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Replies to written questions raised by Legislative Council Members in examining the Estimates of Expenditure 2025-26

Controlling Officer : Director of Health
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Examination of Estimates of Expenditure 2025-26 Reply Serial No.

HHB196

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3116)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Health

Question:

There is a drastic reduction of over 60% in funding for the subvented sector in the revised estimate for 2024-25 and estimate for 2025-26. In this connection, please inform this Committee of the reasons behind this significant decrease over the past 2 consecutive years. It is noted, incidentally, in the pertaining Brief Description that 2 Chinese Medicine Clinics operated by the Tung Wah Group of Hospitals are the main beneficiaries of funding under this Programme.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 3)

Reply:

The provisions for the subvented sector in the revised estimate for 2024-25 and estimate for 2025-26 represent a decrease over the 2024-25 estimate due in large part to the change in the mode of subvention for the Healthy Teeth Collaboration (HTC) since 16 July 2024. Instead of being subvented organisations (i.e. receiving subvention to run the service) to provide free dental services to eligible persons, the non-governmental organisations participating in the HTC now provide such services through a service procurement model to enhance operation efficiency. As a result, the associated funding previously set aside to the subvented sector has been reallocated to the Government sector. As for the 2 Chinese Medicine General Outpatient Clinics operated by the Tung Wah Group of Hospitals under the subvention of the Department of Health, the financial provision in the revised estimate remained unchanged from the original estimate for 2024-25, while the financial provision for the 2025-26 estimate has increased by about 2.5% compared to the 2024-25 revised estimate.

- End -

Examination of Estimates of Expenditure 2025-26 Reply Serial No.

HHB197

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0573)

Head: (37) Department of Health

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

Programme: (8) Personnel Management of Civil Servants Working in Hospital Authority

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

Director of Bureau: Secretary for Health

Question:

The Government has indicated that the provision for 2025-26 under Programme (8) will be $100,000 (0.9%) higher than the revised estimate for 2024-25 mainly due to the increased provision for operating expenses. In this connection, please list in tabular form:

1. the changes in the Department of Health (DH)'s staffing levels in this respect, along with the estimated expenditure, in the past 5 years; and
2. the staff establishment of DH personnel working in the Hospital Authority in the past 5 years.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 36)

Reply:

1. In the 5 financial years from 2020-21 to 2024-25, the number of staff in the Department of Health (DH) responsible for this programme is 22, comprising 20 in the DH's Hospital Staff Section and 2 in the DH headquarters providing indirect support for this programme. The expenditure incurred by the DH on discharging personnel management responsibility for the civil servants working in the Hospital Authority (HA) in the aforesaid 5 financial years is as follows:

Financial Year	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised Estimate)
Annual Expenditure ($ million)	10.3	10.2	10.3	11.0	11.4

2. The staff establishment of civil servants working in the HA in the 5 years from 2020 to 2024 is as follows:

As at 1 April of the Year	2020	2021	2022	2023	2024
Staff Establishment	791	643	500	389	306

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0217)

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

1. the detailed breakdown of the total expenditure on the EHVS over the past 3 years, as well as the estimated expenditure of the scheme for 2025-26;
2. the number of voucher claim transactions, the amount claimed and the average, median as well as the maximum and minimum amount claimed per transaction in the past 3 years, broken down by type of service;
3. the number of healthcare service providers enrolled under the EHVS and the participation rate of each healthcare service provider in the scheme, broken down by type of service;
4. the respective number of complaints against the abuse of vouchers received and investigations conducted by the Department of Health, and prosecutions as a result (by type of healthcare service provider); as well as the respective number of cases with investigation completed, found to be substantiated, and related to fraud or improper voucher claims, and the number of service providers and voucher recipients disqualified from the EHVS for breaching the scheme rules in the past 3 years; and
5. the number of service providers who withdrew from the EHVS over the past 3 years, broken down by type of service.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 8)

Reply:

1.

The table below shows the actual/estimated expenditure on the Elderly Health Care Voucher Scheme (EHVS) from the financial year 2022-23 to 2024-25:

Year	Actual/Estimated Expenditure on the EHVS ($ billion)
2022-23	2.79 (Actual)
2023-24	3.33 (Actual)
2024-25	3.45 (Revised Estimate)

The estimated expenditure for 2025-26 for the EHVS is $4.15 billion.

2.
The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average, median, maximum and minimum amounts per claim transaction under the EHVS (including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme) by types of healthcare service provider/medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2022	2023 Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	1 954 032	2 325 617	2 444 952
Chinese Medicine Practitioners	1 647 630	1 965 635	2 160 315
Dentists	288 532	331 342	331 567
Occupational Therapists	4 177	4 232	3 003
Physiotherapists	37 603	45 673	43 341
Medical Laboratory Technologists	14 593	15 441	14 503
Radiographers	20 761	22 659	23 285
Nurses	9 376	11 196	10 800
Chiropractors	8 841	10 331	8 724
Optometrists	161 156	230 239	175 563
Audiologists Note 2	-	784	1 636
Clinical Psychologists Note 2	-	2	-
Dietitians Note 2	-	609	1 356
Speech Therapists Note 2	-	5	7
Sub-total (Hong Kong):	**4 146 701**	**4 963 765**	**5 219 052**
Medical institutions in the GBA:	**32 356**	**38 462**	**77 918**
Total:	**4 179 057**	**5 002 227**	**5 296 970**

Amount of Vouchers Claimed (in HK$'000)

	2022	2023 Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	1,059,052	1,270,495	1,363,308
Chinese Medicine Practitioners	854,324	1,140,988	1,227,911
Dentists	343,327	413,222	402,347
Occupational Therapists	4,518	4,455	3,404
Physiotherapists	17,743	22,726	23,083
Medical Laboratory Technologists	13,393	14,712	13,353
Radiographers	24,635	29,503	34,556
Nurses	9,878	11,168	10,427
Chiropractors	5,080	5,955	5,467
Optometrists	233,912	352,743	255,505
Audiologists Note 2	-	2,693	5,040
Clinical Psychologists Note 2	-	4	-

Dietitians Note 2	-	829	1,110
Speech Therapists Note 2	-	5	7
Sub-total (Hong Kong):	**2,565,862**	**3,269,498**	**3,345,518**
Medical institutions in the GBA:	**10,949**	**11,883**	**39,339**
Total:	**2,576,811**	**3,281,381**	**3,384,857**

Average Amount of Vouchers per Claim Transaction (HK$)

	2022	2023Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	542	546	558
Chinese Medicine Practitioners	519	580	568
Dentists	1,190	1,247	1,213
Occupational Therapists	1,082	1,053	1,134
Physiotherapists	472	498	533
Medical Laboratory Technologists	918	953	921
Radiographers	1,187	1,302	1,484
Nurses	1,054	997	965
Chiropractors	575	576	627
Optometrists	1,451	1,532	1,455
Audiologists Note 2	N/A	3,435	3,081
Clinical Psychologists Note 2	N/A	2,000	N/A
Dietitians Note 2	N/A	1,361	819
Speech Therapists Note 2	N/A	1,000	1,000
Medical institutions in the GBA Note 3	**338**	**309**	**505**

Median Amount of Vouchers per Claim Transaction (HK$)

	2022	2023Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	380	400	410
Chinese Medicine Practitioners	310	320	324
Dentists	800	835	800
Occupational Therapists	350	300	300
Physiotherapists	330	320	350
Medical Laboratory Technologists	680	720	700
Radiographers	720	800	900
Nurses	525	500	490
Chiropractors	560	560	600
Optometrists	1,700	1,880	1,748
Audiologists Note 2	N/A	2,121	1,905
Clinical Psychologists Note 2	N/A	1,800	N/A
Dietitians Note 2	N/A	1,105	310
Speech Therapists Note 2	N/A	1,200	1,000

Medical institutions in the GBA Note 3	**123**	**114**	**186**

Range of Maximum and Minimum Voucher Amounts per Claim Transaction (HK$)

	Range of Maximum Voucher Amounts per Claim Transaction (HK$) Note 4		
	2022	**2023** Note 1	**2024**
Healthcare service providers in Hong Kong			
Medical Practitioners	7,751 – 8,000	>8,000	>8,000
Chinese Medicine Practitioners	7,751 – 8,000	>8,000	>8,000
Dentists	7,751 – 8,000	>8,000	>8,000
Occupational Therapists	7,501 – 7,750	7,751 – 8,000	7,751 – 8,000
Physiotherapists	7,751 – 8,000	>8,000	>8,000
Medical Laboratory Technologists	7,751 – 8,000	7,751 – 8,000	7,751 – 8,000
Radiographers	7,751 – 8,000	>8,000	>8,000
Nurses	7,751 – 8,000	>8,000	>8,000
Chiropractors	6,501 – 6,750	6,001 – 6,250	7,751 – 8,000
Optometrists	1,751 – 2,000	1,751 – 2,000	1,751 – 2,000
Audiologists Note 2	N/A	>8,000	>8,000
Clinical Psychologists Note 2	N/A	1,751 – 2,000	N/A
Dietitians Note 2	N/A	7,751 – 8,000	4,751 – 5,000
Speech Therapists Note 2	N/A	1,251 – 1,500	1,751 – 2,000
Medical institutions in the GBA Note 3	**7,751 – 8,000**	**7,251 – 7,500**	**>8,000**

	Range of Minimum Voucher Amounts per Claim Transaction (HK$)		
	2022	**2023** Note 1	**2024**
Healthcare service providers in Hong Kong			
Medical Practitioners	1 – 250	1 – 250	1 – 250
Chinese Medicine Practitioners	1 – 250	1 – 250	1 – 250
Dentists	1 – 250	1 – 250	1 – 250
Occupational Therapists	1 – 250	1 – 250	1 – 250
Physiotherapists	1 – 250	1 – 250	1 – 250
Medical Laboratory Technologists	1 – 250	1 – 250	1 – 250
Radiographers	1 – 250	1 – 250	1 – 250
Nurses	1 – 250	1 – 250	1 – 250
Chiropractors	1 – 250	1 – 250	1 – 250
Optometrists	1 – 250	1 – 250	1 – 250
Audiologists Note 2	N/A	1 – 250	1 – 250
Clinical Psychologists Note 2	N/A	1,751 – 2,000	N/A
Dietitians Note 2	N/A	1 – 250	1 – 250
Speech Therapists Note 2	N/A	501 – 750	1 – 250

Medical institutions in the GBA	**1 - 250**	**1 - 250**	**1 - 250**

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023.

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

Note 3: Under the existing EHVS, private healthcare professionals in Hong Kong may enrol in the scheme as healthcare service providers on an individual basis, while medical institutions in the GBA participate in the scheme on a hospital/medical institution basis. Eligible elderly persons may use Elderly Health Care Vouchers to pay for the fee of outpatient healthcare services, such as physical examination, continuous preventive healthcare and chronic disease management, etc., provided by the designated departments at medical institutions in the GBA, and the statistics on the related healthcare services are compiled on the basis of services as provided by the respective designated departments, rather than individual healthcare professions. As such, any direct comparison between the average amount of vouchers per claim transaction for healthcare service providers in Hong Kong and that of medical institutions in the GBA is not appropriate. Nor do the figures reflect the levels of primary healthcare service charges of either region.

Note 4: Due to the shared use of vouchers between spouses under the EHVS starting from 28 July 2023 and the $500 reward under the Pilot Reward Scheme launched on 13 November in the same year (see Note 1 above) is not subject to the accumulation limit, the maximum voucher amount per claim transaction may exceed $8,000.

3.

The table below shows the number and participation rate of healthcare service providers in Hong Kong enrolled in the EHVS as at the end of 2024, by types of profession:

	Number of Healthcare Service Providers (Participation Rate [Note 1])
Medical Practitioners	3 451 (55%)
Chinese Medicine Practitioners	4 551 (60%)
Dentists	1 569 (73%)
Occupational Therapists	191 (11%)
Physiotherapists	880 (33%)
Medical Laboratory Technologists	54 (4%)
Radiographers	67 (5%)
Nurses	298 (1%)
Chiropractors	171 (59%)
Optometrists	912 (85%)
Audiologists [Note 2]	40 (57%)
Clinical Psychologists [Note 2]	15 (3%)
Dietitians [Note 2]	46 (34%)
Speech Therapists [Note 2]	42 (13%)
Total:	**12 287**

Note 1: In calculating the EHVS participation rate of the first 10 types of healthcare service providers (i.e. medical practitioners, Chinese medicine practitioners, dentists, occupational therapists,

physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists), those healthcare professionals practising in the public sector or are economically inactive (e.g. not practising in Hong Kong) have been excluded.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the AR Scheme (namely audiologists, clinical psychologists, dietitians and speech therapists). In calculating the percentage of participating healthcare service providers of these 4 professions under the EHVS, the numbers of registrants on the registers of the relevant healthcare professional bodies accredited under the AR Scheme of the Government have been used.

4.

The table below shows the number of complaints (including media reports and relevant intelligence) against healthcare service providers enrolled in the EHVS received by the Department of Health (DH) from 2022 to 2024:

	2022	**2023**	**2024**	**Total**
Number of complaints against healthcare service providers enrolled in the EHVS received by the DH	45	54	88	**187**

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

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2024, investigation of 29 cases was completed, of which 11 were found to be substantiated or partially substantiated. The DH has disqualified 3 healthcare service providers from participating in the EHVS and has referred 6 cases to the Police for follow-up (of which the investigation of 2 cases was completed with no prosecutions made and 4 cases are still under investigation).

5.

The table below shows the number of healthcare service providers in Hong Kong enrolling in and withdrawing from the EHVS in the past 3 years, by types of profession:

Service Provider Category	**2022** Note 1			**2023**			**2024** Note 1		
	Enrolments	Withdrawals	Net Enrolments	Enrolments	Withdrawals	Net Enrolments	Enrolments	Withdrawals	Net Enrolments
Medical Practitioners	365	163	202	226	51	175	218	470	(252)
Chinese Medicine Practitioners	362	169	193	316	30	286	332	147	185
Dentists	77	42	35	154	8	146	120	28	92

Service Provider Category	**2022** Note 1			**2023**			**2024** Note 1		
	Enrolments	Withdrawals	Net Enrolments	Enrolments	Withdrawals	Net Enrolments	Enrolments	Withdrawals	Net Enrolments
Occupational Therapists	18	12	6	35	4	31	24	20	4
Physiotherapists	108	31	77	111	13	98	138	84	54
Medical Laboratory Technologists	2	7	(5)	2	3	(1)	4	7	(3)
Radiographers	7	8	(1)	11	1	10	10	6	4
Nurses	45	59	(14)	36	6	30	44	36	8
Chiropractors	9	6	3	31	3	28	13	6	7
Optometrists	23	23	0	56	6	50	52	28	24
Audiologists Note 2	N/A	N/A	N/A	34	1	33	10	3	7
Clinical Psychologists Note 2	N/A	N/A	N/A	13	-	13	2	-	2
Dietitians Note 2	N/A	N/A	N/A	36	-	36	10	-	10
Speech Therapists Note 2	N/A	N/A	N/A	39	-	39	7	4	3
Total:	**1 016**	**520**	**496**	**1 100**	**126**	**974**	**984**	**839**	**145**

Note 1: The number of healthcare service providers withdrawing from the EHVS in 2022 and 2024 is relatively higher as the Health Care Voucher Division of the DH updates the database of healthcare service providers every 2 years.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0220)

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 the Elderly Health Centres (EHCs) and Woman Health Centres (WHCs) set up by the Department of Health across the territory, please advise on the following:

1. the number of new members in all EHCs and WHCs in each of the past 5 years, the number of people currently waiting for enrolment as members, along with the average and the longest waiting time for such enrolment;

2. the respective number of attendances for various services (namely health assessment, counselling and curative treatment) provided by EHCs and WHCs in each district over the past 5 years; and

3. in view of the upcoming integration of services provided by EHCs and WHCs into the District Health Centres, the estimated timetable of the initiative, its details, the administrative costs and staff establishment in relation to its implementation.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 26)

Reply:

(1)

Elderly Health Centres (EHCs)

The number of new members enrolling with the EHCs and the number of elderly persons waiting for their first health assessment (upon becoming members) in the past 5 years are as follows:

Year	Number of new enrolments	Number of elderly persons waiting for their first health assessment
2020	4 329	22 675
2021	10 496	27 165
2022	8 007	34 259
2023	9 858	35 982
2024*	5 766	37 036

*Provisional figures.

Varying by centre, the median waiting time for the first health assessment at EHCs in 2024 is 30 months, with the longest median waiting time reported at 44.7 months.

Women Health Services (WHS)

Over the past 5 years, the number of enrolment for WHS and the number of attendances at the 3 Woman Health Centres (WHCs) (namely Chai Wan WHC, Lam Tin WHC and Tuen Mun WHC) and the 4 designated Maternal and Child Health Centres (MCHCs) providing such services (namely Ap Lei Chau MCHC, Yaumatei MCHC, Fanling MCHC and Ma On Shan MCHC) are as follows:

Year	Number of enrolment	Number of attendances
2020	775	2 357
2021	3 571	5 450
2022	11 504	21 729
2023	10 694	22 383
2024	8 622	20 766

Currently, when service users schedule an appointment for WHS, the staff of the clinic can immediately provide a consultation date, which allows them to register and receive services at the clinic on the date provided without having to wait in line.

(2)

EHCs

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

EHC		2020^	2021^	2022^	2023	2024*
Sai Ying Pun	Health assessment and medical consultation	4 248	6 995	6 009	8 078	6 856
	Health education activities organised by EHCs	3 527	7 316	10 115	13 405	12 136
Shau Kei Wan	Health assessment and medical consultation	3 865	6 114	5 295	7 509	6 156
	Health education activities organised by EHCs	3 067	3 589	4 270	5 306	4 747
Wan Chai	Health assessment and medical consultation	8 172	12 818	10 957	10 595	10 837
	Health education activities organised by EHCs	7 612	14 711	13 484	13 777	13 828
Aberdeen	Health assessment and medical consultation	4 561	7 048	6 022	8 069	6 937
	Health education activities organised by EHCs	5 361	7 649	6 287	7 125	5 906
Nam Shan	Health assessment and	4 719	6 480	5 608	7 600	6 401

	medical consultation					
	Health education activities organised by EHCs	4 705	6 422	5 331	7 166	5 439
Lam Tin	Health assessment and medical consultation	3 806	6 261	5 163	7 011	5 821
	Health education activities organised by EHCs	4 003	7 843	6 420	8 109	8 167
Yau Ma Tei	Health assessment and medical consultation	3 816	5 902	5 100	6 796	5 226
	Health education activities organised by EHCs	5 658	7 643	7 476	10 665	8 991
San Po Kong	Health assessment and medical consultation	4 409	6 327	2 664	6 614	6 451
	Health education activities organised by EHCs	6 400	10 674	761	9 813	13 929
Kowloon City	Health assessment and medical consultation	4 930	6 298	3 964	6 717	6 625
	Health education activities organised by EHCs	7 625	6 903	6 700	7 253	7 976
Lek Yuen	Health assessment and medical consultation	8 434	15 971	11 628	11 125	11 877
	Health education activities organised by EHCs	8 075	9 944	6 406	7 470	7 065
North District#	Health assessment and medical consultation	5 757	6 666	5 892	8 067	6 139
	Health education activities organised by EHCs	4 784	4 373	5 101	5 425	5 569
Tseung Kwan O	Health assessment and medical consultation	4 464	6 137	6 832	7 857	6 566
	Health education activities organised by EHCs	4 309	5 301	4 997	4 800	4 697
Tai Po	Health assessment and medical consultation	5 886	7 141	6 756	8 576	8 135
	Health education activities organised by EHCs	5 283	5 478	5 083	5 998	5 752
Tung Chung	Health assessment and medical consultation	3 571	5 746	4 983	7 347	5 069
	Health education activities organised by EHCs	5 813	10 593	7 348	12 601	8 133
Tsuen Wan	Health assessment and medical consultation	4 640	8 072	6 199	8 388	6 595
	Health education activities organised by EHCs	3 704	6 421	4 230	3 924	3 374
Tuen Mun Wu Hong	Health assessment and medical consultation	5 402	6 767	8 603	8 756	7 644
	Health education activities organised by EHCs	3 111	4 284	7 115	7 394	6 292
	Health assessment and	4 035	6 275	6 006	7 079	6 069

Kwai Shing	medical consultation					
	Health education activities organised by EHCs	2 892	5 376	5 568	6 333	4 904
Yuen Long	Health assessment and medical consultation	3 918	6 196	5 313	7 231	5 464
	Health education activities organised by EHCs	4 893	4 859	4 629	4 968	4 878
Total	**Health assessment and medical consultation**	**88 633**	**133 214**	**112 994**	**143 415**	**124 868**
	Health education activities organised by EHCs	**90 822**	**129 379**	**111 321**	**141 532**	**131 783**

^During the COVID-19 pandemic, EHCs had only been able to provide limited service. As a result, the number of attendances for health risk assessment and medical consultation at EHCs had both decreased. The number of elderly waiting for enrolment accumulated, lengthening the waiting time correspondingly. Although services of EHCs have resumed normal since February 2023, their service capacity is still affected by the ongoing shortage of doctors.

* Provisional figures

Shek Wu Hui EHC has been relocated to the 8th floor of the North District Community Health Centre Building, 3 Wai Wo Street, Sheung Shui, with effect from 16 December 2024. The relocated centre is now called North District EHC.

WHS

The number of attendances for WHS at WHCs and designated MCHCs over the past 5 years are as follows:

WHC/MCHC	**Number of attendance**				
	2020	**2021**	**2022**	**2023**	**2024**
Chai Wan WHC	579	1 863	8 431	8 226	6 879
Lam Tin WHC	722	1 777	5 966	6 084	7 078
Tuen Mun WHC	802	1 810	7 179	6 635	5 351
Ap Lei Chau MCHC	40	-	44	218	170
Yaumatei MCHC	-	-	-	45	75
Fanling MCHC	117	-	57	772	703
Ma On Shan MCHC	97	-	52	403	510
Total	**2 357**	**5 450**	**21 729**	**22 383**	**20 766**

Note: Due to the COVID-19 epidemic, the WHS was suspended from 3 February 2020 to 5 September 2021 for redeployment of staff for various anti-epidemic duties. The service has resumed at the 3 WHCs (namely Chai Wan WHC, Lam Tin WHC and Tuen Mun WHC) since 6 September 2021, and at the 4 designated MCHCs (namely Ap Lei Chau MCHC, Yaumatei MCHC, Fanling MCHC and Ma On Shan MCHC) on sessional basis in phases since 17 October 2022.

The WHS delivers services that promote women's health based on individual needs at various stages of life, including health assessments, relevant screenings and tests. Women may,

depending on their needs and upon doctors' assessment, be offered blood tests and screenings for colorectal, cervical and breast cancers. In addition, the WHS also offers health education and individual counselling for women. The Department of Health (DH) does not maintain data on the number of attendances for each type of service.

(3)

Integration of women and elderly health services under the Department of Health (DH) into the district health network of the PHCC aims to utilise resources more effectively, strengthening the prevention-oriented, district-based, and family-centric primary healthcare network.

The PHCC will commence the integration of women health services within this year in an orderly manner. The services, operated by non-governmental organisations engaged by open tender, will be rendered through three service points named Women Wellness Satellites (WWSs) to provide women primary healthcare services. The three WWSs in Chai Wan, Lam Tin and Tuen Mun will progressively start service in 2025 to replace the Woman Health Centres of the DH. The Chai Wan WWS will commence operation in the second quarter while the Lam Tin and Tuen Mun WWSs are expected to be open in the third quarter. DHCs and DHCEs across all 18 districts will enhance promotion and education on women's health, and provide new dedicated nurse clinics for women's health services to encourage and support members of the public to manage their own health. DHCs and DHCEs will also identify women in need through basic health assessments and individual consultations, and refer them to WWSs or General Out-patient Clinics of the Hospital Authority to receive women's health services.

Specifically, DHCs and DHCEs provide basic women health services, conduct initial assessments and arrange referrals to WWSs for services as necessary. WWSs will provide more personalised primary healthcare services for women. In addition to the existing services such as health assessments, breast cancer and cervical cancer screenings, WWSs will devise personalised preventive care or specific consultation services according to individual health risks and needs for members' selection to enhance prevention-oriented women's health services.

Moreover, to further expand the multidisciplinary primary healthcare service network, the PHCC plans to start the preparation for the integration of the services of Elderly Health Centres under the DH into the district health network in phases from 2025-26, with a view to enhancing service synergy and minimising service duplication. The detailed transitional arrangements will be announced after discussion with the DH.

The above work is carried out by the PHCC as part of its overall functions, and there is no separate staff establishment. Therefore, information on the expenditure and staff establishment involved in the related work is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1720)

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 by the Department of Health, please advise on:

1. the number of complaints received, inspections conducted, and warning letters, fixed penalty notices and summonses issued by the Tobacco and Alcohol Control Office (TACO) in relation to smoking in the past 3 years and, among them, the numbers of complaints received, inspections conducted and enforcement action in relation to alternative smoking products;
2. the number of enforcement action taken in food premises, bars, shops, indoor workplaces, public transport facilities, public outdoor places and bus interchanges (broken down by type of statutory no smoking area);
3. the types of products smoked by the prosecuted smokers in no smoking areas (broken down into tobacco cigarettes and alternative smoking products); and
4. the preparatory work of TACO in enforcement in view of the Government's plan to introduce 10 tobacco control measures, whether additional manpower is required, and the manpower and expenditure involved in the relevant tobacco control work.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 49)

Reply:

1.

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

FPNs/summonses issued by TACO for the period from 2022 to 2024 for smoking and other offences are at **Annex 1.**

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

From 30 April 2022 to 31 December 2024, the TACO has issued 1 272 summonses to offenders for importing ASPs, resulting in 694 convictions in court with fines ranging from $300 to $42,000. In addition, the TACO also monitors the sale of ASPs on the Internet and conducts test buy for follow-up investigations, as well as liaises with relevant organisations to assist in removing illegal online content. The TACO issued 24 summonses to offenders who allegedly sold or possessed ASPs for commercial purposes, of which offenders in 20 cases were convicted by court and sentenced to two months' imprisonment at most.

2.
The number of inspections conducted and FPNs/summonses issued by the TACO from 2022 to 2024 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas is at **Annex 2**.

3.
The Smoking (Public Health) Ordinance (Cap. 371) stipulates that any person who smokes in a no smoking area commits an offence and is subject to a fixed penalty of $1,500. The number of FPNs/summonses issued by the TACO for smoking in statutory no smoking areas between 2022 and 2024 is set out in **Annex 3**.

4.
The Health Bureau (HHB) introduced in June 2024 the new tobacco control strategy, outlining the short, medium and long-term measures to further reduce smoking prevalence incrementally through various measures, with a view to minimising the harmful effects of tobacco products on the community and safeguarding public health through a multi-pronged approach. These measures are formulated around four directions under the tobacco control strategy, namely, reducing the demand for and supply of tobacco products, minimising the attractiveness of tobacco products, protecting the public from the hazard of second-hand smoke and strengthening the provision of smoking cessation services, aiming to take forward the tobacco control process incrementally. The HHB plans to introduce the proposed legislative amendments for the next-phase tobacco control measures to the Legislative Council for scrutiny by the end of this month.

The revised estimate, estimate and approved establishment for the period 2024-25 to 2025-26 in relation to the work on tobacco control by the TACO are set out in **Annex 4** and **Annex 5** respectively. The TACO will continue to closely monitor the market situation and continue law enforcement to crack down on all activities in violation of the Smoking (Public Health) Ordinance. The DH will strive to manage the additional workload using existing resources

or through redeployment, particularly for enforcing the new offences relating to smoking. Appropriate training and support will also be provided to frontline staff.

Annex 1

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

		2020	2021	2022	2023	2024
Complaints/referrals received		11 568	13 424	14 805	20 116	29 205
Inspections conducted		36 129	41 225	35 281	28 817 (Note 4)	30 162
Warning letters issued(Note 1&2)		16	16	21	10	10
FPNs issued (for smoking offences)		6 587	7 703	6 296	10 261 (Note 4)	13 488
Summonses issued	for smoking offences	58	40	35	48	64
	for other offences(Note 3)	57	115	130	657	871

Note:

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

2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.

3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

Annex 2

Number of inspections conducted and FPNs/summonses issued by TACO from 2022 to 2024 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2022	2023	2024
Inspections conducted (Notes 1 & 2)	35 150	27 371	26 031
- *Food premises*	*1 945*	*1 897*	*1 921*
- *Shops and shopping malls*	*7 757*	*5 823*	*4 965*
- *Public transport facilities*	*4 560*	*3 448*	*3 876*
- *Bus interchanges*	*664*	*309*	*428*
- *Other statutory no smoking areas*	*20 224*	*15 894*	*14 841*
FPNs issued (Note 1)	6 296	10 261	13 488
- *Food premises*	*262*	*421*	*630*
- *Shops and shopping malls*	*1 841*	*2 417*	*3 138*
- *Public transport facilities*	*920*	*2 493*	*3 130*
- *Bus interchanges*	*64*	*109*	*226*
- *Other statutory no smoking areas*	*3 209*	*4 821*	*6 364*
Summonses issued (Note 1)	35	48	64
- *Food premises*	*2*	*1*	*1*
- *Shops and shopping malls*	*4*	*6*	*14*
- *Public transport facilities*	*10*	*8*	*14*
- *Bus interchanges*	*1*	*0*	*3*
- *Other statutory no smoking areas*	*18*	*33*	*32*

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

Note 2：To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

Annex 3

The number of FPNs/summonses issued by the TACO for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2022		2023		2024	
	Summonses issued	FPNs issued	Summonses issued	FPNs issued	Summonses issued	FPNS issued
Conventional Tobacco Products	35	6 164	47	9 988	62	12 838
ASPs[(Note)]						
- E-cigarettes	0	105	1	206	2	538
- Heated Tobacco Products	0	27	0	67	0	112

Note: There is little difference in appearance between conventional tobacco products and herbal cigarettes, and individuals figures for herbal cigarettes are not available.

Annex 4

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

	2024-25 Revised Estimate ($ million)	2025-26 Estimate ($ million)
Enforcement		
Programme 1: Statutory Functions	***167.4***	***174.8***
Health Education and Smoking Cessation		
Programme 3: Health Promotion	***170.5***	***180.9***
(a) General health education and promotion of smoking cessation		
TACO	*88.2*	*87.0*
Subvention to Hong Kong Council on Smoking and Health	*27.9*	*27.3*
Sub-total	***116.1***	***114.3***
(b) Revised estimate/estimate for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*14.0*	*17.8*
Subvention to Pok Oi Hospital	*17.9*	*20.9*
Subvention to Lok Sin Tong	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*8.9*	*13.8*
Subvention to Life Education Activity Programme	*3.0*	*3.0*
Subvention to Christian Family Service Centre	*7.0*	*4.5*
Subvention to the University of Hong Kong	-	*3.0*
Sub-total	***54.4***	***66.6***
Total	**337.9**	**355.7**

Annex 5

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

Rank	No. of staff in 2024-25 and 2025-26
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1801)

Head: (37) Department of Health

Subhead (No. & title): (700) General non-current

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

There is a balance of $5.47 billion remaining in the approved commitment of the Department of Health under the general non-recurrent "Procurement and Administration of Coronavirus Disease 2019 Vaccines" for the current year. In this connection, will the Government advise this Committee on:

I. the non-recurrent expenditure on vaccine procurement and administration each year, broken down by type of expenditure, since the implementation of the COVID-19 Vaccination Programme;

II. the quantity of each type of vaccine procured, administered, remaining and disposed of since the implementation of the COVID-19 Vaccination Programme;

III. given the reduced demand for vaccination in the past 2 years, whether the Government will review the use of the remaining account balance, such as returning it to the Treasury or using it for other initiatives on combating infectious diseases like the Government Vaccination Programme?

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

Reply:

The Government has been procuring sufficient quantity of COVID-19 vaccines with reference to vaccination data, recommendations made by the World Health Organization (WHO) and the Scientific Committee on Vaccine Preventable Diseases and Scientific Committee on Emerging and Zoonotic Diseases (also known as the Joint Scientific Committee) under the Centre for Health Protection (CHP) of the Department of Health (DH), demographic data and the supply terms of vaccine suppliers. Since the commencement of the COVID-19 Vaccination Programme (the Vaccination Programme), the vaccines have been distributed from warehouse to various vaccination venues according to the "first-expired, first-out" principle. However, the public demand for vaccines varies with a number of factors, such as the number of persons infected and changes in the epidemic situation. The Government will continue to formulate policies on vaccine supply based on scientific evidence.

I.

The non-recurrent expenditure on vaccine procurement and administration under the Vaccination Programme by financial year with a breakdown by expenditure items is tabulated below:

	Financial Year				
	2020-21	**2021-22**	**2022-23**	**2023-24**	**2024-25 (as at 28 February 2025)**
	Expenditure ($million)				
Procurement of vaccine doses (including transport and storage costs)	1,752.4	2,979.9	1,191.3	79.2	83.4
Injection and administrative costs	88.2	1,129.3	1,226.5	112.9	27.8

II.

The number of each type of vaccine doses procured and administered under the Vaccination Programme by financial year is tabulated below:

	Financial Year				
	2020-21	**2021-22**	**2022-23**	**2023-24**	**2024-25 (as at 28 February 2025)**
	Number of vaccine doses procured (million)				
- CoronaVac (Sinovac)	7.50	0.95	1.01	-	-
- Comirnaty ancestral strain[Note 1] (Fosun/BioNTech)	7.50	4.80	0.12	0.01	-
- Comirnaty original/ BA.4-5 bivalent (Fosun/BioNTech)	-	-	1.9	-	-
- Comirnaty XBB.1.5 (Fosun/BioNTech) [Note 2]	-	-	-	0.115	0.03
- Spikevax XBB.1.5 (Moderna)	-	-	-	0.1	-
- AZD1222 (AstraZeneca) [Note 3]	7.50	-	-	-	-
- Comirnaty JN.1[Note 4] (Fosun/BioNTech)	-	-	-	-	0.115
- Spikevax JN.1 (Moderna)	-	-	-	-	0.11
Total	**22.5**	**5.75**	**3.03**	**0.225**	**0.255**

	Financial Year				
	2020-21	**2021-22**	**2022-23**	**2023-24**	**2024-25 (as at 28 February 2025)**
	Number of vaccine doses administered (million)				
- CoronaVac (Sinovac)	0.35	5.81	2.69	0.10	0.02
- Comirnaty ancestral strain [Note 1] (Fosun/BioNTech)	0.15	8.82	2.41	0.01	-
- Comirnaty original/BA.4-5 bivalent (Fosun/BioNTech)	-	-	0.51	0.09	-
- Comirnaty XBB.1.5	-	-	-	0.06	0.04

(Fosun/BioNTech) [Note 2]					
- Spikevax XBB.1.5 (Moderna)	-	-	-	0.07	0.01
- Comirnaty JN.1 [Note 4] (Fosun/BioNTech)	-	-	-	-	0.02
- Spikevax JN.1 (Moderna)	-	-	-	-	0.01
Total	**0.50**	**14.63**	**5.61**	**0.33**	**0.10**

Note 1： Including the Comirnaty (ancestral strain) adult formulation, the Comirnaty (ancestral strain) paediatric formulation and the Comirnaty (ancestral strain) toddler formulation.

Note 2： Including the Comirnaty XBB.1.5 adult formulation, the Comirnaty XBB.1.5 paediatric formulation and the Comirnaty XBB.1.5 toddler formulation.

Note 3： As Hong Kong has secured sufficient supplies of CoronaVac and Comirnaty vaccines, the 7.5 million doses of AZD1222 procured were donated to the COVID-19 vaccine Global Access Facility (COVAX) led by the WHO.

Note 4： Including the Comirnaty JN.1 adult formulation, the Comirnaty JN.1 paediatric formulation and the Comirnaty JN.1 toddler formulation.

As at 28 February 2025, approximately 87 500 doses of the Comirnaty JN.1 vaccine (adult, paediatric and toddler formulations), around 62 700 doses of the Spikevax JN.1 vaccine and about 6 200 doses of the Comirnaty XBB.1.5 vaccine (paediatric and toddler formulations) remain in the warehouse.

Since the implementation of the Vaccination Programme until now (as at 28 February 2025), about 290 000 doses of the CoronaVac (Sinovac) vaccine (about 3.1% of the procurement total), 1.41 million doses of the Comirnaty (ancestral strain) vaccine (about 11.3% of procurement total), 1.18 million doses of the Comirnaty bivalent vaccine (about 62.1% of the procurement total) and about 900 doses of the Comirnaty XBB.1.5 vaccine (adult formulation) (about 0.6% of the procurement total) had to be disposed of due to expiration in warehouse. This was attributable to, among other factors, the diminished need for old formulations of vaccines resulting from the use of new vaccine strains as recommended by the WHO and the Joint Scientific Committee in response to virus mutation. Overall, the number of vaccines requiring disposal due to expiration in warehouse only accounted for about 12% of the total vaccines procured, which is in line with the standard stipulated by COVAX for the wastage rate of COVID-19 vaccines.

The Government will continue to review the local arrangements of vaccine procurement and make reference to overseas experiences to adopt various feasible measures to make the best use of the procured vaccines.

III.

Based on the latest recommendations by the WHO, member states should continue monitoring COVID-19 situation for risk assessment purposes. High-risk persons should timely receive booster doses of the COVID-19 vaccine to mitigate the risk of severe illness and death. The Government will continue to closely monitor the COVID-19 situation in Hong Kong and assess associated risks. It will also keep abreast of the WHO's latest assessments of the COVID-19 situation and the recommendations by the Joint Scientific Committee, making

adjustments to the Vaccination Programme as necessary with a focus on safeguarding high-risk groups.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0401)

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 each year; and
(5) the total number of times the DH appealed to the public to hand over unregistered medicines to it for disposal, as well as the number of people who did so in response each year.

Asked by: Hon CHAN Kapui, Judy (LegCo internal reference no.: 27)

Reply:

As mentioned in the Chief Executive's Policy Address in 2023 and 2024, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. To this end, the HKSAR Government set up a Preparatory Office for the Hong Kong Centre for Medical Products Regulation (CMPR) in the Department of Health (DH) in June 2024. The Preparatory Office is proactively reviewing the regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; studying the potential restructuring and strengthening of the regulatory and approval regime for medicines, medical devices and medical technology; and putting forward proposals and steps for the establishment of the CMPR which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) as well as testing of medical products. The Preparatory Office is drawing up the timetable for

establishing the CMPR and the roadmap towards adoption of "primary evaluation", and will announce them in the first half of 2025 as scheduled. The Preparatory Office will also conduct a review of the need for amending existing legislation related to drugs (in respect of, for example, the requirement for an electronic record of drug supply, prohibition to adopt names or descriptions alluding to "pharmacies" or "dispensaries", etc.) to step up the overall regulation of drugs.

(1) & (2)

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

The DH has all along adopted a risk-based approach to conduct inspections against licensed retailers at various regions in Hong Kong. The numbers of ASPs, LSPs and Chm retailers, as at 31 December 2024, located on Hong Kong Island, in Kowloon and in the New Territories are as follows:

Region*	**Number of ASPs**	**Number of LSPs**	**Number of Chm Retailers**
Hong Kong Island	131	803	1 217
Kowloon	226	1 369	1 774
New Territories	286	1 869	2 177
Total	**643**	**4 041**	**5 168**

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

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

Licensed ASPs and LSPs:

Year	**Number of Licensed Retailers**		**Number of Inspections Conducted#**	
	ASPs	**LSPs**	**ASPs**	**LSPs**
2020	610	4 187	1 060	3 268
2021	593	4 170	1 213	6 975
2022	600	4 151	1 250	8 385
2023	623	4 143	1 242	8 348
2024	643	4 041	1 284	8 326

\# Due to the Coronavirus Disease 2019 pandemic, the number of inspections conducted in 2020 and 2021 was relatively lower.

Licensed Chm retailers:

Year	**Number of Licensed Retailers**	**Number of Inspections Conducted#**
2020	5 066	5 378
2021	5 281	5 779

2022	5 334	5 688
2023	5 438	6 181
2024	5 168	5 714

(3) & (4)
In the past 5 years, the DH handled 121 conviction cases involving illegal sale and/or possession of unregistered pharmaceutical products (PP), and 6 conviction cases involving illegal sale and/or possession of unregistered proprietary Chinese medicines (pCm). The table below sets out the yearly breakdown of the relevant conviction cases in the past 5 years:

Yearly breakdown of conviction cases:

Year	**Number of Conviction Cases Involving Illegal Sale and/or Possession of Unregistered PP**	**Number of Conviction Cases involving Illegal Sale and/or Possession of Unregistered pCm**
2020	18	1
2021	26	0
2022	18	1
2023	30	2
2024	29	2
Total	**121**	**6**

(5)
To protect public health, the DH has been issuing press releases to alert members of the public on incidents such as illegal possession and/or sale of unregistered medicines. To this end, the DH has all along strongly urged members of the public not to buy products of unknown or doubtful composition, or to consume products from unknown sources, as the safety, efficacy and quality of these products are not guaranteed. For those who have purchased unregistered medicines, the DH also urges them to stop consuming the medicines immediately and consult healthcare professionals for advice if feeling unwell after consumption. The DH has also advised the public to submit the unregistered products to the DH for disposal, even though it is not a mandatory requirement. In the past 5 years, 64 press releases of this nature were issued. However, the DH does not maintain statistics on the number of unregistered medicines submitted by members of the public to the DH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0647)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

It is stated under this Programme that the Department of Health will integrate services provided by the Woman Health Centres and Elderly Health Centres into the District Health Centres in phases starting from 2025 in accordance with the Primary Healthcare Blueprint. In this connection, please advise this Committee on:

1. the details of and specific timetable for the integration;
2. the staff establishment and estimated expenditure to be involved; and
3. whether the integration will cut operating costs and manpower.

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 9)

Reply:

(1) to (3)

Integration of women and elderly health services under the Department of Health (DH) into the district health network of the PHCC aims to utilise resources more effectively, strengthening the prevention-oriented, district-based, and family-centric primary healthcare network.

The PHCC will commence the integration of women health services within this year in an orderly manner. The services, operated by non-governmental organisations engaged by open tender, will be rendered through three service points named Women Wellness Satellites (WWSs) to provide women primary healthcare services. The three WWSs in Chai Wan, Lam Tin and Tuen Mun will progressively start service in 2025 to replace the Woman Health Centres of the DH. The Chai Wan WWS will commence operation in the second quarter while the Lam Tin and Tuen Mun WWSs are expected to be open in the third quarter. DHCs and DHCEs across all 18 districts will enhance promotion and education on women's health, and provide new dedicated nurse clinics for women's health services to encourage and support members of the public to manage their own health. DHCs and DHCEs will also identify women in need through basic health assessments and individual consultations, and refer them

to WWSs or General Out-patient Clinics of the Hospital Authority to receive women's health services.

Specifically, DHCs and DHCEs provide basic women health services, conduct initial assessments and arrange referrals to WWSs for services as necessary. WWSs will provide more personalised primary healthcare services for women. In addition to the existing services such as health assessments, breast cancer and cervical cancer screenings, WWSs will devise personalised preventive care or specific consultation services according to individual health risks and needs for members' selection to enhance prevention-oriented women's health services.

Moreover, to further expand the multidisciplinary primary healthcare service network, the PHCC plans to start the preparation for the integration of the services of Elderly Health Centres under the DH into the district health network in phases from 2025-26, with a view to enhancing service synergy and minimising service duplication. The detailed transitional arrangements will be announced after discussion with the DH.

The above work is carried out by the PHCC as part of its overall functions, and there is no separate staff establishment. Therefore, information on the expenditure and staff establishment involved in the related work is not available.

Upon completion of the service integration and staff deployment, the DH will arrange for the deletion of the posts concerned within the establishment in due course and reduce associated resources accordingly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0648)

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 (DH) has stated that it will promote and implement the Elderly Health Care Voucher Scheme (EHVS) in the future. In this connection, will the Government advise this Committee on:

1. the number of Elderly Health Care Voucher (EHCV) claim transactions, the amount claimed and the average amount per claim transaction, broken down by healthcare service provider, in the past 3 years;

2. according to the latest statistics on the three-year Elderly Health Care Voucher Pilot Reward Scheme launched by the Government in November 2023, the number of voucher claims for designated primary healthcare services with the allotment of $500 reward to elderly persons, and the percentage of such claims in all EHCV claims; and

3. the number of EHCV claim transactions, the amount claimed and the average amount per claim transaction under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), broken down into the 7 medical institutions enrolled in the Pilot Scheme?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 10)

Reply:

1. & 3.

The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009, which aims at providing financial incentives for elderly persons to choose private primary healthcare services that best suit their health needs, so as to provide 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 Elderly Health Care Voucher (EHCV) amount of $2,000 (accumulation limit of $8,000) to use private primary healthcare services provided by 14 types of healthcare professionals.

The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction under the EHVS (including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)) by types of healthcare service provider/medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2022	2023 Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	1 954 032	2 325 617	2 444 952
Chinese Medicine Practitioners	1 647 630	1 965 635	2 160 315
Dentists	288 532	331 342	331 567
Occupational Therapists	4 177	4 232	3 003
Physiotherapists	37 603	45 673	43 341
Medical Laboratory Technologists	14 593	15 441	14 503
Radiographers	20 761	22 659	23 285
Nurses	9 376	11 196	10 800
Chiropractors	8 841	10 331	8 724
Optometrists	161 156	230 239	175 563
Audiologists Note 2	-	784	1 636
Clinical Psychologists Note 2	-	2	-
Dietitians Note 2	-	609	1 356
Speech Therapists Note 2	-	5	7
Sub-total (Hong Kong):	**4 146 701**	**4 963 765**	**5 219 052**
Medical institutions in the GBA Note 3			
University of Hong Kong - Shenzhen Hospital (HKU-SZH) (including Huawei Li Zhi Yuan Community Health Service Center (Huawei CHC), an offsite medical institution)	32 356	38 462	62 450
The First Affiliated Hospital, Sun Yat-sen University (FAH-SYSU) (Since 28 June 2024)	-	-	1 865
Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (ZSCXH) (Since 18 July 2024)	-	-	2 052
Shenzhen New Frontier United Family Hospital (NFUFH) (Since 14 August 2024)	-	-	1 402
Dongguan Tungwah Hospital (Tungwah Hospital) (Since 6 September 2024)	-	-	790
Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (FAH-NS) (Since 6 September 2024)	-	-	246

	2022	2023 Note 1	2024
Shenzhen C.K.J Stomatological Hospital (CKJSH) (Since 14 August 2024)	-	-	8 903
Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (Dental Bauhinia) (Since 14 August 2024)	-	-	210
Sub-total (the GBA):	**32 356**	**38 462**	**77 918**
Total:	**4 179 057**	**5 002 227**	**5 296 970**

Amount of Vouchers Claimed (in HK$'000)

	2022	2023 Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	1,059,052	1,270,495	1,363,308
Chinese Medicine Practitioners	854,324	1,140,988	1,227,911
Dentists	343,327	413,222	402,347
Occupational Therapists	4,518	4,455	3,404
Physiotherapists	17,743	22,726	23,083
Medical Laboratory Technologists	13,393	14,712	13,353
Radiographers	24,635	29,503	34,556
Nurses	9,878	11,168	10,427
Chiropractors	5,080	5,955	5,467
Optometrists	233,912	352,743	255,505
Audiologists Note 2	-	2,693	5,040
Clinical Psychologists Note 2	-	4	-
Dietitians Note 2	-	829	1,110
Speech Therapists Note 2	-	5	7
Sub-total (Hong Kong):	**2,565,862**	**3,269,498**	**3,345,518**
Medical institutions in the GBA Note 3			
HKU-SZH (including Huawei CHC, an offsite medical institution)	10,949	11,883	19,557
FAH-SYSU (Since 28 June 2024)	-	-	931
ZSCXH (Since 18 July 2024)	-	-	995
NFUFH (Since 14 August 2024)	-	-	1,594
Tungwah Hospital (Since 6 September 2024)	-	-	451
FAH-NS (Since 6 September 2024)	-	-	95

CKJSH (Since 14 August 2024)	-	-	15,264
Dental Bauhinia (Since 14 August 2024)	-	-	452
Sub-total (for the GBA):	**10,949**	**11,883**	**39,339**
Total:	**2,576,811**	**3,281,381**	**3,384,857**

Average Amount of Vouchers per Claim Transaction (HK$)

	2022	2023[Note 1]	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	542	546	558
Chinese Medicine Practitioners	519	580	568
Dentists	1,190	1,247	1,213
Occupational Therapists	1,082	1,053	1,134
Physiotherapists	472	498	533
Medical Laboratory Technologists	918	953	921
Radiographers	1,187	1,302	1,484
Nurses	1,054	997	965
Chiropractors	575	576	627
Optometrists	1,451	1,532	1,455
Audiologists Note 2	N/A	3,435	3,081
Clinical Psychologists Note 2	N/A	2,000	N/A
Dietitians Note 2	N/A	1,361	819
Speech Therapists Note 2	N/A	1,000	1,000
Medical institutions in the GBA Note 3			
HKU-SZH (including Huawei CHC, an offsite medical institution)	338	309	313
FAH-SYSU (Since 28 June 2024)	N/A	N/A	499
ZSCXH (Since 18 July 2024)	N/A	N/A	485
NFUFH (Since 14 August 2024)	N/A	N/A	1,137
Tungwah Hospital (Since 6 September 2024)	N/A	N/A	571
FAH-NS (Since 6 September 2024)	N/A	N/A	386
CKJSH (Since 14 August 2024)	N/A	N/A	1,714
Dental Bauhinia (Since 14 August 2024)	N/A	N/A	2,152

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme was launched under the EHVS on 13 November 2023.

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

Note 3: Under the existing EHVS, private healthcare professionals in Hong Kong may enrol in the scheme as healthcare service providers on an individual basis, while medical institutions in the GBA participate in the scheme on a hospital/medical institution basis. Eligible elderly persons may use EHCVs to pay for the fee of outpatient healthcare services, such as physical examination, continuous preventive healthcare and chronic disease management, etc., provided by the designated departments at medical institutions in the GBA, and the statistics on the related healthcare services are compiled on the basis of services as provided by the respective designated departments, rather than individual healthcare professions. As such, any direct comparison between the average amount of vouchers per claim transaction for healthcare service providers in Hong Kong and that of medical institutions in the GBA is not appropriate. Nor do the figures reflect the levels of primary healthcare service charges of either region.

2.

In accordance with the Primary Healthcare Blueprint (Blueprint) launched in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. To tie in with the directions set out in the Blueprint, the Government launched the Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) in November 2023 to further incentivise elderly persons by offering rewards to them to make better use of EHCVs for continuous preventive healthcare and chronic disease management services, etc. It is hoped that the policy objective of the EHVS can be achieved through such optimised use of resources to promote primary healthcare and support the healthcare needs of elderly persons.

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of $1,000 or more for designated primary healthcare purposes such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a $500 reward to their voucher accounts by the eHealth System (Subsidies), which can be used for the same designated primary healthcare purposes. No further registration is needed. In other words, for elderly persons who meet the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from $2,000 to $2,500.

Since the launch of the Pilot Reward Scheme on 13 November 2023 up until 31 December 2024, a total of 788 975 elderly persons have received the reward. The number of voucher claim transactions used on the designated primary healthcare services was 3 507 731, accounting for 60% of the total voucher claim transactions during the same period, whereas that for the period between January 2023 and mid-November 2023, i.e. prior to the launch of the Pilot Reward Scheme, was 48%. This shows that the Pilot Reward Scheme has the effect of encouraging elderly persons to use the designated primary healthcare services. The Government will keep closely monitoring the implementation of the Pilot Reward Scheme and evaluate its effectiveness in promoting the receipt of health assessment, disease screening and chronic disease management services by elderly persons.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0541)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Department of Health implements an array of anti-epidemic measures at various boundary control points (BCPs) to prevent importation and exportation of infectious diseases. In this connection, will the Government inform this Committee of:

1. the manpower arrangement and expenditure for conducting temperature screening for inbound travellers at various BCPs in each of the past 5 years;
2. the number of inbound travellers in whom abnormalities were detected during temperature screening in each of the past 5 years; the follow-up procedure; and whether such travellers were denied entry subsequently; if so, the number of travellers denied entry or sent to hospital immediately in each of these years; and
3. whether the Government has assessed if the above measure has achieved the original policy intent; whether the manpower arrangement and expenditure are economically efficient; and whether the Government will consider rescinding the temperature screening in order to save on manpower and cut costs; if yes, when it will be rescinded; if no, the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 3)

Reply:

In accordance with the power conferred by the Prevention and Control of Disease Ordinance of Hong Kong and with regard to the guidelines of the International Health Regulations, the Department of Health (DH) enforces various preventive measures at boundary control points (BCPs) to prevent the introduction or spreading of infectious diseases into or out of Hong Kong. The Port Health Division under the DH carries out health screening work at each BCP (including conducting regular body temperature screening for arrivals and setting up health stations). Taking into account the design of each BCP and its traveller and vehicle flow, the Port Health Division deploys manpower as appropriate to conduct body temperature screening for all arrivals; and performs, in accordance with the mechanism, further health assessments for travellers with fever or in need (such as travellers who self-reported being unwell) to understand their symptoms, travel history, contact history, etc., in order to make appropriate referrals and follow-up, including compulsory referral of persons with suspected infection of major infectious diseases to Hong Kong public hospitals for

checking, advising other travellers with fever or in need to seek medical treatment at medical institutions with issuance of referral letters, and assisting persons in need to call for ambulance service for further treatment at Accident and Emergency Department.

The Hong Kong Special Administrative Region (HKSAR) Government has been maintaining close co-operation with entry-exit health inspection and quarantine authorities of the Mainland to safeguard the well-being and safety of residents and travellers of the 2 places. The Health Bureau and the General Administration of Customs of the People's Republic of China (GACC) signed the Co-operation Arrangement for Entry-exit Health Inspection and Quarantine between the GACC and the Health Bureau of the HKSAR Government in 2023. Under the normalisation arrangements for epidemic prevention and control, the 2 parties agreed to focus on the health inspection and quarantine of their respective inbound personnel travelling between the HKSAR and the Mainland BCPs.

The HKSAR Government will maintain close liaison with the relevant Mainland authorities and, taking into account factors such as cost-effectiveness and appropriateness, actively review the entry health inspection and quarantine arrangements (including temperature screening) from the public health perspective.

(1)
From 2020 to 2024, the average number of health screening shifts of the DH per day at various BCPs (some health screening posts involve more than 1 shift according to the operation of BCPs) is as follows:

	2020	2021	2022	2023	2024
Airport	270	244	226	125	122
Lo Wu	40	0	0	40	40
Lok Ma Chau Spur Line	30	0	0	30	30
Lok Ma Chau	90	90	111	94	94
Man Kam To	27	27	41	36	36
Sha Tau Kok	37	37	20	8	0
Shenzhen Bay	137	171	182	116	94
Hong Kong-Zhuhai-Macao Bridge	141	178	178	116	130
Heung Yuen Wai	28	28	28	68	58
Express Rail Link West Kowloon	6	6	31	51	51
Hung Hom	18	18	18	0	0
Macau Ferry Terminal	42	42	45	45	45
China Ferry Terminal	22	22	0	22	22
Total	888	863	880	751	722

Note:
The DH redeploys health screening posts in view of the actual circumstances. Some of the posts at BCPs where operation has been suspended would be redeployed to other BCPs. Health screening service of Kai Tak Cruise Terminal and Ocean Terminal was not included as it was only provided during stopover of cruises.

The expenditure incurred by health screening shifts listed in the table above is set out below (including the actual expenditure as at February 2025 and the estimated expenditure in March 2025):

	Financial Year				
	2020-21	2021-22	2022-23	2023-24	2024-25
Total Expenditure ($ million (about))	215	205	239	240	205

(2)
From 2020 to 2024, the number of inbound travellers confirmed with fever during temperature screening at BCPs, along with the number of those compulsorily referred to public hospitals upon fulfilling the reporting criteria of any major infectious disease are set out below:

	2020	2021	2022	2023	2024
Total Number of Inbound Travellers with Fever	1 003	30	135	4 759	4 214
Number of Inbound Travellers Compulsorily Referred to Public Hospitals upon Fulfilling Reporting Criteria of Any Major Infectious Disease	1 547	205	250	61	6

Note:
The compulsory isolation arrangement imposed on persons infected with Coronavirus Disease 2019 (COVID-19) has been rescinded with effect from 30 January 2023.

In addition to compulsory referral of persons with suspected infection of major infectious diseases to Hong Kong public hospitals for checking, the DH also, subject to the results of health assessments, offered health advice and issue referral letters to persons having fever but without suspected infection of such diseases. These persons would be advised to seek treatment from medical institutions on their own. The DH, however, did not prohibit the entry of inbound travellers on the grounds that abnormalities had been detected during temperature screening.

(3)
Ongoing health screening, which facilitates early identification of potential infectious diseases imported into Hong Kong, is vital to safeguarding public health. Currently, health screening measures are in place for inbound travellers at all BCPs between Hong Kong and the Mainland.

The DH mainly employs an Infrared Thermal Imaging System at various BCPs to detect the body temperatures of multiple travellers simultaneously to reduce the manpower required for such work. However, drivers and all passengers in a cross-boundary private car are allowed to remain in their vehicle while passing through the kiosks of the Immigration Department, the Customs and Excise Department and the DH without the need to get off from the vehicle or go to the traveller's clearance hall. Due to site constraints, the Infrared Thermal Imaging System cannot be used to measure the forehead temperature of drivers and passengers passing through the vehicle lanes. As a result, hand-held infrared thermometers are used to measure the body temperature of inbound passengers on board the vehicles at the DH vehicle kiosks.

The DH reviews the health screening arrangements from time to time and deploys manpower as appropriate at various BCPs according to the actual circumstances to provide appropriate services for inbound travellers. For instance, the additional personnel deployed during the COVID-19 epidemic in the light of the actual needs have been reduced after the epidemic, and the manpower at relevant BCPs has basically returned to the pre-epidemic level. Meanwhile, the DH also keeps a close eye on technological development and actively explores the adoption of innovative technology in collaboration with other departments at BCPs to reduce the manpower need for health screening and optimise the use of human resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0582)

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 mentioned in the Matters Requiring Special Attention in 2025-26 that it would continue to implement the enhanced three-year programme (known as Healthy Teeth Collaboration (HTC)) in collaboration with non-governmental organisations. In this connection, will the Government please advise this Committee on the public expenditure on and the number of participants of the HTC (including patients aged 18 or above with autistic spectrum disorder who have been covered by the programme since July 2024) each year since its launch; the details of the estimated provision earmarked for the HTC in 2025-26; whether the Government has, in view that the new phase of the HTC will end on 31 March 2027, evaluated the effectiveness of the HTC since its implementation, and whether it will regularise HTC in the future?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 26)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the Healthy Teeth Collaboration (HTC) programme is a service focusing on underprivileged groups who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

The Department of Health (DH) has implemented the HTC since July 2018, which provides, through non-governmental organisations (NGOs), free dental services including oral check-ups, dental treatments and oral health education for adults aged 18 or above with intellectual disability. The HTC was further extended from 16 July 2024 to March 2027 with 900 additional quotas for new cases every year and its scope extended to cover persons aged 18 or above with autism spectrum disorder. There are currently 8 participating NGOs, each with at least 1 dentist and 1 dental surgery assistant.

The number of attendances in the past 5 service years is set out as follows:

Service Year Note 1	2020-21	2021-22	2022-23	2023-24	2024-25 Note 2 (up to January 2025)
Number of Attendances	1 786	4 129	6 121	6 902	5 778

Note 1: A service year refers to the period from 16 July of the current year to 15 July of the following year.

Note 2: The service year 2024-25 runs from 16 July 2024 to 31 March 2025. Starting from 16 July 2024, the HTC programme has been extended to include patients with autism spectrum disorder.

The Government's actual expenditures for implementing the HTC programme in 2020-21, 2021-22, 2022-23 and 2023-24, along with the revised estimate for 2024-25, are set out as follows:

HTC Programme	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised Estimate)
Annual Expenditure ($ million)	6.80	11.10	22.80	33.40	46.40

For 2025-26, the DH has earmarked $46.40 million for implementing the HTC. The Government noted that NGOs had faced significant difficulties in recruiting dentists for special care dental services. Due to the limited number of participating dentists, there is room for improvement in service capacity across various programmes. The Government agreed with the Working Group that institutions such as the Faculty of Dentistry of The University of Hong Kong, The Hong Kong Dental Association and The College of Dental Surgeons of Hong Kong should provide more training in Special Care Dentistry to support future development of special care dental services. The Government will continue to keep in view the HTC to further streamline its services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0583)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

The Department of Health (DH) has stated that the provision for 2025-26 will be $273.3 million (16%) higher than the revised estimate for 2024-25 mainly due to increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of 19 posts. In this connection, will the Government please advise this Committee on:

1. the details of the 19 net-increased posts, including the titles, ranks, duties, staff costs and other staff-related expenses, and the reasons why it is necessary to create these posts;
2. the difference between the above 19 posts and the 19 posts to be net-increased in 2024-25 when the DH stated in its Estimates for 2024-25 that the provision for the year would be $179.0 million (10.7%) higher than the revised estimate for 2023-24 mainly due to the increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of 19 posts; whether the manpower level of 1 122 staff members under the current Programme is sufficient for the work to be taken forward in the future; and whether the DH needs to create more posts in the future; and
3. the specific reasons for the substantial increase in the Estimates for 2025-26 in the provision for departmental expenses on temporary staff, which is $100.415 million higher than the revised estimate for 2024-25; and the details of the temporary staff, including the number, titles, ranks, duties, staff costs, and lengths of employment?

