) Children from birth to the age of 5 years

Under the Hong Kong Childhood Immunisation Programme (HKCIP), the Maternal and Child Health Centres (MCHCs) of DH provide different types of vaccines and boosters including Bacille Calmette-Guerin Vaccine (BCG), Hepatitis B Vaccine, Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine (DTaP-IPV), Pneumococcal Vaccine, Measles, Mumps & Rubella Vaccine (MMR), Varicella Vaccine, and Measles, Mumps, Rubella & Varicella Vaccine (MMRV) to children from birth up to the age of 5 years.

The number of vaccines under HKCIP administered by MCHCs of DH in the past three years (2020 – 2022) are as follows –

<b>Calendar year</b>	<b>Target population#</b>	<b>Doses of vaccines administered*</b>
2020	41 955	441 000
2021	38 684	385 000
2022	32 950	323 000

#Total registered live births

\*Figures are rounded to the nearest thousand

The expenditure incurred for a vaccine under the vaccination programme comprises various cost components. Some cost components cannot be separately identified.

(2) Primary school children and eligible secondary school students

Under the HKCIP, the School Immunisation Teams (SIT) of DH provide free MMRV and DTaP-IPV to all Primary 1 students, and “Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine” to all Primary 6 students. Besides, the SIT provides mop-up vaccination for measles, mumps, rubella and varicella vaccine and hepatitis B vaccines for a small number of Primary 6 students who have not completed the vaccination. The Student Health Service of DH also provides free mop-up vaccination for eligible secondary school students at Student

Health Service Centres (SHSCs).

DH has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and 6 school girls as part of the 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 number of vaccines under the HKCIP administered by the SIT of DH in the past three years (2020 – 2022) are as follows –

<b>Calendar year</b>	<b>Target population#</b>	<b>Doses of vaccines administered*</b>
2020	146 360	125 000
2021	141 288	255 000
2022	Not available	206 000

#Enrolled student number from website of the Education Bureau:

[https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol\\_2021.pdf](https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol_2021.pdf)

\*Figures are rounded to the nearest thousand.

The expenditure incurred for a vaccine under the vaccination programme comprises various cost components. Some cost components cannot be separately identified.

The number of mop-up vaccines under the HKCIP administered by Student Health Service of DH in the past three financial years (2020 – 2022) are as follows –

<b>Financial year</b>	<b>Doses of mop-up vaccines administered</b>
2020-21	147
2021-22	294
2022-23 (as of 7 March 2023)	519

- ii. The Centre for Health Protection (CHP) of DH has been keeping abreast of the latest position of the World Health Organization on immunisation and vaccination, the scientific evidence of new vaccines, the latest global and local epidemiology of vaccine preventable diseases, and the advice and practical experience of health authorities across the world. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP meets regularly to review and develop strategies for prevention and control of vaccine preventable diseases as well as their risk factors in the light of changing epidemiology and advances in medical science, so as to provide science-based advice on vaccine use at population level to the Government. The SCVPD plans to discuss the use of Herpes Zoster vaccine in 2023.
- iii. Since 2009, the Government has been providing one dose of free or subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV) through GVP (free) and VSS (subsidised) to eligible elderly aged 65 or above who have never received pneumococcal vaccine before.

The SCVPD in 2016 recommended high-risk individuals to receive a single dose of 13-valent pneumococcal conjugate vaccine (PCV13), followed by a single dose of 23vPPV one year later. Starting from October 2017, the CHP, taking reference from the recommendations of the SCVPD, has started to provide PCV13, in addition to 23vPPV, through GVP (free) and VSS (subsidised) to eligible elderly who have high-risk conditions to strengthen their immunity against pneumococcal infection.

For elderly without high-risk conditions, the SCVPD recommended either a single dose of PCV13 or a single dose of 23vPPV. Eligible elderly can receive 23vPPV through GVP (free) and VSS (subsidised). This is in line with the SCVPD's recommendations.

Regarding the pneumococcal vaccines, the SCVPD will review the local epidemiological situation and the latest scientific evidence on regular basis, and will update the relevant vaccination recommendations if necessary. The Government will also review the scope of the elderly pneumococcal vaccination program in Hong Kong with reference to the recommendations of the SCVPD and other public health factors.

Annex

Target groups	Programmes/ schemes for provision of SIV programme/ scheme	2020/21			2021/22			2022/23 (as at 26 February 2023)		
		Target Population	No. of SIV recipients	Subsidy claimed (\$ million)	Target Population	No. of SIV recipients	Subsidy claimed (\$ million)	Target Population	No. of SIV recipients	Subsidy claimed (\$ million)
Elderly aged 65 or above	GVP	1 376 600	424 200	Not applicable	1 433 700	377 000	Not applicable	1 520 100	432 900	Not applicable
	VSS		190 800	45.3		201 700	48.4		275 800	71.7
Persons aged between 50 to 64	GVP	1 800 700	7 400	Not applicable	1 774 600	5 400	Not applicable	1 796 700	46 400	Not applicable
	VSS		214 600	50.3		193 300	46.4		263 800	68.6
Children aged between 6 months and under 18*	GVP	667 100	400	Not applicable	641 700	100	Not applicable	917 900	700	Not applicable
	VSS		100 400	26.1		73 700	19.9		101 600	29.0
	SIV School Outreach (Free of Charge)		234 600	37.1		268 100	28.6		258 300	28.8
Others ^	GVP/VSS	#	122 300	1.7	#	97 300	1.4	#	108 000	1.4
<b>Total</b>			<b>1 294 700</b>	<b>160.5</b>		<b>1 216 600</b>	<b>144.7</b>		<b>1 487 500</b>	<b>199.5</b>

\* From 10 November 2022, eligible groups of Hong Kong residents have been expanded to include those from 12 years to under 18 years (or secondary school students) in various SIV programmes under DH for 2022-23.

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

# There are no accurate population statistics for this group.

Programme/scheme for provision of PV <sup>@</sup>		2020/21		2021/22		2022/23 (as at 26 February 2023)	
		No. of PV recipients	Subsidy claimed (\$ million)	No. of PV recipients	Subsidy claimed (\$ million)	No. of PV recipients	Subsidy claimed (\$ million)
GVP	23vPPV	20 100	Not applicable	12 400	Not applicable	10 700	Not applicable
	PCV13	25 500		13 700		21 300	
VSS	23vPPV	14 400	4.3	18 200	5.5	20 700	8.3
	PCV13	10 100	7.7	9 200	7.0	8 800	7.0
<b>Total</b>		<b>70 100</b>	<b>12.0</b>	<b>53 500</b>	<b>12.5</b>	<b>61 500</b>	<b>15.3</b>

<sup>@</sup>Eligible groups: Aged 65 or above

(i) For elderly with high-risk conditions –

-those who have never been vaccinated before will be given one dose of PCV13, followed by one dose of 23vPPV one year later;

-those who have received vaccination before will be given one dose of PCV13 one year after a previous dose of 23vPPV, or alternatively, one dose of 23vPPV one year after a previous dose of PCV13; and

(ii) For elderly without high-risk conditions, they are eligible for receiving one dose of free/subsidised 23vPPV through either the GVP or the VSS.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB244**

**(Question Serial No. 1825)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

Regarding the general public sessions (GP sessions) of dental clinics, please advise on:

- I. the number of attendances and the age distribution (in percentage terms), by age group, in each of the past 5 years; and
- II. the total numbers of discs available, service sessions and attendances in GP sessions at government dental clinics across Hong Kong in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 36)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

I. Under Programme (4), the DH provides free emergency dental services to the public through the 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 numbers of attendances and the distribution in percentage in GP sessions in 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) are set out below by age group –

Age group	No. of attendances (% Distribution of attendances by age group)				
	2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
0-18	674 (1.82%)	1 345 (3.92%)	306 (1.31%)	312 (1.15%)	178 (1.09%)
19-42	5 636 (15.22%)	7 008 (20.42%)	3 893 (16.70%)	4 775 (17.64%)	2 740 (16.79%)
43-60	8 905 (24.05%)	6 870 (20.02%)	6 449 (27.66%)	7 559 (27.93%)	4 918 (30.13%)
61 or above	21 812 (58.91%)	19 090 (55.64%)	12 669 (54.33%)	14 421 (53.28%)	8 486 (51.99%)
<b>Total</b>	<b>37 027 (100%)</b>	<b>34 313 (100%)</b>	<b>23 317 (100%)</b>	<b>27 067 (100%)</b>	<b>16 322 (100%)</b>

II. In 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 (up to 31 January 2023), the maximum numbers of disc for allocation per GP session under normal circumstances and total number of attendances for each dental clinic with GP sessions are set out below. For the former, it should, however, be noted that due to manpower shortage and in response to the COVID-19 outbreak, disc allocations have been reduced by 25% or 50% since January 2020.

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation per session	No. of attendances (No. of discs available)					2022-23 (up to 31 January 2023)
			2018-19	2019-20	2020-21	2021-22		
Kowloon City Dental Clinic	Monday (AM)	84	5 419 (6 132)	4 953 (5 628)	3 601 (3 652)	4 133 (4 292)	2 393 (2 436)	
	Thursday (AM)	42						
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 023 (4 116)	3 694 (3 780)	2 513 (2 520)	2 655 (2 751)	1 759 (1 764)	
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	7 191 (8 400)	6 692 (7 392)	4 482 (4 620)	5 420 (5 733)	3 213 (3 276)	
	Friday (AM)	84						
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 227 (2 300)	2 062 (2 325)	1 508 (1 509)	1 727 (1 757)	993 (1 000)	
Mona Fong Dental Clinic	Thursday (PM)	42	1 899 (2 100)	1 737 (1 974)	1 196 (1 216)	1 420 (1 457)	877 (903)	
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 970 (2 100)	1 870 (1 974)	1 191 (1 216)	1 420 (1 457)	882 (882)	
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 994 (8 232)	7 432 (7 644)	4 838 (4 888)	5 746 (5 850)	3 391 (3 402)	
	Friday (AM)	84						
Yan Oi Dental Clinic	Wednesday (AM)	42	2 016 (2 058)	1 854 (1 890)	1 265 (1 269)	1 373 (1 404)	874 (882)	

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation per session	No. of attendances (No. of discs available)				
			2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	42	3 910 (4 116)	3 672 (3 822)	2 397 (2 433)	2 872 (2 947)	1 684 (1 701)
	Friday (AM)	42					
Tai O Dental Clinic	<sup>2nd</sup> Thursday (AM) of each month	32	95 (384)	105 (352)	121 (232)	137 (261)	114 (160)
Cheung Chau Dental Clinic	<sup>1st</sup> Friday (AM) of each month	32	283 (384)	242 (352)	205 (232)	164 (192)	142 (160)
<b>Total</b>			<b>37 027 (40 322)</b>	<b>34 313 (37 133)</b>	<b>23 317 (23 787)</b>	<b>27 067 (28 101)</b>	<b>16 322 (16 566)</b>

In 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 (up to 31 January 2023), the number of service sessions for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	No. of sessions				
	2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
Kowloon City Dental Clinic	98	98	98	100	80
Kwun Tong Dental Clinic	49	49	45	47	43
Kennedy Town Community Complex Dental Clinic	100	97	92	99	78
Fanling Health Centre Dental Clinic	46	51	50	51	40
Mona Fong Dental Clinic	50	51	49	50	43
Tai Po Wong Siu Ching Dental Clinic	50	51	49	50	43
Tsuen Wan Dental Clinic	98	100	97	100	81
Yan Oi Dental Clinic	49	50	51	48	42

<b>Dental clinic with GP sessions</b>	<b>No. of sessions</b>				
	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23 (up to 31 January 2023)</b>
Yuen Long Government Offices Dental Clinic	98	100	97	100	81
Tai O Dental Clinic	12	12	12	12	10
Cheung Chau Dental Clinic	12	12	12	12	10

- End -

**CONTROLLING OFFICER'S REPLY****HHB245****(Question Serial No. 1841)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the services of the Child Assessment Centres (CACs) of the Department of Health (DH), please set out:

- I. the number of cases diagnosed with developmental disorders by type of developmental condition in each of the past 3 years; and
- II. the attendances, the number of children who have completed the assessment and the rate for completion of assessment of new cases within 6 months at CACs under DH in each of the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 43)

Reply:

- I. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) of Department of Health in the past 3 years are as follows –

Developmental conditions	Number of newly diagnosed cases		
	2020	2021	2022 (Provisional figures)
Attention/Hyperactive Problems/Disorders	3 318	2 970	2 422
Autism Spectrum Disorder	1 769	1 960	1 861
Borderline Developmental Delay	2 512	2 652	2 105
Developmental Motor Coordination Problems/Disorders	2 016	2 503	2 256
Dyslexia & Mathematics Learning Disorder	477	331	229
Hearing Loss (Moderate to profound grade)	51	63	50

Developmental conditions	Number of newly diagnosed cases		
	2020	2021	2022 (Provisional figures)
Language Delay/Disorders and Speech Problems	4 570	5 401	4 147
Physical Impairment (i.e. Cerebral Palsy)	36	38	34
Significant Developmental Delay/Intellectual Disability	1 482	1 722	1 527
Visual Impairment (Blind to Low Vision)	11	11	6

Note: A child might have been diagnosed with more than 1 developmental condition.

II. The attendances at the 7 Child Assessment Centres (CACs) in the past 3 years are as follows –

Child Assessment Centre (CAC)	2020	2021	2022 (Provisional figures)
Central Kowloon CAC	3 583	4 258	3 672
Ha Kwai Chung CAC	4 290	5 954	4 870
Pamela Youde CAC (Kwun Tong)	4 879	6 199	4 753
Pamela Youde CAC (Sha Tin)	5 110	6 298	5 131
Fanling CAC	3 729	5 036	4 284
Tuen Mun CAC	4 121	5 780	4 665
Ngau Tau Kok CAC	1 569	1 853	1 427
<b>Total:</b>	<b>27 281</b>	<b>35 378</b>	<b>28 802</b>

The number of children assessed by the CAS and rate for completion of assessment for new cases within 6 months in the past 3 years are as follows. The statistics for individual centres are not readily available.

	2020	2021	2022 (Provisional figures)
Number of children assessed by the CAS	14 507	16 626	14 251
Rate for completion of assessment for new cases within 6 months (%)	65	73	61

In the past 3 years, all new cases of CAS were seen by nurses within 3 weeks after registration. The completion rate for assessment of new cases has decreased in 2022 as some parents were reluctant to bring their children to the CAS for assessment and some staff were also deployed to assist in anti-epidemic duties during the fifth wave of COVID-19. Moreover, due to difficulties in recruiting doctors and other civil service staff, the CAS was still not at its full work capacity to manage the service demand from new cases.

Despite this, the CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurse at registration. DH will continue to monitor closely the capacity of CAS in managing service demand.

- End -



**CONTROLLING OFFICER'S REPLY****HHB246****(Question Serial No. 2684)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the Elderly Health Care Voucher 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 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 and percentage of voucher claim transactions by principal reason for visit (namely preventive care, management of acute episodic conditions, follow-up/monitoring of long-term conditions and rehabilitative care) in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 39)

Reply:

I.

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

**Number of Voucher Claim Transactions**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	1 957 092	1 917 943	1 954 032
Chinese Medicine Practitioners	1 376 436	1 542 578	1 647 630
Dentists	246 844	308 343	288 532
Occupational Therapists	4 640	7 224	4 177
Physiotherapists	39 669	48 107	37 603

	2020	2021	2022
Medical Laboratory Technologists	15 324	20 033	14 593
Radiographers	14 386	19 373	20 761
Nurses	6 903	11 295	9 376
Chiropractors	8 826	9 357	8 841
Optometrists	158 127	196 046	161 156
<b>Sub-total (Hong Kong):</b>	<b>3 828 247</b>	<b>4 080 299</b>	<b>4 146 701</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH)	18 962	35 953	32 356
<b>Total :</b>	<b>3 847 209</b>	<b>4 116 252</b>	<b>4 179 057</b>

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

	2020	2021	2022
Medical Practitioners	947,488	1,027,990	1,059,052
Chinese Medicine Practitioners	634,851	788,617	854,324
Dentists	276,556	355,444	343,327
Occupational Therapists	5,383	7,503	4,518
Physiotherapists	15,191	19,238	17,743
Medical Laboratory Technologists	13,706	20,552	13,393
Radiographers	14,700	22,603	24,635
Nurses	8,753	11,049	9,878
Chiropractors	5,127	5,760	5,080
Optometrists	225,903	284,753	233,912
<b>Sub-total (Hong Kong):</b>	<b>2,147,658</b>	<b>2,543,509</b>	<b>2,565,862</b>
HKU-SZH	5,507	12,103	10,949
<b>Total :</b>	<b>2,153,165</b>	<b>2,555,612</b>	<b>2,576,811</b>

**Average Amount of Vouchers per Claim Transaction (\$)**

	2020	2021	2022
Medical Practitioners	484	536	542
Chinese Medicine Practitioners	461	511	519
Dentists	1,120	1,153	1,190
Occupational Therapists	1,160	1,039	1,082

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Physiotherapists	383	400	472
Medical Laboratory Technologists	894	1,026	918
Radiographers	1,022	1,167	1,187
Nurses	1,268	978	1,054
Chiropractors	581	616	575
Optometrists	1,429	1,452	1,451
HKU-SZH	290	337	338

## 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 EHVS in the past 3 years:

<b>Amount of vouchers claimed per transaction</b>	<b>Number of voucher claim transactions</b>		
	<b>2020</b>	<b>2021</b>	<b>2022</b>
More than \$2,000	116 470	161 228	159 683

## III.

The table below shows the numbers of voucher claims reimbursed to participating healthcare service providers in Hong Kong by principal reason for visit in the past 3 years, and the percentages as compared to the total number of voucher claims reimbursed in the respective years. It should be noted that the type of service is based on direct input by the healthcare providers into the system and no health/medical records are provided alongside for verification of the type of service provided:

<b>Type of Service</b>	<b>Number of voucher claims reimbursed (Percentage)</b>		
	<b>2020</b>	<b>2021</b>	<b>2022</b>
Preventive care	621 416 (16%)	779 119 (19%)	767 280 (18%)
Management of acute episodic conditions	1 743 127 (46%)	1 661 556 (41%)	1 724 943 (42%)
Follow-up / Monitoring of long term conditions	1 227 807 (32%)	1 375 319 (34%)	1 404 505 (34%)
Rehabilitative Care	235 883 (6%)	264 261 (6%)	249 940 (6%)

- End -

**CONTROLLING OFFICER'S REPLY****HHB247****(Question Serial No. 2685)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the Elderly Health Care Voucher Scheme (EHVS), please advise on:

- I. the number of service providers by type of service in the past 3 years;
- II. the current manpower and estimated expenditure involved in handling complaints about EHVS; and
- III. the number of complaints about the EHVS received by the Department of Health, the respective numbers of cases with investigation completed, found to be substantiated, and related to fraud or improper voucher claims, and the number of service providers disqualified from the EHVS for violating the Scheme rule, broken down by type of service, in each of the past 3 years.

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

I.

The number of healthcare service providers by types enrolled under the Elderly Health Care Voucher Scheme (EHVS) as at end of 2020, 2021 and 2022 are as follows -

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	3 060	3 326	3 528
Chinese Medicine Practitioners	3 496	3 887	4 080
Dentists	1 219	1 296	1 331
Occupational Therapists	118	150	156
Physiotherapists	556	651	728
Medical Laboratory Technologists	61	63	58
Radiographers	50	54	53

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Nurses	239	274	260
Chiropractors	116	133	136
Optometrists	797	838	838
<b>Sub-total (Hong Kong):</b>	<b>9 712</b>	<b>10 672</b>	<b>11 168</b>
HKU-SZH	1	1	1
<b>Total:</b>	<b>9 713</b>	<b>10 673</b>	<b>11 169</b>

## II.

The EHVS is administered by the Health Care Voucher Division (HCVD) of the Department of Health (DH). The approved establishment of the HCVD for the administration and monitoring of the EHVS is 55.

The following table shows the actual / estimated expenditure for administering and monitoring the EHVS in the past five years:

	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
Expenditures (in \$million)	26.3	37.0	43.6	41.4	44.1 (estimated)

The manpower and expenditure involved in handling complaints about the EHVS cannot be separately identified.

## III.

The table below shows the number of complaints against participating healthcare service providers under the EHVS received by the DH in the past 3 years:

	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	69	105	45	<b>219</b>

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 76 cases with investigation completed, 25 cases were found to be substantiated or partially substantiated. Among these cases, 1 healthcare service provider was disqualified from participating in the EHVS.

The DH would take appropriate actions / measures when violation of the terms and conditions of the EHVS Agreement was found during the investigation, including issuing advisory / warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHVS; and referring cases to the Police and the relevant professional regulatory boards / councils for follow-up as appropriate.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB248**

**(Question Serial No. 2844)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

Regarding the enforcement of tobacco control legislation, please advise on:

- I. the numbers of enforcement actions taken in restaurants, shops, indoor workplaces, public transport facilities, public outdoor places and bus interchanges over the past 3 years (broken down by type of statutory no smoking area); and
- II. the numbers of warnings, fixed penalty notices and/or summonses issued to minors under 18 by law enforcement officers concerned over the past 3 years.

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

Reply:

(I)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). TACO will conduct inspections and investigation in response to smoking and related complaints. In general, TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. The numbers of inspections conducted and FPNs / summonses issued by TACO for the period from 2020 to 2022 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas are at **Annex 1**.

(II)

The numbers of FPNs / summonses issued by TACO to persons under the age of 18 for the period from 2020 to 2022 for smoking offences under Cap. 371 and Cap. 600 are at **Annex 2**.

## Annex 1

**The numbers of inspections conducted and FPNs / summonses issued by TACO for the period from 2020 to 2022 for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no-smoking areas**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Inspections conducted <sup>(Note 1)</sup>	36 100	41 176	35 150
- <i>Food premises</i>	3 987	3 008	1 945
- <i>Shops and shopping malls</i>	9 284	8 482	7 757
- <i>Public transport facilities</i>	3 267	5 596	4 560
- <i>Bus interchanges</i>	1 069	694	664
- <i>Other statutory no smoking areas</i>	18 493	23 396	20 224
FPNs issued <sup>(Note 1)</sup>	6 587	7 703	6 296
- <i>Food premises</i>	236	322	262
- <i>Shops and shopping malls</i>	1 790	1 984	1 841
- <i>Public transport facilities</i>	961	1 645	920
- <i>Bus interchanges</i>	534	145	64
- <i>Other statutory no smoking areas</i>	3 066	3 607	3 209
Summonses issued <sup>(Note 1)</sup>	58	40	35
- <i>Food premises</i>	5	5	2
- <i>Shops and shopping malls</i>	9	7	4
- <i>Public transport facilities</i>	11	10	10
- <i>Bus interchanges</i>	1	0	1
- <i>Other statutory no smoking areas</i>	32	18	18

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

**The numbers of FPNs / summonses issued by TACO to persons under the age of 18 for the period from 2020 to 2022 for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
FPNs issued	98	98	79
Warning letters issued <sup>(Note 1)</sup>	16	16	12
Summonses issued	2	3	1

Note 1 In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if smoking offenders are found to be persons under 15 years old.

- End -



**CONTROLLING OFFICER'S REPLY****HHB249****(Question Serial No. 2845)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding dermatology outpatient services, please inform this Committee of:

- I. the total number of new cases (serious or otherwise) treated, their average waiting time (in weeks) and longest waiting time (in weeks) in the past 3 years;
- II. the staff establishment for dermatology specialised outpatient services in the past 3 years; and
- III. the number of first consultation appointments made for dermatology specialised outpatient services in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 45)Reply:

(I) &amp; (III)

<b>Year</b>	<b>New Dermatology Case Seen</b>	<b>Average Waiting Time (Weeks)*</b>	<b>Maximum Waiting Time (Weeks)</b>	<b>Number of First Consultation Appointments Made#</b>
2020	18 714	112	169	20 222
2021	21 369	120	195	25 508
2022	19 304	109	182	14 859

\*More than 90% of new cases with severe dermatoses were accorded appointment within 8 weeks.

#The "Number of First Consultation Appointments Made" refers to the number of new appointments made at clinics of the Department of Health (DH) in that year.

The Social Hygiene Service of the DH does not keep statistics on the number of cases by their seriousness.

(II)

The Social Hygiene Service offers Dermatology Clinical Specialist services to members of the public through its nine clinics which provide dermatological services. The approved establishment of staff at dermatological clinics from 2020-21 to 2022-23 remained the same, and is as follows –

	<b>2020-21 to 2022-23</b>
Senior Medical and Health Officer	5
Medical and Health Officer	19
Nursing Officer	14
Registered Nurse	74
Enrolled Nurse	4
Senior Dispenser and Dispenser	3
Clerical and supporting staff	38
<b>Total</b>	<b>157</b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB250**

**(Question Serial No. 1410)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

As the indicators under Programme (4): Curative Care suggest, the number of “dental treatment cases” is estimated at 52 900 in 2023, which has fallen by more than 8 000 from the actual figures in 2022 and 2021. In this connection, please advise on the reasons of the decrease for 2 years in a row and the correlation between the reduction and the staff establishment.

Asked by: Hon CHAN Hok-fung (LegCo internal reference no.: 25)

Reply:

The Hospital Dental Service provides services to in-patients and out-patients referred through various channels such as other clinical departments and wards in the Hospital Authority as well as private doctors and dentists.

For 2022, the service provision was also significantly affected by the fifth wave of the COVID-19 epidemic. A lot of patients and staff were either infected or close contacts of infected persons. That, coupled with manpower shortage, resulted in cancellation or rescheduling of quite a number of appointments/clinical sessions, hence, there was a drop in the number of attendances in 2022. While the local epidemic situation is now under control, it is expected that the manpower shortage will persist for the coming year. Therefore, the number of attendances of hospital patients for dental treatment cases in 2023 is estimated to be at a similar level as in 2022.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB251**

**(Question Serial No. 1411)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2023-24 under Programme (4) that the Department of Health will continue to provide dental services to patients in need. In this connection, please advise on:

1. the current quotas on general public session service at Tai O Dental Clinic and Cheung Chau Dental Clinic, the only two clinics providing such service in the Islands District at present, and the changes in the said quotas over the past 3 years;
2. given that dental clinics with general public sessions provide free dental treatments only through designated sessions, whether the Government will review the current arrangement and the allocation of these sessions among various locations; if yes, the additional manpower to be involved;
3. whether the Government will consider increasing the number of mobile dental clinics to make them available in all the 18 districts for the sake of the elderly and residents living in remote areas in the Islands District; if yes, the manpower and expenditure to be involved; and
4. with regard to dental clinics providing general public session service through designated sessions, the total population of the respective District Council district where a dental clinic is located, the consultation quotas, utilisation rates and attendances (broken down into the following age groups: 0 to 18, 19 to 42, 43 to 60, and 61 or above) of each dental clinic in the past 3 years in tabular form.

Asked by: Hon CHAN Hok-fung (LegCo internal reference no.: 26)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to

children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

1&4. Under Programme (4), the DH provides free emergency dental services to the public through the 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 total population by District Council districts are as below:

<b>Dental clinic with GP sessions</b>	<b>District Council Districts</b>	<b>*Total population by District Council District</b>		
		<b>2019</b>	<b>2020</b>	<b>2021</b>
Kowloon City Dental Clinic	Kowloon City	419 900	419 200	404 200
Kwun Tong Dental Clinic	Kwun Tong	688 500	686 700	667 400

Dental clinic with GP sessions	District Council Districts	*Total population by District Council District		
		2019	2020	2021
Kennedy Town Community Complex Dental Clinic	Central & Western	240 500	236 000	233 400
Fanling Health Centre Dental Clinic	North	314 100	314 500	305 100
Mona Fong Dental Clinic	Sai Kung	472 500	472 800	486 200
Tai Po Wong Siu Ching Dental Clinic	Tai Po	306 800	307 900	313 000
Tsuen Wan Dental Clinic	Tsuen Wan	311 800	310 000	316 400
Yan Oi Dental Clinic	Tuen Mun	495 100	495 000	498 400
Yuen Long Government Offices Dental Clinic	Yuen Long	645 000	640 600	662 000
Tai O Dental Clinic	Islands	186 500	184 700	183 000
Cheung Chau Dental Clinic		186 500	184 700	183 000

\* Data from the Census and Statistics Department's website. Figures for 2022 are not yet available.

The service sessions and the maximum numbers of discs for allocation per GP session in the 11 government dental clinics under normal circumstances are set out below. It should, however, be noted that due to manpower shortage and in response to the COVID-19 outbreak, disc allocations have been reduced by 25% or 50% since January 2020.

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation 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

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation per session
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32

The overall utilisation rates for the dental clinics in 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2020-21	2021-22	2022-23 (up to 31 January 2023)
Kowloon City Dental Clinic	99.3	96.8	99.3
Kwun Tong Dental Clinic	99.7	96.7	100
Kennedy Town Community Complex Dental Clinic	98.0	96.8	99.6
Fanling Health Centre Dental Clinic	99.9	98.5	99.4
Mona Fong Dental Clinic	98.7	97.9	97.6
Tai Po Wong Siu Ching Dental Clinic	99.3	98.0	100
Tsuen Wan Dental Clinic	99.4	99.2	99.9
Yan Oi Dental Clinic	99.8	97.9	99.8
Yuen Long Government Offices Dental Clinic	99.4	97.8	99.0
Tai O Dental Clinic	52.2	52.9	71.3
Cheung Chau Dental Clinic	89.7	85.4	89.4

The number of attendances in GP sessions for each dental clinic in 2020-21, 2021-22 and 2022-23 (up to 31 January 2023), with breakdown by age group, are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2020-21	Attendance in 2021-22	Attendance in 2022-23 (up to 31 January 2023)
Kowloon City Dental Clinic	0-18	47	59	35
	19-42	601	652	395
	43-60	996	1 250	711
	61 or above	1 957	2 172	1 252
	Sub-total	3 601	4 133	2 393
Kwun Tong Dental Clinic	0-18	33	31	17
	19-42	420	430	201
	43-60	695	723	525

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2020-21</b>	<b>Attendance in 2021-22</b>	<b>Attendance in 2022-23 (up to 31 January 2023)</b>
	61 or above	1 365	1 471	1 016
	Sub-total	2 513	2 655	1 759
Kennedy Town Community Complex Dental Clinic	0-18	59	55	28
	19-42	748	1 257	809
	43-60	1 240	1 475	1 169
	61 or above	2 435	2 633	1 207
	Sub-total	4 482	5 420	3 213
Fanling Health Centre Dental Clinic	0-18	20	16	10
	19-42	252	280	141
	43-60	417	469	278
	61 or above	819	962	564
	Sub-total	1 508	1 727	993
Mona Fong Dental Clinic	0-18	15	15	4
	19-42	200	243	126
	43-60	331	387	252
	61 or above	650	775	495
	Sub-total	1 196	1 420	877
Tai Po Wong Siu Ching Dental Clinic	0-18	16	18	9
	19-42	199	231	137
	43-60	329	370	201
	61 or above	647	801	535
	Sub-total	1 191	1 420	882
Tsuen Wan Dental Clinic	0-18	63	59	43
	19-42	808	908	519
	43-60	1 338	1 589	980
	61 or above	2 629	3 190	1 849
	Sub-total	4 838	5 746	3 391
Yan Oi Dental Clinic	0-18	17	16	6
	19-42	211	230	89
	43-60	350	358	224
	61 or above	687	769	555
	Sub-total	1 265	1 373	874
Yuen Long Government Offices Dental Clinic	0-18	31	37	20
	19-42	400	491	293
	43-60	663	851	511
	61 or above	1 303	1 493	860
	Sub-total	2 397	2 872	1 684
Tai O Dental Clinic	0-18	2	2	0
	19-42	20	25	15
	43-60	33	41	29
	61 or above	66	69	70
	Sub-total	121	137	114
Cheung Chau Dental Clinic	0-18	3	4	6
	19-42	34	28	15



<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2020-21</b>	<b>Attendance in 2021-22</b>	<b>Attendance in 2022-23 (up to 31 January 2023)</b>
	43-60	57	46	38
	61 or above	111	86	83
	Subtotal	205	164	142
The above 11 Dental Clinics	0-18	306	312	178
	19-42	3 893	4 775	2 740
	43-60	6 449	7 559	4 918
	61 or above	12 669	14 421	8 486
	Total	23 317	27 067	16 322

2&3. The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens' oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB252**

**(Question Serial No. 2609)**

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

Question:

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

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

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 29)

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 2022, located in Hong Kong Island, Kowloon and New Territories are as follows:

<b>Region*</b>	<b>No. of ASP</b>	<b>No. of LSP</b>	<b>No. of Chm retailers</b>
Hong Kong Island	125	824	1 259
Kowloon	207	1 409	1 795
New Territories	268	1 918	2 280
<b>Total</b>	<b>600</b>	<b>4 151</b>	<b>5 334</b>

\* 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:**

<b>Year</b>	<b>No. of licensed retailers</b>		<b>No. of inspections# conducted</b>	
	<b>ASP</b>	<b>LSP</b>	<b>ASP</b>	<b>LSP</b>
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
2022	600	4 151	1 250	8 385

**Licensed Chm retailers:**

<b>Year</b>	<b>No. of licensed retailers</b>	<b>No. of inspections# conducted</b>
2018	4 752	5 728
2019	4 912	5 568
2020	5 066	5 378
2021	5 281	5 779
2022	5 334	5 688

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

3. & 4.