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

Reply:

To enhance the health of the people of Hong Kong, improve healthcare protection and quality, and capitalise on our healthcare professions' strengths, the Government is conducting a comprehensive review on the positioning and objectives of the healthcare system. This includes reforming the functions and division of work among the Hospital Authority (HA), the Department of Health (DH) and the Primary Healthcare Commission (PHC Commission). Among them, the PHC Commission and the DH will strengthen their efforts in health promotion and disease prevention in a bid to shift the emphasis of the present healthcare system from treatment-oriented to prevention-oriented. The DH will also strengthen its role

as the Government's health adviser and public health authority, such as devising health promotion strategies by adopting a life-course framework; strengthening the Whole School Health Programme to recommend targeted school-based measures for physical activities, meals and other matters for each school to improve students' physical and psychological well-being; and continuing its efforts to enhance various vaccination subsidy schemes.

Besides, the Government will continue to support manpower training and technology innovation, helping to uphold the global standing and regional advantages of Hong Kong's healthcare professions. This will also be conducive to the development of Hong Kong into an international health and medical innovation hub (by means of, for example, establishing the Hong Kong Centre for Medical Products Regulation (CMPR) as a step towards "primary evaluation" of medical products), an advanced medical service centre in Asia, a place where medical professionals cluster, as well as a bridge for East-and-West healthcare exchanges.

1.
There will be a net increase of 19 posts, comprising mainly officers from the Pharmacist, Scientific Officer (Medical), Chemist, Science Laboratory Technician grades, as well as administrative/executive and clerical personnel, under Programme (1) of the DH in 2025-26. The new posts serve to bolster manpower to meet operational needs following the completion of the permanent premises of the Government Chinese Medicines Testing Institute. The work to be undertaken includes advancing research and development of testing methods of Chinese medicines and facilitating technology transfer to the industry. The salary expenditure for the net increase of the 19 posts is $17.42 million in terms of notional annual mid-point salary value.

2.
In 2024-25, the 19 net-increased posts under Programme (1) of the DH mainly supported the establishment of a preparatory office for the CMPR and handled matters related to the registration and regulation of healthcare professionals. The DH will continue to review its manpower needs to support the work under Programme (1).

3.
The increase in the provision for 2025-26 compared to the revised estimate for 2024-25 is attributed in large part to the engagement of additional full-time and part-time Non-Civil Service Contract (NCSC) staff and Post-retirement Service Contract (PRSC) staff to meet the time-limited service needs. The work entails the establishment of the CMPR; enhancing the Elderly Health Care Voucher Scheme (including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme); strengthening public and subsidised dental services; providing temporary manpower support arising from staff turnover, etc. Approximately 190 positions will be created or filled across disciplines, such as contract healthcare personnel, registered pharmacists, research officers, administrative and supporting staff. According to the Government's guiding principles on the employment of NCSC and PRSC staff, the terms and conditions of service of contract staff should be no less favourable than those provided for under the Employment Ordinance (Cap. 57) and no more favourable than those applicable to civil servants in comparable civil service ranks or with a comparable level of responsibility (if any). Depending on the operational and service needs of individual units in the DH, the contract period for newly employed contract staff may vary and is generally set at 1 year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0584)

Head: (37) Department of Health

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

Programme: (8) Personnel Management of Civil Servants Working in Hospital Authority

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

Director of Bureau: Secretary for Health

Question:

The Department of Health has indicated that the provision for 2025-26 will be $100,000 (0.9%) higher than the revised estimate for 2024-25 mainly due to the increased provision for operating expenses. It has also stated that it will continue to discharge the personnel management responsibility for the civil servants working in the Hospital Authority (HA) in 2025-26. Will the Government please inform the Committee of how the related expenditure will be used in detail, and how the increased expenditure will help discharge the personnel management responsibility for the civil servants working in the HA to maintain their morale and work efficiency; if yes, the details; if no, the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 28)

Reply:

The day-to-day personnel management functions in respect of civil servants working in the Hospital Authority (HA) have been devolved to the HA. However, the Department of Health (DH) retains certain personnel management responsibilities for these staff, which include maintaining communication with them through regular departmental consultative committee and grade consultative committee meetings; commending outstanding staff through various civil service award schemes such as the Secretary for the Civil Service's Commendation Award Scheme, the Long and Meritorious Service Travel Award Scheme and the Commendation Letter Scheme by the Head of Department to boost morale and work efficiency; and processing cases relating to appointment and promotion under the Shadow Promotion Scheme and matters regarding staff discipline and retirement. The provision for 2025-26 is higher than the revised estimate for 2024-25 mainly due to anticipated increase in staff costs and staff-related expenses concerning the DH staff responsible for this programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0585)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Department of Health (DH) has stated that the provision for 2025-26 is $1,243.4 million (17.1%) higher than the revised estimate for 2024-25. This is mainly due to the additional provision for meeting funding requirement for the Elderly Health Care Voucher Scheme (EHVS) and other operating expenses. It is further stated that the enhancement of the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) is one of the matters requiring special attention in 2025-26. In this connection, will the Government advise this Committee on:

1. EHCV claims and the voucher amounts involved in the past 5 financial years in the following table;

Type of Healthcare Service Provider	2020		2021		2022		2023		2024	
	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed	Number of Voucher Claims	Amount of Vouchers Claimed
Medical Practitioners										
Chinese Medicine Practitioners										
Dentists										
Occupational Therapists										
Physiotherapists										
Medical Laboratory Technologists										
Radiographers										
Nurses										
Chiropractors										
Optometrists	Not applicable									
Audiologists	Not applicable									

Clinical Psychologists	Not applicable									
Dietitians	Not applicable									
Speech Therapists	Not applicable									
University of Hong Kong - Shenzhen Hospital (including the Huawei Li Zhi Yuan Community Health Service Center)										
Total										

2. the number of complaints received about voucher claims and usage, the subject matters of the complaints, the types of services and the voucher claim amounts involved in each of the past 5 years;

3. whether there were voucher claims and usage in 2024 in relation to the 7 medical institutions in the Guangdong-Hong Kong-Macao Greater Bay Area which were included in the Pilot Scheme last year; if yes, the details; if no, the reasons;

4. given that the provision for 2025-26 is $1,243.4 million (17.1%) higher than the revised estimate for 2024-25, the estimated expenditure of the EHVS for 2025-26, and out of which the expenditure arising from the Pilot Scheme; and

5. given that the provision of $15,424,626,000 under Subhead 000 Operational expenses for 2025-26 represents an increase of $2,041,925,000 (15.3%) over the revised estimate for 2024-25 mainly due to the additional provision for meeting the funding requirement for the EHVS, etc. and since the EHVS is currently administered by the Health Care Voucher Division of the DH, details of the Division's staff establishment, the expenditure involved and of which the expenditure on meeting the funding requirement for the EHVS in 2025-26.

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 29)

Reply:

1. and 3.

The tables below show the number of voucher claim transactions and the amount of vouchers claimed under the Elderly Health Care Voucher Scheme (EHVS) (including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)) by types of healthcare service provider/medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 5 years:

Type of Healthcare Service Provider	**2020**		**2021**		**2022**		**2023**[Note 1]		**2024**	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK$'000)
Medical Practitioners	1 957 092	947,488	1 917 943	1,027,990	1 954 032	1,059,052	2 325 617	1,270,495	2 444 952	1,363,308
Chinese Medicine Practitioners	1 376 436	634,851	1 542 578	788,617	1 647 630	854,324	1 965 635	1,140,988	2 160 315	1,227,911

Dentists	246 844	276,556	308 343	355,444	288 532	343,327	331 342	413,222	331 567	402,347
Occupational Therapists	4 640	5,383	7 224	7,503	4 177	4,518	4 232	4,455	3 003	3,404
Physiotherapists	39 669	15,191	48 107	19,238	37 603	17,743	45 673	22,726	43 341	23,083
Medical Laboratory Technologists	15 324	13,706	20 033	20,552	14 593	13,393	15 441	14,712	14 503	13,353
Radiographers	14 386	14,700	19 373	22,603	20 761	24,635	22 659	29,503	23 285	34,556
Nurses	6 903	8,753	11 295	11,049	9 376	9,878	11 196	11,168	10 800	10,427
Chiropractors	8 826	5,127	9 357	5,760	8 841	5,080	10 331	5,955	8 724	5,467
Optometrists	158 127	225,903	196 046	284,753	161 156	233,912	230 239	352,743	175 563	255,505
Audiologists Note 2	-	-	-	-	-	-	784	2,693	1 636	5,040
Clinical Psychologists Note 2	-	-	-	-	-	-	2	4	-	-
Dietitians Note 2	-	-	-	-	-	-	609	829	1 356	1,110
Speech Therapists Note 2	-	-	-	-	-	-	5	5	7	7
Sub-total (Hong Kong):	**3 828 247**	**2,147,658**	**4 080 299**	**2,543,509**	**4 146 701**	**2,565,862**	**4 963 765**	**3,269,498**	**5 219 052**	**3,345,518**
Medical institutions in the GBA:	**18 962**	**5,507**	**35 953**	**12,103**	**32 356**	**10,949**	**38 462**	**11,883**	**77 918**	**39,339**
Total:	**3 847 209**	**2,153,165**	**4 116 252**	**2,555,612**	**4 179 057**	**2,576,811**	**5 002 227**	**3,281,381**	**5 296 970**	**3,384,857**

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023.

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

2.

The table below shows the number of complaints against healthcare service providers enrolled in the EHVS received by the Department of Health (DH) in the past 5 years:

	2020	**2021**	**2022**	**2023**	**2024**	**Total**
Number of complaints against healthcare service providers enrolling in the EHVS	69	105	45	54	88	**361**

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against Chinese medicine practitioners, medical practitioners, optometrists and dentists. The DH would investigate such cases and take appropriate actions/measures when violation of the terms and conditions

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

4.
The estimated expenditure for 2025-26 on the EHVS is $4.15 billion, which includes the possible claim amount relating to the Pilot Scheme. The expenditure on the Pilot Scheme is subsumed under the overall provision for the EHVS and will not be separately identified.

5.
The EHVS is managed by the DH's Health Care Voucher Division (HCVD), which is responsible for the scheme's administration and monitoring. There are 55 posts in the approved establishment of HCVD. In 2025-26, the HCVD's estimated administrative expenditure for the administration and monitoring of the EHVS is $68.7 million, which includes the resources for engaging additional contract staff to cope with the extra workload arising from various enhancement measures introduced to the EHVS in recent years, including the Pilot Reward Scheme, the shared use of vouchers between spouses, the extension of coverage of the EHVS to healthcare professionals under the AR Scheme, as well as the implementation of the Pilot Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0586)

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 2025-26 under this Programme that it would take forward the next phase of tobacco control measures and strengthen the enforcement of the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). 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 numbers of i) complaints received; ii) inspections conducted; iii) fixed penalty notices and summonses issued by the Tobacco and Alcohol Control Office regarding offences such as smoking, displaying or publishing of tobacco advertisements in each of the past 5 years;
3. as the provision for 2025-26 is $273.3 million (16.0%) higher than the revised estimate for 2024-25, which is mainly due to increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of 19 posts in 2025-26, whether this net increase of 19 posts is related to taking forward the next phase of tobacco control measures, and the details of these 19 posts, including the titles, ranks, duties, salary expenditure, whether they are permanent or supernumerary, and their job descriptions?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 30)

Reply:

1.
The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. After the Government increased the tobacco duty in February 2023, the results of the THS on the smoking pattern conducted by the C&SD from May to August that year showed that the smoking prevalence dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1% in 2023. The average number of cigarettes smoked per day by smokers also decreased from 12.7 sticks in 2019 and 2021 to 12.1 sticks in 2023. The Government further increased the tobacco duty in 2024. In this connection, a THS will be conducted later and it is expected that the reduction in the demand for tobacco products will be reflected in the survey. The C&SD conducted and completed

2 rounds of THS on the pattern of smoking in the past 5 years, with a breakdown of the smoking prevalence and the number of cigarettes consumed by smokers daily (by age group and sex) set out 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). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes, of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by the TACO for the period from 2020 to 2024 for smoking and other offences are at **Annex 2.**

3. There will be a net increase of 19 posts under Programme (1) of the Department of Health in 2025-26 to strengthen manpower for operational needs following the completion of the permanent premises of the Government Chinese Medicines Testing Institute. The work to be undertaken includes advancing research and development of testing methods of Chinese medicines and facilitating technology transfer to the industry. The new posts comprise mainly officers from the Pharmacist, Scientific Officer (Medical), Chemist and Science Laboratory Technician grades, as well as administrative/executive and clerical personnel. The salary expenditure for the net increase of the 19 posts is $17.42 million in terms of notional annual mid-point salary value.

Annex 1

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2021 and 2023

Age group	Male		Female		Overall	
	2021	2023	2021	2023	2021	2023
Aged 15 to 19	#	#	#	#	#	#
Aged 20 to 29	9.6%	9.3%	2.1%	1.7%	5.9%	5.5%
Aged 30 to 39	15.3%	16.2%	4.5%	3.6%	9.5%	9.7%
Aged 40 to 49	24.6%	21.9%	5.8%	5.0%	14.2%	12.6%
Aged 50 to 59	22.0%	23.5%	3.2%	4.1%	11.7%	12.7%
Aged ≥60	15.7%	15.3%	1.2%	0.9%	8.2%	7.7%
Overall	16.7%	16.4%	3.0%	2.7%	9.5%	9.1%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.6% were daily cigarette smokers based on the survey conducted in 2021.

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

Average Daily Consumption of Cigarettes (number of sticks of cigarettes) by Age Group and Sex in 2021 and 2023

	2021	2023
Age group		
Aged 15 to 19	#	#
Aged 20 to 29	11.2	11.2
Aged 30 to 39	11.5	11.5
Aged 40 to 49	12.7	11.8
Aged 50 to 59	13.7	12.6
Aged ≥60	13.0	12.5
Sex		
Male	13.2	12.6
Female	10.5	9.3
Overall	12.7	12.1

The figures are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

Annex 2

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

		2020	2021	2022	2023	2024
Complaints/referrals received		11 568	13 424	14 805	20 116	29 205
Inspections conducted		36 129	41 225	35 281	28 817 (Note 4)	30 162
Warning letters issued(Note 1&2)		16	16	21	10	10
FPNs issued (for smoking offences)		6 587	7 703	6 296	10 261 (Note 4)	13 488
Summonses issued	for smoking offences	58	40	35	48	64
	for other offences(Note 3)	57	115	130	657	871

Note:

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

2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.

3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0630)

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 mentioned in the Matters Requiring Special Attention in 2025-26 under this Programme that it would continue the enforcement work against commercial sale and supply of alcohol to minors. In this connection, will the Government please advise this Committee on:

1. the number of violations, prosecutions and convictions regarding the sale and supply of alcohol to minors in the past 3 years in the following table:

Contravention	2022	2023	2024
Number of violations related to the sale of alcohol to minors			
Number of violations related to the supply of alcohol to minors			
Number of prosecutions for the sale of alcohol to minors			
Number of prosecutions for the supply of alcohol to minors			
Number of convictions for the sale of alcohol to minors			
Number of convictions for the supply of alcohol to minors			

2. the current establishment for and staff costs on the enforcement work, and whether the Government has assessed the effectiveness of the enforcement and inspection efforts; if yes, the details and if no, the reasons?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 31)

Reply:

(1) & (2)
The sale and supply of intoxicating liquor to minors in the course of business are prohibited under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B). In 2024, the Tobacco and Alcohol Control Office (TACO) of the Department of Health conducted more than 4 000 inspections to check retailers' compliance with such legal requirements and carried out investigation and enforcement actions upon receipt of intelligence or complaints. Over the past 3 years, the TACO received 63 complaints regarding the sale or supply of intoxicating liquor to minors in the course of business. No violation was found upon plainclothes patrol and follow-up investigation.

Apart from the stipulation above, Cap. 109B also requires vendors which sell or supply intoxicating liquor in face-to-face distributions to display a prescribed notice in a prominent position at the premises in the course of business. The Tobacco and Alcohol Control Inspectors will conduct inspections at these premises to ensure that vendors comply with this requirement. Over the past 3 years, the TACO issued 10 summonses to offenders in this respect.

The approved establishment of the TACO is at **Annex**, with the staff costs of $81.27 million in 2024-25. The manpower and resources for the implementation of alcohol and tobacco control initiatives cannot be separately identified.

Annex

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

Rank	No. of staff in 2024-25
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2701)

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 Budget that the Government will, in the first half of this year, put forward the timetable for establishing the Hong Kong Centre for Medical Products Regulation (CMPR). In this connection, will the Government please advise this Committee on: (i) the staff establishment, salary expenditure and operating expenditure in respect of the CMPR; and (ii) whether the Government has earmarked any resources to tie in with the establishment of the CMPR; if yes, the details?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 7)

Reply:

(1) & (2):
As mentioned in the Chief Executive's Policy Address in 2023 and 2024, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. To this end, the HKSAR Government set up a Preparatory Office for the Hong Kong Centre for Medical Products Regulation (CMPR) in the Department of Health (DH) in June 2024. The Preparatory Office is proactively reviewing the regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; studying the potential restructuring and strengthening of the regulatory and approval regime for medicines, medical devices and medical technology; and putting forward proposals and steps for the establishment of the CMPR which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) as well as testing of medical products. The Preparatory Office is drawing up the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and will announce them in the first half of 2025 as scheduled.

The Legislative Council has approved the creation by the DH of 4 directorate permanent posts/non-civil service positions (including 1 Controller, 1 Deputy Controller and 2 Assistant Controller positions) in 2025-26 to provide dedicated support for the CMPR to launch various

initiatives, as well as to formulate and introduce more stringent regulatory and approval regimes for medicines and medical devices in accordance with the "primary evaluation" approach. The creation of the above positions will be accompanied by the deletion of 4 existing permanent Consultant posts.

In addition, the DH will consolidate and re-organise the existing functions in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established. This can make fuller use of the existing highly efficient regulatory regime to bring about greater benefits and synergies. In this way, the CMPR can also centralise relevant expertise and optimise resource allocation, with the aim of supporting the approval of innovative medical products, promoting the scientific advancement of medicines, medical devices and medical technology, and expediting their clinical application, thereby driving the development of industries relating to the R&D as well as testing of medical products. The said reorganisation involves the redeployment of 7 existing permanent directorate posts (including 2 Assistant Directors, 3 Chief Pharmacists and 2 Principal Medical and Health Officers) and about 420 non-directorate posts.

The financial provision for the CMPR in 2025-26 is $41.63 million. The DH will continue reviewing the integration of the various functions of the CMPR, as well as the manpower and resources required.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2844)

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 Budget Speech, the Department of Health will launch the Primary Dental Co-Care Pilot Scheme for Adolescents in 2025-26. In this connection, will the Government please advise on the preparatory work for implementing the scheme, the detailed timetable of its implementation, the estimated expenditure and the number of adolescents expected to benefit from it?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 20)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral

hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In view of the Working Group's strategic recommendations, the Government has formulated an Oral Health Action Plan, under which the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) is rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care.

The Department of Health (DH) launched the three-year PDCC on 20 March this year as an interface with the School Dental Care Service by providing partial subsidies for private dental check-up services for adolescents via a co-payment model to foster their establishment of partnership with dentists so as to promote their life-long habit of regular dental check-ups for prevention of dental diseases. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The scope of subsidised services includes:

i) Oral check-up;
ii) Oral health risk assessment;
iii) Dental scaling;
iv) Personalised oral care advice;
v) Fluoride application based on risk assessment; and
vi) Oral check-up report.

To enhance the transparency of dental service fees other than the co-payment fee, the DH required dentists to disclose the fees for X-ray examinations, tooth fillings and extractions as charged under the PDCC.

The DH held 2 online briefing sessions for registered dentists in February and March to introduce the background, contents and dentist registration procedures of the PDCC. It also introduced the PDCC through a seminar organised by the Hong Kong Dental Association in mid-March.

Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. Eligible adolescents and their parents may, via the eHealth mobile application, access the thematic website and promotional videos launched by the DH in early March to learn about and participate in the PDCC. The DH has also disseminated letters through the Education Bureau to reach out to all secondary school students and their parents in the territory to publicise and promote the

PDCC, while also approaching students visiting Student Health Service Centres and School Dental Clinics to publicise the scheme. About 370 000 adolescents are eligible to join each year, though the final number of participants will depend on the response from adolescents and their parents.

Adolescents and their parents who are interested in joining the PDCC can refer to the thematic webpage to view the list of registered dentists participating in the PDCC. After selecting a dentist, they can contact the relevant clinic directly to make an appointment for receiving the subsidised services. Details about the clinic addresses, telephone numbers, professional qualifications and the co-payment amount required from scheme participants are also set out on the list of dentists. All clinics participating in the PDCC will display the signage of the scheme outside their premises or at a prominent place for easy identification.

The DH will continuously monitor the utilisation rates of the service and gather feedback from service users as well as the data on their oral health conditions to review the effectiveness of the PDCC in due course.

The Government's financial provision for implementing the PDCC and the Community Dental Support Programme in 2025-26 is $136.3 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2847)

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:

In view of the completion of the permanent premises of the Government Chinese Medicines Testing Institute (GCMTI) this year, the Government mentioned in the Budget that the Department of Health would commence relocation of GCMTI to the permanent premises upon its completion to conduct research on reference standards and testing methods of Chinese medicines. In this connection, please advise on:

(1) whether the Government has earmarked resources in the light of the completion of the permanent premises of the GCMTI; if yes, the details;

(2) the staff establishment and estimated expenditure with respect to the GCMTI and its *Hong Kong Chinese Materia Medica Standards* project, laboratories, Chinese Medicines Herbarium, training and technology transfer centre in 2025-26; and

(3) the research projects of the GCMTI undertaken at the temporary site, along with the research findings and the expenditure incurred over the past 3 years.

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 21)

Reply:

(1) & (2)

The approved establishment of the Government Chinese Medicines Testing Institute (GCMTI) at present is 31, with a breakdown according to the section as follows:

Section/Unit	**Rank**	**Number of Post**
Hong Kong Chinese Materia Medica Standards Section	Scientific Officer (Medical)	9
Research and Development Section (including Chemistry Laboratory and DNA Laboratory)	Senior Chemist Chemist Science Laboratory Technologist Science Laboratory Technician I Science Laboratory Technician II Laboratory Attendant	1 4 1 3 3 1

Section/Unit	**Rank**	**Number of Post**
Macroscopic and Microscopic Identification Laboratory	Scientific Officer (Medical)	1
Chinese Medicines Herbarium Section	Scientific Officer (Medical)	4
Collaboration and Training Unit	Pharmacist	1
Administration Section	Senior Executive Officer Executive Officer II Assistant Clerical Officer	1 1 1
Total:		**31**

A net increase of 19 posts in 2025-26 has been approved to strengthen manpower for operational needs following the completion of the permanent premises of the GCMTI within this year of which the GCMTI will begin commissioning in phases by the end of this year. The new posts comprise mainly officers from the Pharmacist, Scientific Officer (Medical), Chemist and Science Laboratory Technician grades, as well as administrative/executive and clerical personnel. An additional financial provision of about $50.8 million has been allocated for the GCMTI in 2025-26 to cover the expenditure of personal emoluments arising from the civil service post changes set out above, as well as the daily operation and research work of the GCMTI.

(3)
One of the key activities of the GCMTI is to take forward the project on the Hong Kong Chinese Materia Medica Standards (HKCMMS). So far, reference standards for a total of 344 Chinese Materia Medica (CMM) have been established and released. The actual expenditures involved in the HKCMMS in the past 3 years are tabulated below:

Financial Year	2022-23	2023-24	2024-25 (Revised Estimate)
Expenditure ($ million)	6.3	7.9	9.8

Moreover, the Department of Health (DH) set up the GCMTI Advisory Committee in 2017 as a platform for stakeholders to advise on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the Committee, the GCMTI has completed 10 research and thematic projects in the past 3 years with another 8 projects underway, details of which are set out in the **Annex**. As most research projects are maintained by internal resources allocation, the expenditures on manpower and outsourcing of services are subsumed under the overall expenditure of the Chinese Medicine Regulatory Office of the DH. Therefore, the total expenditure on research projects cannot be set out in full.

Annex

Completed and Ongoing Research and Thematic projects of the GCMTI

(i) Projects completed between 2022-23 and 2024-25

Research/Thematic Projects	Commencement Date	Completion Date	Achievements
DNA method for identification of Bulbus Fritillariae Ussuriensis – a common adulterant found in Bulbus Fritillariae Cirrhosae	October 2019	May 2022	Published the analytical method of the real time polymerase chain reaction (PCR) of Bulbus Fritillariae Ussuriensis
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species	June 2021	November 2022	Published 5 monographs on Ziziphi Spinosae Semen and its commonly confused CMM species
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	June 2022	December 2022	A series of tasks including literature reviews, surveys, consultations, fieldwork and the consolidation of the Preliminary Index of CMM Resources in Hong Kong were completed at the request of the National Administration of Traditional Chinese Medicine
Analysis of chemical markers of CMM in Baifeng Wan	December 2021	June 2023	Published a total of 12 analytical methods for the 8 CMM in Baifeng Wan
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	March 2022	December 2023	Built the Digital Herbarium for Chinese Medicines (DHCM) platform and public website featuring 220 commonly used CMM, 3-Dimensional (3D) images, virtual reality tours and special topics on knowledge related to Chinese medicines, etc.

Research/Thematic Projects	Commencement Date	Completion Date	Achievements
Identification of tiny seed and fruit types of CMM	April 2022	May 2024	Published 30 monographs on tiny seed and fruit types of CMM with corresponding identification key
Pilot Study on the Analysis of Chemical Markers in Compound Chinese Medicine Granules	January 2024	September 2024	Provided reliable information in related fields for future research and application, and determined the feasibility of new studies
Analysis of chemical markers in proprietary Chinese medicines (pCms) containing Psoraleae and Ginseng	July 2023	December 2024	Developed a set of highly versatile testing methods for the analysis of chemical markers that can extensively test different formulations and dosage forms of pCms categorised as nourishing and Yang invigorating
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method	June 2023	December 2024	Developed a testing method using PCR-restriction fragment length polymorphism (PCR-RFLP) technology for quickly and effectively distinguishing Ziziphi Spinosae Semen from its commonly confused CMM species
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II) – Survey on Hong Kong's CMM market and traditional knowledge	May 2023	March 2025	Conducted literature reviews, online surveys, questionnaires, interviews and on-site surveys to gather information on the CMM (including decoction pieces) available in Hong Kong's CMM market, as well as application knowledge of regional medicines inherited in the local context

(ii) Ongoing projects

- Collection of specimens of Daodi medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI
- Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI
- Building of 3D CMM Images for the DHCM
- Establishment of reference DNA Sequence Library for CMM (Phase II)
- Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II) – Collection of medicinal plant specimens of Hong Kong (Winter and Spring)
- Macroscopic and Microscopic Identification of Cortex type of Decoction Pieces Commonly Found in Hong Kong
- Study on the Identification of Radix or Rhizoma Podophylli emodis and its Confused Species by DNA Method
- Analysis of Chemical Markers in Compound Chinese Medicine Granules

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2851)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

One aspect of work undertaken by the Department of Health is to ensure the safety, quality and efficacy of pharmaceutical products through product registration and licensing control. In this connection, will the Government please advise this Committee on:

(1) the establishment of and the expenditure on the personnel responsible for vetting and approving the registration applications of proprietary Chinese medicines (pCms) or providing assistance for the trade concerning their registration;

(2) the number of registration applications of the pCms received by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong, the number of applications rejected/withdrawn, as well as the respective numbers of the pCms issued with "Notice of confirmation of transitional registration of the pCms" and "Certificate of registration of the pCms", in the past 3 years; and

(3) whether the Government will deploy additional resources and manpower in 2025-26 to expedite the vetting and approval of the registration applications of the pCms or provide assistance for the trade concerning their registration?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 22)

Reply:

(1)

The Chinese Medicine Council of Hong Kong (the Council) is a statutory body established under the Chinese Medicine Ordinance (Cap. 549) implementing regulatory measures for Chinese medicine. The manpower for the registration of proprietary Chinese medicines (pCms) in the Council Secretariat cannot be separately identified as the staff members discharging such duties are also responsible for other matters related to Chinese medicines.

At the same time, the Chinese Medicine Regulatory Office (CMRO) of the Department of Health (DH) provides professional and administrative support to the Council, which includes handling matters related to the registration of pCms, licensing of Chinese medicines traders, import and export control, Certificate for Clinical Trial and Medicinal Test of pCms and Certificate for Manufacturer (Good manufacturing practice in respect of pCms) (GMP). The

Chinese Medicines Management Division of the CMRO is responsible for such work, and its approved establishment for the registration of pCms as broken down by rank is set out below:

Rank	**No. of posts**
Senior Pharmacist	2
Pharmacist	2
Scientific Officer (Medical)	10
Clerical Officer	3
Assistant Clerical Officer	6
Total:	**23**

As for the breakdown of expenditure, the DH does not maintain such data as the relevant expenditure on the registration of pCms are subsumed under the CMRO's overall provision.

(2)
As at 28 February 2025, the Chinese Medicines Board has received a total of 18 821 applications for the registration of pCms, among which 474 applications were received between 2022 and 2024. Of all the applications, 10 385 were withdrawn or rejected due to various reasons.

Out of the remaining 8 436 applications, 1 901 and 6 313 pCms have been issued with the still valid "Notice of confirmation of transitional registration of pCms" (HKP) and "Certificate of registration of pCms" (HKC) respectively, and 222 new applications of HKC are being processed.

(3)
The DH has earmarked about $13.8 million for 2025-26 to continue the engagement of non-civil service contract (NCSC) staff to expedite the processing of applications for the conversion of HKP to HKC. Reaching its final stage, the vetting process is expected to conclude by 2025, by which time the NCSC positions will lapse upon completion of all relevant procedures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2855)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Estimates of the Department of Health that one of the matters requiring special attention in 2025-26 is to enhance the Elderly Health Care Voucher Scheme (EHVS) including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme). In this connection, will the Government advise this Committee on:

(1) the estimated financial provision for the EHVS in 2025-26, and of which the estimated administrative expenses for administering and monitoring the Scheme;
(2) the respective amount of vouchers claimed and the total amount of unspent vouchers of the elderly in the past 3 years;
(3) the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction by type of healthcare service provider enrolled in the EHVS in the past 3 years in table form;
(4) the current manpower and estimated expenditure involved in handling complaints about the EHVS; and
(5) the number of complaints about the EHVS received, the respective numbers of cases with investigation completed, found to be substantiated, and related to fraud or improper voucher claims, and the number of service providers disqualified from the EHVS for violating the Scheme rule, broken down by type of service, in each of the past 3 years?

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

Reply:

(1)&(4)
The estimated expenditure for 2025-26 on the Elderly Health Care Voucher Scheme (EHVS) is $4.15 billion.

The EHVS is managed by the Department of Health (DH)'s Health Care Voucher Division (HCVD), which is responsible for administration and monitoring of the EHVS (including the handling of complaints). There are 55 posts in the approved establishment of HCVD. In 2025-26, the HCVD's estimated administrative expenditure on the administration and monitoring of the EHVS is $68.7 million. The manpower dedicated to and the expenditure involved in handling complaints about the EHVS cannot be separately identified.

(2)&(3)
The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average amount per claim transaction under the EHVS (including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)) by type of healthcare service provider/medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2022	2023 Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	1 954 032	2 325 617	2 444 952
Chinese Medicine Practitioners	1 647 630	1 965 635	2 160 315
Dentists	288 532	331 342	331 567
Occupational Therapists	4 177	4 232	3 003
Physiotherapists	37 603	45 673	43 341
Medical Laboratory Technologists	14 593	15 441	14 503
Radiographers	20 761	22 659	23 285
Nurses	9 376	11 196	10 800
Chiropractors	8 841	10 331	8 724
Optometrists	161 156	230 239	175 563
Audiologists Note 2	-	784	1 636
Clinical Psychologists Note 2	-	2	-
Dietitians Note 2	-	609	1 356
Speech Therapists Note 2	-	5	7
Sub-total (Hong Kong):	**4 146 701**	**4 963 765**	**5 219 052**
Medical institutions in the GBA:	**32 356**	**38 462**	**77 918**
Total:	**4 179 057**	**5 002 227**	**5 296 970**

Amount of Vouchers Claimed (in HK$'000)

	2022	2023 Note 1	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	1,059,052	1,270,495	1,363,308
Chinese Medicine Practitioners	854,324	1,140,988	1,227,911
Dentists	343,327	413,222	402,347
Occupational Therapists	4,518	4,455	3,404
Physiotherapists	17,743	22,726	23,083
Medical Laboratory Technologists	13,393	14,712	13,353
Radiographers	24,635	29,503	34,556
Nurses	9,878	11,168	10,427
Chiropractors	5,080	5,955	5,467
Optometrists	233,912	352,743	255,505
Audiologists Note 2	-	2,693	5,040
Clinical Psychologists Note 2	-	4	-
Dietitians Note 2	-	829	1,110
Speech Therapists Note 2	-	5	7

Sub-total (Hong Kong):	**2,565,862**	**3,269,498**	**3,345,518**
Medical institutions in the GBA:	**10,949**	**11,883**	**39,339**
Total:	**2,576,811**	**3,281,381**	**3,384,857**

Average Amount of Vouchers per Claim Transaction (HK$)

	2022	2023[Note 1]	2024
Healthcare service providers in Hong Kong			
Medical Practitioners	542	546	558
Chinese Medicine Practitioners	519	580	568
Dentists	1,190	1,247	1,213
Occupational Therapists	1,082	1,053	1,134
Physiotherapists	472	498	533
Medical Laboratory Technologists	918	953	921
Radiographers	1,187	1,302	1,484
Nurses	1,054	997	965
Chiropractors	575	576	627
Optometrists	1,451	1,532	1,455
Audiologists Note 2	N/A	3,435	3,081
Clinical Psychologists Note 2	N/A	2,000	N/A
Dietitians Note 2	N/A	1,361	819
Speech Therapists Note 2	N/A	1,000	1,000
Medical institutions in the GBA Note 3	**338**	**309**	**505**

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

Unspent Balance of Voucher Recipients (in $'000)

	2022	2023[Note 1]	2024
Total number of eligible elderly persons who have used vouchers (as at end of the year)	1 492 000	1 610 000	1 714 000
Total amount of unspent vouchers of eligible elderly persons who have used vouchers (in $'000) (as at end of the year)	4,097,000	3,883,000	4,036,000

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme was launched under the EHVS on 13 November 2023.

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

Note 3: Under the existing EHVS, private healthcare professionals in Hong Kong may enrol in the scheme as healthcare service providers on an individual basis, while medical institutions in the GBA participate in the scheme on a hospital/medical institution basis. Eligible elderly persons may use EHCVs to pay for the fee of outpatient healthcare services, such as physical examination, continuous preventive healthcare and chronic disease management, etc., provided by the designated departments at medical institutions in the GBA, and the statistics on the related healthcare services are compiled on the basis of services as provided by the respective designated departments, rather than individual healthcare professions. As such, any direct comparison between the average amount of vouchers per claim transaction for healthcare service providers in Hong Kong and that of medical institutions in the GBA is not appropriate. Nor do the figures reflect the levels of primary healthcare service charges of either region.

(5)

The table below shows the number of complaints (including media reports and relevant reports) against healthcare service providers enrolled in the EHVS received by the DH in the past 3 years (from 2022 to 2024):

	2022	**2023**	**2024**	**Total**
Number of complaints against healthcare service providers enrolling in the EHVS received by the DH	45	54	88	**187**

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

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2024, investigation of 29 cases was completed, of which 11 were found to be substantiated or partially substantiated. The DH has disqualified 3 healthcare service providers from participating in the EHVS and has referred 6 cases to the Police for follow-up (of which the investigation of 2 cases was completed with no prosecutions made and 4 cases are still under investigation).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2857)

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:

The Department of Health (DH) mentioned in the Matters Requiring Special Attention in 2025-26 under this Programme that it would take forward the next phase of tobacco control measures. In this connection, will the Government please advise this Committee on:

(1) the measures implemented by the DH on smoking prevention and cessation, the manpower and the provision for the expenditure involved in the past 3 years;

(2) the manpower and estimated provision involved for implementing smoking prevention and cessation services in 2025-26;

(3) the staff establishment and actual expenditure of the Tobacco and Alcohol Control Office (TACO) in the past 3 years, its respective establishment and estimated expenditure in 2025-26;

(4) the smoking prevalence among different age groups of men and women in Hong Kong and the respective average number of cigarettes smoked per day in the past 3 years; and

(5) the number of complaints received, inspections conducted, fixed penalty notices and summonses issued by the TACO regarding offences such as smoking, displaying or publishing of tobacco advertisements in each of the past 3 years?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 24)

Reply:

(1), (2) & (3)
The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation.

The Government announced in June 2024 its plan to introduce 10 tobacco control measures in the short term. Among these initiatives, the Government has proposed to strengthen

smoking cessation services as well as publicity and education through measures including increasing the number of smoking cessation service points, enhancing Chinese medicine smoking cessation services, offering smoking cessation services through District Health Centres (DHCs) with a case-management model, enhancing smoking cessation training for primary healthcare practitioners, assisting people in smoking cessation through mobile applications, and incorporating more elements related to the harm of smoking into regular school curriculum.

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

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patients, especially those with chronic diseases, to quit smoking), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone. Besides, the DH has subvented 2 more service providers (from 2 to 4 in total) since 2023 to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, and 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) starting from this year to operate smoking cessation clinics with an emphasis on counselling and acupuncture. It is expected that the number of service users of the former type of clinics will increase by about 40% and the number regarding the latter type will double.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness of smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students in respect of the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for 1 week at community pharmacies, smoking cessation clinics, DHCs and District Health Centre Expresses (DHC Expresses) during the Quit in June

annual campaign starting from 2023. During the Quit in June campaign in 2024, the DH implemented the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme at designated Chinese medicine smoking cessation clinics. To encourage and help all healthcare professionals to provide support and treatment for smokers who are quitting, the DH organises online and face to face training courses, compiles the Practical Handbook for Smoking Cessation Treatments and a clinical guide on smoking cessation with Chinese medicine and acupuncture, and provides related resources, among other initiatives.

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

In 2022, 2023 and 2024, the quitlines operated by the DH and local universities handled 9 216, 11 051 and 10 875 enquiries respectively. During these 3 years, there were 20 406, 27 715 and 28 512 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

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

The expenditures and provision / revised estimate for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the DH, as well as the approved establishment of the TACO from 2020-21 to 2025-26 are at **Annex 1** and **Annex 2** respectively.

(4)
The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) regularly to study the smoking prevalence in the population since 1982. The latest THS, which ran from May to August 2023, was conducted after the Government increased the tobacco duty in February that year. The results of the THS on smoking pattern showed that the smoking prevalence dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1% in 2023. The average number of cigarettes smoked per day by smokers also decreased from 12.7 sticks in 2019 and 2021 to 12.1 sticks in 2023. The Government further increased the tobacco duty in 2024. In this connection, a THS will be conducted later and it is expected that the reduction in the demand for tobacco products will be reflected in the survey. The C&SD conducted and completed 2 rounds of THS on the pattern of smoking in the past 5 years, with a breakdown of the smoking prevalence and the number of cigarettes consumed by smokers daily (by age group and sex) set out at **Annex 3**.

(5)
The TACO of the DH is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60).

The numbers of complaints / referrals received, inspections conducted, warning letters issued, and FPNs / summonses issued by TACO for the period from 2020 to 2024 for smoking and other offences are at **Annex 4.**

The TACO will continue to closely monitor the market situation and take stringent enforcement actions against violation of the Smoking (Public Health) Ordinance.

Annex 1

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

	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)	2025-26 Estimate ($ million)
Enforcement						
Programme 1: Statutory Functions	***102.2***	***101.3***	***100.4***	***123.3***	***167.4***	***174.8***
Health Education and Smoking Cessation						
Programme 3: Health Promotion	***141.2***	***138.9***	***149.0***	***151.4***	***170.5***	***180.9***
(a) General health education and promotion of smoking cessation						
TACO	*64.5*	*62.8*	*73.0*	*83.7*	*88.2*	*87.0*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.0*	*26.2*	*26.8*	*26.6*	*27.9*	*27.3*
Sub-total	***90.5***	***89.0***	***99.8***	***110.3***	***116.1***	***114.3***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations						
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.8*	*29.4*	*10.2*	*14.0*	*17.8*
Subvention to Pok Oi Hospital	*7.4*	*7.5*	*7.6*	*14.8*	*17.9*	*20.9*
Subvention to Po Leung Kuk	*1.7*	*0.7*	-	-	-	-
Subvention to Lok Sin Tong	*3.0*	*3.2*	*3.3*	*3.6*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.4*	*4.9*	*5.8*	*6.1*	*8.9*	*13.8*
Subvention to Life Education Activity Programme	*2.7*	*2.8*	*2.8*	*2.9*	*3.0*	*3.0*
Subvention to Christian Family Service Centre	-	-	-	*3.5*	*7.0*	*4.5*

Subvention to The University of Hong Kong	*0.9*	*-*	*0.3*	*-*	*-*	*3.0*
Sub-total	***50.7***	***49.9***	***49.2***	***41.1***	***54.4***	***66.6***
Total	***243.4***	***240.2***	***249.4***	***274.7***	***337.9***	***355.7***

Annex 2

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

Rank	No. of Staff from 2020-21 to 2025-26
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

Annex 3

Prevalence* of Daily Cigarette Smokers by Age Group and Sex in 2021 and 2023

Age group	Male		Female		Overall	
	2021	2023	2021	2023	2021	2023
Aged 15 to 19	#	#	#	#	#	#
Aged 20 to 29	9.6%	9.3%	2.1	1.7%	5.9%	5.5%
Aged 30 to 39	15.3%	16.2%	4.5%	3.6%	9.5%	9.7%
Aged 40 to 49	24.6%	21.9%	5.8%	5.0%	14.2%	12.6%
Aged 50 to 59	22.0%	23.5%	3.2%	4.1%	11.7%	12.7%
Aged ≥60	15.7%	15.3%	1.2%	0.9%	8.2%	7.7%
Overall	16.7%	16.4%	3.0%	2.7%	9.5%	9.1%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.6% were daily cigarette smokers based on the survey conducted in 2021.

Statistics are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

Average Daily Consumption of Cigarettes (number of sticks of cigarettes) by Age Group and Sex in 2021 and 2023

	2021	2023
Age group		
Aged 15 to 19	#	#
Aged 20 to 29	11.2	11.2
Aged 30 to 39	11.5	11.5
Aged 40 to 49	12.7	11.8
Aged 50 to 59	13.7	12.6
Aged ≥60	13.0	12.5
Sex		
Male	13.2	12.6
Female	10.5	9.3
Overall	12.7	12.1

Statistics are not released due to large sampling error.

Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

Annex 4

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

		2020	2021	2022	2023	2024
Complaints/referrals received		11 568	13 424	14 805	20 116	29 205
Inspections conducted		36 129	41 225	35 281	28 817(Note 4)	30 162
Warning letters issued(Note 1, 2)		16	16	21	10	10
FPNs issued (for smoking offences)		6 587	7 703	6 296	10 261(Note 4)	13 488
Summonses issued	for smoking offences	58	40	35	48	64
	for other offences (Note 3)	57	115	130	657	871

Note

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

2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.

3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2858)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

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

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 25)

Reply:

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

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

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the DH issues recommendations on the SI vaccines to be used and the priority groups for receiving vaccination in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organization and overseas practices.

Based on the recommendations of the SCVPD, the DH has been administering the following vaccination programmes/schemes to provide free or subsidised SI vaccination/Pneumococcal vaccination to eligible persons:

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible children, elderly and other target groups, as well as free Pneumococcal vaccination to eligible elderly persons aged 65 or above, at clinics of the DH and the Hospital Authority;

- Seasonal Influenza Vaccination School Outreach Programme (SIVSOP), which provides free or subsidised SI vaccination to eligible school children through the public-private partnership outreach teams or the DH's outreach team; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age, as well as subsidised Pneumococcal vaccination to elderly persons aged 65 or above, through private doctors participating in the VSS.

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

(b) The HKCIP

The DH provides free vaccination services for eligible children under the HKCIP for the prevention of 12 communicable diseases with public health significance, namely Tuberculosis, Hepatitis B (Hep B), Poliomyelitis, Tetanus, Pertussis, Measles, Diphtheria, Mumps, Rubella, Varicella, Pneumococcal Disease and Human Papilloma Virus (HPV) Infection. With a view to preventing children from contracting communicable diseases, Bacillus Calmette-Guerin (BCG) vaccine and the first dose of Hep B vaccine are first given to newborn babies in hospitals under the current arrangement. Pre-school children (aged 0 to 5) then receive different types of vaccines and boosters at recommended ages of vaccination at the DH's Maternal and Child Health Centres (MCHCs). As for primary school children, vaccination is provided at schools by the DH's outreach School Immunisation Teams (SITs). The Student Health Service (SHS) of the DH also provides free mop-up vaccination at Student Health Service Centres (SHSCs) for secondary school students who have not completed immunisation as recommended.

i. Number of vaccines administered

<u>Eligible newborn babies to children aged 5</u>

Eligible newborn babies to children aged 5 can receive vaccination free-of-charge at the MCHCs. Over 90% of local newborn babies receive services including vaccination at the MCHCs each year. The number of vaccines administered at the MCHCs under the HKCIP for newborn babies to children aged 5 over the past 3 years (2022 to 2024) are tabulated below:

Calendar year	**Target population#**	**Doses of vaccines administered***
2022	32 950	323 000
2023	33 288	315 000
2024	36 767	319 000

Total registered live births

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

Eligible primary school children

The SITs of the DH provide free vaccination to eligible Primary 1 school children, Primary 5 school girls and Primary 6 school children across the territory under the HKCIP. Over the past 3 years (2022 to 2024), the number of vaccines administered by the SITs under the HKCIP for school children are tabulated below:

Calendar year	Target population#	Doses of vaccines administered*
2022	139 560	201 000
2023	135 605	210 000
2024	133 130	202 000

The number includes all Primary 1 and 6 students and all Primary 5 girls. The number of registered students for 2022 and 2023 is obtained from the Education Bureau's website at https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol_2023.pdf while the number of registered students for 2024 is an estimate.
* rounded to the nearest thousand

Eligible secondary school students

The number of mop-up vaccines administered by the SHS under the HKCIP for secondary school students over the past 3 years (2022 to 2024) are tabulated below:

Calendar year	Doses of mop-up vaccines administered^
2022	447
2023	2 673
2024	4 408

^ The number of students served by the SHS was higher in 2023 than that in 2022 due to the SHS's limited services as a result of COVID-19 in 2022.

ii. Vaccination coverage rate

Eligible newborn babies to children aged 5

The DH conducts territory-wide surveys on immunisation coverage on a regular basis to monitor the vaccination rates among pre-school children in Hong Kong (i.e. the percentage of children having received vaccination as recommended under the HKCIP) and carries out random inspections of children's immunisation records. The latest survey covering pre-school children born between 2018 and 2020 is still underway and the results are expected to be released in the second quarter of 2025.

The results of the survey conducted in 2021 on the overall immunisation coverage of vaccination under the HKCIP (among pre-school children born between 2015 and 2017) are tabulated below:

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

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

Eligible primary school children

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

Type of vaccine		School year		
		2021/22	2022/23	2023/24
Primary 1	Received Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine	96.9%	97.2%	96.9%
	Received Measles, Mumps, Rubella & Varicella vaccine	95.8%	95.4%	95.3%
Primary 5	HPV vaccine (female students)	88.9%	93.5%	93.5%
Primary 6	Received Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus vaccine	96.1%	96.0%	96.2%
	Received Measles, Mumps & Rubella vaccine	97.9%	98.5%	98.2%
	Received Hep B vaccine	98.8%	99.3%	99.2%
	Received HPV vaccine (female students)	89.3%	91.9%	92.0%

The DH does not maintain data on vaccination coverage rates other than those under the HKCIP.

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

Target group	Programme/ scheme for provision of SI vaccination	2022/23			2023/24			2024/25 (as at 23 March 2025)		
		Target Population*	No. of SI vaccine recipients under each vaccination programme/ scheme	Subsidy@ claimed ($ million)	Target Population*	No. of SI vaccine recipients under each vaccination programme/ scheme	Subsidy@ claimed ($ million)	Target Population*	No. of SI vaccine recipients under each vaccination programme/ scheme	Subsidy@ claimed ($ million)
Elderly aged 65 or above	GVP	1 520 100	452 900	Not applicable	1 637 600	513 100	Not applicable	1 715 400	515 500	Not applicable
	VSS		281 300	73.1		329 700	85.7		364 400	94.7
Persons aged between 50 and 64	GVP	1 796 700	49 200	Not applicable	1 824 900	6 100	Not applicable	1 815 300	115 700	Not applicable
	VSS		271 000	70.5		343 400	89.3		343 300	89.3
Children aged between 6 months and under 18	GVP	917 900	1 400	Not applicable	929 600	800	Not applicable	911 400	6 900	Not applicable
	VSS		104 700	30.3		169 500	50.5		189 900	53.3
	SIVSOP		259 200	28.8		322 000	36.1		369 100	40.6
Others ^	GVP/VSS	#	112 300	1.5	#	140 200	1.7	#	126 900	1.6
Total			**1 532 000**	**204.2**		**1 824 800**	**263.3**		**2 031 700**	**279.5**

* Provisional figures for the relevant population group at mid-year as estimated by the Census and Statistics Department.

@ Refers to the subsidy for private doctors participating in the SIVSOP and the VSS. As vaccination services under the GVP are provided free of charge by public hospitals/clinics etc., the related expenses cannot be separately identified.

^ 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 Pneumococcal vaccination [%]	2022/23		2023/24		2024/25 (as at 23 March 2025)	
	No. of Pneumococcal vaccine recipients under each vaccination programme/scheme	Subsidy[@] claimed ($ million)	No. of Pneumococcal vaccine recipients under each vaccination programme/scheme	Subsidy[@] claimed ($ million)	No. of Pneumococcal vaccine recipients under each vaccination programme/scheme	Subsidy[@] claimed ($ million)
GVP	44 100	Not applicable	58 600	Not applicable	46 000	Not applicable
VSS	37 800	20.2	56 700	30.9	62 400	34.0
Total	**81 900**	**20.2**	**115 300**	**30.9**	**108 400**	**34.0**

% Eligible groups: Aged 65 or above

@ Refers to the subsidy for private doctors participating in the VSS. As vaccination services under the GVP are provided free of charge by public hospitals/clinics etc., the related expenses cannot be separately identified.

-End-

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2860)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

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

(1) the key measures and funding allocated for the provision of promotive and preventive healthcare for primary and secondary school students in the past 3 years;

(2) the key measures and funding allocated for the improvement of oral health of primary school children in the past 3 years;

(3) the estimated expenditure on the provision of promotive and preventive healthcare for primary and secondary school students and on improving the oral health of primary school children in 2025-26;

(4) the actual number of primary and secondary school students participating in the Student Health Service and its percentage in the total number of primary and secondary school students in Hong Kong in the past 3 years;

(5) the attendance of primary school children at the School Dental Care Service programme and its percentage in the total number of primary school children in Hong Kong in the past 3 years; and

(6) the measures to increase participation of primary and secondary school students in the Student Health Service?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 26)

Reply:

(1) to (3)

The Student Health Service Centres (SHSC) of the Department of Health (DH) provides free annual health assessment services for eligible primary and secondary school students with the aim of identifying students with health problems at an early stage for timely advice and intervention. Students are provided with a series of health services designed to cater for their health needs at various stages of their development. Those found to have health problems will be referred to health assessment services under the Student Health Service

(SHS), specialist clinics of the Hospital Authority or other appropriate organisations for further assessment and follow-up.

The actual expenditure of the DH's SHSCs from 2022-23 to 2023-24, its revised estimate for 2024-25 and its estimate for 2025-26 are set out below:

Financial Year	Annual Expenditure ($ million)
2022-23 (Actual)	254.5
2023-24 (Actual)	266.0
2024-25 (Revised Estimate)	252.2
2025-26 (Estimate)	276.4

Regarding oral health, to safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group, asserting that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would strain the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has formulated an oral health policy that:

(i) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels;

(ii) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and

(iii) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In view of the Working Group's strategic recommendations, the Government has formulated an Oral Health Action Plan, under which the School Dental Care Service (SDCS) and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care.

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

The actual expenditure of the SDCS from 2022-23 to 2023-24, its revised estimate for 2024-25 and its estimate for 2025-26 are set out below:

Financial Year	Annual Expenditure ($ million)
2022-23(Actual)	276.2
2023-24(Actual)	281.6
2024-25 (Revised Estimate)	281.1
2025-26 (Estimate)	287.7

The DH launched the PDCC on 20 March this year as an interface with the SDCS by providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17 on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. While the Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists at the time of enrolment. Participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time as recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The DH has publicised the PDCC in collaboration with the Education Bureau to all secondary school students and their parents in the territory. The final number of participants will depend on the response from adolescents and their parents.

The Government's financial provision for implementing the PDCC and the Community Dental Support Programme in 2025-26 is $136.3 million.

(4)

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

School Year	Number of Students Participating in SHS and Their Participation Rate					
	Primary School Students		Secondary School Students		Total	
	Number	Participation Rate	Number	Participation Rate	Number	Participation Rate
2021-22^	322 000	92.2%	265 000	81.5%	587 000	87.0%
2022-23#	312 000	93.4%	149 000	46.4%	460 000	70.3%
2023-24	311 000	95.4%	275 000	83.6%	585 000	89.5%

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

^ The SHS was only able to provide limited services in most of the time of school year 2020/21 to 2021/22 due to the Coronavirus Disease 2019 pandemic. Services gradually resumed as the pandemic eased.

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

(5)

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

Service Year@	Number of Primary School Students Participating in SDCS	Percentage of the Total Number of Primary School Students in Hong Kong
2022-23	313 500	94%
2023-24	313 700	98%
2024-25	307 600	97%

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

(6)

All primary and secondary day school students in the territory are eligible for annual health assessment services by the SHS. To facilitate student participation, the DH will invite all local students to join the SHS programmes through their schools in September each year and will arrange for them to receive annual health assessment at a SHSC according to the district in which their school is located. Alternatively, parents may also directly enrol their children at the SHSCs or through online application. To enhance participation, the DH will provide free school bus services to students to facilitate their visits to the SHSCs, and will send SMS and emails to parents as a reminder for their children to attend annual health assessments. Students who are unable to attend the annual health assessment due to unforeseen circumstances may reschedule their appointment date and time by calling the SHSCs or

through the online platform. To streamline the process, parents may fill in the health questionnaire online in advance to reduce the time spent at the SHSCs during the health assessment. The DH will introduce electronic enrolment for the SHS in 2025-26 to streamline the application procedure and encourage further participation by students.

The SHS monitors the overall health condition and trends of all students in the territory through the data obtained from the annual health assessment service. The SHS will disseminate the information to the public to raise the awareness of society of students' health and to encourage parents to enrol their children in the annual health assessments. Through schools participating in the Whole School Health Programme, the DH encourages students to take part in the annual health assessment service, the results of which will be analysed for compilation of a health report for each participating school. The DH will then recommend targeted school-based health promotion measures to improve students' physical and psychological well-being. The DH will continue to review and implement other measures in a timely manner to enhance the participation of the SHS.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2225)

Head: (37) Department of Health

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

Programme: (8) Personnel Management of Civil Servants Working in Hospital Authority

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

Director of Bureau: Secretary for Health

Question:

Regarding the personnel management of civil servants working in the Hospital Authority (HA), please advise on the following:

(a) the reasons for the decline in the number of civil servants working in the HA managed, which saw a decrease from 389 in 2023 to 306 in 2024, and will further drop to 233 in 2025;

(b) the number of public hospital staff retaining their civil servant status as at 31 December 2024, with a breakdown by post; and

(c) given the shrinking number of civil servants responsible for the personnel management of civil servants working in the HA, the utilisation of additional operational expenses for 2025-26, which is $0.1 million (0.9%) higher than the revised estimate for 2024-25 according to the Analysis of Financial and Staffing Provision.

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 23)

Reply:

(a) The civil servants working in the Hospital Authority (HA) mainly comprise some healthcare and administrative staff, originally belonged to the civil service establishment prior to the HA's establishment, who chose to retain their civil servant status upon joining the HA. The reduction in the number of these staff is due to natural wastage including retirement.

(b) As at 31 December 2024, the total number of civil servants working in the HA was 241, of whom 175 were working in hospitals and 66 in general out-patient clinics. The number of civil servants working in hospitals under the HA (breakdown by rank) is set out at **Annex**.

(c) The increase in the provision for 2025-26 under this Programme is mainly due to anticipated increase in staff costs and staff-related expenses.

Annex

Number of Civil Servants Working in Hospitals under the Hospital Authority (breakdown by rank)

Grade/Rank	Number of Staff (as at 31 December 2024)
MEDICAL & HEALTH OFFICER GRADES	
Consultant (Hospital Services)	1
Sub-total	**1**
NURSING & ALLIED GRADES	
Senior Nursing Officer	4
Departmental Operations Manager	7
Ward Manager	8
Nursing Officer	40
Registered Nurse	36
Nursing Officer (Psychiatric)	13
Registered Nurse (Psychiatric)	6
Enrolled Nurse	7
Enrolled Nurse (Psychiatric)	3
Sub-total	**124**
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	1
Chief Dispenser	3
Senior Dispenser	8
Dispenser	10
Medical Technologist	1
Medical Technologist (Hospital Services)	1
Physiotherapist I	1
Senior Radiographer	3
Radiographer I	10
Scientific Officer (Medical)	1
Sub-total	**39**

Grade/Rank	Number of Staff (as at 31 December 2024)
HOSPITAL ADMINISTRATOR GRADE	
General Manager (Administrative Services)	1
Senior Hospital Administrator	2
Sub-total	**3**
OTHER DEPARTMENTAL GRADES	
Electrical Technician	4
Hospital Foreman	1
Health Care Assistant	1
Laboratory Attendant	1
Sub-total	**7**
MODEL SCALE I GRADES	
Workman II	1
Sub-total	**1**
Total	**175**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2233)

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 important providers of primary healthcare services, the Maternal and Child Health Centres (MCHCs) perform key functions in delivering maternal care, monitoring children's healthy development and administering immunisation. However, their service operation in some districts has been impaired by the shortage of healthcare manpower increasingly acute in recent years. In this connection, will the Government please inform this Committee of:

(a) the estimated and actual expenditure of MCHCs in each of the past 3 years and the factors behind the increase and decrease in expenditure estimates;

(b) as at the end of 2024, the manpower situation (i.e. the staff establishment, existing strength and number of vacancies) of healthcare staff of each MCHC in tabular form;

(c) the service utilisation of each MCHC in the past 3 years (i.e. the numbers of service quota, users and attendance) in tabular form; and

(d) whether the Government has any plans and timetable to resume the services of 3 MCHCs (2 in Kowloon and 1 in the New Territories) temporarily closed due to healthcare manpower arrangements and service utilisation according to the Department of Health's Family Health Service website; if yes, the specific timetable and arrangements; if no, the reasons?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 31)

Reply:

The Government attaches great importance to children's health, and is committed to providing children with quality medical and health services. The 29 Maternal and Child Health Centres (MCHCs) in operation under the Department of Health (DH) are set up in all 18 districts in Hong Kong, providing health promotion and disease prevention services for newborn babies, children up to 5 years old and women of reproductive age, including free vaccination services and continuous monitoring of children's growth and development. Data also shows that the overall coverage for relevant vaccines among locally born pre-school children remains at a remarkably high level of over 98%. The DH is discussing the streamlining of maternal health services with the Primary Healthcare Commission and the Hospital Authority to make better use of resources and enhancing service efficiency.

(a)

The expenditure and estimate of the Family Health Service (excluding Woman Health Centres) in the past 3 years are tabulated as below:

	2022-23 (Actual) $ million	2023-24 (Actual) $ million	2024-25 (Revised estimate) $ million
Expenditure/ Estimate	739.6	754.6	767.6

The increase in expenditure in these 3 years is largely attributed to pay adjustment for staff and the resources required for the North District MCHC which opened in 2024-25.

(b)

The staff establishment, strength and number of vacancies of doctors and nurses at the Head Office of the Family Health Service and each MCHC as at 1 January 2025 are at **Annex 1**.

(c)

The MCHCs provide a wide range of services, including child health, maternal health, cervical screening and family planning services with no fixed service quota. The DH will flexibly allocate resources to ensure that the public have access to the services they need.

The attendance at each MCHC in the past 3 years is tabulated in **Annex 2**. The DH does not maintain statistics on the number of service recipients.

(d)

Among the 18 districts in Hong Kong, the demand for services from the MCHCs is relatively low in Wong Tai Sin District and Kwai Tsing District. For more effective use of resources, the DH has focused its resources on the East Kowloon MCHC and Robert Black MCHC to serve residents in the Wong Tai Sin District, while ensuring that the service needs of local residents remain unaffected. For the Kwai Tsing District, the DH has concentrated its resources on the North Kwai Chung MCHC and Tsing Yi MCHC to ensure that the service needs of residents in the district are met. The DH will continue to monitor the service utilisation of each MCHC and make appropriate adjustments as necessary. At present, there are no plans to resume services at the 3 temporarily closed MCHCs.

Annex 1

The manpower situation of healthcare staff of each MCHC as at 1 January 2025 is tabulated below:

MCHC	Doctors			Nurses [Note 1]		
	Establishment	Strength	Vacancy [Note 2]	Establishment	Strength	Vacancy [Note 2]
Anne Black MCHC	1	1	-	10	7	3
Ap Lei Chau MCHC	2	1	1	14	9	5
Chai Wan MCHC	2	1	1	11	8	3
Sai Wan Ho MCHC	3	1	2	17	11	6
Sai Ying Pun MCHC	3	1	2	17	11	6
Tang Chi Ngong MCHC	2	3	-1	11	11	-
Cheung Chau MCHC[Note 3]	-	-	-	-	-	-
Mui Wo MCHC[Note 3]	-	-	-	-	-	-
East Kowloon MCHC	2	-	2	4	4	-
Kowloon City MCHC	5	2	3	28	19	9
Kwun Tong MCHC	4	2	2	17	17	-
Lam Tin MCHC	4	1	3	16	15	1
Robert Black MCHC	2	1	1	9	12	-3
Wang Tau Hom MCHC[Note 4]	2	-	2	6	-	6
West Kowloon MCHC	6	5	1	27	25	2
Wu York Yu MCHC[Note 4]	2	-	2	9	-	9
Yaumatei MCHC	3	1	2	18	17	1
Fanling MCHC	7	4	3	42	16	26
Lek Yuen MCHC	7	4	3	26	28	-2
Ma On Shan MCHC	2	2	-	15	19	-4

North District MCHC[Note 5]	3	-	3	13	12	1
Tseung Kwan O Po Ning Road MCHC	4	3	1	24	22	2
Wong Siu Ching MCHC	3	2	1	14	19	-5
Madam Yung Fung Shee MCHC	4	3	1	20	25	-5
North Kwai Chung MCHC	1	1	-	9	7	2
South Kwai Chung MCHC[Note 4]	2	-	2	11	-	11
Tin Shui Wai MCHC	3	5	-2	19	21	-2
Tsing Yi MCHC	2	1	1	12	9	3
Tsuen Wan MCHC	5	4	1	26	28	-2
Tuen Mun Wu Hong MCHC	2	2	-	12	19	-7
Yan Oi MCHC	6	5	1	24	15	9
Tung Chung MCHC	1	1	-	4	6	-2
Head Office of the Family Health Service[Note 6]	4	8	-4	17	13	4
Total	99	65	34	502	425	77

Note 1: Including registered nurses and enrolled nurses.

Note 2: The Family Health Service will flexibly deploy doctors and nurses based on the service utilisation of each MCHC to ensure provision of appropriate services for the public. As such, the strength figures of healthcare staff of individual MCHCs may be higher than the establishment figures. In such cases, vacancies will be represented as negative figures.

Note 3: The services of the Cheung Chau MCHC and Mui Wo MCHC are provided by staff members of the Anne Black MCHC and Tang Chi Ngong MCHC respectively.

Note 4: In view of the healthcare manpower arrangements and service utilisation of each MCHC, the services of the Wang Tau Hom MCHC and Wu York Yu MCHC have been suspended since 17 February 2020, while the South Kwai Chung MCHC has suspended services since 17 October 2022 for more effective use of resources. Relevant staff have been deployed to other MCHCs.

Note 5: The North District MCHC has been in operation since 27 January 2025.

Note 6: The doctors and nurses at the Head Office of the Family Health Service are responsible for supporting the operation and enhancing the service quality of all MCHCs; providing public health advice on maternal and child health; as well as planning, co-ordinating, monitoring and evaluating health promotion and disease prevention services for women, infants and young children at MCHCs or in the community. Their work includes conducting research, formulating guidelines, arranging training, preparing and disseminating health information, co-ordinating relevant work within and outside the DH.

Annex 2

The attendance at each MCHC in the past 3 years is tabulated as below:

MCHC	Attendance		
	2022	2023	2024
Anne Black MCHC	4 225	4 346	4 501
Ap Lei Chau MCHC	10 935	10 757	11 021
Chai Wan MCHC	8 459	5 583	5 815
Sai Wan Ho MCHC	13 501	16 295	17 810
Sai Ying Pun MCHC	11 839	13 585	14 595
Tang Chi Ngong MCHC	9 572	10 937	12 127
Cheung Chau MCHC	1 018	1 314	1 030
Mui Wo MCHC	684	618	548
East Kowloon MCHC	62	263	130
Kowloon City MCHC	17 597	19 324	20 555
Kwun Tong MCHC	22 449	25 013	27 484
Lam Tin MCHC	12 759	14 352	14 989
Robert Black MCHC	14 087	16 493	18 982
Wang Tau Hom MCHC[Note 1]	0	0	0
West Kowloon MCHC	29 097	33 317	34 210
Wu York Yu MCHC[Note 1]	0	0	0
Yaumatei MCHC	13 627	15 142	17 730
Fanling MCHC	28 434	31 354	36 515
Lek Yuen MCHC	32 022	33 195	35 498
Ma On Shan MCHC	13 958	14 532	15 618
Tseung Kwan O Po Ning Road MCHC	27 412	31 067	32 570
Wong Siu Ching MCHC	22 930	23 093	24 113
Madam Yung Fung Shee MCHC	31 430	33 589	34 777
North Kwai Chung MCHC	8 294	6 873	7 206
South Kwai Chung MCHC[Note 1]	2 727	0	0
Tin Shui Wai MCHC	27 362	28 025	29 608
Tsing Yi MCHC	9 774	11 086	11 338
Tsuen Wan MCHC	34 544	37 738	39 155
Tuen Mun Wu Hong MCHC	17 014	16 641	18 161
Yan Oi MCHC	18 139	20 779	22 010
Tung Chung MCHC	10 011	10 703	11 505
Total	453 962	486 014	519 601

Note 1: In view of the healthcare manpower arrangements and service utilisation of each MCHC, the services of Wang Tau Hom MCHC and Wu York Yu MCHC have been suspended since 17 February 2020, while the South Kwai Chung MCHC has suspended since 17 October 2022 for more effective use of resources. Affected children and women may continue to receive the services at other MCHCs in the district.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2234)

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 the launch of the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) on 20 March 2025, eligible adolescents can receive services subsidised by the Government once every calendar year in the amount of $200 to the dentist per visit. In this connection, will the Government please inform this Committee of:

(a) the estimated number of adolescents benefiting from the PDCC, the estimated total expenditure involved, the allocation of provisions and the source of funding each year;

(b) the Government's publicity strategies and ways to promote the PDCC to ensure that the eligible adolescents and their parents are fully aware of the scheme and can participate in it;

(c) the expenditure on publicity, the specific arrangements for publicity activities (such as social media, co-operation with schools, online promotion), as well as the allocation of provisions concerned; and

(d) whether the Government will develop assessment indicators (for example, the service utilisation rate, improvement in the oral health of adolescents, parents' satisfaction level) and draw up a timetable with a view to providing more reference data for future enhancement of the PDCC?

Asked by: Hon CHAN Wing-yan, Joephy (LegCo internal reference no.: 32)

Reply:

(a) to (d)

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In view of the Working Group's strategic recommendations, the Government has formulated an Oral Health Action Plan, under which the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) is rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care.

The Department of Health (DH) launched the three-year PDCC on 20 March this year as an interface with the School Dental Care Service by providing partial subsidies for private dental check-up services for adolescents via a co-payment model to foster their establishment of partnership with dentists so as to promote their life-long habit of regular dental check-ups for prevention of dental diseases. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The scope of subsidised services includes:

i) Oral check-up;
ii) Oral health risk assessment;
iii) Dental scaling;
iv) Personalised oral care advice;
v) Fluoride application based on risk assessment; and
vi) Oral check-up report.

To enhance the transparency of dental service fees other than the co-payment fee, the DH required dentists to disclose the fees for X-ray examinations, tooth fillings and extractions as charged under the PDCC.

The DH held 2 online briefing sessions for registered dentists in February and March to introduce the background, contents and dentist registration procedures of the PDCC. It also introduced the PDCC through a seminar organised by the Hong Kong Dental Association in mid-March.

Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. Eligible adolescents and their parents may, via the eHealth mobile application, access the thematic website and promotional videos launched by the DH in early March to learn about and participate in the PDCC. The DH has also disseminated letters through the Education Bureau to reach out to all secondary school students and their parents in the territory to publicise and promote the PDCC, while also approaching students visiting Student Health Service Centres and School Dental Clinics to publicise the scheme. About 370 000 adolescents are eligible to join each year, though the final number of participants will depend on the response from adolescents and their parents.

Adolescents and their parents who are interested in joining the PDCC can refer to the thematic webpage to view the list of registered dentists participating in the PDCC. After selecting a dentist, they can contact the relevant clinic directly to make an appointment for receiving the subsidised services. Details about the clinic addresses, telephone numbers, professional qualifications and the co-payment amount required from scheme participants are also set out on the list of dentists. All clinics participating in the PDCC will display the signage of the scheme outside their premises or at a prominent place for easy identification.

The DH will continuously monitor the utilisation rates of the service and gather feedback from service users as well as the data on their oral health conditions to review the effectiveness of the PDCC in due course.

The Government's financial provision for implementing the PDCC and the Community Dental Support Programme in 2025-26 is $136.3 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3229)

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:

Due to the increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of 19 posts in 2025–26, the provision for 2025–26 is $273.3 million (16.0%) higher than the revised estimate for 2024-25. In this connection, will the Government please set out the respective titles of the 19 new posts and the estimates of expenditure incurred?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 32)

Reply:

There will be a net increase of 19 posts under Programme (1) of the Department of Health in 2025-26 to strengthen manpower for operational needs following the completion of the permanent premises of the Government Chinese Medicines Testing Institute. The work to be undertaken includes advancing research and development of testing methods of Chinese medicines and facilitating technology transfer to the industry. The new posts comprise mainly officers from the Pharmacist, Scientific Officer (Medical), Chemist and Science Laboratory Technician grades, as well as administrative/executive and clerical personnel. The salary expenditure for the net increase of the 19 posts is $17.42 million in terms of notional annual mid-point salary value.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1532)

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 work to protect and promote health, and prevent and treat illness and disease, against seasonal influenza and Coronavirus Disease 2019 (COVID-19) in particular, will the Government advise this Committee on:

1. the total quantity and expenditure (including transport and storage costs) on procuring vaccines (including seasonal influenza vaccines and various COVID-19 vaccines such as Comirnaty JN.1 and Spikevax JN.1) in 2024-25;
2. whether the Government has assessed the difference in cost between the current COVID-19 vaccines and those procured during the pandemic (2020-2023);
3. the total number of doses of unutilised seasonal influenza and COVID-19 vaccines disposed of (and their percentage in the total number of doses procured) in 2024-25; and
4. the number of people benefiting from various influenza vaccination programmes (including but not limited to the Government Vaccination Programme, the Vaccination Subsidy Scheme, the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme) and the total amount of subsidies in 2023-24 and 2024-25; and whether the Government has assessed the effectiveness of the above programmes to build a community immune barrier?

Asked by: Hon CHOW Man-kong (LegCo internal reference no.: 16)

Reply:

(1)

The quantity and procurement costs (including transport and storage costs) of seasonal influenza (SI) vaccines procured by the Government for the Government Vaccination Programme (GVP) and the Seasonal Vaccination School Outreach (Free of Charge) Programme (SIVSOP) in 2024/25 are as follows:

Type of vaccine	**Number of doses**	**Amount ($ million)**
SI Vaccine	1 280 000 (estimate)	50.5

The quantities of vaccines procured in 2024-25 under the COVID-19 Vaccination Programme (Vaccination Programme) are set out in the table below (as at 28 February 2025):

Type of vaccine	Doses (million)
- Comirnaty XBB.1.5 Vaccine [Note 1] (Fosun/BioNTech)	0.03
- Comirnaty JN.1 Vaccine [Note 2] (Fosun/BioNTech)	0.115
- Spikevax JN.1 Vaccine[Note 3] (Moderna)	0.11
Total	**0.255**

Note 1: Including the Comirnaty XBB.1.5 adult formulation, the Comirnaty XBB.1.5 paediatric formulation and the Comirnaty XBB.1.5 toddler formulation.

Note 2: Including the Comirnaty JN.1 adult formulation, the Comirnaty JN.1 paediatric formulation and the Comirnaty JN.1 toddler formulation.

Note 3: The Spikevax JN.1 Vaccine (Moderna) is only suitable for people aged 12 or above.

The Government's expenditure on the procurement of vaccines (including transport and storage costs) under the Vaccination Programme this year (as at 28 February 2025) is $83.4 million.

(2)

The Government has been procuring sufficient quantity of COVID-19 vaccines with reference to vaccination data, recommendations made by the World Health Organization (WHO) and the Scientific Committee on Vaccine Preventable Diseases (SCVPD) and Scientific Committee on Emerging and Zoonotic Diseases (also known as the Joint Scientific Committee) under the Centre for Health Protection (CHP) of the Department of Health (DH), demographic data and the supply terms of vaccine suppliers. Since the commencement of the Vaccination Programme, the vaccines have been distributed from warehouse to various vaccination venues according to the "first-expired, first-out" principle. However, the public demand for vaccines varies with a number of factors, such as the number of persons infected and changes in the epidemic situation.

In view of confidentiality agreements entered into with the drug manufacturers concerned, the Government is not at liberty to disclose the average cost per dose of vaccine and other relevant details. The Government will continue to formulate policies on vaccine supply based on scientific evidence.

(3)

Regarding SI vaccines, as at 23 March 2025, about 1.15 million doses of vaccine have been administered under the GVP and SIVSOP in 2024/25, accounting for about 90% of the amount procured as mentioned above. Given that the SI vaccination programmes are still in progress, the number of unused SI vaccine doses for this season is not yet available.

Regarding COVID-19 vaccines, since the implementation of the Vaccination Programme until now (as at 28 February 2025), about 290 000 doses of the CoronaVac (Sinovac) vaccine (about 3.1% of the procurement total), 1.41 million doses of the Comirnaty (ancestral strain) vaccine (about 11.3% of procurement total), 1.18 million doses of the Comirnaty bivalent vaccine (about 62.1% of the procurement total) and about 900 doses of the Comirnaty

XBB.1.5 vaccine (adult formulation) (about 0.6% of the procurement total) had to be disposed of due to expiration in warehouse. This was attributable to, among other factors, the diminished need for old formulations of vaccines resulting from the use of new vaccine strains as recommended by the WHO and the Joint Scientific Committee in response to virus mutation. Overall, the number of vaccines requiring disposal due to expiration in warehouse only accounted for about 12% of the total vaccines procured, which is in line with the standard stipulated by the COVID-19 vaccine Global Access Facility (COVAX) for the wastage rate of COVID-19 vaccines.

(4)

The SCVPD under the CHP of the DH issues recommendations on the SI vaccines to be used and the priority groups for receiving vaccination in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the WHO and overseas practices.

Based on the recommendations of the SCVPD, the DH has been administering the following vaccination programmes/schemes to provide free/subsidised SI vaccination to eligible persons:

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

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

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

The number of vaccine recipients and the total amount of subsidy for each eligible group under the various vaccination programmes/schemes in 2023/24 and 2024/25 are detailed at **Annex**. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

The Government has optimised the SI vaccination arrangements for eligible persons in 2024/25. For example, those with chronic illnesses or pregnant women can receive SI vaccination at public or private clinics where they attend for regular follow-up consultations, while the general public can receive vaccination at their family doctors' clinics. In particular, the Government has introduced several new vaccination venues, including the DH's Maternal and Child Health Centres, where vaccination is available to all children aged between 6 months and under 2, and the 18 District Health Centres (DHCs)/DHC Expresses, so as to provide more vaccination venues for the public.

As at 23 March this year, with the concerted efforts of the Government and all sectors of the community such as the medical sector, schools, parents and residential care homes, a record high number of about 2.07 million doses of SI vaccine have been administered under various

vaccination programmes/schemes in 2024/25, representing an increase of about 12.2% over the same period of the last influenza vaccination season and exceeding the total number of doses (about 1.87 million doses) administered last season. The number of schools participating in the SIVSOP has also increased significantly this year. About 1 020 kindergartens/child care centres (97%), about 640 primary schools (98%) and about 490 secondary schools (98%) have completed or will conduct SIV school outreach activities, which is higher than last year's participation rates (80% of kindergartens/child care centres, 95% of primary schools and 70% of secondary schools).

The winter influenza season, which began in early January and ended on 27 March this year, saw a low incidence of severe cases and deaths (even lower than the situation before the COVID-19 pandemic). Among them, 10 cases regarding severe influenza-associated complications in children were recorded this season without deaths, which was nearly 60% lower than the 24 cases (including 1 death) reported during the 2018/19 influenza season. The CHP believes this is the result of the concerted and comprehensive efforts of various stakeholders in the community and the public to increase the SI vaccination rate.

The Government will continue to take proactive measures to boost the uptake rate, including strengthening collaboration with family doctors, and, through statutory bodies such as the Occupational Safety and Health Council and non-governmental organisations, encourage service recipients, particularly the above priority groups, to receive SI vaccination to safeguard public health.

Annex

Programmes/schemes for provision of SI vaccination	2023/24		2024/25 (as at 23 March 2025)	
	No. of SI vaccine recipients	Subsidy[@] claimed ($ million)	No. of SI vaccine recipients	Subsidy[@] claimed ($ million)
GVP	653 600	Not applicable	758 900	Not applicable
VSS	849 200	227.2	903 700	238.9
SIVSOP	322 000	36.1	369 100	40.6
Total	1 824 800	263.3	2 031 700	279.5

[@] Refers to the subsidy for private doctors participating in the SIVSOP and the VSS. As vaccination services under the GVP are provided free of charge by public hospitals/clinics etc., the related expenses cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1443)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

Regarding the work of the Tobacco and Alcohol Control Office (TACO) of the Department of Health and the Hong Kong Council on Smoking and Health (COSH), will the Government advise this Committee on:

1. the staff establishment and expenditure breakdown of the TACO regarding its enforcement work against smoking offences, commercial sale and supply of alcohol to minors and related offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) over the past 3 years;

2. the number of enforcements in different premises and statutory no smoking areas and prosecutions instituted by the TACO in the past 3 years in tabular form; and whether prosecutions have been instituted against the operators of the premises suspected of aiding or abetting smoking offences; if yes, a breakdown of the figures;

3. the subsidies to the COSH for taking forward promotional initiatives in support of tobacco control, and to non-governmental organisations (NGOs) for implementing community-based smoking cessation programmes and promoting smoking cessation in the past 3 financial years;

4. in view of the enforcement, publicity and education efforts of the TACO and the COSH, and by the Government in collaboration with the NGOs, the number of smokers along with the change in the smoking prevalence in Hong Kong over the past 3 years, broken down by age and gender; and

5. the data on and the methods employed by the Government in collecting information on the smoking population in Hong Kong; the approaches adopted to reach, including but not limited to, e-cigarette smokers and users of heated tobacco products; if such data is available, the number of these individuals and their percentage in the smoking population in Hong Kong?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 2)

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), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Dutiable Commodities (Liquor) Regulations (Cap. 109B). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The expenditure on and provision/revised estimate for tobacco and alcohol control initiatives taken forward by the TACO from 2020-21 to 2024-25, broken down by type of initiatives, and the approved establishment of the TACO from 2022-23 to 2024-25, are at **Annex 1 and Annex 2** respectively. The manpower and resources for the implementation of alcohol and tobacco control initiatives cannot be separately identified.

2.
The number of inspections conducted and FPNs/summonses issued by the TACO from 2022 to 2024 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas is at **Annex 3**. To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies were adopted in 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. From 2023 to 2024, the TACO issued 35 and 61 summonses to persons suspected of aiding and abetting smoking offenders respectively.

3.
The Government announced in June 2024 its plan to introduce 10 tobacco control measures in the short term. Among these initiatives, the Government has proposed to strengthen smoking cessation services as well as publicity and education through measures including increasing the number of smoking cessation service points, enhancing Chinese medicine smoking cessation services, offering smoking cessation services through District Health Centres (DHCs) with a case-management model, enhancing smoking cessation training for primary healthcare practitioners, assisting people in smoking cessation through mobile applications, and incorporating more elements related to the harm of smoking into regular school curriculum.

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the DH collaborates with the Hong Kong Council on Smoking and Health (COSH),

non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

At present, the DH is responsible for coordinating the provision of smoking cessation services in Hong Kong. Apart from operating an integrated Smoking Cessation Hotline to handle general enquiries and provide professional counselling on smoking cessation, it also arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (especially for those with chronic diseases), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone. Besides, the DH has subvented 2 more service providers (from 2 to 4 in total) since 2023 to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, and 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) starting from this year to operate smoking cessation clinics with an emphasis on counselling and acupuncture. It is expected that the number of service users of the former type of clinics will increase by about 40% and the number regarding the latter type will double.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness of smoking hazards, including hazards from ASPs. To prevent youngsters from picking up smoking, the DH collaborates with the NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students in respect of the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for 1 week at community pharmacies, smoking cessation clinics, DHCs and DHC Expresses during the Quit in June annual campaign starting from 2023. During the Quit in June campaign in 2024, the DH implemented the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme at designated Chinese medicine smoking cessation clinics. To encourage and help all healthcare professionals to provide support and treatment for smokers who are quitting, the DH organises online and face-to-face training courses, compiles the Practical Handbook for Smoking Cessation Treatments and a clinical guide on smoking cessation with Chinese medicine and acupuncture, and provides related resources, among other initiatives. The expenditure and provision in respect of general health education and promotion of smoking cessation provided by the DH and the expenditure and provision regarding smoking cessation and related services by NGOs are detailed at **Annex 1**.

The Government will continue to step up its work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the societal harms caused by tobacco products in all aspects and safeguard the health of the community with a progressive and multi-pronged approach.

4. & 5.
Since 1982, the Census and Statistics Department (C&SD) has been conducting regular Thematic Household Surveys (THSs) on the pattern of smoking, with the latest one conducted between May and August in 2023 after the increase in tobacco duty in February. A scientific method is adopted to select a sample of quarters for participating in the THS. About 10 100 households representing the population of Hong Kong were interviewed, with a response rate of 76%. All persons aged 15 and above (excluding foreign domestic helpers) of the households were interviewed in the THS.

The THS concerned revealed that smoking prevalence dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1% in 2023 while the number of cigarettes consumed by smokers per day also dropped from 12.7 sticks in 2019 and 2021 to 12.1 sticks in 2023. The Government further increased the tobacco duty in 2024. In this connection, a THS will be conducted later and it is expected that the survey results will reflect a reduction in the demand for tobacco products. The C&SD conducted and completed 2 rounds of THS on the pattern of smoking in the past 5 years, with a breakdown of the smoking prevalence and the number of cigarettes consumed by smokers daily (by age group and sex) set out at **Annex 4**.

The prevalence of daily smokers of heated tobacco products aged 15 and above in 2023 was 0.1% (around 3 400 smokers) while the corresponding rate in 2021 was also 0.1% (around 8 400 smokers). The prevalence of daily smokers of electronic smoking products aged 15 and above in 2023 was 0.2% (around 11 600 smokers) while the corresponding rate in 2021 was also 0.3% (around 17 500 smokers).

Annex 1

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

	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)
Enforcement					
Programme 1: Statutory Functions	***102.2***	***101.3***	***100.4***	***123.3***	***167.4***
Health Education and Smoking Cessation					
Programme 3: Health Promotion	***141.2***	***138.9***	***149.0***	***151.4***	***170.5***
(a) General health education and promotion of smoking cessation					
TACO	*64.5*	*62.8*	*73.0*	*83.7*	*88.2*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.0*	*26.2*	*26.8*	*26.6*	*27.9*
Sub-total	***90.5***	***89.0***	***99.8***	***110.3***	***116.1***
(b) Expenditure on/Provision for smoking cessation and related services by Non-Governmental Organisations					
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.8*	*29.4*	*10.2*	*14.0*
Subvention to Pok Oi Hospital	*7.4*	*7.5*	*7.6*	*14.8*	*17.9*
Subvention to Po Leung Kuk	*1.7*	*0.7*	-	-	-
Subvention to Lok Sin Tong	*3.0*	*3.2*	*3.3*	*3.6*	*3.6*
Subvention to United Christian	*4.4*	*4.9*	*5.8*	*6.1*	*8.9*

Nethersole Community Health Service					
Subvention to Life Education Activity Programme	*2.7*	*2.8*	*2.8*	*2.9*	*3.0*
Subvention to Christian Family Service Centre	-	-	-	*3.5*	*7.0*
Subvention to The University of Hong Kong	*0.9*	-	*0.3*	-	-
Sub-total	***50.7***	***49.9***	***49.2***	***41.1***	***54.4***
Total	***243.4***	***240.2***	***249.4***	***274.7***	***337.9***

Annex 2

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

Rank	No. of staff from 2022-23 to 2024-25
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

Annex 3

Number of inspections conducted and FPNs/summonses issued by TACO from 2022 to 2024 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2022	**2023**	**2024**
Inspections conducted (Note 1&2)	35 150	27 371	26 031
- Food premises	*1 945*	*1 897*	*1 921*
- Shops and shopping malls	*7 757*	*5 823*	*4 965*
- Public transport facilities	*4 560*	*3 448*	*3 876*
- Bus interchanges	*664*	*309*	*428*
- Other statutory no smoking areas	*20 224*	*15 894*	*14 841*
FPNs issued (Note 1)	6 296	10 261	13 488
- Food premises	*262*	*421*	*630*
- Shops and shopping malls	*1 841*	*2 417*	*3 138*
- Public transport facilities	*920*	*2 493*	*3 130*
- Bus interchanges	*64*	*109*	*226*
- Other statutory no smoking areas	*3 209*	*4 821*	*6 364*
Summonses issued (Note 1)	35	48	64
- Food premises	*2*	*1*	*1*
- Shops and shopping malls	*4*	*6*	*14*
- Public transport facilities	*10*	*8*	*14*
- Bus interchanges	*1*	*0*	*3*
- Other statutory no smoking areas	*18*	*33*	*32*

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

Note 2: To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

Annex 4

Prevalence of daily cigarette smokers by age group and sex in 2021 and 2023*

Age group	Male		Female		Overall	
	2021	2023	2021	2023	2021	2023
15 - 19	#	#	#	#	#	#
20 - 29	9.6%	9.3%	2.1%	1.7%	5.9%	5.5%
30 - 39	15.3%	16.2%	4.5%	3.6%	9.5%	9.7%
40 - 49	24.6%	21.9%	5.8%	5.0%	14.2%	12.6%
50 - 59	22.0%	23.5%	3.2%	4.1%	11.7%	12.7%
≥ 60	15.7%	15.3%	1.2%	0.9%	8.2%	7.7%
Overall	16.7%	16.4%	3.0%	2.7%	9.5%	9.1%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.6% were daily cigarette smokers based on the survey conducted in 2021.
# The figures are not released due to the large sampling error.
Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

Average Daily Consumption of Cigarettes (number of sticks of cigarettes) by Age Group and Sex in 2021 and 2023

	2021	2023
Age group		
15 - 19	#	#
20 - 29	11.2	11.2
30 - 39	11.5	11.5
40 - 49	12.7	11.8
50 - 59	13.7	12.6
≥ 60	13.0	12.5
Sex		
Male	13.2	12.6
Female	10.5	9.3
Overall	12.7	12.1

The figures are not released due to the large sampling error.
Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1477)

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 recent years, the Government has been actively enhancing the oral health of the community. Initiatives this year include the launch of the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) as an interface with the School Dental Care Service (SDCS) for primary school students and implementing the Community Dental Support Programme (CDSP). In this connection, will the Government please advise on:

1. the expenditure incurred for the SDCS for primary school students over the past 3 years;

2. the estimated expenditure and target participation rate in respect of the PDCC this year;

3. the estimated expenditure on the CDSP this year; and

4. the future measures to be introduced by the Government to achieve the policy objective of improving the oral hygiene and lifestyle of all Hong Kong people?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 36)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take

responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the School Dental Care Service (SDCS) and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care. Meanwhile, the Community Dental Support Programme (CDSP) is a service focusing on underprivileged groups who have difficulties in accessing dental under the aforesaid strategy of ensuring these groups have access to essential dental care services.

The services provided by the Department of Health (DH)'s SDCS, PDCC and CDSP and the expenditures involved are set out below:

(1) The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. The actual expenditures for the SDCS in 2022-23 and 2023-24 and the revised estimate for 2024-25 are as follows:

Financial Year	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised Estimate)
Annual Expenditure ($ million)	276.2	281.6	281.1

(2) The DH launched the PDCC on 20 March this year as an interface with the SDCS by providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17 on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. While the

Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time as recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The DH has publicised the PDCC in collaboration with the Education Bureau to all secondary school students and their parents in the territory. The final number of participants will depend on the response from students and their parents.

(3) On top of the existing dental grants under the Comprehensive Social Security Assistance Scheme and the emergency dental service provided through General Public Sessions by government dental clinics, the DH will increase the dental services to underprivileged groups with financial difficulties by launching the CDSP in 2025 and enhancing service capacity, increasing service points and expanding service scope, aiming to additionally offer at least twice the current number of quotas provided by the General Public Sessions of government dental clinics (i.e. 40 000 per year). The CDSP leverages the networks of non-governmental organisations and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties more effectively. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider appropriate to encourage tooth retention.

The Government's financial provision for implementing the PDCC and the CDSP in 2025-26 is $136.3 million.

(4) In response to the Working Group's recommendations, the Government will adopt the strategies of developing community-wide preventive primary oral health care on the one hand, and providing essential dental services targeting underprivileged groups on the other for its future development of oral health and dental care system and resource allocation. The strategy of developing community-wide preventive primary oral health care aims to actively develop prevention-oriented primary oral healthcare, through community-wide promotion to support Hong Kong citizens across different age groups to manage their oral health, establish good oral hygiene habits and lifestyles, and seek regular oral check-ups and risk assessment of their own accord. The upcoming measures include:

- Extend regular oral check-ups and preventive dental services to all minors from infancy to adolescence to establish good habits early;
- Strengthen oral health publicity, promotion and education, including helping adults and the elderly to correct misconceptions and habits, through the primary healthcare system;
- Integrate oral health into citizens' life course preventive care plans to encourage citizens to maintain good oral health habits and seek regular oral check-ups;
- Expand the role of dental care professionals (termed "dental ancillary workers" before the commencement of the relevant amendments to the Dentists Registration Ordinance) in strengthening community-based primary oral healthcare services,

including oral health education, oral hygiene instructions and risk assessment; and

- Encourage the dental profession to establish essential items for oral checkup services suitable for citizens of different age groups while increasing the transparency of fees for regular oral check-ups, encouraging citizens to seek regular oral check-ups, particularly encouraging elderly to use Elderly Health Care Vouchers for seeking oral check-ups.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1280)

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 currently administers multiple subsidised vaccination schemes. In this connection, will the Government advise this Committee on:
(1) the number of vaccine procurement undertaken by the DH in the past 5 years, the types and quantities of vaccines procured (both injectable and nasal spray vaccines), the number of vaccines disposed of or to be disposed of due to expiry, along with the expenditure involved, with a breakdown by subsidy scheme and year;
(2) the number of vaccine recipients under each subsidised vaccination scheme, with a breakdown by scheme and year; and
(3) the personnel deployed to implement the Seasonal Influenza Vaccination School Outreach Programme over the past 5 years, which was launched by the Government to cover all interested secondary schools, primary schools, kindergartens, kindergarten-cum-child care centres and child care centres, in a bid to increase seasonal influenza vaccination uptake rate amongst school students and facilitate schools in arranging outreach vaccination?

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 4)

Reply:

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health (DH) issues recommendations on the seasonal influenza (SI) vaccines to be used and the priority groups for receiving vaccination in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organization and overseas practices.

Based on the recommendations of the SCVPD, the DH has been administering the following vaccination programmes/schemes to provide free/subsidised SI vaccination to eligible persons:

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

- Seasonal Influenza Vaccination School Outreach Programme (SIVSOP), which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

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

(1)

Every year, the Government procures SI vaccines (both injectable and nasal spray vaccines) for the implementation of GVP and SIVSOP (free of charge). The quantities of SI vaccines procured by the Government, the procurement cost, along with the number of doses expired, unused, and/or damaged over the past 5 years, are set out below:

Year	**Number of SI Vaccines Procured (Inactivated Influenza Vaccines (IIV) (Injectable))**	**Number of SI Vaccines Procured (Live-attenuated Influenza Vaccines (LAIV) (Nasal))**	**Procurement Cost ($ million)**	**Number of Doses Expired, Unused, and/or Damaged**
2020/21	800 000(Actual)	69 000(Actual)	85.0	120 000
2021/22	853 000(Actual)	27 900(Actual)	79.3	120 000
2022/23	1 246 000(Actual)	22 500(Actual)	79.5	382 600
2023/24	1 007 000(Actual)	25 700(Actual)	53.2	34 000
2024/25	1 243 000(Estimated)	37 000(Estimated)	50.5	Not Applicable ^

^ The relevant figures are not available at this stage as the vaccination programmes/schemes for the 2024/25 season have yet to complete. The expenditure incurred by the disposal of vaccines depends on the relevant contract prices for procuring these vaccines.

(2)

The number of vaccine recipients of the eligible groups under each vaccination programme/scheme in the past 5 seasons are detailed at **Annex**. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

As at 23 March this year, with the concerted efforts of the Government and all sectors of the community such as the medical sector, schools, parents and residential care homes, a record high number of about 2.07 million doses of SI vaccine have been administered under various vaccination programmes/schemes in 2024/25, representing an increase of about 12.2% over the same period of the last influenza vaccination season and exceeding the total number of doses (about 1.87 million doses) administered last season.

(3)

The DH has been maintaining close liaison with its working partners and stakeholders, including Education Bureau (EDB), school principals, teachers, and residential child care centres, etc., with a view to boosting the uptake rates of SI vaccination among children.

The DH has taken the initiative to encourage and support schools in organising SI vaccination school outreach activities. Upon commencement of the SIVSOP since 2024/25, the DH has reached out to non-participating schools one by one to understand their difficulties, offer necessary assistance (including providing outreach vaccination services to schools in remote area or those that could not identify an appropriate private doctor for the outreach vaccination activity) and facilitate them to participate in the SIVSOP.

To boost the SI vaccination coverage rate among school children and attract schools to participate in the SIVSOP, special arrangements have been made under the SIVSOP this year to offer a more flexible choice of vaccine options. Kindergartens and child care centres can choose both the IIV and the LAIV (i.e. nasal vaccines) for the same or different outreach vaccination activities. As a pilot scheme, the LAIV is also provided to primary and secondary schools that indicated their preference for the LAIV earlier this year.

In addition, to encourage school children to receive SI vaccination, the DH has launched a commendation scheme under the SIVSOP this year. Participating schools with a high uptake rate will be awarded certificates in recognition of their efforts.

The DH has also contacted relevant association of early childhood educators and medical associations, as well as the Federations of Parent-Teacher Associations to appeal for their support for schools to participate in the SIVSOP. The DH has also issued letters to the associations of heads of kindergartens and child care centres through the EDB and contacted school sponsoring bodies to appeal to non-participating schools to arrange for the SI vaccination activities.

As at 23 March 2025, about 1 020 kindergartens/child care centres (97%), about 640 primary schools (98%) and about 490 secondary schools (98%) have completed or will conduct SI vaccination school outreach activities, which is higher than last year's participation rates (80% of kindergartens/child care centres, 95% of primary schools and 70% of secondary schools). This fully reflects the schools' strong support for the SIVSOP.

As at 23 March 2025, the vaccination coverage rate for children aged between 6 months and below 18 years of age is 62.1%, representing an increase of 9.6 percentage points as compared to the coverage rate of the same period last year.

Over the past 5 years, there have been 36 posts in the approved establishment of the SIVSOP's team, including personnel of the Medical and Health Officer, Registered Nurse, Scientific Officer (Medical), Executive Officer, Clerical Officer and Workman II grades.

Annex

Programme/scheme for provision of SI vaccination	2020/21	2021/22	2022/23	2023/24	2024/25 (As at 23 March 2025)
	No. of SI vaccine recipients under each vaccination programme/scheme	No. of SI vaccine recipients under each vaccination programme/scheme	No. of SI vaccine recipients under each vaccination programme/scheme	No. of SI vaccine recipients under each vaccination programme/scheme	No. of SI vaccine recipients under each vaccination programme/scheme
Government Vaccination Programme	547 100	474 100	609 900	653 600	758 900
Vaccination Subsidy Scheme	513 000	474 400	662 900	849 200	903 700
Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme	234 600	268 100	259 200	322 000	369 100
Total	1 294 700	1 216 600	1 532 000	1 824 800	2 031 700*

* To ensure adequate immunity against SI, children under 9 years old who have never received SI vaccine are recommended to be given 2 doses of SI vaccine. Consequently, there is a discrepancy between the number of SI vaccine recipients and the number of doses administered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1266)

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 estimate for this year is about 7.5% higher than the original estimate for the previous year. In this regard, please advise this Committee on:

1. the details of the 19 posts net-increased this year, including their ranks, job descriptions and salary expenditure; and

2. the current staff establishment and related expenses in respect of implementing tobacco control measures and legislation.

Asked by: Hon KONG Yuk-foon, Doreen (LegCo internal reference no.: 28)

Reply:

(1)
There will be a net increase of 19 posts under Programme (1) of the Department of Health in 2025-26 to strengthen manpower for operational needs following the completion of the permanent premises of the Government Chinese Medicines Testing Institute. The work to be undertaken includes advancing research and development of testing methods of Chinese medicines and facilitating technology transfer to the industry. The new posts comprise mainly officers from the Pharmacist, Scientific Officer (Medical), Chemist and Science Laboratory Technician grades, as well as administrative/executive and clerical personnel. The salary expenditure for the net increase of the 19 posts is $17.42 million in terms of notional annual mid-point salary value.

(2)
The expenditure and provision / revised estimate in respect of the tobacco control initiatives undertaken by the DH's Tobacco and Alcohol Control Office and its approved establishment from 2020-21 to 2024-25 are at **Annex 1** and **Annex 2**.

Annex 1

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

	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)
Enforcement					
Programme 1: Statutory Functions	***102.2***	***101.3***	***100.4***	***123.3***	***167.4***
Health Education and Smoking Cessation					
Programme 3: Health Promotion	***141.2***	***138.9***	***149.0***	***151.4***	***170.5***
(a) General Health Education and Promotion of Smoking Cessation					
TACO	*64.5*	*62.8*	*73.0*	*83.7*	*88.2*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.0*	*26.2*	*26.8*	*26.6*	*27.9*
Sub-total	***90.5***	***89.0***	***99.8***	***110.3***	***116.1***
(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations					
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.8*	*29.4*	*10.2*	*14.0*
Subvention to Pok Oi Hospital	*7.4*	*7.5*	*7.6*	*14.8*	*17.9*
Subvention to Po Leung Kuk	*1.7*	*0.7*	-	-	-
Subvention to Lok Sin Tong	*3.0*	*3.2*	*3.3*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.4*	*4.9*	*5.8*	*6.1*	*8.9*
Subvention to Life Education Activity Programme	*2.7*	*2.8*	*2.8*	*2.9*	*3.0*

Subvention to Christian Family Service Centre	-	-	-	*3.5*	*7.0*
Subvention to The University of Hong Kong	*0.9*	-	*0.3*	-	-
Sub-total	***50.7***	***49.9***	***49.2***	***41.1***	***54.4***
Total	***243.4***	***240.2***	***249.4***	***274.7***	***337.9***

Annex 2

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

Rank	Number of Staff from 2020-21 to 2024-25
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/Executive Officer	4
Clerical and Support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1651)

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 tabacco control legislation, will the Government please advise on:
1. the respective numbers of complaints received, inspections conducted, and warning letters, summonses and fixed penalty notices (FPNs) issued in relation to smoking in the past 3 years;
2. the respective numbers of FPNs issued in restaurants, shops, indoor workplaces, public transport facilities, bus interchanges and on public transport carriers in the past 3 years;
3. the number of people who have quit smoking in the past 3 years; and
4. whether it will consider allocating more resources to achieve the goal of Tobacco-free Hong Kong, such as providing smoking cessation services through District Health Centres and further extending no smoking areas etc.?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 3)

Reply:

1.
The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints/referrals received, inspections conducted, warning letters issued, and FPNs/summonses issued by TACO for the period from 2020 to 2024 for smoking and other offences are at **Annex 1.**

2.
The number of inspections conducted and FPNs/summonses issued by the TACO from 2022 to 2024 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas is at **Annex 2**.

3. & 4.
The Government announced in June 2024 its plan to introduce 10 tobacco control measures in the short term. Among these initiatives, the Government has proposed to strengthen smoking cessation services as well as publicity and education through measures such as increasing the number of smoking cessation service points, enhancing Chinese medicine smoking cessation services, offering smoking cessation services through District Health Centres (DHCs) with a case-management model, enhancing smoking cessation training for primary healthcare practitioners, assisting people in smoking cessation through mobile applications, and incorporating more elements related to the harm of smoking into regular school curriculum.

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

At present, the DH is responsible for coordinating the provision of smoking cessation services in Hong Kong. Apart from operating an integrated Smoking Cessation Hotline to handle general enquiries and provide professional counselling on smoking cessation, the DH arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patient, especially for those with chronic diseases, to quit smoking), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone. Besides, the DH has subvented 2 more service providers (from 2 to 4 in total) since 2023 to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, and 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) starting from this year to operate smoking cessation clinics with an emphasis on counselling and acupuncture. It is expected that the number of service users of the former type of clinics will increase by about 40% and the number regarding the latter type will double.

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

In 2022, 2023 and 2024, the quitlines operated by the DH and local universities handled 9 216, 11 051 and 10 875 enquiries respectively. During these 3 years, there were 20 406, 27 715 and 28 512 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

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

The Government will continue to step up its work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and safeguard the health of the community with a progressive and multi-pronged approach.

Annex 1

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

		2020	2021	2022	2023	2024
Complaints/referrals received		11 568	13 424	14 805	20 116	29 205
Inspections conducted		36 129	41 225	35 281	28 817 (Note 4)	30 162
Warning letters issued(Note 1 and 2)		16	16	21	10	10
FPNs issued (for smoking offences)		6 587	7 703	6 296	10 261 (Note 4)	13 488
Summonses issued	for smoking offences	58	40	35	48	64
	for other offences(Note 3)	57	115	130	657	871

Note:

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

2 During the 3-month grace period from 30 April to 31 July 2022, warning letters were issued to passengers carrying small quantity of ASPs. After the grace period, any person who imports any quantity of ASPs will be prosecuted when there is sufficient evidence.

3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

4 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

Annex 2

Number of inspections conducted and FPNs/summonses issued by TACO from 2022 to 2024 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2022	2023	2024
Inspections conducted (Notes 1 and 2)	35 150	27 371	26 031
- *Food premises*	*1 945*	*1 897*	*1 921*
- *Shops and shopping malls*	*7 757*	*5 823*	*4 965*
- *Public transport facilities*	*4 560*	*3 448*	*3 876*
- *Bus interchanges*	*664*	*309*	*428*
- *Other statutory no smoking areas*	*20 224*	*15 894*	*14 841*
FPNs issued (Note 1)	6 296	10 261	13 488
- *Food premises*	*262*	*421*	*630*
- *Shops and shopping malls*	*1 841*	*2 417*	*3 138*
- *Public transport facilities*	*920*	*2 493*	*3 130*
- *Bus interchanges*	*64*	*109*	*226*
- *Other statutory no smoking areas*	*3 209*	*4 821*	*6 364*
Summonses issued (Note 1)	35	48	64
- *Food premises*	*2*	*1*	*1*
- *Shops and shopping malls*	*4*	*6*	*14*
- *Public transport facilities*	*10*	*8*	*14*
- *Bus interchanges*	*1*	*0*	*3*
- *Other statutory no smoking areas*	*18*	*33*	*32*

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

Note 2: To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2306)

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:

As the principal agency to enforce laws on tobacco control, the Tobacco and Alcohol Control Office (TACO) of the Department of Health plays an important role in safeguarding public health and reducing tobacco hazards. In this connection, will the Government please advise this Committee on:

(a) the expenditure of the TACO on tobacco control in each of the past 5 years and the trend of increase or decrease in such expenditure;

(b) the estimate for 2025-26 and its rates of change;

(c) the major uses of its earmarked funding (e.g. staff cost, publicity and education, enforcement equipment, etc.); and

(d) the expenditure, major activities organised and number of people reached in the past 5 years in respect of the publicity and educational initiatives of tobacco control as far as their effectiveness is concerned?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 29)

Reply:

(a) – (c)

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

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 Health Bureau (HHB) introduced in June 2024 the new tobacco control strategy, outlining the short, medium and long-term measures to further reduce smoking prevalence incrementally through various measures, with a view to minimising the harmful effects of tobacco products on the community and safeguarding public health through a multi-pronged approach. These measures are formulated around four directions under the tobacco control strategy, namely, reducing the demand for and supply of tobacco products, minimising the attractiveness of tobacco products, protecting the public from the hazard of second-hand smoke and strengthening the provision of smoking cessation services, aiming to take forward the tobacco control process incrementally. The HHB plans to introduce the proposed legislative amendments for the next-phase tobacco control measures to the Legislative Council for scrutiny by the end of this month.

The revised estimate and estimate for tobacco control initiatives taken forward by the TACO by work category from 2020-21 to 2025-26 are at **Annex**. In the past 5 years, the expenditure on law enforcement and smoking cessation promotion and the subvention on smoking cessation and other related services provided by non-governmental organisations (NGOs) increased gradually. The increase in individual programmes cannot be separately identified.

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

At present, the DH is responsible for coordinating the provision of smoking cessation services in Hong Kong. Apart from operating an integrated Smoking Cessation Hotline to handle general enquiries and provide professional counselling on smoking cessation, the DH arranges referrals for various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patients, especially for those with chronic diseases), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone. Besides, the DH has subvented 2 more service providers (from 2 to 4 in total) since 2023 to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, and 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) starting from this year to operate smoking cessation clinics with an emphasis on counselling and acupuncture. It is expected that the number of

service users of the former type of clinics will increase by about 40% and the number regarding the latter type will double.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness of smoking hazards, including hazards from ASPs. To prevent youngsters from picking up smoking, the DH collaborates with the NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students in respect of the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for 1 week at community pharmacies, smoking cessation clinics, DHCs and DHC Expresses during the Quit in June annual campaign starting from 2023. During the Quit in June campaign in 2024, the DH implemented the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme at designated Chinese medicine smoking cessation clinics. To encourage and help all healthcare professionals to provide support and treatment for smokers who are quitting, the DH organises online and face-to-face training courses, compiles the Practical Handbook for Smoking Cessation Treatments and a clinical guide on smoking cessation with Chinese medicine and acupuncture, and provides related resources, among other initiatives. The expenditure and provision in respect of general health education and promotion of smoking cessation provided by the DH and the expenditure and provision regarding smoking cessation and related services by NGOs are detailed at **Annex**.

During 2022 and 2024, the quitlines operated by the DH and local universities handled 9 216, 11 051 and 10 875 enquiries respectively. During these 3 years, there were 20 406, 27 715 and 28 512 smokers receiving smoking cessation services via quitlines, at smoking cessation clinics under the HA and through community-based programmes operated by NGOs.

The Government will continue to step up its work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and safeguard the health of the community with a multi-pronged approach.

Annex

Expenditure on/provision for the Department of Health's Tobacco and Alcohol Control Office

	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)	2025-26 Estimate ($ million)
Enforcement						
Programme 1: Statutory Functions	***102.2***	***101.3***	***100.4***	***123.3***	***167.4***	***174.8***
Health Education and Smoking Cessation						
Programme 3: Health Promotion	***141.2***	***138.9***	***149.0***	***151.4***	***170.5***	***180.9***
(a) General Health Education and Promotion of Smoking Cessation						
TACO	*64.5*	*62.8*	*73.0*	*83.7*	*88.2*	*87.0*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.0*	*26.2*	*26.8*	*26.6*	*27.9*	*27.3*
Sub-total	***90.5***	***89.0***	***99.8***	***110.3***	***116.1***	***114.3***
(b) Provision for Smoking Cessation and Related Services by Non-Governmental Organisations						
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.8*	*29.4*	*10.2*	*14.0*	*17.8*
Subvention to Pok Oi Hospital	*7.4*	*7.5*	*7.6*	*14.8*	*17.9*	*20.9*
Subvention to Po Leung Kuk	*1.7*	*0.7*	-	-	-	-
Subvention to Lok Sin Tong	*3.0*	*3.2*	*3.3*	*3.6*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.4*	*4.9*	*5.8*	*6.1*	*8.9*	*13.8*
Subvention to Life Education Activity Programme	*2.7*	*2.8*	*2.8*	*2.9*	*3.0*	*3.0*
Subvention to Christian Family Service Centre	-	-	-	*3.5*	*7.0*	*4.5*
Subvention to The University of Hong Kong	*0.9*	-	*0.3*	-	-	*3.0*
Sub-total	***50.7***	***49.9***	***49.2***	***41.1***	***54.4***	***66.6***
Total	***243.4***	***240.2***	***249.4***	***274.7***	***337.9***	***355.7***

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0597)

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 Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is mainly responsible for matters relating to tobacco control and has been strengthening joint operations since 2023 in order to further curb the situation of illicit cigarette leaflets. In this connection, will the Government inform this Committee of:

(1) the establishment, strength, salary expenditure and total expenditure of the (i) Overseer; (ii) Foreman; and (iii) Senior Foreman posts responsible for the TACO's work on tobacco control in each of the past 3 years;

(2) a breakdown of the more than 250 joint operations the TACO conducted in the past 3 years by joint operator (the Police, the Housing Department and the Customs and Excise Department); and

(3) whether the Government has reviewed why only 17 offenders had been successfully prosecuted for distributing smoking product leaflets despite a total of more than 250 joint operations against illicit cigarette leaflets in the past 3 years; if yes, the improvement plan; if no, the reasons?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 6)

Reply:

(1)

The approved establishment, strength and estimated salary expenditure of the Overseer, Senior Foreman and Foreman posts responsible for the work on tobacco control by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) from 2022-23 to 2024-25 are at **Annex 1**. The expenditure and provision / revised estimate in respect of the tobacco control initiatives undertaken by the TACO (broken down by type of activity) are at **Annex 2**.

(2) & (3)

The TACO is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371). Part 4 of the Ordinance sets out regulations on the advertising of smoking products, including prohibition on the display or distribution of smoking product advertisements (including leaflets) and the placing of smoking product advertisements on the

Internet. Offenders are liable to a fine of $50,000. Upon receiving complaints or referrals concerning smoking product advertisements, the TACO will take follow-up action and investigate, prosecuting offenders when there is sufficient evidence. Advertising of smoking products, both duty-paid and duty-not-paid, falls within the ambit of the Ordinance and the TACO's enforcement work. Any case that involves duty-not-paid smoking products will be referred to the Customs and Excise Department (C&ED) for follow-up investigation. The TACO has been proactively conducting market surveillance. In order to further curb the distribution of illicit cigarette leaflets, the TACO has strengthened the joint operations with the Police, the Housing Department (HD) and the C&ED against the sale of illicit cigarettes and related promotional activities in public rental housing (PRH) estates since 2023. Among the more than 250 joint operations in the past 3 years, all were conducted in collaboration with the HD, with the C&ED and the Police participating in over 20% of these operations. The TACO had established a collaboration mechanism with the Police and the HD. When any smoking product leaflet distribution is detected, staff of PRH estates would immediately contact the Police for assistance, and refer the case to the TACO for further investigation. In addition to patrolling PRH estates, officers from the TACO would provide estate security personnel and residents with information on what to do when a suspected violation is found, as well as collaborating with local community members (such as District Council members) to remind residents not to defy the law.

Apart from joint operations with the relevant departments, the TACO also carries out regular online surveillance. Upon identification of the smoking product advertisements on the Internet, the TACO will ask the relevant Internet service providers and social media platforms to remove such contents as soon as possible. From 2022 to 2024, the TACO removed a total of over 3 200 webpages, social media accounts or posts involving smoking product advertisements.

Announced by the Government last June, one of the aims of the "10 measures for tobacco control" is to step up enforcement against illicit cigarettes, which includes introducing a duty stamp system to distinguish duty-paid cigarettes from non-duty-paid cigarettes; increasing the maximum penalty for handling, possessing, selling or buying duty-not-paid cigarettes; and listing the relevant offences under the schedule to the Organized and Serious Crimes Ordinance (Cap. 455) to enable the Government to apply for freezing and forfeiting illicit proceeds and assets associated with illicit cigarette activities by virtue of the Ordinance. The Government expects that the above measures will increase the deterrent effect and enhance the effectiveness of law enforcement departments in combating illicit cigarettes.

Various Government departments concerned including the TACO, the C&ED, the Police and the HD will continue to work closely together to strengthen intelligence exchange and enhance the collaboration mechanism. Enforcement strategies will be adjusted with regard to the actual situation, and we will also take joint enforcement actions and refer suspected illegal cases to the relevant departments, with a view to promoting the work on tobacco control and enforcing the relevant legislation.

Annex 1

Approved Establishment and Estimated Salary Expenditure of the Overseer, Senior Foreman and Foreman Posts of the Department of Health (DH)'s Tobacco and Alcohol Control Office (TACO)

Rank	Approved Establishment from 2022-23 to 2024-25	Estimated Salary Expenditure in 2022-23 ($ million)	Estimated Salary Expenditure in 2023-24 ($ million)	Estimated Salary Expenditure in 2024-25 ($ million)
Overseer	10	4.4	4.5	4.7
Senior Foreman	39	13.5	13.8	14.4
Foreman	76	20.7	21.2	22.2
Total	***125***	***38.6***	***39.5***	***41.3***

Strength of Overseer, Senior Foreman and Foreman of the DH's TACO

Rank	Strength as at 1 April 2022	Strength as at 1 April 2023	Strength as at 1 April 2024
Overseer	7	9	7
Senior Foreman	27	24	30
Foreman	65	57	63
Total	***99***	***90***	***100***

Annex 2

Expenditure on / Provision for the DH's TACO

	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)
Enforcement					
Programme 1: Statutory Functions	***102.2***	***101.3***	***100.4***	***123.3***	***167.4***
Health Education and Smoking Cessation					
Programme 3: Health Promotion	***141.2***	***138.9***	***149.0***	***151.4***	***170.5***
(a) General Health Education and Promotion of Smoking Cessation					
TACO	*64.5*	*62.8*	*73.0*	*83.7*	*88.2*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.0*	*26.2*	*26.8*	*26.6*	*27.9*
Sub-total	***90.5***	***89.0***	***99.8***	***110.3***	***116.1***
(b) Expenditure on / Provision for Smoking Cessation and Related Services by Non-Governmental Organisations					
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.8*	*29.4*	*10.2*	*14.0*
Subvention to Pok Oi Hospital	*7.4*	*7.5*	*7.6*	*14.8*	*17.9*
Subvention to Po Leung Kuk	*1.7*	*0.7*	-	-	-
Subvention to Lok Sin Tong	*3.0*	*3.2*	*3.3*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.4*	*4.9*	*5.8*	*6.1*	*8.9*
Subvention to Life Education Activity Programme	*2.7*	*2.8*	*2.8*	*2.9*	*3.0*
Subvention to Christian Family Service Centre	-	-	-	*3.5*	*7.0*
Subvention to The University of Hong Kong	*0.9*	-	*0.3*	-	-
Sub-total	***50.7***	***49.9***	***49.2***	***41.1***	***54.4***
Total	***243.4***	***240.2***	***249.4***	***274.7***	***337.9***

- End -

Examination of Estimates of Expenditure 2025-26 Reply Serial No.

HHB232

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0602)

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 work of the Government Chinese Medicines Testing Institute (GCMTI), will the Government inform this Committee of:
(1) the financial provision, number of posts in the approved establishment and net recurrent cost of civil service posts of the GCMTI in each of the past 3 financial years;
(2) the number of various posts (such as Chemists, Scientific Officers and Science Laboratory Technologists in various ranks) in the GCMTI in each of the past 3 financial years;
(3) the research and thematic projects completed by the GCMTI over the past 3 financial years, along with their commencement and completion dates, findings, as well as details of those underway; and
(4) the number and names of Chinese Materia Medica (CMM) for which establishment of reference standards was completed under the GCMTI's project on the Hong Kong Chinese Materia Medica Standards (HKCMMS) in each of the past 3 years, and the number and names of such CMM pending publication, along with the actual expenditure involved in the HKCMMS project over the past 3 years?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 11)

Reply:

(1)
The financial provision, establishment and staff cost in respect of the Government Chinese Medicines Testing Institute (GCMTI) in the past 3 years are as follows:

Financial Year	Financial Provision ($ million)	Number of posts in the approved establishment	Net Recurrent Cost of Civil Service Post ($ million)
2022-23	around 52.5	29	around 24.6
2023-24	around 63	31	around 26.9
2024-25	around 60.6	31	around 27.7

(2)
The breakdown of the approved establishment of the GCMTI in the past 3 years is as follows –

Rank	**Number of post**		
	2022-23	**2023-24**	**2024-25**
Senior Chemist	1	1	1
Chemist	3	4	4
Pharmacist	1	1	1
Scientific Officer (Medical)	14	14	14
Science Laboratory Technologist	1	1	1
Science Laboratory Technician I	2	3	3
Science Laboratory Technician II	3	3	3
Senior Executive Officer	1	1	1
Executive Officer II	1	1	1
Assistant Clerical Officer	1	1	1
Laboratory Attendant	1	1	1
Total:	**29**	**31**	**31**

(3)
The Department of Health (DH) set up the GCMTI Advisory Committee in 2017 as a platform for stakeholders to advise on the long-term development strategies, measures and specific research proposals of the GCMTI. With the support of the Committee, the GCMTI has completed 10 research and thematic projects in the past 3 years with another 8 projects underway, details of which are set out in the **Annex**.

(4)
The outcomes of the Hong Kong Chinese Materia Medica Standards (HKCMMS) project may not be released every year but announced normally at the end of each research cycle in relation to new references standards for Chinese Materia Medica (CMM) subject to research difficulties and progress. In the past 3 years, the GCMTI has established and released reference standards for 14 CMM in 2024, namely Caryophylli Flos; Changii Radix; Galangae Fructus; Hippophae Fructus; Lycii Fructus; Menthae Haplocalycis Herba; Myrrha; Perillae Folium; Pogostemonis Herba; Poria; Sauropi Folium; Stellariae Radix; Storax and Ziziphi Spinosae Semen. On the other hand, reference standards for the following 13 CMM have been established for release in due course: Agastaches Herba, Ailanthi Cortex, Akebiae Caulis, Angelicae Dahuricae Radix, Armeniacae Semen Amarum, Campsis Flos, Chrysanthemi Flos, Olibanum, Panacis Majoris Rhizoma, Paridis Rhizoma, Sinomenii Caulis, Uncariae Ramulus cum Uncis and Vladimiriae Radix.

The actual expenditures involved in the HKCMMS in the past 3 years are tabulated below:

Financial Year	2022-23	2023-24	2024-25 (Revised Estimate)
Expenditure ($ million)	6.3	7.9	9.8

Annex

Completed and Ongoing Research and Thematic projects of the GCMTI

(i) Projects completed between 2022-23 and 2024-25

Research/Thematic Projects	Commencement Date	Completion Date	Achievements
DNA method for identification of Bulbus Fritillariae Ussuriensis – a common adulterant found in Bulbus Fritillariae Cirrhosae	October 2019	May 2022	Published the analytical method of the real time polymerase chain reaction (PCR) of Bulbus Fritillariae Ussuriensis
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species	June 2021	November 2022	Published 5 monographs on Ziziphi Spinosae Semen and its commonly confused CMM species
Consolidation of the Preliminary Index of CMM Resources in Hong Kong under the Fourth National Survey of CMM Resources	June 2022	December 2022	A series of tasks including literature reviews, surveys, consultations, fieldwork and the consolidation of the Preliminary Index of CMM Resources in Hong Kong were completed at the request of the National Administration of Traditional Chinese Medicine
Analysis of chemical markers of CMM in Baifeng Wan	December 2021	June 2023	Published a total of 12 analytical methods for the 8 CMM in Baifeng Wan
Building of the Digitalised Chinese Medicines Information Platform (Phase II)	March 2022	December 2023	Built the Digital Herbarium for Chinese Medicines (DHCM) platform and public website featuring 220 commonly used CMM, 3-Dimensional (3D) images, virtual reality tours and special topics on knowledge related to Chinese medicines, etc.