In the past 5 years, the DH handled 152 conviction cases involving illegal sale and/or possession of unregistered pharmaceutical products (PP), and 8 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:**

<b>Year</b>	<b>No. of conviction cases involving illegal sale and/or possession of unregistered PP</b>	<b>No. of conviction cases involving illegal sale and/or possession of unregistered pCm</b>
2018	45	3
2019	45	3
2020	18	1
2021	26	0
2022	18	1
<b>Total</b>	<b>152</b>	<b>8</b>

5.

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, even though it is not a mandatory requirement. In the past 5 years, 69 press releases of this nature had been issued.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB253**

**(Question Serial No. 2388)**

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

Question:

It is stated in paragraph 168 of the Budget that the Government plans to inject an additional amount of \$500 million into the Chinese Medicine Development Fund starting from this financial year to support the commissioning of large-scale training, research and publicity projects on strategic themes and to take forward more capacity building programmes for the sector. The relevant work includes making preparations for Hong Kong's first Chinese medicine hospital, which is expected to commence services in 2025, and strengthening the role of Chinese medicine in the primary healthcare system. In this connection, please advise on:

1. whether the Department of Health (DH) will allocate additional resources and manpower in the coming 3 years to expedite the vetting and approval of the registration applications of proprietary Chinese medicines or provide assistance for the trade concerning their registration; if yes, the details; and
2. whether DH plans to allocate resources and manpower to study and support the telemedicine consultation and rehabilitation treatment by community Chinese medicine practitioners for discharged patients and recovered persons; if yes, the details; if not, the reasons.

Asked by: Hon CHAN Man-ki, Maggie (LegCo internal reference no.: 29)

Reply:

1. Throughout the years, the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong, 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 2023, the CMB received a total of 18 525 applications for registrations of pCms, among which 10 271 applications were withdrawn or rejected due to various reasons including withdrawal of application by the applicants, failure to submit three acceptable basic test reports or the required documents/reports, the products concerned not fulfilling the definition of pCm under the Chinese Medicine Ordinance (Cap. 549), or the registration holder not applying for renewal of registration.

Among the remaining 8 254 applications, 3 637 and 4 445 pCms have been issued with “Notice of confirmation of transitional registration of pCm” (HKP) and “Certificate of registration of pCm” (HKC) respectively, and 172 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 3 637 HKP cases, 563 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 3 074 HKP cases, 2 422 (about 79%) 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 package inserts.

Provision has been approved to the DH 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 since 2015. An additional time-limited provision of about \$10.3 million per annum will be provided to the DH for continuing the above engagement for two years from 2023-24 to 2024-25 to sustain the effort in clearing the backlog of pCm registration. To further expedite the processing of applications of pCm registration, the CMRO has established a dedicated team in January 2020, comprising seven 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.

During the COVID-19 epidemic, the Government has been actively promoting the use of Chinese medicine (CM) in the whole process of epidemic prevention, treatment and rehabilitation, with support from the Hospital Authority (HA) in stepping up the use of CM and enhancing the role of CMPs in combating the epidemic.

Under the above, the HA in April 2020 launched the Special CM Out-patient Programme to provide eligible Hong Kong residents who have been infected with COVID-19 in Hong Kong but still have COVID-19 sequelae with free CM general consultations based on CMPs’ clinical assessment at the Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) in the 18 districts after their discharge or completion of isolation. As at 31 December 2022, 410 292 consultations were provided by the CMCTRs under the programme.

As residential care homes for the elderly (RCHEs) were significantly affected by the fifth wave of the epidemic, the HA also launched in February 2022 the CM Services for RCHE programme, engaging the CM sector, universities, CMCTRs and non-governmental organisations to provide free CM tele-consultation or outreach services to residents and staff in RCHEs who were infected with COVID-19. The service was further expanded in March 2022 to cover CM rehabilitation consultations, such that infected RCHE residents who

still have COVID-19 sequelae can receive treatment at the RCHE without travelling. As at 31 December 2022, 276 RCHEs have participated in the programme, with 14 617 sessions of consultation conducted.

The Government has been actively co-ordinating with the CM sector to mobilise the latter's resources to take forward various anti-epidemic work, including launching the "Fight the Virus Together - Chinese Medicine Telemedicine Scheme" (Telemedicine Scheme) in March 2022 to provide free-of-charge CM teleconsultation services to infected persons under isolation as well as dispensing and delivery of CM drugs, enabling the CM sector's comprehensive involvement in the anti-epidemic work and better mobilisation of the resources of Hong Kong's CM sector which are concentrated in the private market. The "Together We Unite – Chinese Medicine COVID-19 Rehabilitation Scheme" (Rehabilitation Scheme) was also launched in August 2022 to provide rehabilitation treatments to eligible COVID-19 recovered patients. The aforementioned schemes are funded by the Chinese Medicine Development Fund and co-ordinated by the Federation of the Hong Kong Chinese Medicine Practitioners and Chinese Medicines Traders Association. As at 15 March 2023, over 34 000 consultations have been provided under the Telemedicine Scheme and around 5 000 recovered patients have joined the Rehabilitation Scheme. The Government has been working with the CM sector to further enhance the service capacity of the Rehabilitation Scheme with adjustments to the programme design as appropriate.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB254**

**(Question Serial No. 0365)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

The Department of Health mentioned in the Matters Requiring Special Attention in 2023-24 under this Programme the enforcement of the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. With regard to their enforcement and effectiveness in Hong Kong, will the Government please advise this Committee on:

1. the smoking prevalence among men and women in Hong Kong and the respective average number of cigarettes smoked per day in the past 5 years in tabular form by sex and age group (namely i) 15-19; ii) 20-29; iii) 30-39; iv) 40-49; v) 50-59 and 60 or above);
2. the number of i) complaints received; ii) inspections conducted; iii) fixed penalty notices and summonses issued by the Tobacco and Alcohol Control Office (TACO) regarding offences such as smoking, displaying or publishing of tobacco advertisements in each of the past 5 years;
3. the current staff establishment and expenditure of TACO and the implementation of the Smoking (Public Health) (Amendment) Ordinance 2021 since its enactment in late April last year;
4. given the announcement in paragraph 170 of the Budget Speech that the target for tobacco control is to bring the smoking prevalence down from the current 9.5% to 7.8%, the envisaged change in the smoking prevalence following the increase in the duty on cigarettes by 60 cents per stick, and the vigorous measures to be adopted to prevent non-smokers from taking up smoking and to encourage smokers to quit?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 5)

Reply:

(1)

The Census and Statistics Department conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The latest available data



from the THS in 2021 showed that the prevalence of daily cigarette smokers aged 15 and above was 9.5%, compared to 10.2% in 2019. There were 2 rounds of THS conducted in the past 5 years and the breakdown by age group is at [Annex 1](#).

(2)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). TACO will conduct inspections and investigation in response to smoking and related complaints. In general, TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, TACO also issued summonses for offences under Cap. 371 relating to aiding and abetting smoking offences, tobacco advertisement, alternative smoking products (ASPs), obstruction of inspectors, etc.. The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2018 to 2022 for smoking and other offences are at [Annex 2](#).

(3)

The revised estimate of TACO for 2022-23 is about \$250.5 million and the approved establishment of TACO for 2022-23 is at [Annex 3](#).

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes ASPs, including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with Cap. 371. TACO will conduct investigation upon receiving complaints or referrals. Illegally imported ASPs were intercepted by the Customs and Excise Department at boundary control points and referred to TACO for follow-up including prosecution when there is sufficient evidence. The first 3 months of implementation of the import ban was the grace period for enforcement. Warning letters were issued to passengers carrying small quantity of ASPs into Hong Kong. After the grace period, any person who contravenes the import ban would be prosecuted when there is sufficient evidence.

In 2022, TACO issued 74 summonses and 9 warning letters for contravention to the ASP ban.

(4)

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

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

According to the WHO, raising tobacco tax is considered the single most effective tobacco control measure. To safeguard public health, it was proposed in the 2023-24 Budget to increase the duty on cigarettes by 60 cents per stick, with duties on other tobacco products

will also be increased by the same proportion. A rise in cigarette price will increase the incentive of smokers to reduce or quit smoking. In the first week after the announcement of the proposal to increase the duty on tobacco products with immediate effect on 22 February, the Quitline operated by DH recorded about three-fold increase in the weekly number of calls compared to the preceding 3 months, from 126 to 498.

The effect of the duty increase on the smoking prevalence cannot be estimated since it hinges on a basket of factors, including the tobacco duty level and the rate of increase, pricing strategy by tobacco companies, the price elasticity of cigarettes, accessibility to alternatives (e.g. duty-free cigarettes after resumption of normalcy) and overall economic conditions.

Aside from duty increase, the Government is planning to launch a public consultation on next-phase tobacco control in the first half of 2023. Different options will be listed in the public consultation which aims to reduce the accessibility of tobacco products, reduce the attractiveness of tobacco products, reduce public's exposure to second hand smoke and help smokers to quit. The Government will engage stakeholders on the measures for next-phase tobacco control and formulate its tobacco control policies.

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

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

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

# Statistics are not released due to large sampling error

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

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

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

# Statistics are not released due to large sampling error

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

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

		<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Complaints/referrals received		18 174	15 634	11 568	13 424	14 805
Inspections conducted		32 290	34 696	36 129	41 225	35 281
Warning letters issued <sup>(Note 1,2)</sup>		3	10	16	16	21
FPNs issued (for smoking offences)		8 684	8 068	6 587	7 703	6 296
Summonses issued	for smoking offences	140	67	58	40	35
	for other offences <sup>(Note 3)</sup>	68	42	57	115	130

**Note**

- 1 In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying tobacco advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

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

Rank	2022-23 No. of staff
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<b><u>147</u></b>
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<b><u>24</u></b>
<b>Total</b>	<b><u>183</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB255**

**(Question Serial No. 0366)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Under this Programme, the Department of Health states that the provision for 2023-24 is \$3.0129 billion (19.2%) lower than the revised estimate for 2022-23, which is mainly due to reduced provision for operating expenses for prevention and control of the COVID-19 epidemic and the net decrease of 50 posts in 2023-24. In this connection, please advise this Committee on:

1. the details of the 50 posts reduced, including the titles, ranks, duties and expenditure on remuneration of these post holders, and the reason(s) why the Government considers it necessary to reduce these 50 posts; and
2. with regard to continuing to enhance the preparedness for public health emergencies as mentioned in the Matters Requiring Special Attention in 2023-24, the details of the preparation work and the expenditure involved; and whether the progress on such work will be affected by the net decrease of the posts.

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

Reply:

1.  
There will be a net decrease of 50 posts in 2023-24, involving creation of 25 new posts for enhancing existing services in relation to disease prevention and deletion of 75 time-limited posts for handling COVID-19 epidemic having regard to the epidemic development. Details are at **Annex**.

2.  
The Department of Health (DH) develops contingency plans and conducts exercises and drills to enhance the overall preparedness and response for public health crisis. We also communicate closely with local stakeholders and health authorities in the Mainland and other places, as well as the World Health Organization and other international public health bodies. Meanwhile, following three years of COVID-19 epidemic in Hong Kong, the Government

will regularise the strengthened and effective response measures, and summarise the experiences in each anti-epidemic area.

Relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified.

## Creation and Deletion of Posts in Department of Health in 2023-24

## Programme 2 – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created</u>	<u>No. of time-limited posts to be deleted</u>	<u>Net annual recurrent cost of civil service post (\$) #</u>
Senior Medical and Health Officer		-2	-3,105,000
Medical and Health Officer	3	-11	-9,618,240
Senior Nursing Officer		-1	-1,009,920
Nursing Officer	3	-5	-1,581,000
Registered Nurse	10	-16	-2,990,160
Scientific Officer (Medical)		-2	-2,019,840
Speech Therapist	1		658,080
Medical Technologist		-3	-2,266,200
Associate Medical Technologist		-6	-2,848,320
Senior Hospital Administrator		-1	-1,152,660
Hospital Administrator I		-2	-1,655,400
Hospital Administrator II		-3	-1,569,960
Senior Foreman		-2	-708,000
Foreman		-10	-2,795,400
Executive Officer I		-2	-1,655,400
Executive Officer II		-2	-1,096,080
Clerical Assistant	4		924,720
Health Inspector I/II		-2	-1,163,460
Supplies Supervisor II		-1	-296,040
Laboratory Attendant		-2	-492,960
Workman II	4	-2	367,680
<b>Total :</b>	<b>25</b>	<b>-75</b>	<b>-36,073,560</b>

# Based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned.

- End -



**CONTROLLING OFFICER'S REPLY****HHB256****(Question Serial No. 0367)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

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

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

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

Reply:

1.

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

EHC	Number of new members				
	2018	2019	2020 <sup>^</sup>	2021 <sup>^</sup>	2022* <sup>^</sup>
Sai Ying Pun	1 623	626	241	538	450
Shau Kei Wan	737	1 741	187	566	539
Wan Chai	2 148	1 913	402	740	729
Aberdeen	632	669	208	487	326
Nam Shan	723	737	265	613	459
Lam Tin	739	738	211	570	479
Yau Ma Tei	687	704	225	509	401
San Po Kong	699	721	195	578	28

EHC	Number of new members				
	2018	2019	2020 <sup>^</sup>	2021 <sup>^</sup>	2022* <sup>^</sup>
Kowloon City	742	1 168	259	609	121
Lek Yuen	1 716	1 812	329	1 528	573
Shek Wu Hui	703	825	433	536	455
Tseung Kwan O	731	1 723	231	527	620
Tai Po	649	647	222	281	468
Tung Chung	693	665	158	413	398
Tsuen Wan	1 209	1 126	223	612	414
Tuen Mun Wu Hong	712	699	187	415	687
Kwai Shing	643	604	183	493	463
Yuen Long	665	619	170	481	399
<b>Total</b>	16 451	17 737	4 329	10 496	8 009

<sup>^</sup> Affected by the Coronavirus Disease 2019 (COVID-19) epidemic, the services of EHCs had been scaled down since January 2020. Different grades of staff have also been deployed from EHC to support the prevention and control of the COVID-19 epidemic. The number of new members enrolled in 2021 and 2022 had decreased compared to that of 2019.

\*Provisional figures.

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

EHC		2018	2019	2020 <sup>^</sup>	2021 <sup>^</sup>	2022* <sup>^</sup>
Sai Ying Pun	Health assessment and medical consultation	11 324	8 479	4 248	6 995	6 009
	Health education activities organised by EHCs	10 882	9 450	3 527	7 316	10 115
Shau Kei Wan	Health assessment and medical consultation	8 956	12 551	3 865	6 114	5 295
	Health education activities organised by EHCs	12 457	15 080	3 067	3 589	4 270
Wan Chai	Health assessment and medical consultation	18 985	18 489	8 172	12 818	10 957
	Health education activities organised by EHCs	12 724	13 671	7 612	14 711	13 484
Aberdeen	Health assessment and medical consultation	9 496	9 205	4 561	7 048	6 022
	Health education activities organised by EHCs	10 754	10 190	5 361	7 649	6 287
Nam Shan	Health assessment and medical consultation	9 135	9 266	4 719	6 480	5 609
	Health education activities organised by EHCs	10 620	10 417	4 705	6 422	5 331
Lam Tin	Health assessment and medical consultation	8 421	8 403	3 806	6 261	5 163
	Health education activities organised by EHCs	12 854	12 437	4 003	7 843	6 420
Yau Ma Tei	Health assessment and medical consultation	8 526	8 097	3 816	5 902	5 100
	Health education activities organised by EHCs	9 509	10 915	5 658	7 643	7 476

<b>EHC</b>		<b>2018</b>	<b>2019</b>	<b>2020<sup>^</sup></b>	<b>2021<sup>^</sup></b>	<b>2022*<sup>^</sup></b>
San Po Kong	Health assessment and medical consultation	8 278	8 705	4 409	6 327	2 664
	Health education activities organised by EHCs	8 112	10 571	6 400	10 674	761
Kowloon City	Health assessment and medical consultation	8 596	9 745	4 930	6 298	3 964
	Health education activities organised by EHCs	11 581	13 791	7 625	6 903	6 700
Lek Yuen	Health assessment and medical consultation	18 517	18 190	8 434	15 971	11 628
	Health education activities organised by EHCs	14 292	14 719	8 075	9 944	6 406
Shek Wu Hui	Health assessment and medical consultation	10 839	10 801	5 757	6 666	5 893
	Health education activities organised by EHCs	15 379	14 976	4 784	4 373	5 101
Tseung Kwan O	Health assessment and medical consultation	9 914	15 053	4 464	6 137	6 832
	Health education activities organised by EHCs	8 650	9 209	4 309	5 301	4 997
Tai Po	Health assessment and medical consultation	10 067	10 278	5 886	7 141	6 756
	Health education activities organised by EHCs	13 113	13 155	5 283	5 478	5 083
Tung Chung	Health assessment and medical consultation	7 900	8 069	3 571	5 746	4 983
	Health education activities organised by EHCs	13 172	13 640	5 813	10 593	7 348
Tsuen Wan	Health assessment and medical consultation	10 802	11 263	4 640	8 072	6 199
	Health education activities organised by EHCs	8 841	9 011	3 704	6 421	4 230
Tuen Mun Wu Hong	Health assessment and medical consultation	9 315	9 379	5 402	6 767	8 603
	Health education activities organised by EHCs	4 391	4 689	3 111	4 284	7 115
Kwai Shing	Health assessment and medical consultation	7 927	8 002	4 035	6 275	6 006
	Health education activities organised by EHCs	10 059	9 701	2 892	5 376	5 568
Yuen Long	Health assessment and medical consultation	7 258	7 311	3 918	6 196	5 313
	Health education activities organised by EHCs	5 886	7 118	4 893	4 859	4 629

<sup>^</sup> Affected by the COVID-19 epidemic, the services of EHCs had been scaled down since January 2020. Different grades of staff have also been deployed from EHC to support the prevention and control of the COVID-19 epidemic. The number of health assessment, counselling, health education and curative treatment in 2021 and 2022 had decreased compared to that of 2019.

\*Provisional figures

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

	2018/19 \$million (Actual)	2019/20 \$million (Actual)	2020/21 \$million (Actual)	2021/22 \$million (Actual)	2022/23 \$million (Revised estimate)
Total expenditure of 18 Elderly Health Centres	170.2	182.9	168.9 <sup>^</sup>	172.3	186.1

<sup>^</sup> Affected by the COVID-19 epidemic, the services of EHCs had been scaled down since January 2020.

2.

During the COVID-19 epidemic, EHCs had only been able to provide limited service since January 2020. Different grades of staff had been deployed from EHC to support the prevention and control of the epidemic. As a result, the number of attendances for health assessment and medical consultation at EHCs had decreased over the past three years, with a corresponding increase in the number of elderly waiting for enrolment as members and hence lengthening the waiting time. Services of EHCs have resumed normal since February 2023. DH will continue to monitor the situation closely, with a view to shortening the waiting time for enrolment as a new member.

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

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

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 0369)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Promoting and implementing the Elderly Health Care Voucher Scheme (EHVS) is an important work item under the Disease Prevention programme. Since the Government has mentioned in the Matters Requiring Special Attention in 2023-24 that it would enhance the EHVS, please advise this Committee on

1. the number of Elderly Health Care Voucher (EHCV) claims and the amount claimed by type of service in each of the past 3 years;
2. the number of complaints received about EHCV claims and usage, the subject matters of the complaints, the types of services and the voucher amounts involved in each of the past 3 years; and
3. directions to enhance the Scheme; ways to limit the use of EHCVs to primary healthcare to strive for prevention over cure; whether the Government will conduct studies on expanding the scope of the EHVS beyond the University of Hong Kong-Shenzhen Hospital to include hospitals of Tier 3 Class A in the Greater Bay Area in order to provide convenience for elderly people to retire on the Mainland, in view of the Government's plans to announce the enhancement measures to the EHVS in the third quarter of this year.

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 9)

Reply:

1.

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

**Number of Voucher Claim Transactions**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	1 957 092	1 917 943	1 954 032
Chinese Medicine Practitioners	1 376 436	1 542 578	1 647 630
Dentists	246 844	308 343	288 532
Occupational Therapists	4 640	7 224	4 177
Physiotherapists	39 669	48 107	37 603
Medical Laboratory Technologists	15 324	20 033	14 593
Radiographers	14 386	19 373	20 761
Nurses	6 903	11 295	9 376
Chiropractors	8 826	9 357	8 841
Optometrists	158 127	196 046	161 156
<b>Sub-total (Hong Kong):</b>	<b>3 828 247</b>	<b>4 080 299</b>	<b>4 146 701</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH)	18 962	35 953	32 356
<b>Total :</b>	<b>3 847 209</b>	<b>4 116 252</b>	<b>4 179 057</b>

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

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	947,488	1,027,990	1,059,052
Chinese Medicine Practitioners	634,851	788,617	854,324
Dentists	276,556	355,444	343,327
Occupational Therapists	5,383	7,503	4,518
Physiotherapists	15,191	19,238	17,743
Medical Laboratory Technologists	13,706	20,552	13,393
Radiographers	14,700	22,603	24,635
Nurses	8,753	11,049	9,878
Chiropractors	5,127	5,760	5,080
Optometrists	225,903	284,753	233,912
<b>Sub-total (Hong Kong):</b>	<b>2,147,658</b>	<b>2,543,509</b>	<b>2,565,862</b>
HKU-SZH	5,507	12,103	10,949
<b>Total :</b>	<b>2,153,165</b>	<b>2,555,612</b>	<b>2,576,811</b>

**Average Amount of Vouchers per Claim Transaction (\$)**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	484	536	542
Chinese Medicine Practitioners	461	511	519
Dentists	1,120	1,153	1,190
Occupational Therapists	1,160	1,039	1,082
Physiotherapists	383	400	472
Medical Laboratory Technologists	894	1,026	918
Radiographers	1,022	1,167	1,187
Nurses	1,268	978	1,054
Chiropractors	581	616	575
Optometrists	1,429	1,452	1,451
HKU-SZH	290	337	338

2.

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

	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	69	105	45	<b>219</b>

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH would take appropriate actions / measures when violation of the terms and conditions of the EHVS Agreement was found during the investigation, including issuing advisory / warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHVS; and referring cases to the Police and the relevant professional regulatory boards / councils for follow-up as appropriate. The amount of vouchers associated with these complaint cases is not readily available.

3.

In accordance with the Primary Healthcare Blueprint launched by the Government in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. Experience on the use of Elderly Health Care Vouchers (EHCVs) since its introduction as a pilot scheme in 2009 indicates that the current mode of completely undesignated and unguided use of EHCVs without monitoring of the healthcare services being provided is not particularly conducive and effective to achieving the objective of enhancing primary healthcare for the elderly.

As such, the Government will improve the EHVS by incentivising elders to use their vouchers for continuous preventive healthcare and chronic disease management with healthcare service providers, such as health assessment, chronic disease screening and management or other government initiatives. As announced in the 2022 Policy Address, the Government will roll out a three-year pilot scheme to encourage the more effective use of primary healthcare services by the elderly, through increasing the annual voucher from the existing \$2,000 to \$2,500. The additional \$500 will be allotted to elderly persons' account upon claiming at least \$1,000 from the voucher for designated primary healthcare services such as disease prevention and health management. The additional amount should also be used for those designated services. The Government's view is that the direction for EHVS enhancements should be towards designated or guided use of EHCVs for appropriate healthcare services especially evidence-based and protocol-driven disease prevention or health management.

Hong Kong has one of the most rapidly ageing of population in the world and the pace of ageing will peak in the upcoming decade. The population aged 65 and over will increase from 1.5 million in 2021 to 2.52 million in 2039. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. In considering whether to further increase the voucher amount, we will have to have full regard to the effectiveness of the EHVS in achieving our health policy objectives, the situation of Hong Kong's public and private primary healthcare services, and the long-term implications on public finance. Optimising the use of resources invested in the EHVS so as to achieve our objective to enable the elderly to make good use of their vouchers on primary healthcare services for disease prevention and health management is essential for enhancing the health of the elderly and the sustainability of the healthcare system. Continuing to increase or expand EHCVs for undesignated and unguided uses for unmonitored healthcare services, and allowing use of EHCVs for secondary/tertiary healthcare services would not be sustainable policy-wise and financially and is thus not on our policy agenda.

The Government allows the use of vouchers at the HKU-SZH having regard to its adoption of the "Hong Kong management model" and its healthcare service quality and clinical governance structure being similar to those of Hong Kong, which makes it easier for Hong Kong elderly persons to adapt and accept. To further extend the scope of application of the vouchers to cover the medical institutions in Greater Bay Area ("GBA"), the Government has to carefully consider the issue of effective monitoring due to the different service standards of medical institutions in different places. The Government will sum up the experience gained in the scheme at the HKU-SZH to consider the feasibility to further extend the scope of application of the vouchers to cover the medical institutions in the GBA, in particular those having adopted the "Hong Kong management model" and with healthcare service quality and clinical governance structure similar to the HKU-SZH.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB258**

**(Question Serial No. 0402)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2023-24 that the Government will “operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site to conduct research on reference standards and testing methods of Chinese medicines”. A temporary institute has been set up by the Government in the Hong Kong Science Park and has commenced operation in phases from March 2017. In this connection, will the Government please advise this Committee on:

1. the existing staff establishment and estimated expenditure concerning the GCMTI and its *Hong Kong Chinese Materia Medica Standards* project, laboratories, Chinese Medicines Herbarium, training and technology transfer centre, respectively;
2. research projects completed in the past year and planned to be commenced in the coming year, as well as the respective costs;
3. whether the Government is engaged in any collaboration with the Chinese medicines industry, institutions or Chinese Medicine Hospital; and
4. the details of the plan and expenditure involved for establishing the permanent GCMTI?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 27)

Reply:

1. In 2023-24, the financial provision for the temporary Government Chinese Medicines Testing Institute (GCMTI) is about \$63.0 million, including additional provision for the Survey of Chinese Materia Medica (CMM) Resources under the Fourth National Survey of CMM Resources of about \$7.9 million.

The approved establishment is 29 with breakdown as follows -

<u>Rank</u>	<u>Number of post</u>
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	<u>1</u>
<b>Total :</b>	<b><u>29</u></b>

The breakdown of the approved establishment of professional staff in support of the activities concerned is as follows -

<u>Section/ Unit</u>	<u>Rank</u>	<u>Number of post</u>
Hong Kong Chinese Materia Medica Standards Section	Scientific Officer (Medical)	9
Research and Development Section (including Chemistry Laboratory and DNA Laboratory)	Senior Chemist	1
	Chemist	3
	Science Laboratory Technologist	1
	Science Laboratory Technician I	2
	Science Laboratory Technician II	3
	Laboratory Attendant	1
Macroscopic and Microscopic Identification Laboratory	Scientific Officer (Medical)	1
Chinese Medicines Herbarium Section	Scientific Officer (Medical)	4
Collaboration and Training Unit	Pharmacist	1

2.

Since its establishment at the temporary site, the GCMTI has embarked on various research projects and promotion work. As endorsed by the Advisory Committee (AC) of the GCMTI, the GCMTI has completed 10 projects so far. Among these projects, three projects, namely (i) identification of *Bulbus Fritillariae Ussuriensis* in the presence of *Bulbus Fritillariae Cirrhosae* by DNA method; (ii) study on the identification of *Ziziphi Spinosa* Semen and Its Commonly Confused Species; and (iii) consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources have been completed in 2022-23.

In the coming year, the GCMTI will continue to conduct researches on (i) identification of tiny seed and fruit types of CMM; (ii) analysis of chemical markers of in Bai Feng Wan; (iii) collection of specimens of Daodi medicinal materials of China and South Eastern herbal medicines for the GCMTI; (iv) building of a digitalised platform on Chinese medicines (CMs) (Phase II); (v) establishment of reference DNA sequence library for identification of CMM;

(vi) study on the identification of *Ziziphi Spinosae Semen* and its commonly confused species by DNA Method; (vii) analysis of chemical markers in proprietary Chinese medicines (pCm) containing *Psoraleae* and *Ginseng*; and (viii) the Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II). The above projects are progressing smoothly on schedule.

The cost for research projects is subsumed under the overall provision of the GCMTI and breakdown is not available.

Apart from taking forward various research projects endorsed by the AC, the GCMTI has also completed the establishment of standards for 330 commonly used CMM under the Hong Kong Chinese Materia Medica Standards (HKCMMS) project, and will continue to do so 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.

3.

The GCMTI has been cooperating with the Chinese medicine (CM) trade and research institutes on the testing and research of CMs. Since 2017, the AC has been set up to advise the GCMTI on strategies, measures and specific proposal conducive to the continuous development of the GCMTI. The AC is composed of members from the Government, CMs industry, CM practitioners, academia, International Advisory Board of HKCMMS and the Chinese Medicine Hospital (CMH) Project Office.

The GCMTI has all along been maintaining close partnership with local universities and research institutes in respect of scientific research work. Since the launch of the HKCMMS project, eight research institutes, including six local universities, the National Institutes for Food and Drug Control and the China Medical University of Taiwan, China, have participated in the research on CMM. In addition, the GCMTI has also cooperated with a local university to support its DNA project since 2020.

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 CMs, establishing communication and collaboration mechanism for promoting standardisation of CMs, as well as fostering academic exchange and training for the development of CMs.

The GCMTI will actively collaborate with the CMH to provide integrated training and technology transfer events on CM for different stakeholders; to engage in research of CMs, with a view to capitalising CMH respective strengths of specialised fields to further develop CM. With a view to facilitating the development of evidence-based CM, the GCMTI, adjoining the CMH, will provide help desk supporting services on clinical trial of pCm, to offer advice on clinical trial design, applications for related certificates and other regulatory issues (such as importing investigational pCm) to researchers or research institutes interested in clinical trials. Such collaboration can advance the standards of clinical trial, thereby further strengthening the important role of the GCMTI in driving CM development.

4.

The permanent GCMTI will be constructed in Tseung Kwan O, next to the CMH. The GCMTI will comprise the following facilities –

- a) various dedicated laboratories;
- b) a CMs herbarium laboratory;
- c) an international collaboration and training centre;
- d) a medicinal plant garden; and
- e) ancillary facilities.

The design and construction of the GCMTI commenced in June 2021, with a view to commissioning the facilities in phases starting from 2025. DH is working closely with the Architectural Services Department and the contractor on the detailed design of the GCMTI. The estimated costs for the construction of the GCMTI approved by the Finance Committee of LegCo in June 2021 is \$2,005.0 million under Capital Works Reserve Fund.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB259**

**(Question Serial No. 1888)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Health

Question:

Statistics revealed that the completion time of Child Assessment Centres (CACs) for assessment of new cases within 6 months fell short of the target of 90%. In 2019-20 and 2021-22, the creation of 22 civil service posts was approved and a new CAC was set up respectively. In this connection, will the Government please advise this Committee on:

1. the details of new referred cases received by the CACs in the past 2 years;
2. the staff establishment of the Child Assessment Service in the past 2 years;
3. the respective numbers of new cases assessed as having anxiety disorder, attention deficit/hyperactivity disorder, autism spectrum disorder, cerebral palsy, developmental coordination disorder, language disorder, dyslexia, hearing impairment, intellectual disability, visual impairment and other conditions in the past 2 years; and
4. the reasons why the completion rate for assessment of new cases within 6 months in 2022 was lower than that in 2021 (73%) at 61%; and any measures in the future to raise such rate to over 70%?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 34)

Reply:

1. The number of newly referred cases received by the Child Assessment Service (CAS) of Department of Health (DH) in 2021 and 2022 is 12 166 and 10 154 (provisional figure) respectively.
2. The approved establishment in the CAS from 2021-22 to 2022-23 is as follows –

Grade	Approved establishment	
	2021-22	2022-23
Medical and Health Officer	25	25

Grade	Approved establishment	
	2021-22	2022-23
Registered Nurse	40	40
Scientific Officer (Medical)	5	5
Clinical Psychologist	22	22
Speech Therapist	16	16
Optometrist	2	2
Occupational Therapist	9	9
Physiotherapist	7	7
Hospital Administrator	1	1
Electrical Technician	1	1
Executive Officer	2	2
Clerical Officer	16	16
Clerical Assistant	23	23
Office Assistant	1	1
Personal Secretary	1	1
Workman II	12	12
<b>Total:</b>	<b>183</b>	<b>183</b>

3. The number of newly diagnosed cases of developmental conditions in the CAS in 2021 and 2022 is as follows –

Developmental conditions	Number of newly diagnosed cases	
	2021	2022 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 970	2 422
Autism Spectrum Disorder	1 960	1 861
Borderline Developmental Delay	2 652	2 105
Developmental Motor Coordination Problems/Disorders	2 503	2 256
Dyslexia & Mathematics Learning Disorder	331	229
Hearing Loss (Moderate to profound grade)	63	50
Language Delay/Disorders and Speech Problems	5 401	4 147
Physical Impairment (i.e. Cerebral Palsy)	38	34
Significant Developmental Delay/ Intellectual Disability	1 722	1 527
Visual Impairment (Blind to Low Vision)	11	6

Note: A child might have been diagnosed with more than 1 developmental condition.

4. The completion rate for assessment of new cases has decreased in 2022 as some parents were reluctant to bring their children to the CAS for assessment and some staff were also deployed to assist in anti-epidemic duties during the fifth wave of COVID-19. Moreover, due to difficulties in recruiting doctors and other civil service staff, the CAS was still not at its full work capacity to manage the service demand from new cases. Despite this, the CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurse at registration. DH will continue to monitor closely the capacity of CAS in managing service demand.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB260**

**(Question Serial No. 2935)**

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

Question:

In respect of the COVID-19 Vaccination Programme launched on 26 February 2021, please set out:

1. the respective numbers of Sinovac and Comirnaty doses procured by the Government, the total expenditure on the procurement, delivery and storage of vaccines, etc. and the expenditure incurred in the provision of vaccination services in each financial year since the launch of the Programme;
2. the respective numbers of Sinovac and Comirnaty doses unsuitable for administration due to expiry of shelf-life, improper storage or other reasons, as well as the sum of money involved.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 15)

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. The funding is sufficient for provision of vaccination to the eligible population with three doses of vaccine per recipient.

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 have been developing new generation vaccines that have better efficacy and 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. In this regard, an additional funding of \$6,031.3 million was approved in 2022-23 for procurement and administration of the fourth and fifth dose of vaccine.

The expenditure of the non-recurrent item by financial year is set out below –

	<b>Financial Year</b>		
	2020-21	2021-22	2022-23 (up to 31 Jan 2023)
	<b>Expenditure (\$ million)</b>		
Procurement of vaccine doses <sup>Note 1</sup> and implementation of the vaccination programme (including transport, storage, injection and administrative costs)	1,840.6	4,109.2	2,240.5
Supplies and consumables	1.3	18.1	9.4
Publicity	-	68.7	18.6
IT platform	0.4	49.8	29.7
<b>Total</b>	<b>1,842.3</b>	<b>4,245.8</b>	<b>2,298.2</b>
	<b>Number of vaccine doses procured (million)</b>		
- CoronaVac (Sinovac)	7.50	0.95	1.01
- Comirnaty <sup>Note 2</sup> (Fosun/BioNTech)	7.50	4.80	2.02
- AZD1222 <sup>Note 3</sup> (AstraZeneca)	7.50	-	-
<b>Total</b>	<b>22.5</b>	<b>5.75</b>	<b>3.03</b>
	<b>Number of vaccine doses administered (million)</b>		
- CoronaVac (Sinovac)	0.35	5.81	2.65
- Comirnaty (Fosun/BioNTech)	0.15	8.82	2.84
<b>Total</b>	<b>0.5</b>	<b>14.63</b>	<b>5.49</b>

Note 1: Due to the sufficient supply of CoronaVac and Comirnaty vaccines procured through bilateral purchase agreements with the relevant vaccine suppliers, the Government did not procure any vaccines via the COVAX Facility under the World Health Organization (WHO).

Note 2: Includes all Comirnaty formulations, i.e. the monovalent Comirnaty, the bivalent Comirnaty, the monovalent Comirnaty formulation for use in children, and the monovalent Comirnaty formulation for use in infants/toddlers.

Note 3: As Hong Kong has secured sufficient supplies of CoronaVac and Comirnaty vaccines, the 7.5 million doses of AZD1222 procured was donated to the COVAX Facility under the WHO.

2.

The CoronaVac and Comirnaty vaccines procured by the Government are stored in refrigerated warehouses and ultra-cold freezers of licensed wholesale dealer respectively upon arrival in Hong Kong. Since the commencement of the COVID-19 Vaccination Programme, the vaccines have been distributed from storage to various vaccination venues according to the “first-expired, first-out” principle. As at early March 2023, around 37 200 doses of the CoronaVac vaccine and 11 500 doses of the Comirnaty vaccine have been discarded by the Government. The discarded doses include thawed doses which were unutilised after outreach vaccination activities and those falling outside the stringent storage conditions. Due to confidentiality agreements signed between the Government and the vaccine suppliers, we are not at liberty to disclose the unit price of the vaccines discarded. The Government will continue to take various measures, with reference to local and overseas experience, to make the best use of the procured vaccines and avoid wastage as far as possible.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB261**

**(Question Serial No. 2938)**

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

Question:

With regard to understanding and treating Post-COVID conditions (“Long COVID”), please advise on:

- (1) whether the Government will mount any publicity campaign in the coming year to raise public understanding and awareness of Long COVID; if yes, the detailed arrangements and the expenditure involved.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 18)

Reply:

The Department of Health (DH) raises public awareness about “Post COVID-19 condition” (“Long COVID”) through various channels and encourages COVID-19 vaccination as a preventive measure. DH disseminates relevant information through various channels such as websites, social media, Announcements in the Public Interest, short video clips, interviews and seminars with medical experts, etc. DH will keep abreast of the latest scientific evidence and will continue to provide updated information to the general public.

Relevant manpower and resources are subsumed under DH’s overall provision and cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY****HHB262****(Question Serial No. 2944)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

The work undertaken by the Department of Health (DH) includes, inter alia, promoting and implementing the Elderly Health Care Voucher Scheme (EHVS). In this connection, will the Government please advise on:

1. the amount of vouchers claimed and the number of claim transactions, in tabular form, by type of healthcare service provider, in the past 3 years;
2. the number of complaints received by DH about EHVS, as well as the number and details of inspections conducted, in the past 3 years; and
3. the measures, the expenditure and the manpower in relation to the prevention of abuse of the EHVS in 2023-24?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 32)

Reply:

(1)

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

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

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	947,488	1,027,990	1,059,052
Chinese Medicine Practitioners	634,851	788,617	854,324
Dentists	276,556	355,444	343,327
Occupational Therapists	5,383	7,503	4,518
Physiotherapists	15,191	19,238	17,743

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Laboratory Technologists	13,706	20,552	13,393
Radiographers	14,700	22,603	24,635
Nurses	8,753	11,049	9,878
Chiropractors	5,127	5,760	5,080
Optometrists	225,903	284,753	233,912
<b>Sub-total (Hong Kong):</b>	<b>2,147,658</b>	<b>2,543,509</b>	<b>2,565,862</b>
HKU-SZH	5,507	12,103	10,949
<b>Total :</b>	<b>2,153,165</b>	<b>2,555,612</b>	<b>2,576,811</b>

**Number of Voucher Claim Transactions**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	1 957 092	1 917 943	1 954 032
Chinese Medicine Practitioners	1 376 436	1 542 578	1 647 630
Dentists	246 844	308 343	288 532
Occupational Therapists	4 640	7 224	4 177
Physiotherapists	39 669	48 107	37 603
Medical Laboratory Technologists	15 324	20 033	14 593
Radiographers	14 386	19 373	20 761
Nurses	6 903	11 295	9 376
Chiropractors	8 826	9 357	8 841
Optometrists	158 127	196 046	161 156
<b>Sub-total (Hong Kong):</b>	<b>3 828 247</b>	<b>4 080 299</b>	<b>4 146 701</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH)	18 962	35 953	32 356
<b>Total :</b>	<b>3 847 209</b>	<b>4 116 252</b>	<b>4 179 057</b>

**Average Amount of Vouchers per Claim Transaction (\$)**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	484	536	542
Chinese Medicine Practitioners	461	511	519
Dentists	1,120	1,153	1,190
Occupational Therapists	1,160	1,039	1,082

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Physiotherapists	383	400	472
Medical Laboratory Technologists	894	1,026	918
Radiographers	1,022	1,167	1,187
Nurses	1,268	978	1,054
Chiropractors	581	616	575
Optometrists	1,429	1,452	1,451
HKU-SZH	290	337	338

(2) & (3)

The Department of Health (DH) has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with the terms and conditions of the EHVS Agreement and those who displayed unusual patterns of voucher claims.

Details of inspections conducted under the EHVS as at end of 2020, 2021 and 2022 are as follows:

<b>Cumulative figures as at</b>		<b>Routine checking</b>	<b>Investigation of aberrant patterns of claim transactions</b>	<b>Investigation of complaints</b> Note 1	<b>Total</b>
31.12.2020	Number of inspections conducted	19 939	5 007	374	<b>25 320</b>
	Number of claims checked	354 477	89 492	26 930	<b>470 899</b>
31.12.2021	Number of inspections conducted	22 010	5 736	430	<b>28 176</b>
	Number of claims checked	390 750	102 255	27 919	<b>520 924</b>
31.12.2022	Number of inspections conducted	23 557	6 530	442	<b>30 529</b>
	Number of claims checked	417 622	113 897	28 169	<b>559 688</b>

Note 1: Including complaints / media reports and other reports about the EHVS.

Besides, the table below shows the number of complaints against participating healthcare service providers under the EHVS received by the DH in the past 3 years:

	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	69	105	45	<b>219</b>

The DH would take appropriate actions / measures when violation of terms and conditions of the EHVS Agreement was found during investigation, including issuing advisory / warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHVS; and referring cases to the Police and the relevant professional regulatory boards / councils for follow-up as appropriate.

Apart from close monitoring of suspected abuse / misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHVS. Besides, the DH has strengthened its efforts in empowering elderly persons to make informed choices and use vouchers wisely through more proactively reaching out to elderly persons and enhancing the mechanism for checking voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHVS and voucher usage on its website and the website of the EHVS to help both elderly persons and the general public better understand the EHVS.

The EHVS is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHVS is 55.

The financial provision for administering and monitoring the EHVS in 2023-24 is \$48.1 million. The manpower and expenditure on monitoring and prevention of abuse of the EHVS cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB263**

**(Question Serial No. 2320)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding 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 inform this Committee of the following in this year:

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

Asked by: Hon CHAN Wing-yan, JoePHY (LegCo internal reference no.: 3)

Reply:

1 & 4

The Government's policy on dental services 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. The Oral Health Education Division (OHED) of the Department of Health (DH) is responsible for implementing various oral health promotion programmes targeted at different age groups and disseminating oral health information through different channels. The building up of proper oral health habits is most effective at school age, and hence the Government's main efforts in oral health promotion and education target students instead of adults.

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. School



children participating in the SDCS will receive annual dental check-up at designated school dental clinics. The service is carried out by qualified dental therapists who work under the supervision of dental surgeons, and the scope of services includes an annual oral examination, oral health education, preventive dental treatment, and basic restorative dental treatment. The number of dental clinics under the SDCS is 8. The approved establishments for dentists and dental therapists in the SDCS in 2022-23 are 32 and 298 respectively. The revised estimate for the SDCS is \$285.9 million in 2022-23.

To sustain the efforts built up for primary school students, the OHED has implemented a school-based programme named “Teens Teeth” for secondary schools since 2005. Under this programme, senior secondary students are trained to promote and educate lower-form schoolmates about the importance of oral health care and hygiene on a peer-led approach (i.e. train-the-trainers).

To educate the public, a year-round campaign “Love Teeth Campaign” (LTC) is organised by OHED every year to disseminate oral health information through different publicity channels to enhance the awareness of oral health.

With the prevention-based rationale, we aim to equip the primary school students with correct oral hygiene knowledge and techniques and develop proper oral care habits since childhood.

The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens’ oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and

- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

## 2 & 3

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 a dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Since the implementation of the ODCP in October 2014 up to end-January 2023, the number of attendances was about 329 700. The revised estimate for implementing the ODCP is \$63.1 million in 2022-23.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB264**

**(Question Serial No. 2322)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

At present, dental clinics under the Department of Health provide free emergency dental treatments to the public in need through general public sessions (GP sessions). While the services only cover pain relief and teeth extraction, they still fall short of demand. In this connection, will the Government please advise this Committee on:

1. the numbers of consultation quotas, utilisation rates of such quotas and attendances (by age group) in respect of the dental treatments provided by dental clinics through designated sessions with the expenditure involved in the past 3 years in table form;
2. whether there will be an increase in the number of dental clinics with GP sessions or an increase in the number of consultation quotas offered by 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 treatments for members of the public with walking difficulties or living far away from the dental clinics with GP sessions?

Asked by: Hon CHAN Wing-yan, JoePHY (LegCo internal reference no.: 4)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs,

especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

1. Under Programme (4), the DH provides free emergency dental services to the public through the 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 service sessions and the maximum numbers of disc for allocation per GP session in the 11 government dental clinics under normal circumstances are set out below. It should, however, be noted that due to manpower shortage and in response to the COVID-19 outbreak, disc allocations have been reduced by 25% or 50% since January 2020.

<b>Dental clinic with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs for allocation per session</b>
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

<b>Dental clinic with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs for allocation per session</b>
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32

The overall utilisation rates for the dental clinics in 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) are as follows –

<b>Dental clinic with GP sessions</b>	<b>Overall utilisation rate in %</b>		
	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23 (up to 31 January 2023)</b>
Kowloon City Dental Clinic	99.3	96.8	99.3
Kwun Tong Dental Clinic	99.7	96.7	100
Kennedy Town Community Complex Dental Clinic	98.0	96.8	99.6
Fanling Health Centre Dental Clinic	99.9	98.5	99.4
Mona Fong Dental Clinic	98.7	97.9	97.6
Tai Po Wong Siu Ching Dental Clinic	99.3	98.0	100
Tsuen Wan Dental Clinic	99.4	99.2	99.9
Yan Oi Dental Clinic	99.8	97.9	99.8
Yuen Long Government Offices Dental Clinic	99.4	97.8	99.0
Tai O Dental Clinic	52.2	52.9	71.3
Cheung Chau Dental Clinic	89.7	85.4	89.4

The number of attendances in GP sessions for each dental clinic in 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) with breakdown by age group are as follows –

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2020-21</b>	<b>Attendance in 2021-22</b>	<b>Attendance in 2022-23 (up to 31 January 2023)</b>
Kowloon City Dental Clinic	0-18	47	59	35
	19-42	601	652	395
	43-60	996	1 250	711
	61 or above	1 957	2 172	1 252
	Sub-total	3 601	4 133	2 393

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2020-21</b>	<b>Attendance in 2021-22</b>	<b>Attendance in 2022-23 (up to 31 January 2023)</b>
Kwun Tong Dental Clinic	0-18	33	31	17
	19-42	420	430	201
	43-60	695	723	525
	61 or above	1 365	1 471	1 016
	Sub-total	2 513	2 655	1 759
Kennedy Town Community Complex Dental Clinic	0-18	59	55	28
	19-42	748	1 257	809
	43-60	1 240	1 475	1 169
	61 or above	2 435	2 633	1 207
	Sub-total	4 482	5 420	3 213
Fanling Health Centre Dental Clinic	0-18	20	16	10
	19-42	252	280	141
	43-60	417	469	278
	61 or above	819	962	564
	Sub-total	1 508	1 727	993
Mona Fong Dental Clinic	0-18	15	15	4
	19-42	200	243	126
	43-60	331	387	252
	61 or above	650	775	495
	Sub-total	1 196	1 420	877
Tai Po Wong Siu Ching Dental Clinic	0-18	16	18	9
	19-42	199	231	137
	43-60	329	370	201
	61 or above	647	801	535
	Sub-total	1 191	1 420	882
Tsuen Wan Dental Clinic	0-18	63	59	43
	19-42	808	908	519
	43-60	1 338	1 589	980
	61 or above	2 629	3 190	1 849
	Sub-total	4 838	5 746	3 391
Yan Oi Dental Clinic	0-18	17	16	6
	19-42	211	230	89
	43-60	350	358	224
	61 or above	687	769	555
	Sub-total	1 265	1 373	874
Yuen Long Government Offices Dental Clinic	0-18	31	37	20
	19-42	400	491	293
	43-60	663	851	511
	61 or above	1 303	1 493	860
	Sub-total	2 397	2 872	1 684
Tai O Dental Clinic	0-18	2	2	0
	19-42	20	25	15
	43-60	33	41	29
	61 or above	66	69	70

Dental clinic with GP sessions	Age group	Attendance in 2020-21	Attendance in 2021-22	Attendance in 2022-23 (up to 31 January 2023)
	Sub-total	121	137	114
Cheung Chau Dental Clinic	0-18	3	4	6
	19-42	34	28	15
	43-60	57	46	38
	61 or above	111	86	83
	Sub-total	205	164	142
The above 11 Dental Clinics	0-18	306	312	178
	19-42	3 893	4 775	2 740
	43-60	6 449	7 559	4 918
	61 or above	12 669	14 421	8 486
	Total	23 317	27 067	16 322

The expenditure for the operation of the GP sessions is absorbed within DH's overall provision for dental services under Programme (4) and breakdown is not available.

## 2&3

The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens' oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB265**

**(Question Serial No. 2323)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

Regarding the general public sessions (GP sessions) of government dental clinics, will the Government please advise this Committee on:

1. the number of attendances and distribution (in percentage terms), by age group, in each of the past 5 years;
2. the total numbers of discs available, service sessions and attendances in GP sessions at government dental clinics across Hong Kong in each of the past 5 years;
3. the actual number of patients attending GP sessions (as against attendances) and the number of patients who have attended more than one service session at government dental clinics across Hong Kong by age group in each of the past 5 years; and
4. the staff establishment, the number of additional staff, the number of staff resigned, the median salary and the total payroll cost involved in the operation of GP sessions at government dental clinics across Hong Kong in each of the past 5 years?

Asked by: Hon CHAN Wing-yan, JoePHY (LegCo internal reference no.: 5)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs,

especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

1. Under Programme (4), the DH provides free emergency dental services to the public through the 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 numbers of attendances and the distribution in percentage in GP sessions in 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) are set out below by age group –

Age group	No. of attendances (% Distribution of attendances by age group)				
	2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
0-18	674 (1.82%)	1 345 (3.92%)	306 (1.31%)	312 (1.15%)	178 (1.09%)
19-42	5 636 (15.22%)	7 008 (20.42%)	3 893 (16.70%)	4 775 (17.64%)	2 740 (16.79%)
43-60	8 905 (24.05%)	6 870 (20.02%)	6 449 (27.66%)	7 559 (27.93%)	4 918 (30.13%)

Age group	No. of attendances (% Distribution of attendances by age group)				
	2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
61 or above	21 812 (58.91%)	19 090 (55.64%)	12 669 (54.33%)	14 421 (53.28%)	8 486 (51.99%)
<b>Total</b>	<b>37 027 (100%)</b>	<b>34 313 (100%)</b>	<b>23 317 (100%)</b>	<b>27 067 (100%)</b>	<b>16 322 (100%)</b>

2. In 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 (up to 31 January 2023), the maximum numbers of disc for allocation per GP session under normal circumstances and total number of attendances for each dental clinic with GP sessions are set out below. For the former, it should, however, be noted that due to manpower shortage and in response to the COVID-19 outbreak, disc allocations have been reduced by 25% or 50% since January 2020.

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation per session	No. of attendances (No. of discs available)				
			2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
Kowloon City Dental Clinic	Monday (AM)	84	5 419 (6 132)	4 953 (5 628)	3 601 (3 652)	4 133 (4 292)	2 393 (2 436)
	Thursday (AM)	42					
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 023 (4 116)	3 694 (3 780)	2 513 (2 520)	2 655 (2 751)	1 759 (1 764)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	7 191 (8 400)	6 692 (7 392)	4 482 (4 620)	5 420 (5 733)	3 213 (3 276)
	Friday (AM)	84					
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 227 (2 300)	2 062 (2 325)	1 508 (1 509)	1 727 (1 757)	993 (1 000)
Mona Fong Dental Clinic	Thursday (PM)	42	1 899 (2 100)	1 737 (1 974)	1 196 (1 216)	1 420 (1 457)	877 (903)

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation per session	No. of attendances (No. of discs available)				
			2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 970 (2 100)	1 870 (1 974)	1 191 (1 216)	1 420 (1 457)	882 (882)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 994 (8 232)	7 432 (7 644)	4 838 (4 888)	5 746 (5 850)	3 391 (3 402)
	Friday (AM)	84					
Yan Oi Dental Clinic	Wednesday (AM)	42	2 016 (2 058)	1 854 (1 890)	1 265 (1 269)	1 373 (1 404)	874 (882)
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	42	3 910 (4 116)	3 672 (3 822)	2 397 (2 433)	2 872 (2 947)	1 684 (1 701)
	Friday (AM)	42					
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	95 (384)	105 (352)	121 (232)	137 (261)	114 (160)
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	283 (384)	242 (352)	205 (232)	164 (192)	142 (160)
<b>Total</b>			<b>37 027 (40 322)</b>	<b>34 313 (37 133)</b>	<b>23 317 (23 787)</b>	<b>27 067 (28 101)</b>	<b>16 322 (16 566)</b>

In 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 (up to 31 January 2023), the number of service sessions for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	No. of sessions				
	2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
Kowloon City Dental Clinic	98	98	98	100	80
Kwun Tong Dental Clinic	49	49	45	47	43
Kennedy Town Community Complex Dental Clinic	100	97	92	99	78
Fanling Health Centre Dental Clinic	46	51	50	51	40

Dental clinic with GP sessions	No. of sessions				
	2018-19	2019-20	2020-21	2021-22	2022-23 (up to 31 January 2023)
Mona Fong Dental Clinic	50	51	49	50	43
Tai Po Wong Siu Ching Dental Clinic	50	51	49	50	43
Tsuen Wan Dental Clinic	98	100	97	100	81
Yan Oi Dental Clinic	49	50	51	48	42
Yuen Long Government Offices Dental Clinic	98	100	97	100	81
Tai O Dental Clinic	12	12	12	12	10
Cheung Chau Dental Clinic	12	12	12	12	10

3. DH does not maintain the number of patients attended the GP sessions and information on the number of cases of repeated visits in the past 5 years.

4. The staff establishment, number of additional staff, attrition figures and salary expenditure involved in the operation of GP sessions at government dental clinics are subsumed under the DH's overall provision for dental services under Programme (4) and breakdown is not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB266**

**(Question Serial No. 2738)**

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

Question:

In the Matters Requiring Special Attention in 2023-24 of Head 37 – Department of Health (DH), the Government states that it will provide comprehensive physical, psychological and social assessment for children with developmental anomalies. In this connection, will the Government please advise this Committee on:

- 1) the number of children referred by doctors or schools or through other channels to queue for assessment at the Child Assessment Centres (CACs) under DH in each of the past 5 years;
- 2) the number of children assessed at CACs by type of condition in each of the past 5 years; and
- 3) the average waiting time of children for the first appointment seen by nurses at CACs and for the completion of assessment in each of the past 5 years?

Asked by: Hon CHAN Wing-yan, JoePHY (LegCo internal reference no.: 14)

Reply:

- 1) The number of newly referred cases received by the Child Assessment Service (CAS) of Department of Health in the past 5 years are as follows. The statistics for individual centres are not readily available.

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022 (Provisional figure)</b>
The number of newly referred cases to the CAS	10 466	9 799	7 526	12 166	10 154

- 2) The number of children assessed by the CAS in the past 5 years are as follows. The statistics for individual centres are not readily available.

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022 (Provisional figure)</b>
Number of children assessed by the CAS	17 020	16 946	14 507	16 626	14 251

The number of newly diagnosed cases of developmental conditions in the CAS in the past 5 years are as follows –

<b>Developmental conditions</b>	<b>Number of newly diagnosed cases</b>				
	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022 (Provisional figures)</b>
Attention/Hyperactive Problems/Disorders	3 284	3 579	3 318	2 970	2 422
Autism Spectrum Disorder	1 861	1 891	1 769	1 960	1 861
Borderline Developmental Delay	2 637	2 926	2 512	2 652	2 105
Developmental Motor Coordination Problems/Disorders	2 338	2 367	2 016	2 503	2 256
Dyslexia & Mathematics Learning Disorder	534	510	477	331	229
Hearing Loss (Moderate to profound grade)	85	65	51	63	50
Language Delay/Disorders and Speech Problems	3 802	4 300	4 570	5 401	4 147
Physical Impairment (i.e. Cerebral Palsy)	48	42	36	38	34
Significant Developmental Delay/Intellectual Disability	1 566	1 523	1 482	1 722	1 527
Visual Impairment (Blind to Low Vision)	28	20	11	11	6

Note: A child might have been diagnosed with more than 1 developmental condition.

- 3) In the past 5 years, all new cases referred to the CAS were seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurse at registration. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The CAS does not maintain statistics on the average waiting time for assessment of new cases.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 2741)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

Regarding the tobacco control work undertaken by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH), will the Government please advise this Committee on:

1. the expenditure and manpower of TACO, DH in the past 3 years;
2. the numbers of complaints received, inspections conducted, summonses and fixed penalty notices issued by TACO in the past 3 years; and the numbers of cases related to illegal sale of cigarettes to minors during enforcement action; and
3. the number of enforcement actions taken related to electronic smoking products and heated tobacco products in the past 5 years and among them, whether any vendors were found to have sold electronic smoking products or heated tobacco products to minors?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 24)

Reply:

(1)

The expenditure and approved establishment of The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) from 2020-21 to 2022-23 are at **Annex 1 and Annex 2** respectively.

(2)

TACO is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). TACO will conduct inspections and investigation in response to smoking and related complaints. In general, TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, TACO also issued summonses for offences under Cap. 371 relating to aiding and abetting smoking offences, tobacco advertisement, alternative smoking products (ASPs), obstruction of inspectors, etc.. The numbers of complaints / referrals



received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2020 to 2022 for smoking and other offences are at **Annex 3**.

During the period from 2020 to 2022, there was 1 summons issued against sales of tobacco products to minors.

(3)

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes ASPs, including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with Cap.371. TACO will conduct investigation upon receiving complaints or referrals. Illegally imported ASPs were intercepted by the Customs and Excise Department at boundary control points and referred to TACO for follow-up including prosecution when there is sufficient evidence. The first 3 months of implementation of the import ban was the grace period for enforcement. Warning letters were issued to passengers carrying small quantity of ASPs into Hong Kong. After the grace period, any person who contravenes the import ban would be prosecuted when there is sufficient evidence. In 2022, TACO issued 74 summonses and 9 warning letters for contravention to the ASP ban.

Cap. 371 stipulates that any person who does a smoking act in no smoking area commits an offence and is subject to a fixed penalty of \$1,500. From 2018 to 2022, there were 630 FPNs and 3 summonses issued against smoking of electronic smoking products and heated tobacco products in no smoking areas.

The ASP import and sale ban introduced in Cap. 371, which covers, inter alia, all electronic smoking products, came into effect on 30 April 2022. Before the ban, electronic smoking products containing nicotine were regulated under the Pharmacy and Poisons Ordinance (Cap. 138) and must be registered with the Pharmacy and Poisons Board of Hong Kong before they can be sold or distributed in Hong Kong. From 2018 to 2022, there were 22 convicted cases involving illegal sale or possession of unregistered pharmaceutical products or Part 1 poisons related to nicotine-containing electronic smoking products. There are no nicotine-containing electronic smoking products registered as pharmaceutical products in Hong Kong to date.

TACO has not received any complaint related to the sale of electronic smoking products or heated tobacco products to minors during the period from 2018 to 2022. From 30 April 2022, sale of ASPs to any person is prohibited under Cap. 371.

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

	2020-21 (\$ million)	2021-22 (\$ million)	2022-23 (Revised Estimate) (\$ million)
<b><u>Enforcement</u></b>			
Programme 1: Statutory Functions	102.2	101.3	98.5
<b><u>Health Education and Smoking Cessation</u></b>			
Programme 3: Health Promotion	141.2	138.9	152.0
<b><u>(a) General health education and promotion of smoking cessation</u></b>			
<i>TACO</i>	64.5	62.8	73.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.0	26.2	26.5
<b><i>Sub-total</i></b>	<b><u>90.5</u></b>	<b><u>89.0</u></b>	<b><u>100.1</u></b>
<b><u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>			
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6	30.8	32.1
<i>Subvention to Pok Oi Hospital</i>	7.4	7.5	7.6
<i>Subvention to Po Leung Kuk</i>	1.7	0.7	-
<i>Subvention to Lok Sin Tong</i>	3.0	3.2	3.3
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.4	4.9	5.8
<i>Subvention to Life Education Activity Programme</i>	2.7	2.8	2.8
<i>Subvention to The University of Hong Kong</i>	0.9	-	0.3
<b><i>Sub-total</i></b>	<b><u>50.7</u></b>	<b><u>49.9</u></b>	<b><u>51.9</u></b>
<b>Total</b>	<b><u>243.4</u></b>	<b><u>240.2</u></b>	<b><u>250.5</u></b>

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

Rank	2020-21 to 2022-23 No. of staff
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<b><u>Administrative and General Support</u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
<b>Total</b>	<u><b>183</b></u>

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

	<b>2020</b>	<b>2021</b>	<b>2022</b>	
Complaints/referrals received	11 568	13 424	14 805	
Inspections conducted	36 129	41 225	35 281	
Warning letters issued <sup>(Note 1, 2)</sup>	16	16	21	
FPNs issued (for smoking offences)	6 587	7 703	6 296	
Summonses issued	for smoking offences	58	40	35
	for other offences <sup>(Note 3)</sup>	57	115	130

Note

- 1 In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.
- 3 Other offences include wilful obstruction, failure to produce identity document, displaying tobacco advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

- End -

**CONTROLLING OFFICER'S REPLY****HHB268****(Question Serial No. 0297)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on:

- 1) the details of, and the manpower and expenditure involved, in the Department's promotion of breastfeeding in the past 3 years;
- 2) the details and plans concerned for promotion of breastfeeding;
- 3) whether the Bureau will expand the free human papillomavirus vaccination programme; if yes, the estimated manpower and expenditure involved; and
- 4) whether the Bureau will take forward the population-based breast cancer screening as soon as possible; if yes, the details and plans, as well as the estimated manpower and expenditure involved.

Asked by: Hon CHAN Yung (LegCo internal reference no.: 24)Reply:

1)

In 2020-21, 2021-22 and 2022-23, a provision of \$6.0 million was allocated to Family Health Service (FHS) of the Department of Health (DH) each year for continuing the effort for promotion of breastfeeding.

Breakdown of the expenditure for 2020-21, 2021-22 and 2022-23 are as follows:

Items	Expenditure (\$ million)		
	2020-21	2021-22	2022-23
Publicity campaigns (e.g. publicity events, exhibitions)	1.2	1.8	2.0
Production of promotional videos	1.6	0.6	1.0
Production and dissemination of health education resources and guidelines	1.4	1.3	1.0

Items	Expenditure (\$ million)		
	2020-21	2021-22	2022-23
Research, studies and service improvement on breastfeeding and child nutrition	0.2	1.1	0.9
Implementation of peer support programme for lactating mothers	1.6	1.2	1.1

The workload for implementing the initiatives was absorbed within the existing manpower resources of the FHS of DH and cannot be separately identified.