Research/Thematic Projects	Commencement Date	Completion Date	Achievements
Identification of tiny seed and fruit types of CMM	April 2022	May 2024	Published 30 monographs on tiny seed and fruit types of CMM with corresponding identification key
Pilot Study on the Analysis of Chemical Markers in Compound Chinese Medicine Granules	January 2024	September 2024	Provided reliable information in related fields for future research and application, and determined the feasibility of new studies
Analysis of chemical markers in proprietary Chinese medicines (pCms) containing Psoraleae and Ginseng	July 2023	December 2024	Developed a set of highly versatile testing methods for the analysis of chemical markers that can extensively test different formulations and dosage forms of pCms categorised as nourishing and Yang invigorating
Study on the identification of Ziziphi Spinosae Semen and its commonly confused species by DNA method	June 2023	December 2024	Developed a testing method using PCR-restriction fragment length polymorphism (PCR-RFLP) technology for quickly and effectively distinguishing Ziziphi Spinosae Semen from its commonly confused CMM species
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II) – Survey on Hong Kong's CMM market and traditional knowledge	May 2023	March 2025	Conducted literature reviews, online surveys, questionnaires, interviews and on-site surveys to gather information on the CMM (including decoction pieces) available in Hong Kong's CMM market, as well as application knowledge of regional medicines inherited in the local context

(ii) Ongoing projects

- Collection of specimens of Daodi medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI
- Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI
- Building of 3D CMM Images for the DHCM
- Establishment of reference DNA Sequence Library for CMM (Phase II)
- Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II) – Collection of medicinal plant specimens of Hong Kong (Winter and Spring)
- Macroscopic and Microscopic Identification of Cortex type of Decoction Pieces Commonly Found in Hong Kong
- Study on the Identification of Radix or Rhizoma Podophylli emodis and its Confused Species by DNA Method
- Analysis of Chemical Markers in Compound Chinese Medicine Granules

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0609)

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 has launched since last April the two-year Pilot Alcohol Cessation Counselling Service (Pilot Programme) through subvention to the Tung Wah Group of Hospitals to provide free counselling service for people identified to have probable alcohol dependence. In this connection, will the Government please inform this Committee of:
(1) the number of clients receiving counselling service since the launch of the Pilot Programme;
(2) the total amount of subsidy for the two-year Pilot Programme; and
(3) the Government's plan to reduce alcohol-related harm besides the Pilot Programme?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 18)

Reply:

The Government adopts a multi-pronged approach, comprising publicity and education, law enforcement, promotion of alcohol screening, etc., to reduce alcohol-related harm. The relevant initiatives include:

(i) The Department of Health (DH) has launched a publicity and education campaign named "Understanding Alcohol Harm" since 2022 to enhance the public's understanding of the health risks associated with alcohol consumption through various channels. Through a website, the DH disseminates information on alcohol-related harm to the public, and provides online risk assessment of drinking behaviour, personalised health advice, self-help tools, health education resources, etc. to encourage drinkers to change their drinking behaviour for the sake of their health.

(ii) District Health Centres (DHCs) and District Health Centre Expresses (DHC Expresses) provide primary healthcare services to citizens, including the Life Course Preventive Care which is an evidence-based and comprehensive health strategy that emphasises prevention and personalised needs. It provides guidance on the health needs of citizens across different life stages and assists citizens in developing a healthy lifestyle, including early identification and intervention of high-risk drinking behaviours through the Health

Risk Factors Assessment and providing alcohol abuse prevention advice, with a view to enhancing the overall health of the Hong Kong citizens.

(iii) The DH recommends the Alcohol Screening and Brief Intervention (A-SBI) tool to primary healthcare service providers, including organisation of online training for the staff of the DHCs and DHC Expresses to encourage regular use of the A-SBI tool for early identification and management of at-risk drinkers, as well as referral of those with probable alcohol dependence to the relevant services.

(iv) The DH has also launched the Pilot Alcohol Cessation Counselling Service (Pilot Programme) through subvention to a non-governmental organisation. The Pilot Programme was launched on 8 April 2024 and will last for 2 years to provide free counselling service for Hong Kong residents identified to have probable alcohol dependence. The service comprises 3 components, namely initial assessment, evidence-based individual counselling intervention, and subsequent evaluation follow-up.

(v) Since 2018, the DH has been enforcing the Dutiable Commodities (Amendment) Regulation 2018 to prevent youth access to alcohol. The sale and supply of intoxicating liquor to minors in the course of business are prohibited under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B). It also requires vendors which sell or supply intoxicating liquor in face-to-face distributions to display a prescribed notice in a prominent position at the premises in the course of business. The DH conducts inspections and carries out enforcement actions upon receipt of intelligence or complaints. It may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements.

As at the end of December 2024, a total of 124 eligible individuals have enrolled for and started receiving the service provided under the Pilot Programme. Its revised estimate for 2024-25 and estimate for 2025-26 are both $960,000, totalling $1.92 million.

The DH will continue to reduce alcohol-related harm through various means and will closely monitor local alcohol consumption through periodic surveys, including the situation following the reduction in the duty for certain types of liquor.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1746)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (3) Health Promotion, (5) Rehabilitation

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

Director of Bureau: Secretary for Health

Question:

Regarding the estimate for Programme (2) Disease Prevention, please inform this Committee of the specific preventive healthcare provided to primary and secondary school students, the respective expenditures incurred, along with the expenses of Child Assessment Centres. Given that healthy eating and weight management are vital for students during their critical period of growth, please advise on the implementation and coverage of initiatives such as "EatSmart School Accreditation Scheme", "Salt Reduction Scheme for School Lunches" and "Joyful Fruit Month" aimed at enhancing the quality of school meals for students, along with the expenditure of each initiative.

Asked by: Hon LAM Lam, Nixie (LegCo internal reference no.: 5)

Reply:

Under Programme (2) Disease Prevention, the Student Health Service Centre (SHSC) of the Department of Health (DH) provides free annual health assessment for eligible primary and secondary school students with the aim of identifying students with health problems at an early stage for timely advice and intervention. Students are provided with a series of health services designed to cater for their health needs at various stages of their development. Students found to have health problems will be referred to Special Assessment Centres under the Student Health Service, specialist clinics of the Hospital Authority, or other organisations as appropriate for further assessment or management. The revised estimate for the SHSC of the DH in 2024-25 is $252 million.

Under Programme (3) Health Promotion, the "EatSmart@school.hk" Campaign was launched in the 2006/07 school year with 3 major components: the "EatSmart School Accreditation Scheme" (ESAS), the "Salt Reduction Scheme for School Lunches" and the "Joyful Fruit Month". The ESAS aims to make the primary school environment favourable and sustainable for the practice of healthy eating, bringing tangible improvements to school lunch and snacks. As at 28 February 2025, over 300 primary schools have enrolled in the ESAS, of which 130 have achieved various levels of accreditation. For the 2023/24 school year, 12 participating school lunch suppliers supplied sodium-reduced lunches to about 500 primary schools in Hong Kong. Held every April, the annual "Joyful Fruit Month" aims to promote

daily fruit eating habit among students. In the 2023/24 school year, over 1 600 pre-primary institutions, as well as primary, secondary and special schools with over 560 000 students participated in the event. The expenditure for implementing the above programmes is absorbed by the DH's overall provision for health promotion and cannot be separately identified. In addition, the DH launched the Health Promoting School Programme as a pilot project in 30 primary and secondary schools from the 2019/20 to 2022/23 school years. Renamed as the Whole School Health Programme, the pilot programme has been regularised since the 2023/24 school year to help participating schools become Health Promoting Schools that are beneficial to living, learning and working. It is announced in the Chief Executive's 2024 Policy Address that the programme will be strengthened and extended to cover all primary and secondary schools in Hong Kong. Health reports will be compiled for each school to recommend targeted school-based health promotion measures for physical activities, meals and other matters, to improve students' physical and psychological well-being. As at 28 February 2025, a total of 762 schools have participated in the programme, covering about 65% of all primary and secondary schools in Hong Kong. The financial provision for implementing the Whole School Health Programme in 2025-26 is about $31 million.

Under Programme (5) Rehabilitation, the Child Assessment Service (CAS) of the DH provides comprehensive and specialised assessment services for children under 12 years of age who are suspected to have developmental problems. The revised estimate for the CAS in 2024-25 is $158 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1747)

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:

To further promote women's health, it is essential to enhance health promotion and education besides implementing universal screening. Regarding the expenditure under Programme (3) Health Promotion, please advise on the measures included in the Department of Health's publicity and education activities on women's health under a life-course framework along with the expenditure incurred; the respective expenditures on various public gynaecological screening and preventive programmes (including the Cervical Screening Programme, the Breast Cancer Screening Pilot Programme, the human papillomavirus vaccination programme for school girls).

Asked by: Hon LAM Lam, Nixie (LegCo internal reference no.: 6)

Reply:

The Department of Health (DH) adopts a life-course approach to safeguard the health of women. This includes various measures, provision of health information and health promotion activities targeted at women at different stages in life, from birth through schooling, adulthood, employment, pregnancy to advancing into old age.

The DH provides parents of infants and young children with childcare and parenting educational information through child health service of Maternal and Child Health Centres (MCHCs), which includes breastfeeding, nutrition and healthy lifestyles, child care, home safety, immunisation, child development and social emotional development and parent-child bonding and communication, with a view to promoting and safeguarding children's health. Besides clinical service, the DH also disseminates the information through other channels, including websites, printed materials, promotional videos, social media, media interviews, public talks and workshops for parents. For children with early signs of behavioural problems, the MCHCs encourage their parents to attend more in-depth "Positive Parenting Programme" to improve their parenting skills.

To help young children develop healthy lifestyles from an early age, the DH launched the "StartSmart@school.hk" Campaign in 2012 in collaboration with the Education Bureau, the Leisure and Cultural Services Department and key stakeholders concerning pre-primary

education and children's health. The campaign targets kindergartens and child care centres through a school-based setting. With effective health education resources and training, it aims to encourage and support schools, parents and caregivers to create a conducive environment for young children in respect of healthy diets and physical activity in the school and at home. Furthermore, to reduce the sugar intake of preschool students from drinks, the DH has drawn up the Healthy Drinks at School Charter under the said campaign in the 2018/19 school year. Kindergartens and child care centres signing the Charter have committed to encouraging young children to drink water and to providing them with healthy drinks. According to the Charter, they promise not to offer drinks with added sugar or with a relatively high sugar content, nor to reward children with food.

To help children develop a healthy lifestyle at an early age when they start school, the DH has launched the Whole School Health Programme (WSHP), making reference to the "Health Promoting School (HPS) Framework" advocated by the World Health Organization (WHO). Through guidelines and checklist, as well as health reports compiled for each participating school providing recommendations on targeted school-based measures, the DH assists schools in reviewing and formulating measures to promote physical activity, healthy eating, mental health and social well-being, and gradually becoming Health Promoting Schools that are beneficial to living, learning and working. The DH provides health promotion activities for students such as outreach health talks at schools, covering healthy lifestyle, mental health and social well-being, with topics related to sex education such as changes during puberty and safer sex.

With a view to lowering children's risk of diseases associated with eating habits, the DH, the Education Bureau and stakeholders from various sectors jointly launched the "EatSmart@school.hk" Campaign (ESS Campaign) in primary schools over the territory in the 2006/07 school year. The ESS Campaign consists of 3 major components: EatSmart School Accreditation Scheme (ESAS), Salt Reduction Scheme for School Lunches and Joyful Fruit Month (JFM). Through accreditation, the ESAS provides guidance and assistance for schools to develop a sustainable healthy eating environment on campus. The Salt Reduction Scheme for School Lunches aims to enhance the collaboration with lunch suppliers to reduce the sodium content in school lunches, whereas the JFM promotes an atmosphere that encourages fruit consumption to cultivate the daily habit of eating fruit among students. These initiatives are well received by schools, and are enthusiastically supported by various sectors.

For women of childbearing age, the DH disseminates health messages according to their needs through antenatal, postnatal, family planning and cervical screening services provided by the MCHCs. The health messages cover common diseases affecting women and related examinations, healthy lifestyles, family planning and preparation for pregnancy, healthy diets during pregnancy and lactation, breastfeeding, antenatal and postnatal care, mental health and bone health, with a view to enhancing women's health awareness and promoting healthy habits, as well as reducing disease risks. Apart from services provided by the clinics, the DH also disseminates the relevant information through various channels, including websites, printed materials, promotional videos, social media and public talks.

As far as the workplace is concerned, the DH, in conjunction with the Labour Department and the Occupational Safety and Health Council, launched the "Joyful@Healthy Workplace" programme in 2016, followed by the "Mental Health Workplace Charter" in 2019 to create a

healthy and pleasant working environment by encouraging collaboration between employers and employees. In addition to promoting healthy eating and physical activities, it also emphasises mental health in the workplace, encourages active listening and communication to facilitate early identification and management of mental distress.

Given that cancer prevention and control remain an important aspect of women's health, the DH has been promoting healthy lifestyles (including avoidance of smoking and alcohol, maintaining a healthy diet, regular physical activities and achieving a healthy weight and waist circumference) as the primary strategy for cancer prevention. The DH places significant emphasis on public education about cancers in women (including breast and cervical cancers) to promote public awareness and prevention of these cancers. Information is disseminated through websites, printed materials, articles, social media, online publicity, education hotlines, media interviews, and so on.

In respect of elderly women, the 18 Visiting Health Teams under the DH's Elderly Health Service (EHS) reach out to the community in collaboration with other elderly service providers to organise health promotion activities for elderly persons and their carers, aiming to promote healthy ageing, enhance elderly self-care and reduce their disease risks. The training topics cover a wide array of areas, including healthy diets, physical activities, reduction of alcohol-related harm, mental health promotion, injury prevention and sexual health. In addition, the EHS also compiles health education materials and supports non-governmental organisations in organising health education activities so as to promote healthy lifestyles, improve self-care capabilities of elderly persons and help them prevent diseases.

The expenditure associated with the above measures and activities is absorbed within the overall provision for the DH and cannot be separately identified.

The information on the Cervical Screening Programme (CSP), Breast Cancer Screening Pilot Programme (BCSPP) and human papillomavirus (HPV) vaccination programme is set out below:

(a) The expenditure involved in the CSP is absorbed within the overall provision for the DH's Family Health Service (FHS) and cannot be separately identified.

(b) The expenditure involved in Phase I of the BCSPP is absorbed within the overall provision for the DH's WHCs and EHCs and cannot be separately identified. Acting on the recommendations of the Expert Working Group, the Government is now preparing for Phase II of the BCSPP, which is expected to be launched around the second quarter of 2025. Details will be announced in due course.

(c) The DH has launched a programme to administer HPV vaccines to Primary 5 and Primary 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/20 school year. The number of Primary 5 and Primary 6 girls receiving HPV vaccines and the expenditure on the vaccine procurement in each school year since the launch of the vaccination programme are tabulated as follows:

School Year	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**

Number of Vaccine Recipients	22 200#	46 300	48 400	53 600	51 600
Expenditure on vaccine procurement ($ million) ^	19.0	37.4	45.8	55.6	56.5

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

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

In 2022, the WHO further recommended the provision of catch-up vaccinations to girls aged between 9 and 18. The Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection also agreed earlier to expand the target group of HPV vaccination to older girls aged 18 or below. Taking into account the scientific evidence, the Government has decided to launch a one-off HPV Vaccination Catch-up Programme (the Catch-up Programme) in phases starting from December 2024, for female Hong Kong residents who were born between 2004 and 2008, and have not been covered by the HKCIP (i.e. girls aged 18 or below as in 2022, and not being covered by the existing programme) to receive free HPV vaccination, over a period of about 2 years. The total time-limited provision for the Catch-up Programme is $242.8 million (comprising $16.2 million for 2024-25, $121.3 million for 2025-26 and $105.3 million for 2026-27).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1749)

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 will revamp maternal and child health and family-planning services to strengthen pre-pregnancy counselling and parental education and promote healthy fertility. In this connection, please advise on the operating expenses of Maternal and Child Health Centres responsible for promoting the health of pregnant women, infants and children. With the official launch of the Primary Dental Co-care Pilot Scheme for Adolescents this March, where adolescents will be subsidised for dental check-ups at private dental clinics and helped to form a habit of regular oral check-ups, please also advise on the expenditure on and the number of participants of the Scheme.

Asked by: Hon LAM Lam, Nixie (LegCo internal reference no.: 8)

Reply:

The Maternal and Child Health Centres (MCHC) under the Department of Health (DH) provide a range of health promotion and disease prevention services for all children from birth to 5 years of age and women of reproductive age. Services for children include immunisation, monitoring of children's health and development and parenting education, whereas those for women include antenatal and postnatal services as well as family planning and cervical screening services. In addition, the DH has been offering service on fertility preparation to those planning to start a family. For example, the MCHCs provide family planning services for women of reproductive age, as well as counselling and referrals for women with subfertility problems.

It is set out in The Chief Executive's 2024 Policy Address that the DH will strengthen pre-pregnancy counselling and parental education and promote healthy fertility. In view of this, the DH will introduce new pre-pregnancy health services at MCHCs in phases for women of reproductive age, providing medical checkups, blood tests and other investigations, as well as nutritional dietary and lifestyle advice with a view to aligning with the Government's policy of encouraging and promoting healthy fertility and further protecting and advancing maternal and child health. It is also set out in The Chief Executive's 2024 Policy Address that the DH will also review and adjust the scope of family planning service currently subsidised by

the Government under the Family Planning Association of Hong Kong to tie in with the Government's policy of encouraging and promoting healthy fertility.

The provision for the above services is absorbed within the overall provision for the DH's Family Health Service and hence cannot be separately identified.

The DH launched the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) on 20 March this year as an interface with the School Dental Care Service by providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17 on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. While the Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time as recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The DH has publicised the PDCC in collaboration with the Education Bureau to all secondary school students and their parents in the territory. The final number of participants will depend on the response from students and their parents.

The Government's financial provision for implementing the PDCC and the Community Dental Support Programme in 2025-26 is $136.3 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3223)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Currently, over 400 outsourced health surveillance staff are deployed daily at various boundary control points, which has driven the relevant expenditure up to $400 million last year, representing a 90% surge compared to pre-pandemic levels. However, a total number of more than 5 500 travellers (with 1 at the private car kiosks) only were identified with fever from 2023 to May 2024 with no cases requiring compulsory hospital admission. In this connection, will the Government please inform this Committee of the cost-benefit assessment results concerning the expenditure incurred, and whether the Government has any plans to introduce a smart body temperature monitoring system to reduce manpower costs; if yes, the detailed timeline, expenditure estimate for its technical testing and the anticipated reduction in the number of outsourced staff and estimated annual savings after full implementation of the system?

Asked by: Hon LAM Lam, Nixie (LegCo internal reference no.: 39)

Reply:

In accordance with the power conferred by the Prevention and Control of Disease Ordinance of Hong Kong and with regard to the guidelines of the International Health Regulations, the Department of Health (DH) enforces various preventive measures at boundary control points (BCPs) to prevent the introduction or spreading of infectious diseases into or out of Hong Kong. The Port Health Division under the DH carries out health screening work at each BCP (including conducting regular body temperature screening for arrivals and setting up health stations). Taking into account the design of each BCP and its traveller and vehicle flow, the DH deploys manpower as appropriate to conduct body temperature screening for all arrivals; and performs, in accordance with the mechanism, further health assessments for travellers with fever or in need (such as travellers who self-reported being unwell) to understand their symptoms, travel history, contact history, etc., in order to make appropriate referrals and follow-up, including compulsory referral of persons with suspected infection of major infectious diseases to Hong Kong public hospitals for checking, advising other travellers with fever or in need to seek medical treatment at medical institutions with issuance of referral letters, and assisting persons in need to call for ambulance service for further treatment at Accident and Emergency Department.

The Hong Kong Special Administrative Region (HKSAR) Government has been maintaining close co-operation with entry-exit health inspection and quarantine authorities of the Mainland to safeguard the well-being and safety of residents and travellers of the 2 places. The Health Bureau and the General Administration of Customs of the People's Republic of China (GACC) signed the Co-operation Arrangement for Entry-exit Health Inspection and Quarantine between the GACC and the Health Bureau of the HKSAR Government in 2023. Under the normalisation arrangements for epidemic prevention and control, the 2 parties agreed to focus on the health inspection and quarantine of their respective inbound personnel travelling between the HKSAR and the Mainland BCPs.

The HKSAR Government will maintain close liaison with the relevant Mainland authorities and, taking into account factors such as cost-effectiveness and appropriateness, actively review the entry health inspection and quarantine arrangements (including temperature screening) from the public health perspective.

From 2020 to 2024, the average number of health screening shifts of the DH per day at various BCPs (some health screening posts involve more than 1 shift according to the operation of BCPs) is as follows:

	2022	2023	2024
Total Number of Health Screening Posts	880	751	722

Note:
The DH redeploys health screening posts in view of the actual circumstances. Some of the posts at BCPs where operation has been suspended would be redeployed to other BCPs. Health screening service of Kai Tak Cruise Terminal and Ocean Terminal was not included as it was only provided during stopover of cruises.

The expenditure incurred by health screening shifts listed in the table above is set out below:

	Financial Year		
	2022-23	2023-24	2024-25
Total Expenditure ($ million)	239	240	205

From 2022 to 2024, the number of inbound travellers confirmed with fever during temperature screening at BCPs, along with the number of those compulsorily referred to public hospitals upon fulfilling the reporting criteria of any major infectious disease are set out below:

	2022	2023	2024
Total Number of Inbound Travellers with Fever	135	4 759	4 214
Number of Inbound Travellers Compulsorily Referred to Public Hospitals upon Fulfilling Reporting Criteria of Any Major Infectious Disease	250	61	6

Note:
The compulsory isolation arrangement imposed on persons infected with Coronavirus Disease 2019 (COVID-19) has been rescinded with effect from 30 January 2023.

Ongoing health screening, which facilitates early identification of potential infectious diseases imported into Hong Kong, is vital to safeguarding public health. Currently, health screening measures are in place for inbound travellers at all BCPs between Hong Kong and the Mainland.

The DH mainly employs an Infrared Thermal Imaging System at various BCPs to detect the body temperatures of multiple travellers simultaneously to reduce the manpower required for such work. However, drivers and all passengers in a cross-boundary private car are allowed to remain in their vehicle while passing through the kiosks of the Immigration Department, the Customs and Excise Department and the DH without the need to get off from the vehicle or go to the traveller's clearance hall. Due to site constraints, the Infrared Thermal Imaging System cannot be used to measure the forehead temperature of drivers and passengers passing through the vehicle lanes. As a result, hand-held infrared thermometers are used to measure the body temperature of inbound passengers on board the vehicles at the DH vehicle kiosks.

The DH reviews the health screening arrangements from time to time and deploys manpower as appropriate at various BCPs according to the actual circumstances to provide appropriate services for inbound travellers. For instance, the additional personnel deployed during the COVID-19 epidemic in the light of the actual needs have been reduced after the epidemic, and the manpower at relevant BCPs has basically returned to the pre-epidemic level. Meanwhile, the DH also keeps a close eye on technological development and actively explores the adoption of innovative technology in collaboration with other departments at BCPs to reduce the manpower need for health screening and optimise the use of human resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0326)

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 learned that the Drug Office (DO), short of frontline pharmacists, needs longer processing time for drug approval and registration. The "1+" mechanism, in place for the approval of drugs with a new chemical entity (NCE drugs), will not enhance the registration efficiency for generic drugs (i.e. interchangeable drugs launched after the patent expiry of the innovator product). Normally far lower in price than their innovator counterparts, generic drugs can promote market competition and help slash drug prices. In this connection, will the Government please inform this Committee of:

1) the respective number of generic drugs and NCE drugs pending approval and registration by the DO;
2) the average and longest time taken from submission of application to completion of approval of generic drugs and NCE drugs in each of the past 3 years;
3) the staff establishment (including pharmacists and other staff members) of the DO for approving drugs and the number of vacancies; and
4) the frontline staff establishment for approving drugs of the Hong Kong Centre for Medical Products Regulation planned for development?

Asked by: Hon LAM Tzit-yuen (LegCo internal reference no.: 5)

Reply:

As mentioned in the Chief Executive's Policy Address in 2023 and 2024, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. To this end, the HKSAR Government set up a Preparatory Office for the Hong Kong Centre for Medical Products Regulation (CMPR) in the Department of Health (DH) in June 2024. The Preparatory Office is proactively reviewing the regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; studying the potential restructuring and strengthening of the regulatory and approval regime for medicines, medical devices and medical technology; and putting forward proposals and steps for the establishment of the CMPR which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products.

This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development (R&D) as well as testing of medical products. The Preparatory Office is drawing up the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and will announce them in the first half of 2025 as scheduled.

(1) and (2)
According to the Pharmacy and Poisons Ordinance (Cap. 138), pharmaceutical products must satisfy the criteria of safety, efficacy and quality for registration with the Pharmacy and Poisons Board of Hong Kong (the Board) before they can be sold or supplied in the Hong Kong Special Administrative Region (HKSAR). To facilitate proper execution of the approval of pharmaceutical products, the Drug Office (DO) of the Department of Health (DH) is responsible for providing professional and executive support for the Board and its Pharmacy and Poisons (Registration of Pharmaceutical Products and Substances) Committee (Registration Committee).

Applications for pharmaceutical products registration in Hong Kong are classified into two main categories, namely pharmaceutical products with new chemical or biological entities (containing active ingredients which have not been registered in Hong Kong, i.e. new drugs) and those without new chemical or biological entities (i.e. generic drugs).

In general, applicants for new drug registration are required to, in accordance with the Guidance Notes on Registration of Pharmaceutical Products Containing a New Chemical or Biological Entity as promulgated by the Board, provide documentary proof for registration issued by at least 2 drug regulatory authorities of specified reference places in order to provide supporting evidence that relevant products have been rigorously evaluated before being placed on the market (i.e. the "secondary evaluation" approach). To enhance the drug regulatory regime and implement the "primary evaluation" approach in the long run, the Board has launched on 1 November 2023 the "1+" mechanism for approval of new drugs and widened its applicability to all new drugs on 1 November 2024. For pharmaceutical products containing new chemical or biological entities that are supported with local clinical data and scope of application recognised by local relevant expert, applicants concerned are only required to submit approval from 1 reference drug regulatory authority (instead of the 2 or more) to apply for registration in Hong Kong. On the other hand, applications for new drugs should be submitted to the Registration Committee under the Board for approval. In such cases, legislative amendments and gazettals are required in order to incorporate the new chemical entities into the relevant schedules to the ordinance. To expedite the registration of new drugs, the Government has made amendments to the Pharmacy and Poisons Ordinance (Cap. 138) in 2015, enabling legislative amendments relating to the incorporation of new drugs be made via negative vetting procedures.

For generic drugs, applicants are only required to submit, apart from general documents and reports (such as labelling and stability reports), evidence demonstrating that the specifications of such products have complied with the requirements of relevant pharmacopoeia or quality standards. For generic drugs manufactured or registered outside Hong Kong, a free sale certificate/approval issued by the drug regulatory authority of the country of origin, as well as the evidence showing the manufacturer's compliance with the Pharmaceutical Inspection Co-operation Scheme (PIC/S) Good Manufacturing Practice are required. As generic drugs have already been supported by comparable data and literature in respect of safety and

efficacy, the Registration Committee has streamlined the approval procedures and empowered the DO to expedite the processing of applications in accordance with the approval criteria as promulgated by the Board.

In addition to the Board's website, the DO has, with a view to helping the pharmaceutical industry better understand the registration requirements of pharmaceutical products, uploaded to its website detailed guidance notes and a short introductory video on application for pharmaceutical products registration. A hotline is set up to answer industry enquiries, and regular meetings with industry representatives are held to explain the relevant registration requirements.

The DH has pledged to process at least 90% of applications for pharmaceutical products registration in support of the Board within 5 months upon submission of all required documents by the applicants. From 2022 to 2024, all applications have been processed within 5 months upon submission of the required documents by the applicants. The number of approved pharmaceutical products is set out in detail as follows:

	Year		
	2022	**2023**	**2024**
Number of Approved Pharmaceutical Products			
Generic Drugs	282	291	341
New Drugs	92	98	102
All Pharmaceutical Products	**374**	**389**	**443**

The Board and the DH do not maintain statistics on the average and longest time taken for the approval of new drugs registration.

(3)

The Drug Registration Units of the DO are responsible for the work on drug approval, such as handling new applications for pharmaceutical products registration, their renewal applications, and the change of registered particulars. As at 1 February 2025, the staff establishment and vacancies of the units are set out as follows:

Rank	**Number of Posts**	**Vacancies**
Senior Pharmacist	3	0
Pharmacist	20	0
Scientific Officer (Medical)	2	0
Other Staff (including Executive Officer II, Clerical Officer, Assistant Clerical Officer, Clerical Assistant and Office Assistant)	10	1
Total	**35**	**1**

In response to the evolving landscape of drug regulation, the DO has stepped up its work on drug registration by internal redeployment of resources and employment of 6 additional non-civil service contract staff (Registered Pharmacist). Starting from April this year, 4 Pharmacists will be seconded from the Hospital Authority to the DO in phases to support, among others, drug approval work under the "1+" mechanism.

(4)

The Legislative Council has approved the creation by the DH of 4 permanent directorate posts/non-civil service positions (including 1 Controller, 1 Deputy Controller and 2 Assistant Controller positions) in 2025-26 to provide dedicated support for the CMPR to launch various initiatives, as well as to formulate and introduce more stringent regulatory and approval regimes for medicines and medical devices in accordance with the "primary evaluation" approach. The creation of the above positions will be accompanied by the deletion of 4 existing permanent Consultant posts.

In addition, the DH will consolidate and re-organise the existing functions in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established. This can make fuller use of the existing highly efficient regulatory regime to bring about greater benefits and synergies. In this way, the CMPR can also centralise relevant expertise and optimise resource allocation, with the aim of supporting the approval of innovative medical products, promoting the scientific advancement of medicines, medical devices and medical technology, and expediting their clinical application, thereby driving the development of industries relating to the R&D as well as testing of medical products. The said reorganisation involves the redeployment of 7 existing permanent directorate posts (including 2 Assistant Directors, 3 Chief Pharmacists and 2 Principal Medical and Health Officers) and about 420 non-directorate posts.

The DH will continue to review the integration of various functions of the CMPR, as well as the manpower and resources required.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0329)

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:

October to November each year is noted to be the peak season for the public to seek influenza vaccination from private doctors, who are unable to gauge in advance people's demand for such vaccination. As each batch of vaccines expires by the end of a particular year, doctors procure as their first batch only a limited quantity of influenza vaccines, which may turn out to be too few to meet public demand. When doctors proceed with procuring the second batch, which often takes more than a month, few are in line for vaccination by the time the replenishment arrives as in doctors' experience public enthusiasm for vaccination declines over time. In this connection, will the Government advise this Committee on whether it will consider adopting a practice as in the COVID-19 pandemic to conduct centralised procurement of influenza vaccines for distribution to private doctors; if yes, the details; if no, the reasons?

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

Reply:

The Department of Health (DH) has been vigilant in tracking the overall market supply of seasonal influenza (SI) vaccines, maintaining contact with vaccine suppliers to ensure a steady supply for the Government's vaccination programmes/schemes. In the primary interest of public health, the DH ought to ensure that SI vaccines are reserved for priority vaccination of high-risk groups. Under the current established arrangement, private doctors enrolling in the Vaccination Subsidy Scheme (VSS) are required to procure their own SI vaccines. The DH has consistently reminded them to monitor and assess the supply of and demand for SI vaccines to ensure early procurement. Based on past experience, the overall supply of SI vaccines in the private market has remained stable.

Regarding the seasonal influenza vaccination programme in 2025-26, the Government is exploring the feasibility of procuring a portion of the SI vaccines for private doctors enrolled in the VSS, and has been liaising with vaccine suppliers to gain a better understanding of the market supply. Details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0330)

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 2023, the Department of Health launched the three-year Elderly Health Care Voucher Pilot Reward Scheme, under which an elderly person who has an accumulated use of vouchers of $1,000 or more for designated primary healthcare purposes such as disease prevention and health management in a year will be allotted $500 reward automatically to his or her voucher account by the eHealth System. In this connection, will the Government please inform this Committee of the total number of people allotted the reward since the implementation of the Scheme and the total value of the rewards in money terms?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 9)

Reply:

In accordance with the Primary Healthcare Blueprint (Blueprint) launched in December 2022, the Government will strive to direct resources towards primary healthcare services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention. To tie in with the directions set out in the Blueprint, the Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) in November 2023 to further incentivise elderly persons by offering rewards to them to make better use of Elderly Health Care Vouchers (EHCVs) for continuous preventive healthcare and chronic disease management services, etc. It is hoped that the policy objective of the EHVS can be achieved through such optimised use of resources to promote primary healthcare and support the healthcare needs of elderly persons.

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of $1,000 or more for designated primary healthcare purposes such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a $500 reward to their voucher accounts by the eHealth System (Subsidies), which can be used for the same designated primary healthcare purposes. No further registration is needed. In other words, for elderly persons who meet the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from $2,000 to $2,500.

Since the launch of the Pilot Reward Scheme on 13 November 2023 up until 31 December 2024, a total of 788 975 elderly persons have received the reward, involving a sum of about $390 million in total. The number of voucher claim transactions used on the designated primary healthcare services was 3 507 731, accounting for 60% of the total voucher claim transactions during the same period, whereas that for the period between January 2023 and mid-November 2023, i.e. prior to the launch of the Pilot Reward Scheme, was 48%. This shows that the Pilot Reward Scheme has the effect of encouraging elderly persons to use the designated primary healthcare services. The Government will keep closely monitoring the implementation of the Pilot Reward Scheme and evaluate its effectiveness in promoting the receipt of health assessment, disease screening and chronic disease management services by elderly persons.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0332)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

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

1) the number of non-locally trained medical practitioners admitted to practise in Hong Kong through the special registration scheme along with where they acquired their medical qualifications, broken down by specialty; and

2) whether the Government has any plan in 2025-26 to continue expanding the "List of Recognized Medical Qualifications" in Schedule 1A to the Medical Registration Ordinance; if yes, the details; if no, the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 11)

Reply:

1) According to the information provided by the Medical Council of Hong Kong (MCHK), since the passage of the Medical Registration (Amendment) Bill 2021 up to 31 December 2024, a total of 119 medical practitioners (including 106 applicants holding recognized medical qualifications and 13 applicants transferred from limited registration to special registration) have been granted special registration to practise in Hong Kong. As at 31 December 2024, the special registration of 106 of them has taken effect / was still valid. Among the 106 medical practitioners, 23 have had their names included in the Specialist Register of the MCHK. Their respective specialties are tabulated as follows:

Specialty	Number of medical practitioners
Anaesthesiology	4
Radiology	4
Gastroenterology & Hepatology	3
Public Health Medicine	2
Clinical Oncology	1
Emergency Medicine	1
Family Medicine	1
Geriatric Medicine	1
Medical Oncology	1
Neurosurgery	1
Ophthalmology	1
Otorhinolaryngology	1
Paediatrics	1
Urology	1
Total:	**23**

The countries/places where the 106 medical practitioners obtained their medical qualifications are tabulated as follows:

Country/Place	Number of medical practitioners
China (except Hong Kong) Note (1)	10
United Kingdom	69
Australia	15
Canada	4
United States of America	4
South Africa	3
Others	1 Note (2)
Total:	**106**

Note:

(1) Including Mainland China, Macao Special Administrative Region and Taiwan.

(2) The medical practitioner under special registration obtained the medical qualification from the Czech Republic.

2) In November 2021, the Special Registration Committee (SRC) was established under the MCHK in accordance with the amended Medical Registration Ordinance (MRO) (Cap. 161) to draw up the list of recognized medical qualifications upon review of non-local medical programmes of quality comparable to those run by the 2 medical schools in Hong Kong. The list will be submitted to the Registrar of Medical Practitioners for promulgation as a Legal Notice. To date, a total of 128 non-local medical qualifications have been promulgated as recognized medical qualifications in Hong Kong. The SRC is pressing ahead with assessment of other non-local medical programmes fulfilling the stipulated criteria in order to include suitable programmes in the "List of Recognized Medical Qualifications" in Schedule 1A to the MRO.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0333)

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 Breast Cancer Screening Pilot Programme, will the Government inform this Committee of:

1) the number of participants and effectiveness of the programme so far; and

2) whether it has considered expanding the programme or introducing new cancer screening programmes; if yes, the work plan and estimated expenditure?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 12)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all

along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

(1)

Based on the recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening and launched Phase I of the BCSPP in 2021. Women aged between 44 and 69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of benign breast disease, nulliparity or late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every 2 years.

In the two-year Phase I of the BCSPP (which ran from September 2021 to December 2023), a total of 27 807 women aged between 44 and 69 have received breast cancer risk assessment in Woman Health Centres, 4 Maternal and Child Health Centres and 18 Elderly Health Centres. 7 785 (about 28%) of them underwent the MMG screening on referral based on the risk assessment. Among the women with abnormal MMG results who had been referred to specialists for treatment, 409 cases were followed up in public hospitals, among which 68 were confirmed to have breast cancer. The breast cancer detection rate per 1 000 MMG screenings was 8.7, which was comparable to the international standard of about 5 cases per 1 000 MMG screenings. Of the 68 breast cancer cases identified through the MMG screening, 97% were at stage II or below. Following the review of Phase I of the BCSPP, the breast cancer risk assessment and screening have been included as part of the regular services provided by the Woman Health Service and the Elderly Health Service.

The Woman Health Service under the DH will be integrated into the district health network of the Health Bureau Primary Healthcare Commission within 2025. The service points, to be named Women Wellness Satellites, will form a network with District Health Centres (DHCs)/DHC Expresses in all 18 districts across Hong Kong to provide eligible women with prevention-based and more personalised primary healthcare services, including breast cancer screening. In parallel, the DHCs/DHC Expresses actively promote the "Life Course Preventive Care Plan". In line with the core principles of prevention-oriented and whole-person care, a personalised preventive care plan will be formulated based on the most updated evidence and the health needs of citizens across different life stages. Family doctors and primary healthcare professionals will collaborate to promote healthy lifestyles and disease prevention, including providing education and vaccination for cancer prevention, and advising on cancer screening services according to personal risk factors.

(2)

Based on the recommendations of the CEWG, the Government is now preparing for Phase II of the BCSPP to provide subsidised breast cancer screening services for women at high risk of developing breast cancer (i.e. carriers of certain gene mutations and/or with strong family history of breast cancer or ovarian cancer) through Public-Private Partnership programmes in collaboration with non-governmental organisations. Phase II of the BCSPP, of which details

will be announced in due course, is expected to be launched around the second quarter of 2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0337)

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:

Regarding public dental services in Hong Kong, will the Government inform this Committee of the expenditure on various public dental care services, broken down by type of service, in each of the past 5 financial years, and its proportion to the public healthcare expenditure in that year?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 16)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens'oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity,

education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the School Dental Care Service (SDCS), the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC), and the dental services provided under the Elderly Health Care Voucher Scheme (EHVS) are rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care, while the Hospital Dental Service, the Emergency Dental Service, the Special Oral Care Service (SOCS), the Healthy Teeth Collaboration (HTC), the Outreach Dental Care Programme for the Elderly (ODCP) and the Community Dental Support Programme (CDSP) are services focusing on underprivileged who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

The public dental services provided by the Department of Health (DH) and the expenditures involved are set out below:

(A) The SDCS

The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. The actual expenditures for the SDCS in 2020-21, 2021-22, 2022-23 and 2023-24 and the revised estimate for 2024-25 are as follows:

SDCS	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised estimate)
Annual expenditure ($ million)	283.8	270.8	276.2	281.6	281.1

(B) Hospital Dental Service, Emergency Dental Service and the SOCS

The DH provides free emergency dental service (generally referred to as General Public (GP) Sessions) to the public through designated sessions each week at 11 government dental clinics. Such services cover treatment of acute dental problems, prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses only a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

In addition, oral maxillofacial surgery and specialist 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. To improve the oral health of children with intellectual disability, the DH also provides the SOCS for pre-school children under 6 years old with intellectual disability for early intervention and prevention of common oral diseases in collaboration with the Hospital Authority since September 2019.

The expenditures for Hospital Dental Service, Emergency Dental Service and the SOCS in 2020-21 to 2023-24 are absorbed within the DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available. The revised estimates for Hospital Dental Service, Emergency Dental Service and the SOCS for 2024-25 are $80.41 million, $9.60 million and $4.80 million respectively.

(C) Dental Care Support for Adult Persons with Intellectual Disability

The Government launched a three-year programme named the HTC in July 2018 to providefree oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. The HTC was further extended from 16 July 2024 to March 2027 with 900 additional quotas for new cases every year and its scope extended to cover persons aged 18 or above with autistic spectrum disorder. The actual expenditures for implementing the HTC in 2020-21, 2021-22, 2022-23 and 2023-24 and the revised estimate for 2024-25 are as follows:

HTC	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised estimate)
Annual expenditure ($ million)	6.8	11.1	22.8	33.4	46.4

(D) Dental Care Support for Elderly Persons in Residential Care Homes for the Elderly (RCHEs) and Day Care Centres for the Elderly (DEs)

The ODCP has been implemented since October 2014 to provide free on-site oral check-ups for elderly persons and oral care training to caregivers of RCHEs, DEs and similar facilities in the 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). Free dental treatment will be provided on-site or at a dental clinic if the elderly person is considered suitable for further curative treatments. The outreach dental teams will also design personalised oral care plans for the elderly persons to suit their oral care needs and self-care abilities. The actual expenditures for implementing the ODCP in 2020-21, 2021-22, 2022-23 and 2023-24 and the revised estimate for 2024-25 are as follows:

ODCP	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised estimate)

Annual expenditure ($ million)	37.8	41.6	48.6	55.8	63.7

(E) Dental Care Support for Financially Disadvantaged Underprivileged Groups

On top of the existing dental grants under the Comprehensive Social Security Assistance (CSSA) Scheme and the emergency dental service provided through the GP Sessions by government dental clinics, the DH will increase the dental services to underprivileged groups with financial difficulties by launching the CDSP in 2025 and enhancing service capacity, increasing service points and expanding service scope, aiming to additionally offer at least twice the current number of quotas provided by the GP Sessions of government dental clinics (i.e. 40 000 per year). The CDSP leverages the networks of NGOs and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties more effectively. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider appropriate to encourage tooth retention.

(F) Dental Care Support for Adolescents

The DH launched the PDCC on 20 March this year as an interface with the SDCS by providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17 on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. While the Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time as recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The DH has publicised the PDCC in collaboration with the Education Bureau to all secondary school students and their parents in the territory. The final number of participants will depend on the response from adolescents and their parents.

The total revised estimate for implementing the PDCC and the CDSP for 2024-25 is $38.4 million.

Apart from the above public dental services provided by the DH, the EHVS provides eligible Hong Kong elderly persons aged 65 or above with an annual voucher amount of $2,000 (with an accumulation limit of $8,000) to subsidise their use of private primary healthcare services, including dental services. The amount of vouchers claimed by dentists/for dental (stomatology) services under the EHVS in the past 5 years are as follows:

Amount of vouchers claimed ($'000)					
	2020	2021	2022	2023	2024
Dentists in Hong Kong	276,556	355,444	343,327	413,222	402,347
Dental/Stomatology Department of the medical institutions in the Greater Bay Area (GBA) Note	316	302	170	462	17,408

Note : The medical institutions in the GBA cover two service points operated by the University of Hong Kong-Shenzhen Hospital and 7 pilot medical institutions under the Elderly Health Care Voucher GBA Pilot Scheme. The Department of Stomatology at the Nansha Division of the First Affiliated Hospital, Sun Yat-sen University is pending service launch.

The recurrent public/government expenditures on healthcare in the past 5 financial years are as follows:

Policy area group	2020-21 (Actual)	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised estimate)
Expenditure on health ($ billion)	87.598	98.329	127.002	103.918	109.211

As mentioned above, since there is no breakdown of expenditures for some of the services, the proportion of the annual expenditure on public dental care services to the public healthcare expenditure for the respective year is not available. As for 2024-25, the total revised estimate for the public dental services provided by the DH mentioned above is about $944 million, which represents about 0.86% of the recurrent public/government expenditure on healthcare.

Based on the actual expenditures provided above, as well as the expenditure separately under the "Elderly Dental Assistance Programme" funded by the Community Care Fund and the dental grants under the CSSA Scheme of the Social Welfare Department, the expenditures on dental services provided or subsidised by the Government was close to $1.3 billion in 2023-24.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0338)

Head: (37) Department of Health

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

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Health

Question:

In respect of the manpower change of Dental Officers of the Department of Health (DH), please set out in detail:

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

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 17)

Reply:

A Dental Officer is mainly deployed to provide dental care and perform administrative duties at dental clinics or other specified institutions under the Department of Health (DH). As at 1 February 2025, the strength of the DH's Dental Officers stands at 290.

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

Financial year	**Establish-ment**	**Strength**	**Vacancy**	**Wastage rate** [Note 1] (Percentage)	**Number of new recruits** (Percentage in the total strength of Dental Officers in the DH)	**Attrition figure**	
						Number of resignees (Percentage in the total attrition figure)	**Number of retirees** (Percentage in the total attrition figure)
2022-23 (as at 31 March 2023)	370	294	76	12.9%	11 (3.7%)	32 (84.2%)	6 (15.8%)
2023-24 (as at 31 March 2024)	370	268	102	13.1%	9 (3.4%)	20 (57.1%)	15 (42.9%)
2024-25 (as at 1 February 2025)	372	290	82	8.3%	46 (15.9%)	6 (25%)	18 (75%)

Note 1 The wastage rates are calculated by dividing the total attrition figures during the financial year by the strength as at the end of that financial year or on 1 February 2025.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 0342)

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:

Totalling more than 130 000, healthcare professionals shall, in general, comply with the continuing professional development (CPD) requirements when applying for practising certificates. Given the heavy workload involved in vetting and approving the CPD programmes for more than 10 professions, verifying the attendance records of such programmes, as well as calculating and validating the CPD credits for each practitioner, a large number of civilian staff of the Department of Health have to spend hours to work on such matter. Regarding the Government's general direction of promoting digital services, will the Government please advise this Committee on whether there are any plans to launch a multi-disciplinary CPD digital platform for shared use by different healthcare professions; if yes, the details; if no, the reasons?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 21)

Reply:

At present, 13 healthcare professions in Hong Kong are regulated by their respective statutory authorities. Among these professions, specialist doctors, specialist dentists and registered Chinese medicine practitioners, are required by the law to fulfill the requirements on continuing professional education (CPE) [Note]. The CPE credits they acquired shall be recorded and consolidated by recognised professional bodies or organisations, and only those who comply with the requirements can maintain their specialist registration or qualification to practise. In July 2024, the Legislative Council passed the relevant legislations to make continuing professional development a mandatory requirement for dentists and nurses for renewal of their practising certificates. In addition, it is the Government's plan to further extend the mandatory CPE requirements to supplementary medical professionals regulated by the Supplementary Medical Professions Ordinance through legislative amendment, with a view to upholding and enhancing the standards of the healthcare profession.

To support the healthcare sector in handling CPE-related matters, the Department of Health will streamline the administrative procedures, assist professional bodies or organisations recognised by respective boards and councils in managing data in a more effective manner

through utilisation of information technology, reduce clerical workload and enhance efficiency, thereby facilitating the renewal of practising certificates for healthcare professionals. Furthermore, we are also exploring the development of a digital database which sets out the details of all accredited courses and qualified course providers, making it easier for different healthcare professionals to obtain the most updated and comprehensive information. We will maintain liaison with the sector on the implementation of relevant work to ensure that the measures to be introduced will be able to meet the operational needs of various professions.

Note: The CPE requirements for specialist doctors and specialist dentists are determined by the Hong Kong Academy of Medicine, while that for registered Chinese medicine practitioners are determined by the Chinese Medicine Practitioners Board under the Chinese Medicine Council of Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0351)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), will the Government please inform this Committee of:

1) the number of Elderly Health Care Voucher claim transactions and the total amount claimed so far, broken down by medical service provider, at the 7 medical institutions included in the Pilot Scheme; and

2) the percentage of elderly persons residing in the Greater Bay Area with respect to the above transactions?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 30)

Reply:

1)

The Government launched the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) in 2024 to extend the coverage of Elderly Health Care Vouchers (EHCVs) to suitable medical institutions in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). As at September 2024, the coverage of the EHCVs has been extended to 7 integrated medical/dental institutions in the GBA. Together with the 2 existing service points operated by the University of Hong Kong – Shenzhen Hospital, eligible elderly persons can use EHCVs to pay for outpatient healthcare services provided by the designated departments at 9 service points in the GBA, located at Guangzhou, Zhongshan, Dongguan and Shenzhen, offering more convenience and flexibility for eligible Hong Kong elderly persons residing in Mainland cities in the GBA by providing more service points for them to better use their EHCVs on primary healthcare services for improving their health.

As at 31 December 2024, there were a total of 15 468 EHCV claim transactions at the 7 medical institutions under the Pilot Scheme, with the amount claimed totalling about $19.78 million. The number of voucher claim transactions and the amount of vouchers claimed at each of the pilot medical institutions, broken down by service type, are tabulated below:

Pilot Medical Institutions	Preventive Care		Follow-up/Monitoring of Long Term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)
The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	158	191	1 254	103	305	500	148	137	1 865	931
Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	289	305	969	125	505	450	289	115	2 052	995
Shenzhen New Frontier United Family Hospital (since 14 August 2024)	572	762	599	269	229	562	2	1	1 402	1,594
Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024) Note: The Department of Stomatology pending commencement	17	24	188	13	33	56	8	2	246	95
Dongguan Tungwah Hospital (since 6 September 2024)	313	221	335	45	125	174	17	11	790	451
Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	2 266	362	4 180	200	87	7,082	2 370	7,620	8 903	15,264
Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	69	65	93	56	17	199	31	132	210	452

2)
As at 31 December 2024, the number of eligible elderly persons using EHCVs at the 7 medical institutions under the Pilot Scheme was 9 064, involving a total of 15 468 EHCV claim transactions. According to the statistics on the city of usual residence reported by elderly persons when using EHCVs in the GBA, in respect of the above voucher claim transactions, about 19% (1 681 persons) of elderly persons usually resided in Mainland cities in the GBA, with a breakdown of their distribution by city below:

City	**Number of Elderly Persons (Percentage of elderly persons who usually resided in Mainland cities in the GBA)**
Guangzhou	593 (6.54%)
Shenzhen	130 (1.43%)
Zhuhai	20 (0.22%)
Foshan	47 (0.52%)
Huizhou	18 (0.20%)
Dongguan	289 (3.19%)
Zhongshan	567 (6.26%)
Jiangmen	15 (0.17%)
Zhaoqing	2 (0.02%)
Total:	**1 681**

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 1395)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2025-26 under this Programme that the Government will continue to enhance the seasonal influenza vaccination (SIV) arrangements for better protection of high risk groups. In this connection, will the Government inform this Committee of:

1) the number of SIV recipients and the uptake rate in the past 3 years, with a breakdown by age group: i) 6 months to 2; ii) 3 to 18; iii) 19 to 49; iv) 50 to 64; and v) 65 or above;

2) the number of severe cases and deaths associated with seasonal influenza in the past 3 years, with a breakdown by age group: i) 6 months to 2; ii) 3 to 11; iii) 12 to 18; iv) 19 to 49; v) 50 to 64; and vi) 65 or above;

3) among the deaths associated with seasonal influenza in the past 3 years, the percentage of those who did not receive influenza vaccination; and

4) the ways to increase SIV uptake rate among elderly aged 65 or above and children aged between 6 months and 2?

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 31)

Reply:

(1)
The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health (DH) issues recommendations on the seasonal influenza (SI) vaccines to be used and the priority groups for receiving vaccination in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organization and overseas practices.

Based on the recommendations of the SCVPD, the DH has been administering the following vaccination programmes/schemes to provide free/subsidised SI vaccination to eligible persons:

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

- Seasonal Influenza Vaccination School Outreach Programme, which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

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

The number of vaccine recipients and the uptake rate of the eligible groups under each vaccination programme/scheme in the past 3 seasons, broken down by age group, are detailed at **Annex 1**. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

As at 23 March this year, with the concerted efforts of the Government and all sectors of the community such as the medical sector, schools, parents and residential care homes, a record high number of about 2.07 million doses of SI vaccine have been administered under various vaccination programmes/schemes in 2024/25, representing an increase of about 12.2% over the same period of the last influenza vaccination season and exceeding the total number of doses (about 1.87 million doses) administered last season.

(2) & (3)

The number of severe cases and deaths associated with seasonal influenza in each of the past 3 years and, among them, the number of persons who did not receive SI vaccination during the influenza season, as well as the percentage of deaths where influenza vaccination was not received, broken down by age group, are detailed at **Annex 2**.

(4)

To improve the accessibility to the public, the Government has optimised the SI vaccination arrangements for eligible persons in 2024/25. For example, those with chronic illnesses or pregnant women can receive SI vaccination at public or private clinics where they attend for regular follow-up consultations, while the general public can receive vaccination at their family doctors' clinics. In particular, the Government has introduced several new vaccination venues, including the DH's Maternal and Child Health Centres, where vaccination is available to all children aged between 6 months and under 2, and the 18 District Health Centres (DHCs)/DHC Expresses, so as to provide more vaccination venues for the public.

The DH has been maintaining close liaison with its working partners and stakeholders, including the HA, Social Welfare Department, Education Bureau, school principals, teachers, residential care homes for the elderly, residential child care centres and the healthcare sector, with a view to boosting the uptake rates of SI vaccination among the elderly and children.

The DH encourages and supports the elderly in the community, in particular elderly singletons, via district networks to receive necessary vaccination (including SI vaccination), so as to reduce the risk of complications and death due to infection. The DH also disseminates information on SI vaccination to the elderly through the district services and Community Care Teams, and provides them with relevant infographics to encourage them to receive vaccination as early as possible.

Adopting a multi-pronged approach, the DH promotes vaccination through a variety of publicity and promotional channels, both online and offline. These promotional efforts include broadcasting Announcements in the Public Interest on SI vaccination on television and radio, as well as publicity through social media, newspapers, parent-child magazines and means of transport, etc. At the same time, the importance of vaccination and the related arrangements are relayed to the elderly through elderly service organisations and websites. Regarding vaccination for children, local paediatric experts are invited to conduct media interviews and film short videos to answer questions on SI vaccination frequently asked by parents, so as to bring out the importance of SI vaccination from a professional perspective in simple terms.

The winter influenza season, which began in early January and ended on 27 March this year, saw a low incidence of severe cases and deaths (even lower than the situation before the COVID-19 pandemic). Among them, 10 cases regarding severe influenza-associated complications in children were recorded this season without deaths, which was nearly 60% lower than the 24 cases (including 1 death) reported during the 2018/19 influenza season. The CHP believes this is the result of the concerted and comprehensive efforts of various stakeholders in the community and the public to increase the SI vaccination rate.

Yet, the uptake rate of SI vaccination, currently at around 25% for children aged 6 months to less than 2 years and people aged 50 to 64, is still relatively low. The Government will continue to take proactive measures to boost the uptake rate, including strengthening collaboration with family doctors, and, through statutory bodies such as the Occupational Safety and Health Council and non-governmental organisations, encourage service recipients, particularly the above priority groups, to receive SI vaccination to safeguard public health.

Annex 1

Target group	2022/23		2023/24		2024/25 (as at 23 March 2025)	
	No. of SI vaccine recipients	**The uptake rate within the age group**	**No. of SI vaccine recipients**	**The uptake rate within the age group**	**No. of SI vaccine recipients**	**The uptake rate within the age group**
Children aged between 6 months and under 2	5 000	9.1%	11 500	22.1%	13 500	26.8%
Children aged between 2 and under 18	360 300	41.7%	480 800	54.8%	552 400	64.2%
Persons aged between 50 and 64	320 200	17.8%	349 500	19.2%	459 000	25.3%
Persons aged 65 or above	734 200	48.3%	842 800	51.5%	879 900	51.3%
Others^	112 300	Not applicable	140 200	Not applicable	126 900	Not applicable
Total	**1 532 000**	**Not applicable**	**1 824 800**	**Not applicable**	**2 031 700**	**Not applicable**

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

Annex 2

Age group	2023			2024			2025 (as at 16 March 2025)		
	Number of severe cases (cases in which vaccination was not received during the influenza season)*	Number of deaths (cases in which vaccination was not received during the influenza season)	Percentage of deaths among people who did not receive influenza vaccination	Number of severe cases (cases in which vaccination was not received during the influenza season)*	Number of deaths (cases in which vaccination was not received during the influenza season)	Percentage of deaths among people who did not receive influenza vaccination	Number of severe cases (cases in which vaccination was not received during the influenza season)*	Number of deaths (cases in which vaccination was not received during the influenza season)	Percentage of deaths among people who did not receive influenza vaccination
Between 6 months and under 2	5 (5)	0 (0)	/	3 (3[#])	0 (0)	/	2 (2)	0 (0)	/
Between 2 and 11	9 (6)	3 (3)	100%	21 (16)	6 (3)	50%	5 (3)	0 (0)	/
Between 12 and under 18	9 (7)	2 (2)	100%	4 (3)	0 (0)	/	3 (2)	0 (0)	/
Between 18 and 49	76 (73)	12 (10)	83%	102 (96)	18 (15)	83%	41 (38)	7 (6)	86%
Between 50 and 64	86 (74)	59 (38)	64%	168 (148)	89 (70)	79%	61 (55)	27 (20)	74%
Aged 65 or above	173 (116)	515 (293)	57%	185 (139)	820 (413)	50%	58 (38)	297 (169)	57%

*Cases of deaths not included

Including 1 case in which the child was under 6 months old

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 2427)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Department of Health (DH) has been conducting temperature checks for people arriving in Hong Kong at all Immigration Control Points. In this connection, will the Government please advise this Committee on:

1. the expenditure on and establishment for temperature screening measures in the past 5 years;
2. the respective numbers of travellers crossing the boundary whose body temperature was detected to be abnormal during temperature screening in each of the past 5 years, and the Government's procedures for handling such cases; and
3. whether the DH has assessed the effectiveness of the screening measures; if yes, the details; if no, the reasons?

Asked by: Hon LEE Chun-keung (LegCo internal reference no.: 15)

Reply:

In accordance with the power conferred by the Prevention and Control of Disease Ordinance of Hong Kong and with regard to the guidelines of the International Health Regulations, the Department of Health (DH) enforces various preventive measures at boundary control points (BCPs) to prevent the introduction or spreading of infectious diseases into or out of Hong Kong. The Port Health Division under the DH carries out health screening work at each BCP (including conducting regular body temperature screening for arrivals and setting up health stations). Taking into account the design of each BCP and its traveller and vehicle flow, the DH deploys manpower as appropriate to conduct body temperature screening for all arrivals; and performs, in accordance with the mechanism, further health assessments for travellers with fever or in need (such as travellers who self-reported being unwell) to understand their symptoms, travel history, contact history, etc., in order to make appropriate referrals and follow-ups.

The Hong Kong Special Administrative Region (HKSAR) Government has been maintaining close co-operation with entry-exit health inspection and quarantine authorities of the Mainland to safeguard the well-being and safety of residents and travellers of the 2 places. The Health Bureau and the General Administration of Customs of the People's Republic of

China (GACC) signed the Co-operation Arrangement for Entry-exit Health Inspection and Quarantine between the GACC and the Health Bureau of the HKSAR Government in 2023. Under the normalisation arrangements for epidemic prevention and control, the 2 parties agreed to focus on the health inspection and quarantine of their respective inbound personnel travelling between the HKSAR and the Mainland BCPs.

The HKSAR Government will maintain close liaison with the relevant Mainland authorities and, taking into account factors such as cost-effectiveness and appropriateness, actively review the entry health inspection and quarantine arrangements (including temperature screening) from the public health perspective.

(1)
From 2020 to 2024, the average number of health screening shifts of the DH per day at various BCPs (some health screening posts involve more than 1 shift according to the operation of BCPs) is as follows:

	2020	2021	2022	2023	2024
Airport	270	244	226	125	122
Lo Wu	40	0	0	40	40
Lok Ma Chau Spur Line	30	0	0	30	30
Lok Ma Chau	90	90	111	94	94
Man Kam To	27	27	41	36	36
Sha Tau Kok	37	37	20	8	0
Shenzhen Bay	137	171	182	116	94
Hong Kong-Zhuhai-Macao Bridge	141	178	178	116	130
Heung Yuen Wai	28	28	28	68	58
Express Rail Link West Kowloon	6	6	31	51	51
Hung Hom	18	18	18	0	0
Macau Ferry Terminal	42	42	45	45	45
China Ferry Terminal	22	22	0	22	22
Total	888	863	880	751	722

Note:
The DH redeploys health screening posts in view of the actual circumstances. Some of the posts at BCPs where operation has been suspended would be redeployed to other BCPs. Health screening service of Kai Tak Cruise Terminal and Ocean Terminal was not included as it was only provided during stopover of cruises.

The expenditure incurred by health screening shifts listed in the table above is set out below:

	Financial Year				
	2020-21	2021-22	2022-23	2023-24	2024-25
Expenditure ($ million)	215	205	239	240	205

(2)
From 2020 to 2024, the number of inbound travellers confirmed with fever during temperature screening at BCPs, along with the number of those compulsorily referred to public hospitals upon fulfilling the reporting criteria of any major infectious disease are set out below:

	2020	2021	2022	2023	2024

Total Number of Inbound Travellers with Fever	1 003	30	135	4 759	4 214
Number of Inbound Travellers Compulsorily Referred to Public Hospitals upon Fulfiling Individual Reporting Criteria of Any Major Infectious Disease	1 547	205	250	61	6

Note:
The compulsory isolation arrangement imposed on persons infected with Coronavirus Disease 2019 (COVID-19) has been rescinded with effect from 30 January 2023.