2)

The DH will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; implementing Baby-friendly Initiatives in Maternal and Child Health Centres to enhance the professional support to breastfeeding mothers after their discharge from birthing hospitals; encouraging the adoption of “Breastfeeding Friendly Workplace” policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become “Breastfeeding Friendly Premises” so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary “Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infant and Young Children”; and continuing the surveillance on local breastfeeding situation. \$6.0 million has been earmarked in 2023-24 to implement the above.

3)

The 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 2019/20 school year. In general, incorporation of a new vaccine into the HKCIP is based on scientific evidence taking into account a number of public health factors, including the overall disease burden on society, the efficacy and safety of the vaccine, the availability of other effective preventive measures, and the cost-effectiveness and public acceptance of the vaccine.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experiences in relation to the efficacy and safety of HPV vaccines, as well as local studies on acceptability and cost-benefit analyses, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended on 29 November 2022 extension of the target groups of HPV vaccines to older girls up to 18 years of age (inclusive). Based on the recommendation of the SCVPD, the Government is considering the way forward for the relevant programme.

4)

Based on the revised recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) of the Cancer Coordinating Committee, the Government adopts a risk-based approach for breast cancer screening. According to the CEWG's recommendations, 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 screening every two years.

The Breast Cancer Screening Pilot Programme has been rolled out in the latter half of 2021 to provide screening services for eligible women at three Woman Health Centres (WHCs) and 18 Elderly Health Centres (EHCs) over a period of two years, with an aim of detecting early breast cancer in women before any symptoms appear, so that treatment can be carried out early. The personalised breast cancer risk assessment tools developed by the University of Hong Kong and accessible at the Cancer Online Resource Hub ([www.cancer.gov.hk/en/bctool](http://www.cancer.gov.hk/en/bctool)) are used to assess the risk of developing breast cancer for eligible women, who would be provided with breast cancer screening, as appropriate. Breast ultrasound scanning as a supplementary examination may also be arranged for them if necessary.

As of 31 January 2023, more than 16 000 women aged between 44 and 69 received breast cancer risk assessment in WHCs and EHCs, of which about 4 000 women (29%) were referred for mammogram screening.

The financial provisions of the Breast Cancer Screening Pilot Programme which has been rolled out in WHCs and EHCs in 2021-22, 2022-23 and 2023-24 are about \$22.8 million, \$19.8 million and \$21.7 million respectively.

To further strengthen the breast cancer screening service, the Government is planning for Phase 2 of the Breast Cancer Screening Pilot Programme. The Government will decide the way forward after evaluation of the Breast Cancer Screening Pilot Programme.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB269**

**(Question Serial No. 2220)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

With regard to assisting women in preventing gynaecological diseases, will the Government please advise this Committee on:

1. the expenditure on the Cervical Screening Programme and its attendances in each of the past 3 years, as well as the number of registered users on the Cervical Screening Information System at present;
2. since the launch of the Breast Cancer Screening Pilot Programme (the Pilot Programme) in 2021, the expenditure on and attendances of the Pilot Programme each year, as well as the number of breast cancer screening services provided to women aged 65 to 69; whether the Government will consider providing free breast cancer screening services to women of a wider age group in the future; if yes, the details and if not, the reasons;
3. the average waiting time for women health services provided by each Maternal and Child Health Centre and Woman Health Centre (WHC), the number of enrolment for and expenditure on such services in each of the past 3 years; whether the Government will consider setting up more WHCs in the future; if yes, the details and if not, the reasons; and
4. whether it will consider a wider coverage of free vaccination against cervical cancer to benefit more women; if yes, the details and if not, the reasons?

Asked by: Hon CHAU Siu-chung (LegCo internal reference no.: 35)

Reply:

1 & 2.

Cervical Screening Programme

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) of the Cancer Coordinating Committee recommends women aged 25 to 64 who ever had sexual experience to have regular cervical cancer screening. Maternal and Child Health Centres (MCHCs) provide subsidised cervical cancer screening for the public.



In 2020, 2021 and 2022, the number of attendances for cervical screening service in MCHCs were 17 553, 53 656 and 65 003 respectively. Due to the COVID-19 epidemic, 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 for Cervical Screening Programme service is absorbed within the overall provision for the Family Health Service (FHS) and cannot be separately identified.

As of 31 January 2023, over 661 000 women have already registered with the Cervical Screening Information System.

### Breast Cancer Screening Pilot Programme

Based on the revised recommendations of the CEWG of the Cancer Coordinating Committee, the Government adopts a risk-based approach for breast cancer screening. According to the CEWG's recommendations, 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 has been rolled out in the latter half of 2021 to provide screening services for eligible women at three Woman Health Centres (WHCs) and 18 Elderly Health Centres (EHCs) over a period of two years, with an aim of detecting early breast cancer in women before any symptoms appear, so that treatment can be carried out early. The personalised breast cancer risk assessment tools developed by the University of Hong Kong and accessible at the Cancer Online Resource Hub, ([www.cancer.gov.hk/en/bctool](http://www.cancer.gov.hk/en/bctool)), are used to assess the risk of developing breast cancer for eligible women, who would be provided with breast cancer screening, as appropriate. Breast ultrasound scanning as a supplementary examination may also be arranged for them if necessary.

As of 31 January 2023, more than 16 000 women aged between 44 and 69 received breast cancer risk assessment in WHCs and EHCs, of which about 4 000 women (29%) were referred for MMG screening. For women aged 65 to 69, about 3 000 women received risk assessment in EHCs, and about 400 of them were referred for MMG screening.

The financial provisions of the Breast Cancer Screening Pilot Programme which has been rolled out in WHCs and EHCs in 2021-22 and 2022-23 are about \$22.8 million and \$19.8 million respectively.

To further strengthen the breast cancer screening service, the Government is planning for Phase 2 of the Breast Cancer Screening Pilot Programme. The Government will decide the way forward after evaluation of the Breast Cancer Screening Pilot Programme.

3.

Women aged 64 or below can enrol for Woman Health Service (WHS) provided by WHCs or MCHCs operated by the Department of Health (DH). At present, WHS is provided at the three WHCs on full-time basis and selected MCHCs on sessional basis.

Due to the COVID-19 epidemic, WHS was suspended from 3 February 2020 to 5 September 2021 due to redeployment of staff for various anti-epidemic duties. The service has resumed at the three WHCs since 6 September 2021, and at three MCHCs on sessional basis in phases since 17 October 2022.

In 2020, 2021 and 2022, the number of enrolment for WHS is as follows:

Centre	No. of enrolment		
	2020	2021	2022
Chai Wan WHC	191	1 236	3 743
Lam Tin WHC	280	1 304	4 408
Tuen Mun WHC	229	1 031	3 237
Various MCHCs (on sessional basis)	165	--	116
<b>Total</b>	<b>865</b>	<b>3 571</b>	<b>11 504</b>

Clients enrolling for WHS will be given an appointment for consultation. The waiting time for consultation among different centres ranges from 1 week to 12 weeks.

The actual expenditures for the MCHCs concerned are absorbed within the overall provision for the FHS and cannot be separately identified. For the three WHCs, the expenditures for 2020-21 and 2021-22 are \$38.9 million and \$28.4 million respectively and the revised estimate for 2022-23 is \$39.8 million.

Currently, DH does not have plan to set up more WHCs. DH will continue to monitor the demand on WHS.

4.

The 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. In general, incorporation of a new vaccine into the HKCIP is based on scientific evidence taking into account a number of public health factors, including the overall disease burden on society, the efficacy and safety of the vaccine, the availability of other effective preventive measures, and the cost-effectiveness and public acceptance of the vaccine.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experiences in relation to the efficacy and safety of HPV vaccines, as well as local studies on acceptability and cost-benefit analyses, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended on 29 November 2022 extension of the target groups of HPV vaccines to older girls up to 18 years of age (inclusive). Based on the recommendation of the SCVPD, the Government is considering the way forward for the relevant programme.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 0834)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

In relation to the promotion of breastfeeding, please advise on: the scope of the work in this regard and the expenditure and manpower involved in the past 3 years (namely, 2020, 2021 and 2022); and whether its effectiveness has been assessed; if yes, the findings and if not, the reasons.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 29)

Reply:

The Department of Health (DH) promotes, protects and supports breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; implementing Baby-friendly Initiatives in Maternal and Child Health Centres to enhance the professional support to breastfeeding mothers after their discharge from birthing hospitals; encouraging the adoption of “Breastfeeding Friendly Workplace” policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become “Breastfeeding Friendly Premises” so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary “Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infant and Young Children”; and continuing the surveillance on local breastfeeding situation.

In 2020-21, 2021-22 and 2022-23, a provision of \$6.0 million was allocated to Family Health Service (FHS) of the DH each year for promotion of breastfeeding.

The workload for implementing the initiatives was absorbed within the existing manpower resources of the FHS of DH and cannot be separately identified.

The DH conducted regular surveys to monitor the local trend of breastfeeding. According to the latest data available, the breastfeeding rate on hospital discharge has increased from 55 %

in 2000 to 87% in 2021, while the rate of exclusive breastfeeding rate till 6 months of age increased from 8% in 2000 to 22% in 2020.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB271**

**(Question Serial No. 2076)**

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

Question:

According to the figures provided by the Department of Health in the Controlling Officer's Report, the performance indicators including the estimated number of inspections of licensed retail drug premises and private clinics will drop in 2023. Given the full resumption of normal travel between Hong Kong and the Mainland, the number of inbound travellers from the Mainland has been gradually increasing. It is not difficult to imagine an upward trend in the number of Mainlanders visiting Hong Kong for shopping just as before, with quite a number of them coming even only for vaccination (e.g. human papillomavirus vaccine and Comirnaty bivalent vaccine), thus packing the pharmacies (or dispensaries) and private clinics with customers and patients. In this connection, please advise on:

- (1) the basis on which the Government compiles the said figures;
- (2) whether the Government has formulated or strengthened the regulatory measures regarding travellers coming to Hong Kong for purchase of medicines or medical consultation at local clinics after the full resumption of normal travel; and
- (3) according to last year's inspections, the problems which frequently occur in private clinics in Hong Kong at present, as well as the Government's measures in response.

Asked by: Hon KONG Yuk-foon, Doreen (LegCo internal reference no.: 31)

Reply:

(1)  
Under the Pharmacy and Poisons Ordinance (Cap. 138), retailers authorised as Authorized Sellers of Poisons (ASPs) (commonly known as "pharmacies") by the Pharmacy and Poisons Board of Hong Kong (the Board) are allowed to conduct retail business involving poisons listed in Part 1 and Part 2 of the Poisons List at Schedule 10 to the Pharmacy and Poisons Regulations (Cap. 138A). Retailers that are not ASPs and wish to conduct retail business involving poisons listed in Part 2 of the Poisons List must obtain a licence of Listed Seller of Poisons (LSP) (commonly known as "medicine companies") issued by the Board. The Department of Health (DH) conducts routine and blitz inspections of licensed ASPs and LSPs

regularly to ensure their compliance with relevant Code of Practice and legislations, including Cap. 138, Antibiotics Ordinance (Cap. 137) and Dangerous Drugs Ordinance (Cap. 134). There were a total of 600 ASPs and 4 151 LSPs as of 31 December 2022. The number largely remained stable since 2021. DH will keep in view the situation and conduct inspections of licensed retail drug premises in 2023 as necessary.

The Private Healthcare Facilities Ordinance (Cap. 633) has introduced a new regulatory regime for private healthcare facilities, including private hospitals, day procedure centres (DPCs), clinics and health services establishments since 2018. Cap. 633 is being implemented in phases. Licence applications for hospitals and DPCs commenced in 2019 and 2020 respectively, whereas applications for clinic licences will be announced at a later stage. There were a total of 13 private hospitals and 261 DPCs as of 31 December 2022. Separately, there were 69 medical clinics registered under the Medical Clinics Ordinance (Cap. 343). Under the regulatory regimes of the above ordinances, the DH conducts inspections to the licensed/registered premises for various purposes, including processing new licence/registration applications, routine inspections, processing applications for change in services, incident investigations, etc. DH will keep in view the situation and conduct inspections of licensed/registered premises in 2023 as necessary.

The estimated number of inspections for 2023 has taken into account multiple factors including the number of licensed drug retail premises and private healthcare facilities, and the number of applications under various ordinances.

(2)

The practice of ASPs, LSPs and medical clinics is governed by the relevant ordinances and their respective Code of Practice, the primary concern of which is to protect public health. The DH inspects licensed drug retail premises twice a year on average to monitor their compliance with relevant Code of Practice and regulations. Besides, the DH also inspects medical clinics registered under Cap. 343 at least once a year and will continue to keep close monitoring on the compliance to the regulatory standards set out in the Code of Practice for Clinics under Cap. 343. DH will continue to keep in view the situation and conduct inspections of licensed/registered premises in 2023 to monitor regulatory compliance as necessary.

(3)

There is one case of non-compliance with the Code of Practice for Clinics under Cap. 343 in 2022, which involved improper refrigerator temperature for drug storage in a medical clinic. The concerned medical clinic had taken remedial measures to ensure patient safety.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB272**

**(Question Serial No. 2077)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

According to the statistics in the Controlling Officer's Report (COR), the Department of Health's estimated financial provision for disease prevention for the Government sector has seen a sharp decline by more than 1/3 from last year's original estimate. Suffering from enormous physical and mental stress caused by the pandemic (from which Hong Kong has recently emerged), the people in the territory at large have become more health-conscious with increased awareness of disease prevention. In this connection, please advise on:

- (1) the major reductions in the Government's estimated financial provision for disease prevention for the Government sector;
- (2) whether the Government has any measures in place to cope with the persistent and potential threat of COVID-19 resurgence to public health in the coming year, particularly in the autumn to winter months in the second half of the year; and
- (3) whether the Government will, in view of the absence of indicators or targets regarding preventive measures for public mental health, consider their inclusion in the COR.

Asked by: Hon KONG Yuk-foon, Doreen (LegCo internal reference no.: 32)

Reply:

1.

As the COVID-19 epidemic subsides, the overall expenditure figure for Programme (2) in relation to disease prevention is expected to revert to the normal trend and may thus appear lower in total in 2023-24. After deducting the anti-epidemic expenditure for COVID-19 vaccination set aside by the Department of Health (DH) in 2023-24, the financial provision for Programme (2) in 2023-24 increases by 6.3% as compared with the actual expenditure in 2019-20, i.e. prior to the implementation of various anti-epidemic measures.

2.

The Government will keep on monitoring closely the epidemic development and the overall operation of the public healthcare system, with a view to safeguarding public health. The Centre for Health Protection (CHP) of DH will continue to monitor severe and fatal cases reported by medical practitioners, surveillance data of sewage samples collected in various districts, COVID-19 genetic testing results for in-patients, as well as weekly number of patients seeking medical consultation after being infected with COVID-19 visiting general out-patient clinics and private medical practitioners under the sentinel surveillance system.

DH develops contingency plans and conducts exercises and drills to enhance the overall preparedness and response for public health crisis. The public health response measures in general include enhancing surveillance, conducting epidemiological investigation, implementing disease control measures, operating port health measures, and enhancing risk communications and liaison with stakeholders. DH also provides laboratory support and infection control guidance in relation to the public health emergencies and communicates closely with local stakeholders and health authorities in the Mainland and other places, as well as the World Health Organization (WHO) and other international public health bodies. Where applicable, DH would also review medication and vaccination strategies. Apart from conducting exercises and drills for public health emergency itself, DH also participates in public health emergency response exercises organised by other Government bureaux/ departments as well as WHO.

In addition, regarding the use of COVID-19 vaccine, the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases under CHP will review the local epidemiological situation and the latest scientific evidence on a regular basis, and will update the relevant vaccination recommendations if necessary.

Other than the COVID-19 Government Vaccination Programme which has been implemented since February 2021, CHP will continue to provide free/subsidised seasonal influenza vaccination and pneumococcal vaccination to eligible persons under various vaccination programmes/schemes through the public clinics, private clinics, residential care homes and outreach vaccination to schools to strengthen immunity of the public against respiratory diseases.

3.

Since mental health promotion is an integral part of DH's health promotion effort, the relevant targets and indicators have been covered in those for overall health promotion in the Controlling Officer's Report. For the promotion of mental health, DH has earmarked recurrent annual funding of \$50 million for an on-going mental health promotion and public education initiative. The "Shall We Talk" campaign was launched in July 2020 to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from professionals in a timely and prompt manner. The initiative continues to make use of both traditional channels and new social media platforms in order to reach out all walks of life in the society.

The thematic website of "Shall We Talk" is a one-stop dedicated website for information on common mental health disorders, help seeking, community support, resources and education materials for the public. A dedicated module has been set up on the thematic website of



“Shall We Talk” (<https://shallwetalk.hk/>) to provide tips and support regarding mental health under the COVID-19 epidemic, including those that are specific to parents, children, adolescents and senior citizens (<https://shallwetalk.hk/en/news/covid-19-and-mental-health/>).

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB273**

**(Question Serial No. 1466)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Government's estimated financial provision for disease prevention in 2023-24 is about \$12.7026 billion, representing a sharp decrease of about \$3 billion (nearly 20%) against the revised estimate for 2022-23 (\$15.7155 billion). In this connection, please advise on the details of the decrease in the expenditure.

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 31)

Reply:

As the COVID-19 epidemic subsides, the overall expenditure figure for Programme (2) in relation to disease prevention is expected to revert to the normal trend and may thus appear lower in total in 2023-24. After deducting the anti-epidemic expenditure for COVID-19 vaccination set aside by the Department of Health in 2023-24, the financial provision for Programme (2) in 2023-24 increases by 6.3% as compared with the actual expenditure in 2019-20, i.e. prior to the implementation of various anti-epidemic measures.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB274**

**(Question Serial No. 1479)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

Regarding the provision of dental services for emergency cases and groups with special oral healthcare needs, please advise on:

1. the number of attendances in the general public sessions (GP sessions) at government dental clinics and the distribution, by age group, in each of the past 3 years;
2. the total numbers of discs available, service sessions and attendances in GP sessions at government dental clinics across Hong Kong in each of the past 3 years;
3. the staff establishment, number of additional staff and attrition figures of government dental clinics across Hong Kong in each of the past 3 years and in the coming year; and
4. the current progress on and details of the exploration of new pathways for the admission of non-locally trained dentists as proposed in the Policy Address.

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 5)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include

special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

1. Under Programme (4), the DH provides free emergency dental services to the public through the 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 numbers of attendances and the distribution in percentage GP sessions in 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) are set out below by age group –

Age group	No. of attendances (% Distribution of attendances by age group)		
	2020-21	2021-22	2022-23 (up to 31 January 2023)
0-18	306 (1.31%)	312 (1.15%)	178 (1.09%)
19-42	3 893 (16.70%)	4 775 (17.64%)	2 740 (16.79%)
43-60	6 449 (27.66%)	7 559 (27.93%)	4 918 (30.13%)
61 or above	12 669 (54.33%)	14 421 (53.28%)	8 486 (51.99%)
<b>Total</b>	<b>23 317</b> <b>(100%)</b>	<b>27 067</b> <b>(100%)</b>	<b>16 322</b> <b>(100%)</b>

2. In 2020-21, 2021-22 and 2022-23 (up to 31 January 2023), the maximum numbers of disc for allocation per GP session under normal circumstances and total number of attendances for each dental clinic with GP sessions are set out below. For the former, it should, however, be noted that due to the manpower shortage and in response to the COVID-19 outbreak, disc allocations have been reduced by 25% or 50% since January 2020.

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation per session	No. of attendances (No. of discs available)		
			2020-21	2021-22	2022-23 (up to 31 January 2023)
Kowloon City Dental Clinic	Monday (AM)	84	3 601 (3 652)	4 133 (4 292)	2 393 (2 436)
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	2 513 (2 520)	2 655 (2 751)	1 759 (1 764)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	4 482 (4 620)	5 420 (5 733)	3 213 (3 276)
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	1 508 (1 509)	1 727 (1 757)	993 (1 000)
Mona Fong Dental Clinic	Thursday (PM)	42	1 196 (1 216)	1 420 (1 457)	877 (903)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 191 (1 216)	1 420 (1 457)	882 (882)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	4 838 (4 888)	5 746 (5 850)	3 391 (3 402)
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	1 265 (1 269)	1 373 (1 404)	874 (882)
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	42	2 397 (2 433)	2 872 (2 947)	1 684 (1 701)
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	121 (232)	137 (261)	114 (160)
Cheung Chau	1 <sup>st</sup> Friday	32	205	164	142

Dental clinic with GP sessions	Service session	Max. no. of discs for allocation per session	No. of attendances (No. of discs available)		
			2020-21	2021-22	2022-23 (up to 31 January 2023)
Dental Clinic	(AM) of each month		(232)	(192)	(160)
<b>Total</b>			<b>23 317</b> <b>(23 787)</b>	<b>27 067</b> <b>(28 101)</b>	<b>16 322</b> <b>(16 566)</b>

In 2020-21, 2021-22 and 2022-23 (up to 31 January 2023), the number of service sessions for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	No. of sessions		
	2020-21	2021-22	2022-23 (up to 31 January 2023)
Kowloon City Dental Clinic	98	100	80
Kwun Tong Dental Clinic	45	47	43
Kennedy Town Community Complex Dental Clinic	92	99	78
Fanling Health Centre Dental Clinic	50	51	40
Mona Fong Dental Clinic	49	50	43
Tai Po Wong Siu Ching Dental Clinic	49	50	43
Tsuen Wan Dental Clinic	97	100	81
Yan Oi Dental Clinic	51	48	42
Yuen Long Government Offices Dental Clinic	97	100	81
Tai O Dental Clinic	12	12	10
Cheung Chau Dental Clinic	12	12	10

- The staff establishment, number of additional staff and attrition figures involved in the operation of GP sessions at government dental clinics are subsumed under the DH's

overall provision for dental services under Programme (4) and breakdown is not available.

4. To help ensure sufficient healthcare manpower for the public healthcare system, the Government will look into different options including admitting qualified non-locally trained dentists and requiring qualified dentists to provide public services. We are now consulting the dental sector and relevant stakeholders on the necessary amendments to the Dentists Registration Ordinance (Cap. 156). Our working target is to introduce the legislative proposal into the Legislative Council within 2023.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB275**

**(Question Serial No. 1487)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

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

1. the respective numbers of complaints received, inspections conducted, and warning letters, summonses and fixed penalty notices issued in relation to smoking in the past 3 years;
2. the respective numbers of fixed penalty notices issued in restaurants, shops, indoor workplaces, public transport facilities, bus interchanges and on public transport carriers in the past 3 years;
3. the respective numbers of enforcement actions taken, proactive inspections conducted, and complaints received in relation to alternative smoking products since the enactment of the Smoking (Public Health) (Amendment) Ordinance 2021; and
4. whether it will consider allocating more resources to examine other feasible measures (such as providing smoking cessation services through District Health Centres, further extending no smoke areas and stepping up enforcement) for a tobacco-free Hong Kong for the protection of public health?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 32)

Reply:

(1)

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



(ASPs), obstruction of inspectors, etc.. The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2020 to 2022 for smoking and other offences are at **Annex 1**.

(2)

The numbers of FPNs issued by TACO for the period from 2020 to 2022 for smoking offences under Cap. 371 and Cap. 600 in food premises, shops and shopping malls, public transport facilities, public transport carriers, bus interchanges and other statutory no smoking areas are at **Annex 2**.

(3)

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes ASBs, including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with Cap.371. TACO will conduct investigation upon receiving complaints or referrals. Illegally imported ASBs were intercepted by the Customs and Excise Department at boundary control points and referred to TACO for follow-up including prosecution when there is sufficient evidence. The first 3 months of implementation of the import ban was the grace period for enforcement. Warning letters were issued to passengers carrying small quantity of ASBs into Hong Kong. After the grace period, any person who contravenes the import ban would be prosecuted when there is sufficient evidence. In 2022, TACO issued 74 summonses and 9 warning letters for contravention to the ASB ban.

(4)

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

The Government had made reference to the World Health Organisation (WHO)'s target and committed to achieve a smoking prevalence of 7.8% by 2025 as promulgated under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Our ultimate aim is to make Hong Kong a smoke-free, healthy and vibrant city. A public consultation on next-phase tobacco control will be launched in the first half of 2023. Different options will be listed in the public consultation to reduce the accessibility of tobacco products, reduce the attractiveness of tobacco products, reduce public's exposure to second hand smoke and help smokers to quit. The Government will listen to the views of different stakeholders on the measures for next-phase tobacco control and formulate its tobacco control policies.

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

	<b>2020</b>	<b>2021</b>	<b>2022</b>	
Complaints/referrals received	11 568	13 424	14 805	
Inspections conducted	36 129	41 225	35 281	
Warning letters issued <sup>(Note 1, 2)</sup>	16	16	21	
FPNs issued (for smoking offences)	6 587	7 703	6 296	
Summonses issued	for smoking offences	58	40	35
	for other offences <sup>(Note 3)</sup>	57	115	130

**Note**

- 1 In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.
- 3 Other offences include wilful obstruction, failure to produce identity document, displaying tobacco advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

**The numbers of FPNs issued by TACO for the period from 2020 to 2022 for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in food premises, shops and shopping malls, public transport facilities, public transport carriers, bus interchanges and other statutory no smoking areas**

	<b>2020</b>	<b>2021</b>	<b>2022</b>
FPNs issued (for smoking offences) <sup>(Note 1)</sup>			
- Food premises	236	322	262
- Shops and shopping malls	1 790	1 984	1 841
- Public transport facilities	961	1 645	920
- Public transport carriers	87	132	93
- Bus interchanges	534	145	64
- Other statutory no smoking areas	2 979	3 475	3 116
<b>Total</b>	<b>6 587</b>	<b>7 703</b>	<b>6 296</b>

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

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB276**

**(Question Serial No. 0973)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

The Government has achieved some success in tobacco control and smoking cessation. In this connection, please advise this Committee on:

1. its expenditure on tobacco control (including the operation of the Tobacco and Alcohol Control Office) and law enforcement, and the number of successful prosecutions in the past 3 years;
2. its expenditure on smoking cessation (including the operation of smoking cessation centres) and the number of people who have quit smoking in the past 3 years.

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 11)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). TACO will conduct inspections and investigation in response to smoking and related complaints. In general, TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, TACO also issued summonses for offences under Cap. 371 relating to aiding and abetting smoking offences, tobacco advertisement, alternative smoking products (ASPs), obstruction of inspectors, etc.. From 2020 to 2022, there were 20 586 FPNs, and 296 convicted summonses.

The expenditure of TACO from 2020-21 to 2022-23 is at Annex.

(2)

In 2020, 2021 and 2022, the quitlines operated by the DH and local universities handled 7 502, 12 405 and 9 216 enquiries. During these 3 years, there were 17 516, 25 965 and 20 400 smokers receiving smoking cessation services respectively at quitlines, cessation

clinics under the Hospital Authority (HA) and community-based programmes operated by non-governmental organisations (NGOs).

Smokers who received smoking cessation treatment were followed up for 52 weeks for assessment of their quit status. The 52-week quit rates, which is the percentage of service users who reported to have stayed quit in the past 7 days, of smoking cessation services at quitlines, cessation clinics under the HA, and community-based programmes operated by NGOs varied from 20% to 60%, which are comparable to those in overseas countries. The variation in the quit rates across different smoking cessation programmes is due to the variations in their target groups and treatment methods.

The expenditure related to health promotion activities and smoking cessation services by TACO and its subvented organisations from 2020-21 to 2022-23 is at [Annex](#). For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

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

	2020-21 (\$ million)	2021-22 (\$ million)	2022-23 (Revised Estimate) (\$ million)
<b><u>Enforcement</u></b>			
Programme 1: Statutory Functions	102.2	101.3	98.5
<b><u>Health Education and Smoking Cessation</u></b>			
Programme 3: Health Promotion	141.2	138.9	152.0
<b><u>(a) General health education and promotion of smoking cessation</u></b>			
<i>TACO</i>	64.5	62.8	73.6
<i>Subvention to Hong Kong Council on Smoking and Health</i>	26.0	26.2	26.5
<b><i>Sub-total</i></b>	<b><u>90.5</u></b>	<b><u>89.0</u></b>	<b><u>100.1</u></b>
<b><u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>			
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6	30.8	32.1
<i>Subvention to Pok Oi Hospital</i>	7.4	7.5	7.6
<i>Subvention to Po Leung Kuk</i>	1.7	0.7	-
<i>Subvention to Lok Sin Tong</i>	3.0	3.2	3.3
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.4	4.9	5.8
<i>Subvention to Life Education Activity Programme</i>	2.7	2.8	2.8
<i>Subvention to The University of Hong Kong</i>	0.9	-	0.3
<b><i>Sub-total</i></b>	<b><u>50.7</u></b>	<b><u>49.9</u></b>	<b><u>51.9</u></b>
<b>Total</b>	<b><u>243.4</u></b>	<b><u>240.2</u></b>	<b><u>250.5</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB277**

**(Question Serial No. 1527)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Legislative Council Finance Committee endorsed in September 2020 the allocation of the first non-recurrent provision of \$8,441.3 million, followed by subsequent additional provisions, for the procurement and administration of COVID-19 vaccines. In this connection, will the Government please advise this Committee on:

1. the amount of additional provision for implementing the COVID-19 Vaccination Programme, with a breakdown of items (including but not limited to the procurement of vaccines, their storage and transport, publicity, and supplies and consumables) and their expenditure, in each of the past few years following the endorsement of the first provision;
2. the estimated amount of additional provision for 2023-24 for the COVID-19 Vaccination Programme, with a breakdown of items and their expenditure; and
3. the respective vaccine doses procured through the COVAX Facility led by the World Health Organization and from individual vaccine developers each year since the outbreak of COVID-19?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 36)

Reply:

1 & 3

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. The funding is sufficient for provision of vaccination to the eligible population with three doses of vaccine per recipient.

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 have been

developing new generation vaccines that have better efficacy and 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. In this regard, an additional funding of \$6,031.3 million was approved in 2022-23 for procurement and administration of the fourth and fifth dose of vaccine.

The expenditure of the non-recurrent item by financial year is set out below –

	<b>Financial Year</b>		
	2020-21	2021-22	2022-23 (up to 31 Jan 2023)
	<b>Expenditure (\$ million)</b>		
Procurement of vaccine doses <sup>Note 1</sup> and implementation of the vaccination programme (including transport, storage, injection and administrative costs)	1,840.6	4,109.2	2,240.5
Supplies and consumables	1.3	18.1	9.4
Publicity	-	68.7	18.6
IT platform	0.4	49.8	29.7
<b>Total</b>	<b>1,842.3</b>	<b>4,245.8</b>	<b>2,298.2</b>
	<b>Number of vaccine doses procured (million)</b>		
- CoronaVac (Sinovac)	7.50	0.95	1.01
- Comirnaty <sup>Note 2</sup> (Fosun/BioNTech)	7.50	4.80	2.02
- AZD1222 <sup>Note 3</sup> (AstraZeneca)	7.50	-	-
<b>Total</b>	<b>22.5</b>	<b>5.75</b>	<b>3.03</b>
	<b>Number of vaccine doses administered (million)</b>		
- CoronaVac (Sinovac)	0.35	5.81	2.65
- Comirnaty (Fosun/BioNTech)	0.15	8.82	2.84
<b>Total</b>	<b>0.5</b>	<b>14.63</b>	<b>5.49</b>

Note 1: Due to the sufficient supply of CoronaVac and Comirnaty vaccines procured through bilateral purchase agreements with the relevant vaccine suppliers, the Government did



not procure any vaccines via the COVAX Facility under the World Health Organization (WHO).

Note 2: Includes all Comirnaty formulations, i.e. the monovalent Comirnaty, the bivalent Comirnaty, the monovalent Comirnaty formulation for use in children, and the monovalent Comirnaty formulation for use in infants/toddlers.

Note 3: As Hong Kong has secured sufficient supplies of CoronaVac and Comirnaty vaccines, the 7.5 million doses of AZD1222 procured was donated to the COVAX Facility under the WHO.

2.

The Government announced on 31 March 2023 a new phase of vaccination arrangements in 2023, having regard to the latest recommendations made by the Joint Scientific Committee and the Chief Executive's Expert Advisory Panel:

(1) People belonging to the following priority groups can receive an additional vaccine booster six months after their last dose or COVID-19 infection (whichever is later) free of charge in 2023 under the Government's COVID-19 Vaccination Programme, regardless of the number of vaccine doses they received in the past:

- individuals aged 50 or above (including elderly living in residential care homes);
- persons aged 18 to 49 years with underlying comorbidities;
- persons aged 6 months or above and with immunocompromising conditions;
- pregnant women; and
- healthcare workers.

(2) People aged 6 months or above who do not belong to any priority groups can be effectively protected as long as they have received a total of three doses of COVID-19 vaccine. They can continue to receive the first three doses of COVID-19 vaccine free of charge under the Government's COVID-19 Vaccination Programme if they have never been infected with COVID-19.

Starting from 20 April 2023, members of the public wishing to receive vaccine boosters exceeding the above specified free doses under the Government's COVID-19 Vaccination Programme will need to get the vaccine in the private market at their own expense following the arrangement for seasonal influenza vaccines. The Government will continue to closely monitor the situation of COVID-19 variants and assess the risks, with a protection focus on the high risk groups. We will also keep track of the latest assessment of the WHO on the epidemic situation.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB278**

**(Question Serial No. 1549)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

Regarding public dental services in the past 3 years, will the Government please advise this Committee on:

1. the grades, establishment, actual number of staff and the vacancy rate of various service units under dental clinics in tabular form; and
2. the actual expenditure of the dental clinics in each of the 3 years and their estimate for the coming year?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 14)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover

dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

1. The DH provides free emergency dental services to the public through the GP sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DCs is by referral from other hospital units and registered dental or medical practitioners. The establishment, strength and vacancy rate of various grades in 11 government dental clinics with GP sessions and 7 OMS&DCs are at **Annex**.
2. The expenditure for the operation of the GP sessions and the OMS&DCs are absorbed within DH’s overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available.

Grade	2020-21			2021-22			2022-23 (as at 1 February 2023)		
	Establishment	Strength	Vacancy Rate (%)	Establishment	Strength	Vacancy Rate (%)	Establishment	Strength	Vacancy Rate (%)
Dental Officer	83	80	3.6%	83	76	8.4%	87	71	18.4%
Dental Surgery Assistant	88	83	5.7%	88	79	10.2%	91	82	9.9%
Dental Hygienist	3	1	66.7%	3	2	33.3%	3	2	33.3%
Dental Technician	7	7	0.0%	7	8 <sup>#</sup>	0.0%	7	7	0.0%
Clerical Officer	16	15	6.3%	16	15	6.3%	16	15	6.3%
Clerical Assistant	27	25	7.4%	28	25	10.7%	29	23	20.7%
Office Assistant	1	0	100.0%	0	0	N/A	0	0	N/A
Laboratory Attendant	8	4	50.0%	8	4	50.0%	8	3	62.5%
Workman II	24	24	0.0%	24	24	0.0%	25	25	0.0%
<b>Total:</b>	<b>257</b>	<b>239</b>	<b>7.0%</b>	<b>257</b>	<b>233</b>	<b>9.3%</b>	<b>266</b>	<b>228</b>	<b>14.3%</b>

# Includes 1 staff member on pre-retirement leave.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB279**

**(Question Serial No. 1168)**

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for Health

Question:

In respect of the Outreach Dental Care Programme for the Elderly and the Healthy Teeth Collaboration Programme, will the Government please advise this Committee on:

their implementation, respective attendances and expenditure involved in the past 3 years?

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 23)

Reply:

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 a dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2023, the number of attendances was about 329 700. The actual expenditures for implementing the ODCP in 2020-21 and 2021-22 were \$37.8 million and \$41.6 million respectively, and the revised estimate for 2022-23 is \$63.1 million.

The Government launched a three-year programme named "Healthy Teeth Collaboration" (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability (ID). The programme was further extended for three years to 2024. As at end of January 2023, about 4 360 adults with ID have registered under the HTC. Among them, about 4 270 have received their first consultation. The actual expenditures for implementing the HTC in 2020-21 and 2021-22 were \$6.8 million and \$11.1 million respectively, and the revised estimate for 2022-23 is \$25.0 million.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB280**

**(Question Serial No. 0673)**

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

Question:

1. Please set out the respective quotas on and service sessions for general public sessions, attendances and overall utilisation rates in the last year, and the establishment and strength of dental officers and dental therapists, of the 11 public dental clinics currently providing general public session service to the public through designated sessions.
2. At present, the dental therapists of the Department of Health are mainly responsible for providing basic dental treatments such as scaling, filling, etc. to persons under 18 years of age, and educating the general public on common oral health knowledge. In this connection, please advise on whether the Government will consider employing more dental therapists with expanded functions to provide dental care and simple treatment to adults, thereby enhancing the capacity for providing general public session service. If yes, please provide the details and if not, the reasons.

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

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental

Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

1. The service sessions and the maximum numbers of discs for allocation per GP session in the 11 government dental clinics under normal circumstances are set out below. It should, however, be noted that due to manpower shortage and in response to the COVID-19 outbreak, disc allocations have been reduced by 50%.

<b>Dental clinic with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs for allocation per session</b>
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 Government Offices Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32

The overall utilisation rates and the numbers of attendances in GP sessions for each of the 11 government dental clinics in 2022-23 (up to 31 January 2023) are as follows –

<b>Dental clinic with GP sessions</b>	<b>Overall utilisation rate in %</b>	<b>Attendance</b>
Kowloon City Dental Clinic	99.3	2 393
Kwun Tong Dental Clinic	100	1 759
Kennedy Town Community Complex Dental Clinic	99.6	3 213
Fanling Health Centre Dental Clinic	99.4	993
Mona Fong Dental Clinic	97.6	877
Tai Po Wong Siu Ching Dental Clinic	100	882
Tsuen Wan Dental Clinic	99.9	3 391
Yan Oi Dental Clinic	99.8	874
Yuen Long Government Offices Dental Clinic	99.0	1 684
Tai O Dental Clinic	71.3	114
Cheung Chau Dental Clinic	89.4	142

As at 1 February 2023, the establishment and strength of dental officers in the 11 government dental clinics with GP sessions are as follows –

<b>Dental clinic with GP sessions</b>	<b>Establishment</b>	<b>Strength</b>
Kowloon City Dental Clinic	13	10
Kwun Tong Dental Clinic	6	6
Kennedy Town Community Complex Dental Clinic	9	5
Fanling Health Centre Dental Clinic	7	6
Mona Fong Dental Clinic	2	2
Tai Po Wong Siu Ching Dental Clinic	4	4
Tsuen Wan Dental Clinic	3	4 <sup>#</sup>
Yan Oi Dental Clinic	3	3
Yuen Long Government Offices Dental Clinic	7	6
Tai O Dental Clinic	1	0
Cheung Chau Dental Clinic		

# 1 dental officer is deployed to the clinic for training purpose.

There is no establishment of dental therapist in the 11 government dental clinics.

2. The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens' oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care



services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB281**

**(Question Serial No. 0674)**

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

Question:

The Outreach Dental Care Programme for the Elderly (ODCP) has been implemented since October 2014 to provide free on-site oral check-up for elderly people living in residential care homes or receiving services in day care centres and similar facilities in the 18 districts of Hong Kong, and to provide oral care training for the relevant caregivers, through outreach dental teams set up by non-governmental organisations. In this connection, please advise on:

the provisions for the ODCP in each of the past 3 years;

the attendances and the nature of services of the ODCP in each year during the above period by Legislative Council geographical constituency to which the recipients belonged; and

whether it will consider engaging non-profit-making organisations at the district level to provide dental care and education services for elderly people by means of mobile dental clinics to meet the keen public demand at the district level for dental health services.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 2)

Reply:

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 a dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. The financial provisions for implementing the ODCP was \$58.0 million in 2020-21, \$60.7 million in 2021-22 and \$63.1 million in 2022-23. Since the implementation of the ODCP in October 2014 up to end-January 2023, the number of attendances was about 329 700. We do not have the breakdown of attendance based on the Legislative Council General Election Geographical Constituencies.

The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens' oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

- End -

**CONTROLLING OFFICER'S REPLY****HHB282****(Question Serial No. 0676)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Government has implemented the Elderly Health Care Voucher (EHCV) Scheme since 2009, under which an annual voucher amount of \$2,000 is provided for eligible elderly persons aged 65 or above to choose private primary healthcare services that best suit their health needs. Please set out by type of healthcare service provider (namely medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors, optometrists and the University of Hong Kong - Shenzhen Hospital) the amount of EHCVs claimed, the number of claim transactions and the average amount claimed per transaction under the EHCV Scheme in the past 3 years.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 4)

Reply:

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

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

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Medical Practitioners	947,488	1,027,990	1,059,052
Chinese Medicine Practitioners	634,851	788,617	854,324
Dentists	276,556	355,444	343,327
Occupational Therapists	5,383	7,503	4,518
Physiotherapists	15,191	19,238	17,743
Medical Laboratory Technologists	13,706	20,552	13,393
Radiographers	14,700	22,603	24,635

	2020	2021	2022
Nurses	8,753	11,049	9,878
Chiropractors	5,127	5,760	5,080
Optometrists	225,903	284,753	233,912
<b>Sub-total (Hong Kong):</b>	<b>2,147,658</b>	<b>2,543,509</b>	<b>2,565,862</b>
University of Hong Kong – Shenzhen Hospital (HKU-SZH)	5,507	12,103	10,949
<b>Total :</b>	<b>2,153,165</b>	<b>2,555,612</b>	<b>2,576,811</b>

**Number of Voucher Claim Transactions**

	2020	2021	2022
Medical Practitioners	1 957 092	1 917 943	1 954 032
Chinese Medicine Practitioners	1 376 436	1 542 578	1 647 630
Dentists	246 844	308 343	288 532
Occupational Therapists	4 640	7 224	4 177
Physiotherapists	39 669	48 107	37 603
Medical Laboratory Technologists	15 324	20 033	14 593
Radiographers	14 386	19 373	20 761
Nurses	6 903	11 295	9 376
Chiropractors	8 826	9 357	8 841
Optometrists	158 127	196 046	161 156
<b>Sub-total (Hong Kong):</b>	<b>3 828 247</b>	<b>4 080 299</b>	<b>4 146 701</b>
HKU-SZH	18 962	35 953	32 356
<b>Total :</b>	<b>3 847 209</b>	<b>4 116 252</b>	<b>4 179 057</b>

**Average Amount of Vouchers per Claim Transaction (\$)**

	2020	2021	2022
Medical Practitioners	484	536	542
Chinese Medicine Practitioners	461	511	519
Dentists	1,120	1,153	1,190
Occupational Therapists	1,160	1,039	1,082
Physiotherapists	383	400	472
Medical Laboratory Technologists	894	1,026	918
Radiographers	1,022	1,167	1,187

	<b>2020</b>	<b>2021</b>	<b>2022</b>
Nurses	1,268	978	1,054
Chiropractors	581	616	575
Optometrists	1,429	1,452	1,451
HKU-SZH	290	337	338

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB283**

**(Question Serial No. 0677)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

According to the Government's Oral Health Survey in 2011, the adults and elders in Hong Kong tended to ignore oral diseases. Even if they had severe oral problems that caused pain and affected their sleep, they still avoided seeking medical treatment.

In this connection, please advise on:

the amount of allocation for oral health education for the elderly and the details of work in this area for the past 3 years;

whether the Government will consider organising district education days on oral health on a regular basis, and collaborating with private dentists and district organisations to convey dental care knowledge and distribute dental care sample packs with dental floss and toothpaste, etc. so as to facilitate better understanding by the public on the benefits and importance of simple dental care.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 5)

Reply:

The Government's policy on dental services 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. The Oral Health Education Division (OHED) of the Department of Health is responsible for implementing various oral health promotion programmes targeted at different age groups and disseminating oral health information through different channels. The building up of proper oral health habits is most effective at school age, and hence the Government's main efforts in oral health promotion and education target students instead of adults.

To educate the public, a year-round campaign "Love Teeth Campaign" (LTC) is organised by OHED every year, and it adopts the theme of the World Oral Health Day advocated by FDI World Dental Federation. Through various publicity channels and distribution of oral health education resources (such as dental floss and toothpaste), LTC aims at promoting the

awareness of adults (including the elderly) in Hong Kong towards achieving desirable oral self-care complemented with appropriate use of professional dental care that includes consulting the dentist for proper toothbrushing and interdental cleaning skills to prevent different oral diseases.

Targeting at the oral health of the elderly, community joint events have also been co-organised with the Housing Department for the elderly from time to time. In addition, oral care training to caregivers of residential care homes, day care centres and similar facilities has been provided by 23 outreach dental teams from 10 participating non-governmental organisations under the Outreach Dental Care Programme for the Elderly since 2017.

The financial provision for oral health promotion is \$33.9 million, \$33.7 million and \$34.4 million in 2020-21, 2021-22 and 2022-23 respectively.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB284**

**(Question Serial No. 1956)**

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

Question:

Regarding the continuation of the work in combatting public health threats from antimicrobial resistance under this Programme, will the Government please inform this Committee of:

1. its expenditure on the work in relation to antimicrobial resistance in the past 3 years; and
2. on what fronts Hong Kong is now most exposed to the serious threats from antimicrobial resistance in terms of public health?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 6)

Reply:

1.  
Apart from the Centre for Health Protection, other divisions of the Department of Health (DH), as well as other government departments and the Hospital Authority (HA), have been implementing infection control and surveillance projects and initiatives seeking to reduce the risk of antimicrobial resistance (AMR). As these services form an integral part of the AMR control across different government departments and HA, such expenditure could not be separately identified.
2.  
The Government has all along attached great importance to tackling the issue of AMR and has launched the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2023-2027) (Action Plan) in November 2022, to map out response strategies towards the threat of AMR. Major threats of AMR include higher rate of multidrug resistant organisms (MDRO) detected after admission to public hospitals, increasing number of MDRO found in residents of Residential Care Homes for the Elderly, lack of public awareness on AMR, etc.

To tackle the problems, the Action Plan adopts six key areas to slow the emergence of AMR and prevent its spread, namely:

- Strengthen knowledge through surveillance and research;
- Optimise use of antimicrobials in humans and animals;
- Reduce incidence of infection through effective sanitation, hygiene and prevention measures;
- Improve awareness and understanding of antimicrobial resistance through effective communication, education and training;
- Promote research on AMR; and
- Strengthen partnerships and foster engagement of relevant stakeholders.

The Action Plan not only provides guidance for public health and veterinary partners, but also co-ordinates efforts from all sectors of the community to combat AMR in a multi-sectoral and whole-of-society approach.

- End -

**CONTROLLING OFFICER'S REPLY****HHB285****(Question Serial No. 1961)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

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

1. its estimated expenditure on and staff establishment for the research on reference standards and testing methods of Chinese medicines in the past 3 years;
2. the number of scientific research studies completed by GCMTI in the past 3 years; and
3. whether it has evaluated the effectiveness of the research studies; if yes, the details and if not, the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 5)Reply:

1.

The financial provision for the temporary Government Chinese Medicines Testing Institute (GCMTI) was about \$47.9 million in 2020-21, \$36.0 million in 2021-22 and \$52.5 million in 2022-23. The approved establishment of the GCMTI in the past 3 years with breakdown is as follows -

Rank	Number of post		
	2020-21	2021-22	2022-23
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

Rank	Number of post		
	2020-21	2021-22	2022-23
Senior Executive Officer	1	1	1
Executive Officer II	1	1	1
Assistant Clerical Officer	1	1	1
Laboratory Attendant	1	1	1
<b>Total :</b>	<b>29</b>	<b>29</b>	<b>29</b>

2.

Since its establishment at the temporary site, the GCMTI has embarked on various research projects and promotion work. As endorsed by the Advisory Committee (AC) of the GCMTI, the GCMTI has completed 10 projects in 2020-23, namely: (i) analysis of Cervi Cornu Pantotrichum (Deer antler velvet) by DNA method as a complementary approach; (ii) establishment of reference DNA sequence library for identification of Chinese Materia Medica (CMM) (Phase I); (iii) analysis of chemical markers of CMM in medicinal oil for external use; (iv) collection of specimens of commonly used CMM for the GCMTI; (v) identification of easily confused species CMM in Hong Kong by macroscopic and microscopic characteristics; (vi) analysis of chemical markers of CMM in proprietary Chinese medicines for internal use (Pei Pa Koa); (vii) building of a digitalised platform on Chinese medicines (CMs) (Phase I); (viii) identification of *Bulbus Fritillariae Ussuriensis* in the presence of *Bulbus Fritillariae Cirrhosae* by DNA method; (ix) study on the identification of *Ziziphi Spinosae Semen* and its commonly confused species; and (x) consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources.

Apart from taking forward various research projects endorsed by the AC, the GCMTI has also completed the establishment of standards for 330 commonly used CMM under the Hong Kong Chinese Materia Medica Standards (HKCMMS) project, and will continue to do so for about 30 CMM every 18 months.

3.

The missions of the GCMTI are to develop a set of internationally-recognised reference standards for CMs and related products by employing state-of-the-art technology and through scientific research, and to help empower the industry through transfer of technology to strengthen quality control of products, establish the brand image of Hong Kong in CMs, and develop Hong Kong into an international hub for scientific research on CMs testing and quality control. In achieving the above missions, the GCMTI has been cooperating with the CM trade and research institutes on the testing and research of CMs. Since 2017, the AC has been set up to advise the GCMTI on strategies, measures and specific proposal conducive to the continuous development of the GCMTI. The AC is composed of members from the Government, CMs industry, CM practitioners, academia, International Advisory Board of HKCMMS and the Chinese Medicine Hospital Project Office. The progress and outcome of the research projects have been regularly reviewed by the AC and its two task forces.

The research results of the GCMTI projects and HKCMMS project are generally recognised locally and overseas, and have benefitted the trade. The GCMTI has published and uploaded the research outcomes to the website of the Chinese Medicine Regulatory Office of the Department of Health for reference by CMs traders and the testing sector. As at end-February 2023, the GCMTI has organised a total of 63 briefings and workshops for CM

practitioners, representatives of the CMs and testing sectors, students from relevant disciplines, etc. to introduce the testing methods it developed and to share the research outcomes, attracting 3 967 attendances. To better disseminate research outcomes to the public, the GCMTI rolled out 5 educational videos on CMM identification during September to December 2022.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB286**

**(Question Serial No. 1962)**

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Health

Question:

It is stated in the Programme that the Government will continue to implement a mental health promotion and public education initiative. In this connection, will the Government please advise on:

1. the Government's expenditure on implementing the mental health promotion and public education initiative in the past 3 years;
2. the programmes organised by the Government in pursuit of the initiative in the past 3 years?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 7)

Reply:

1.

The Department of Health (DH) has earmarked recurrent annual funding of \$50 million for an on-going mental health promotion and public education initiative.

2.

The "Shall We Talk" initiative was launched in July 2020 to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from professionals in a timely and prompt manner. The initiative continues to make use of both traditional channels and new social media platforms in order to reach out all walks of life in the society. The Mental Health Workplace Charter was also implemented jointly by DH, the Labour Department and the Occupational Safety and Health Council to promote mental well-being at workplace.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB287**

**(Question Serial No. 1964)**

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

Question:

As the feasibility of extending the health promoting school model in Hong Kong will be explored according to this Programme, please advise this Committee on:

1. the impact of Coronavirus Disease 2019 on the two-year Health Promoting School (HPS) Programme launched in June 2019 in 30 primary and secondary schools and implemented amid the epidemic;
2. the expenditure involved since the implementation of the HPS Programme.

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 8)

Reply:

1.

Based on the recommendations of the Working Group on Health Promoting School (HPS), the Department of Health (DH) invited 30 schools (including 18 primary schools, 11 secondary schools and 1 secondary-cum-primary school) to participate in a pilot HPS Programme in the 2019/20 and 2020/21 school years.

The implementation of the HPS Programme had been disrupted by school suspension since January 2020 due to the COVID-19 epidemic. The two-year HPS Programme was therefore extended till the 2022/23 school year upon agreement by the participating schools and the Working Group on HPS.

To reduce the impact on the HPS, DH has adjusted the programme content and mode of operation through the use of technology, including online live broadcast of teacher workshops, conversion of educational materials to online learning videos, provision of online resources about health promotion strategies during the epidemic, etc. In view of the resumption of face-to-face teaching, DH has resumed on-site health promotional activities under the HPS Programme.

2.

The expenditure of the HPS Programme cannot be separately identified. The related financial provision for implementing health promotion programmes in schools is \$17.0 million for each year since 2019-20.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB288**

**(Question Serial No. 3196)**

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

Question:

The Elderly Health Care Voucher Scheme (EHVS) was launched by the Government to supplement existing public healthcare services by providing financial incentive for elderly persons to choose private healthcare services that best suit their health needs. In this connection, will the Government please advise this Committee on:

1. the number of Elderly Health Care Voucher (EHCV) users who have reached the voucher accumulation limit of \$8,000 and were thus unable to receive the amount of EHCVs for the next year, in each of the past 3 years;
2. the complaints about EHCVs in each of the past 3 years;
3. the number of inspections conducted by the Government on service providers enrolled in the EHVS Scheme in each of the past 3 years;
4. the respective number of service providers warned and disqualified from the EHVS, for violating the Scheme rule, in each of the past 3 years; and
5. whether the Government plans to expand the coverage of the EHVS to include patients suffering from rare diseases and the disabled, so as to ease the current pressure on public healthcare services by allowing these groups to choose private healthcare services?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 55)

Reply:

(1)

At present, each eligible elderly person under the Elderly Health Care Voucher Scheme (EHVS) is given an annual voucher amount of \$2,000 on 1 January each year. There is no restriction on the number of years that an elderly person may carry forward the unspent vouchers but the cumulative amount of vouchers in a voucher account cannot exceed \$8,000. Any amount in a voucher account exceeding the accumulation limit of \$8,000 will be forfeited.

The number of EHCV accounts that had unspent vouchers forfeited on 1 January 2021, 1 January 2022 and 1 January 2023 were 174 000, 223 000 and 245 000 respectively out of 1 350 000, 1 424 000 and 1 492 000 EHCV accounts in total, and about 27% of which had not made any claims in the preceding 12 months. We have no information on whether the holders of these account were residing in Hong Kong or elsewhere. Meanwhile, the amount of accumulated unspent EHCV currently stands at about \$4 billion.

(2), (3) and (4)

The Department of Health (DH) has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with the terms and conditions of the EHVS Agreement and those who displayed unusual patterns of voucher claims.

Details of inspections conducted under the EHVS as at end of 2020, 2021 and 2022 are as follows:

<b>Cumulative figures as at</b>		<b>Routine checking</b>	<b>Investigation of aberrant patterns of claim transactions</b>	<b>Investigation of complaints</b> Note 1	<b>Total</b>
31.12.2020	Number of inspections conducted	19 939	5 007	374	<b>25 320</b>
	Number of claims checked	354 477	89 492	26 930	<b>470 899</b>
31.12.2021	Number of inspections conducted	22 010	5 736	430	<b>28 176</b>
	Number of claims checked	390 750	102 255	27 919	<b>520 924</b>
31.12.2022	Number of inspections conducted	23 557	6 530	442	<b>30 529</b>
	Number of claims checked	417 622	113 897	28 169	<b>559 688</b>

Note 1: Including complaints/ media reports and other reports about the EHVS.

The table below shows the number of complaints against participating healthcare service providers under the EHVS received by the DH in the past 3 years:

	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	69	105	45	<b>219</b>

The DH would take appropriate actions / measures when violation of terms and conditions of the EHVS Agreement was found during investigation, including issuing advisory / warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHVS; and referring cases to the Police and the relevant professional regulatory boards / councils for follow-up as appropriate. Among the complaints against participating healthcare service providers under the EHVS received by the DH in the past 3 years, as at end-December 2022 <sup>Note 2</sup>, the DH has issued 37 letters including advisory / warning letters to the relevant healthcare service providers and disqualified 1 healthcare service provider from participating in the EHVS.

Note 2: Provisional figures as at end-December 2022. Some of the cases are still under investigation.

Apart from close monitoring of suspected abuse / misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHVS. Besides, the DH has strengthened its efforts in empowering elderly persons to make informed choices and use vouchers wisely through more proactively reaching out to elderly persons and enhancing the mechanism for checking voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHVS and voucher usage on its website and the website of the EHVS to help both elderly persons and the general public better understand the EHVS.

(5)

The Government launched the EHVS in 2009. It aims at providing financial incentives for elderly persons to choose private primary healthcare services that best suit their health needs and providing them with additional healthcare choices on top of the existing public healthcare services. Currently, the EHVS subsidises eligible Hong Kong elderly persons aged 65 and over with an annual voucher amount of \$2,000 (accumulation limit of \$8,000). The EHVS is not subject to any means or asset tests. Elderly persons with rare disease and disabilities may also use the vouchers for primary healthcare. They may also receive medical care from the public healthcare system including secondary and tertiary healthcare.

In accordance with the Primary Healthcare Blueprint launched by the Government in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. Experience on the use of Elderly Health Care Vouchers (EHCVs) since its introduction as a pilot scheme in 2009 indicates that the current mode of completely undesignated and unguided use of EHCVs without monitoring of the healthcare services being provided is not particularly conducive and effective to achieving the objective of enhancing primary healthcare for the elderly.

As such, the Government will improve the EHVS by incentivising elders to use their vouchers for continuous preventive healthcare and chronic disease management with healthcare service providers, such as health assessment, chronic disease screening and management or other government initiatives. As announced in the 2022 Policy Address, the Government will roll out a three-year pilot scheme to encourage the more effective use of primary healthcare services by the elderly, through increasing the annual voucher from the existing \$2,000 to \$2,500. The additional \$500 will be allotted to elderly persons' account upon claiming at

least \$1,000 from the voucher for designated primary healthcare services such as disease prevention and health management. The additional amount should also be used for those designated services. The Government's view is that the direction for EHVS enhancements should be towards designated or guided use of EHCVs for appropriate healthcare services especially evidence-based and protocol-driven disease prevention or health management.

Hong Kong has one of the most rapidly ageing of population in the world and the pace of ageing will peak in the upcoming decade. The population aged 65 and over will increase from 1.5 million in 2021 to 2.52 million in 2039. Both the number of elderly persons using vouchers and the financial commitments involved will continue to increase substantially. In considering whether to further increase the voucher amount, we will have to have full regard to the effectiveness of the EHVS in achieving our health policy objectives, the situation of Hong Kong's public and private primary healthcare services, and the long-term implications on public finance. Optimising the use of resources invested in the EHVS so as to achieve our objective to enable the elderly to make good use of their vouchers on primary healthcare services for disease prevention and health management is essential for enhancing the health of the elderly and the sustainability of the healthcare system. Continuing to increase or expand EHCVs for undesignated and unguided uses for unmonitored healthcare services, and allowing use of EHCVs for secondary/tertiary healthcare services would not be sustainable policy-wise and financially and is thus not on our policy agenda.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB289**

**(Question Serial No. 0576)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Please advise on:

1. the reason(s) why the estimate for the Disease Prevention programme for 2023-24 is 36.1% lower than the original estimate for 2022-23.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 11)

Reply:

As the COVID-19 epidemic subsides, the overall expenditure figure for Programme (2) in relation to disease prevention is expected to revert to the normal trend and may thus appear lower in total in 2023-24. After deducting the anti-epidemic expenditure for COVID-19 vaccination set aside by the Department of Health in 2023-24, the financial provision for Programme (2) in 2023-24 increases by 6.3% as compared with the actual expenditure in 2019-20, i.e. prior to the implementation of various anti-epidemic measures.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB290**

**(Question Serial No. 0578)**

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

Question:

Provision of adequate support for children with special needs enables them to integrate into mainstream education, which is essential to their healthy development. Regarding the services provided by the Department of Health (DH) for children with developmental problems and disabilities, please advise this Committee on:

1. the details of services provided by DH for pre-school children with special needs, the number of children and expenditure involved in the past 3 years; and
2. whether DH has followed up on the children's learning needs after their admission to primary and secondary schools to provide assistance according to their age; if yes, the details.

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 13)

Reply:

1. The Child Assessment Service (CAS) of the Department of Health provides comprehensive specialised assessment services for children who are under 12 years of age with suspected developmental problems. It runs 7 Child Assessment Centres (CACs) which are responsible for providing comprehensive physical, psychological and social assessment for children with developmental anomalies; formulating rehabilitation plan after developmental diagnosis; assisting to arrange appropriate pre-school and school placements for training, remedial and special education where necessary; and providing interim support to parents and the children through counselling, talks and support groups.

The number of children assessed by the CAS in 2020, 2021 and 2022 was 14 507, 16 626 and 14 251 (provisional figure) respectively. The DH does not maintain the breakdown of figures for pre-school children.

The actual expenditures of the CAS for 2020-21 and 2021-22 were \$156.9 million and \$152.2 million respectively, and the revised estimate for 2022-23 is \$148.0 million. The expenditure involved for pre-school children cannot be separately quantified as it is subsumed under the CAS.

2. For children with special educational needs who are known cases of CAS, CAS will provide professional assessment summaries and reports to primary, secondary or special schools upon the consent from their parents / guardians. The assessment summaries and reports will state the diagnoses and assessment results of the children and our recommendation of special education support for them. For children with complicated problems, our staff may conduct case conference with the mainstream school team to facilitate the formulation of individual education plan. Clinical psychologists and therapists of CAS may also contact the school educational psychologist and teachers directly to discuss on the children's condition and special educational need. CAS also holds regular meetings with the Education Bureau to facilitate the arrangement of special education support / school for these children.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB291**

**(Question Serial No. 0769)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Health

Question:

At present, the Department of Health runs 7 Child Assessment Centres (CACs) for children under 12 years of age suspected or diagnosed to have developmental-behavioural problems or disorders, which formulate follow-up plans for them according to their individual needs. In this connection, will the Government please advise this Committee on:

- a. (i) the number of new cases, (ii) the number of attendances, and (iii) the average, longest and shortest waiting time for new case appointment at each CAC, in each of the past 5 years;
- b. (i) the types of services provided by each CAC, and (ii) the respective average daily number of cases handled by each CAC in respect of each service type last year; and
- c. given that the target completion rate under this Programme for assessment of new cases in CACs within 6 months is over 90% but the actual rate in 2022 was only 61% (which was even lower than that in 2021 (73%)), the reasons why the target could not be met, and the measures for improving the situation.

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 23)

Reply:

- a.
  - (i) The number of newly referred cases received by the Child Assessment Service (CAS) of Department of Health (DH) in the past 5 years is as follows. The statistics for individual centres are not readily available.



	2018	2019	2020	2021	2022 (Provisional figure)
The number of newly referred cases to the CAS	10 466	9 799	7 526	12 166	10 154

(ii) The attendance at the 7 Child Assessment Centres (CACs) under the CAS in the past 5 years is as follows –

Child Assessment Centre (CAC)	2018	2019	2020	2021	2022 (Provisional figures)
Central Kowloon CAC	5 632	5 492	3 583	4 258	3 672
Ha Kwai Chung CAC	6 413	5 827	4 290	5 954	4 870
Pamela Youde CAC (Kwun Tong)	7 315	6 577	4 879	6 199	4 753
Pamela Youde CAC (Sha Tin)	8 493	7 535	5 110	6 298	5 131
Fanling CAC	4 182	4 875	3 729	5 036	4 284
Tuen Mun CAC	5 610	5 186	4 121	5 780	4 665
Ngau Tau Kok CAC*	1 682*	2 513	1 569	1 853	1 427
<b>Total:</b>	<b>39 327</b>	<b>38 005</b>	<b>27 281</b>	<b>35 378</b>	<b>28 802</b>

\* Ngau Tau Kok CAC commenced operation in January 2018.

- (iii) All new cases were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The CAS does not maintain statistics on the waiting time for assessment of new cases.
- b. All CACs run similar services including first assessment by nurse, professional assessment and follow up review by Paediatrician, Clinical Psychologist, Speech therapist, Physiotherapist, Occupational therapist, Audiologist and Optometrist according to individual need. Besides, CAS also provides interim support services for clients and their families. The total number of attendance at CACs in 2022 is 28 802. The statistics on daily average number of attendance for each type of service in each centre are not readily available.
- c. The completion rate for assessment of new cases has decreased in 2022 as some parents were reluctant to bring their children to the CAS for assessment and some staff were

also deployed to assist in anti-epidemic duties during the fifth wave of COVID-19. Moreover, due to difficulties in recruiting doctors and other civil service staff, the CAS was still not at its full work capacity to manage the service demand from new cases.