In addition to compulsory referral of persons with suspected infection of major infectious diseases to Hong Kong public hospitals for checking, the DH also, subject to the results of health assessments, offered health advice and issue referral letters to persons having fever but without suspected infection of such diseases, advised them to seek treatment from medical institutions on their own, and assisted persons in need to call for ambulance service for further treatment at Accident and Emergency Department.

(3)
Ongoing health screening, which facilitates early identification of potential infectious diseases imported into Hong Kong, is vital to safeguarding public health. Currently, health screening measures are in place for inbound travellers at all BCPs between Hong Kong and the Mainland.

The DH mainly employs an Infrared Thermal Imaging System at various BCPs to detect the body temperatures of multiple travellers simultaneously to reduce the manpower required for such work. However, drivers and all passengers in a cross-boundary private car are allowed to remain in their vehicle while passing through the kiosks of the Immigration Department, the Customs and Excise Department and the DH without the need to get off from the vehicle or go to the traveller's clearance hall. Due to site constraints, the Infrared Thermal Imaging System cannot be used to measure the forehead temperature of drivers and passengers passing through the vehicle lanes. As a result, hand-held infrared thermometers are used to measure the body temperature of inbound passengers on board the vehicles at the DH vehicle kiosks.

The DH reviews the health screening arrangements from time to time and deploys manpower as appropriate at various BCPs according to the actual circumstances to provide appropriate services for inbound travellers. For instance, the additional personnel deployed during the COVID-19 epidemic in the light of the actual needs have been reduced after the epidemic, and the manpower at relevant BCPs has basically returned to the pre-epidemic level. Meanwhile, the DH also keeps a close eye on technological development and actively explores the adoption of innovative technology in collaboration with other departments at BCPs to reduce the manpower need for health screening and optimise the use of human resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2449)

Head: (37) Department of Health

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

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Health

Question:

It has been reported that there are only 3.7 dentists approximately on average for every 10 000 in Hong Kong people, a ratio that is lower than that in many developed countries and the Mainland. In this connection, will the Government please inform this Committee of:

1) the establishment, actual strength, vacancies and wastage rates of the Dental Officer grade and other dental care services personnel in the Government for the past 5 years;

2) further to the above question, whether the Government has identified the reasons for the staff wastage; if yes, the details; if no, the reasons; and

3) the measures taken by the Government to ensure that manpower for public dental services is sufficient to meet the service demand of the public?

Asked by: Hon LEE Hoey Simon (LegCo internal reference no.: 13)

Reply:

1) The establishment, actual strength, vacancies and wastage rates of the Dental Officer (DO) grade and other dental care services personnel in the Department of Health (DH) are set out in the **Annex**.

2) In the past 5 years, a total of 151 DOs have left service, 47 of whom have reached retirement age at the time of departure. Wastage of other DOs might be related to their career paths and aspirations.

3) To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint

emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitate citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The Government has adopted a multi-pronged approach to ensure sufficient manpower to meet the demand for public dental services. Regarding the training of talents, the Government has increased the number of first-year-first-degree training places of the University Grants Committee-funded bachelor programme in dentistry on 4 occasions. The number increased from 50 per year in the 2009/10 academic year to 90 in the 2024/25 academic year, representing an increase of 80%. Meanwhile, under the premise that professional standards and patients' wellbeing are maintained, the Government provides different pathways for admitting qualified non-locally trained dentists. Apart from the Licensing Examination (LE) organised all along by the Dental Council of Hong Kong (DCHK), new pathways of limited registration and special registration have also been introduced.

As for public dental services, the DH has all along been taking various measures to encourage dentists to join the Government by, for example, providing more opportunities for continuing education, specialist training and promotion, besides retaining talents who wish to continue to serve the public through the Post-retirement Service Contract Scheme. The DH regularly organises talks and briefing sessions for graduating students of the Faculty of Dentistry of the University of Hong Kong (HKU) to introduce training and career opportunities of the post of DO to attract more fresh graduates to apply for the post. In 2024, there were a total of 50 new recruits, 80% of whom were fresh graduates. To attract more prospective candidates to apply for DOs, the DH has been launching year-round recruitment from 2021, granting incremental credits based on the work experience of candidates and exercising flexibility in the language proficiency requirement for appointment. Apart from civil service recruitment, the DH accepts applications for non-

civil service contract positions throughout the year from persons with relevant professional qualifications, with a view to attracting a wider pool of suitable talents.

The DH launched a recruitment exercise for full-time Contract Dentist (General Dentistry) in July 2024 and accepted applications from both locally and non-locally trained dentists. In addition to disseminating information on its websites for access from around the world, the DH conducted promotion in different regions through offices outside Hong Kong. At the same time, the relevant information was disseminated to dental training institutions and dentists organisations. Online briefing sessions were held to introduce the job opportunities offered by the DH to interested parties in the Mainland and overseas. By the deadline for application, the DH has received over 90 applications from non-locally trained dentists. As at 28 February 2025, the DH has issued conditional offers to 11 non-locally trained dentists assessed to be suitable for recruitment. These recruited applicants, who are non-locally trained dentists, may join the DH upon completion of their applications to the DCHK and issuance of limited registration or special registration. 3 of these recruited non-locally trained dentists reported to duty on 10 March.

The Government concurred with the Working Group's views on ancillary dental workers, (to be retitled as dental care professionals (DenCPs) upon commencement of relevant provisions of the Dentists Registration (Amendment) Ordinance (DRO)), which comprised of dental hygienists and dental therapists, could play a significant role in primary oral healthcare. Based on the risk-based principle and after consultation with the profession and relevant stakeholders, the DRO will suitably adjust the scope of practice of dental hygienists and dental therapists to enable them, upon training, to carry out certain lower-risk preventive dental care (e.g. oral examination, education, teeth cleaning and polishing, fluoride application) without the presence of a dentist, and perform scaling in accordance with the directions of a dentist who is present in the same premises. Dental therapists may also perform basic curative dental care (e.g. filling, extraction) in accordance with the directions of a dentist who is present in the same premises, enabling dentists to focus on more complex dental treatments. To strengthen the training for local DenCPs, the Government announced in the 2023 Policy Address that it would gradually increase the training places of DenCPs. In the 2025/26 academic year, the total number of training places (including places offered by the Prince Philip Dental Hospital's programmes for dental hygienists and dental therapists, and 60 places offered by the Vocational Training Council's new programme for Professional Diploma in Dental Hygiene) will rise to 220, representing an increase of nearly 20% compared to the 2024/25 academic year. The increase rate will reach 57% in the 2028/29 academic year.

Annex

Establishment, actual strength, vacancies and wastage rates of Dental Officer grade and other dental care services personnel in the DH

Grade	2020-21				2021-22			
	Establishment	Actual strength	Vacancies	Wastage rate [Note 1] (%)	Establishment	Actual strength	Vacancies	Wastage rate [Note 1] (%)
Dental Officer	372	349	23	4.3%	371	321	50	12.1%
Dental Hygienist	14	11	3	36.4%	14	9	5	22.2%
Dental Surgery Assistant	365	362	3	6.4%	365	354	11	7.9%
Dental Technician	47	47	0	0%	47	49	-2 [Note 2]	8.2%
Dental Therapist	298	266	32	3.8%	298	251	47	9.2%

Grade	2022-23				2023-24				2024-25 (As at 1 February 2025)			
	Establishment	Actual strength	Vacancies	Wastage rate [Note 1] (%)	Establishment	Actual strength	Vacancies	Wastage rate [Note 1] (%)	Establishment	Actual strength	Vacancies	Wastage rate [Note 1] (%)
Dental Officer	370	294	76	12.9%	370	268	102	13.1%	372	290	82	8.3%
Dental Hygienist	14	9	5	11.1%	14	8	6	12.5%	24	12	12	0%
Dental Surgery Assistant	366	343	23	7.3%	366	342	24	7.3%	397	337	60	4.5%
Dental Technician	47	47	0	6.4%	47	45	2	4.4%	47	42	5	7.1%
Dental Therapist	298	240	58	9.2%	298	236	62	5.9%	298	235	63	6.8%

Note 1 The wastage rate is calculated by dividing the number of wastage by the actual strength on the end date of the financial year or as at 1 February 2025.

Note 2 Including 2 staff on pre-retirement leave.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2094)

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 the Coronavirus Disease 2019 (COVID-19) pandemic, some unscrupulous individuals feigned the illness to coax doctors time and again into prescribing oral drugs for COVID-19 during medical consultations, potentially with the intent to resell them for profit. Media reports surfaced from time to time, indicating that some patients had resold surplus drugs from public hospitals or the Department of Health (DH) either offline or online. Sellers even explicitly stated that the prescription drugs came from public hospitals or the DH, hammering home the point about improper use of public healthcare resources. In this connection, will the Government inform this Committee of:

1. the expenditure of the Hospital Authority (HA) and DH on procuring drugs for each of the past 5 years;
2. the number of convictions for the sale or possession of unregistered drugs recorded by the DH in each of the past 5 years, and of which, the number involving the resale of drugs from public hospitals or the DH;
3. the number of intelligence-led enforcement actions conducted for the resale of drugs from public hospitals or the DH in each of the past 5 years;
4. whether the Government has conducted any review and taken any action to curb the resale of drugs from public hospitals or the DH over the past 5 years; if not, whether the Government will review the current procedures for prescribing drugs, such as labelling the drugs prescribed by public hospitals or the DH distinctly, or removing their original packaging to prevent resale?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 17)

Reply:

(1)

In line with the Government's public healthcare policy to ensure that no one is denied adequate medical treatment due to lack of means, the Hospital Authority (HA) provides medical services and drugs or medical items to patients at highly subsidised rates based on their clinical needs and in accordance with the HA's treatment guidelines. The expenditures

of the HA and the Department of Health (DH) on procuring drugs in each of the past 5 years are as follows:

	2020-21	**2021-22**	**2022-23**	**2023-24**	**2024-25 (Estimate)**
HA Expenditure on Procuring Drugs* ($ million)	8,685	9,642	12,451	13,127	12,951
DH Expenditure on Procuring Drugs ($ million)	678.0	612.0	681.1	648.9	623.5

* Including drugs charged on standard fees and those self-financed by patients. Other expenses such as storage and repackaging were not included.

(2) & (3)

Under the Pharmacy and Poisons Ordinance (Cap. 138) (the Ordinance), pharmaceutical products (PPs) must meet the standards of safety, efficacy and quality, as well as have been approved for registration with the Pharmacy and Poisons Board of Hong Kong (the Board) before such products may be sold or distributed in the Hong Kong Special Administrative Region (HKSAR). In addition, if the medicine concerned is included in Part 1 of the Poisons List of the Ordinance, the PP concerned can only be sold on the registered premises at Authorized Sellers of Poisons (ASPs, commonly known as "pharmacies") under the supervision of a registered pharmacist, and prescription drugs can only be sold at registered pharmacies under the supervision of a registered pharmacist and in accordance with the prescription of a medical practitioner. The Code of Practice for Authorized Sellers of Poisons issued by the Board under the Ordinance mandates pharmacies to obtain PPs through lawful channels, such as licensed pharmaceutical wholesale dealers or licensed pharmaceutical manufacturers for sale.

The Ordinance and the Pharmacy and Poisons Regulations (Cap. 138A) stipulate that it is an offence for any person to sell (by any means, including online) or possess unregistered PPs or Part 1 poisons unlawfully, or to sell or supply PPs for resale without authorisation or the relevant licence. Upon conviction, the maximum penalty for each charge is a fine of $100,000 and imprisonment for 2 years. In addition, if a licensed medicine trader is found to have breached the code of practice, the case may be referred to the Board for disciplinary proceedings.

The DH adopts a risk-based approach and conducts blitz inspections of licensed medicine traders (including pharmacies) from time to time to monitor their compliance with the legislation and the relevant codes of practice. In accordance with the established mechanism, the DH monitors the sale of PPs in the market and follows up on the relevant complaints received. When suspected breaches of drug-related legislation are identified, the DH will immediately initiate investigation and, where necessary, refer the case to the relevant law-enforcement departments for follow-up actions or carry out joint operations with the departments. Any irregularities detected will be dealt with according to the law. Upon

completion of investigation, the DH will consult the Department of Justice (DoJ) for prosecution advice.

In addition, when the DH learns of the potential irregularities in the market, it will proactively remind medicine traders of the relevant statutory requirements through various channels (such as issuing letters) and encourage them to inform the DH of such to combat crime.

Over the past 5 years, the DH has handled 121 conviction cases involving illegal sale and/or possession of unregistered PPs. During the course of the DH's investigation, no evidence was found to suggest that the cases involved supply (or sale) of medicines from public hospitals or the DH. A breakdown by year of the relevant convictions over the past 5 years is set out below:

Year	Number of Conviction Cases Involving Illegal Sale and/or Possession of Unregistered PP
2020	18
2021	26
2022	18
2023	30
2024	29
Total	**121**

The DH has been following up on intelligence (including complaints) involving suspected supply (or sale) of medicines from public hospitals or the DH. Over the past 5 years, the DH proactively took enforcement actions and carried out investigations into 3 cases involving intelligence related to suspected supply (or sale) of medicines from public hospitals or the DH. After investigation or consultation with the DoJ, no sufficient evidence was found to initiate prosecution regarding these cases. A breakdown by year of the relevant cases in the past 5 years is set out below:

Year	Number of Cases Involving Intelligence Related to Suspected Supply (or Sale) of Medicines from Public Hospitals or the DH
2020	0
2021	1
2022	1
2023	0
2024	1
Total	**3**

Apart from strengthening control through enforcement, the DH has been reminding medicine traders of the regulatory requirements for the sale of medicines through various channels, including letters, newsletters for medicine traders and online information. The DH has also compiled safety information for consumers regarding the selection and use of medicines, including the "General Knowledge on the Use of Medicines".

To protect public health, the DH has been issuing press releases to alert members of the public on incidents such as illegal sale and/or possession 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.

As mentioned in the Chief Executive's Policy Address in 2023 and 2024, the HKSAR Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. To this end, the HKSAR Government set up a Preparatory Office for the Hong Kong Centre for Medical Products Regulation (CMPR) in the DH in June 2024. The Preparatory Office is proactively reviewing the regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; studying the potential restructuring and strengthening of the regulatory and approval regime for medicines, medical devices and medical technology; and putting forward proposals and steps for the establishment of the CMPR which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development as well as testing of medical products. The Preparatory Office is drawing up the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and will announce them in the first half of 2025 as scheduled. The Preparatory Office will also conduct a review of the need for amending existing legislation related to drugs (in respect of, for example, the requirement for an electronic record of drug supply, prohibition to adopt names or descriptions alluding to "pharmacies", etc.) to step up the overall regulation of drugs.

(4)

Members of the public should not supply (or sell) medicines prescribed by doctors to others. To enhance public awareness, the DH has also posted notices at the dispensaries of its clinics to provide the public with relevant information. The DH continuously emphasises that patients should take prescribed medications on time and follow the instructions of doctors or pharmacists. They should not arbitrarily stop taking medications or reduce the dosages. At the same time, the DH has been providing the public with information on health education and drug knowledge through various channels, such as its Drug Office website, which provides information on the use of drugs and the stipulations of the drug-related legislation.

On the other hand, the HA has in place a mechanism to monitor the utilisation and expenditures of drugs to ensure prudent use of limited public healthcare resources. The HA will optimise the existing drug dispensing mechanism in public hospitals, with new arrangements introduced on 24 March 2025, under which all discharged patients, as well as patients attending Specialist and General Outpatient Clinics of the HA will be dispensed medications with a maximum of 24 weeks. If a patient is prescribed with medications for more than 24 weeks, arrangement will be made for the patient to collect the medications through medication refills, so as to prevent patients from accumulating excess medications at home, thereby reducing medication wastage and profit-making resale. If anyone is found to be deliberately reselling medications for profit, the HA will contact relevant law enforcement and regulatory authorities for appropriate follow-up actions.

In addition, the Government and the HA will endeavour to implement the fees and charges reform for public healthcare announced recently. By reforming the subsidisation structure, reducing waste and abuse, and enhancing healthcare protection, the initiative aims at guiding

the public to make optimal use of healthcare resources, as well as enhancing healthcare protection for "poor, acute, serious, critical" patients on all fronts, with a view to ensuring that limited healthcare resources can be directed in a targeted manner to help those patients most in need. The ultimate goal is to enhance the sustainability of the healthcare system to cope with the challenges posed by an ageing population, inflation of healthcare costs, etc., thereby serving as a safety net for all.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2111)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the COVID-19 Vaccination Programme, will the Government advise this Committee on:
1. the quantity of vaccines administered each month in the past 3 years, broken down by age group and type of vaccine;
2. the quantity of expired vaccines in each of the past 3 years and whether the Government has taken any measures to mitigate waste; if yes, the details; if no, the reasons;
3. the utilisation of the latest JN.1 vaccine and whether the Government will replace older vaccines with it entirely;
4. the quantity of vaccines to be procured for implementing the Programme this year, as well as the total amount of such procurement and the personnel involved.

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 105)

Reply:

The Government has been procuring sufficient quantity of COVID-19 vaccines with reference to vaccination data, recommendations made by the World Health Organization (WHO) and the Scientific Committee on Vaccine Preventable Diseases and Scientific Committee on Emerging and Zoonotic Diseases (also known as the Joint Scientific Committee) under the Centre for Health Protection (CHP) of the Department of Health (DH), demographic data and the supply terms of vaccine suppliers. Since the commencement of the COVID-19 Vaccination Programme (the Vaccination Programme), the vaccines have been distributed from warehouse to various vaccination venues according to the "first-expired, first-out" principle. However, the public demand for vaccines varies with a number of factors, such as the number of persons infected and changes in the epidemic situation. The Government will continue to formulate policies on vaccine supply based on scientific evidence.

1.

Over the past 3 years to date, the monthly number of various types of vaccines administered under the Vaccination Programme with a breakdown by age is set out below:

Number of vaccine doses administered	Type of vaccine					
2022-23	Inactivated vaccine			Messenger ribonucleic acid (mRNA) vaccine		
	Aged between 6 months and 11	Aged between 12 and 49	Aged 50 or above	Aged between 6 months and 11	Aged between 12 and 49	Aged 50 or above
April 2022	110 051	90 190	222 321	28 637	297 456	165 435
May 2022	33 788	118 296	258 583	39 436	413 784	176 219
June 2022	29 691	80 335	228 125	12 504	185 667	94 498
July 2022	39 147	47 647	134 691	5 048	76 310	61 550
August 2022	72 130	74 522	194 414	6 760	122 712	111 484
September 2022	109 758	114 325	234 439	11 037	190 256	130 742
October 2022	47 671	53 013	104 583	6 112	99 498	57 776
November 2022	20 427	22 356	52 735	6 003	38 468	23 601
December 2022	18 316	21 426	63 109	5 310	99 250	148 667
January 2023	6 563	9 703	40 441	3 239	85 405	141 389
February 2023	2 123	3 356	19 051	1 277	16019	32 077
March 2023	1 353	2 465	11 088	930	8 529	15 836
Total	**491 018**	**637 634**	**1 563 580**	**126 293**	**1 633 354**	**1 159 274**
	2 692 232			**2 918 921**		

Number of vaccine doses administered	Type of vaccine					
2023-24	Inactivated vaccine			mRNA vaccine		
	Aged between 6 months and 11	Aged between 12 and 49	Aged 50 or above	Aged between 6 months and 11	Aged between 12 and 49	Aged 50 or above
April 2023	821	1 903	11 269	671	7 652	17 701
May 2023	668	442	9 908	523	1 293	15 407
June 2023	478	251	6 250	379	689	8 919
July 2023	329	168	4 818	271	368	6 466
August 2023	274	257	4 184	194	292	4 682
September 2023	131	103	3 262	111	212	4 002
October 2023	198	212	10 355	166	287	8 574
November 2023	211	120	8 014	142	197	8 160
December 2023	188	189	9 484	141	288	22 840
January 2024	170	523	14 619	173	1 442	63 037
February 2024	87	210	4 879	91	1 297	30 941
March 2024	97	210	3 470	118	709	15 835
Total	**3 652**	**4 588**	**90 512**	**2 980**	**14 726**	**206 564**
	98 752			**224 270**		

Number of vaccine doses administered	Type of vaccine					
2024-25 (as at 28 February 2025)	Inactivated vaccine			mRNA vaccine		
	Aged between 6 months and 11	Aged between 12 and 49	Aged 50 or above	Aged between 6 months and 11	Aged between 12 and 49	Aged 50 or above
April 2024	58	130	2 047	88	335	6 449
May 2024	90	117	2 014	96	256	5 822
June 2024	67	127	1 466	92	188	3 601
July 2024	52	114	1 517	91	212	3 348
August 2024	44	134	2 805	69	266	5 577
September 2024	24	274	4 310	53	369	6 063
October 2024	7	63	924	70	404	12 347
November 2024	0	0	0	99	342	9 431
December 2024	0	0	0	73	373	11 983
January 2025	0	0	0	71	442	8 193
February 2025	0	0	0	55	310	5 465
Total	**342**	**959**	**15 083**	**857**	**3 497**	**78 279**
	16 384			**82 633**		

Note: The inactivated COVID-19 vaccines in the territory have expired and ceased supply on 3 October 2024.

2.

Since the implementation of the Vaccination Programme until now (as at 28 February 2025), about 290 000 doses of the CoronaVac (Sinovac) vaccine (about 3.1% of the procurement total), 1.41 million doses of the Comirnaty (ancestral strain) vaccine (about 11.3% of procurement total), 1.18 million doses of the Comirnaty bivalent vaccine (about 62.1% of the procurement total) and about 900 doses of the Comirnaty XBB.1.5 vaccine (adult formulation) (about 0.6% of the procurement total) had to be disposed of due to expiration in warehouse. This was attributable to, among other factors, the diminished need for old formulations of vaccines resulting from the use of new vaccine strains as recommended by the WHO and the Joint Scientific Committee in response to virus mutation. Overall, the number of vaccines requiring disposal due to expiration in warehouse only accounted for about 12% of the total vaccines procured, which is in line with the standard stipulated by COVAX for the wastage rate of COVID-19 vaccines.

The Government will continue to review the local arrangements of vaccine procurement and make reference to overseas experiences to adopt various feasible measures to make the best use of the procured vaccines.

3.

Acting on the recommendations from the WHO and the Joint Scientific Committee, the Government has been providing JN.1 lineage COVID-19 vaccines (JN.1 vaccines) to eligible persons aged 12 and above under the Vaccination Programme in place of the XBB vaccines since 19 November 2024. In addition, the JN.1 vaccines (toddler and paediatric formulations) have also been provided by the Government to eligible children aged between 6 months and 11 years old since 25 February 2025 to replace the XBB vaccines. As at 28

February 2025, about 30 000 doses of JN.1 vaccines have been administered under the Vaccination Programme. The Government will continue to closely monitor the mutation of the coronavirus and assess the risks with an emphasis on safeguarding high-risk groups, and will keep in view the WHO's latest assessment of the pandemic as well as the latest recommendations from the Joint Scientific Committee.

4.

Regarding the procurement of COVID-19 vaccines, as at 28 February 2025, the Government has procured about 30 000 doses of Comirnaty XBB.1.5 vaccine, around 115 000 doses of Comirnaty JN.1 vaccine and approximately 110 000 doses of Spikevax JN.1 vaccine. The expenditure incurred (including transport and storage costs) is about $83.4 million. As the procurement of COVID-19 vaccines is undertaken by the staff responsible for the procurement and management of other vaccination programmes under the DH, the manpower involved in the Vaccination Programme cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2112)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), will the Government advise this Committee on:

1. the details of the number of attendances, the amount of vouchers claimed and the types of healthcare services in respect of the 7 participating medical institutions since the launch of the Pilot Scheme;

2. whether the Government has received any complaints from patients since the Pilot Scheme was launched; and their follow-up;

3. in view of society's concern on and monitoring of the Elderly Health Care Voucher Scheme (EHVS), whether the Government has conducted any spot checks on the Pilot Scheme; the situation concerned; and whether the percentage of these checks is consistent with that on local EHVS; if yes, the details, if no, the reasons; and

4. whether the Government has any plans or timetable to further extend the Pilot Scheme to the remaining cities in the Greater Bay Area, if yes, the details, if no, the reasons?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 106)

Reply:

1.

The Government launched the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) in 2024 to extend the coverage of Elderly Health Care Vouchers (EHCVs) to 7 medical institutions in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). As at end-2024, there were a total of 15 468 voucher claim transactions at the 7 medical institutions under the Pilot Scheme, with the amount claimed totalling about $19.78 million. The number of voucher claim transactions and the amount of vouchers claimed at each of the pilot medical institutions, broken down by service type, are tabulated below:

Pilot Medical Institutions	Preventive Care		Follow-up / Monitoring of Long Term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)
The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	158	191	1 254	103	305	500	148	137	1 865	931
Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	289	305	969	125	505	450	289	115	2 052	995
Shenzhen New Frontier United Family Hospital (since 14 August 2024)	572	762	599	269	229	562	2	1	1 402	1,594
Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024) Note: The Department of Stomatology pending commencement	17	24	188	13	33	56	8	2	246	95
Dongguan Tungwah Hospital (since 6 September 2024)	313	221	335	45	125	174	17	11	790	451
Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	2 266	362	4 180	200	87	7,082	2 370	7,620	8 903	15,264
Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	69	65	93	56	17	199	31	132	210	452

2. As at 31 December 2024, the Department of Health (DH) received 3 complaints against medical institutions under the Pilot Scheme in relation to operational procedures and service charges. Upon completion of the follow-up investigations, the DH has found no non-compliance with the terms and conditions of the Elderly Health Care Voucher Scheme (EHVS) Agreement or voucher claims showing aberrant patterns by the pilot medical institutions concerned.

3. The DH adopts a robust monitoring mechanism for checking and auditing voucher claims under the EHVS to ensure proper disbursement of public monies in the handling of

reimbursement to healthcare service providers. The relevant measures and procedures include routine checking, monitoring and investigating in respect of aberrant transactions, and investigations into complaints. The DH adopts a risk-based approach to check voucher claims, targeting healthcare service providers who have records of non-compliance with the terms and conditions of the EHVS Agreement and those whose voucher claims show aberrant patterns. The above measures will also be applicable to the University of Hong Kong-Shenzhen Hospital and the medical institutions participating in the Pilot Scheme.

In addition to enforcing the above checking and auditing strategies concerning the medical institutions under the Pilot Scheme, the DH has further obtained consent from the health authorities of the Mainland to provide assistance to facilitate the DH's monitoring and investigation in respect of the Pilot Scheme when necessary, enhancing its monitoring capabilities and ensuring the proper reimbursement of voucher claims to the participating medical institutions.

As at end-December 2024, the DH conducted inspections of all participating pilot medical institutions with related monitoring measures well in place. No aberrant voucher claims were found.

4. The Chief Executive's 2024 Policy Address announced the extension of the Pilot Scheme to cover 9 Mainland cities in the GBA. The Health Bureau and the DH are actively taking forward the related work. The initial plan is to commence the relevant arrangements by the 4th quarter of 2025.

- End -

CONTROLLING OFFICER'S REPLY

(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 Department of Health has stated in the Matters Requiring Special Attention in 2025-26 under this Programme that it will continue to enhance the seasonal influenza vaccination arrangements for better protection of high risk groups. In this connection, will the Government inform this Committee of:

1. the number of persons in target groups vaccinated under the Government's influenza vaccination programmes and their respective uptake rates in the past 3 years;
2. the expenditure of the Government's influenza vaccination programmes in the past 3 years and the estimated expenditure for 2025-26; and
3. the number of severe cases and deaths involving children and elderly persons associated with influenza as well as the death rates in the past 3 years, and whether those children and elderly persons had received influenza vaccine?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 152)

Reply:

(1) & (2)

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health (DH) issues recommendations on the seasonal influenza (SI) vaccines to be used and the priority groups for receiving vaccination in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organization and overseas practices.

Based on the recommendations of the SCVPD, the DH has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons:

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

- Seasonal Influenza Vaccination School Outreach Programme (SIVSOP), which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

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

The target population, the number of vaccine recipients, the uptake rate and the expenditure on subsidy for the eligible groups under each vaccination programme/scheme in the past 3 seasons are detailed at **Annex 1**. As some target group members may have, at their own expense, received SI vaccination at private clinics outside the Government's vaccination programmes/schemes, they are not included in the statistics concerned.

As at 23 March this year, with the concerted efforts of the Government and all sectors of the community such as the medical sector, schools, parents and residential care homes, a record high number of about 2.07 million doses of SI vaccine have been administered under various vaccination programmes/schemes in 2024/25, representing an increase of about 12.2% over the same period of the last influenza vaccination season and exceeding the total number of doses (about 1.87 million doses) administered last season.

Regarding the seasonal influenza vaccination schemes in 2025/26, the Government will continue to step up efforts to assist high-risk groups (especially young children, schoolchildren, and the elderly) in receiving influenza vaccination, and is exploring the feasibility of procuring a portion of the SI vaccines for private doctors enrolled in the VSS, and has been liaising with vaccine suppliers to gain a better understanding of the market supply. Details will be announced in due course. The estimated expenditure for 2025/26 (i.e. the subsidies for private doctors under the SIVSOP and the VSS) is about $279 million. As vaccination services under the GVP are provided free of charge by public hospitals/clinics etc., the related expenses cannot be separately identified.

(3)

The numbers of severe cases and deaths involving children and elderly persons associated with seasonal influenza and the death rates in each of the past 3 years, as well as whether those children and elderly persons had received influenza vaccinations, broken down by age group, are detailed at **Annex 2**.

The winter influenza season, which began in early January and ended on 27 March this year, saw a low incidence of severe cases and deaths (even lower than the situation before the COVID-19 pandemic). Among them, 10 cases regarding severe influenza-associated complications in children were recorded this season without deaths, which was nearly 60% lower than the 24 cases (including 1 death) reported during the 2018/19 influenza season. The CHP believes this is the result of the concerted and comprehensive efforts of various stakeholders in the community and the public to increase the SI vaccination rate.

Annex 1

Target group	Programmes /schemes for provision of SI vaccination	2022/23				2023/24				2024/25 (as at 23 March 2025)			
		Target Population *	No. of SI vaccine recipients under each vaccination programme/ scheme	The uptake rate within the age group	Subsidy@ claimed ($ million)	Target Population *	No. of SI vaccine recipients under each vaccination programme/ scheme	The uptake rate within the age group	Subsidy@ claimed ($ million)	Target Population*	No. of SI vaccine recipients under each vaccination programme/ scheme	The uptake rate within the age group	Subsidy@ claimed ($ million)
Elderly aged 65 or above	GVP	1 520 100	452 900	48.3%	Not applicable	1 637 600	513 100	51.5%	Not applicable	1 715 400	515 500	51.3%	Not applicable
	VSS		281 300		73.1		329 700		85.7		364 400		94.7
Persons aged between 50 and 64	GVP	1 796 700	49 200	17.8%	Not applicable	1 824 900	6 100	19.2%	Not applicable	1 815 300	115 700	25.3%	Not applicable
	VSS		271 000		70.5		343 400		89.3		343 300		89.3
Children aged between 6 months and under 18	GVP	917 900	1 400	39.8%	Not applicable	929 600	800	53.0%	Not applicable	911 400	6 900	62.1 %	Not applicable
	VSS		104 700		30.3		169 500		50.5		189 900		53.3
	SIVSOP		259 200		28.8		322 000		36.1		369 100		40.6
Others ^	GVP/VSS	#	112 300	#	1.5	#	140 200	#	1.7	#	126 900	#	1.6
Total			**1 532 000**		**204.2**		**1 824 800**		**263.3**		**2 031 700**		**279.5**

* Provisional figures for the relevant population group at mid-year as estimated by the Census and Statistics Department.

@ Refers to the subsidy for private doctors participating in the SIVSOP and the VSS. As vaccination services under the GVP are provided free of charge by public hospitals/clinics etc., the related expenses cannot be separately identified.

^ 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.

Annex 2

Age Group	2023			2024			2025 (as at 16 March 2025)		
	Number of severe cases (cases in which vaccination was not received during the influenza season)*	**Number of deaths (cases in which vaccination was not received during the influenza season)**	**Death rate (per 100 000 population) ^**	**Number of severe cases (cases in which vaccination was not received during the influenza season)***	**Number of deaths (cases in which vaccination was not received during the influenza season)**	**Death rate (per 100 000 population) ^**	**Number of severe cases (cases in which vaccination was not received during the influenza season)***	**Number of deaths (cases in which vaccination was not received during the influenza season)**	**Death rate (per 100 000 population) ^**
Between 0 and 5	7 (7)	3 (3)	1.19	14 (13[#])	2 (1)	0.84	4 (4)	0 (0)	0
Between 6 and 11	7 (4)	0 (0)	0	11 (7)	4 (2)	1.22	3 (1)	0 (0)	0
Between 12 and 17	9 (7)	2 (2)	0.56	4 (3)	0 (0)	0	3 (2)	0 (0)	0
Total number of children	23 (18)	5 (5)	0.52	29 (23[#])	6 (3)	0.65	10 (7)	0 (0)	0
Elderly persons (aged 65 or above)	173 (116)	515 (293)	31.37	185 (139)	820 (413)	47.70	58 (38)	297 (169)	16.91

* Cases of deaths not included

Including 1 case in which the child was under 6 months old

^ Estimates for 2023 to 2024 are based on the mid-year population figures for the respective year, while estimates for 2025 are based on the end-of-year population figures for 2024.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2150)

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 the light of the rapidly ageing population, the Government mentioned in the Matters Requiring Special Attention in 2025-26 that it would continue to oversee the Outreach Dental Care Programme for the Elderly (ODCP) to address the growing demand for dental services among the elderly. In this connection, will the Government please inform this Committee of:

(a) the numbers of residential care homes for the elderly (RCHEs) participating in the ODCP and the elderly service recipients in the past 5 years;

(b) the estimated expenditure and staffing arrangements in respect of the ODCP in the past 5 years;

(c) regarding the future direction of the ODCP, whether regular reviews will be conducted by the Government to assess if the geographical coverage of the ODCP is sufficient; and

(d) upon delivery of ODCP services, whether the Government has conducted surveys among the elderly and RCHEs to gauge service satisfaction?

Asked by: Hon NG Chau-pei, Stanley (LegCo internal reference no.: 28)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the Outreach Dental Care Programme for the Elderly (ODCP) is a service focusing on underprivileged groups who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

The ODCP has been implemented since October 2014 to provide free on-site oral check-up for elderly persons and oral care training to caregivers of residential care homes (RCHEs), day care centres (DEs) and similar facilities in the 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). The timing for provision of the service is arranged between the NGOs and RCHEs/DEs; basically, elderly persons in RCHEs/DEs participating in the ODCP receive the service once a year. Free dental treatments will be provided on-site or at a dental clinic if the elderly person is considered suitable for further curative treatments. The outreach dental teams will also design personalised oral care plans for elderly persons to suit their oral care needs and self-care abilities. A total of 25 outreach dental teams from 11 NGOs have currently been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Six civil service posts in DH are responsible for implementing the ODCP.

Since implementation of the ODCP in October 2014 and up to end-January 2025, the number of attendances was about 428 000.

As at January 2025, around 80% of the RCHEs/DEs have participated in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHEs/DEs to discuss further promotion efforts. The DH regularly reviews the implementation and effectiveness of the ODCP through questionnaire surveys, the results of which indicated that the RCHEs/DEs interviewed are satisfied with the ODCP. The Government also takes the initiative to learn about the situations faced by the RCHEs/DEs that have not participated in the ODCP, such as the floor area and manpower of the RCHEs, the health conditions of their residents, as well as the requests of the residents and/or their families, etc. Some

RCHEs/DEs, on the other hand, have arranged dental services on their own for their residents. The Government will continue to promote the programme and encourage participation.

The Government's actual expenditure in respect of the implementation of the ODCP in 2020-21, 2021-22, 2022-23, 2023-24 and its revised estimate in 2024-25, as well as the number of RCHEs/DEs participating in the ODCP and the number of attendances for the ODCP in 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 (up to January 2025) are set out below:

Year	2020-21	2021-22	2022-23	2023-24	2024-25 (up to January 2025)
Annual expenditure ($ million)	37.8 (Actual)	41.6 (Actual)	48.6 (Actual)	55.8 (Actual)	63.7 (Revised Estimate)
Number of RCHEs/DEs participating in the ODCP	630	690	706	830	823
Number of attendances	25 011	37 245	39 146	47 931	45 334

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0927)

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:

Enforcing laws on tobacco control is one of the work of the Department of Health (DH) under this Programme. According to the Matters Requiring Special Attention in 2025-26, DH will take forward the next phase of tobacco control measures and strengthen the enforcement of the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). Please advise this Committee on the Government's expenditure and manpower involved in enforcing laws on tobacco control in 2024-25, the effectiveness of its work (in terms of, for example, enforcement action taken and the number of prosecutions instigated), and the estimated manpower and expenditure devoted to the enforcement work in 2025-26?

Asked by: Hon NG Kit-chong, Johnny (LegCo internal reference no.: 25)

Reply:

The Health Bureau (HHB) introduced in June 2024 the new tobacco control strategy, outlining the short, medium and long-term measures to further reduce smoking prevalence incrementally through various measures, with a view to minimising the harmful effects of tobacco products on the community and safeguarding public health through a multi-pronged approach. These measures are formulated around four directions under the tobacco control strategy, namely, reducing the demand for and supply of tobacco products, minimising the attractiveness of tobacco products, protecting the public from the hazard of second-hand smoke and strengthening the provision of smoking cessation services, aiming to take forward the tobacco control process incrementally. The HHB plans to introduce the proposed legislative amendments for the next-phase tobacco control measures to the Legislative Council for scrutiny by the end of this month.

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

(including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints/referrals received, inspections conducted, warning letters issued, and FPNs/ summonses issued by the TACO in 2024 for smoking and other offences are at **Annex 1**.

The TACO will continue to closely monitor the market situation and take stringent enforcement actions against violation of the Smoking (Public Health) Ordinance. The revised estimate, estimate and approved establishment for the period from 2024-25 to 2025-26 in relation to the tobacco control work carried out by the TACO are set out in **Annex 2** and **Annex 3** respectively.

Annex 1

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

		2024
Complaints/referrals received		29 205
Inspections conducted		30 162(Note 3)
Warning letters issued(Note 1)		10
FPNs issued (for smoking offences)		13 488(Note 3)
Summonses issued	for smoking offences	64
	for other offences(Note 2)	871

Note:

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

2 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

3 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

Annex 2

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

	2024-25 Revised Estimate ($ million)	2025-26 Estimate ($ million)
Enforcement		
Programme 1: Statutory Functions	***167.4***	***174.8***
Health Education and Smoking Cessation		
Programme 3: Health Promotion	***170.5***	***180.9***
(a) General health education and promotion of smoking cessation		
TACO	*88.2*	*87.0*
Subvention to Hong Kong Council on Smoking and Health	*27.9*	*27.3*
Sub-total	***116.1***	***114.3***
(b) Revised estimate/estimate for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*14.0*	*17.8*
Subvention to Pok Oi Hospital	*17.9*	*20.9*
Subvention to Lok Sin Tong	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*8.9*	*13.8*
Subvention to Life Education Activity Programme	*3.0*	*3.0*
Subvention to Christian Family Service Centre	*7.0*	*4.5*
Subvention to the University of Hong Kong	*-*	*3.0*
Sub-total	***54.4***	***66.6***
Total	**337.9**	**355.7**

Annex 3

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

Rank	Number of staff in 2024-25 and 2025-26
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0943)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

It is mentioned in the 2024 Policy Address that the Government plans to formulate risk-based screening programmes for prevalent cancers on a gradual basis, including breast cancer screening, exploring the use of artificial intelligence (AI) to assist lung cancer screening, and implementing hepatitis B screening to prevent liver cancer. It is mentioned in the Controlling Officer's Report that the Department of Health (DH) will formulate risk-based screening programmes for prevalent cancers in 2025-26. In this connection, will the Government inform this Committee of the following:

1. the respective amount of funding earmarked by the Government for breast cancer screening, AI-assisted lung cancer screening and the implementation of hepatitis B screening, and whether additional medical funding will be earmarked for treating new cases of cancer following the above screening; if yes, the details; if no, the reasons;

2. regarding the 3 screening programmes mentioned above, how the Government will deploy staff for their implementation and whether additional manpower is required; if additional manpower is needed, the relevant staff establishment; if existing manpower is to be deployed to take forward the above screening programmes, from which departments the Government will deploy staff, the respective number of staff to be deployed, and how the Government will ensure that existing health services remain unaffected; and

3. regarding the 3 screening programmes mentioned above, the estimated time for the DH to announce their details and whether the Government has formulated a timetable for their implementation; if yes, the details; if no, the reasons?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 1)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the

Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

(1) to (3)

Breast cancer screening

Based on the recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening and launched Phase I of the BCSPP in 2021. Women aged between 44 and 69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of benign breast disease, nulliparity or late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every 2 years.

In the two-year Phase I of the BCSPP (which ran from September 2021 to December 2023), a total of 27 807 women aged between 44 and 69 have received breast cancer risk assessment in Woman Health Centres, 4 Maternal and Child Health Centres and 18 Elderly Health Centres. 7 785 (about 28%) of them underwent the MMG screening on referral based on the risk assessment. Among the women with abnormal MMG results who had been referred to specialists for treatment, 409 cases were followed up in public hospitals, among which 68 were confirmed to have breast cancer. The breast cancer detection rate per 1 000 MMG screenings was 8.7, which was comparable to the international standard of about 5 cases per 1 000 MMG screenings. Of the 68 breast cancer cases identified through the MMG screening, 97% were at stage II or below. Following the review of Phase I of the BCSPP, the breast cancer risk assessment and screening have been included as part of the regular services provided by the Woman Health Service and the Elderly Health Service.

The Woman Health Service under the DH will be integrated into the district health network of the Health Bureau Primary Healthcare Commission within 2025. The service points, to be named Women Wellness Satellites, will form a network with District Health Centres (DHCs)/DHC Expresses in all 18 districts across Hong Kong to provide eligible women with prevention-based and more personalised primary healthcare services, including breast cancer screening. In parallel, the DHCs/DHC Expresses actively promote the "Life Course Preventive Care Plan". In line with the core principles of prevention-oriented and whole-person care, a personalised preventive care plan will be formulated based on the most updated evidence and the health needs of citizens across different life stages. Family doctors and primary healthcare professionals will collaborate to promote healthy lifestyles and disease prevention, including providing education and vaccination for cancer prevention, and advising on cancer screening services according to personal risk factors.

Based on the recommendations of the CEWG, the Government is now preparing for Phase II of the BCSPP to provide subsidised breast cancer screening services for women at high risk of developing breast cancer (i.e. carriers of certain gene mutations and/or with strong family history of breast cancer or ovarian cancer) through Public-Private Partnership programmes in collaboration with non-governmental organisations. Phase II of the BCSPP, of which details will be announced in due course, is expected to be launched around the second quarter of 2025.

Lung cancer screening

Regarding lung cancer screening, the CEWG considers that there is insufficient evidence to recommend population-based screening in asymptomatic persons at average risk. As for asymptomatic persons at higher risk, the CEWG is of the view that based on overseas literature, individuals with heavy smoking history may benefit from lung cancer screening with low-dose computed tomography (LDCT), yet there is currently insufficient data to assess the lung cancer screening strategies in the local setting, such as target groups and the most cost-effective screening protocol.

Given the above scientific evidence, the Government will not implement any lung cancer screening programme at this stage. As proposed in the Chief Executive's 2024 Policy Address, the Government will explore the lung cancer screening strategies in the local setting and consider conducting research in collaboration with universities to provide the scientific basis for the development of local screening strategies and to assess the feasibility of lung cancer screening by the LDCT with artificial intelligence technology for asymptomatic persons at higher risk in Hong Kong. The DH is proactively undertaking the follow-up work in this regard.

Hepatitis B screening

As for liver cancer, the CEWG currently does not recommend routine screening for liver cancer for asymptomatic persons at average risk.

The major risk factor leading to liver cancer is chronic hepatitis B (CHB) infection. As stated in the Chief Executive's 2024 Policy Address, the Government will implement a hepatitis B screening programme this year for early identification and continuous management and treatment of individuals with CHB infection. This will help reduce the risk

of developing serious liver diseases such as cirrhosis and liver cancer associated with CHB infection, thereby minimising the incidence and mortality of liver cancer cases. At the helm of the Primary Healthcare Commission and through strategic purchasing, persons at higher risk will be subsidised under the new programme for hepatitis B screening and continuous management to be provided by the DHCs and family doctors in the community. The Government has earmarked relevant resources, with details to be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0956)

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 Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (DH) makes recommendations regarding the Hong Kong Childhood Immunisation Programme (HKCIP) from the public health perspective, under which children from birth to 5 years of age can receive immunisation at Maternal and Child Health Centres, whereas vaccination for primary school children is provided at schools by the DH's outreaching School Immunisation Teams. In this connection, will the Government advise this Committee on:

1. in tabular form, the estimated number of vaccine recipients, the actual number of people vaccinated, the uptake rate, the expenditure involved and the implementation details of the HKCIP over the past 3 years;

2. the uptake rate of children at recommended age of different vaccines, including those available under and those not covered by the HKCIP;

3. whether the Government has explored the feasibility of fully subsidising children under the HKCIP to receive vaccination at private healthcare facilities;

4. whether the Government has taken any measures to ensure that children of the age cohort suitable for vaccination receive all necessary vaccines; if yes, the details; if no, the reasons; and

5. whether the Government has taken any measures (such as assisting schools in handling administrative procedures or providing policy incentives) to encourage school participation in the Seasonal Influenza Vaccination School Outreach Programme, under which vaccines for the outreach vaccination service are provided to participating schools by the DH; if yes, the details; if no, the reasons?

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 14)

Reply:

The Government attaches great importance to children's health, and is committed to providing children with quality medical and health services. The 29 Maternal and Child Health Centres (MCHCs) in operation under the Department of Health (DH) are set up in all 18 districts in Hong Kong, providing health promotion and disease prevention services for newborn babies, children up to 5 years old and women of reproductive age, including free vaccination services and continuous monitoring of children's growth and development. Data also shows that the overall coverage for relevant vaccines among locally born pre-school children remains at a remarkably high level of over 98%. The DH is discussing the streamlining of maternal health services with the Primary Healthcare Commission and the Hospital Authority to make better use of resources and enhance service efficiency.

1. to 2.
The DH provides free vaccination services for eligible children under the Hong Kong Childhood Immunisation Programme (HKCIP) for the prevention of 12 communicable diseases with public health significance, namely Tuberculosis, Hepatitis B (Hep B), Poliomyelitis, Tetanus, Pertussis, Measles, Diphtheria, Mumps, Rubella, Varicella, Pneumococcal Disease and Human Papilloma Virus (HPV) Infection. With a view to preventing children from contracting communicable diseases, Bacillus Calmette-Guerin (BCG) vaccine and the first dose of Hep B vaccine are first given to newborn babies in hospitals under the current arrangement. Pre-school children (aged 0 to 5) then receive different types of vaccines and boosters at recommended ages of vaccination at the DH's Maternal and Child Health Centres (MCHCs). As for primary school children, vaccination is provided at schools by the DH's outreach School Immunisation Teams (SITs). The Student Health Service (SHS) of the DH also provides free mop-up vaccination at Student Health Service Centres (SHSCs) for secondary school students who have not completed immunisation as recommended.

i. Number of vaccines administered

<u>Eligible newborn babies to children aged 5</u>

Eligible newborn babies to children aged 5 can receive vaccination free-of-charge at the MCHCs. Over 90% of local newborn babies receive services including vaccination at the MCHCs each year. The number of vaccines administered at the MCHCs under the HKCIP for newborn babies to children aged 5 over the past 3 years (2022 to 2024) are tabulated below:

Calendar year	**Target population#**	**Doses of vaccines administered***
2022	32 950	323 000
2023	33 288	315 000
2024	36 767	319 000

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

<u>Eligible primary school children</u>

The SITs of the DH provide free vaccination to eligible Primary 1 school children, Primary 5

school girls and Primary 6 school children across the territory under the HKCIP. Over the past 3 years (2022 to 2024), the number of vaccines administered by the SITs under the HKCIP for school children are tabulated below:

Calendar year	Target population#	Doses of vaccines administered*
2022	139 560	201 000
2023	135 605	210 000
2024	133 130	202 000

The number includes all Primary 1 and 6 students and all Primary 5 girls. The number of registered students for 2022 and 2023 is obtained from the Education Bureau's website at https://www.edb.gov.hk/attachment/en/about-edb/publications-stat/figures/Enrol_2023.pdf while the number of registered students for 2024 is an estimate.
* rounded to the nearest thousand

Eligible secondary school students

The number of mop-up vaccines administered by the SHS under the HKCIP for secondary school students over the past 3 years (2022 to 2024) are tabulated below:

Calendar year	Doses of mop-up vaccines administered^
2022	447
2023	2 673
2024	4 408

^ The number of students served by the SHS was higher in 2023 than that in 2022 due to the SHS's limited services as a result of COVID-19 in 2022.

ii. Vaccination coverage rate

Eligible newborn babies to children aged 5

The DH conducts territory-wide surveys on immunisation coverage on a regular basis to monitor the vaccination rates among pre-school children in Hong Kong (i.e. the percentage of children having received vaccination as recommended under the HKCIP) and carries out random inspections of children's immunisation records. The latest survey covering pre-school children born between 2018 and 2020 is still underway and the results are expected to be released in the second quarter of 2025.

The results of the survey conducted in 2021 on the overall immunisation coverage of vaccination under the HKCIP (among pre-school children born between 2015 and 2017) are tabulated below:

Type of vaccine^	Year of birth		
	2015	2016	2017
BCG Vaccine	99.9%	99.5%	99.3%
Received Hep B vaccine	99.5%	99.2%	98.9%

Received Poliomyelitis vaccine	98.0%	97.9%	97.4%
Received Diphtheria-Pertussis-Tetanus vaccine	98.7%	98.0%	97.5%
Received Measles vaccine	99.9%	99.0%	99.1%
Received Mumps vaccine	99.9%	99.0%	99.1%
Received Rubella vaccine	99.9%	99.0%	99.1%
Received Varicella vaccine	99.1%	98.7%	98.7%
Received Pneumococcal vaccine	93.5%	94.7%	94.9%

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

Eligible primary school children

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

Type of vaccine		**School year**		
		2021/22	**2022/23**	**2023/24**
Primary 1	Received Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine	96.9%	97.2%	96.9%
	Received Measles, Mumps, Rubella & Varicella vaccine	95.8%	95.4%	95.3%
Primary 5	HPV vaccine (female students)	88.9%	93.5%	93.5%
Primary 6	Received Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus vaccine	96.1%	96.0%	96.2%
	Received Measles, Mumps & Rubella vaccine	97.9%	98.5%	98.2%
	Received Hep B vaccine	98.8%	99.3%	99.2%
	Received HPV vaccine (female students)	89.3%	91.9%	92.0%

The DH does not maintain data on vaccination coverage rates other than those under the HKCIP.

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

separately identified.

3.
To protect children's health, the vaccines currently covered by the HKCIP can prevent 12 communicable diseases with public health significance. The DH provides free and necessary vaccines to children of the age cohort suitable for vaccination through a comprehensive immunisation network and vaccination services, including vaccination programmes implemented by the MCHCs and the SITs under the DH. Data shows that the overall immunisation coverage rates of most vaccines recommended for pre-school children and school children are maintained at a very high level, providing an effective barrier of protection for children. For other vaccines that are not included in the HKCIP from the public health perspective, parents may seek professional advice from their family doctors to decide whether to arrange for their children to receive such vaccines for personal protection.

In the long run, the Government will progressively consolidate certain existing primary healthcare services under the DH (including maternal and child health service and student health service) in the primary healthcare system in order to enhance children's healthcare services in Hong Kong and create a better environment for receiving healthcare services and healthy growth. In respect of vaccination, the Government will ensure the very high coverage rate be maintained and convenient services continue to be provided.

4.
The Government has been facilitating childhood vaccination on all fronts by including the vaccines that are conducive to the protection of children's health and the overall public health in the HKCIP or other vaccination schemes/programmes launched by the Government, such as the Seasonal Influenza Vaccination (SIV) programmes. Apart from implementing vaccination schemes/programmes through a comprehensive immunisation network and vaccination services, the DH also takes various measures to ensure children to receive the vaccines at the recommended age under the HKCIP, including following up on cases where children have not been brought to the MCHCs for vaccination at the recommended age by phone or other means of contact. In addition to administering vaccines to students through outreach programmes, the SITs have set up sub-offices to provide mop-up vaccination for primary school students who have not completed immunisation as recommended under the HKCIP. Besides, the DH's SHS offers checking of immunisation record for secondary school students who have joined the Student Health Service, and arranges mop-up vaccination for those who have not completed the immunisation under the HKCIP.

The DH promotes vaccination through a variety of publicity and promotional channels, both online and offline. These promotional efforts include broadcasting Announcements in the Public Interest on vaccination on television and radio, as well as publicity through social media, newspapers, parent-child magazines and means of transport, etc. These measures aim to widely disseminate the importance of vaccination, encourage the public to actively participate in the vaccination schemes/programmes, so as to ensure that the community maintains a high immunisation coverage rate and to protect children's health to the best possible extent.

5.
The DH has taken the initiative to encourage and support schools in organising the SIV school outreach activities. Upon commencement of the SIV School Outreach Programme

(SIVSOP) since 2024/25, the DH has reached out to non-participating schools one by one to understand their difficulties, offer necessary assistance (including providing outreach vaccination services to schools in remote area or those that could not identify an appropriate private doctor for the outreach vaccination activity) and facilitate them to participate in the SIVSOP.

To boost the SIV coverage rate among school children and attract schools to participate in the SIVSOP, special arrangements have been made under the SIVSOP this year to offer a more flexible choice of vaccine options. Kindergartens and child care centres can choose both injectable inactivated influenza vaccines (IIV) and live attenuated influenza vaccines (LAIV) (i.e. nasal vaccines) for the same or different outreach vaccination activities. As a pilot scheme, the LAIV is also provided to primary and secondary schools that indicated their preference for the LAIV earlier this year.

In addition, to encourage school children to receive the SIV, the DH has launched a commendation scheme under the SIVSOP this year. Participating schools with a high uptake rate will be awarded certificates in recognition of their efforts.

The DH has also contacted relevant association of early childhood educators and medical associations, as well as the Federations of Parent-Teacher Associations to appeal for their support for schools to participate in the SIVSOP. The DH has also issued letters to the associations of heads of kindergartens and child care centres through the Education Bureau and contacted school sponsoring bodies to appeal to non-participating schools to arrange for the SIV activities.

As at 23 March 2025, about 1 020 kindergartens/child care centres (97%), about 640 primary schools (98%) and about 490 secondary schools (98%) have completed or will conduct SIV school outreach activities, which is higher than last year's participation rates (80% of kindergartens/child care centres, 95% of primary schools and 70% of secondary schools). This fully reflects the schools' strong support for the SIVSOP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0976)

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

1. Normally, children are referred to the Child Assessment Service (CAS) for further assessment at a CAC as and when necessary after initial assessment by a registered medical practitioner. The CAS also accepts referrals from Maternal and Child Health Centres (MCHCs), registered medical practitioners and clinical or educational psychologists. Please provide in the table below details of the referral sources to the CAS in the past 5 years:

Means of referral	Number of cases				
	2020	2021	2022	2023	2024
MCHCs and other specialties (DH)					
Paediatricians, General Out-Patient Clinics and other specialties (Hospital Authority(HA))					
Doctors in private practice					
Psychologists (including HA, Education Bureau & Social Welfare Department)					
Psychologists (non-governmental organisations)					
Psychologists (private practice)					
Others					

Means of referral	Number of cases				
	2020	2021	2022	2023	2024
Total					

2. Regarding CACs under the DH, please provide in the table below the number of children assessed by the CAS, the rate for completion of assessment for new cases within 6 months, the waiting time for assessment of new cases, and the attendance at the 7 CACs in the past 5 years.

Number of children assessed by the CAS and completion rate of new case assessment within 6 months

	2020	2021	2022	2023	2024
Number of children assessed by CAS					
Rate for completion of assessment for new cases within 6 months (%)					

Waiting time for attendance at CACs under the DH (%)

	2020	2021	2022	2023	2024
Less than 3 months					
3 to less than 6 months					
6 to less than 9 months					
9 to less than 12 months					
12 to less than 15 months					
15 to less than 18 months					
18 months or above					

Attendance at the 7 CACs

CACs	2020	2021	2022	2023	2024
Central Kowloon CAC					
Ha Kwai Chung CAC					
Pamela Youde CAC (Kwun Tong)					
Pamela Youde CAC (Sha Tin)					
Fanling CAC					
Tuen Mun CAC					
Ngau Tau Kok CAC					
Total:					

3. The CAS of the DH serves children who are under 12 years of age suspected to have developmental-behavioural problems or disorders. Please advise on the number of newly referred cases received, the age distribution and the average age of the children involved, in the past 5 years.

4. Please set out the number of children diagnosed with developmental disorders by symptom of developmental disorder in each of the past 3 years and the age distribution in detail.

5. Please advise on the expenditure and staff establishment of the CACs in the last and the next financial years. Besides, what is the rough estimate of CACs' average expenses of each assessment? How does it compare with the assessment fees in the private sector?

6. The Primary Healthcare Commission has been actively expanding its work since its official establishment in July 2024 to strengthen the primary healthcare service network in the community. It is understood that the Government is planning to transfer the CAS of the DH to the HA for management, with the aim to consolidate public paediatrics services, facilitate collaboration among various specialties and enhance service delivery. Please provide the details of the plan, including its implementation timetable, specific details and objectives.

Asked by: Hon NGAN Man-yu (LegCo internal reference no.: 34)

Reply:

1 & 3. The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and psychologists for clinical assessment of children under the age of 12 with suspected developmental problems. New cases are referred through different channels, including the Maternal and Child Health Centres (MCHCs), the Hospital Authority (HA), private practitioners and psychologists, etc. Details of the referral sources to the CAS in the past 5 years are as follows:

Means of referral	**Number of cases**				
	2020	2021	2022	2023	2024 (Provisional figures)
MCHCs and other service units of the DH	5 357	8 817	7 589	6 639	6 273
Paediatricians, General Out-Patient Clinics and other specialties of HA	944	1 243	925	941	880
Doctors in private practice	753	1 173	860	843	688
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations and private psychologists)	472	929	778	902	753
Others	0	4	2	1	2

Means of referral	Number of cases				
	2020	2021	2022	2023	2024 (Provisional figures)
Total	**7 526**	**12 166**	**10 154**	**9 326**	**8 596**

We do not have the breakdown of number of new cases by age group.

2. The number of children assessed by the CAS, the rate for completion of assessment for new cases within 6 months and the attendance at the 7 Child Assessment Centres (CACs) in the past 5 years are as follows:

	*2020	*2021	*2022	2023	2024 (Provisional figures)
Number of children assessed by the CAS#	14 507	16 626	14 251	18 637	17 757
Rate for completion of assessment for new cases within 6 months (%)	65	73	61	70	68

The figure includes both newly registered referral cases and follow-up cases.

Attendance at CACs	*2020	*2021	*2022	2023	2024 (Provisional figures)
Central Kowloon CAC	3 583	4 258	3 672	4 567	4 124
Ha Kwai Chung CAC	4 290	5 954	4 870	5 529	5 661
Pamela Youde CAC (Kwun Tong)	4 879	6 199	4 753	5 028	4 860
Pamela Youde CAC (Sha Tin)	5 110	6 298	5 131	6 039	6 169
Fanling CAC	3 729	5 036	4 284	4 821	4 868
Tuen Mun CAC	4 121	5 780	4 665	5 270	5 236
Ngau Tau Kok CAC	1 569	1 853	1 427	1 576	1 534
Total:	**27 281**	**35 378**	**28 802**	**32 830**	**32 452**

* The figures (of 2020 and 2022 in particular) were affected by the COVID-19 pandemic. Even though the CAS services remained available during the pandemic, some parents were reluctant to take their children out at the beginning of 2020, thus postponing the registration of new cases or the assessment. As a result, there was an accumulation of children requiring assessment in 2021 when the epidemic situation slightly eased. The number dropped again in 2022 due to the outbreak of the fifth wave.

In the past 5 years, all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment

upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The CAS does not maintain statistics on the waiting time for assessment of new cases.

4. The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years is as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2022	2023	2024 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 422	3 156	2 996
Autism Spectrum Disorder	1 861	2 415	2 195
Borderline Developmental Delay	2 105	2 479	2 752
Developmental Motor Coordination Problems/Disorders	2 256	2 765	3 018
Dyslexia & Mathematics Learning Disorder	229	359	298
Hearing Loss (Moderate to profound grade)	50	58	90
Language Delay/Disorders and Speech Problems	4 147	5 441	6 974
Physical Impairment (i.e. Cerebral Palsy)	34	38	45
Significant Developmental Delay/Intellectual Disability	1 527	1 914	2 261
Visual Impairment (Blind to Low Vision)	6	46	46

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

We do not maintain statistics on the breakdown of children's developmental conditions by age group.