Despite this, the CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurse at registration. DH will continue to monitor closely the capacity of CAS in managing service demand.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB292**

**(Question Serial No. 0514)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding the prevention of health problems among women, please advise on the following:

1. in view of the current lack of health awareness among women who, among others, fail to attend regular check-ups or use other health services for women, whether the Government will allocate additional resources for raising such awareness by stepping up public education on various aspects of women's health; if yes, the work plan and the estimated expenditure; if not, the reasons; and
2. whether the Government will allocate additional resources to various Women Health Centres and non-governmental organisations providing women services for enhanced support services in terms of their mental health; if yes, the work plan and the estimated expenditure; if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 23)

Reply:

1.

The Department of Health (DH) offers Woman Health Service to women at or below 64 years of age. The Woman Health Service aims to promote the health of women according to their health needs at various stages of life. The service covers health assessment, health education and counselling for enrolled women. Health assessment includes medical history taking, physical examination and investigations if clinically indicated. At present, there are three Woman Health Centres and three Maternal and Child Health Centres providing Woman Health Service on full-time and sessional basis respectively.

As mentioned in the Primary Healthcare Blueprint, as the district-based, family-centric community health system evolves, the Government proposes to progressively and orderly migrate primary healthcare services under DH to the primary healthcare system, with a view to developing community healthcare system and facilitating provision of comprehensive primary healthcare services, reducing service duplication and utilising resources effectively.

The Health Bureau has started discussion with DH to prioritise the service consolidation of Woman Health Centres and Elderly Health Centres with a view to merging into District Health Centres progressively, or other private healthcare providers through strategic purchasing as appropriate.

Besides, the DH has been promoting a healthy lifestyle as the primary strategy for prevention of cancer and other non-communicable diseases. For example, the DH had strengthened public education relating to female cancers over the past 3 years, including breast cancer and cervical cancer, to raise public awareness on prevention and screening. Messages are disseminated via various means and channels including Announcements in the Public Interest, poster campaigns, health education materials in websites and printed materials, social media platform, telephone education hotline, and media interviews, etc. DH will continue to adopt a life-course and settings-based approach to reach out all walks of life in the society, including women.

The resources and manpower for education activities for women's health are absorbed by the DH's overall provision and cannot be separately identified.

2.

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists to provide comprehensive and continuous medical services, including in-patient, out-patient, day rehabilitation training and community support services, to patients with mental health problems (including women), depending on their medical conditions and clinical needs.

HA has earmarked additional funding of around \$18.9 million in 2023-24 to enhance mental health services (including those for women) –

- (i) enhancing the community psychiatric services by recruiting additional case managers;
- (ii) strengthening the nursing manpower and allied health support for psychiatric inpatient and day hospital services; and
- (iii) strengthening the psychiatric consultation liaison service.

HA will continue to monitor its service provision to ensure that its service can meet the needs of patients.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB293**

**(Question Serial No. 0531)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

As medical technology continues to evolve, screening technology for detecting various types of cancer has become mature. With regard to the introduction of cancer screening programmes in Hong Kong, will the Government inform this Committee of the following:

1. What were the incidence and mortality figures of lung cancer, breast cancer, liver cancer and colorectal cancer respectively in each of the past 5 years?
2. Regarding the Government's current Breast Cancer Screening Pilot Programme, what were the numbers of women screened and participants who required further investigation and management in 2022-23? Will the Government allocate resources in 2023-24 to increase the quotas and extend the coverage of the Programme? If yes, what are the details of the work plan and the estimated expenditure; if not, what are the reasons?
3. Population-based screening technology for lung cancer has become available, with figures revealing that lung cancer screening can effectively reduce mortality. In this connection, will the Government allocate resources to launch a lung cancer screening pilot programme, and, subject to its effectiveness, gradually extend it to a population-based screening programme? If yes, what are the details of the work plan and the estimated expenditure; if not, what are the reasons?
4. How will the Government leverage advanced technology to enhance screening efficiency?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 27)

Reply:

1. The number of new cases for lung cancer, (female) breast cancer, liver cancer and colorectal cancer in 2016 to 2020 is shown in the table below:

	Number of new cases#				
	2016	2017	2018	2019	2020
Lung cancer	4 936	5 178	5 252	5 575	5 422
(Female) Breast cancer	4 108	4 373	4 618	4 761	4 956
Liver cancer	1 810	1 834	1 742	1 876	1 735
Colorectal cancer	5 437	5 635	5 634	5 556	5 087

Source: Hong Kong Cancer Registry, Hospital Authority

# Figures for 2021 and 2022 are not yet available.

The number of registered deaths for lung cancer, (female) breast cancer, liver cancer and colorectal cancer in 2017 to 2021 is shown in the table below:

	Number of registered deaths^				
	2017	2018	2019	2020	2021
Lung cancer	3 890	3 853	4 033	3 910	4 037
(Female) Breast cancer	721	753	852	751	791
Liver cancer	1 552	1 487	1 530	1 530	1 447
Colorectal cancer	2 138	2 314	2 174	2 287	2 298

Source: Department of Health

^ Figures for 2022 are not yet available.

2. Based on the revised recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) of the Cancer Coordinating Committee, the Government adopts a risk-based approach for breast cancer screening. According to the CEWG's recommendations, 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 screening every two years.

The Breast Cancer Screening Pilot Programme has been rolled out in the latter half of 2021 to provide screening services for eligible women at three Woman Health Centres (WHCs) and 18 Elderly Health Centres (EHCs) over a period of two years, with an aim of detecting early breast cancer in women before any symptoms appear, so that treatment can be carried out early. The personalised breast cancer risk assessment tools developed by the University of Hong Kong and accessible at the Cancer Online Resource Hub ([www.cancer.gov.hk/en/bctool](http://www.cancer.gov.hk/en/bctool)) are used to assess the risk of developing breast cancer for eligible women, who would be provided with breast cancer screening, as appropriate. Breast ultrasound scanning as a supplementary examination may also be arranged for them if necessary.

As of 31 January 2023, more than 16 000 women aged between 44 and 69 received breast cancer risk assessment in WHCs and EHCs, of which about 4 000 women (29%) were referred for mammogram screening.

The financial provisions of the Breast Cancer Screening Pilot Programme which has been rolled out in WHCs and EHCs in 2021-22, 2022-23 and 2023-24 are about \$22.8 million, \$19.8 million and \$21.7 million respectively.

To further strengthen the breast cancer screening service, the Government is planning for Phase 2 of the Breast Cancer Screening Pilot Programme. The Government will decide the way forward after evaluation of the Breast Cancer Screening Pilot Programme.

3. The CEWG regularly reviews the local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population.

For lung cancer, the CEWG considers there is insufficient evidence to recommend population-based screening in asymptomatic persons at average risk. Cigarette smoking is the single biggest risk factor for developing lung cancer. As the most important primary prevention strategy, the Department of Health all along encourages the general public to adopt healthy lifestyle, including no smoking, and provides free smoking cessation services to facilitate smokers to quit smoking. The CEWG will keep reviewing the latest scientific evidence and update its recommendation as appropriate.

4. From the public health perspective, the Government all along carefully assesses a number of factors when considering whether to introduce a screening programme for a specific cancer, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates, feasibility of implementation of a screening programme, etc. The overriding concern is whether screening does more good than harm to the society. The Government will continue to keep in view the relevant evidence, including those on the use of advanced technology as screening tests for certain cancers, in implementation and enhancement of cancer screening programmes in Hong Kong.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB294**

**(Question Serial No. 0654)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

During 2023-24, the Department of Health will continue to enforce the law prohibiting commercial sale and supply of alcohol to minors. In this connection, will the Government please inform this Committee of:

1. the respective number of individuals and businesses violating the relevant legislation since its enactment and penalised as a result, by type of penalty imposed; and
2. the staff establishment for and estimated expenditure on carrying out such work in 2023-24, as well as the respective change over the previous year?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 21)

Reply:

(1)

The ban on the sale and supply of intoxicating liquor to minors in the course of business, under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), has been in force since 30 November 2018. Tobacco and Alcohol Control Inspectors conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. The number of summonses issued for the period from December 2018 to 2022 for sale of intoxicating liquor to minors and sale of intoxicating liquor via vending machine are 1 and 8 respectively

(2)

The Department of Health's Tobacco and Alcohol Control Office (TACO) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The revised estimate of TACO for 2022-23 is about



\$250.5 million and the approved establishment for 2022-23 is at **Annex**. For 2023-24, the provision is about \$346.3 million and there is no change in staff establishment.

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

Rank	2022-23 No. of staff
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<b><u>147</u></b>
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<b><u>24</u></b>
<b>Total</b>	<b><u>183</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB295**

**(Question Serial No. 0655)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

During 2023-24, the Department of Health (DH) will continue to support the Health Bureau on private hospital development. Will the Government please advise on the work plan, staff establishment and estimated expenditure in connection with DH's work in this regard?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 22)

Reply:

The Office for Regulation of Private Healthcare Facilities (ORPHF) of the Department of Health performs various functions including supporting private hospital development, the implementation of the Private Healthcare Facilities Ordinance (Cap. 633) and providing professional support on relevant enforcement work. In 2023-24, the ORPHF continues to support the Health Bureau in monitoring the compliance with relevant requirements by private hospitals in respect of their development, expansion or redevelopment on the government sites imposed under statutory regulation, land grant conditions and service deed. The manpower and expenditure involved specifically in supporting private hospital development cannot be identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB296**

**(Question Serial No. 0669)**

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

Question:

The Department of Health will organise a wide range of health promotion activities, including the granting of subventions for promotional initiatives on tobacco control, as well as the provision of community-based smoking cessation programmes and promotion of smoking prevention in collaboration with non-governmental organisations. In this connection, will the Government please advise on:

1. its expenditure incurred in supporting smoking cessation services and tobacco control in each of the past 5 financial years; and
2. the statistics (if any) obtained from effective tracking systems about the number of successful quitters benefitting from the smoking cessation services provided by the Government or Government-subsidised organisations, other than the number of phone enquiries received via the Smoking Cessation Hotline; if available, the details and if not, the reasons?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 27)

Reply:

(1)

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

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs.

There are a total of 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services to the general public since 2002, and 5 smoking cessation clinics targeting civil servants operated by DH. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among people of diverse race and new immigrants, as well as in the workplace. For young smokers, DH collaborates with local universities to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise awareness on smoking hazards, including the use of alternative smoking products. In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

The expenditure of the Tobacco and Alcohol Control Office (TACO) of DH from 2018-19 to 2022-23 is at Annex. For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

(2)

Smokers who received smoking cessation treatment were followed up for 52 weeks for assessment of their quit status. The 52-week quit rates, which is the percentage of service users who reported to have stayed quit in the past 7 days, of smoking cessation services at quitlines, cessation clinics under the HA, and community-based programmes operated by NGOs ranged from 20% to 60%, which are comparable to those in overseas countries. The variation in the quit rates for different smoking cessation programmes is due to the variations in their target groups and treatment methods, such as counselling, pharmacotherapy, and Chinese medicine acupuncture, etc.. Smokers are encouraged to choose the cessation service that best caters for their personal needs to successfully quit smoking.

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

	2018-19	2019-20	2020-21	2021-22	2022-23 (Revised Estimate)
	(\$ million)	(\$ million)	(\$ million)	(\$ million)	(\$ million)
<b><u>Enforcement</u></b>					
Programme 1: Statutory Functions	78.6	93.4	102.2	101.3	98.5
<b><u>Health Education and Smoking Cessation</u></b>					
Programme 3: Health Promotion	125.4	132.1	141.2	138.9	152.0
<b><u>(a) General health education and promotion of smoking cessation</u></b>					
<i>TACO</i>	50.4	55.9	64.5	62.8	73.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	24.0	28.3	26.0	26.2	26.5
<b><i>Sub-total</i></b>	<b><u>74.4</u></b>	<b><u>84.2</u></b>	<b><u>90.5</u></b>	<b><u>89.0</u></b>	<b><u>100.1</u></b>
<b><u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>					
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	30.6	30.6	30.8	32.1
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.5	7.6
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7	-
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	3.0	3.2	3.3
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	4.9	5.8
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.8	2.8
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	-	0.3
<b><i>Sub-total</i></b>	<b><u>51.0</u></b>	<b><u>47.9</u></b>	<b><u>50.7</u></b>	<b><u>49.9</u></b>	<b><u>51.9</u></b>
<b>Total</b>	<b><u>204.0</u></b>	<b><u>225.5</u></b>	<b><u>243.4</u></b>	<b><u>240.2</u></b>	<b><u>250.5</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB297**

**(Question Serial No. 1223)**

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

Question:

The Department of Health aims, inter alia, to provide people with specialised outpatient services to treat various illnesses. Given, however, the lack of public dental services with comprehensive oral care in the territory, please advise this Committee on the following information for the past 3 financial years:

- (a) in table form, the number of public attendances at various dental clinics with general public sessions (GP sessions) for dental services;
- (b) in table form, the expenditure and manpower involved in providing public dental services at various dental clinics with GP sessions;
- (c) whether the Government has studied the feasibility of introducing public dental services; if yes, the findings and implementation timetable; if not, the reasons; and
- (d) the additional expenditure and manpower involved in expanding the existing public healthcare system to cover public dental services.

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 4)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing

general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

- (a) The numbers of attendances in GP sessions for each dental clinic in 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) are as follows –

<b>Dental clinic with GP sessions</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23 (up to 31 January 2023)</b>
Kowloon City Dental Clinic	3 601	4 133	2 393
Kwun Tong Dental Clinic	2 513	2 655	1 759
Kennedy Town Community Complex Dental Clinic	4 482	5 420	3 213
Fanling Health Centre Dental Clinic	1 508	1 727	993
Mona Fong Dental Clinic	1 196	1 420	877
Tai Po Wong Siu Ching Dental Clinic	1 191	1 420	882
Tsuen Wan Dental Clinic	4 838	5 746	3 391
Yan Oi Dental Clinic	1 265	1 373	874
Yuen Long Government Offices Dental Clinic	2 397	2 872	1 684
Tai O Dental Clinic	121	137	114
Cheung Chau Dental Clinic	205	164	142
<b>Total</b>	<b>23 317</b>	<b>27 067</b>	<b>16 322</b>

- (b) The expenditures and manpower for the operation of GP sessions are absorbed within the DH’s overall provision for dental services under Programme (4) and breakdown is not available.



(c) & (d)

The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens' oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

- End -

**CONTROLLING OFFICER'S REPLY****HHB298****(Question Serial No. 1229)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Department of Health endeavours, inter alia, to prevent and control diseases. According to 2020 statistics, liver cancer ranked fifth among all cancer types in terms of new cases but was third for deaths. Moreover, as liver cancer is most likely diagnosed in later stages, its mortality-to-incidence ratio is obviously higher than other major cancer types, making its prevention a priority. While the recommendations in the Hong Kong Viral Hepatitis Action Plan 2020 - 2024 (the Action Plan) have been implemented gradually, hepatitis B screening and its follow-up are not yet included. In this connection, will the Government please advise this Committee on the following:

- (a) the respective number of liver cancer new cases and deaths, as well as the respective number of hepatitis B patients in each group, in each of the past 5 years;
- (b) whether the Government will consider allocating resources in 2023-24 for gradual implementation of a universal hepatitis B screening programme by a pilot scheme; if yes, what is the work plan and estimated expenditure involved and, if not, the reason(s).

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 10)

Reply:

- (a) The number of new cases for liver cancer from 2018 to 2020 is shown below. Statistics for 2021 and 2022 are not yet available.

<b>Year</b>	<b>Number of new cases</b>
2018	1 742
2019	1 876
2020	1 735

Source: Hong Kong Cancer Registry, Hospital Authority (HA)

The number of registered deaths for liver cancer from 2018 to 2021 is shown below. Statistics for 2022 are not yet available.

<b>Year</b>	<b>Number of registered deaths</b>
2018	1 487
2019	1 530
2020	1 530
2021	1 447

Source: Department of Health (DH)

Breakdown on the annual number of new cases and deaths for liver cancer with hepatitis B is not available.

- (b) The Government set up the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) in 2018 to advise on overall policy, targeted strategies and effective resource allocation for the prevention and control of viral hepatitis. Having examined the local situation and international experience, the SCVH recommended focused risk-based testing for six priority populations at higher risk of hepatitis B virus (HBV) infection to start scaling up HBV screening and pave the way to population-based screening in Hong Kong. The six priority populations include people who inject drugs (PWID), people with Human Immunodeficiency Virus (HIV), men who have sex with men (MSM), sex workers, people in prisons and other closed settings, family members and sexual partners of people with HBV infection. Concomitant hepatitis C virus (HCV) testing should be offered where appropriate.

Baseline and targeted regular HBV and HCV testing and management for people with HIV attending the designated HIV clinics of DH and HA has been in place for years. Babies attending Maternal and Child Health Centres of DH who are born to mothers infected with HBV have been offered with post vaccination serologic testing since January 2022. With effect from April 2022, all MSM and sex workers attending Social Hygiene Clinics of DH are offered with HBV and HCV screening as part of the comprehensive screening for sexually transmitted infections.

The SCVH will keep in view local and international developments and advise the Government on feasible, sustainable and effective strategies related to the prevention and control of chronic hepatitis.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 2767)**

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

Question:

Please advise on the following information in the past 5 years:

The total expenditure and attendances in respect of assessment and follow-up services for pre-schoolers. Also please advise on the expenditure on the assessment and follow-up services (including but not limited to treatment, training and counselling) for those with special educational needs (SEN) by type of SEN (such as hearing impairment, autism, etc.).

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 20)

Reply:

The Child Assessment Service (CAS) of the Department of Health provides comprehensive specialised assessment services for children who are under 12 years of age with suspected developmental problems.

The actual expenditures of the CAS in 2018-19, 2019-20, 2020-21 and 2021-22 were \$136.3 million, \$150.9 million, \$156.9 million and \$152.2 million respectively, and the revised estimate for 2022-23 is \$148.0 million.

In the past 5 years, the attendances at Child Assessment Centres in 2018, 2019, 2020, 2021 and 2022 were 39 327, 38 005, 27 281, 35 378 and 28 802 (provisional figure) respectively.

The CAS does not maintain the breakdown of figures for preschoolers nor the breakdown of actual expenditure by developmental conditions.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB300**

**(Question Serial No. 2768)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Health

Question:

Regarding the support services/training for preschoolers, please advise on the number of training hours, the attendances and the expenditure incurred in the past 5 years, broken down by special educational need (such as hearing impairment and autism).

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 21)

Reply:

The Child Assessment Service (CAS) of the Department of Health provides comprehensive assessment and diagnosis to children under 12 years of age who are suspected to have developmental problems. While the CAS does not provide training services for children, after assessment, rehabilitation and follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate services for medical follow up, training and education support.

The attendances at CAS in 2018, 2019, 2020, 2021 and 2022 were 39 327, 38 005, 27 281, 35 378 and 28 802 (provisional figure) respectively. The actual expenditures of the CAS in 2018-19, 2019-20, 2020-21 and 2021-22 were \$136.3 million, \$150.9 million, \$156.9 million and \$152.2 million respectively, and the revised estimate for 2022-23 is \$148.0 million. The CAS does not maintain the breakdown of statistics for preschoolers nor the breakdown by developmental conditions.

- End -

**CONTROLLING OFFICER'S REPLY****HHB301****(Question Serial No. 2832)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the waiting time of preschoolers for child assessment and the percentage of assessment cases for which the service target has been met over the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 19)Reply:

The Child Assessment Service (CAS) of Department of Health provides comprehensive assessments and diagnosis to children under 12 years of age who are suspected to have developmental problems.

In the past 5 years, all new cases referred to the CAS were seen by nurses within 3 weeks after registration.

The rates for completion of assessment for new cases within 6 months are as follows –

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b> <b>(Provisional figure)</b>
Rate for completion of assessment for new cases within 6 months (%)	49	53	65	73	61

\* The above figures represent the completion rates for all new cases. DH does not maintain the breakdown for different age groups of children.

The completion rate for assessment of new cases has decreased in 2022 as some parents were reluctant to bring their children to the CAS for assessment and some staff were also deployed to assist in anti-epidemic duties during the fifth wave of COVID-19. Moreover, due to difficulties in recruiting doctors and other civil service staff, the CAS was still not at its full work capacity to manage the service demand from new cases.

Despite this, the CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurse at registration. The actual waiting time for assessment depends on the complexity and conditions of individual cases. DH will continue to monitor closely the capacity of CAS in managing service demand.

- End -

**CONTROLLING OFFICER'S REPLY****HHB302****(Question Serial No. 2833)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the waiting time of primary and secondary school students for assessment and the percentage of assessment for which the service target has been met over the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 23)Reply:

The Child Assessment Service (CAS) of Department of Health provides comprehensive assessments and diagnosis to children under 12 years of age who are suspected to have developmental problems.

In the past 5 years, all new cases referred to the CAS were seen by nurses within 3 weeks after registration.

The rates for completion of assessment for new cases within 6 months are as follows –

	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b> <b>(Provisional figure)</b>
Rate for completion of assessment for new cases within 6 months (%)	49	53	65	73	61

\* The above figures represent the completion rates for all new cases. DH does not maintain the breakdown for different age groups of children.

The completion rate for assessment of new cases has decreased in 2022 as some parents were reluctant to bring their children to the CAS for assessment and some staff were also deployed to assist in anti-epidemic duties during the fifth wave of COVID-19. Moreover, due to



difficulties in recruiting doctors and other civil service staff, the CAS was still not at its full work capacity to manage the service demand from new cases.

Despite this, the CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurse at registration. The actual waiting time for assessment depends on the complexity and conditions of individual cases. DH will continue to monitor closely the capacity of CAS in managing service demand.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB303**

**(Question Serial No. 3145)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Please provide the following figures:

Cause of Death	2018-2019		2019-2020		2020-2021		2021-2022		2022-2023	
	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths
Malignant neoplasms										
Pneumonia										
Diseases of heart										
Cerebrovascular diseases										
External causes of morbidity and mortality										
Nephritis, nephrotic syndrome and nephrosis										
Dementia										
Septicaemia										
Chronic lower respiratory diseases										
Diabetes mellitus										

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 52)

Reply:

The number of registered deaths by cause of death<sup>#</sup> from 2018 to 2021 is shown below:

<b>Cause of death</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Malignant neoplasms	14 594	14 871	14 805	15 108
Pneumonia	8 437	9 271	9 365	9 832
Diseases of heart	6 088	6 096	6 561	6 595
Cerebrovascular diseases	3 016	2 970	3 165	3 126
External causes of morbidity and mortality	1 871	1 848	2 024	1 983
Nephritis, nephrotic syndrome and nephrosis	1 622	1 667	1 721	1 781
Dementia	1 456	1 490	1 481	1 498
Septicaemia	985	1 065	1 104	1 249
Chronic lower respiratory diseases	1 379	1 373	1 159	1 059
Diabetes mellitus	477	493	586	548
All other causes	7 553	7 562	8 682	8 757
<b>Total</b>	<b>47 478</b>	<b>48 706</b>	<b>50 653</b>	<b>51 536</b>

<sup>#</sup> Classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems 10th Revision. The classification of cause of death is exclusive and non-overlapping.

Source: Department of Health

The number of inpatient discharges and deaths\* in hospitals by disease group<sup>#</sup> from 2018 to 2021 is shown below:

<b>Disease group</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Malignant neoplasms	232 581	250 946	250 375	269 367
Pneumonia	57 153	66 895	48 824	43 564
Diseases of heart	84 552	86 915	71 337	86 489
Cerebrovascular diseases	26 152	26 524	24 547	26 185
External causes of morbidity and mortality	120 812	121 693	101 967	117 180
Nephritis, nephrotic syndrome and nephrosis	164 599	174 513	182 220	199 914
Dementia	5 267	5 391	5 210	6 328
Septicaemia	12 276	12 625	12 972	13 598
Chronic lower respiratory diseases	38 374	37 893	20 956	21 395
Diabetes mellitus	15 363	14 898	12 498	13 713
All other diseases	1 459 834	1 470 000	1 156 272	1 371 525
<b>Total</b>	<b>2 216 963</b>	<b>2 268 293</b>	<b>1 887 178</b>	<b>2 169 258</b>

\*Refers to discharges and deaths on an episode basis including day inpatients.

<sup>#</sup> Classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems 10th Revision. The classification of disease group is exclusive and non-overlapping.

Sources: Department of Health and Hospital Authority

Figures for 2022 and 2023 are not yet available.

- End -

**CONTROLLING OFFICER'S REPLY****HHB304****(Question Serial No. 3172)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the expenditure incurred in preventing HIV infection in the past 5 years (broken down into the following groups: the heterosexual population, men who have sex with men, women who have sex with women, ethnic minorities, sex workers and injecting drug users).

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 57)Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) and (2022-2027)" issued by the Hong Kong Advisory Council on AIDS, higher funding priorities would be accorded to the applications under the AIDS Trust Fund (ATF) for projects targeted at the six 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; male-to-female transgender. Women who have sex with women is not regarded as a high risk group of HIV internationally.

From 2018-19 to 2022-23, the ATF approved a total of \$151.4 million for 70 projects with the breakdown as follows:-

<b>High risk groups</b>	<b>Amount of funding approved (\$ million)</b>
Men who have sex with men	72.8
People living with HIV	28.5
Female sex workers and their male clients	30.8
People who inject drugs	8.3
Ethnic minorities	8.6
Male-to-female transgender	2.4
<b>Total</b>	<b>151.4</b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB305**

**(Question Serial No. 3173)**

Head: (37) Department of Health  
Subhead (No. & title): (-) Not Specified  
Programme: (2) Disease Prevention, (3) Health Promotion  
Controlling Officer: Director of Health (Dr. Ronald LAM)  
Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the expenditure on the promotion of U=U in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 58)

Reply:

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

(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. In the latest "Recommended HIV/AIDS Strategies for Hong Kong (2022-2027)", "Undetectable = Untransmittable (U=U)" was listed as one key message for promotion which has multifold benefits;

(b) setting up the AIDS Trust Fund (ATF) 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 of AIDS non-governmental organisations (NGOs) and others under the ATF. "U=U" has been promoted by NGOs which were funded by the Government; and

(c) providing resources to Department of Health (DH) services, including Special Preventive Programme (SPP), Social Hygiene Service, and Student Health Service (SHS) for HIV prevention and care. 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. Concept of “U=U” was already included in SPP publicity including online promotion, mass media promotion and health talks. Moreover, the DH has been collaborating with NGOs to conduct events to promote “U=U” and foster acceptance of people with HIV/AIDS.

Resources for the “U=U” promotion are subsumed under the DH’s overall provision for disease prevention and cannot be separately identified.

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

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB306**

**(Question Serial No. 3174)**

Head: (37) Department of Health  
Subhead (No. & title): (-) Not Specified  
Programme: (2) Disease Prevention, (3) Health Promotion  
Controlling Officer: Director of Health (Dr. Ronald LAM)  
Director of Bureau: Secretary for Health

Question:

Please advise on whether the Government will consider allocating more resources to HIV prevention (including the provision of pre-exposure prophylaxis and post-exposure prophylaxis, 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.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 59)

Reply:

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

- (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. The latest "Recommended HIV/AIDS Strategies for Hong Kong (2022-2027)" covered enhancing accessibility of HIV prevention tools (including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)), promoting sexuality education and reducing HIV-related stigma and discrimination in its key strategic areas;
- (b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance 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 of AIDS non-governmental

organisations and others under the ATF. From 2018-19 to 2022-23, the ATF approved a total of \$151.4 million for 70 projects;

(c) providing resources to DH services, including Special Preventive Programme (SPP), Social Hygiene Service, Methadone Treatment Programme and Student Health Service (SHS) for HIV prevention and care. 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;

(d) PEP is one of the prevention strategies targeted for individuals with risk of exposure to HIV. The eligibility for PEP and its prescription is a clinical decision based on individual risk assessment and stratification. The use of PEP, including after both occupational and non-occupational exposure, has been regularly reviewed by the Scientific Committee of AIDS and Sexually Transmitted Infections (STI) under the Centre for Health Protection, and relevant guidance/recommendations are released for reference by frontline health care providers and relevant stakeholders; and

(e) The DH is setting up a new programme targeting men who have sex with men with risk behaviours to provide integrated and comprehensive clinical care for HIV and viral hepatitis prevention, STI testing and treatment, and counselling at Yau Ma Tei Integrated Treatment Centre. As part of this new programme, relevant monitoring and counselling for PrEP users will be provided to ensure the safety of its use and to maximise the effectiveness of the bundle of HIV prevention measures.

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

- End -



**CONTROLLING OFFICER'S REPLY****HHB307****(Question Serial No. 3175)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the breakdown of the expenditure on HIV prevention research in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 60)Reply:

From 2018-19 to 2022-23, the AIDS Trust Fund (ATF) approved a total of \$14.3 million for conducting 23 researches on HIV prevention with the breakdown as follow:

<b>High risk groups</b>	<b>Amount of funding approved (\$ million)</b>
Men who have sex with men	9.7
People living with HIV	3.3
More than 1 high risk group*	1.3
<b>Total</b>	<b>14.3</b>

\*The ATF granted \$1.3 million for two researches targeted more than one high-risk group

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB308**

**(Question Serial No. 3176)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (3) Health Promotion

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

Director of Bureau: Secretary for Health

Question:

Please advise on the breakdown of the expenditure per head on the prevention of HIV infection in most-at-risk populations in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 61)

Reply:

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

(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 AIDS Trust Fund (ATF) in April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance 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 of AIDS non-governmental organisations and others under the ATF. From 2018-19 to 2022-23, the ATF approved a total of \$151.4 million for 70 projects with the breakdown by high risk groups as follows; and

<b>High risk groups</b>	<b>Amount of funding approved (\$ million)</b>
Men who have sex with men	72.8
People living with HIV	28.5
Female sex workers and their male clients	30.8
People who inject drugs	8.3
Ethnic minorities	8.6
Male-to-female transgender	2.4
<b>Total</b>	<b>151.4</b>

(c) providing resources to Department of Health (DH) services, including Special Preventive Programme (SPP), Social Hygiene Service, Methadone Treatment Programme and Student Health Service (SHS) for HIV prevention and care. 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.

Overall resources for the prevention of HIV/AIDS are subsumed under the DH's overall provision for disease prevention and cannot be separately identified for high risk individuals.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB309**

**(Question Serial No. 3177)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (3) Health Promotion

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

Director of Bureau: Secretary for Health

Question:

Please advise on:

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 estimated expenditure if the Government proposes the introduction of PrEP drugs to the Drug Formulary to subsidise the prevention of HIV infection among the most-at-risk populations; and
4. the estimated expenditure for 2023-24 if the Government relaxes the stringent requirements for access to PEP.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 62)

Reply:

1.

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

<b>Financial year</b>	<b>Number of clients prescribed with PEP</b>
2018-19	151
2019-20	140
2020-21	155
2021-22	140
2022-23	169*

\* Figure as of 28 February 2023

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

2.

The Council for the AIDS Trust Fund approved a sum of \$1.5 million from 2018-19 to 2022-23 to support the following research studies:-

(a) Perception of pre-exposure prophylaxis (PrEP) use and its monitoring mechanism in men who have sex with men (MSM) - a qualitative study; and

(b) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

3.

DH is setting up a new programme targeting MSM with risk behaviours to provide integrated and comprehensive clinical care for HIV and viral hepatitis prevention, Sexually Transmitted Infections (STI) testing and treatment, and counselling at Yau Ma Tei Integrated Treatment Centre. As part of this new programme, relevant monitoring and counselling for PrEP users will be provided to ensure the safety of its use and to maximise the effectiveness of a bundle of HIV prevention measures.

Through serving the target clientele with this new service provision, a better estimation of demand and service need for PrEP can be made towards determining an appropriate model of PrEP delivery.

4.

PEP is one of the prevention strategies targeted for individuals with risk of exposure to HIV. The eligibility for PEP and its prescription is a clinical decision based on individual risk assessment and stratification. The use of PEP, including after both occupational and non-occupational exposure, has been regularly reviewed by the Scientific Committee of AIDS and STI under Centre for Health Protection, and relevant guidance/recommendations are released for reference by frontline health care providers and relevant stakeholders. The number of clients being assessed and prescribed PEP at the Integrated Treatment Centre of the DH is listed in Part 1 above.

- End -

**CONTROLLING OFFICER'S REPLY****HHB310****(Question Serial No. 3246)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the Seasonal Influenza Vaccination School Outreach programme for kindergartens, will the Government please advise on the total expenditure incurred by the Centre for Health Protection on procuring seasonal influenza vaccines for this programme?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 111)Reply:

The quantities of seasonal influenza vaccines procured by the Government for kindergartens, kindergarten-cum-child care centres, and child care centres under the 2022/23 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme and the related procurement cost are as follows –

<b>Year</b>	<b>Number of doses (Estimate)</b>	<b>Estimated amount of procurement cost (\$ million)</b>
2022/23	102 000	12

- End -

**CONTROLLING OFFICER'S REPLY****HHB311****(Question Serial No. 3247)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the respective expenditure on the procurement of injectable vaccines and nasal vaccines.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 112)Reply:

The quantities of seasonal influenza vaccines procured by the Government under the Government Vaccination Programme and the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme and the related procurement cost in 2022/23 are as follows –

<b>Vaccine Type</b>	<b>Number of doses (Estimate)</b>	<b>Estimated amount of procurement cost (\$ million)</b>
Inactivated Influenza Vaccine	1 381 000	83.2
Live Attenuated Influenza Vaccine	24 000	4.8

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB312**

**(Question Serial No. 3248)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The 2022/23 season saw influenza outbreaks in the US, Europe and Australia. Hong Kong, which saw a decrease in the influenza vaccination uptake rate in the past 2 years, may as well be exposed to the risk of a serious influenza outbreak in the future though things are getting back to normal as the pandemic recedes. In this connection, will the Government please advise on the resources allocated for stepping up influenza prevention?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 113)

Reply:

To tackle seasonal influenza (SI), the Department of Health (DH) has implemented various measures on multiple fronts. Details are as follows.

Seasonal Influenza Vaccination

The DH has been administering various vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) and pneumococcal vaccination (PV) to eligible persons through the public clinics, private clinics, residential care homes and outreach vaccination to schools to strengthen immunity of the public against respiratory diseases.

To provide the public with better protection in the event of co-infection of COVID-19 and influenza, co-administration of SIV and COVID-19 vaccines has been offered in various settings to provide more convenience and facilitate vaccine uptake of both vaccines. As at 26 February 2023, a total of 1 514 000 doses of SIV has been administered, which represents an increase of 23.2% as compared to 2021/22, and an increase of 14.9% as compared to 2020/21. Various programmes and schemes under the DH will continue to provide SIV/PV to eligible groups in the coming 2023/24 influenza season.

As for the elderly, the Elderly Health Service of the DH has deployed its Visiting Health Teams to conduct health promotion activities for SI prevention for the elderly in the community, as well as those living in residential care settings and their carers. It also provides infection control training for staff of elderly care facilities. To facilitate more elderly to receive SIV, in addition to providing vaccination to their own members, the 14 Elderly



Health Centres also offer free vaccination to non-members who are Hong Kong residents aged 65 or above.

### Surveillance of influenza and infection control

The Centre for Health Protection (CHP) has been closely monitoring influenza activity and severity in the community through a series of surveillance systems involving kindergartens, child care centres, residential care homes for the elderly, the Hospital Authority, private hospitals, private medical practitioners and Chinese medicine practitioners. The CHP maintains close liaison with the World Health Organization, the National Health Commission, and other health authorities to monitor global influenza activities. As regards outbreak prevention, the CHP, with the assistance of the Education Bureau and the Social Welfare Department, provides guidelines on infection control and prevention of communicable diseases.

### Risk Communications, Health Education and Promotion

The CHP disseminates information in a transparent and timely manner to ensure that up-to-date information is made available to the public. Influenza surveillance data is summarised in the weekly on-line publication “COVID-19 and Flu Express” and uploaded to the CHP’s website every week. The CHP also issues letters to doctors, hospitals, kindergartens, child care centres, primary and secondary schools, as well as residential care homes for the elderly and persons with disabilities, informing them of the latest SI situation and reminding them to take preventive measures.

The CHP has been promoting health messages on personal and environmental hygiene as well as prevention of respiratory diseases including seasonal influenza through various channels, including thematic webpages, Announcements in the Public Interest on television and radio stations, social media, and newspapers. The CHP produces various health education materials, such as leaflets, posters, infographics and guidelines, to enhance promotion. Key health information is also available in ethnic minority languages.

The expenditures of different protective measures are subsumed under the overall expenditure of the CHP’s disease surveillance, prevention and control functions and cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB313**

**(Question Serial No. 3249)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Nasal influenza vaccines are widely used in Europe and the US to boost vaccination uptake among children, including kindergarten and primary school students. In this connection, please advise on the estimated resources involved if the above vaccines, now available only to some kindergartens in Hong Kong, will further be provided to primary schools.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 114)

Reply:

The Department of Health (DH) has been administering various vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons. To increase SIV uptake among school students, the DH has fully regularised the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) since 2020/21 season to cover all primary schools, kindergartens and childcare centres (KG/CCCs).

The DH also conducts survey annually to collect feedback and comments from the enrolled doctors and schools on the school outreach programme. According to the findings of the latest survey conducted in 2022, among the doctors and schools that planned to participate in outreach activities in 2022/23 season, the majority of respondents preferred injectable type (inactivated influenza vaccines) (IIV) to nasal spray type (live attenuated influenza vaccines) (LAIV); more specifically, LAIV was only preferred by 3 to 6% of doctors providing services in various school outreach settings, 11% of primary schools and 22% of KG/CCCs.

Under the current arrangement, KG/CCCs can choose IIV or LAIV. While primary schools are provided with IIV under the SIVSOP, schools can also arrange outreach vaccination activities through the Vaccination Subsidy Scheme School Outreach (Extra Charge Allowed) Scheme during which participating schools can discuss with doctors to choose IIV or LAIV for school vaccination of eligible students. Private doctors under Vaccination Subsidy Scheme may also decide whether they would use IIV or LAIV at their practices depending

on their preference and stock. In 2021/22, the DH procured 27 900 doses of LAIV for KG/CCCs, and 19 700 doses were administered for 16 100 students. Around 8 200 doses were unused and disposed of, resulting in vaccine wastage of around 29.4%, which was much higher than 10.3% of vaccine wastage of IIV for KG/CCCs.

For 2023/24 season, the DH will take into account the survey result of 2023 and the updated recommendations and experience of overseas health authorities in drawing up the implementation plan, so as to come up with the best mode of operation, type of vaccine (IIV or LAIV) to be provided as well as the estimated expenditure involved in providing vaccination service to the eligible children.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB314**

**(Question Serial No. 0089)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Vaccination Subsidy Scheme (VSS) is a scheme that provides subsidised seasonal influenza vaccination and pneumococcal vaccination to eligible Hong Kong residents through the participation of private doctors. In this connection, will the Government please advise this Committee on:

1. the quantities of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Department of Health and the contract amount in each of the past 3 years;
2. the numbers of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme as well as the quantities of seasonal influenza and 23vPPV vaccinations given in each of the past 3 years;
3. the amount of subsidies provided for each dose of seasonal influenza vaccine, PCV13 and 23vPPV in each of the past 3 years;
4. the numbers of hospital admissions caused by infections with seasonal influenza and pneumonia in the first 2 months of each of the past 3 years and to date, with a breakdown by age group;
5. whether it will consider extending the coverage of the existing subsidy for pneumococcal vaccination so that people aged 65 can receive PVC13 for free; if yes, the details and if not, the reasons; and
6. whether it will consider extending the VSS to include more vaccines against diseases such as herpes zoster to benefit more members of the public; if yes, the details and if not, the reasons.

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 9)

Reply:

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

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority (HA). It also provides free PV to eligible elderly aged 65 or above;
  - Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 and other target groups through the participation of private doctors. It also provides subsidised PV to elderly aged 65 or above; and
  - SIV School Outreach (Free of Charge) Programme (SIVSOP), which provides free SIV to eligible school children through DH or Public-Private Partnership.
- iv. The quantities and contract amount of SIV, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government, under the GVP, the SIVSOP and the Hong Kong Childhood Immunisation Programme, in the past three years are as follows –

Vaccine	2020/21 (Actual)		2021/22 (Actual)		2022/23 (Estimate)	
	Number of doses	Amount (\$ million)	Number of doses	Amount (\$ million)	Number of doses	Amount (\$ million)
SIV	869 000	85	880 900	79.3	1 405 000	88
PCV13	212 722	85.2	190 833	77.8	190 833	77.8
23vPPV	25 000	5.3	25 000	5.3	25 000	5.3

- v. The number of enrolled private doctors and the number of elderly receiving subsidised SIV and 23vPPV under the VSS in the past three seasons are as follows –

	2020/21	2021/22	2022/23 (as at 26 February 2023)
Number of enrolled private doctors under VSS	2 000	1 800	1 800
Number of elderly receiving SIV	190 800	201 700	275 800
Number of elderly receiving 23vPPV	14 400	18 200	20 700

- vi. The subsidies of SIV, 23vPPV and PCV13 under the VSS in the past three seasons are as follows –

<b>Vaccine</b>	<b>2020/21 (\$ per dose)</b>	<b>2021/22 (\$ per dose)</b>	<b>2022/23 (\$ per dose)</b>
SIV	240	240	260
23vPPV	300	300	400
PCV13	760	760	800

- vii. According to the data provided by HA, the total number of hospital admissions for influenza and pneumonia in the first two months of each of 2019, 2020, 2021, 2022 and 2023 (as of 18 February 2023) are tabulated below. The 2019 and 2020 figures are also provided to illustrate the pre-COVID-19 situation. –

<b>Year</b>	<b>Number of hospital admissions for influenza*</b>	<b>Number of hospital admissions for pneumonia<sup>&amp;</sup></b>
2019	5 963	15 051
2020	2 991	15 545
2021	3	12 171
2022	1	11 541
2023 <sup>#</sup>	122	8 427

<sup>#</sup> Figures as of 18 February 2023

\* ICD9 diagnosis codes starting with 487

<sup>&</sup> ICD9 diagnosis codes as 480 to 486 and 487.0

Breakdown of the above figures by age groups, as provided by HA, is set out in the tables below –

Number of hospital admissions for influenza in public hospitals\*

<b>Year</b>	<b>Age group</b>			
	<b>0-4 years</b>	<b>5-64 years</b>	<b>≥65 years</b>	<b>Total</b>
2019	1 463	2 403	2 097	5 963
2020	517	1 330	1 144	2 991
2021	1	1	1	3
2022	0	1	0	1
2023 <sup>#</sup>	40	56	26	122

<sup>#</sup> Figures as of 18 February 2023

\* Provisional figures

Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals\*

Year	Age group			
	0-4 years	5-64 years	≥65 years	Total
2019	585	2 763	11 703	15 051
2020	429	2 898	12 218	15 545
2021	62	1 441	10 668	12 171
2022	97	1 457	9 987	11 541
2023 <sup>#</sup>	169	958	7 300	8 427

<sup>#</sup> Figures as of 18 February 2023

\* Provisional figures

The winter influenza season spanned during January to early April in 2019 and early January to early February in 2020, while no influenza season was recorded afterwards. Extremely low numbers of hospital admissions for influenza were recorded in 2021 and 2022, likely related to the strict anti-epidemic measures against COVID-19 that had reduced the risk of human-to-human transmission of COVID-19 and other respiratory infections including seasonal influenza.

- viii. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) examines and formulates public health strategies for the prevention and control of vaccine-preventable diseases in light of the changing epidemiology and advances in medical science.

Since 2009, the Government has been providing one dose of free or subsidised 23vPPV through GVP (free) and VSS (subsidised) to eligible elderly aged 65 or above who have never received pneumococcal vaccine before.

The SCVPD in 2016 recommended high-risk individuals to receive a single dose of PCV13, followed by a single dose of 23vPPV one year later. Starting from October 2017, the Centre for Health Protection (CHP) of DH, taking reference from the recommendations of the SCVPD, has started to provide PCV13, in addition to 23vPPV, through GVP (free) and VSS (subsidised) to eligible elderly who have high-risk conditions to strengthen their immunity against pneumococcal infection.

For elderly without high-risk conditions, the SCVPD recommended either a single dose of PCV13 or a single dose of 23vPPV. Eligible elderly can receive 23vPPV through GVP (free) and VSS (subsidised). This is in line with the SCVPD's recommendations.

Regarding the pneumococcal vaccines, the SCVPD will review the local epidemiological situation and the latest scientific evidence on regular basis, and will update the relevant vaccination recommendations if necessary. The Government will also review the scope of the elderly pneumococcal vaccination program in Hong Kong with reference to the recommendations of the SCVPD and other public health factors.

- ix. The CHP has been keeping abreast of the latest position of the World Health Organization on immunisation and vaccination, the scientific evidence of new vaccines, the latest global and local epidemiology of vaccine preventable diseases, and the advice and practical experience of health authorities across the world. The SCVPD under the CHP meets regularly to review and develop strategies for prevention and control of vaccine

preventable diseases as well as their risk factors in the light of changing epidemiology and advances in medical science, so as to provide science-based advice on vaccine use at population level to the Government. The SCVPD plans to discuss the use of Herpes Zoster vaccine in 2023.

- End -



**CONTROLLING OFFICER'S REPLY****HHB315****(Question Serial No. 0091)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the implementation of the Outreach Dental Care Programme for the Elderly, will the Government please advise this Committee on:

1. the numbers of non-governmental organisations (NGOs) participating in the Programme and the outreach dental teams, broken down by administrative district of the Social Welfare Department;
2. the subvention to and the administrative costs incurred by NGOs for operating outreach dental teams along with the attendances under this Programme in each of the past 3 years; and
3. whether it will consider operating mobile dental clinics in the 18 districts to give the elderly and residents living in remote areas easy access to dental services; if yes, the details; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 11)

Reply:

1. A total of 23 outreach dental teams from 10 non-governmental organisations (NGOs) have currently been set up under the Outreach Dental Care Programme for the Elderly (ODCP). Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex**.
2. A breakdown of the financial provision for implementing the ODCP and the number of service users are as follows:

Breakdown	Financial Provision (\$ million)		
	2020-21	2021-22	2022-23
(a) Subvention to NGOs for operating outreach dental teams	52.5	55.1	57.5
(b) Administrative costs	5.5	5.6	5.6

Breakdown	Financial Provision (\$ million)		
	2020-21	2021-22	2022-23
Total:	58.0	60.7	63.1

	2020-21	2021-22	2022-23 (up to end January 2023)
No. of attendances	25 000	37 200	33 200

3. The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens' oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

**Distribution of Outreach Dental Teams and Respective NGOs  
by Administrative District of the SWD**

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
Central, Western, Southern and Islands	Caritas Dental Clinics	1
	Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	Project Concern Hong Kong	1
	Tung Wah Group of Hospitals	1
Eastern and Wan Chai	Chi Lin Nunnery	1
	Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	Tung Wah Group of Hospitals	1
	Yan Chai Hospital	1
Kwun Tong	Christian Family Service Centre	1
	Chi Lin Nunnery	1
	Haven of Hope Christian Service	1
	Yan Oi Tong	1
Wong Tai Sin and Sai Kung	Christian Family Service Centre	1
	Chi Lin Nunnery	1
	Haven of Hope Christian Service	1
	Pok Oi Hospital	1
	Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	Chi Lin Nunnery	1
	Project Concern Hong Kong	1
	Tung Wah Group of Hospitals	1
	Yan Oi Tong	2
Sham Shui Po	Caritas Dental Clinics	1
	Chi Lin Nunnery	1
	Project Concern Hong Kong	1
	Pok Oi Hospital	1

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
Sham Shui Po (cont'd)	Tung Wah Group of Hospitals	1
	Yan Chai Hospital	1
	Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	Caritas Dental Clinics	1
	Chi Lin Nunnery	1
	Pok Oi Hospital	1
	Yan Chai Hospital	1
	Yan Oi Tong	1
Tuen Mun	Caritas Dental Clinics	1
	Chi Lin Nunnery	1
	Pok Oi Hospital	1
	Yan Chai Hospital	1
	Yan Oi Tong	1
Yuen Long	Caritas Dental Clinics	1
	Pok Oi Hospital	1
	Yan Oi Tong	1
Sha Tin	Caritas Dental Clinics	1
	Yan Chai Hospital	1
	Yan Oi Tong	1
Tai Po and North	Caritas Dental Clinics	1
	Chi Lin Nunnery	1
	Tung Wah Group of Hospitals	1
	Yan Oi Tong	2

\*Note: Some outreach dental teams under the ODCP have been assigned to serve more than 1 administrative districts.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB316**

**(Question Serial No. 0425)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding the distribution of anti-epidemic kits during COVID-19, will the Government please advise on:

1. the numbers of persons subject to home isolation and quarantine, and the quantities of anti-epidemic kits thus needed for distribution and actually distributed each year since 2019;
2. the cost of each anti-epidemic kit as well as the types, quantities of Chinese and Western medicines included, and the relevant expenditure;
3. the manpower and expenditure involved in handling anti-epidemic kits;
4. its procurement criteria and procedures of anti-epidemic kits, and standards for ensuring a reasonable procurement price; and
5. its current stock levels of anti-epidemic supplies, and ways to handle the remainder as the epidemic is waning?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 15)

Reply:

1. The Government began to distribute anti-epidemic kits to infected persons under home isolation and close contacts under home quarantine in February 2022, until quarantine orders and isolation orders ceased to be issued in December 2022 and January 2023 respectively. During the period, about 3.7 million anti-epidemic kits were distributed.

<b>Year</b>	<b>Number of confirmed cases</b>	<b>Number of infected persons under home isolation</b>	<b>Number of close contacts under home quarantine</b>
2020	8 847	N/A	N/A
2021	3 803	N/A	N/A
2022	2 612 983	1 733 267	1 909 359
2023 (up to 29 January)	250 473	161 389	N/A
Total	2 876 106	1 894 656	1 909 359

**Note:** The first imported COVID-19 case in Hong Kong was confirmed in January 2020, and there was no case in 2019.

2. The Government reviewed the items for anti-epidemic kits from time to time. During the 5th wave of COVID-19 epidemic, anti-epidemic kits for infected persons included electronic wristband, information handbook, message card, KN95 respirators, rapid antigen test (RAT) kits, proprietary Chinese medicine, oximeter, paracetamol, surgical masks and thermometer; whereas those for close contacts included information handbook, message card, KN95 respirators and RAT kits.

The cost of anti-epidemic kits for infected persons and close contacts amounted to about \$260 and \$150 per pack on average respectively.

3. The packing and delivery of anti-epidemic kits were outsourced to contractors. The relevant expenditure amounted to about \$400.6 million, including the hiring of service contractors for activating electronic wristbands for infected persons when the measure was in force. Manpower cost of government staff involved in handling anti-epidemic kits are subsumed under bureaux/departments' overall allocation and cannot be separately identified.
4. Medical supplies for inclusion in anti-epidemic kits were either supplied to the Government of the Hong Kong Special Administrative Region (HKSAR) with the support of the Central Government, or procured by the Department of Health (DH) in accordance with the HKSAR Government's Stores and Procurement Regulations.
5. The DH is now sorting out and reviewing the quantity of the various items for anti-epidemic kits in stock, which will be stocked up for contingencies and deployed to other bureaux/departments or institutions as and when necessary. For example, the DH previously transferred RAT kits to primary schools and kindergartens through coordination with the relevant bureau.

- End -

**CONTROLLING OFFICER'S REPLY****HHB317****(Question Serial No. 2345)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please provide the following figures:

Cause of Death	2018-2019		2019-2020		2020-2021		2021-2022		2022-2023	
	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths	Cumulative Number of Confirmed Cases	Number of Deaths
Malignant neoplasms										
Pneumonia										
Diseases of heart										
Cerebrovascular diseases										
External causes of morbidity and mortality										
Nephritis, nephrotic syndrome and nephrosis										
Dementia										
Septicaemia										
Chronic lower respiratory diseases										
Diabetes mellitus										

Asked by: Hon ZHANG Xinyu, Gary (LegCo internal reference no.: 31)

Reply:

The number of registered deaths by cause of death<sup>#</sup> from 2018 to 2021 is shown below:

<b>Cause of death</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Malignant neoplasms	14 594	14 871	14 805	15 108
Pneumonia	8 437	9 271	9 365	9 832
Diseases of heart	6 088	6 096	6 561	6 595
Cerebrovascular diseases	3 016	2 970	3 165	3 126
External causes of morbidity and mortality	1 871	1 848	2 024	1 983
Nephritis, nephrotic syndrome and nephrosis	1 622	1 667	1 721	1 781
Dementia	1 456	1 490	1 481	1 498
Septicaemia	985	1 065	1 104	1 249
Chronic lower respiratory diseases	1 379	1 373	1 159	1 059
Diabetes mellitus	477	493	586	548
All other causes	7 553	7 562	8 682	8 757
<b>Total</b>	<b>47 478</b>	<b>48 706</b>	<b>50 653</b>	<b>51 536</b>

<sup>#</sup> Classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems 10th Revision. The classification of cause of death is exclusive and non-overlapping.

Source: Department of Health

The number of inpatient discharges and deaths\* in hospitals by disease group<sup>#</sup> from 2018 to 2021 is shown below:

<b>Disease group</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Malignant neoplasms	232 581	250 946	250 375	269 367
Pneumonia	57 153	66 895	48 824	43 564
Diseases of heart	84 552	86 915	71 337	86 489
Cerebrovascular diseases	26 152	26 524	24 547	26 185
External causes of morbidity and mortality	120 812	121 693	101 967	117 180
Nephritis, nephrotic syndrome and nephrosis	164 599	174 513	182 220	199 914
Dementia	5 267	5 391	5 210	6 328
Septicaemia	12 276	12 625	12 972	13 598
Chronic lower respiratory diseases	38 374	37 893	20 956	21 395
Diabetes mellitus	15 363	14 898	12 498	13 713
All other diseases	1 459 834	1 470 000	1 156 272	1 371 525
<b>Total</b>	<b>2 216 963</b>	<b>2 268 293</b>	<b>1 887 178</b>	<b>2 169 258</b>

\*Refers to discharges and deaths on an episode basis including day inpatients.

<sup>#</sup> Classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems 10th Revision. The classification of disease group is exclusive and non-overlapping.

Sources: Department of Health and Hospital Authority

Figures for 2022 and 2023 are not yet available.

- End -



**CONTROLLING OFFICER'S REPLY**

**HHB338**

**(Question Serial No. 3551)**

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Health

Question:

In respect of Lazy Lion, the Department of Health's mascot, will the Government please advise this Committee on:

1. the expenditure on the design and promotion of the mascot, as well as the operating expenditure involved;
2. the numbers of promotional materials and publicity events in which the mascot (and its image) was used in the past 5 years; and
3. any evaluation on the public awareness of Lazy Lion; if yes, the assessment criteria, method, cycle and results; if not, the reasons?

Asked by: Hon LAM Chun-sing (LegCo internal reference no.: 38)

Reply:

Lazy Lion mascot was launched in 2018 as one of the channels and means to disseminate messages for raising the public awareness to adopt healthy lifestyle. In addition to involvement in various health promotion programmes and campaigns on promoting healthy lifestyle, Lazy Lion mascot has also been featured in publicity on anti-epidemic measures to fight against COVID-19 and organ donation.

As of 10 March 2023, Lazy Lion mascot has been featured in a total of seven Announcements in the Public Interest (APIs), five videos, seven poster campaigns, and around 400 posts each issued in the Lazy Lion Facebook Fan Page and Lazy Lion Instagram Page, as well as participated in more than 20 publicity events organised by the Department of Health (DH) or other government departments.

The design and operating expenses of Lazy Lion are subsumed under the overall health promotion activities of the DH and cannot be separately identified.

Instead of specific evaluation on the public awareness of the Lazy Lion mascot, the DH has been evaluating regularly the overall effectiveness of various health promotion programmes.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB339**

**(Question Serial No. 3542)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

Please advise on:

with regard to the Government's announcement in November 2021 that it would conduct the one-year territory-wide Oral Health Survey 2021, the current progress of this survey and the estimated schedule for publishing the results.

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 26)

Reply:

The Department of Health (DH) conducts a territory-wide oral health survey (OHS) every ten years. The DH commenced the OHS 2021 in November 2021 to collect information about the prevailing oral health conditions of the local population through questionnaire interview and oral examination. Owing to the local COVID-19 epidemic situation, the fieldwork of the OHS 2021 has been repeatedly interrupted and the progress is delayed. With the stabilisation of local epidemic situation, the survey has been resumed gradually. Subject to the progress of the fieldwork and analysis of all data collected from the targeted population groups, the DH is working towards the publication of the report in 2024.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB340**

**(Question Serial No. 3373)**

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for Health

Question:

Please advise on:

the means by which the Government currently provides dental services along with the services available; the breakdown of its expenditure on the provision of dental services and the number of attendances (especially among the elderly population) in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 226)

Reply:

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

Apart from the SDCS to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (SOCS) (including the Healthy Teeth Collaboration (HTC)) for persons with intellectual disability (ID), as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly (ODCP) and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations (NGOs). The limited dental services provided by the

Government are confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public (GP) sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

The expenditures and numbers of attendances for the public dental services provided by DH are as follows –

(A) Dental Care Support for Elders living in Residential Care Homes for the Elderly (RCHEs) and Day Care Centres for the Elderly (DEs)

The ODCP was implemented since October 2014 to provide free on-site oral check-up for elders and oral care training to caregivers of RCHEs, DEs and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by NGOs. If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. A total of 23 outreach dental teams from 10 NGOs have currently been set up under the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2023, the number of attendances was about 329 700. The actual expenditures for implementing the ODCP in 2018-19, 2019-20, 2020-21 and 2021-22 are \$31.8 million, \$44.3 million, \$37.8 million and \$41.6 million respectively, and the revised estimate for 2022-23 is \$63.1 million.

(B) Hospital Dental Service

Specialist oral maxillofacial surgery and dental treatment are provided by the DH’s Oral Maxillofacial Surgery and Dental Clinics in 7 public hospitals for hospital in-patients, and patients with special oral health care needs and dental emergency needs. Such specialist services are provided through referral by the Hospital Authority (HA) or private practitioners, etc. The total numbers of attendances of hospital patients and special needs groups in the past 5 calendar years from 2018 to 2022 are 78 500, 77 500, 60 500, 70 900 and 60 300 respectively.

(C) Emergency Dental Services

DH provides free emergency dental services to the public through the 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 numbers of attendances in the GP sessions in the financial years 2018-19, 2019-20, 2020-21, 2021-22 and 2022-23 (up to 31 January 2023) are 37 027, 34 313, 23 317, 27 067 and 16 322 respectively.

(D) SOCS

In order to improve the oral health of children with ID, the DH set up the SOCS in September 2019 in collaboration with the HA at the Hong Kong Children's Hospital (HKCH) for pre-school children under six years old with ID for early intervention and prevention of common oral diseases. SOCS has also implemented an outreach dental service since September 2019 to provide free on-site dental check-up and oral health education for the eligible children at Special Child Care Centres under the Social Welfare Department. If necessary, children can be referred to the HKCH for follow-up dental treatment, including treatment under sedation/general anaesthesia. Since September 2019 up to end-January 2023, about 3 480 pre-school children have received dental check-up by the SOCS team and about 690 of them were referred to HKCH.

The expenditure for Hospital Dental Service, Emergency Dental Services and SOCS are absorbed within DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available.

#### (E) Dental Care Support for Patients with ID

The Government launched the three-year programme HTC in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with ID. The programme was further extended for three years to 2024. As at end of January 2023, about 4 360 adults with ID have registered under the HTC. Among them, about 4 270 have received their first consultation. The actual expenditures for implementing the HTC in 2018-19, 2019-20, 2020-21 and 2021-22 were \$3.2 million, \$12.8 million, \$6.8 million and \$11.1 million respectively, and the revised estimate for 2022-23 is \$25.0 million.

#### (F) SDCS

Primary school students in Hong Kong, as well as students aged under 18 years old with ID and/or physical disabilities studying in special schools, can join the SDCS of DH to receive annual check-up at 8 designated school dental clinics, which covers oral examination, basic restorative and preventive treatment. The numbers of primary school children participating in the SDCS in the past 5 service years (each covering the period from 1 November of the current year to 31 October of the following year) are 359 300 in 2018-19, 359 500 in 2019-20, 336 700 in 2020-21, 326 200 in 2021-22 and 313 400 in 2022-23 (forecasted). The actual expenditures incurred for this Service are \$269.8 million in 2018-19, \$270.1 million in 2019-20, \$283.8 million in 2020-21 and \$270.8 million in 2021-22, and the revised estimate for 2022-23 is \$285.9 million.

Apart from the above services, the Community Care Fund Elderly Dental Assistance Programme and the special grant for dental treatment under the Comprehensive Social Security Assistance Scheme, the Elderly Health Care Voucher Scheme (EHVS) currently subsidises eligible Hong Kong elderly persons aged 65 or above with an annual voucher amount of \$2,000 to use private primary healthcare services by 10 types of healthcare professionals, including dentists. The EHVS aims at providing financial incentives for elderly persons to choose private healthcare services that best suit their health needs and providing them with additional healthcare choices on top of the existing public services. The present arrangement provides elders with the flexibility for using the vouchers for healthcare services that best suits their health needs and reduce segregation of various medical services. Moreover, as announced in the 2022 Policy Address, the Government will roll out a three-year pilot scheme to encourage the more effective use of primary healthcare services by the elderly, through increasing the annual voucher from the existing \$2,000 to \$2,500. The

additional \$500 will be allotted to elderly persons' account upon claiming at least \$1,000 from the voucher for designated primary healthcare services such as disease prevention and health management. The additional amount should also be used for those designated services. Dental services of this nature shall include dental examination, scaling, extraction and filing, etc. The amount of vouchers claimed on services provided by dentists in the past 5 years from 2018 to 2022 are \$287.0 million, \$313.1 million, \$276.6 million, \$355.4 million and \$343.3 million.

The Government established the Working Group on Oral Health and Dental Care (the Working Group) in December 2022 to advise the Government on the long-term strategy for oral health and dental care, as well as matters including enhancement of the scope and mode of services provided or subsidised by the Government. The Working Group comprises non-official members and ex-officio members for a two-year tenure until end 2024.

The first meeting of the Working Group was held in February 2023 to discuss the future work as well as key issues for follow-up. The Working Group was of the view that enhancing the overall level of citizens' oral health should be the objective under which the scope and effectiveness of the existing oral health measures as well as dental care services are to be examined and suggestions be made on the long-term strategic development for oral health and dental care. The Working Group also consolidated the following framework to form the basis of which enhancements to oral health measures and dental care services are to be discussed:

- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB341**

**(Question Serial No. 3374)**

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

Question:

In view of the demand and long queue for dental services, will the Government have any plans to improve such services (by increasing the number of dentists, dental clinics and facilities, etc.) to shorten the public's waiting time in the next 5 years. If yes, what is the estimated expenditure and its breakdown?

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 227)

Reply:

The Government's current dental care policy aims to raise public awareness of oral hygiene and health through publicity and education, and to encourage the public to develop good oral hygiene habits. Under the current policy, the Government mainly undertakes publicity, education and promotion of oral health, particularly with emphasis on nurturing good oral hygiene habits from an early age including providing the School Dental Care Service to children. Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained.

Apart from the School Dental Care Service to children, the Government currently provides or subsidises limited dental services, which mainly include providing treatment for the public for emergency cases and implementing measures for persons with special dental care needs, especially the elderly with financial difficulties or persons who have difficulty in accessing general dental services. Services provided for persons with special dental care needs include special oral care services (including the Healthy Teeth Collaboration) for persons with intellectual disability, as well as dental care support for the elderly under the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Elderly persons may also use health care vouchers to receive dental services in the private sector. Persons with financial difficulties may also receive subsidy to cover dental treatment expenses under the Comprehensive Social Security Assistance Scheme. These services for targeted group are not provided at government dental clinics.

At present, general dental care services are mainly provided by the private sector and non-governmental organisations. The limited dental services provided by the Government are



confined to emergency treatment for the public. The Department of Health (DH) allocates certain sessions each week in its 11 dental clinics to provide free emergency dental treatments (generally referred to as “General Public sessions”). These government dental clinics are not intended for provision of comprehensive dental services for the general public. Such services cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also provide professional advice with regard to the individual needs of patients. The utilisation of certain capacity of DH’s dental clinics to provide emergency services is in line with the current government policy on dental care. Providing comprehensive subsidised dental care services for the whole population is neither an optimal use of healthcare resources nor financially sustainable.