5. The revised estimate and the estimate for the CAS for 2024-25 and 2025-26 are $157.7 million and $202.3 million respectively. In 2024-25 and 2025-26, the approved establishments of the CAS are 183 and 190 respectively.

We do not have the estimated average expenses for each assessment.

6. As announced by the Chief Executive in his 2024 Policy Address, to enhance the health of the people of Hong Kong, improve healthcare protection and quality, and capitalise on our healthcare professions' strengths, the Government is conducting a comprehensive review of the positioning and objectives of the healthcare system, reforming the functions and division of work among the HA, the DH and the Primary Healthcare Commission (PHCC). This includes a reform of the HA's - governance effectiveness to enhance the standards and efficiency of its specialist and in-patient services, while the PHCC and the DH will strengthen their efforts in health promotion and disease prevention in order to continue to reverse the system imbalance that emphases on treatment rather than prevention. The DH will also strengthen its role as the Government's health adviser and regulatory authority, and would focus on its public

health functions. In this connection, the DH is gradually transferring its specialist clinical services and primary healthcare services to the HA and the PHCC respectively.

The DH is liaising with the HA on the detailed arrangements for integrating the CAS into the Hong Kong Children's Hospital under the HA, with a view to consolidating public paediatrics services to facilitate collaboration among various specialties and streamline service delivery. This will ensure that children suspected of having developmental or behavioural problems can receive the necessary integrated and multi-disciplinary assessment, treatment and rehabilitation services in a timely manner, while the referral arrangements and services for patients can be optimised. Relevant details will be announced at an appropriate juncture.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2784)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

1. At present, health screening staff are stationed at all boundary control points every day to conduct body temperature screening for inbound travellers. Please advise on the total number of posts and the pertaining salary expenditure over the past 3 years; and
2. given that the COVID-19 pandemic has now passed, whether the Government will consider reducing the manpower and costs in this regard or introducing technology products such as artificial intelligence systems to reduce the manpower involved and facilitate revenue-raising and expenditure-cutting?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 19)

Reply:

In accordance with the power conferred by the Prevention and Control of Disease Ordinance of Hong Kong and with regard to the guidelines of the International Health Regulations, the Department of Health (DH) enforces various preventive measures at boundary control points (BCPs) to prevent the introduction or spreading of infectious diseases into or out of Hong Kong. The Port Health Division under the DH carries out health screening work at each BCP (including conducting regular body temperature screening for arrivals and setting up health stations). Taking into account the design of each BCP and its traveller and vehicle flow, the DH deploys appropriate manpower to conduct body temperature screening for all arrivals; and performs, in accordance with the mechanism, further health assessments for travellers with fever or in need (such as travellers who self-reported being unwell) to understand their symptoms, travel history, contact history, etc., in order to make appropriate referrals and follow-up, including compulsory referral of persons with suspected infection of major infectious diseases to Hong Kong public hospitals for checking, recommending other travellers with fever or in need to seek medical treatment at medical institutions with issuance of referral letters, and assisting persons in need to call for ambulance service for further treatment at Accident and Emergency Department.

The Hong Kong Special Administrative Region (HKSAR) Government has been maintaining close co-operation with entry-exit health inspection and quarantine authorities of the Mainland to safeguard the well-being and safety of residents and travellers of the 2 places.

The Health Bureau and the General Administration of Customs of the People's Republic of China (GACC) signed the Co-operation Arrangement for Entry-exit Health Inspection and Quarantine between the GACC and the Health Bureau of the HKSAR Government in 2023. Under the normalisation arrangements for epidemic prevention and control, the 2 parties agreed to focus on the health inspection and quarantine of their respective inbound personnel travelling between the HKSAR and the Mainland BCPs.

The HKSAR Government will maintain close liaison with the relevant Mainland authorities and, taking into account factors such as cost-effectiveness and appropriateness, actively review the entry health inspection and quarantine arrangements (including temperature screening) from the public health perspective.

(1)

From 2020 to 2024, the average number of health screening shifts of the DH per day at various BCPs (some health screening posts involve more than 1 shift according to the operation of BCPs) is as follows:

	2022	2023	2024
Total Number of Health Screening Posts	880	751	722

Note:
The DH redeploys health screening posts in view of the actual circumstances. Some of the posts at BCPs where operation has been suspended would be redeployed to other BCPs. Health screening service of Kai Tak Cruise Terminal and Ocean Terminal was not included as it was only provided during stopover of cruises.

The expenditure incurred by health screening shifts listed in the table above is set out below:

	Financial Year		
	2022-23	2023-24	2024-25
Expenditure ($ million)	239	240	205

(2)

Ongoing health screening, which facilitates early identification of potential infectious diseases imported into Hong Kong, is vital to safeguarding public health. Currently, health screening measures are in place for inbound travellers at all BCPs between Hong Kong and the Mainland.

The DH mainly employs an Infrared Thermal Imaging System at various BCPs to detect the body temperatures of multiple travellers simultaneously to reduce the manpower required for such work. However, drivers and all passengers in a cross-boundary private car are allowed to remain in their vehicle while passing through the kiosks of the Immigration Department, the Customs and Excise Department and the DH without the need to get off from the vehicle or go to the traveller's clearance hall. Due to site constraints, the Infrared Thermal Imaging System cannot be used to measure the forehead temperature of drivers and passengers passing through the vehicle lanes. As a result, hand-held infrared thermometers are used to measure the body temperature of inbound passengers on board the vehicles at the DH vehicle kiosks.

The DH reviews the health screening arrangements from time to time and deploys manpower as appropriate at various BCPs according to the actual circumstances to provide appropriate services for inbound travellers. For instance, the additional personnel deployed during the COVID-19 epidemic in the light of the actual needs have been reduced after the epidemic, and the manpower at relevant BCPs has basically returned to the pre-epidemic level. Meanwhile, the DH also keeps a close eye on technological development and actively explores the adoption of innovative technology in collaboration with other departments at BCPs to reduce the manpower need for health screening and optimise the use of human resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2785)

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 launched the Human Papillomavirus (HPV) Vaccination Catch-up Programme last year, providing catch up vaccination for female Hong Kong residents born between 2004 and 2008 to prevent HPV-related diseases. In this connection, please advise on:

1. whether the Government will review the reasons behind the current suboptimal uptake rate given that both the uptake rate and school participation in the first phase fell short of expectations; the measures to further increase school participation and vaccination uptake rate, such us strengthening publicity and education and further enhancing the communication with schools; if yes, the details; if no, the reasons;

2. the timetable for and details of the second and third phases of the programme; whether key performance indicators will be considered for the second and third phases of the programme to ensure their effectiveness;

3. whether subsidies will be considered for schoolgirl vaccination of HPV in private clinics alongside school vaccination to facilitate parental accompaniment; and whether more service locations will be available.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 20)

Reply:

1.
In response to the World Health Organization's (WHO) recommendation, the Centre for Health Protection (CHP) of the Department of Health (DH) has implemented an HPV vaccination programme for Primary Five and Primary Six school girls under the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/20 school year. The interim target coverage rate for completion of 2 doses of HPV vaccination as stated in the Hong Kong Cancer Strategy 2019 is 70%. In the 2023/24 school year, the coverage rate for completion of 2 doses of HPV vaccination among eligible school girls under the HKCIP was over 90%.

In 2022, the WHO further recommended the provision of catch-up vaccinations to girls aged between 9 and 18. The Scientific Committee on Vaccine Preventable Diseases under the CHP also agreed earlier to expand the target group of HPV vaccination to older girls aged 18 or below. Taking into account the scientific evidence, the Government decided to launch a one-off HPV Vaccination Catch-up Programme (the Catch-up Programme) in phases starting from 2 December 2024, for female Hong Kong residents who were born in 2004 or after, and have not been covered by the HKCIP (i.e. girls aged 18 or below as in 2022, and not being covered by the existing programme) to receive free HPV vaccination, providing protection for the remaining group of older girls (estimated to be around 190 000). Each eligible person can receive 2 doses of free vaccination, while immunocompromised persons have to receive 3 doses of vaccination (all free of charge). The Catch-up Programme will be implemented in 3 phases over about 2 years.

The first phase of the Catch-up Programme commenced on 2 December 2024. Targeted recipients are eligible full-time female students studying in Hong Kong secondary schools (including secondary sections of special schools). Schools can engage participating outreach private vaccination teams to provide free HPV vaccination service to eligible female students at schools. The CHP would provide free vaccines for the outreach vaccinations along with a subsidy of $105 per dose to doctors. If eligible female students miss the outreach vaccination activities at their schools, the School Immunisation Teams' (SIT) sub-office and Student Health Service Centre (SHSC) under the DH can provide mop-up vaccination. The SIT would also provide outreach vaccination services to schools in remote area or those that could not identify an appropriate private doctor to provide the outreach vaccination activity.

The Government has been strongly urging schools to join the Catch-up Programme and actively assisting schools in organising outreach vaccination activities. The CHP has, on multiple occasions, issued letters through the Education Bureau (EDB) to relevant secondary schools to invite them to join the first phase of the programme, and arranged an online briefing for schools to introduce programme details and answer schools' queries concerning the programme. The CHP has also held a media interview and issued a press release to announce the programme, while promotion through social media has also been conducted. Since the launch of the first phase of the Catch-up Programme, the CHP has reached out to individual schools that have yet to participate in the programme to understand their difficulties and provide necessary assistance to facilitate their participation. In addition, the CHP referred the list of schools that refused to participate in the Catch-up Programme or have not yet replied to the EDB, enabling the latter to contact the schools concerned and encourage them to actively participate.

On 5 March 2025, with the assistance from the EDB, the CHP sent a letter to parents through schools to further explain to parents the details of the Catch-up Programme and remind parents that this is a one-off catch-up vaccination activity. Eligible female students who do not participate in the programme can only be vaccinated at their own expense in private clinics in the future. The cost of vaccination may exceed $1,200 per dose. A webinar was also held on 19 March 2025 for parents to learn more about the HPV vaccine. In addition, the DH has produced a series of video clips on the vaccine, which are disseminated through social media to enhance students' understanding of the vaccine and urge them to actively participate in the Catch-up Programme.

As at 1 April 2025, over 510 schools (approximately 98% of eligible schools) indicated their participation. Among these, nearly 280 schools have already conducted vaccination activities, with over 14 000 doses administered. Counting doses administered under the Catch-up Programme and self-arranged vaccinations, the coverage rate for the first-dose HPV vaccine is over 70%. After the deadline for reply from schools (i.e. 31 March 2025), the DH has requested the remaining few that did not arrange for outreach vaccination to issue a notice to inform parents about the schools' arrangement. A list of those non-participating schools has been uploaded to the CHP's webpage so that parents of relevant schools may arrange their daughters to receive mop-up vaccination at a SIT sub-office or a SHSC under the DH.

Due to the nature of the Catch-up Programme as a one-off programme, any direct comparison with the coverage rates of the HPV vaccination programme under the regular HKCIP is not appropriate. Moreover, there are currently no international benchmarks for HPV vaccination coverage rates for the age group covered by the Catch-up Programme. The Government will continue to step up its publicity efforts through various channels and endeavour to encourage eligible female Hong Kong residents to actively participate in the programme.

2. and 3.
The second phase of the Catch-up Programme commenced in mid-March 2025. Targeted recipients are female Hong Kong residents studying in local post-secondary institutions or universities who were born between 2004 and 2008. Participating institutions could choose to provide catch-up vaccination services to eligible female students at their healthcare services clinics or arrange outreach teams to provide service on campus. The CHP would provide free vaccine along with subsidies to doctors. The CHP had sent letter to post-secondary institutions or universities in December 2024, inviting them to join the programme. As at 1 April 2025, all invited post-secondary institutions and universities have enrolled in the programme, with 6 of them having commenced catch-up vaccination in mid-March already.

The third phase of the Catch-up Programme will start in the first half of 2025. Targeted recipients are female Hong Kong residents born between 2004 and 2008 who have already completed their studies in Hong Kong. The third phase will also cover the rest of female Hong Kong residents born between 2004 and 2008 who have not yet completed their HPV vaccination. The CHP together with the Primary Healthcare Commission are discussing the arrangement for the third phase, with preliminary plans of providing catch-up vaccination services at the Women Wellness Satellites and District Health Centres under the district health network. The arrangements will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2786)

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:

Breast cancer is the most common form of cancer among women in Hong Kong. Regarding the efforts to strengthen the prevention and treatment of breast cancer in Hong Kong, please inform this Committee of the following:

1. the respective expenditures of the Department of Health, Hospital Authority and other organisations subvented by the Government on breast cancer prevention, screening and treatment in each of the past 3 financial years; the Government's overall estimated expenditure on breast cancer prevention, screening and treatment for the financial year 2025-26; whether the Government will consider reviewing the allocation ratio between the resources earmarked for breast cancer prevention, screening and treatment so as to enhance breast cancer prevention and screening, thereby reducing the total social cost of breast cancer treatment in the long run; if yes, the details; if no, the reasons;
2. whether the Government will consider providing free mammography screening for eligible women starting from the financial year 2025-26; if yes, the work plan and the estimated expenditure involved; if no, the reasons;
3. whether the Government will develop a one-stop information website and a mobile application on breast cancer prevention and treatment to consolidate information on breast cancer prevention, screening, diagnosis, treatment, rehabilitation and care for users to facilitate information search on the Internet, gain a better understanding of the entire process of breast cancer prevention and treatment when browsing the website or using the mobile application, and identify the corresponding services available according to individual needs at different stages; if yes, the details, the timetable and the estimated expenditure involved; if no, the reasons; and
4. whether the Government will make reference to the mode of publicity for the Colorectal Cancer Screening Programme as well as colorectal cancer prevention and treatment to step up the publicity for breast cancer prevention and treatment, including enhancing the public awareness of and concern for breast cancer prevention and treatment through diverse channels; if yes, the details and the estimated expenditure involved; if no, the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 21)

Reply:

The Government attaches great importance to cancer prevention and control work. Fighting against cancer is an important part of the strategy to prevent and control non-communicable diseases. In 2001, the Government established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to steer the direction of work covering cancer prevention and screening, surveillance, research and treatment.

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the CCC regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

(1) & (2)

Based on the CEWG's recommendations on prevention and screening, the Government adopts a risk-based approach for breast cancer screening and launched Phase I of the BCSPP in 2021. Women aged between 44 and 69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of benign breast disease, nulliparity or late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every 2 years.

In the two-year Phase I of the BCSPP (which ran from September 2021 to December 2023), a total of 27 807 women aged between 44 and 69 have received breast cancer risk assessment in Woman Health Centres (WHCs), 4 Maternal and Child Health Centres and 18 Elderly Health Centres (EHCs). 7 785 (about 28%) of them were referred to 5 outsourced imaging centres based on the risk assessment and underwent the MMG screening. Among the women with abnormal MMG results who had been referred to specialists for treatment, 409

cases were followed up in public hospitals, among which 68 were confirmed to have breast cancer. The breast cancer detection rate per 1 000 MMG screenings was 8.7, which was comparable to the international standard of about 5 cases per 1 000 MMG screenings. Of the 68 breast cancer cases identified through the MMG screening, 97% were at stage II or below. Following the review of Phase I of the BCSPP, the breast cancer risk assessment and screening have been included as part of the regular services provided by the Woman Health Service and the Elderly Health Service.

The Woman Health Service under the DH will be integrated into the district health network of the Health Bureau Primary Healthcare Commission within 2025. The service points, to be named Women Wellness Satellites, will form a network with District Health Centres (DHCs)/DHC Expresses in all 18 districts across Hong Kong to provide eligible women with prevention-based and more personalised primary healthcare services, including breast cancer screening. In parallel, the DHCs/DHC Expresses actively promote the "Life Course Preventive Care Plan". In line with the core principles of prevention-oriented and whole-person care, a personalised preventive care plan will be formulated based on the most updated evidence and the health needs of citizens across different life stages. Family doctors and primary healthcare professionals will collaborate to promote healthy lifestyles and disease prevention, including providing education and vaccination for cancer prevention, and advising on cancer screening services according to personal risk factors.

Based on the recommendations of the CEWG, the Government is now preparing for Phase II of the BCSPP to provide subsidised breast cancer screening services for women at high risk of developing breast cancer (i.e. carriers of certain gene mutations and/or with strong family history of breast cancer or ovarian cancer) through Public-Private Partnership programmes in collaboration with non-governmental organisations. Phase II of the BCSPP, of which details will be announced in due course, is expected to be launched around the second quarter of 2025.

As for treatment, the Hospital Authority (HA) adopts an integrated and multi-disciplinary approach as appropriate in treating cancer patients according to their clinical conditions. As different specialties and multiple service locations may be involved in cancer treatment, the expenditure and estimate cannot be separately identified.

The expenditure of Phase I of the BCSPP is subsumed under the overall provision for WHCs and EHCs, thus a breakdown of such expenditure is not available. The resources and manpower involved in cancer prevention education activities are subsumed into the overall provision of the DH and cannot be separately identified as well.

(3) & (4)

The Government launched the Hong Kong Cancer Strategy (Cancer Strategy) in July 2019 with a view to reducing the cancer burden of the local population and improving the quality of life and survivorship of cancer patients through setting work priorities and directions. As one of the expected outcomes of the Cancer Strategy, the Government launched the Cancer Online Resource Hub (www.cancer.gov.hk) in July 2020 to provide the public with one-stop health information relating to cancer, including breast cancer prevention, screening, diagnosis and treatment.

Hospital Authority's Smart Patient Website (SPW), a one-stop patient information hub, provides patients and their carers with disease information, caring tips, preparation for general surgeries and procedures as well as information on community resources, to empower on disease management and self-care skills. The SPW provides various information on breast cancer, including its preventive measures, causes and symptoms, screening and diagnosis, treatment options, pre- and post-operative care. Such information will help breast cancer patients to better understand the disease and confront the cancer with a positive attitude.

The DH promotes a healthy lifestyle as a primary strategy for preventing cancer and common non-communicable diseases. This includes avoiding tobacco and alcohol, maintaining a healthy diet, exercising regularly, and maintaining a healthy body weight. The DH has all along attached importance to the public education of cancer (including breast cancer) and has been promoting breast cancer prevention and screening through various channels and media such as television, radio, websites, printed materials, newspapers, social media, online campaigns and media interviews. In addition, the DH has produced health education materials such as posters and pamphlets on breast cancer in at least 8 ethnic minority languages (including Hindi, Nepali, Urdu, Thai, Indonesian, Filipino, Punjabi and Vietnamese) for ethnic minorities to comprehend the health information on breast cancer prevention and screening.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2787)

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:

For the prevention and cure of breast cancer, the Department of Health has launched the Breast Cancer Screening Pilot Programme (BCSPP) and the Phase I of which ended in September 2023. Please advise this Committee on:

1. the specific work plan, timetable and estimated expenditure of Phase II of the BCSPP to be implemented by the Government in 2025 for a period of 3 years;
2. whether the Government will consider deploying resources to revise the arrangements for the Phase II of the BCSPP, such as lowering the age threshold for the BCSPP to 40, including women with medium-to-high risk of breast cancer; if yes, the details and the estimated expenditure involved; if no, the reasons;
3. given that only 2D mammography (MMG) screening was subsidised for eligible women in Phase I of the BCSPP, whether the Government will consider subsidising 3D MMG screening which is more accurate; or allowing women subsidised for 2D MMG screening to choose to receive 3D MMG screening by paying the price difference in Phase II of the BCSPP; and
4. as it is learnt that only 4 private healthcare facilities in Hong Kong joined Phase I of the BCSPP, whether the Government will consider strengthening public-private partnership in Phase II of the BCSPP by, for example, including more private clinics and testing centres, encouraging participation of more private clinics and testing centres, etc., with a view to increasing the number of service points for breast cancer screening in the 18 districts across Hong Kong with longer service hours for the convenience of both working and non-working women; if yes, the details and timetable; if no, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 22)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the

local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

(1), (2) & (4)

Based on the recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening and launched Phase I of the BCSPP in 2021. Women aged between 44 and 69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of benign breast disease, nulliparity or late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every 2 years.

In the two-year Phase I of the BCSPP (which ran from September 2021 to December 2023), a total of 27 807 women aged between 44 and 69 have received breast cancer risk assessment in Woman Health Centres, 4 Maternal and Child Health Centres and 18 Elderly Health Centres. 7 785 (about 28%) of them were referred to 5 outsourced imaging centres based on the risk assessment and underwent the MMG screening. Among the women with abnormal MMG results who had been referred to specialists for treatment, 409 cases were followed up in public hospitals, among which 68 were confirmed to have breast cancer. The breast cancer detection rate per 1 000 MMG screenings was 8.7, which was comparable to the international standard of about 5 cases per 1 000 MMG screenings. Of the 68 breast cancer cases identified through the MMG screening, 97% were at stage II or below. Following the review of Phase I of the BCSPP, the breast cancer risk assessment and screening have been included as part of the regular services provided by the Woman Health Service and the Elderly Health Service.

The Woman Health Service under the DH will be integrated into the district health network of the Health Bureau Primary Healthcare Commission within 2025. The service points, to be named Women Wellness Satellites, will form a network with District Health Centres

(DHCs)/DHC Expresses in all 18 districts across Hong Kong to provide eligible women with prevention-based and more personalised primary healthcare services, including breast cancer screening. In parallel, the DHCs/DHC Expresses actively promote the "Life Course Preventive Care Plan". In line with the core principles of prevention-oriented and whole-person care, a personalised preventive care plan will be formulated based on the most updated evidence and the health needs of citizens across different life stages. Family doctors and primary healthcare professionals will collaborate to promote healthy lifestyles and disease prevention, including providing education and vaccination for cancer prevention, and advising on cancer screening services according to personal risk factors.

Based on the recommendations of the CEWG, the Government is now preparing for Phase II of the BCSPP to provide subsidised breast cancer screening services for women at high risk of developing breast cancer (i.e. carriers of certain gene mutations and/or with strong family history of breast cancer or ovarian cancer) through Public-Private Partnership programmes in collaboration with non-governmental organisations. Phase II of the BCSPP, of which details will be announced in due course, is expected to be launched around the second quarter of 2025.

(3)

Based on the recommendations of the CEWG, there is insufficient evidence to support the use of 3D MMG screening as the routine screening tool for breast cancer. According to the findings of overseas studies, there is a lack of evidence that screening with 3D MMG is more cost-effective than screening with 2D MMG in terms of detecting breast cancer and reducing breast cancer mortality. Since 3D MMG screening incurs higher costs and requires a longer time for specialists to review the MMG screening images, most regions that provide breast cancer screening services generally use 2D rather than 3D MMG machines. The CEWG will continue to review the latest progress of breast cancer screening tools.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2788)

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 cervical cancer in the public healthcare system, please advise on:
1. the respective quotas for cervical screening provided by Woman Health Centres (WHCs), District Health Centres (DHCs) and Maternal and Child Health Centres (MCHCs) and the respective number of women receiving cervical screening service at the WHCs, DHCs and MCHCs in each of the past 3 years;
2. in the light of the Government's plan to integrate the services of WHCs and DHCs, whether their provision of cervical screening service for women will be affected by the integration; if yes, the details;
3. whether the Government will consider setting quotas for cervical screening provided by MCHCs to eligible low-income women on a free or subsidised basis in the 2025-26 financial year; if yes, details of the plan and estimated expenditure; if no, the reasons; and
4. the expenditure incurred by the Government on promoting cervical screening service in each of the past 3 years, and whether the Government will consider adjusting the publicity expenditure concerned in 2025-26 and seeking more channels to convey the message of regular cervical screening to local women; if yes, details of the work plan and the estimated expenditure; if no, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 23)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme (CSP), the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme.

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of

public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

(1)

Cervical screening service for women is available at the Maternal and Child Health Centres (MCHCs) and Woman Health Centres (WHCs) under the Family Health Service of the Department of Health (DH).

The MCHCs provide cervical screening service with no fixed service quota. The DH will flexibly allocate resources to ensure that women have access to the services they need.

As for the WHCs, healthcare personnel will arrange for appropriate examinations and tests, including cervical screening, for women according to their health assessment results and individual needs. The annual quota for women health services is 24 000. To implement the primary healthcare policy directions and related measures outlined in the Primary Healthcare Blueprint, the Woman Health Service under the DH will be integrated into the district health network of the Primary Healthcare Commission (PHC Commission) of the Health Bureau (HHB). The HHB announced on 23 January 2025 that it will commence the integrated women health services within this year in an orderly manner to provide eligible women with prevention-based and more personalised primary healthcare services. The PHC Commission will initiate the integration of women health services in an orderly manner within this year. 3 service points named Women Wellness Satellites (WWSs) will be operated by non-governmental organisations appointed through open tender to provide primary healthcare services for women. As such, the DH ceased accepting new appointments for women health services starting from 24 January 2025. During the transition period of service integration, those who have already made appointments or have paid their annual fee and are still within the service period will continue to receive relevant services from the DH.

The numbers of women receiving cervical screening service at the MCHCs and WHCs in 2022, 2023 and 2024 are tabulated below:

Service location	**Number of women receiving cervical screening service**		
	2022	**2023**	**2024**

MCHCs	59 389	47 470	55 568
WHCs	9 944	8 695	6 938
Total:	**69 333**	**56 165**	**62 506**

(2)

The integration of women and elderly health services under the DH to the district health network of the PHC Commission aims to optimise the use of resources while strengthening the primary healthcare network which focuses on prevention, and is district-based and family-oriented.

Located at Chai Wan, Lam Tin and Tuen Mun, the 3 WWSs will commence operations in phases in 2025, replacing the WHCs of the DH. The Chai Wan WWS will commence service in the second quarter of this year, while the Lam Tin and Tuen Mun WWSs are expected to come into operation in the third quarter of this year. The District Health Centres/Expresses (DHCs/DHCEs) in the 18 districts across the territory will also step up promotion and education relating to women's health and provide a new women's health nurse clinic to encourage and assist the public in self-care management. Basic health assessments and individual consultations will also be provided to identify women in need and referrals will be made for them to receive women health services at WWSs or the general outpatient clinics of the Hospital Authority.

Specifically, the DHCs/DHCEs will provide basic health services and conduct initial health assessment for women, arranging referrals for services at WWSs if and when necessary. The WWSs will offer more personalised primary healthcare services for women. Apart from the existing health assessment and screenings for breast and cervical cancer, etc., the WWSs will offer personalised options in preventive care or specific consultation services based on their health risks and needs, with a view to enhancing preventive-based primary healthcare services for women.

(3) & (4)

The MCHCs of the DH provide government-subsidised cervical screening service for eligible women at only $100 per screening. At present, human papillomavirus (HPV) testing is the primary screening method employed by the MCHCs for cervical cancer for women aged 30 to 64, who undergo cervical screening every 5 years if her last examination result is normal, allowing them to pay only $100 for cervical screening for a duration of 5 years. Besides, the DH will provide free cervical screening service to eligible persons such as those in receipt of the Comprehensive Social Security Assistance, holders of waivers of medical charges under the Medical Fee Waiving Mechanism of Public Hospitals and Clinics, etc.

The DH has all along attached importance to the public education of women's cancer (including cervical cancer) and has been promoting cervical cancer prevention and screening through various channels and media such as television, radio, websites, printed materials, newspapers, social media, online campaigns and media interviews. In addition, the DH has produced health education materials such as posters and pamphlets on cervical cancer in at least 8 ethnic minority languages (including Hindi, Nepali, Urdu, Thai, Indonesian, Filipino, Punjabi and Vietnamese) for ethnic minorities to comprehend the health information on cervical cancer prevention and screening.

To further increase the screening coverage, the DH will continue to promote the CSP to the general public through various channels. Since 2023, the DH has been regularly sending SMS and push notifications to women of the appropriate age group via the eHealth mobile application to remind them to undergo regular cervical screening.

The resources and manpower involved in women's health education activities and the services related to the CSP are subsumed into the overall provision of the DH and cannot be separately identified.

Besides, in response to the World Health Organization's (WHO) recommendation, the Centre for Health Protection (CHP) of the DH implemented an HPV vaccination programme to Primary 5 and Primary 6 school girls under the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/20 school year as an important public health intervention to prevent cervical cancer. In 2022, the WHO further recommended the provision of catch-up vaccinations to girls aged between 9 and 18. Taking into account the scientific evidence, the Government decided to launch a one-off HPV Vaccination Catch-up Programme in phases starting from December 2024, for female Hong Kong residents who were born in 2004 or after, and have not been covered by the HKCIP to receive free HPV vaccination.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0206)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The work of the Department of Health (DH) includes preventing and controlling importation and spread of infectious diseases through port health measures. In this connection, will the Government inform this Committee of:

1. the details of the relevant work, the number of staff involved and the expenditure incurred;
2. the current staff establishment of DH stationed at various boundary control points (BCPs), the specific work of the staff concerned and the expenditure incurred; the number of travellers found to be suffering from fever or infectious diseases (broken down by type of disease) by staff stationed at various BCPs in the past 2 years, and the follow-up action taken afterwards; and
3. whether the Government will, in view of society's return to normalcy and the Government's need to manage expenditure growth, consider reducing the number of staff stationed at BCPs or deploying them to other duties; if yes, the details; if no, the reasons?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 7)

Reply:

In accordance with the power conferred by the Prevention and Control of Disease Ordinance of Hong Kong and with regard to the guidelines of the International Health Regulations, the Department of Health (DH) enforces various preventive measures at boundary control points (BCPs) to prevent the introduction or spreading of infectious diseases into or out of Hong Kong.

The Hong Kong Special Administrative Region (HKSAR) Government has been maintaining close co-operation with entry-exit health inspection and quarantine authorities of the Mainland to safeguard the well-being and safety of residents and travellers of the 2 places. The Health Bureau and the General Administration of Customs of the People's Republic of China (GACC) signed the Co-operation Arrangement for Entry-exit Health Inspection and Quarantine between the GACC and the Health Bureau of the HKSAR Government in 2023. Under the normalisation arrangements for epidemic prevention and control, the 2 parties

agreed to focus on the health inspection and quarantine of their respective inbound personnel travelling between the HKSAR and the Mainland BCPs.

The HKSAR Government will maintain close liaison with the relevant Mainland authorities and, taking into account factors such as cost-effectiveness and appropriateness, actively review the entry health inspection and quarantine arrangements (including temperature screening) from the public health perspective.

(1) & (2)

The Port Health Division under the DH enforces preventive measures at the seaport, Hong Kong International Airport and land BCPs of Hong Kong to prevent the importation and exportation of infectious diseases. Apart from implementing port health measures and quarantine clearance at sea, land and air BCPs (such as routine temperature screening for inbound travellers and setting up hygiene stations to conduct health assessments for suspected infection cases), the DH also monitors environmental hygiene at BCPs and the health conditions of cross-boundary conveyances. When necessary, the DH will also board incoming conveyances for further quarantine and medical assistance. In addition, the DH is also responsible for issuing relevant port health certificates (e.g. Free Pratique for incoming vessels, Ship Sanitation Control Exemption Certificate, Import Permit for Biological Materials such as infectious agents). Furthermore, the DH operates 2 Travel Health Centres to provide travel health services for outbound travellers. The Travel Health Service website also provides travellers with the latest epidemic information and disease prevention advice from around the world.

Taking into account the design of each BCP and its traveller and vehicle flow, the DH deploys manpower as appropriate to conduct body temperature screening for all arrivals; and performs, in accordance with the mechanism, further health assessments for travellers with fever or in need (such as travellers who self-reported being unwell) to understand their symptoms, travel history, contact history, etc., in order to make appropriate referrals and follow-up, including compulsory referral of persons with suspected infection of major infectious diseases to Hong Kong public hospitals for checking, advising other travellers with fever or in need to seek medical treatment at medical institutions with issuance of referral letters, and assisting persons in need to call for ambulance service for further treatment at Accident and Emergency Department.

The above health screening tasks are primarily carried out by non-civil service contract staff and outsourced personnel. At present, 46 permanent staff members are assigned to supervise frontline staff at various BCPs. In 2024, the average number of health screening shifts of the DH per day at various BCPs (some health screening posts involve more than 1 shift according to the operation of BCPs) is as follows:

	2024
Airport	122
Lo Wu	40
Lok Ma Chau Spur Line	30
Lok Ma Chau	94
Man Kam To	36

Sha Tau Kok	0
Shenzhen Bay	94
Hong Kong-Zhuhai-Macao Bridge	130
Heung Yuen Wai	58
Express Rail Link West Kowloon	51
Hung Hom	0
Macau Ferry Terminal	45
China Ferry Terminal	22
Total	722

Note:
The DH redeploys health screening posts in view of the actual circumstances. Some of the posts at BCPs where operation has been suspended would be redeployed to other BCPs. Health screening service of Kai Tak Cruise Terminal and Ocean Terminal was not included as it was only provided during stopover of cruises.

The expenditure incurred by health screening shifts listed in the table above amounts to approximately $205 million. The permanent establishment and total expenditure of the Port Health Division for the 2024-25 financial year are as follows:

Financial Year	Permanent Establishment	Total Expenditure (including the cost of the above health screening)
2024-25	157 (as at February 2025)	$395 million (Revised Estimate)

In 2023 and 2024, the total number of inbound travellers confirmed with fever during temperature screening at BCPs was 4 759 and 4 214 respectively. The number of inbound travellers compulsorily referred to public hospitals upon fulfilling the reporting criteria of any major infectious disease is set out below:

		2023	2024
Suspected Infection of COVID-19*	Airport	2	0
	Shenzhen Bay	48	0
	Hong Kong-Zhuhai-Macao Bridge	1	0
	Express Rail Link West Kowloon	0	0
	Man Kam To	8	0
Suspected Infection of Avian Influenza	Airport	0	2
	Express Rail Link West Kowloon	1	0
Suspected Infection of Middle East Respiratory Syndrome	Airport	0	2
	Macau Ferry Terminal	1	0
Suspected Infection of Measles	Kai Tak Cruise Terminal	0	1
Suspected Infection of Malaria	Airport	0	1

*The compulsory isolation arrangement imposed on persons infected with COVID-19 has been rescinded since 30 January 2023.

(3)

Ongoing health screening, which facilitates early identification of potential infectious diseases imported into Hong Kong, is vital to safeguarding public health. Currently, health screening measures are in place for inbound travellers at all BCPs between Hong Kong and the Mainland.

The DH mainly employs an Infrared Thermal Imaging System at various BCPs to detect the body temperatures of multiple travellers simultaneously to reduce the manpower required for such work. However, drivers and all passengers in a cross-boundary private car are allowed to remain in their vehicle while passing through the kiosks of the Immigration Department, the Customs and Excise Department and the DH without the need to get off from the vehicle or go to the traveller's clearance hall. Due to site constraints, the Infrared Thermal Imaging System cannot be used to measure the forehead temperature of drivers and passengers passing through the vehicle lanes. As a result, hand-held infrared thermometers are used to measure the body temperature of inbound passengers on board the vehicles at the DH vehicle kiosks.

The DH reviews the health screening arrangements from time to time and deploys manpower as appropriate at various BCPs according to the actual circumstances to provide appropriate services for inbound travellers. For instance, the additional personnel deployed during the COVID-19 epidemic in the light of the actual needs have been reduced after the epidemic, and the manpower at relevant BCPs has basically returned to the pre-epidemic level. Meanwhile, the DH also keeps a close eye on technological development and actively explores the adoption of innovative technology in collaboration with other departments at BCPs to reduce the manpower need for health screening and optimise the use of human resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0438)

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 work of the Department of Health involves ensuring the safety, quality and efficacy of pharmaceutical products through product registration and licensing control. Regarding the Government's "1+" mechanism for the approval of new drugs ("1+" mechanism), please provide:

1. a breakdown of the approved applications for drug registration in Hong Kong under the "1+" mechanism since its implementation, the registration approvals obtained from drug regulatory authorities in one of the reference places (instead of the original 2) along with these reference places; and

2. the shortest, average, median and longest time taken from application to approval for the registration of new drugs in general over the past 5 years, as well as the shortest, average, median and longest time taken from application to approval for the drugs to be approved for registration in Hong Kong under the "1+" mechanism since its implementation.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 16)

Reply:

As mentioned in the Chief Executive's Policy Address in 2023 and 2024, the Hong Kong Special Administrative Region (HKSAR) Government will enhance the current evaluation and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices. To this end, the HKSAR Government set up a Preparatory Office for the Hong Kong Centre for Medical Products Regulation (CMPR) in the Department of Health (DH) in June 2024. The Preparatory Office is proactively reviewing the regulatory functions of the DH, including the regulation of Chinese and Western medicines and medical devices; studying the potential restructuring and strengthening of the regulatory and approval regime for medicines, medical devices and medical technology; and putting forward proposals and steps for the establishment of the CMPR which will be a step towards the transition to the "primary evaluation" approach in approving applications for registration of new medical products. This will help accelerate the clinical application of new drugs and medical devices, and foster the development of emerging industries related to the research and development as well as testing of medical

products. The Preparatory Office is drawing up the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and will announce them in the first half of 2025 as scheduled.

1.
According to the Pharmacy and Poisons Ordinance (Cap. 138), pharmaceutical products must satisfy the criteria of safety, efficacy and quality for registration with approval from the Pharmacy and Poisons Board of Hong Kong (the Board) before they can be sold or supplied in the HKSAR. Applicants for registration of pharmaceutical products are required to submit the necessary documents in accordance with the Guidance Notes on Registration of Pharmaceutical Products/Substances as promulgated by the Board. In general, applicants for new drug registration are required to, in accordance with the Guidance Notes on Registration of Pharmaceutical Products Containing a New Chemical or Biological Entity as promulgated by the Board, provide documentary proof for registration issued by at least 2 drug regulatory authorities of specified reference places in order to provide supporting evidence that relevant products have been rigorously evaluated before being placed on the market (i.e. the "secondary evaluation" approach).

To enhance the drug regulatory regime and implement the "primary evaluation" approach in the long run, the Government has launched on 1 November 2023 the "1+" mechanism for approval of new drugs and widened its applicability to all new drugs on 1 November 2024. For pharmaceutical products containing new chemical or biological entities that are supported with local clinical data and scope of application recognised by local relevant expert, applicants concerned are only required to submit approval from 1 reference drug regulatory authority (instead of the 2 or more) to apply for registration in Hong Kong.

Since the implementation of the "1+" mechanism (as at 28 February 2025), a total of 11 new drugs have been granted registration approval in accordance with the mechanism, including 6 drugs for treating cancers, 1 for treating haematological disease, 2 for treating hypercalcemia and 2 for treating anaemia caused by chronic kidney disease, bringing new hope for treatment to patients and facilitating good drugs for use in Hong Kong. The Hong Kong registration numbers of and the diseases/symptoms treated by these new drugs, along with the specified reference places from which registration approval was first obtained are set out below:

	Hong Kong Registration Number	**Diseases/Symptoms Treated**	**Specified Reference Place from which Registration Approval was First Obtained**
1	HK-68111	Metastatic Colorectal Cancer	Mainland China
2	HK-68112	Metastatic Colorectal Cancer	Mainland China
3	HK-68402	Paroxysmal Nocturnal Haemoglobinuria	United States
4	HK-68424	Hypercalcaemia in Patients with Parathyroid Carcinoma and in Certain Patients with Primary Hyperparathyroidism	Japan
5	HK-68425	Hypercalcaemia in Patients with Parathyroid Carcinoma and in Certain Patients with Primary Hyperparathyroidism	Japan

6	HK-68439	Anaemia caused by Chronic Kidney Disease	Mainland China
7	HK-68440	Anaemia caused by Chronic Kidney Disease	Mainland China
8	HK-68459	Extensive-stage Small Cell Lung Cancer	United States
9	HK-68550	Extensive-stage Small Cell Lung Cancer	United States
10	HK-68581	Locally Advanced or Metastatic Non-small Cell Lung Cancer	Mainland China
11	HK-68582	Locally Advanced or Metastatic Non-small Cell Lung Cancer	Mainland China

2.
The DH has pledged to process at least 90% of applications for pharmaceutical products registration (including applications for new drugs) in support of the Board within 5 months upon submission of all required documents by the applicants. From 2020 to 2024, an average of 99.9% of applications have been processed within 5 months upon receipt of the required documents. When implementing the "1+" mechanism, the Board has made reference to the relevant procedures of other drug regulatory authorities and hence introduced a target processing timeline set at 150 days, namely the "stop-clock mechanism". All new drug applications submitted under the "1+" mechanism have met this target thus far. To further enhance the efficiency in processing new drug applications, we will, as announced in the Chief Executive's 2024 Policy Address, introduce a consultation service for new drug applications under the "1+" mechanism in the first quarter of 2025. The Board and the DH do not maintain statistics on the shortest, average, median and longest time taken for the registration approval of new drugs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0525)

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 has conducted 34 000 inspections for smoking offences, commercial sale and supply of alcohol to minors and related offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) in 2024, will the Government please inform this Committee of:

1. the number of inspections conducted on each of the above fronts, the number of people prosecuted and the penalties of the convicted; and
2. the participating Government departments and the number of staff involved?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 22)

Reply:

1.

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints/referrals received, inspections conducted, warning letters issued, and FPNs/summonses issued by the TACO in 2024 for smoking and other offences are at **Annex 1.**

In addition, the sale and supply of intoxicating liquor to minors in the course of business are prohibited under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B). In 2024, the TACO conducted more than 4 000 inspections to check retailers' compliance with

such legal requirements and carried out investigation and enforcement actions upon receipt of intelligence or complaints. Over the past 3 years, the TACO received 63 complaints regarding the sale or supply of intoxicating liquor to minors in the course of business. No violation was found upon plainclothes patrol and follow-up investigation.

Apart from the stipulation above, Cap. 109B also requires vendors which sell or supply intoxicating liquor in face-to-face distributions to display a prescribed notice in a prominent position at the premises in the course of business. The Tobacco and Alcohol Control Inspectors will conduct inspections at these premises to ensure that vendors comply with this requirement. Over the past 3 years, the TACO issued 10 summonses to offenders in this respect.

2.
The TACO has been closely monitoring the market situation and taking stringent enforcement actions against violation of the Smoking (Public Health) Ordinance, and will appropriately adjust its enforcement strategies according to the actual circumstances from time to time, including conducting joint operations with other government departments now and then. In order to further curb the distribution of illicit cigarette leaflets, the TACO has been strengthening joint operations with the Police, the Housing Department (HD) and the Customs and Excise Department (C&ED) against the sale of illicit cigarettes and related promotional activities in public housing estates since 2023. A total of over 250 joint operations were conducted in the past 3 years. The TACO, the C&ED, the Police and the HD will continue working together to enhance intelligence exchange and strengthen the co-operation mechanism, as well as to make adjustments to their enforcement strategies having regard to the actual situation, and to take joint enforcement actions and refer suspected illegal cases to the relevant departments, with a view to undertaking the tobacco control initiatives and enforcing the relevant legislation.

The approved establishment of the TACO in 2024-25 is at **Annex 2**. The manpower and resources for the implementation of alcohol and tobacco control initiatives cannot be separately identified.

Annex 1

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

		2024
Complaints/referrals received		29 205
Inspections conducted		30 162(Note 3)
Warning letters issued(Note 1)		10
FPNs issued (for smoking offences)		13 488(Note 3)
Summonses issued	for smoking offences	64
	for other offences(Note 2)	871

Note

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

2 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

3 To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, TACO has flexibly deployed resources and adopted new enforcement strategies since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people inciting, aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

Annex 2

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

Rank	Number of staff in 2024-25
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0530)

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 Hong Kong Council on Smoking and Health (COSH) delivered 433 publicity/educational activities in 2024 under the Department of Health's subsidy. In this connection, will the Government inform this Committee of:

1. the publicity and education activities of the COSH in the past 5 years, with a breakdown of each activity's expenditure by year; and

2. the advertisements produced by the COSH in the past 5 years, with a breakdown of each advertisement's expenditure by year?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 24)

Reply:

1. & 2.
The Hong Kong Council on Smoking and Health (COSH) is a statutory body established in accordance with the Hong Kong Council on Smoking and Health Ordinance (Cap. 389) to enhance public awareness of the harm of tobacco through publicity, education and research.

To mobilise community efforts, the Department of Health (DH) subvents the COSH to carry out a series of smoke-free activities targeting different sectors and stakeholders, which include educational activities (e.g. school education theatre programmes, tailor-made programmes to equip teenagers with knowledge on the hazards of smoking, including the use of alternative smoking products), publicity and community involvement activities (e.g. production of Announcements in the Public Interest (APIs) on television and radio, district-based community involvement activities) and research programmes on tobacco control. The COSH is also dedicated to disseminating smoke-free messages to corporations, schools and all walks of life through different efforts such as collaborating with district service organisations on promotional activities, smoking cessation competitions and smoking cessation counselling. It also implements the "Smoke-free Drivers Club", the "Quit to Win" Smoke-free Community Campaign, the Smoke-free Women Project and the Elderly Smoking Cessation Promotion Project on a regular basis, targeting young people, women and the

elderly with the aim of spreading the smoke-free message to every corner of the society and uniting community efforts to promote smoking cessation and create a smoke-free environment.

In addition, the COSH launches publicity campaigns through the mass media and social media to convey messages about the hazards of smoking to different groups in the community. It also produces 1 to 2 television and radio APIs every year to promote the benefits of a smoke-free life and disseminate information on smoking cessation to encourage smokers to quit smoking. The COSH launched a new API named "Let's make Hong Kong Tobacco-free" in March this year and, by joining hands with various sectors of the community, shared information on smoking hazards through special television programmes to call for public participation in creating a smoke-free environment and encourage smokers to quit smoking.

The number of publicity/educational activities delivered by the COSH during 2020 to 2024 is set out below:

	2020	**2021**	**2022**	**2023**	**2024**
Publicity Activities (including advertisements)	275	196	227	244	238
Educational Activities	157	236	205	188	195
Total	**432**	**432**	**432**	**432**	**433**

In 2020-21 to 2024-25, the amount of funding received by the COSH is as follows:

2020-21 Actual ($ million)	2021-22 Actual ($ million)	2022-23 Actual ($ million)	2023-24 Actual ($ million)	2024-25 Revised Estimate ($ million)
26.0	26.2	26.8	26.6	27.9

Expenditure on individual publicity activities cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0533)

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 has stated that it will continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation in 2025-26. In this connection, will the Government advise on the details of the work and programme concerned along with a breakdown of the estimated expenditure?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 25)

Reply:

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

The Government announced in June 2024 its plan to introduce 10 tobacco control measures in the short term. Among these initiatives, the Government has proposed to strengthen smoking cessation services as well as publicity and education through measures such as increasing the number of smoking cessation service points, enhancing Chinese medicine smoking cessation services, offering smoking cessation services through District Health Centres (DHCs) with a case-management model, enhancing smoking cessation training for primary healthcare practitioners, assisting people in smoking cessation through mobile applications, and incorporating more elements related to the harm of smoking into regular school curriculum.

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

Apart from operating an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, the DH coordinates the provision of smoking cessation services in Hong Kong. It arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patients, especially those with chronic diseases, to quit smoking), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone. Besides, the DH has subvented 2 more service providers (from 2 to 4 in total) since 2023 to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, and 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) starting from this year to operate smoking cessation clinics with an emphasis on counselling and acupuncture. It is expected that the number of service users of the former type of clinics will increase by about 40% and the number regarding the latter type will double.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness of smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with the NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students in respect of the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for 1 week at community pharmacies, smoking cessation clinics, DHCs and District Health Centre Expresses (DHC Expresses) during the Quit in June annual campaign starting from 2023. During the Quit in June campaign in 2024, the DH implemented the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme at designated Chinese medicine smoking cessation clinics. To encourage and help all healthcare professionals to provide support and treatment for smokers who are quitting, the DH organises online and face-to-face training courses, compiles the Practical Handbook for Smoking Cessation Treatments and a clinical guide on smoking cessation with Chinese medicine and acupuncture, and provides related resources, among other initiatives.

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

In 2022, 2023 and 2024, the quitlines operated by the DH and local universities handled 9 216, 11 051 and 10 875 enquiries respectively. During these 3 years, there were 20 406, 27 715 and 28 512 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

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

The expenditure and provision in respect of health promotion activities organised and smoking cessation services provided by the DH's Tobacco and Alcohol Control Office and its subvented organisations between 2022-23 and 2025-26 is at **Annex**. Expenditure on individual publicity programmes cannot be separately identified.

The Government will continue to step up its work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and safeguard the health of the community with a progressive and multi-pronged approach.

Annex

Expenditure on/provision for the Department of Health's Tobacco and Alcohol Control Office

	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)	2025-26 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	***100.4***	***123.3***	***167.4***	***174.8***
Health Education and Smoking Cessation				
Programme 3: Health Promotion	***149.0***	***151.4***	***170.5***	***180.9***
(a) General Health Education and Promotion of Smoking Cessation				
TACO	*73.0*	*83.7*	*88.2*	*87.0*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.8*	*26.6*	*27.9*	*27.3*
Sub-total	***99.8***	***110.3***	***116.1***	***114.3***
(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations				
Subvention to Tung Wah Group of Hospitals	*29.4*	*10.2*	*14.0*	*17.8*
Subvention to Pok Oi Hospital	*7.6*	*14.8*	*17.9*	*20.9*
Subvention to Lok Sin Tong	*3.3*	*3.6*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*5.8*	*6.1*	*8.9*	*13.8*
Subvention to Life Education Activity Programme	*2.8*	*2.9*	*3.0*	*3.0*
Subvention to Christian Family Service Centre	*-*	*3.5*	*7.0*	*4.5*
Subvention to The University of Hong Kong	*0.3*	*-*	*-*	*3.0*
Sub-total	***49.2***	***41.1***	***54.4***	***66.6***
Total	***249.4***	***274.7***	***337.9***	***355.7***

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2649)

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:

Given that assessment services concerning special educational needs require professionals such as psychologists and psychiatrists, please provide related figures with a breakdown by profession, covering public and private organisations, and advise on the increase in resources in respect of the relevant professionals in the coming 5 years, along with the relevant breakdown.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 29)

Reply:

The Child Assessment Service (CAS) of the Department of Health (DH) provides comprehensive assessment and diagnosis of physical and mental development for children under the age of 12 who are suspected to have developmental problems.

The CAS adopts a multi-disciplinary team approach. The team comprises healthcare and professional staff, including paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists and speech therapists. The relevant approved establishment for 2024-25 is as follows:

Grade	Approved establishment
Medical and Health Officer	25
Registered Nurse	40
Clinical Psychologist	22
Audiologist	3
Speech Therapist	16
Optometrist	2
Occupational Therapist	9
Physiotherapist	7

Apart from the DH, assessment services are also provided by the Hospital Authority (HA), the Education Bureau, non-governmental organisations and recognised professionals in the private sector. The DH does not maintain data on the related professionals dedicated to assessing special educational needs who are serving in other institutions.

As announced by the Chief Executive in his 2024 Policy Address, to enhance the health of the people of Hong Kong, improve healthcare protection and quality, and capitalise on our healthcare professions' strengths, the Government is conducting a comprehensive review on the positioning and objectives of the healthcare system. The review covers the reform of the functions and division of work among the HA, the DH and the Primary Healthcare Commission (PHC Commission). The relevant initiatives include reforming the HA's governance effectiveness to enhance the standards and efficiency of its specialist and in-patient services. At the same time, the PHC Commission and the DH will strengthen their efforts in health promotion and disease prevention in order to continue to redress the imbalance in the existing system which emphasises on treatment rather than prevention. The DH will also strengthen its role as the Government's adviser and regulatory authority in respect of public health, and will focus on its functions in this aspect. In this connection, the DH is gradually transferring its specialist clinical services and primary healthcare services to the HA and the PHC Commission respectively.

The DH is liaising with the HA on the detailed arrangements for integrating the CAS into the Hong Kong Children's Hospital under the HA, with a view to consolidating the public paediatrics services to facilitate collaboration among various specialities and streamline the procedure for service delivery. In this way, the children suspected of having developmental or behavioural problems can receive the necessary integrated multi-disciplinary assessment, treatment and rehabilitative services in a timely manner, while the referral arrangements and services for patients can be further enhanced. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2650)

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:

As far as the special education need (SEN) assessment over the past 5 years is concerned, please advise on whether the children suspected of having SENs could have assessment completed by the age of 6 (i.e. pre-school age); or the percentage of those who could have assessment completed by the age of 6 (i.e. pre-school age); the number of children who could only be assessed during primary or secondary school years; and their waiting time for assessment.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 30)

Reply:

The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and psychologists for comprehensive assessment and diagnosis of children under the age of 12 who are suspected to have developmental problems. New cases are referred through different channels, including the Maternal and Child Health Centres (MCHCs), the Hospital Authority (HA), private practitioners and psychologists, etc. In 2024, the CAS received 8 596 new case referrals, which included 7 814 children under 6 and 782 children aged 6 to below 12 (provisional figures). Apart from the DH, assessment services are also provided by the HA, the Education Bureau (EDB), non-governmental organisations and recognised professionals in the private sector.

In the past 5 years, all cases newly referred to the CAS were first seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The CAS does not maintain statistics on the waiting time for assessment of new cases. While children are waiting for assessment and rehabilitation services, the CAS provides interim support services for parents, such as seminars, workshops and practical training, with the aim of enhancing parents' knowledge on child development and providing practical skills to enable parents to better understand their children's conditions and learn about relevant community resources. In addition, the Social Welfare Department (SWD)'s Tier-1 Support Services for Kindergartens/Kindergarten-cum-

Child Care Centres and the EDB's special education support services in primary schools also provide support services for children with mild behavioral and developmental problems, including early intervention and training.

The number of new case referrals received by the CAS, the rate for completion of assessment for new cases within 6 months, and the number of children assessed are as follows:

	2020	2021	2022	2023	2024 (Provisional figures)
Number of new cases referred to the CAS	7 526	12 166	10 154	9 326	8 596
Percentage of new cases with appointment time within 3 weeks (%)	100	100	100	100	100
Rate for completion of assessment for new cases within 6 months (%)	65	73	61	70	68
Number of children assessed by the CAS#	14 507	16 626	14 251	18 637	17 757

The figure includes both newly registered referral cases and follow-up cases.

The DH does not maintain statistics on the number of children assessed with breakdown by the stage of schooling.

As announced by the Chief Executive in his 2024 Policy Address, to enhance the health of the people of Hong Kong, improve healthcare protection and quality, and capitalise on our healthcare professions' strengths, the Government is conducting a comprehensive review on the positioning and objectives of the healthcare system. The review covers the reform of the functions and division of work among the HA, the DH and the Primary Healthcare Commission (PHC Commission). The relevant initiatives include reforming the HA's governance effectiveness to enhance the standards and efficiency of its specialist and in-patient services. At the same time, the PHC Commission and the DH will strengthen their efforts in health promotion and disease prevention in order to continue to redress the imbalance in the existing system which emphasises on treatment rather than prevention. The DH will also strengthen its role as the Government's adviser and regulatory authority in respect of public health, and will focus on its functions in this aspect. In this connection, the DH is gradually transferring its specialist clinical services and primary healthcare services to the HA and the PHC Commission respectively.

The DH is liaising with the HA on the detailed arrangements for integrating the CAS into the Hong Kong Children's Hospital under the HA, with a view to consolidating the public paediatrics services to facilitate collaboration among various specialities and streamline the procedure for service delivery. In this way, the children suspected of having developmental or behavioural problems can receive the necessary integrated multi-disciplinary assessment, treatment and rehabilitative services in a timely manner, while the referral arrangements and services for patients can be further enhanced. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0001)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

The Government has been preventing and controlling importation and exportation of infectious diseases through port health measures, which include quarantine clearance at air, sea and land boundary control points (BCPs), such as conducting routine temperature screening for inbound travellers, setting up health posts to conduct health assessment for suspected infectious cases, and providing medical assistance for travellers in need. In this connection, please advise on the following:

1. the respective number of posts and expenditure for "conducting routine temperature screening for inbound travellers" and "setting up health posts" over the past 5 years, with a breakdown by year and BCP;
2. the respective number of cases in the past 3 years where inbound travellers were hospitalised upon temperature measurement for treatment due to suspected infection of Severe Acute Respiratory Syndrome, with a breakdown by BCP; and
3. whether the Government has any plans to further adopt innovation and technology to streamline manpower or related resources. If yes, the details; if no, the reasons.

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 77)

Reply:

In accordance with the power conferred by the Prevention and Control of Disease Ordinance of Hong Kong and with regard to the guidelines of the International Health Regulations, the Department of Health (DH) enforces various preventive measures at boundary control points (BCPs) to prevent the introduction or spreading of infectious diseases into or out of Hong Kong. The Port Health Division under the DH carries out health screening work at each BCP (including conducting regular body temperature screening for arrivals and setting up health stations). Taking into account the design of each BCP and its traveller and vehicle flow, the DH deploys manpower as appropriate to conduct body temperature screening for all arrivals; and performs, in accordance with the mechanism, further health assessments for travellers with fever or in need (such as travellers who self-reported being unwell) to understand their symptoms, travel history, contact history, etc., in order to make appropriate referrals and follow-up, including compulsory referral of persons with suspected infection of

major infectious diseases to Hong Kong public hospitals for checking, advising other travellers with fever or in need to seek medical treatment at medical institutions with issuance of referral letters, and assisting persons in need to call for ambulance service for further treatment at Accident and Emergency Department.

The Hong Kong Special Administrative Region (HKSAR) Government has been maintaining close co-operation with entry-exit health inspection and quarantine authorities of the Mainland to safeguard the well-being and safety of residents and travellers of the 2 places. The Health Bureau and the General Administration of Customs of the People's Republic of China (GACC) signed the Co-operation Arrangement for Entry-exit Health Inspection and Quarantine between the GACC and the Health Bureau of the HKSAR Government in 2023. Under the normalisation arrangements for epidemic prevention and control, the 2 parties agreed to focus on the health inspection and quarantine of their respective inbound personnel travelling between the HKSAR and the Mainland BCPs.

The HKSAR Government will maintain close liaison with the relevant Mainland authorities and, taking into account factors such as cost-effectiveness and appropriateness, actively review the entry health inspection and quarantine arrangements (including temperature screening) from the public health perspective.

(1)
From 2020 to 2024, the average number of health screening shifts of the DH per day at various BCPs (some health screening posts involve more than 1 shift according to the operation of BCPs) is as follows:

	2020	2021	2022	2023	2024
Airport	270	244	226	125	122
Lo Wu	40	0	0	40	40
Lok Ma Chau Spur Line	30	0	0	30	30
Lok Ma Chau	90	90	111	94	94
Man Kam To	27	27	41	36	36
Sha Tau Kok	37	37	20	8	0
Shenzhen Bay	137	171	182	116	94
Hong Kong-Zhuhai-Macao Bridge	141	178	178	116	130
Heung Yuen Wai	28	28	28	68	58
Express Rail Link West Kowloon	6	6	31	51	51
Hung Hom	18	18	18	0	0
Macau Ferry Terminal	42	42	45	45	45
China Ferry Terminal	22	22	0	22	22
Total	888	863	880	751	722

Note:
The DH redeploys health screening posts in view of the actual circumstances. Some of the posts at BCPs where operation has been suspended would be redeployed to other BCPs. Health screening service of Kai Tak Cruise Terminal and Ocean Terminal was not included as it was only provided during stopover of cruises.

The expenditure incurred by health screening shifts listed in the table above is set out below:

	Financial Year				
	2020-21	2021-22	2022-23	2023-24	2024-25

Expenditure ($ million)	215	205	239	240	205

(2)
From 2022 to 2024, no arrivals were suspected to be infected with Severe Acute Respiratory Syndrome (SARS) upon temperature measurement at various BCPs. On the other hand, the number of inbound travellers compulsorily referred to public hospitals upon fulfilling reporting criteria of any major infectious disease is set out as follows:

	2022	2023	2024
Number of Inbound Travellers Compulsorily Referred to Public Hospitals upon Fulfilling Individual Reporting Criteria of Any Major Infectious Disease	250	61	6

Note:
The compulsory isolation arrangement imposed on persons infected with Coronavirus Disease 2019 (COVID-19) has been rescinded with effect from 30 January 2023.

(3)
Ongoing health screening, which facilitates early identification of potential infectious diseases imported into Hong Kong, is vital to safeguarding public health. Currently, health screening measures are in place for inbound travellers at all BCPs between Hong Kong and the Mainland.

The DH mainly employs an Infrared Thermal Imaging System at various BCPs to detect the body temperatures of multiple travellers simultaneously to reduce the manpower required for such work. However, drivers and all passengers in a cross-boundary private car are allowed to remain in their vehicle while passing through the kiosks of the Immigration Department, the Customs and Excise Department and the DH without the need to get off from the vehicle or go to the traveller's clearance hall. Due to site constraints, the Infrared Thermal Imaging System cannot be used to measure the forehead temperature of drivers and passengers passing through the vehicle lanes. As a result, hand-held infrared thermometers are used to measure the body temperature of inbound passengers on board the vehicles at the DH vehicle kiosks.