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- (a) To determine the service scope of primary dental services suitable for different age groups with the premise of preventing oral diseases and enhancing the oral health of the community in line with the Primary Healthcare Blueprint;
- (b) To define various underprivileged groups, groups with special needs and those of relatively higher risks, and review the existing needs and service coverage with a view to providing more targeted dental care services;
- (c) To review the manpower resources and related training arrangements of various dental professionals to tie in with the strategic development needs of the overall oral health and dental care; and
- (d) To review the complementary arrangements for dental services, including the models and financial arrangements under which services provided or subsidised by the public sector are delivered as well as the use of electronic health record, with a view to ensuring service efficacy.

Having regard to the aforementioned framework, the Government will make arrangements for the overall review work plan and discussion agendas such that the Working Group may put forward concrete proposals in phases during its term.

- End -

**CONTROLLING OFFICER'S REPLY****HHB342****(Question Serial No. 3445)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the respective numbers of people requesting and obtaining post-exposure prophylaxis, as well as the expenditure and financial provisions involved in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 298)Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

<b>Financial year</b>	<b>Number of clients prescribed with PEP</b>
2018-19	151
2019-20	140
2020-21	155
2021-22	140
2022-23	169*

\* Figure as of 28 February 2023

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

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB343**

**(Question Serial No. 3449)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention (3) Health Promotion

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

Director of Bureau: Secretary for Health

Question:

Please advise on the reasons why the Government does not consider allocating more resources to HIV prevention (including the provision of pre-exposure prophylaxis and post-exposure prophylaxis, 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.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 302)

Reply:

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

(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. The latest "Recommended HIV/AIDS Strategies for Hong Kong (2022-2027)" covered enhancing accessibility of HIV prevention tools (including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)), promoting sexuality education and reducing HIV-related stigma and discrimination in its key strategic areas;

(b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance 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 of AIDS non-governmental organisations and others under the ATF. From 2018-19 to 2022-23, the ATF approved a total of \$151.4 million for 70 projects;

(c) providing resources to DH services, including Special Preventive Programme (SPP), Social Hygiene Service, Methadone Treatment Programme and Student Health Service (SHS) for HIV prevention and care. 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;

(d) PEP is one of the prevention strategies targeted for individuals with risk of exposure to HIV. The eligibility for PEP and its prescription is a clinical decision based on individual risk assessment and stratification. The use of PEP, including after both occupational and non-occupational exposure, has been regularly reviewed by the Scientific Committee of AIDS and Sexually Transmitted Infections (STI) under Centre for Health Protection, and relevant guidance/recommendations are released for reference by frontline health care providers and relevant stakeholders; and

(e) The DH is setting up a new programme targeting men who have sex with men with risk behaviours to provide integrated and comprehensive clinical care for HIV and viral hepatitis prevention, STI testing and treatment, and counselling at Yau Ma Tei Integrated Treatment Centre. As part of this new programme, relevant monitoring and counselling for PrEP users will be provided to ensure the safety of its use and to maximise the effectiveness of the bundle of HIV prevention measures.

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

- End -

**CONTROLLING OFFICER'S REPLY****HHB344****(Question Serial No. 3451)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention, (3) Health PromotionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Please advise on the expenditure incurred in preventing HIV infection in the past 5 years (broken down into the following groups: the heterosexual population, men who have sex with men, ethnic minorities, sex workers and injecting drug users).

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 304)Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021) and (2022-2027)" issued by the Hong Kong Advisory Council on AIDS, higher funding priorities would be accorded to the applications under the AIDS Trust Fund (ATF) for projects targeted at the six 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 2018-19 to 2022-23, the ATF approved a total of \$151.4 million for 70 projects with the breakdown as follows:-

<b>High risk groups</b>	<b>Amount of funding approved (\$ million)</b>
Men who have sex with men	72.8
People living with HIV	28.5
Female sex workers and their male clients	30.8
People who inject drugs	8.3
Ethnic minorities	8.6
Male-to-female transgender	2.4
<b>Total</b>	<b>151.4</b>

- End -

**CONTROLLING OFFICER'S REPLY**

**HHB345**

**(Question Serial No. 3468)**

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for Health

Question:

Please advise on:

1. the breakdown of the Government's expenditure incurred in supporting smoking cessation services and tobacco control in the past 5 financial years; and
2. whether the Government has any effective ways to track the number of successful quitters benefitting from the smoking cessation services provided by the Government or Government-subsidised organisations, other than the number of phone enquiries received via the Smoking Cessation Hotline; if yes, the relevant statistics in the past 5 years and if not, the reasons.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 321)

Reply:

(1)

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

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services to the general public since 2002, and 5 smoking cessation clinics for civil servants operated by DH. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including

counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among people of diverse race and new immigrants, as well as in the workplace. For young smokers, DH collaborates with local universities to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise awareness on smoking hazards, including the use of alternative smoking products. In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

The expenditures and provision of the Tobacco and Alcohol Control Office (TACO) of DH from 2018-19 to 2022-23 is at Annex. For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

(2)

From 2018 to 2022, the quitlines operated by DH and local universities handled 10 156, 8 184, 7 502, 12 405 and 9 216 enquiries. During these 5 years, there were 25 028, 25 375, 17 516, 25 965 and 20 400 smokers receiving smoking cessation services respectively at quitlines, cessation clinics under the HA and community-based programmes operated by NGOs.

Smokers who received smoking cessation treatment were followed up for 52 weeks for assessment of their quit status. The 52-week quit rates, which is the percentage of service users who reported to have stayed quit in the past 7 days, of smoking cessation services at quitlines, cessation clinics under the HA, and community-based programmes operated by NGOs ranged from 20% to 60%, which are comparable to those in overseas countries. The variation in the quit rates for different smoking cessation programmes is due to the variations in their target groups and treatment methods, such as counselling, pharmacotherapy, and Chinese medicine acupuncture, etc.. Smokers are encouraged to choose the cessation service that best caters for their personal needs to successfully quit smoking.

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

	2018-19	2019-20	2020-21	2021-22	2022-23 (Revised Estimate)
	(\$ million)	(\$ million)	(\$ million)	(\$ million)	(\$ million)
<b><u>Enforcement</u></b>					
Programme 1: Statutory Functions	78.6	93.4	102.2	101.3	98.5
<b><u>Health Education and Smoking Cessation</u></b>					
Programme 3: Health Promotion	125.4	132.1	141.2	138.9	152.0
<b><u>(a) General health education and promotion of smoking cessation</u></b>					
<i>TACO</i>	50.4	55.9	64.5	62.8	73.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	24.0	28.3	26.0	26.2	26.5
<b><i>Sub-total</i></b>	<b><u>74.4</u></b>	<b><u>84.2</u></b>	<b><u>90.5</u></b>	<b><u>89.0</u></b>	<b><u>100.1</u></b>
<b><u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>					
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	30.6	30.6	30.8	32.1
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.5	7.6
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7	-
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	3.0	3.2	3.3
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	4.9	5.8
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.8	2.8
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	-	0.3
<b><i>Sub-total</i></b>	<b><u>51.0</u></b>	<b><u>47.9</u></b>	<b><u>50.7</u></b>	<b><u>49.9</u></b>	<b><u>51.9</u></b>
<b>Total</b>	<b><u>204.0</u></b>	<b><u>225.5</u></b>	<b><u>243.4</u></b>	<b><u>240.2</u></b>	<b><u>250.5</u></b>

- End -



**CONTROLLING OFFICER'S REPLY****CSB083****(Question Serial No. 1454)**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 2023-24 is 25.4% higher than the revised estimate for 2022-23. 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 2023-24;
2. the reasons for the estimated additional provision for enhancing the medical and dental services for civil service eligible persons (CSEPs) for 2023-24; 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 KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 16)

Reply:

1. The estimated expenditure on Programme (7) Medical and Dental Treatment for Civil Servants in 2023-24 is itemised as follows –

<b>Item</b>	<b>Estimated expenditure (\$million)</b>
Medical services	208.9
Dental services	865.6
Payment and reimbursement of medical fees and hospital charges	1,665.9
Procurement of equipment	17.8
<b>Total:</b>	<b>2,758.2</b>

2. The provision for 2023-24 is \$559.2 million (25.4%) higher than the revised estimate for 2022-23. This is mainly due to the need to reserve sufficient funding for meeting the increasing demand for the payment and reimbursement of medical fees and hospital

charges in respect of civil service eligible persons (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 2023-24 to cope with the demand which cannot be fully anticipated in a bid to ensure the timely processing of applications from eligible persons with medical needs and provide reimbursement of medical fees.

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

<b>Number of attendances</b> <sup>Note 1</sup>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Chai Wan Families Clinic	45 000	52 000	44 000
Hong Kong Families Clinic	47 000	52 000	52 000
Kowloon Families Clinic	56 000	59 000	49 000
New Territories Families Clinic	41 000	48 000	39 000
Fanling Families Clinic	29 000	43 000	31 000
Sai Kung Families Clinic	9 000	10 000	9 000

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

The overall utilisation rates of families clinics in the past 3 years are as follows:

<b>Year</b>	<b>Overall utilisation rate</b> <sup>Note 2</sup>
2020	93%
2021	95%
2022	97%

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

- End -

**CONTROLLING OFFICER'S REPLY**

**CSB084**

**(Question Serial No. 2843)**

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

The financial provision for the medical and dental treatment for civil servants for 2023-24 is \$2,758.2 million, which is 25.4% higher than the revised estimate for the previous year. In this connection, will the Government please advise this Committee on:

- a) how much of the above provision is earmarked for dental treatment; and
- b) further to the question above, how much of it will be used for administrative and staffing expenses?

Asked by: Hon KWOK Ling-lai, Lillian (LegCo internal reference no.: 41)

Reply:

- a) In 2023-24, the financial provision for dental treatment of civil service eligible persons (CSEPs) is \$865.6 million.
- b) In 2023-24, the financial provision under civil servants' medical and dental treatment provided by the Department of Health for CSEPs is \$2.7582 billion, which is 25.4% higher than the revised estimate for the previous year. The increase in provision does not involve any increase in the establishment (including administrative staff establishment).

- End -

**CONTROLLING OFFICER'S REPLY**

**CSB085**

**(Question Serial No. 0977)**

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding dental services for civil servants, will the Government please advise on:

- (1) the numbers of attendances of civil service eligible persons (CSEPs) at various dental clinics, as well as the waiting time for appointment for dental follow-up treatment and elective consultation for specialised dental services in the past 2 years;
- (2) the respective numbers of all ranks of healthcare staff of the Department of Health's dental clinics, broken down by type of post, length of service, their wastage rate and vacancy rate; and
- (3) the Government's recruitment plans in 2023-24 to increase the number of dental healthcare staff as soon as possible to shorten the waiting time for dental services for civil servants?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 7)

Reply:

- (1) To combat Coronavirus Disease 2019, dental clinics made various service adjustments in the past 3 years. In 2020, as only emergency and pain relief services were available during the early outbreak phase to allow deployment of a large number of staff in support of anti-epidemic work, there was a drop in attendances. In 2021, the easing epidemic brought our dental services back to normal by and large. In early 2022, the onset of the fifth wave of the epidemic resulted in a decrease in attendances following a large number of cancelled or postponed dental appointments.

The attendances of CSEPs at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals), as well as the overall waiting times for appointment of dental follow-up treatment and elective consultation for specialised dental services in the past 2 years are as follows -

**The attendances:**

<b>Year</b>	<b>Attendance</b> (rounded to the nearest hundred)
2021	708 600
2022	585 700

**Waiting time:**

<b>As at</b>	<b>Dental Follow-up Treatment</b>	<b>Elective Consultation for Specialised Dental Services</b>
31 December 2021	4 to 16 months	6 to 42 months
31 December 2022	8 to 37 months	4 to 47 months

- (2) The establishment and vacancy rates of Dental Officers (DOs), Dental Surgery Assistants (DSAs) and Dental Hygienists (DHys) at the dental clinics under Programme (7) of DH in the past 2 years are as follows –

<b>Grade</b>	<b>2021-22</b> (as at 31 March 2022)		<b>2022-23</b> (as at 1 February 2023)	
	<b>Establishment</b>	<b>Vacancy Rate</b>	<b>Establishment</b>	<b>Vacancy Rate</b>
DO	291	15.5%	291	22.0%
DSA	287	0.0%	288	0.0%
DHyg	14	35.7%	14	35.7%

For DH as a whole, the wastage rates of the DO grade for 2021-22 and 2022-23 (as at 1 February 2023) were 12.1% and 11.9% respectively, and those for the DSA grade were 7.9% and 6.7% respectively. As for the DHyg grade, the wastage rates for 2021-22 and 2022-23 (as at 1 February 2023) were 22.2% and 11.1% respectively.

(Note: Wastage rate refers to the overall wastage rate covering all situations resulting in departure from the service, including retirement, resignation, etc.)

The percentage distribution of DOs, DSAs and DHys by length of service is as follows-

<b>Grade</b>	<b>2022-23</b> (as at 1 February 2023)			
	<b>10 years or less</b>	<b>More than 10 years to 20 years</b>	<b>More than 20 years to 30 years</b>	<b>More than 30 years</b>
DO	41.7%	22.4%	20.0%	15.9%
DSA	43.6%	23.8%	13.4%	19.2%
DHyg	55.6%	0.0%	44.4%	0.0%

- (3) With a view to enhancing the dental services for CSEPs, DH will make continuous effort to recruit DOs in 2023-24. Measures include arranging year-round recruitment, granting incremental credit for experience to candidates, and creating Post-retirement Service Contract and Non-Civil Service Contract posts, etc. would be taken to attract more prospective candidates to apply for the post of DOs. In view of the growing local demand for dental services, the Government has further increased the number of University Grants Committee-funded degree training places and taught postgraduate places in dentistry. New pathways, such as making legislative amendments to facilitate the admission of qualified non-locally trained dentists, will also be explored.

- End -

**CONTROLLING OFFICER'S REPLY****CSB086****(Question Serial No. 0978)**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 provision of medical services for civil servants and other eligible persons, will the Government please advise this Committee on:

- (1) the numbers of attendances of civil service eligible persons (CSEPs) at various families clinics and the overall utilisation rates of such clinics in the past 2 years;
- (2) the numbers of attendances, the waiting time of CSEPs at various specialist outpatient clinics and the overall utilisation rates of such clinics in the past 2 years by specialty; and
- (3) whether any new measures have been formulated for 2023-24 to enhance the service quality and reduce the waiting time for appointments at families clinics and specialist outpatient clinics; if yes, the details as well as the additional expenditure and manpower involved; if not, the reasons?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 8)

Reply:

- (1) The attendances of civil service eligible persons (CSEPs) at each families clinic in the past 2 years are as follows –

Number of attendances <sup>Note 1</sup>	<b>2021</b>	<b>2022</b>
Chai Wan Families Clinic	52 000	44 000
Hong Kong Families Clinic	52 000	52 000
Kowloon Families Clinic	59 000	49 000
New Territories Families Clinic	48 000	39 000
Fanling Families Clinic	43 000	31 000
Sai Kung Families Clinic	10 000	9 000

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

The overall utilisation rates<sup>Note 2</sup> of families clinics in the past 2 years are as follows:

<b>2021</b>	<b>2022</b>
95%	97%

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

(2) Specialised Outpatient Service

Dedicated specialised outpatient (SOP) services for CSEPs are provided by 9H Specialist Clinic in Prince of Wales Hospital, L Block of Queen Elizabeth Hospital and Saturday SOP Clinic in Queen Mary Hospital under HA. The numbers of attendances and the median waiting times of SOP new cases for major specialties in the past 2 years are listed as follows –

9H Specialist Clinic in Prince of Wales Hospital

<b>Specialty</b>	<b>Number of Attendances</b>	
	<b>2021-22</b>	<b>2022-23 (as at 31 Dec 2022) [Provisional figures]</b>
Ear, Nose & Throat	3 115	2 280
Gynaecology	458	359
Medicine	13 946	10 687
Orthopaedics & Traumatology	2 522	1 690
Paediatrics	51	32
Surgery	3 730	2 453

<b>Specialty</b>	<b>Median Waiting Time (week)</b>	
	<b>2021-22</b>	<b>2022-23 (as at 31 Dec 2022) [Provisional figures]</b>
Ear, Nose & Throat	1	1
Gynaecology	7	7
Medicine	61	41
Orthopaedics & Traumatology	1	1
Paediatrics	1	1
Surgery	8	2



L Block of Queen Elizabeth Hospital

Specialty	Number of Attendances	
	2021-22	2022-23 (as at 31 Dec 2022) [Provisional figures]
Gynaecology	2 155	1 696
Medicine	10 859	8 366
Orthopaedics & Traumatology	4 478	3 417
Paediatrics	975	764
Surgery	7 984	6 122

Specialty	Median Waiting Time (week)	
	2021-22	2022-23 (as at 31 Dec 2022) [Provisional figures]
Gynaecology	26	29
Medicine	129	137
Orthopaedics & Traumatology	4	1
Paediatrics	1	<1
Surgery	34	35

Saturday SOP Clinic in Queen Mary Hospital

Specialty	Number of Attendances	
	2021-22	2022-23 (as at 31 Dec 2022) [Provisional figures]
Medicine	564	629
Surgery	346	305

Specialty	Median Waiting Time (week)	
	2021-22	2022-23 (as at 31 Dec 2022) [Provisional figures]
Medicine	67	13
Surgery	12	5

We do not maintain statistics on the overall utilisation rates of the SOP clinics.

- (3) To enhance its services, the Department of Health (DH) launched the Integrated Care Programme (ICP) and Stable Drug Use (SDU) pilot programme at families clinics in March 2020. The ICP aims at improving the quality of care for patients with diabetes mellitus, and identifying early complications so that the extra consultation time arising from complications can be reduced. The SDU pilot programme seeks to enhance drug use safety for patients with chronic diseases under stable conditions who are required to take multiple types of drugs, and to minimise their needs for follow-up consultations with doctors. It is expected that the implementation of these two programmes will

release doctor consultation quota for allocation to other CSEPs in need. The programmes will continue in 2023-24. The manpower and expenditure involved in the programmes will be absorbed by DH's existing provision for medical and dental treatment for civil servants.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 1548)**

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

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

1. the respective numbers of attendances of civil service eligible persons (CSEPs) at various dental clinics and the oral maxillofacial surgery and dental clinics in hospitals in the past 3 years;
2. the waiting time of CSEPs for appointment for dental follow-up treatment and elective consultation for specialised dental services at dental clinics and the oral maxillofacial surgery and dental clinics in hospitals in the past 3 years; and
3. the Government's plans to increase the number of dental healthcare staff in the coming year to shorten the waiting time for dental services for civil servants?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 13)

Reply:

- 1&2. To combat Coronavirus Disease 2019, dental clinics made various service adjustments in the past 3 years. In 2020, as only emergency and pain relief services were available during the early outbreak phase to allow deployment of a large number of staff in support of anti-epidemic work, there was a drop in attendances. In 2021, the easing epidemic brought our dental services back to normal by and large. In early 2022, the onset of the fifth wave of the epidemic resulted in a decrease in attendances following a large number of cancelled or postponed dental appointments.

The attendances of CSEPs at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years are as follows –

<b>Year</b>	<b>Attendance</b> (rounded to the nearest hundred)
2020	321 700
2021	708 600
2022	585 700

The overall waiting times of CSEPs for dental services at dental clinics (including OMS&DCs in hospitals) in the past 3 years are as follows –

<b>As at</b>	<b>Dental Follow-up Treatment</b>	<b>Elective Consultation for Specialised Dental Services</b>
31 December 2020	6 to 15 months	5 to 36 months
31 December 2021	4 to 16 months	6 to 42 months
31 December 2022	8 to 37 months	4 to 47 months

3. With a view to enhancing the dental services for CSEPs, DH will make continuous effort to recruit DOs in 2023-24. Measures include arranging year-round recruitment, granting incremental credit for experience to candidates, and creating Post-retirement Service Contract and Non-Civil Service Contract posts, etc. would be taken to attract more prospective candidates to apply for the post of DOs. In view of the growing local demand for dental services, the Government has further increased the number of University Grants Committee-funded degree training places and taught postgraduate places in dentistry. New pathways, such as making legislative amendments to facilitate the admission of qualified non-locally trained dentists, will also be explored.

- End -

**CONTROLLING OFFICER'S REPLY**

**CSB088**

**(Question Serial No. 1946)**

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

It is mentioned in the Matters Requiring Special Attention in 2023-24 that a Pilot Scheme on Dental Services (Dental Scaling) will be launched. In this connection, please advise this Committee on:

1. the implementation details of the Scheme, including the manpower and estimated expenditure to be involved, along with its target quota and target participants;
2. according to the Oral Health Survey 2011 conducted by the Department of Health, the percentages of 65 to 74-year old non-institutionalised older persons with fewer than 20 natural teeth and with total tooth loss were around 40% and more than 5%, respectively. In this connection, will the Government consider giving priority to the elderly in the allocation of quotas under the Scheme? If yes, the details and if not, the reasons; and
3. given that scaling is vital to the prevention and early detection of dental problems, whether the Government has assessed the demand for dental treatment as a result of the Scheme, and whether it has earmarked resources for referrals of patients in need to public dental clinics for follow-up; if yes, the details and if not, the reasons.

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 26)

Reply:

- 1&2. The government dental clinics under the Department of Health (DH) are primarily providing dental services to civil service eligible persons (CSEPs) to fulfil the Government's contractual obligations laid down in the civil servants' terms of employment. Such dental benefits are in essence the same as the medical benefits provided by employers to their employees in the market, hence not part of the public dental services. The Pilot Scheme on Dental Services (Dental Scaling) (Pilot Scheme) is a new measure in this context, through which we hope that the large backlog of cases caused by the epidemic and manpower shortage could be alleviated. The target group of the Pilot Scheme is therefore confined to CSEPs. DH invited private dental organisations to submit expressions of interest in late October last year,

with a view to gauging their interest in participating in the Pilot Scheme. The initial response from the private dental organisations is positive, and DH is finalising the details of the Pilot Scheme, including the number of participants. The details of the manpower and expenditure to be incurred are yet to be available at this stage. DH plans to absorb the relevant expenditure of the Pilot Scheme within the current provision for Medical and Dental Treatment for Civil Servants.

3. By launching the Pilot Scheme, the Government aims to prevent the further lengthening of waiting time for general dental services of DH due to manpower shortage. DH will continue to arrange follow-up dental appointments for all CSEPs joining the Pilot Scheme subsequent to their receiving of scaling service. Hence, additional resources are not required.

- End -

**CONTROLLING OFFICER'S REPLY**

**CSB089**

**(Question Serial No. 0567)**

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

Concerning the Pilot Scheme on Dental Services (Dental Scaling) to be launched by the Department of Health in 2023-24, please inform this Committee of:

1. the estimated number of participants, and whether there will be a year-on-year increase in the number;
2. the estimated total expenditure on the Pilot Scheme, and whether additional staffing expenditure will be incurred; and
3. whether the Government will consider providing dental scaling services for the needy (such as the elderly and the disabled) apart from civil service eligible persons.

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

Reply:

1&3. The government dental clinics under the Department of Health (DH) are primarily providing dental services to civil service eligible persons (CSEPs) to fulfil the Government's contractual obligations laid down in the civil servants' terms of employment. Such dental benefits are in essence the same as the medical benefits provided by employers to their employees in the market, hence not part of the public dental services. The Pilot Scheme on Dental Services (Dental Scaling) (Pilot Scheme) is a new measure in this context, through which we hope that the large backlog of cases caused by the epidemic and manpower shortage could be alleviated. The target group of the Pilot Scheme is therefore confined to CSEPs. DH invited private dental organisations to submit expressions of interest in late October last year, with a view to gauging their interest in participating in the Pilot Scheme. The initial response from the private dental organisations is positive, and DH is finalising the details of the Pilot Scheme, including the number of participants.

2. DH plans to absorb the relevant expenditure of the Pilot Scheme within the current provision for Medical and Dental Treatment for Civil Servants. The details of the manpower and expenditure to be incurred are yet to be available at this stage.

- End -



**CONTROLLING OFFICER'S REPLY****CSB090****(Question Serial No. 0090)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

With regard to the dental services of the Department of Health (DH), will the Government please advise this Committee on:

1. the respective staff establishment, the actual numbers of staff employed, the attrition figures and the numbers of retirees of the Dental Officer Grade, Dental Therapist Grade and Dental Hygienist Grade of DH in the past 3 years;
2. the respective numbers of attendances by age group, discs allocated and quotas of each dental clinic in each of the past 3 years; and
3. the respective waiting time of regular dental check-ups, root canal treatment and filling treatment for civil service eligible persons in each of the past 3 years?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 10)Reply:

1. The establishment and strength of the Dental Officer Grade and Dental Hygienist Grade at government dental clinics under the Department of Health (DH) in the past 3 years are as follows –

Grade <sup>#</sup>	2020-21 (as at 31 March 2021)		2021-22 (as at 31 March 2022)		2022-23 (as at 1 February 2023)	
	Establishment	Strength	Establishment	Strength	Establishment	Strength
Dental Officer	291	271	291	246	291	227
Dental Hygienist	14	11	14	9	14	9

<sup>#</sup> There is no establishment of the Dental Therapist Grade at government dental clinics under Programme (7).

The wastage of the Dental Officer Grade and Dental Hygienist Grade in DH in the past 3 years is as follows –

Grade	2020-21 (as at 31 March 2021)		2021-22 (as at 31 March 2022)		2022-23 (as at 1 February 2023)	
	Departure	Retirement	Departure	Retirement	Departure	Retirement
Dental Officer	15	4	39	4	35	5
Dental Hygienist	4	2	2	2	1	0

2. To combat Coronavirus Disease 2019 (COVID-19), dental clinics made various service adjustments in the past 3 years. In 2020, as only emergency and pain relief services were available during the early outbreak phase to allow deployment of a large number of staff in support of anti-epidemic work, there was a drop in attendances. In 2021, the easing epidemic brought our dental services back to normal by and large. In early 2022, the onset of the fifth wave of the epidemic resulted in a decrease in attendances following a large number of cancelled or postponed dental appointments.

The attendances of CSEPs at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years are as follows –

Dental Clinic	Attendance ^		
	2020	2021	2022
Aberdeen Jockey Club Dental Clinic	4 500	8 800	7 000
Castle Peak Hospital Dental Clinic	4 800	10 900	9 900
Chai Wan Government Dental Clinic	6 200	17 100	15 000
Cheung Chau Dental Clinic <sup>@</sup>	400	500	< 100
Cheung Sha Wan Government Offices Dental Clinic	25 000	60 900	47 600
Fanling Health Centre Dental Clinic	9 900	24 600	21 800
Ha Kwai Chung Government Dental Clinic	4 900	11 300	10 400
Harbour Building Dental Clinic	9 800	26 200	19 500
Harbour Building Orthodontic Clinic	10 900	12 800	11 000
Hong Kong Police College Dental Clinic	300	400	200
Kennedy Town Community Complex Dental Clinic	8 200	18 000	13 400
Kowloon City Dental Clinic	14 900	36 300	31 000
Kwai Chung Hospital Dental Clinic <sup>@</sup>	1 200	2 500	800
Kwun Tong Dental Clinic	7 700	17 000	15 600
Kwun Tong Yung Fung Shee Dental Clinic	6 400	15 200	13 100
Li Po Chun Dental Clinic	6 300	15 100	11 800
Ma On Shan Dental Clinic	5 700	12 200	9 700
MacLehose Dental Centre 2/F	6 700	9 300	7 800
MacLehose Dental Centre 6/F	12 100	31 500	26 300

Dental Clinic	Attendance ^		
	2020	2021	2022
Madam Yung Fung Shee Dental Clinic	5 400	12 500	10 900
Mona Fong Dental Clinic	2 400	4 600	4 200
Pamela Youde Government Dental Clinic	10 500	23 400	19 600
Queensway Government Offices Dental Clinic	11 300	27 100	23 600
Sai Ying Pun Dental Clinic 3/F <sup>@</sup>	2 200	3 900	0
Sai Ying Pun Dental Clinic 8/F	5 800	13 100	11 100
Sheung Kwai Chung Government Dental Clinic	10 100	25 900	20 500
Sheung Kwai Chung Prosthodontic Clinic	3 900	7 300	8 100
Tai O Dental Clinic <sup>@</sup>	< 100	100	< 100
Tai Po Wong Siu Ching Dental Clinic	5 200	12 400	10 600
Tang Shiu Kin Dental Clinic	9 600	23 100	18 800
Tseung Kwan O Dental Clinic	8 600	21 400	19 700
Tsuen Wan Dental Clinic	3 200	7 600	7 800
Tsuen Wan Government Offices Dental Clinic	7 000	16 500	14 600
Tung Chung Dental Clinic	3 700	7 700	7 100
Victoria Road Dental Clinic	1 700	3 500	3 600
Wan Chai Dental Clinic	12 400	30 500	20 200
West Kowloon Government Offices Dental Clinic	3 200	12 000	13 200
Western Dental Clinic	2 600	5 000	4 400
Yan Oi Dental Clinic	3 500	8 700	8 000
Yau Ma Tei Dental Clinic	12 800	33 700	25 800
Yau Ma Tei Orthodontic Clinic	18 100	27 300	21 700
Yuen Long Government Offices Dental Clinic	6 100	12 700	12 900
Yuen Long Jockey Club Dental Clinic <sup>@</sup>	3 500	8 200	3 500

OMS&DCs in Hospitals	Attendance ^		
	2020	2021	2022
North District Hospital OMS&DC	2 900	4 400	3 500
Pamela Youde Nethersole Eastern Hospital OMS&DC	2 500	3 900	3 300
Prince of Wales Hospital OMS&DC	4 600	5 300	3 900
Princess Margaret Hospital OMS&DC	2 000	3 300	2 900
Queen Elizabeth Hospital OMS&DC	5 300	6 100	4 200
Queen Mary Hospital OMS&DC	3 700	5 000	3 900
Tuen Mun Hospital OMS&DC	1 900	1 800	2 100

<sup>^</sup> The number of attendances is rounded to the nearest hundred except those specified as < 100.

@ The services provided by Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic and Yuen Long Jockey Club Dental Clinic to CSEPs have been suspended by phases since October 2021 in view of the development of the epidemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to dental clinics nearby for service.

DH does not maintain information on the breakdown of attendances by age group. DH will arrange dental services for CSEPs according to its manpower and the urgency of their medical conditions. DH does not keep statistics on the number of discs allocated and quotas.

3. The overall waiting time of CSEPs for appointment for regular dental check-ups and dental follow-up treatment (including filling and root canal treatment) in the past 3 years is as follows –

<b>As at</b>	<b>Regular Dental Check-ups</b>	<b>Dental Follow-up Treatment</b>
31 December 2020	-*	6 to 15 months
31 December 2021	12 to 16 months	4 to 16 months
31 December 2022	18 to 32 months	8 to 37 months

\* Appointment service for regular dental check-ups was suspended from June to December 2020 to free up appointment slots for dental follow-up treatment and other urgent cases in response to the development of the COVID-19 epidemic.

- End -

**CONTROLLING OFFICER'S REPLY**

**SV-CSB06**

**(Question Serial No. SV003)**

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

As the Pilot Scheme on Dental Services (Dental Scaling) will be launched by the Department of Health, please advise on the anticipated reduction in civil servants' waiting time for dental services. How will the Government resolve the key challenges of recruiting dentists?

Asked by: Hon KWOK Wai-keung

Reply:

The Pilot Scheme on Dental Services (Dental Scaling) (Pilot Scheme) will be launched in mid-2023. The Department of Health (DH) has been pressing ahead with its preparatory work, including the invitation to eligible private dental organisations for proposals for the Pilot Scheme. The number of participating civil service eligible persons (CSEPs) in the Pilot Scheme hinges on the service quotas offered by the dental organisations, and therefore is not available at this stage. When some CSEPs begin to receive dental scaling services at these dental organisations, it is expected that a portion of DH's appointment slots will be freed up for appointment quotas for new dental cases and to meet the needs of CSEPs for other more urgent dental services. In the long term, a reduction in their waiting time for dental services is anticipated.

With a view to enhancing the dental services for CSEPs, DH will make continuous effort to recruit Dental Officers (DOs). Measures include arranging year-round recruitment, granting incremental credit for experience to candidates, and creating Post-retirement Service Contract and Non-Civil Service Contract posts, etc. would be taken to attract more prospective candidates to apply for the post of DOs. In view of the growing local demand for dental services, the Government has further increased the number of University Grants Committee-funded degree training places and taught postgraduate places in dentistry. New pathways, such as making legislative amendments to facilitate the admission of qualified non-locally trained dentists, will also be explored.

- End -