The DH reviews the health screening arrangements from time to time and deploys manpower as appropriate at various BCPs according to the actual circumstances to provide appropriate services for inbound travellers. For instance, the additional personnel deployed during the COVID-19 epidemic in the light of the actual needs have been reduced after the epidemic, and the manpower at relevant BCPs has basically returned to the pre-epidemic level. Meanwhile, the DH also keeps a close eye on technological development and actively explores the adoption of innovative technology in collaboration with other departments at BCPs to reduce the manpower need for health screening and optimise the use of human resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1189)

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:

Expanding the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) is mentioned in the Programme as one of the matters requiring special attention in 2025-26. In this connection, will the Government advise this Committee on:

(1) the number of voucher claim transactions, the amount claimed and the average amount per claim transaction in the past year for each of the 9 service points of the medical/dental institutions in the Greater Bay Area that allow the use of EHCVs;

(2) the number of voucher claim transactions, the amount claimed and the average amount per claim transaction in the past year regarding dental services provided at each of the 9 service points;

(3) the number of voucher claim transactions, the amount claimed and the average amount per claim transaction in the past year for each of the 3 major types of dental service received by elderly persons at the 9 service points;

(4) whether consideration will be given to allow the use of both EHCVs and the national medical insurance to pay for the same medical service; if yes, the details; if not, the reasons?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 9)

Reply:

(1) & (2)

In 2024, the number of voucher claim transactions, the amount of vouchers claimed, along with the average amount of vouchers per claim transaction for eligible Hong Kong elderly persons using the Elderly Health Care Vouchers (EHCVs) at 9 service points in the Greater Bay Area (GBA) under the Elderly Health Care Voucher Scheme (EHVS), as well as those related to dental / stomatological services, are tabulated below:

GBA Medical Institution	**Number of Voucher Claim Transactions [related to Dental / Stomatological Services]**	**Amount of Vouchers Claimed [related to Dental / Stomatological Services] (HK$ '000)**	**Average Amount of Vouchers per Claim Transaction [related to Dental / Stomatological services] (HK$)**

University of Hong Kong - Shenzhen Hospital (HKU-SZH)	61 841 [2 137]	19,487 [1,046]	315 [489]
Huawei Li Zhi Yuan Community Health Service Center (Huawei CHC)	609 [Note 1]	70 [Note 1]	115 [Note 1]
The First Affiliated Hospital, Sun Yat-sen University (FAH-SYSU) (since 28 June 2024)	1 865 [192]	931 [180]	499 [938]
Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (ZSCXH) (since 18 July 2024)	2 052 [179]	995 [100]	485 [559]
Shenzhen New Frontier United Family Hospital (NFUFH) (since 14 August 2024)	1 402 [329]	1,594 [262]	1,137 [796]
Dongguan Tungwah Hospital (Tungwah Hospital) (since 6 September 2024)	790 [134]	451 [104]	571 [776]
Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (FAH-NS) (since 6 September 2024)	246 [Note 2]	95 [Note 2]	386 [Note 2]
Shenzhen C.K.J Stomatological Hospital (CKJSH) (since 14 August 2024)	8 903	15,264	1,714
Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (Dental Bauhinia) (since 14 August 2024)	210	452	2,152
Total:	**77 918** **[12 084]**	**39,339** **[17,408]**	**505** **[1,441]**

Note 1: The Department of Health (DH) only maintains data on the total claims made by the Huawei CHC and is therefore unable to provide a breakdown of healthcare services.

Note 2: The FAH-NS's Dental Department / Department of Stomatology has yet to commence operation.

(3)

Among the voucher claim transactions related to dental / stomatological services at various GBA service points under the EHVS in 2024, the number of voucher claim transactions, the amount of vouchers claimed, and the average amount of vouchers per claim transaction of the 3 types of dental services with the highest number of voucher claim transactions (by principal reason for visit) are tabulated as follows:

GBA Medical Institution	**The 3 Types of Dental Services with the Highest Number of Voucher Claim Transactions** (Principal Reason for Visit)	**Number of Voucher Claim Transactions**	**Amount of Vouchers Claimed (HK$ '000)**	**Average Amount of Vouchers per Claim Transaction (HK$)**
HKU-SZH	1. Preventive Care	1 182	532	450
	2. Follow-up/ Monitoring of long term conditions	678	336	496
	3. Management of acute episodic conditions	167	106	635
FAH-SYSU (since 28 June 2024)	1. Management of acute episodic conditions	69	27	391
	2. Follow-up/ Monitoring of long term conditions	65	21	323
	3. Rehabilitative Care	35	100	2,857
ZSCXH (since 18 July 2024)	1. Preventive Care	84	24	286
	2. Follow-up/ Monitoring of long term conditions	66	36	545
	3. Management of acute episodic conditions	17	2	118
NFUFH (since 14 August 2024)	1. Preventive Care	210	95	452
	2. Management of acute episodic conditions	109	157	1,440
	3. Follow-up/ Monitoring of long term conditions	10	11	1,100
Tungwah Hospital (since 6 September 2024)	1. Preventive Care	85	57	671
	2. Management of acute episodic conditions	29	18	621
	3. Follow-up/ Monitoring of	18	28	1,556

	long term conditions			
CKJSH (since 14 August 2024)	1. Follow-up/ Monitoring of long term conditions	4 180	7,082	1,694
	2. Rehabilitative Care	2 370	7,620	3,215
	3. Preventive Care	2 266	362	160
Dental Bauhinia (since 14 August 2024)	1. Follow-up/ Monitoring of long term conditions	93	199	2,140
	2. Preventive Care	69	65	942
	3. Rehabilitative Care	31	132	4,258

Note 1: The DH only maintains data on the total claims made by the Huawei CHC and is therefore unable to provide a breakdown of healthcare services.

Note 2: The FAH-NS's Dental Department / Department of Stomatology has yet to commence operation.

(4)

The Government's policy of allowing EHCVs to be used in the GBA aims to provide more convenience and flexibility for eligible Hong Kong elderly persons residing in Mainland cities in the GBA by offering them more service points to use EHCVs to meet their primary healthcare needs and improve their health. However, under the Pilot Scheme, eligible Hong Kong elderly persons cannot use EHCVs and the national medical insurance simultaneously to pay for the fees of the same healthcare service encounter at various GBA service points.

As the insuring clauses of national medical insurance vary across different cities in the GBA, where discrepancies in arrangements are bound to emerge, and the applicable medical items may differ from those covered by EHCVs (in that the scope of using EHCVs in the Mainland is the same as in Hong Kong where inpatient services, prepaid healthcare services and day surgery procedures are excluded). To avoid confusion and maintain consistency, the 2 healthcare benefits cannot be used at the same time, so as to prevent complications and misunderstandings in the use of EHCVs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1327)

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:

Respiratory syncytial virus (RSV) infection in young children can cause respiratory tract diseases such as infection of the airway, lungs and middle ear. Regarding the prevention of RSV, will the Government inform this Committee of:

1. the number of RSV infections of infants/toddlers aged 2 or under reported to the Centre for Health Protection, the number of RSV infections of infants/toddlers resulting in admissions to Hospital Authority hospitals, the number of RSV infections of infants/toddlers admitted to paediatric intensive care units due to the infection or related complications, and the number of RSV-attributable deaths of infants/toddlers in each of the past 3 years;

2. whether the Government will allocate additional resources to strengthen monitoring measures concerning local RSV activity, and to step up public education on the prevention of RSV infection in infants/toddlers; if yes, the work plans and the estimated expenditure; if no, the reasons; and

3. whether the Government will, with reference to the measures adopted in places such as the United States, the United Kingdom and Australia, study the inclusion of RSV vaccines (registered in Hong Kong and suitable for administration to infants and young children) into the Hong Kong Childhood Immunisation Programme along with the subsidies to reduce the risk of severe illness and complications from RSV infections in infants/toddlers; if yes, the work plans and the estimated expenditure; if no, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 5)

Reply:

(1)

Respiratory syncytial virus (RSV) can cause respiratory tract diseases such as infection of the airway, lungs and middle ear. It is transmitted by direct contact with infectious secretions or by droplets spread, or indirectly through contact with contaminated hands, eating utensils

or objects contaminated by nasal or throat discharges of an infected person. In general, most people develop mild symptoms after contracting RSV.

RSV infection is not a notifiable infectious disease. As most people infected with RSV show mild symptoms, hospitalisation is not required. Since the symptoms of these infections in the community resemble those of other viral respiratory infections, confirmation by laboratory testing is typically not pursued. For the above reasons, the Centre for Health Protection (CHP) of the Department of Health (DH) does not maintain statistics on the number of RSV infections in infants/toddlers aged 2 or under. Nonetheless, the CHP has been monitoring the number local public hospital admissions due to RSV infections and the situation concerned. The numbers of hospitalisation cases in public hospitals, admissions to intensive care units (ICUs) during hospitalisation and RSV-attributable deaths in relation to infants/toddlers aged 2 or under in each of the past 3 years (2022 to 2024) are tabulated below:

Year	Number of Public Hospital Admissions*	Number of Admissions to ICUs in Public Hospitals	Number of Deaths
2022	241	17	0
2023	2 659	182	0
2024	1 274	81	0

* Including cases where patients were admitted to ICUs.

(2)

Apart from public hospital admissions, the CHP has also been closely monitoring the local RSV activity through laboratory testing and disease outbreak reports, etc. The CHP also engages in public education on the prevention of viral respiratory infections (including RSV infections) through channels such as thematic websites, social media and media interviews. Health information pertaining to RSV prevention has been uploaded to the CHP's website for public access. As the expenditure in this respect is subsumed into the DH's overall expenditure on surveillance, prevention and control of infectious diseases as well as health promotion, the expenditure on the work related to RSV infection cannot be separately identified.

(3)

Currently, there are 2 types of RSV vaccines registered in Hong Kong, both of which are intended for elderly persons aged 60 or above. One of them can also be administered to pregnant women between 32 and 36 weeks of gestation to prevent severe lower respiratory diseases caused by RSV infection in infants within the first 6 months after birth. However, there are currently no RSV vaccines available for infants/toddlers locally nor abroad.

Regarding the use of RSV vaccines, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP discussed issues related to RSV vaccination for pregnant women at a meeting in January 2025. The experts reviewed in detail the local epidemiological data on RSV, the scientific data on their efficacy and safety (including potential adverse effects such as preterm labour and gestational hypertension) and the recommendations of the World Health Organization and the international community on the use of these vaccines. Based on scientific evidence, the SCVPD considers that more safety

data on the use of RSV vaccines is required before further consideration of the proposal concerning universal RSV vaccination for pregnant women, who are advised to consult their doctor and consider receiving vaccination as an individual decision under informed consent.

In general, the inclusion of new vaccines in the Government's vaccination programmes is based on scientific evidence while taking into account a number of public health factors including the overall burden that the disease impose on society, the efficacy and safety of the vaccines, the availability of other effective preventive measures and the cost-benefit of mass vaccination. Personal health remains an individual's responsibility. While particular preventive measures are beneficial to personal health, they are not necessarily justified for public funding from a public health or healthcare policy perspective.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1331)

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:

The Matters Requiring Special Attention in 2025-26 under Programme (2) include overseeing the launching of the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) and the Community Dental Support Programme (CDSP). In this connection, will the Government advise this Committee on:

1. the service quotas of the CDSP, and whether the quotas will increase based on demand;
2. whether the CDSP will provide removable denture services, given that the Government will replace the Community Care Fund Elderly Dental Assistance Programme in 2026; if yes, the details; if not, the reasons; and
3. whether it will consider, with reference to the Pilot Scheme on Dental Services for Civil Service Eligible Persons in Shenzhen, expanding the PDCC to dental institutions in Shenzhen to reduce co-payment from adolescent participants; if yes, the details; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 9)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of

utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) is rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care. Meanwhile, the Community Dental Support Programme (CDSP) is a service focusing on underprivileged groups who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

1&2:

On top of the existing dental grants under the Comprehensive Social Security Assistance Scheme and the emergency dental service provided through General Public Sessions by government dental clinics, the Department of Health (DH) will increase the dental services to underprivileged groups with financial difficulties by launching the CDSP in 2025 and enhancing service capacity, increasing service points and expanding service scope, aiming to additionally offer at least twice the current number of quotas provided by the General Public Sessions of government dental clinics (i.e. 40 000 per year). The CDSP leverages the networks of non-governmental organisations and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider appropriate to encourage tooth retention. The DH will continuously monitor the utilisation rates of the service and gather feedback from service users regarding their needs, as well as the data on their oral health conditions to review the effectiveness of the CDSP in due course.

In addition, the CDSP will supplant the Community Care Fund Elderly Dental Assistance Programme (EDAP) in 2026. The Government concurs with the views of the Working Group that the EDAP's previous emphasis on removable dentures have misled the citizens that the services encouraged tooth extraction and dentures. In response to the Working Group's views, the EDAP was enhanced in July 2024 to allow eligible elderly to apply for subsidies and receive other specified dental services including oral check-ups, scaling, and fillings, even though they are not suitable for removable dentures. This enhancement aimed to encourage eligible elderly to choose other preventive and curative dental services for timely management of dental diseases and retain teeth as far as possible so as to avoid tooth extraction and dentures. Upon supplanting the EDAP by CDSP, the primary focus will continue to encourage prevention of dental diseases and retention of teeth. In future, the

CDSP will only provide related subsidies to underprivileged persons assessed to have difficulties in eating or chewing whose eating function can be restored through removable dentures.

3:
The DH launched the three-year PDCC on 20 March this year by the as an interface with the School Dental Care Service by providing partial subsidies for private dental check-up services for adolescents via a co-payment model to foster their establishment of partnership with dentists so as to promote their life-long habit of regular oral check-ups for prevention of dental diseases. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The scope of subsidised services includes:

i) Oral check-up;
ii) Oral health risk assessment;
iii) Dental scaling;
iv) Personalised oral care advice;
v) Fluoride application based on risk assessment; and
vi) Oral check-up report.

To enhance the transparency of dental service fees other than the co-payment fee, the DH required dentists to disclose the fees for X-ray examinations, tooth fillings and extractions as charged under the PDCC.

The DH held 2 online briefing sessions for registered dentists in February and March to introduce the background, contents and dentist registration procedures of the PDCC. It also introduced the PDCC through a seminar organised by the Hong Kong Dental Association in mid-March.

Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC), who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. Eligible adolescents and their parents may, via the eHealth mobile application, access the thematic website and promotional videos launched by the DH in early March to learn about and participate in the PDCC. The DH has also disseminated letters through the Education Bureau to reach out to all secondary school students and their parents in the territory to publicise and promote the PDCC, while also approaching students visiting Student Health Service Centres and School Dental Clinics to publicise the scheme. About 370 000 adolescents are eligible to join each year, though the final number of participants will depend on the response from adolescents and their parents.

Adolescents and their parents who are interested in joining the PDCC can refer to the thematic website to view the list of registered dentists participating in the PDCC. After selecting a dentist, they can contact the relevant clinic directly to make an appointment for receiving the subsidised services. Details about the clinic addresses, telephone numbers, professional

qualifications and the co-payment amount required from scheme participants are also set out on the list of dentists. All clinics participating in the PDCC will display the signage of the scheme outside their premises or at a prominent place for easy identification.

The DH will continuously monitor the utilisation rates of the service and gather feedback from service users as well as the data on their oral health conditions to review the effectiveness of the PDCC in due course.

The Working Group noticed that there are suggestions in the community on purchasing dental services from the Mainland or providing subsidies to citizens for such services. The Working Group considered that the Government should bear the responsibility of protecting Hong Kong citizens' health by providing quality local healthcare services, rather than simply transferring the responsibility to the Mainland healthcare system. Hong Kong's private sector and NGOs should remain the most accessible service channels for citizens. The Working Group recommended the Government to focus on meeting citizens' dental service needs through the local healthcare system, by investing resources in promoting dental professional development, and work in close rapport with the professional sector to advance and strengthen the status and services of the local dental profession. There is no plan to expand the coverage of the PDCC to dental institutions in Shenzhen at present.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3090)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme (BCSPP), will the Government advise this Committee on:

1. the number of participants, the screening results, the number of cancer patients identified by screening (with a breakdown of cancer stages) and the expenditure incurred each year since the launch of the 2 programmes; and
2. whether the effectiveness of the BCSPP has been evaluated, and whether there has been any progress of late in Phase II of the BCSPP; if yes, the details; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 39)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme (CRCSP) and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programme not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

(1) & (2)

The CRCSP

Based on the recommendations of the CEWG, the Government launched and fully implemented the CRCSP in September 2016 and 2020 respectively to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo regular screening. As at end-December 2024, more than 510 000 eligible persons have participated in the CRCSP. Among those participants who had undergone colonoscopy examination, about 40 000 were diagnosed to have colorectal adenomas and about 3 400 were diagnosed with colorectal cancer. A preliminary analysis of about 2 400 colorectal cancer cases revealed that about 56% belonged to early-stage (stage II or below) with a more favourable prognosis. For other colorectal cancer cases recorded by the Hong Kong Cancer Registry of the Hospital Authority, less than 40% of them belonged to early-stage, which demonstrates that participation in the CRCSP allows early detection and treatment of colorectal cancer, thereby leading to a more favourable prognosis. Such screenings can help in the early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

A breakdown of the number of new participants by year from 2022 to 2024 is appended below:

Year	Number of New Participants
2022	72 600
2023	71 900
2024	86 000

The actual expenditure of the CRCSP in 2022-23 and 2023-24 and its revised estimate in 2024-25 are as follows:

Financial Year	Annual Expenditure ($ million)
2022-23 (Actual)	151.6
2023-24 (Actual)	175.6
2024-25 (Revised Estimate)	222.7

The BCSPP

Based on the recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening and launched Phase I of the BCSPP in 2021. Women aged between 44 and 69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of benign breast

disease, nulliparity or late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every 2 years.

In the two-year Phase I of the BCSPP (which ran from September 2021 to December 2023), a total of 27 807 women aged between 44 and 69 have received breast cancer risk assessment in Woman Health Centres (WHCs), 4 Maternal and Child Health Centres and 18 Elderly Health Centres (EHCs). 7 785 (about 28%) of them underwent the MMG screening on referral based on the risk assessment. Among the women with abnormal MMG results who had been referred to specialists for treatment, 409 cases were followed up in public hospitals, among which 68 were confirmed to have breast cancer. The breast cancer detection rate per 1 000 MMG screenings was 8.7, which was comparable to the international standard of about 5 cases per 1 000 MMG screenings. Of the 68 breast cancer cases identified through the MMG screening, 97% were at stage II or below. Following the review of Phase I of the BCSPP, the breast cancer risk assessment and screening have been included as part of the regular services provided by the Woman Health Service and the Elderly Health Service.

The expenditure of Phase I of the BCSPP is subsumed under the overall provision for WHCs and EHCs, thus a breakdown of such expenditure is not available.

The Woman Health Service under the DH will be integrated into the district health network of the Health Bureau Primary Healthcare Commission within 2025. The service points, to be named Women Wellness Satellites, will form a network with District Health Centres (DHCs)/DHC Expresses in all 18 districts across Hong Kong to provide eligible women with prevention-based and more personalised primary healthcare services, including breast cancer screening. In parallel, the DHCs/DHC Expresses actively promote the "Life Course Preventive Care Plan". In line with the core principles of prevention-oriented and whole-person care, a personalised preventive care plan will be formulated based on the most updated evidence and the health needs of citizens across different life stages. Family doctors and primary healthcare professionals will collaborate to promote healthy lifestyles and disease prevention, including providing education and vaccination for cancer prevention, and advising on cancer screening services according to personal risk factors.

Based on the recommendations of the CEWG, the Government is now preparing for Phase II of the BCSPP to provide subsidised breast cancer screening services for women at high risk of developing breast cancer (i.e. carriers of certain gene mutations and/or with strong family history of breast cancer or ovarian cancer) through Public-Private Partnership programmes in collaboration with non-governmental organisations. Phase II of the BCSPP, of which details will be announced in due course, is expected to be launched around the second quarter of 2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3397)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Health

Question:

Regarding tobacco and alcohol control in Hong Kong, will the Government advise this Committee on:

1. the manpower of the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) responsible for prosecution against smoking offences and the expenditure incurred in the past 5 years;
2. the number of fixed penalty notices issued by the DH's TACO in respect of smoking offences in each of the past 5 years; and
3. whether the Government has reviewed the effectiveness of prosecution against smoking offences; and the ways to enhance its prosecution efficiency?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 61)

Reply:

1.
The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO also issued summonses for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60).

The expenditure on and provision/revised estimate for tobacco control initiatives taken forward by the TACO, as well as the approved establishment of the TACO from 2020-21 to 2024-25 are at **Annex 1 and Annex 2** respectively.

2. & 3.

Under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), any person who does a smoking act in a statutory no smoking area commits an offence and is subject to a fixed penalty of $1,500. The TACO issued 6 587, 7 703, 6 296, 10 261 and 13 488 FPNs in each of the years between 2020 and 2024 to smoking offenders. To effectively mitigate the impact of passive smoking on the public and enhance the deterrent effect against illegal smoking, new enforcement strategies have been adopted since 2023, including extension of the time of surveillance and inspections in no smoking areas, deploying plain-clothes officers to take proactive enforcement actions, strengthening enforcement action in venues (such as bars and food premises) where waterpipes were offered for smoking, as well as prosecuting people aiding and abetting illegal smoking. The number of prosecutions against illegal smoking has surged due to the new enforcement strategies, reflecting their enhanced effectiveness.

The Government will continue to step up its work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and safeguard the health of the community with a progressive and multi-pronged approach.

Annex 1

Expenditure on/provision for the Department of Health's Tobacco and Alcohol Control Office

	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)
Enforcement					
Programme 1: Statutory Functions	***102.2***	***101.3***	***100.4***	***123.3***	***167.4***
Health Education and Smoking Cessation					
Programme 3: Health Promotion	***141.2***	***138.9***	***149.0***	***151.4***	***170.5***
(a) General Health Education and Promotion of Smoking Cessation					
TACO	*64.5*	*62.8*	*73.0*	*83.7*	*88.2*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.0*	*26.2*	*26.8*	*26.6*	*27.9*
Sub-total	***90.5***	***89.0***	***99.8***	***110.3***	***116.1***
(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations					
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.8*	*29.4*	*10.2*	*14.0*
Subvention to Pok Oi Hospital	*7.4*	*7.5*	*7.6*	*14.8*	*17.9*
Subvention to Po Leung Kuk	*1.7*	*0.7*	-	-	-
Subvention to Lok Sin Tong	*3.0*	*3.2*	*3.3*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.4*	*4.9*	*5.8*	*6.1*	*8.9*
Subvention to Life Education Activity Programme	*2.7*	*2.8*	*2.8*	*2.9*	*3.0*
Subvention to Christian Family Service Centre	-	-	-	*3.5*	*7.0*
Subvention to The University of Hong Kong	*0.9*	-	*0.3*	-	-
Sub-total	***50.7***	***49.9***	***49.2***	***41.1***	***54.4***
Total	***243.4***	***240.2***	***249.4***	***274.7***	***337.9***

Annex 2

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

Rank	No. of staff from 2020-2021 to 2024-25
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3940)

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 School Dental Care Service, will the Government please inform this Committee of:

1. the manpower figures of the school dental clinics, the expenditure involved, and the number of students benefiting from the programme in each of the past 3 years?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 55)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the

Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the School Dental Care Service (SDCS) is rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care. The service scope and expenditure of the DH's SDCS are outlined below.

The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment.

The staff establishment and expenditure of the SDCS and the number of students benefitting from the SDCS in 2022-23, 2023-24 and 2024-25 are set out below:

Grade	2022-23	2023-24	2024-25 (as at 1 February 2025)
Dental Officer	32	32	32
Dental Therapist	269	269	269
Dental Surgery Assistant	42	42	42
Administrative and Clerical Staff	57	57	57
Supporting Staff	27	27	27
Total:	427	427	427

Financial Year	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised Estimate)
Annual Expenditure ($ million)	276.2	281.6	281.1

Service Year[@]	2022-23	2023-24	2024-25
Number of Primary School Students	313 500	313 700	307 600

Participating in the SDCS			
Percentage of the Total Number of Primary School Students in Hong Kong	94%	98%	97%

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3419)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

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

Director of Bureau: Secretary for Health

Question:

It is learnt that the Department of Health (DH) prevents and controls importation and spread of infectious diseases through port health measures. Please then advise on:

1. the staff establishment, actual number of staff and expenditure of the DH for setting up quarantine clearance at boundary various control points (BCPs) in the past 3 years, with a detailed breakdown by each BCP; and

2. the number of inbound travellers identified to be suffering from statutorily notifiable infectious diseases by the staff of the DH's Port Health Division during quarantine clearance at various BCPs in the past 3 years, with a detailed breakdown by type and number of infectious diseases at each BCP.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 28)

Reply:

In accordance with the power conferred by the Prevention and Control of Disease Ordinance of Hong Kong and with regard to the guidelines of the International Health Regulations, the Department of Health (DH) enforces various preventive measures at boundary control points (BCPs) to prevent the introduction or spreading of infectious diseases into or out of Hong Kong. The Port Health Division under the DH carries out health screening work at each BCP (including conducting regular body temperature screening for arrivals and setting up health stations). Taking into account the design of each BCP and its traveller and vehicle flow, the DH deploys manpower as appropriate to conduct body temperature screening for all arrivals; and performs, in accordance with the mechanism, further health assessments for travellers with fever or in need (such as travellers who self-reported being unwell) to understand their symptoms, travel history, contact history, etc., in order to make appropriate referrals and follow-up, including compulsory referral of persons with suspected infection of major infectious diseases to Hong Kong public hospitals for checking, advising other travellers with fever or in need to seek medical treatment at medical institutions with issuance of referral letters, and assisting persons in need to call for ambulance service for further treatment at Accident and Emergency Department.

The Hong Kong Special Administrative Region (HKSAR) Government has been maintaining close co-operation with entry-exit health inspection and quarantine authorities of the Mainland to safeguard the well-being and safety of residents and travellers of the 2 places. The Health Bureau and the General Administration of Customs of the People's Republic of China (GACC) signed the Co-operation Arrangement for Entry-exit Health Inspection and Quarantine between the GACC and the Health Bureau of the HKSAR Government in 2023. Under the normalisation arrangements for epidemic prevention and control, the 2 parties agreed to focus on the health inspection and quarantine of their respective inbound personnel travelling between the HKSAR and the Mainland BCPs.

The HKSAR Government will maintain close liaison with the relevant Mainland authorities and, taking into account factors such as cost-effectiveness and appropriateness, actively review the entry health inspection and quarantine arrangements (including temperature screening) from the public health perspective.

(1)
From 2020 to 2024, the average number of health screening shifts of the DH per day at various BCPs (some health screening posts involve more than 1 shift according to the operation of BCPs) is as follows:

	2022	2023	2024
Airport	226	125	122
Lo Wu	0	40	40
Lok Ma Chau Spur Line	0	30	30
Lok Ma Chau	111	94	94
Man Kam To	41	36	36
Sha Tau Kok	20	8	0
Shenzhen Bay	182	116	94
Hong Kong-Zhuhai-Macao Bridge	178	116	130
Heung Yuen Wai	28	68	58
Express Rail Link West Kowloon	31	51	51
Hung Hom	18	0	0
Macau Ferry Terminal	45	45	45
China Ferry Terminal	0	22	22
Total	880	751	722

Note:
The DH redeploys health screening posts in view of the actual circumstances. Some of the posts at BCPs where operation has been suspended would be redeployed to other BCPs. Health screening service of Kai Tak Cruise Terminal and Ocean Terminal was not included as it was only provided during stopover of cruises.

The expenditure incurred by health screening shifts listed in the table above is set out below:

	Financial Year		
	2022-23	2023-24	2024-25
Expenditure ($ million)	239	240	205

(2)

From 2022 to 2024, the number of inbound travellers compulsorily referred to public hospitals at BCPs upon fulfilling the reporting criteria of any major infectious disease is set out as follows:

		2022	2023	2024
Suspected Infection of Coronavirus Disease 2019 (COVID-19)*	Airport	168	2	0
	Shenzhen Bay	78	48	0
	Hong Kong-Zhuhai-Macao Bridge	3	1	0
	Express Rail Link West Kowloon	1	0	0
	Man Kam To	0	8	0
Suspected Infection of Avian Influenza	Airport	0	0	2
	Express Rail Link West Kowloon	0	1	0
Suspected Infection of Middle East Respiratory Syndrome	Airport	0	0	2
	Macau Ferry Terminal	0	1	0
Suspected Infection of Measles	Kai Tak Cruise Terminal	0	0	1
Suspected Infection of Malaria	Airport	0	0	1

*The compulsory isolation arrangement imposed on persons infected with COVID-19 has been rescinded since 30 January 2023.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3420)

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 included 7 medical institutions in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) in the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) last year. In this connection, please advise on the following:

1. the number of voucher claim transactions and the amount claimed for each medical institution since the implementation of the Pilot Scheme, with a breakdown by designated department of each medical institution; and

2. in the wake of the Government's plan to enhance the Elderly Health Care Voucher Scheme (EHVS) including the Pilot Scheme, the enhancement details, timetable and expenditure involved.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 32)

Reply:

1.

The Government launched the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) in 2024 to extend the coverage of Elderly Health Care Vouchers (EHCVs) to suitable medical institutions in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). As at September 2024, the coverage of the EHCVs has been extended to 7 integrated medical/dental institutions in the GBA. Together with the 2 existing service points operated by the University of Hong Kong – Shenzhen Hospital, eligible elderly persons can use EHCVs to pay for outpatient healthcare services provided by the designated departments at 9 service points in the GBA, located at Guangzhou, Zhongshan, Dongguan and Shenzhen, offering more convenience and flexibility for eligible Hong Kong elderly persons residing in Mainland cities in the GBA by providing more service points for them to better use their EHCVs on primary healthcare services for improving their health.

As at 31 December 2024, there were a total of 15 468 EHCV claim transactions at the 7 medical institutions under the Pilot Scheme, with the amount claimed totalling about $19.78 million. The number of voucher claim transactions and the amount of vouchers claimed at each of the pilot medical institutions, broken down by service type, are tabulated below:

Pilot Medical Institutions	Preventive Care		Follow-up/Monitoring of Long Term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)	Number of Voucher Claims	Amount of Vouchers Claimed ($'000)
The First Affiliated Hospital, Sun Yat-sen University (Since 28 June 2024)	158	191	1 254	103	305	500	148	137	1 865	931
Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (Since 18 July 2024)	289	305	969	125	505	450	289	115	2 052	995
Shenzhen New Frontier United Family Hospital (Since 14 August 2024)	572	762	599	269	229	562	2	1	1 402	1,594
Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024) Note: The Department of Stomatology pending commencement	17	24	188	13	33	56	8	2	246	95
Dongguan Tungwah Hospital (since 6 September 2024)	313	221	335	45	125	174	17	11	790	451
Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	2 266	362	4 180	200	87	7,082	2 370	7,620	8 903	15,264
Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	69	65	93	56	17	199	31	132	210	452

2.

The Chief Executive's 2024 Policy Address announced the extension of the Pilot Scheme to cover 9 Mainland cities in the GBA. The Health Bureau and the DH are actively taking forward the related work. The initial plan is to commence the relevant arrangements under the Pilot Scheme at the locations concerned by the 4th quarter of 2025.

The expenditure on the Pilot Scheme is subsumed under the overall provision for the Elderly Health Care Voucher Scheme (EHVS) and will not be separately identified. The estimated expenditure for 2025-26 on the EHVS is $4.15 billion, which includes the possible claim amount relating to the Pilot Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3422)

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 learnt that the Department of Health (DH) will continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation. Please then advise on:

1. the DH's work on smoking prevention and cessation, along with the manpower and expenditure involved in the past 3 years, with a detailed breakdown by type and frequency; and

2. the activities launched under the Quit in June campaign in each of the past 3 years; the expenditure involved and the effectiveness of such activities.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 46)

Reply:

(1) & (2)

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

At present, the DH is responsible for coordinating the provision of smoking cessation services in Hong Kong. Apart from operating an integrated Smoking Cessation Hotline (Quitline) to handle general enquiries and provide professional counselling on smoking cessation, the DH arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patients, especially for those with chronic diseases, to quit smoking), and community-based cessation programmes operated by NGOs. There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free

postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone. Besides, the DH has subvented 2 more service providers (from 2 to 4 in total) since 2023 to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, and 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) starting from this year to operate smoking cessation clinics with an emphasis on counselling and acupuncture. It is expected that the number of service users of the former type of clinics will increase by about 40% and the number regarding the latter type will double.

The DH subvents the COSH to organise publicity and education programmes in schools, such as health talks, training programmes and theatre programmes, to raise students' awareness of smoking hazards, including hazards from alternative smoking products. To prevent youngsters from picking up smoking, the DH collaborates with the NGOs to organise health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students in respect of the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage and help all healthcare professionals to provide support and treatment for smokers who are quitting, the DH organises online and face-to-face training courses, compiles the Practical Handbook for Smoking Cessation Treatments and a clinical guide on smoking cessation with Chinese medicine and acupuncture, and provides related resources, among other initiatives.

Since 2021, the DH has launched the "Quit in June" campaign to promote smoking cessation services and one-week nicotine replacement therapy (NRT) trail packs have been distributed for free at more than 250 designated community pharmacies, smoking cessation clinics and District Health Centres (DHC)/ DHC Expresses with a view to encouraging smokers to attempt quitting. Last year, the DH introduced a trial programme on the use of Chinese medicine ear-point patches for smoking cessation. So far, more than 3 500 NRT trial packs and more than 300 Chinese medicine ear-point patches have been distributed, and most of the smokers who tried the ear-point patches found them helpful in alleviating withdrawal symptoms and the response has been very positive. In addition, the number of enquiries received by Quitline during the annual "Quit in June" campaign increased by nearly 30% to 50%, reflecting its effectiveness in boosting smokers' desire to quit. The resources required for the campaign mainly involve promotional work and manpower, and the related expenses cannot be separately identified.

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

In 2022, 2023 and 2024, the quitlines operated by the DH and local universities handled 9 216, 11 051 and 10 875 enquiries respectively. During these 3 years, there were 20 406, 27 715 and 28 512 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

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

The expenditure on and provision/revised estimate for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the DH, broken down by type of activity, as well as the approved establishment of the TACO from 2020-21 to 2024-25 are set out in **Annex 1 and Annex 2** respectively. The expenditure on individual publicity and promotional activities cannot be separately identified.

The Government will continue to step up its work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and safeguard the health of the community with a progressive and multi-pronged approach.

Annex 1

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

	2020-21 ($ million)	2021-22 ($ million)	2022-23 ($ million)	2023-24 ($ million)	2024-25 Revised Estimate ($ million)
Enforcement					
Programme 1: Statutory Functions	***102.2***	***101.3***	***100.4***	***123.3***	***167.4***
Health Education and Smoking Cessation					
Programme 3: Health Promotion	***141.2***	***138.9***	***149.0***	***151.4***	***170.5***
(a) General Health Education and Promotion of Smoking Cessation					
TACO	*64.5*	*62.8*	*73.0*	*83.7*	*88.2*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.0*	*26.2*	*26.8*	*26.6*	*27.9*
Sub-total	***90.5***	***89.0***	***99.8***	***110.3***	***116.1***
(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations					
Subvention to Tung Wah Group of Hospitals	*30.6*	*30.8*	*29.4*	*10.2*	*14.0*
Subvention to Pok Oi Hospital	*7.4*	*7.5*	*7.6*	*14.8*	*17.9*
Subvention to Po Leung Kuk	*1.7*	*0.7*	-	-	-
Subvention to Lok Sin Tong	*3.0*	*3.2*	*3.3*	*3.6*	*3.6*
Subvention to United Christian Nethersole Community Health Service	*4.4*	*4.9*	*5.8*	*6.1*	*8.9*
Subvention to Life Education Activity Programme	*2.7*	*2.8*	*2.8*	*2.9*	*3.0*
Subvention to Christian Family Service Centre	-	-	-	*3.5*	*7.0*

Subvention to The University of Hong Kong	*0.9*	-	*0.3*	-	-
Sub-total	***50.7***	***49.9***	***49.2***	***41.1***	***54.4***
Total	***243.4***	***240.2***	***249.4***	***274.7***	***337.9***

Annex 2

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

Rank	Number of Staff from 2020-21 to 2024-25
Head, TACO	
Consultant	1
Enforcement	
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
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3423)

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:

In connection with supporting the functioning of the various boards and councils responsible for the registration and regulation of healthcare professionals, please advise on:

1. the establishment and actual number of staff at the Secretariat of the Medical Council of Hong Kong in the past 3 years;

2. whether the Government has considered deploying more personnel to expedite the processing of complaints and disciplinary inquiries to enhance efficiency.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 47)

Reply:

1.

The Boards and Councils Office (B&C Office) of the Department of Health (DH) provides secretariat support to 15 healthcare-related boards and councils, including the Medical Council of Hong Kong (MCHK). The Head of the B&C Office also serves as the Secretary of the MCHK. The Secretariat staff of the MCHK, mainly composed of the Executive Officer and Clerical Officer grades, assist the MCHK in the execution of its decisions and statutory functions, which include registration, organising Licensing Examinations, formulating code of conduct for the profession, as well as handling complaints and conducting disciplinary inquiries. The civil service establishment and actual number of staff providing secretariat support for the MCHK in the past 3 years are tabulated below:

	As at 31 March 2023	**As at 31 March 2024**	**As at 1 February 2025**
Establishment	24 Note (1)	24 Note (1)	26 Note (2)

Actual Number of Staff	21	21	23

Note:
(1) Including 7 time-limited posts.
(2) Including 9 time-limited posts.

2.

The DH enhances the operational efficiency of the Secretariat through flexible deployment of staff and different measures (such as streamlining administrative procedures, increasing the use of information technology and optimising the organisational structure) and will review the manpower of the Secretariat of the MCHK from time to time. Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the MCHK has introduced various improvement measures in regard to its complaint investigation and disciplinary inqury mechanism. The Government has also provided additional resources, including the creation in 2018 and 2024 of a total of 17 related posts (of which 9 are time-limited posts) for the Secretariat to support the MCHK in discharging its statutory functions and handling related work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3424)

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 arrangements for seasonal influenza vaccination, please advise on:
1. the estimated and actual numbers of vaccine recipients, the uptake rate and the expenditure incurred in respect of the subsidy schemes under which influenza vaccination is administered, broken down by target group, in the past 3 years;
2. the numbers of nasal influenza vaccines procured for and actually administered in the above subsidy schemes as well as the respective uptake rates in the past 3 years; and
3. whether the Government will consider sending influenza vaccination vans in the 18 districts to facilitate vaccination for mobility-impaired persons or those with busy work schedules to further boost the uptake rate.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 55)

Reply:

1.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health (DH) issues recommendations on the seasonal influenza (SI) vaccines to be used and the priority groups for receiving vaccination in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organization and overseas practices.

Based on the recommendations of the SCVPD, the DH has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons:

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

- Seasonal Influenza Vaccination School Outreach Programme (SIVSOP), which provides free or subsidised SI vaccination to eligible schoolchildren through the public-private partnership outreach teams or the DH's outreach team; and

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

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

As at 23 March this year, with the concerted efforts of the Government and all sectors of the community such as the medical sector, schools, parents and residential care homes, a record high number of about 2.07 million doses of SI vaccine have been administered under various vaccination programmes/schemes in 2024/25, representing an increase of about 12.2% over the same period of the last influenza vaccination season and exceeding the total number of doses (about 1.87 million doses) administered last season.

As at 23 March 2025, about 1 020 kindergartens/child care centres (97%), about 640 primary schools (98%) and about 490 secondary schools (98%) have completed or will conduct SI vaccination school outreach activities, which is higher than last year's participation rates (80% of kindergartens/child care centres, 95% of primary schools and 70% of secondary schools), reflecting the schools' strong support for the SIVSOP.

2.

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

Vaccine	**2022/23**		**2023/24**		**2024/25**	
	Number of doses procured (Actual)	**Number of doses administered**	**Number of doses procured (Actual)**	**Number of doses administered**	**Number of doses procured (Estimate)**	**Number of doses administered (Provisional figure)**
LAIV (nasal spray)	22 500	17 400	25 700	21 400	37 000	26 800

The overall uptake rates of children and adolescents and the SIVSOP in the past 3 seasons are set out at **Annex**.

3.

Under the SI vaccination programmes, eligible persons may receive free SI vaccination at public venues or subsidised SI vaccination at private clinics participating in the VSS. Apart from the public venues located in the 18 Districts, such as HA's General Outpatient Clinics and Specialist Outpatient Clinics and DH's clinics, over 1 900 doctors have enrolled in the VSS, providing vaccination services to eligible persons at over 3 000 clinic locations. Institutions and community groups can also arrange SI vaccination activities for eligible persons at non-clinic settings (such as elderly centres, community halls, institutions serving persons with intellectual disabilities, schools, etc.) through the Vaccination Subsidy Scheme (Outreach).

In addition, the Government this year has introduced several new vaccination venues, including opening up the DH's Maternal and Child Health Centres to all children aged between 6 months and under 2 years for vaccination, and 18 District Health Centres (DHCs)/DHC Expresses, so as to provide more vaccination venues for the public.

The Government will continue to explore the feasibility of introducing other vaccination venues to improve the accessibility so as to further increase the uptake rate of SI vaccination.

Annex

Target group	Programmes /schemes for provision of SI vaccination	2022/23				2023/24				2024/25 (as at 23 March 2025)			
		Target Population*	No. of SI vaccine recipients under each vaccination programme/ scheme	The uptake rate within the age group	Subsidy@ claimed ($ million)	Target Population*	No. of SI vaccine recipients under each vaccination programme/ scheme	The uptake rate within the age group	Subsidy@ claimed ($ million)	Target Population*	No. of SI vaccine recipients under each vaccination programme/ scheme	The uptake rate within the age group	Subsidy@ claimed ($ million)
Elderly aged 65 or above	GVP	1 520 100	452 900	48.3%	Not applicable	1 637 600	513 100	51.5%	Not applicable	1 715 400	515 500	51.3%	Not applicable
	VSS		281 300		73.1		329 700		85.7		364 400		94.7
Persons aged between 50 and 64	GVP	1 796 700	49 200	17.8%	Not applicable	1 824 900	6 100	19.2%	Not applicable	1 815 300	115 700	25.3%	Not applicable
	VSS		271 000		70.5		343 400		89.3		343 300		89.3
Children aged between 6 months and under 18	GVP	917 900	1 400	39.8%	Not applicable	929 600	800	53.0%	Not applicable	911 400	6 900	62.1 %	Not applicable
	VSS		104 700		30.3		169 500		50.5		189 900		53.3
	SIVSOP		259 200		28.8		322 000		36.1		369 100		40.6
Others ^	GVP/VSS	#	112 300	#	1.5	#	140 200	#	1.7	#	126 900	#	1.6
Total			**1 532 000**		**204.2**		**1 824 800**		**263.3**		**2 031 700**		**279.5**

* Provisional figures for the relevant population group at mid-year as estimated by the Census and Statistics Department.

@ Refers to the subsidy for private doctors participating in the SIVSOP and the VSS. As vaccination services under the GVP are provided free of charge by public hospitals/clinics etc., the related expenses cannot be separately identified.

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

There are no accurate population statistics for this group.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3895)

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 dental services provided by the Department of Health, please advise on:

1. the total number of discs available, service sessions, attendances and utilisation rates in relation to the General Public Sessions at government dental clinics in each of the past 5 years; and
2. the administrative expenses incurred and manpower involved in implementing the Online Registration System for Dental General Public Session launched in December 2024.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 24)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The

Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the emergency dental service (generally referred to as General Public (GP) Sessions) and the Community Dental Support Programme (CDSP) are services focusing on underprivileged groups who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

On top of the existing dental grants under the Comprehensive Social Security Assistance Scheme and the emergency dental service provided through GP Sessions by government dental clinics, the Department of Health (DH) will increase the dental services to underprivileged groups with financial difficulties by launching the CDSP in 2025 and enhancing service capacity, increasing service points and expanding service scope, aiming to additionally offer at least twice the current number of quotas provided by the GP Sessions of government dental clinics (i.e. 40 000 per year). The CDSP leverages the networks of non-governmental organisations and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties more effectively. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider appropriate to encourage tooth retention.

1. Under Programme (4), the DH provides free GP Sessions through designated sessions each week at 11 government dental clinics. Dental service under the GP Sessions only includes treatment of acute dental diseases, prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses only a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

   The numbers of discs available and service sessions at each dental clinic with GP Sessions in 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 (up to 31 January 2025) are tabulated as follows:

Dental clinic with GP Sessions	Number of discs available (Number of service sessions)				
	2020-21	**2021-22**	**2022-23**	**2023-24**	**2024-25 (up to 31 January 2025)**
Kowloon City Dental Clinic	3 652 (98)	4 292 (100)	3 213 (97)	2 877 (94)	2 562 (81)
Kwun Tong Dental Clinic	2 520 (45)	2 751 (47)	2 142 (52)	2 143 (51)	1 596 (38)
Kennedy Town Community Complex Dental Clinic	4 620 (92)	5 733 (99)	3 990 (95)	3 822 (91)	3 444 (82)
Fanling Health Centre Dental Clinic	1 509 (50)	1 757 (51)	1 200 (48)	1 250 (50)	1 075 (43)
Mona Fong Dental Clinic	1 216 (49)	1 457 (50)	1 092 (52)	1 071 (51)	861 (41)
Tai Po Wong Siu Ching Dental Clinic	1 216 (49)	1 457 (50)	1 071 (52)	1 071 (51)	840 (40)
Tsuen Wan Dental Clinic	4 888 (97)	5 850 (100)	4 116 (98)	4 074 (97)	3 528 (84)
Yan Oi Dental Clinic	1 269 (51)	1 404 (48)	1 071 (51)	1 071 (51)	798 (38)
Yuen Long Government Offices Dental Clinic	2 433 (97)	2 947 (100)	2 058 (98)	2 037 (97)	1 743 (83)
Tai O Dental Clinic	232 (12)	261 (12)	192 (12)	192 (12)	144 (9)
Cheung Chau Dental Clinic	232 (12)	192 (12)	192 (12)	176 (11)	144 (9)
Total	**23 787 (652)**	**28 101 (669)**	**20 337 (667)**	**19 784 (656)**	**16 735 (548)**

The numbers of attendances at each dental clinic in 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 (up to 31 January 2025) are tabulated as follows:

Dental clinic with GP Sessions	**Number of attendances**				
	2020-21	**2021-22**	**2022-23**	**2023-24**	**2024-25 (up to 31 January 2025)**
Kowloon City Dental Clinic	3 601	4 133	3 157	2 787	2 469
Kwun Tong Dental Clinic	2 513	2 655	2 136	2 089	1 574
Kennedy Town Community Complex Dental Clinic	4 482	5 420	3 909	3 670	3 332
Fanling Health Centre Dental Clinic	1 508	1 727	1 192	1 175	1 014
Mona Fong Dental Clinic	1 196	1 420	1 065	929	729
Tai Po Wong Siu Ching Dental Clinic	1 191	1 420	1 071	1 014	804
Tsuen Wan Dental Clinic	4 838	5 746	4 104	3 970	3 476
Yan Oi Dental Clinic	1 265	1 373	1 062	984	779
Yuen Long Government Offices Dental Clinic	2 397	2 872	2 041	1 919	1 678
Tai O Dental Clinic	121	137	130	122	100
Cheung Chau Dental Clinic	205	164	168	153	127
Total	**23 317**	**27 067**	**20 035**	**18 812**	**16 082**

The overall utilisation rates of each dental clinic in 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 (up to 31 January 2025) are tabulated as follows:

Dental clinic with GP Sessions	Overall utilisation rate in %				
	2020-21	2021-22	2022-23	2023-24	2024-25 (up to 31 January 2025)
Kowloon City Dental Clinic	99.3	96.8	99.5	97.7	98.2
Kwun Tong Dental Clinic	99.7	96.7	100.0	97.9	99.8
Kennedy Town Community Complex Dental Clinic	98.0	96.8	99.7	97.1	98.6
Fanling Health Centre Dental Clinic	99.9	98.5	99.5	95.0	95.9
Mona Fong Dental Clinic	98.7	97.9	98.0	88.1	86.6
Tai Po Wong Siu Ching Dental Clinic	99.3	98.0	100.0	95.3	97.7
Tsuen Wan Dental Clinic	99.4	99.2	99.9	98.8	99.6
Yan Oi Dental Clinic	99.8	97.9	99.8	92.3	98.1
Yuen Long Government Offices Dental Clinic	99.4	97.8	99.2	94.7	97.8
Tai O Dental Clinic	52.2	52.9	67.7	64.1	70.8
Cheung Chau Dental Clinic	89.7	85.4	88.0	88.1	90.3

2. The Online Registration System for Dental General Public Session (ORDGP) has commenced service since 30 December 2024. The DH set up a temporary enquiry hotline in early January this year to assist the public on online registration, provide technical support and handle public enquiries, the expenditure of which is absorbed within the DH's overall provision for dental services under Programme (4) and Programme (7) and a breakdown of the expenditure is not available. The ORDGP requires no additional manpower.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3481)

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 stated in this year's Matters Requiring Special Attention, the Government will formulate risk-based screening programmes for prevalent cancers. In this connection, please inform this Committee of:

1. the expenditure involved in implementing the Cervical Screening Programme, Colorectal Cancer Screening Programme, and the risk-based Breast Cancer Screening Pilot Programme already in place; whether the effectiveness of the programmes has been evaluated; if yes, the details; if no, the reasons;

2. the expenditure and staff establishment in respect of the pilot programme in subsidising hepatitis B screening scheduled for launch by the end of this year as announced earlier; and

3. other than those already implemented or announced for launch soon, whether the Government has any plans to launch screening programmes for other cancers, including the second phase of breast cancer screening; if yes, the details; if no, the reasons.

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 107)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme (CSP), the Colorectal Cancer Screening Programme (CRCSP) and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The

perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of non-communicable diseases including cancer.

(1) to (3)

The CSP

Acting on the CEWG's recommendation that women aged 25 to 64 who have had sexual experience should have regular cervical screening, the Government launched the CSP in collaboration with the healthcare sector in 2004 to encourage local women aged 25 to 64 who have had sexual experience to undergo regular cervical screening for prevention of cervical cancer. Early identification and timely treatment of cervical abnormalities, including precancerous changes, can help reduce the incidence and mortality rates of cervical cancer. Major service providers under the CSP include the Maternal and Child Health Centres (MCHCs) of the DH and non-governmental organisations (NGOs). The DH's Family Health Service (FHS) provides subsidised cervical screening for the public. In 2022, 2023 and 2024, the numbers of attendance for cervical screening service at the MCHCs were 65 003, 52 859 and 62 516 respectively. Among the women having cervical screening at the MCHCs in 2022, 2023 and 2024, 4 248 were referred to relevant specialties for follow-up of abnormal cervical screening results, including suspected precancerous changes or cervical cancer.

The expenditure involved in the CSP is absorbed within the overall provision for the DH's FHS and cannot be separately identified.

The Cervical Screening Information System is a central computerised registry for keeping and processing screening details to facilitate sharing of information among healthcare providers and remind women who have registered as users of the system to undergo regular screening. As at 31 December 2024, more than 540 000 women aged 25 to 64 have registered as users of the system.

The Woman Health Service (WHS) under the DH will be integrated into the district health network of the Health Bureau Primary Healthcare Commission (PHC Commission) within 2025. The service points, to be named Women Wellness Satellites (WWSs), will form a network with District Health Centres (DHCs)/DHC Expresses in all 18 districts across Hong Kong to provide eligible women with prevention-based and more personalised primary healthcare services, including cervical cancer and breast cancer screening. The WWSs will also explore introducing self-sampling for Human Papilloma Virus (HPV) testing to enhance prevention-oriented women's health services. In parallel, the DHCs/DHC Expresses

actively promote the "Life Course Preventive Care Plan". In line with the core principles of prevention-oriented and whole-person care, a personalised preventive care plan will be formulated based on the most updated evidence and the health needs of citizens across different life stages. Family doctors and primary healthcare professionals will collaborate to promote healthy lifestyles and disease prevention, including providing education and vaccination for cancer prevention, and advising on cancer screening services according to personal risk factors.

The CRCSP

Based on the recommendations of the CEWG, the Government launched and fully implemented the CRCSP in September 2016 and 2020 respectively to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo regular screening. As at end-December 2024, more than 510 000 eligible persons have participated in the CRCSP. Among those participants who had undergone colonoscopy examination, about 40 000 were diagnosed to have colorectal adenomas and about 3 400 were diagnosed with colorectal cancer. A preliminary analysis of about 2 400 colorectal cancer cases revealed that about 56% belonged to early-stage (stage II or below) with a more favourable prognosis. For other colorectal cancer cases recorded by the Hong Kong Cancer Registry of the Hospital Authority, less than 40% of them belonged to early-stage, which demonstrates that participation in the CRCSP allows early detection and treatment of colorectal cancer, thereby leading to a more favourable prognosis. Such screenings can help in the early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

A breakdown of the number of new participants by year from 2022 to 2024 is appended below:

Year	Number of New Participants
2022	72 600
2023	71 900
2024	86 000

The actual expenditure of the CRCSP in 2022-23 and 2023-24 and its revised estimate in 2024-25 are as follows:

Financial Year	Annual Expenditure ($ million)
2022-23 (Actual)	151.6
2023-24 (Actual)	175.6
2024-25 (Revised Estimate)	222.7

The BCSPP

Based on the recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening and launched Phase I of the BCSPP in 2021. Women aged between 44 and 69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of benign breast

disease, nulliparity or late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every 2 years.

In the two-year Phase I of the BCSPP (which ran from September 2021 to December 2023), a total of 27 807 women aged between 44 and 69 have received breast cancer risk assessment in Woman Health Centres (WHCs), 4 MCHCs and 18 Elderly Health Centres (EHCs). 7 785 (about 28%) of them underwent the MMG screening on referral based on the risk assessment. Among the women with abnormal MMG results who had been referred to specialists for treatment, 409 cases were followed up in public hospitals, among which 68 were confirmed to have breast cancer. The breast cancer detection rate per 1 000 MMG screenings was 8.7, which was comparable to the international standard of about 5 cases per 1 000 MMG screenings. Of the 68 breast cancer cases identified through the MMG screening, 97% were at stage II or below. Following the review of Phase I of the BCSPP, the breast cancer risk assessment and screening have been included as part of the regular services provided by the WHS and the Elderly Health Service.

The expenditure of Phase I of the BCSPP is subsumed under the overall provision for WHCs and EHCs, thus a breakdown of such expenditure is not available.

The Government is now preparing for Phase II of the BCSPP to provide subsidised breast cancer screening services for women at high risk of developing breast cancer (i.e. carriers of certain gene mutations and/or with strong family history of breast cancer or ovarian cancer) through Public-Private Partnership programmes in collaboration with the NGOs. Phase II of the BCSPP, of which details will be announced in due course, is expected to be launched around the second quarter of 2025.

Hepatitis B screening

As for liver cancer screening, the CEWG currently does not recommend routine screening for liver cancer for asymptomatic persons at average risk.

The major risk factor leading to liver cancer is chronic hepatitis B (CHB) infection. As stated in the Chief Executive's 2024 Policy Address, the Government will implement a hepatitis B screening programme this year for early identification and continuous management and treatment of individuals with CHB infection. This will help reduce the risk of developing serious liver diseases such as cirrhosis and liver cancer associated with CHB infection, thereby minimising the incidence and mortality of liver cancer cases. The PHC Commission would roll out a new programme to subsidise hepatitis B screening to prevent liver cancer, under which DHCs and family doctors provide risk-based hepatitis B screening and management through strategic purchasing.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3506)

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 mentioned in the Matters Requiring Special Attention in 2025-26 that it would continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency, as well as to collaborate with non-governmental organisations to launch the Community Dental Support Programme for enhancing dental services for underprivileged groups. In this connection, will the Government please inform this Committee of:

1. its expenditure on public or subsidised dental services over the past 3 years and the estimated expenditure in this respect for 2025-26; and
2. the current quotas on general public sessions, along with the attendances and overall utilisation rates of public dental clinics over the past 3 years?

Asked by: Hon LEUNG Hei, Edward (LegCo internal reference no.: 151)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of

utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the School Dental Care Service (SDCS), the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC), and the dental services provided under the Elderly Health Care Voucher Scheme (EHVS) are rolled out to actively develop prevention-oriented primary oral healthcare according to the strategy of community-wide preventive primary oral health care, while the Hospital Dental Service, the Emergency Dental Service, the Special Oral Care Service (SOCS), the Healthy Teeth Collaboration (HTC), the Outreach Dental Care Programme for the Elderly (ODCP) and the Community Dental Support Programme (CDSP) are services focusing on underprivileged who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

1.
The public dental services provided by the Department of Health (DH) and the expenditures involved are set out below:

(A) <u>The SDCS</u>

The Government focuses particularly on nurturing good oral hygiene habits from an early age including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. The actual expenditures for the SDCS in 2022-23 and 2023-24, the revised estimate for 2024-25 and the estimate for 2025-26 are as follows:

SDCS	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised Estimate)	2025-26 (Estimate)
Annual Expenditure ($ million)	276.2	281.6	281.1	287.7

(B) <u>Hospital Dental Service, Emergency Dental Service and the SOCS</u>

The DH provides free emergency dental service (generally referred to as General Public (GP) Sessions) to the public through designated sessions each week at 11 government dental clinics. Such services cover treatment of acute dental problems, prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients. Under the civil service terms of appointment, the Government is obliged to provide dental benefits for civil servants/pensioners and their eligible dependents. Dental clinics under the DH are established primarily for fulfilling this obligation. That said, the Government uses only a small fraction of the service capacity of the dental clinics to provide supplementary emergency dental service to the general public.

In addition, oral maxillofacial surgery and specialist 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. To improve the oral health of children with intellectual disability, the DH also provides the SOCS for pre-school children under 6 years old with intellectual disability for early intervention and prevention of common oral diseases in collaboration with the Hospital Authority since September 2019.

The expenditures for Hospital Dental Service, Emergency Dental Service and the SOCS in 2022-23 and 2023-24 are absorbed within the DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available.

The revised estimate for 2024-25 and the estimate for 2025-26 in respect of the Hospital Dental Service are as follows:

Hospital Dental Service	2024-25 (Revised Estimate)	2025-26 (Estimate)
Annual Expenditure ($ million)	80.41	80.55

The revised estimate for 2024-25 and the estimate for 2025-26 in respect of the Emergency Dental Service are as follows:

Emergency Dental Service	2024-25 (Revised Estimate)	2025-26 (Estimate)
Annual Expenditure ($ million)	9.60	9.62

The revised estimate for 2024-25 and the estimate for 2025-26 in respect of the SOCS are as follows:

SOCS	2024-25 (Revised Estimate)	2025-26 (Estimate)
Annual Expenditure ($ million)	4.80	4.81

(C) Dental Care Support for Adult Persons with Intellectual Disability

The Government launched a three-year programme named the 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. The HTC was further extended from 16 July 2024 to March 2027 with 900 additional quotas for new cases every year and its scope extended to cover persons aged 18 or above with autistic spectrum disorder. The actual expenditures for implementing the HTC in 2022-23 and 2023-24, the revised estimate for 2024-25 and the estimate for 2025-26 are as follows:

HTC	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised Estimate)	2025-26 (Estimate)
Annual Expenditure ($ million)	22.8	33.4	46.4	46.4

(D) Dental Care Support for Elderly Persons in Residential Care Homes for the Elderly (RCHEs) and Day Care Centres for the Elderly (DEs)

The ODCP has been implemented since October 2014 to provide free on-site oral check-ups for elderly persons and oral care training to caregivers of RCHEs, DEs and similar facilities in the 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations (NGOs). Free dental treatment will be provided on-site or at a dental clinic if the elderly person is considered suitable for further curative treatments. The outreach dental teams will also design personalised oral care plans for the elderly persons to suit their oral care needs and self-care abilities. The actual expenditures for implementing the ODCP in 2022-23 and 2023-24, the revised estimate for 2024-25 and the estimate for 2025-26 are as follows:

ODCP	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Revised Estimate)	2025-26 (Estimate)
Annual Expenditure ($ million)	48.6	55.8	63.7	64.4

(E) Dental Care Support for Financially Disadvantaged Underprivileged Groups

On top of the existing dental grants under the Comprehensive Social Security Assistance (CSSA) Scheme and the emergency dental service provided through the GP Sessions by government dental clinics, the DH will increase the dental services to underprivileged groups with financial difficulties by launching the CDSP in 2025 and enhancing service capacity, increasing service points and expanding service scope, aiming to additionally offer at least twice the current number of quotas provided by the GP Sessions of government dental clinics (i.e. 40 000 per year). The CDSP leverages the networks of NGOs and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties more effectively. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider appropriate to encourage tooth retention.

(F) Dental Care Support for Adolescents

The DH launched the PDCC on 20 March this year as an interface with the SDCS by providing partial subsidies for private dental check-up services for adolescents aged between 13 and 17 on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health Record Sharing System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. While the Government will provide a subsidy of $200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The co-payment for the subsidised services each time as recommended by the Government is $200. As at 18 March, there are around 270 registered dentists whose application to participate in the PDCC has been accepted by the DH, providing services at over 370 service locations. Among these dentists, over 67% charge a co-payment amount of $200 or less while the minimum co-payment amount is $50. The DH has publicised the PDCC in collaboration with the Education Bureau to all secondary school students and their parents in the territory. The final number of participants will depend on the response from adolescents and their parents.

The total revised estimate for implementing the PDCC and the CDSP for 2024-25 is $38.4 million, while the total financial provision for 2025-26 is $136.3 million.

Apart from the above public dental services provided by the DH, the EHVS subsidises eligible Hong Kong elderly persons aged 65 or above with an annual Elderly Health Care Voucher (EHCV) amount of $2,000 (with an accumulation limit of $8,000) to use private primary healthcare services, including dental services. The amount of vouchers claimed by dentists/for dental (stomatology) services under the EHVS in the past 3 years are as follows:

Amount of Vouchers Claimed ($'000)			
	2022	2023	2024
Dentists in Hong Kong	343,327	413,222	402,347
Dental/Stomatology Department of the medical institutions in the Greater Bay Area (GBA) [Note]	170	462	17,408

Note : The medical institutions in the GBA cover two service points operated by the University of Hong Kong-Shenzhen Hospital and 7 pilot medical institutions under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme. The Department of Stomatology at the Nansha Division of the First Affiliated Hospital, Sun Yat-sen University is pending service launch.

The estimated expenditure on the EHVS for 2025-26 is $4.15 billion, which has already included the claim amount in respect of dental services. The expenditure related to EHCVs for dental services is subsumed under the overall provision for the EHVS and will not be separately identified.

Based on the actual expenditures provided above, as well as the expenditure separately under the "Elderly Dental Assistance Programme" funded by the Community Care Fund and the dental grants under the CSSA Scheme of the Social Welfare Department, the expenditures on dental services provided or subsidised by the Government was close to $1.3 billion in 2023-24.

2.
The current number of discs for allocation per GP Session under normal circumstances for each dental clinic with GP Sessions are tabulated as follows:

Dental Clinic with GP Sessions	**Service Session**	**Number of Discs for Allocation per Session**
Kowloon City Dental Clinic	Monday (AM)	42
	Thursday (AM)	21
Kwun Tong Dental Clinic	Wednesday (AM)	42
Kennedy Town Community Complex Dental Clinic	Monday (AM)	42
	Friday (AM)	42
Fanling Health Centre Dental Clinic	Tuesday (AM)	25
Mona Fong Dental Clinic	Thursday (AM)*	21
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	21
Tsuen Wan Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Yan Oi Dental Clinic	Wednesday (AM)	21
Yuen Long Government Offices Dental Clinic	Tuesday (AM)	21
	Friday (AM)	21
Tai O Dental Clinic	2nd Thursday (AM) of each month	16
Cheung Chau Dental Clinic	1st Friday (AM) of each month	16

* Changed from Thursday afternoons to Thursday mornings with effect from 2 January 2025

The numbers of attendances at each dental clinic in 2022-23, 2023-24 and 2024-25 (up to 31 January 2025) are tabulated as follows:

Dental Clinic with GP Sessions	Number of Attendances		
	2022-23	2023-24	2024-25 (up to 31 January 2025)
Kowloon City Dental Clinic	3 157	2 787	2 469
Kwun Tong Dental Clinic	2 136	2 089	1 574
Kennedy Town Community Complex Dental Clinic	3 909	3 670	3 332
Fanling Health Centre Dental Clinic	1 192	1 175	1 014
Mona Fong Dental Clinic	1 065	929	729
Tai Po Wong Siu Ching Dental Clinic	1 071	1 014	804
Tsuen Wan Dental Clinic	4 104	3 970	3 476
Yan Oi Dental Clinic	1 062	984	779
Yuen Long Government Offices Dental Clinic	2 041	1 919	1 678
Tai O Dental Clinic	130	122	100
Cheung Chau Dental Clinic	168	153	127
Total	**20 035**	**18 812**	**16 082**

The overall utilisation rates of each dental clinic in 2022-23, 2023-24 and 2024-25 (up to 31 January 2025) are tabulated as follows:

Dental Clinic with GP Sessions	Overall Utilisation Rate in %		
	2022-23	2023-24	2024-25 (up to 31 January 2025)
Kowloon City Dental Clinic	99.5	97.7	98.2
Kwun Tong Dental Clinic	100.0	97.9	99.8
Kennedy Town Community Complex Dental Clinic	99.7	97.1	98.6
Fanling Health Centre Dental Clinic	99.5	95.0	95.9
Mona Fong Dental Clinic	98.0	88.1	86.6
Tai Po Wong Siu Ching Dental Clinic	100.0	95.3	97.7

Dental Clinic with GP Sessions	Overall Utilisation Rate in %		
	2022-23	2023-24	2024-25 (up to 31 January 2025)
Tsuen Wan Dental Clinic	99.9	98.8	99.6
Yan Oi Dental Clinic	99.8	92.3	98.1
Yuen Long Government Offices Dental Clinic	99.2	94.7	97.8
Tai O Dental Clinic	67.7	64.1	70.8
Cheung Chau Dental Clinic	88.0	88.1	90.3

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 4001)

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:

Please advise on:

(1) the changes in the number of smokers in Hong Kong following the last 2 tobacco-duty increases, along with the current proportion of smokers in the population according to the Government's statistics; and

(2) whether there has been any increase in the number of enquiries and requests for assistance in relation to smoking cessation services received by government hospitals and government-subvented organisations following the tobacco-duty increases.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 10)

Reply:

(1)

After the Government increased the tobacco duty in February 2023, the result of the Thematic Household Survey (THS) on smoking pattern conducted by the Census and Statistics Department (C&SD) from May to August that year showed that the smoking prevalence dropped from 10.2% in 2019 and 9.5% in 2021 to 9.1% in 2023. The average number of cigarettes smoke per day by smokers also decreased from 12.7 sticks in 2019 and 2021 to 12.1 sticks in 2023. The Government further increased the tobacco duty in 2024. In this connection, a THS will be conducted later and it is expected that the reduction in the demand for tobacco products will be reflected in the survey. The C&SD conducted and completed 2 rounds of THS on the pattern of smoking in the past 5 years, with a breakdown of the smoking prevalence and the number of cigarettes consumed by smokers daily (by age group and sex) set out at **Annex**.

(2)

Increasing tobacco duty is recognised internationally as the most effective means of reducing tobacco use. Through raising the costs of smoking, it provides a greater incentive for smokers to quit smoking, and dampens the eagerness of non-smokers, the youth in particular, to smoke. Past experience in increasing tobacco duty indicated that increasing tobacco duty

is conducive to reducing smoking prevalence. The greater the tax hike, the greater the drop in smoking prevalence. The number of calls to the Department of Health (DH)'s Quitline immediately after the increase in tobacco duty is also a sensitive indicator of smokers' response (i.e. their intention to quit smoking) to the duty increase. In the first month after the duty increase was announced in the 2023-2024 and 2024-25 Budget, the number of calls to the Quitline increased by about three times respectively when compared to the monthly number of calls received in the previous three months, reflecting the strong intention of smokers to quit smoking as a result of the duty increase. The number of calls received by the DH's Quitline increased from about 7 400 in 2022 to about 9 300 in 2024, representing an increase of more than 20%.

At present, the DH is responsible for coordinating the provision of smoking cessation services in Hong Kong. Apart from operating an integrated Smoking Cessation Hotline to handle general enquiries and provide professional counselling on smoking cessation, the DH arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patient, especially for those with chronic diseases, to quit smoking), and community-based cessation programmes operated by non-governmental organisations (NGOs). There are a total of 15 full-time and 55 part-time centres operated by the HA which have been providing smoking cessation services to the general public since 2002, and there are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling services over the phone. Besides, the DH has subvented 2 more service providers (from 2 to 4 in total) since 2023 to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, and 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) starting from this year to operate smoking cessation clinics with an emphasis on counselling and acupuncture. It is expected that the number of service users of the former type of clinics will increase by about 40% and the number regarding the latter type will double.

In 2022, 2023 and 2024, there were 20 406, 27 715 and 28 512 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

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

The Government will continue to step up its work on smoking cessation and explore various tobacco control measures in the medium and long term in order to eliminate the social hazards posed by tobacco products in all aspects and safeguard the health of the community with a progressive and multi-pronged approach.

Annex

Prevalence of daily cigarette smokers by age group and sex in 2021 and 2023*

Age group	Male		Female		Overall	
	2021	2023	2021	2023	2021	2023
15 - 19	#	#	#	#	#	#
20 - 29	9.6%	9.3%	2.1%	1.7%	5.9%	5.5%
30 - 39	15.3%	16.2%	4.5%	3.6%	9.5%	9.7%
40 - 49	24.6%	21.9%	5.8%	5.0%	14.2%	12.6%
50 - 59	22.0%	23.5%	3.2%	4.1%	11.7%	12.7%
≥ 60	15.7%	15.3%	1.2%	0.9%	8.2%	7.7%
Overall	16.7%	16.4%	3.0%	2.7%	9.5%	9.1%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.6% were daily cigarette smokers based on the survey conducted in 2021.
# The figures are not released due to the large sampling error.
Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

Average Daily Consumption of Cigarettes (number of sticks of cigarettes) by Age Group and Sex in 2021 and 2023

	2021	2023
Age group		
15 - 19	#	#
20 - 29	11.2	11.2
30 - 39	11.5	11.5
40 - 49	12.7	11.8
50 - 59	13.7	12.6
≥ 60	13.0	12.5
Sex		
Male	13.2	12.6
Female	10.5	9.3
Overall	12.7	12.1

The figures are not released due to the large sampling error.
Source: Thematic Household Survey Report Nos. 75 and 79, Census and Statistics Department.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 4023)

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:

Have the Government and its subvented groups/organisations strengthened services for alcohol prevention and treatment since the reduction in duty for liquor? Has there been an increase in the number of cases seeking such services?

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 9)

Reply:

The Government adopts a multi-pronged approach, comprising publicity and education, law enforcement, promotion of alcohol screening, etc., to reduce alcohol-related harm. The relevant initiatives include:

(i) The Department of Health (DH) has launched a publicity and education campaign named "Understanding Alcohol Harm" since 2022 to enhance the public's understanding of the health risks associated with alcohol consumption through various channels. Through a website, the DH disseminates information on alcohol-related harm to the public, and provides online risk assessment of drinking behaviour, personalised health advice, self-help tools, health education resources, etc. to encourage drinkers to change their drinking behaviour for the sake of their health.

(ii) District Health Centres (DHCs) and District Health Centre Expresses (DHC Expresses) provide primary healthcare services to citizens, including the Life Course Preventive Care which is an evidence-based and comprehensive health strategy that emphasises prevention and personalised needs. It provides guidance on the health needs of citizens across different life stages and assists citizens in developing a healthy lifestyle, including early identification and intervention of high-risk drinking behaviours through the Health Risk Factors Assessment and providing alcohol abuse prevention advice, with a view to enhancing the overall health of the Hong Kong citizens.

(iii) The DH recommends the Alcohol Screening and Brief Intervention (A-SBI) tool to primary healthcare service providers, including organisation of online training for the staff of the DHCs and DHC Expresses to encourage regular use of the A-SBI tool for

early identification and management of at-risk drinkers, as well as referral of those with probable alcohol dependence to the relevant services.

(iv) The DH has also launched the Pilot Alcohol Cessation Counselling Service (Pilot Programme) through subvention to a non-governmental organisation. The Pilot Programme was launched on 8 April 2024 and will last for 2 years to provide free counselling service for Hong Kong residents identified to have probable alcohol dependence. The service comprises 3 components, namely initial assessment, evidence-based individual counselling intervention, and subsequent evaluation follow-up. As at the end of December 2024, a total of 124 eligible individuals have enrolled for and started receiving the service provided under the Pilot Programme.

(v) Since 2018, the DH has been enforcing the Dutiable Commodities (Amendment) Regulation 2018 to prevent youth access to alcohol. The sale and supply of intoxicating liquor to minors in the course of business are prohibited under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B). It also requires vendors which sell or supply intoxicating liquor in face-to-face distributions to display a prescribed notice in a prominent position at the premises in the course of business. The DH conducts inspections and carries out enforcement actions upon receipt of intelligence or complaints. It may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements.

The DH will continue to reduce alcohol-related harm through various means and will closely monitor local alcohol consumption through periodic surveys, including the situation following the reduction in the duty for certain types of liquor.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3934)

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. While the Government is currently collaborating with non-governmental organisations to launch the Community Dental Support Programme (CDSP) for providing dental services for underprivileged groups, the number of people benefiting from the programme is limited. In this connection, will the Government consider setting up a mechanism for middle-income or low-income families, so that they can apply for financial assistance from relevant departments, where necessary, to cover the high costs of dental treatment?

2. As the CDSP will in 2026 supplant the Community Care Fund Elderly Dental Assistance Programme, under which participating elderly can receive dental services provided by the private sector, will the Government consider continuing the practice of the Community Care Fund Elderly Dental Assistance Programme by inviting dentists in the private sector to participate in the new programme to optimise the resources of the dentist profession in Hong Kong?

Asked by: Hon SHANG Hailong (LegCo internal reference no.: 11)

Reply:

1&2.

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of

the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, the Community Dental Support Programme (CDSP) is a service focusing on underprivileged groups who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

On top of the existing dental grants under the Comprehensive Social Security Assistance Scheme and the emergency dental service provided through General Public Sessions by government dental clinics, the Department of Health (DH) will increase the dental services to underprivileged groups with financial difficulties by launching the CDSP in 2025 and enhancing service capacity, increasing service points and expanding service scope, aiming to additionally offer at least twice the current number of quotas provided by the General Public Sessions of government dental clinics (i.e. 40 000 per year). The CDSP leverages the networks of non-governmental organisations and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties more effectively. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider appropriate to encourage tooth retention. The DH will continuously monitor the utilisation rates of the service and gather feedback from service users regarding their needs, as well as the data on their oral health conditions to review the effectiveness of the CDSP in due course.

- End -

Examination of Estimates of Expenditure 2025-26 Reply Serial No.

HHB325

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3645)

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 provide a breakdown of the number of people from most-at-risk populations for HIV requesting post-exposure prophylaxis (PEP), the number of PEP recipients and the expenditure involved in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 173)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health (DH), the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening the co-operation with various sectors of society towards the de-stigmatisation of HIV infection.

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the DH, including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2020-21	155
2021-22	140
2022-23	172
2023-24	187
2024-25*	175

* Figure as at 28 February 2025

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3646)

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 provide a breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 174)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health, the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening the co-operation with various sectors of society towards the de-stigmatisation of HIV infection.

No research projects on pre-exposure prophylaxis of HIV have been approved under the AIDS Trust Fund from 2020-21 to 2024-25.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3647)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (3) Health Promotion

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

Director of Bureau: Secretary for Health

Question:

Please advise on the estimated expenditure if the Government proposes the introduction of pre-exposure prophylaxis (PrEP) drugs to the Drug Formulary to subsidise the prevention of HIV infection among the most-at-risk populations.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 175)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health (DH), the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening the co-operation with various sectors of society towards the de-stigmatisation of HIV infection.

The DH has implemented a programme called "The Commons" since 5 February 2024 to provide one-stop sexual health service for sexual minorities such as men who have sex with men with risk behaviours. The services provided under the programme include test for HIV and viral hepatitis, viral hepatitis vaccination, sexual health assessment, test and treatment for sexually transmitted infection and counselling. The programme further provides monitoring and counselling services for PrEP users to ensure that they receive medication in an appropriate and safe manner. A bundle of individualised preventive measures is also offered to optimise the effectiveness of PrEP use.

The DH will continue to examine and study the demand for PrEP and the need for related services through "The Commons", with a view to establishing an appropriate mode of service provision and operation.

Subsumed into the DH's overall provision for disease prevention, the expenditure of the resources involved in the implementation of "The Commons", the one-stop sexual health service programme mentioned above, cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3648)

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 number of people requesting and obtaining post-exposure prophylaxis (PEP) and the expenditure and financial provision for the past 5 years in this respect.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 176)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health (DH), the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening the co-operation with various sectors of society towards the de-stigmatisation of HIV infection.

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the DH, including but not limited to those with post-sexual exposure, is as follows:

Financial year	Number of clients prescribed with PEP
2020-21	155
2021-22	140
2022-23	172
2023-24	187
2024-25*	175

* Figure as at 28 February 2025

Subsumed into the HIV care services provided by the DH, the expenditure involved cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3649)

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 provide a breakdown of the expenditure per head on the prevention of HIV infection in the most-at-risk populations in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 177)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health (DH), the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening co-operation with various sectors of society towards the de-stigmatisation of HIV infection.

The Government has been allocating resources for the prevention and control of HIV/AIDS. The initiatives include:

(a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong;

(b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services;

and to enhance public education about AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations (NGOs) set up in response to AIDS and other organisations under the ATF.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong" issued by the Hong Kong Advisory Council on AIDS in 2022, the ATF accords higher funding priority to applications for projects targeting 6 high-risk groups, namely men who have sex with men, people living with HIV, female sex workers and their male clients, people who inject drugs, ethnic minorities and transgenders. From 2020-21 to 2024-25, the ATF has allocated a total of $107.6 million to 52 projects targeting the 6 high-risk groups mentioned above. Upon reviewing the funding applications received in July 2024, the ATF recommended that the DH support 17 projects targeting the 6 high-risk groups, with an allocation of $22.6 million directly funded by the DH.

A breakdown of project funding by target group is as follows:

High-risk Group	**Funding Approved ($ million)**
Men who have sex with men	61.02
People living with HIV	20.50
Female sex workers with their male clients	29.58
People who inject drugs	8.54
Ethnic minorities	8.16
Transgenders	2.39
Total (Note**)**	**130.19**

Note: The funding for project applications received in July 2024, directly funded by the DH, has been subsumed into the total amount.

(c) providing resources for the DH's services, including the Special Preventive Programme (SPP), the Social Hygiene Service and the Methadone Treatment Programme, for HIV prevention and care. With reference to the recommendation by the World Health Organization and the Joint United Nations Programme on HIV/AIDS, the DH has set up a one-stop sexual health service called "The Commons" under a people-oriented concept on 5 February 2024. The target clientele of this service include sexual minorities such as men who have sex with men with risk behaviours. In addition to the provision of screening for HIV and viral hepatitis, viral hepatitis vaccination, sexual health assessment, testing and treatment for sexually transmitted infection, "The Commons" also proactively identifies people in need, including those who have engaged in high-risk behaviors, to provide personalised HIV prevention service integrated with counselling and support. Meanwhile, "The Commons" is also dedicated to maintaining and fostering close collaborations and mutual support with non-governmental organisations, leveraging the efficiency at the primary healthcare level to maximise its impact on disease prevention.

Subsumed into the DH's overall provision for disease prevention, the expenditure of the overall resources for prevention of HIV/AIDS for high-risk individuals cannot be separately identified.

(d) Rather than its previous approach of funding community stakeholders through a designated fund dedicated to a single disease, the Government will implement a multi-faceted and collaborative strategy to support various community stakeholders, including NGOs, in AIDS prevention and control. This new strategy will integrate HIV response into a broader healthcare framework, promoting normalisation of HIV testing, dispelling misconceptions about the infection, and fostering greater acceptance and support for people living with HIV.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3650)

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 provide a breakdown of the expenditure on HIV prevention research in the past 5 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 178)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health (DH), the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening the co-operation with various sectors of society towards the de-stigmatisation of HIV infection.

From 2020-21 to 2024-25, the AIDS Trust Fund (ATF) has approved a total of $9.56 million for 17 research projects on HIV prevention. Upon reviewing the funding applications received in July 2024, the ATF recommended that the DH support 1 research project, with an allocation of $940 000 directly funded by the DH.

A breakdown of the project funding by target group is as follows:

High risk Group	**Funding Approved ($ million)**
Men who have sex with men	5.87
People living with HIV	4.63
Total[(Note)]	**10.50**

Note: The funding for project applications received in July 2024, directly funded by the DH, has been subsumed into the total amount.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3651)

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 provide a 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.: 179)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health (DH), the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening co-operation with various sectors of society towards the de-stigmaitsation of HIV infection.

The Government has been allocating resources for the prevention and control of HIV/AIDS. The initiatives include:

(a) setting up the Hong Kong Advisory Council on AIDS (ACA) in 1990 to review the local and international trends and development in respect of HIV infection and AIDS; to advise the Government on policies relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to provide advice on the co-ordination and monitoring of programmes for prevention of HIV infection and on the services provided for people with HIV/AIDS in Hong Kong. Promoting the idea of "Undetectable = Untransmittable (U=U)" can reduce the public's stigma and discrimination against people with HIV, alleviate the fear of undergoing HIV test, and enhance treatment adherence of people with HIV. "U=U" has been listed as a key message for promotion in the "Recommended HIV/AIDS Strategies for Hong Kong (2022-2027) released by the ACA in 2022";

(b) setting up the AIDS Trust Fund (ATF) in April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council to provide assistance for HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education about AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue supporting the funding applications submitted by non-governmental organisations (NGOs) set up in response to AIDS and other organisations under the ATF. The NGOs funded by the Government have been promoting the idea of "U=U";

(c) providing resources for the Department of Health's (DH) services, including the Special Preventive Programme (SPP) and the Social Hygiene Service for HIV prevention and care. The DH has been promoting the idea of "Undetectable = Untransmittable (U=U)" through various means, including life-skill-based education about HIV and sex through the SPP, as well as online resources about sex education. The idea of "U=U" has already been incorporated into the SPP's publicity work, including online promotion, mass media promotion and health talks. Moreover, the DH has been collaborating with NGOs to organise events for promoting the idea of "U=U" and fostering the public's acceptance of people with HIV/AIDS; and

(d) rather than its previous approach of funding community stakeholders through a designated fund dedicated to a single disease, the Government will implement a multi-faceted and collaborative strategy to support various community stakeholders, including NGOs, in AIDS prevention and control. This new strategy will integrate HIV response into a broader healthcare framework, promoting normalisation of HIV testing, dispelling misconceptions about the infection, and fostering greater acceptance and support for people living with HIV.

Resources for the "U=U" promotion have been subsumed into the DH's overall provision for disease prevention and cannot be separately identified.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3652)

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 expenditure incurred in preventing HIV infection in the past 5 years broken down into the following groups: heterosexual population, men who have sex with men, ethnic minorities, sex workers and injecting drug users.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 180)

Reply:

The Government attaches great importance to the prevention and control of HIV infection. With global medical advances and effective implementation of HIV prevention and control strategies in Hong Kong over the past 4 decades, HIV infection has transformed from a fatal illness to a manageable chronic disease. According to the latest data published by the Department of Health (DH), the number of new cases of HIV infection in Hong Kong has been declining for 9 consecutive years, and the local prevalence of HIV infection remained at 0.1%, which is far below the global average. This demonstrates the effectiveness of Hong Kong's efforts in HIV prevention and control. Looking ahead, the Government will continue to scale up HIV testing and enhance treatment and care, and will keep strengthening the co-operation with various sectors of society towards the de-stigmatisation of HIV infection.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong" issued by the Hong Kong Advisory Council on AIDS in 2022, the AIDS Trust Fund (ATF) accords higher funding priority to applications for projects targeting 6 high-risk groups, namely men who have sex with men, people living with HIV, female sex workers and their male clients, people who inject drugs, ethnic minorities and transgenders.

From 2020-21 to 2024-25, the ATF has allocated a total of $107.6 million to 52 projects targeting the 6 high-risk groups mentioned above. Upon reviewing the funding applications received in July 2024, the ATF recommended that the DH support 17 projects targeting these 6 high-risk groups, with an allocation of $22.6 million directly funded by the DH.

A breakdown of project funding by target group is as follows:

High-risk Group	**Funding Approved ($ million)**
Men who have sex with men	61.02
People living with HIV	20.50
Female sex workers with their male clients	29.58
People who inject drugs	8.54
Ethnic minorities	8.16
Transgenders	2.39
Total (Note)	**130.19**

Note: The funding for project applications received in July 2024, directly funded by the DH, has been subsumed into the total amount.

With reference to the recommendation by the World Health Organization and the Joint United Nations Programme on HIV/AIDS, the DH has set up a one-stop sexual health service called "The Commons" under a people-centred care concept on 5 February 2024. The target clientele of this service are sexual minorities such as men who have sex with men with risk behaviours. In addition to the provision of screening for HIV and viral hepatitis, viral hepatitis vaccination, sexual health assessment, test and treatment for sexually transmitted infections, "The Commons" also proactively identifies people in need, including those who have engaged in high-risk behaviors, to provide personalised HIV prevention services integrated with counselling and support. Meanwhile, "The Commons" is also dedicated to maintaining and fostering close collaborations and mutual support with non-governmental organisations, leveraging the efficiency at the primary healthcare level to maximise its impact on disease prevention.

Subsumed into the DH's overall provision for disease prevention, the expenditure of the resources involved in the implementation of "The Commons", the one-stop sexual health service programme mentioned above, cannot be separately identified.

Rather than its previous approach of funding community stakeholders through a designated fund dedicated to a single disease, the Government will implement a multi-faceted and collaborative strategy to support various community stakeholders, including non-governmental organisations, in AIDS prevention and control. This new strategy will integrate HIV response into a broader healthcare framework, promoting normalisation of HIV testing, dispelling misconceptions about the infection, and fostering greater acceptance and support for people living with HIV.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3666)

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 children with special educational needs (SENs), the Government adopts the principle of early identification and intervention for children to receive assessment before they turn 6 (prior to pre-primary education), and to provide relevant training and services. In this connection, please advise on the number of children assessed over the past 5 years by type of SEN (e.g. attention deficit/hyperactivity disorder (ADHD), autism, developmental delay in terms of intellectual ability, learning disorders, etc.).

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 194)

Reply:

The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and psychologists and provides comprehensive assessment and diagnosis for children under the age of 12 who are suspected to have developmental problems. Apart from the DH, assessment services are also provided by the Hospital Authority (HA), the Education Bureau, non-governmental organisations and recognised professionals in the private sector.

The number of children assessed by the CAS in the past 5 years is as follows:

	2020	2021	2022	2023	2024 (Provisional figures)
Number of children assessed by the CAS #	14 507	16 626	14 251	18 637	17 757

The figure includes both newly registered referral cases and follow-up cases.

The DH does not maintain statistics on the number of children assessed with breakdown by the stage of schooling.

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

Developmental Conditions	Number of newly diagnosed cases				
	2020	2021	2022	2023	2024 (Provisional figures)
Attention/Hyperactive Problems/Disorders	3 318	2 970	2 422	3 156	2 996
Autism Spectrum Disorder	1 769	1 960	1 861	2 415	2 195
Borderline Developmental Delay	2 512	2 652	2 105	2 479	2 752
Developmental Motor Coordination Problems/Disorders	2 016	2 503	2 256	2 765	3 018
Dyslexia & Mathematics Learning Disorder	477	331	229	359	298
Hearing Loss (Moderate to profound grade)	51	63	50	58	90
Language Delay/Disorders and Speech Problems	4 570	5 401	4 147	5 441	6 974
Physical Impairment (i.e. Cerebral Palsy)	36	38	34	38	45
Significant Developmental Delay/Intellectual Disability	1 482	1 722	1 527	1 914	2 261
Visual Impairment (Blind to Low Vision)	11	11	6	46	46

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

As announced by the Chief Executive in his 2024 Policy Address, to enhance the health of the people of Hong Kong, improve healthcare protection and quality, and capitalise on our healthcare professions' strengths, the Government is conducting a comprehensive review on the positioning and objectives of the healthcare system. The review covers the reform of the functions and division of work among the HA, the DH and the Primary Healthcare Commission (PHC Commission). The relevant initiatives include reforming the HA's governance effectiveness to enhance the standards and efficiency of its specialist and in-patient services. At the same time, the PHC Commission and the DH will strengthen their efforts in health promotion and disease prevention in order to continue to redress the imbalance in the existing system which emphasises on treatment rather than prevention. The DH will also strengthen its role as the Government's adviser and regulatory authority in respect of public health, and will focus on its functions in this aspect. In this connection, the DH is gradually transferring its specialist clinical services and primary healthcare services to the HA and the PHC Commission respectively.

The DH is liaising with the HA on the detailed arrangements for integrating the CAS into the Hong Kong Children's Hospital under the HA, with a view to consolidating the public paediatrics services to facilitate collaboration among various specialities and streamline the procedure for service delivery. In this way, the children suspected of having developmental or behavioural problems can receive the necessary integrated multi-disciplinary assessment, treatment and rehabilitative services in a timely manner, while the referral arrangements and

services for patients can be further enhanced. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3675)

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 the locations of clinics/centres where dental services are provided for persons with disabilities, as well as their service capacity, services provided, number of service users and average cost per user, in the past 3 years.

Asked by: Hon TIK Chi-yuen (LegCo internal reference no.: 203)

Reply:

To safeguard the oral health of the public, the Chief Executive announced in the 2022 Policy Address to conduct a comprehensive review of the dental services provided or subsidised by the Government. The Working Group on Oral Health and Dental Care (Working Group) was subsequently established in end-2022. The Working Group published a final report in end-2024, recommending that the future development of dental services should make reference to the direction of the Primary Healthcare Blueprint emphasising prevention, early identification and timely intervention, with the goal of retention of natural teeth and enhancing the overall level of citizens' oral health.

The Government concurs with the views of the Working Group that providing or subsidising comprehensive curative dental services from public purse to all Hong Kong citizens regardless of their financial means does not align with the policy objectives of developing a prevention-oriented oral health and dental care system and encouraging citizens to take responsibility for their own oral health. This would exacerbate the current shortcomings of the treatment-oriented system, and would be neither cost-effective nor sustainable in terms of utilisation of public resources. It would be financially untenable for the Government and would thin out the resources that could otherwise be used for other healthcare services.

In response to the final report of the Working Group, the Government has adopted the oral health policy that: (1) Oral health is an integral component of general health. The Government's oral health policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyle conducive to both oral and overall health levels; (2) Through publicity, education, promotion and development of primary oral health and dental care, the Government facilitates citizens to manage their oral health, and put prevention, early

identification and timely intervention of dental diseases into action with the objective of tooth retention; and (3) The Government provides appropriate oral health and dental care services targeting underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The dental services currently provided by the Government to persons with disabilities are outlined below. In the Oral Health Action Plan formulated based on the Working Group's strategic recommendations, these services are focusing on underprivileged groups who have difficulties in accessing dental care under the aforesaid strategy of ensuring these groups have access to essential dental care services.

School Dental Care Service (SDCS)

Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability (ID) and/or physical disability studying in special schools, can join the SDCS of the Department of Health (DH) to receive annual check-ups at 8 designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. The 8 designated school dental clinics are Tang Shiu Kin School Dental Clinic, Argyle Street Jockey Club School Dental Clinic (1/F and 3/F), Lam Tin School Dental Clinic, Ha Kwai Chung School Dental Clinic, Pamela Youde School Dental Clinic, Tuen Mun School Dental Clinic and Fanling School Dental Clinic. The number of participating students with ID and/or physical disability studying in special schools in the past 3 years is set out below:

Service Year [Note 1]	2022-23	2023-24	2024-25
Number of Participants	6 429	6 907	7 155

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

Absorbed within the overall provision for dental services under its Programme, the expenditure on providing the SDCS to persons with ID is not available.

Dandelion Oral Care Action

Since 2005, to strengthen concerted efforts from parents and schools to facilitate children with ID to maintain personal oral hygiene, the Oral Health Promotion Division (OHPD) (formerly the Oral Health Education Division) of the DH has been conducting a special oral health promotion programme named the "Dandelion Oral Care Action" (the Dandelion Programme) which adopts a train-the-trainer approach whereby the school nurses, teachers and parents of the participating special schools are trained to equip special tooth cleaning skills. Under the Dandelion Programme, oral care skill has become part of the self-care curriculum of the participating schools. At least 1 school nurse or teacher from each school will be trained by the OHPD to become the Oral Health Trainer (OHT) in school. The OHTs, in turn, will train all the teachers and parents and the long-term goal is to enable the children with ID to brush and floss their teeth competently and independently by the time they leave school. Currently, there are 29 schools in Hong Kong joining the Dandelion Programme.

The number of participants (including school nurses, teachers, parents and students) in the

past 3 school years is set out below:

School Year [Note 2]:	2021-2022	2022-2023	2023-2024
Number of Participants	5 288	5 396	5 527

Note 2: A school year refers to the period from 1 September of the current year to 31 August of the following year.

Absorbed within the provision for dental services under its Programme, the expenditure on the Dandelion Programme is not available.

Oral Maxillofacial Surgery & Dental Clinics (OMS&DCs) and Special Oral Care Service (SOCS)

The DH sets up the OMS&DCs in 7 public hospitals (Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital, North District Hospital and Tuen Mun Hospital) to provide oral maxillofacial surgery and specialist dental treatment to in-patients and patients with special oral health care needs and dental emergency.

The number of attendances of patients with ID and/or severe physical disability in the past 3 years is set out below:

Year	2022	2023	2024
Number of Attendances	366	375	383

Absorbed within the provision for dental services under its Programme, the expenditure for providing services to persons with ID and/or severe physical disability under the DH's OMS&DCs is not available.

In order to improve the oral health of children with ID, the DH set up a SOCS in September 2019 in collaboration with the Hospital Authority at the Hong Kong Children's Hospital (HKCH) for pre-school children under 6 years old with ID for early intervention and prevention of common oral diseases. The SOCS has also implemented an outreach dental service since September 2019 to provide free onsite dental check-up and oral health education for eligible children at Special Child Care Centres under the Social Welfare Department. If necessary, children can be referred to the HKCH for follow-up dental treatments, including treatment under sedation/general anaesthesia.

The number of children with ID receiving services over the past 3 service years is as follows:

Service Year [Note 3]	2022-23	2023-24	2024-25 (up to January 2025)

Number of Attendances For Dental Check-ups By The SOCS Teams	1 580	1 780	531
Number of Referrals to The HKCH	232	261	86

Note 3: A service year refers to the period from 1 November of the current year to 31 October of the following year.

Absorbed within the provision for dental services under its Programme, the expenditure of services to children with ID under the SOCS in 2022-23 and 2023-24 is not available. The revised estimate for the SOCS in 2024-25 is $4.8 million.

Dental Service for Adult Patients with ID

The Government has implemented the Healthy Teeth Collaboration (HTC) programme since July 2018, which provides, through non-governmental organisations (NGOs), free dental services including check-ups, treatments and oral health education for adults aged 18 or above with ID. The HTC programme was further extended from 16 July 2024 to March 2027 with 900 additional quotas for new cases every year and its scope expanded to cover persons aged 18 or above with autism spectrum disorder (ASD). There are currently 8 participating NGOs, each with at least 1 dentist and 1 dental surgery assistant. Among them, 2 are located on Hong Kong Island, 5 in Kowloon and the remaining 1 in the New Territories.

The number of attendances over the past 3 service years is set out below:

Service Year [Note 4]	2022-23	2023-24	2024-25 [Note 5] (up to January 2025)
Number of Attendances	6 121	6 902	5 778

Note 4: A service year refers to the period from 16 July of the current year to 15 July of the following year.

Note 5: The service year 2024-25 runs from 16 July 2024 to 31 March 2025. Starting from 16 July 2024, the HTC programme has been extended to include patients with ASD.

The Government's actual expenditures for implementing the HTC programme in 2022-23 and 2023-24 are $22.8 million and $33.4 million respectively, while the revised estimate for 2024-25 is $46.4 million.

The Government's existing SOCS, SDCS and HTC programme have been providing oral health and dental care services for persons with ID throughout their life course. In addition to persons with ID, the Special Child Care Centres covered by the SOCS and the special schools covered by the SDCS also serve persons with other disabilities. The Government accepts the Working Group's views, and will continue to develop special care dental services in the future and extend such services beyond persons with ID to those with other disabilities, special needs or high-risk groups.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4009)

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:

Currently, the Hong Kong Childhood Immunisation Programme (HKCIP) in place for newborn babies in the Maternal and Child Health Centres does not include vaccines against certain common or highly lethal infectious diseases (such as Rotavirus, Haemophilus influenzae type b, hepatitis A and meningococcal disease), leaving parents with no choice but to spend thousands of dollars out of pocket to have their children vaccinated at private clinics. In this connection, will the Government consider expanding the range of vaccines available under the HKCIP in the new financial year to ease the burden on parents?

Asked by: Hon TSE Wai-chun, Paul (LegCo internal reference no.: 28)

Reply:

The Government attaches great importance to children's health, and is committed to providing children with quality medical and health services. The 29 Maternal and Child Health Centres in operation under the Department of Health (DH) are set up in all 18 districts in Hong Kong, providing health promotion and disease prevention services for newborn babies, children up to 5 years old and women of reproductive age, including free vaccination services and continuous monitoring of children's growth and development. Data also shows that the overall coverage for relevant vaccines among locally born pre-school children remains at a remarkably high level of over 98%. The DH is discussing the streamlining of maternal health services with the Primary Healthcare Commission and the Hospital Authority to make better use of resources and enhance service efficiency.

The Hong Kong Childhood Immunisation Programme (HKCIP) has been highly effective in keeping the local incidence of relevant communicable diseases at a remarkably low level. As recommended by the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH, children from birth to Primary 6 should receive 12 types of vaccines and boosters under the HKCIP for the prevention of a wide range of communicable diseases, namely Tuberculosis, Poliomyelitis, Hepatitis B, Diphtheria, Pertussis, Tetanus, Pneumococcal infection, Varicella, Measles, Mumps, Rubella and Human Papilloma Virus (HPV) infection. The DH provides free vaccination services for eligible

children under the HKCIP for the prevention of the 12 communicable diseases with public health significance.

Regarding vaccines for disease prevention, the DH and the SCVPD regularly review the local epidemiology of diseases, while keeping abreast of the latest recommendations of the World Health Organization on immunisation, the scientific development and application of new vaccines, the updates of vaccine composition, and the studies on cost-benefit of vaccines, in order to examine and update the HKCIP from a public health perspective. In keeping with this strategy, the DH included, for instance, varicella vaccine in the HKCIP in 2014 and advanced the administration of the second dose of measles-containing vaccination to 18 months of age in 2020 to enhance children's immunity against varicella and measles. In 2024, the DH replaced the 13-valent pneumococcal conjugate vaccine with the 15-valent pneumococcal conjugate vaccine to enhance public health protection. Furthermore, the HPV vaccine was included in the HKCIP starting from the 2019/20 school year for the provision of free HPV vaccination to eligible Primary 5 and Primary 6 school girls as part of the public health strategy against HPV infection and cervical cancer.

Apart from the recommendations of the SCVPD, the DH takes into account a number of public health considerations and scientific factors when deciding whether to include a vaccine in the HKCIP, including epidemiology (such as incidence and death rates), disease burden, and the safety, efficacy, side effects, cost-benefit and adequacy of supply of the vaccine. The acceptance of the vaccine by the public, the availability of other preventive measures and the administrative arrangements for vaccination are also important considerations. At present, the vaccines mentioned in the question are not deemed to warrant inclusion in the HKCIP.

For other vaccines that are not included in the HKCIP from the public health perspective, parents are advised to seek professional advice from their family doctors on the benefits and risks of receiving such vaccines. Based on the doctor's assessment of the health and medical history of their children, parents can make informed decision as to whether their children should receive such vaccines for personal protection.

The DH will continue to work with the SCVPD to continually monitor the situation of vaccine preventable diseases and the scientific development of new vaccines, and will seek expert advice as necessary to appropriately review and update the HKCIP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. S072)

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 its reply to the question HHB 273, the Government has stated that as there are currently no respiratory syncytial virus (RSV) vaccines available for infants/toddlers on the local market, no vaccines as such can be included in its vaccination programmes. It is noted, however, that Nirsevimab, a long-acting monoclonal antibody against RSV commonly used in some countries abroad as injection for infants/toddlers to prevent RSV infection, has been registered in Hong Kong. Please then advise on whether the Government will consider including this long-acting monoclonal antibody as a preventive measure against RSV infection among infants/toddlers; if yes, the work plan, timetable and estimated expenditure for 2025-26; if no, the reasons.

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 5)

Reply:

Respiratory syncytial virus (RSV) can cause respiratory tract diseases such as infection of the airway, lungs and middle ear. It is transmitted by direct contact with infectious secretions or by droplets spread, or indirectly through contact with contaminated hands, eating utensils or objects contaminated by nasal or throat discharges of an infected person. Most people (including infants/toddlers) develop mild symptoms after contracting RSV.

The long-acting monoclonal antibody against RSV "Nirsevimab" (RSV monoclonal antibody) mentioned in the question is not a vaccine but a prophylactic drug used to prevent serious illnesses caused by RSV infection in infants from birth to 6 months of age. At present, the use of RSV monoclonal antibody is recommended in some countries abroad for high-risk infants (such as preterm babies with lung problems and babies with congenital heart disease). Already registered in Hong Kong, the RSV monoclonal antibody may be prescribed to infants based on doctors' clinical judgement.

In general, the inclusion of vaccines or prophylactic drugs in public health programmes is based on scientific evidence while taking into account a number of public health factors including the overall burden that the disease impose on society, the efficacy and safety of the vaccines or drugs, the availability of other effective preventive measures and the cost benefit

of massive use. Personal health remains an individual's responsibility. While particular preventive measures are beneficial to personal health, they are not necessarily justified for public funding from a public health or healthcare policy perspective. The Government will continue to keep abreast of the experience and scientific evidence in the international arena.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0219)

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the dental services provided by the Department of Health for eligible persons at dental clinics, please list out:

1. the attendance and age distribution (in percentage) in each of the past 5 years, broken down by age group.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 24)

Reply:

The attendances of civil service eligible persons (CSEPs) at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 5 years are as follows –

Dental Clinic	**Attendance#**				
	2020	**2021**	**2022**	**2023**	**2024**
Aberdeen Jockey Club Dental Clinic@	4 500	8 800	7 000	5 000	0
Castle Peak Hospital Dental Clinic	4 800	10 900	9 900	7 300	5 900
Chai Wan Government Dental Clinic@	6 200	17 100	15 000	9 200	0
Cheung Chau Dental Clinic@	400	500	<100	0	0
Cheung Sha Wan Government Offices Dental Clinic	25 000	60 900	47 600	42 500	45 500
Fanling Health Centre Dental Clinic	9 900	24 600	21 800	19 100	18 500
Ha Kwai Chung Government Dental Clinic	4 900	11 300	10 400	8 400	7 300

Dental Clinic	Attendance#				
	2020	2021	2022	2023	2024
Harbour Building Dental Clinic	9 800	26 200	19 500	18 100	19 600
Harbour Building Orthodontic Clinic	10 900	12 800	11 000	11 100	12 900
Hong Kong Police College Dental Clinic	300	400	200	100	100
Kennedy Town Community Complex Dental Clinic	8 200	18 000	13 400	13 600	19 300
Kowloon City Dental Clinic	14 900	36 300	31 000	25 600	24 900
Kwai Chung Hospital Dental Clinic@	1 200	2 500	800	0	0
Kwun Tong Dental Clinic	7 700	17 000	15 600	15 000	13 200
Kwun Tong Yung Fung Shee Dental Clinic	6 400	15 200	13 100	10 700	10 300
Li Po Chun Dental Clinic	6 300	15 100	11 800	12 100	13 300
Ma On Shan Dental Clinic	5 700	12 200	9 700	9 700	9 700
MacLehose Dental Centre 2/F	6 700	9 300	7 800	8 100	8 000
MacLehose Dental Centre 6/F	12 100	31 500	26 300	25 800	28 400
Madam Yung Fung Shee Dental Clinic	5 400	12 500	10 900	9 500	8 400
Mona Fong Dental Clinic@	2 400	4 600	4 200	1 500	0
Pamela Youde Government Dental Clinic	10 500	23 400	19 600	17 900	16 200
Queensway Government Offices Dental Clinic	11 300	27 100	23 600	22 600	25 400
Sai Ying Pun Dental Clinic 3/F@	2 200	3 900	0	0	0
Sai Ying Pun Dental Clinic 8/F	5 800	13 100	11 100	8 200	8 200
Sheung Kwai Chung Government Dental Clinic	10 100	25 900	20 500	18 900	18 300
Sheung Kwai Chung Prosthodontic Clinic	3 900	7 300	8 100	8 400	9 600
Tai O Dental Clinic@	<100	100	<100	0	0
Tai Po Wong Siu Ching Dental Clinic	5 200	12 400	10 600	10 200	9 900
Tang Shiu Kin Dental Clinic	9 600	23 100	18 800	19 400	21 700
Tseung Kwan O Dental Clinic	8 600	21 400	19 700	17 800	17 500
Tsuen Wan Dental Clinic	3 200	7 600	7 800	8 300	8 000

Dental Clinic	Attendance#				
	2020	2021	2022	2023	2024
Tsuen Wan Government Offices Dental Clinic	7 000	16 500	14 600	10 500	10 500
Tung Chung Dental Clinic@	3 700	7 700	7 100	3 800	0
Victoria Road Dental Clinic@	1 700	3 500	3 600	5 300	600
Wan Chai Dental Clinic@	12 400	30 500	20 200	17 700	3 900
West Kowloon Government Offices Dental Clinic	3 200	12 000	13 200	14 100	15 000
Western Dental Clinic	2 600	5 000	4 400	4 700	4 700
Yan Oi Dental Clinic	3 500	8 700	8 000	6 900	6 700
Yau Ma Tei Dental Clinic	12 800	33 700	25 800	24 400	23 700
Yau Ma Tei Orthodontic Clinic	18 100	27 300	21 700	19 800	18 900
Yuen Long Government Offices Dental Clinic	6 100	12 700	12 900	13 900	12 600
Yuen Long Jockey Club Dental Clinic@	3 500	8 200	3 500	0	0

OMS&DCs in Hospitals	Attendance#				
	2020	2021	2022	2023	2024
North District Hospital OMS&DC	2 900	4 400	3 500	3 100	2 300
Pamela Youde Nethersole Eastern Hospital OMS&DC	2 500	3 900	3 300	3 300	3 700
Prince of Wales Hospital OMS&DC	4 600	5 300	3 900	4 300	4 000
Princess Margaret Hospital OMS&DC	2 000	3 300	2 900	3 100	3 300
Queen Elizabeth Hospital OMS&DC	5 300	6 100	4 200	5 000	5 800
Queen Mary Hospital OMS&DC	3 700	5 000	3 900	3 800	3 900
Tuen Mun Hospital OMS&DC	1 900	1 800	2 100	2 500	2 400

Note: To combat the Coronavirus Disease 2019 pandemic, the dental clinics made various service adjustments from 2020 to 2022. 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 near normal. In early 2022, the onset of the fifth wave of the epidemic resulted in a decrease in attendances due to a large number of cancelled or postponed dental appointments. In addition, due to staff wastage in the dental clinics of the

Department of Health (DH) over the past 3 years, the attendances of these clinics in 2022, 2023 and 2024 are lower than that in 2021.

The number of attendances is rounded to the nearest hundred except those specified as <100.

@ The services provided by Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic, Yuen Long Jockey Club Dental Clinic, Mona Fong Dental Clinic, Tung Chung Dental Clinic, Aberdeen Jockey Club Dental Clinic, Chai Wan Government Dental Clinic, Victoria Road Dental Clinic and Wan Chai Dental Clinic to CSEPs have been suspended by phases since October 2021 in view of the development of the pandemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to dental clinics nearby for service. It is anticipated that the manpower shortage will gradually be relieved starting this year as the DH has been actively recruiting Dental Officers. The DH is also planning to gradually resume the operation of suspended surgeries and clinics, with the Tung Chung Dental Clinic being the first to resume its services from 17 March 2025.

The DH does not maintain information on the breakdown of attendances by age group.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0593)

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, please advise this Committee on the following for the past 3 years:
(1) the total attendances of civil service eligible persons (CSEPs) at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals);
(2) the attendances of CSEPs at each dental clinic (including OMS&DCs in hospitals) broken down by District Council district;
(3) the waiting time of CSEPs for dental services at dental clinics (including OMS&DCs in hospitals), including regular dental check-ups, follow-up dental treatments and consultation for elective specialised dental services; and
(4) the names and districts of dental clinics suspending their service because of the pandemic and the manpower situation of the Dental Officer grade along with their respective suspension dates?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 2)

Reply:

(1) The total attendances of civil service eligible persons (CSEPs) at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years are as follows –

Year	**Total Attendances** (rounded to the nearest hundred)
2022	585 700
2023	530 300
2024	502 100

Note: The attendances in 2023 and 2024 are lower than that in 2022 due to staff wastage in dental clinics.

(2) The attendances of CSEPs at each dental clinic (including OMS&DCs in hospitals) by the 18 districts in the past 3 years are at **Annex**.

(3) The waiting time of CSEPs for dental services at dental clinics (including OMS&DCs in hospitals) in the past 3 years is as follows –

Year (as at 31 December)	Regular Dental Check-up	Follow-up Dental Treatment	Consultation for Elective Specialised Dental Service
2022	18 to 32 months	8 to 37 months	4 to 47 months
2023	24 to 48 months	8 to 44 months	1 to 48 months
2024	20 to 47 months	3 to 55 months	4 to 47 months

(4) The names and districts of dental clinics suspending their service because of the pandemic and the manpower situation of the Dental Officer grade along with their respective suspension dates are as follows –

Service Suspension Start Dates	Suspended Dental Clinics	District
4 October 2021	Sai Ying Pun Dental Clinic 3/F	Central and Western
1 April 2022	Cheung Chau Dental Clinic	Islands
	Tai O Dental Clinic	
1 June 2022	Kwai Chung Hospital Dental Clinic	Kwai Ching
2 July 2022	Yuen Long Jockey Club Dental Clinic	Yuen Long
1 May 2023	Mona Fong Dental Clinic	Sai Kung
10 July 2023	Tung Chung Dental Clinic	Islands
27 November 2023	Aberdeen Jockey Club Dental Clinic	Southern
27 December 2023	Chai Wan Government Dental Clinic	Eastern
15 April 2024	Victoria Road Dental Clinic	Central and Western
	Wan Chai Dental Clinic	Wanchai

It is anticipated that the manpower shortage will gradually be relieved starting this year as the Department of Health (DH) has been actively recruiting Dental Officers. The DH is also planning to gradually resume the operation of suspended surgeries and clinics, with the Tung Chung Dental Clinic being the first to resume its services from 17 March 2025. Moreover, in order to alleviate the prolonged waiting time of CSEPs for dental services, the Civil Service Bureau has rolled out the Pilot Scheme on Dental Services (Dental Scaling) and Pilot Scheme on Dental Services in Shenzhen respectively, under which CSEPs can receive designated dental services at local private dental clinics or the medical institution in Shenzhen.

Annex

District	Dental Clinic	Attendance#		
		2022	2023	2024
Central and Western	Harbour Building Dental Clinic	19 500	18 100	19 600
	Harbour Building Orthodontic Clinic	11 000	11 100	12 900
	Kennedy Town Community Complex Dental Clinic	13 400	13 600	19 300
	Queensway Government Offices Dental Clinic	23 600	22 600	25 400
	Sai Ying Pun Dental Clinic 3/F @	0	0	0
	Sai Ying Pun Dental Clinic 8/F	11 100	8 200	8 200
	Victoria Road Dental Clinic @	3 600	5 300	600
	Western Dental Clinic	4 400	4 700	4 700
Eastern	Chai Wan Government Dental Clinic @	15 000	9 200	0
	Tang Shiu Kin Dental Clinic	18 800	19 400	21 700
Southern	Aberdeen Jockey Club Dental Clinic @	7 000	5 000	0
	Hong Kong Police College Dental Clinic	200	100	100
Wanchai	MacLehose Dental Centre 2/F	7 800	8 100	8 000
	MacLehose Dental Centre 6/F	26 300	25 800	28 400
	Wan Chai Dental Clinic @	20 200	17 700	3 900
Kowloon City	Kowloon City Dental Clinic	31 000	25 600	24 900
Kwun Tong	Kwun Tong Dental Clinic	15 600	15 000	13 200
	Kwun Tong Yung Fung Shee Dental Clinic	13 100	10 700	10 300
Sham Shui Po	Cheung Sha Wan Government Offices Dental Clinic	47 600	42 500	45 500
Yau Tsim Mong	Li Po Chun Dental Clinic	11 800	12 100	13 300
	West Kowloon Government Offices Dental Clinic	13 200	14 100	15 000
	Yau Ma Tei Dental Clinic	25 800	24 400	23 700
	Yau Ma Tei Orthodontic Clinic	21 700	19 800	18 900
Islands	Cheung Chau Dental Clinic@	< 100	0	0
	Tai O Dental Clinic@	< 100	0	0
	Tung Chung Dental Clinic@	7 100	3 800	0
Kwai Tsing	Ha Kwai Chung Government Dental Clinic	10 400	8 400	7 300
	Kwai Chung Hospital Dental Clinic@	800	0	0
	Sheung Kwai Chung Government Dental Clinic	20 500	18 900	18 300
	Sheung Kwai Chung Prosthodontic Clinic	8 100	8 400	9 600
North	Fanling Health Centre Dental Clinic	21 800	19 100	18 500

District	Dental Clinic	Attendance#		
		2022	2023	2024
Sai Kung	Mona Fong Dental Clinic@	4 200	1 500	0
	Tseung Kwan O Dental Clinic	19 700	17 800	17 500
Shatin	Ma On Shan Dental Clinic	9 700	9 700	9 700
	Pamela Youde Government Dental Clinic	19 600	17 900	16 200
Tai Po	Tai Po Wong Siu Ching Dental Clinic	10 600	10 200	9 900
Tsuen Wan	Tsuen Wan Dental Clinic	7 800	8 300	8 000
	Tsuen Wan Government Offices Dental Clinic	14 600	10 500	10 500
Tuen Mun	Castle Peak Hospital Dental Clinic	9 900	7 300	5 900
	Yan Oi Dental Clinic	8 000	6 900	6 700
Yuen Long	Madam Yung Fung Shee Dental Clinic	10 900	9 500	8 400
	Yuen Long Government Offices Dental Clinic	12 900	13 900	12 600
	Yuen Long Jockey Club Dental Clinic@	3 500	0	0

District	OMS&DCs in Hospitals	Attendance#		
		2022	2023	2024
Eastern	Pamela Youde Nethersole Eastern Hospital OMS&DC	3 300	3 300	3 700
Southern	Queen Mary Hospital OMS&DC	3 900	3 800	3 900
Yau Tsim Mong	Queen Elizabeth Hospital OMS&DC	4 200	5 000	5 800
Kwai Tsing	Princess Margaret Hospital OMS&DC	2 900	3 100	3 300
North	North District Hospital OMS&DC	3 500	3 100	2 300
Shatin	Prince of Wales Hospital OMS&DC	3 900	4 300	4 000
Tuen Mun	Tuen Mun Hospital OMS&DC	2 100	2 500	2 400

Note: The attendances in 2023 and 2024 are lower than that in 2022 due to staff wastage in dental clinics.

The number of attendances is rounded to the nearest hundred except those specified as <100.

@ The services provided by Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic, Yuen Long Jockey Club Dental Clinic, Mona Fong Dental Clinic, Tung Chung Dental Clinic, Aberdeen Jockey Club Dental Clinic, Chai Wan Government Dental Clinic, Victoria Road Dental Clinic and Wan Chai Dental Clinic to CSEPs have been suspended by phases since October 2021 in view of the development of the pandemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to

dental clinics nearby for service. It is anticipated that the manpower shortage will gradually be relieved starting this year as the DH has been actively recruiting Dental Officers. The DH is also planning to gradually resume the operation of suspended surgeries and clinics, with the Tung Chung Dental Clinic being the first to resume its services from 17 March 2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0594)

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 Department of Health provides general out-patient services for civil service eligible persons (CSEPs) through 6 families clinics. In this connection, will the Government please inform this Committee of:

(1) the attendances of CSEPs in each of the past 3 years, broken down by families clinic;

(2) the actual expenditure of, revised estimate for or estimated expenditure of the families clinics in each of the past 3 years and in 2025-26; and

(3) any future initiatives to be taken by the Government for effective resource allocation so as to enhance the service quality and shorten the waiting time for families clinics?

Asked by: Hon LAI Tung-kwok (LegCo internal reference no.: 3)

Reply:

(1) The attendances of civil service eligible persons (CSEPs) at each families clinic in the past 3 years are as follows –

Families Clinic	**Number of Attendances^**		
	2022	**2023**	**2024**
Chai Wan Families Clinic	44 000	46 000	43 000
Hong Kong Families Clinic	52 000	56 000	50 000
Kowloon Families Clinic	49 000	52 000	56 000
New Territories Families Clinic	39 000	41 000	43 000
Fanling Families Clinic	31 000	39 000	46 000
Sai Kung Families Clinic	9 000	11 000	11 000

^ The number of attendances is rounded to the nearest thousand.

(2) The actual expenditures of the families clinics for 2022-23 and 2023-24 were $209.4 million and $211.5 million respectively, while the revised estimate for 2024-25 and the estimated expenditure for 2025-26 are $182.2 million and $224.6 million respectively.

(3) To enhance its services, the Department of Health (DH) launched the Integrated Care Programme (ICP) and the Stable Drug Use (SDU) pilot programme at families clinics in March 2020. The ICP aims at improving the quality of care for patients with diabetes mellitus, and identifying complications early to reduce the extra consultation time arising from development of complications. The SDU pilot programme seeks to enhance drug use safety for patients with chronic diseases, who are required to take multiple types of drugs and who are under stable conditions, to reduce their needs for follow-up consultations with doctors. The doctor consultation quotas released with the launch of the programmes could be allocated to other CSEPs in need. The programmes will continue in 2025-26. To further enhance the service of the SDU programme, the DH has added 3 civil service posts (namely 1 Pharmacist, 1 Dietitian and 1 Dispenser) in end-2024.

In addition, the DH will establish a new families clinic in Tseung Kwan O. Apart from out-patient services, the new families clinic will provide services under the ICP and SDU programme. The new clinic is expected to progressively roll out its services in the third quarter of 2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1748)

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the medical services and dental treatment services provided for serving and retired civil servants and other eligible persons at non-public clinics and dental clinics under Programme (7) Medical and Dental Treatment for Civil Servants, please provide a breakdown of the attendance and expenditures of these services by serving and retired personnel. Besides, please advise on the estimated expenditure of the pilot scheme launched this February under which participants may receive their dental services at the designated institution in Shenzhen.

Asked by: Hon LAM Lam, Nixie (LegCo internal reference no.: 7)

Reply:

In 2024, the attendances of civil service eligible persons (CSEPs) in families clinics and dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) were about 249 000 and about 502 100 respectively.

The revised estimates for 2024-25 in relation to the medical and dental services provided for CSEPs under Programme (7) Medical and Dental Treatment for Civil Servants are $182.2 million and $909.2 million respectively.

The Department of Health (DH) does not maintain information on the attendance of CSEPs by categories of serving or retired personnel, etc.

The DH will arrange about 2 000 CSEPs to receive dental services in Shenzhen provided under the Pilot Scheme. The estimated expenditure involved is around $1.1 million, while the actual expenditure will be subject to the final number of participants. The DH will cover relevant expenditure of the Pilot Scheme through re-allocation of the existing provision for medical and dental services for civil servants.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2254)

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:

Since 2024, the Department of Health (DH) has removed the performance target of "appointment time for new dental cases within six months" and replaced it with new indicators to show the number of new dental case eligible registrants and dental services provided to them.
In this connection, will the Government please inform this Committee of:

(a) the numbers of civil service eligible persons (CSEPs) receiving first-time dental service in 2024-25 and the estimated numbers in 2025-26 , respectively, at (a) government dental clinics, (b) private dental organisations (under the Pilot Scheme on Dental Services (Dental Scaling)) and (c) the designated institution in Shenzhen (under the Pilot Scheme on Dental Services for Civil Service Eligible Persons in Shenzhen), the percentage distribution, the respective average waiting time for such services via each channel, along with the change in these figures when compared with those in 2023-24, i.e. before the changes in the performance target and indicators;
(b) whether the Government has developed any mechanism for assessment of user satisfaction for the dental service schemes; if yes, what are the details? If no, how the Government would ensure that the quality of service can be maintained or enhanced in the new mode of service delivery; and
(c) how the Government assesses the effectiveness of the new performance indicators and the impact of the diversified channels for providing dental services on the overall waiting time and the user experience; and whether the Government has any long-term plan to gradually outsource more dental services for civil servants to the private sector or to extend the services to be provided in other cities in the Greater Bay Area?

Asked by: Hon LUK Chung-hung (LegCo internal reference no.: 15)

Reply:

(a) In 2024, about 4 000 new consultation cases (14%) received first-time dental service at the Department of Health (DH)'s government dental clinics, with the waiting time ranging from 9 to 16 months. Some 25 000 new consultation cases (86%) received first-time dental service under the Pilot Scheme on Dental Services (Dental Scaling)

(PDS), among which over 90% were invited to participate in the PDS within 6 months of their successful registration by using the e-Registration Form. Without the implementation of the PDS, it would have been impossible for them to receive dental scaling services in just a few months. Since the Pilot Scheme on Dental Services in Shenzhen (PDSSZ) has just been launched in February 2025, no new consultation case received first-time dental service under PDSSZ in 2024.

The original performance target, namely "appointment time for new dental cases within six months (%)", mainly reflected the performance of the DH in providing service to civil service eligible persons (CSEPs) new dental cases in/before 2023 under the previous arrangement. In January 2024, the DH introduced the new e-Registration Form to make it more convenient for CSEPs to register as new dental cases, leading to a surge in the number of new registrants in 2024. At the same time, new registrants may choose to receive first-time dental service at private dental organisations under the PDS, while some new registrants may also choose to receive first-time dental service in Shenzhen. Since the choice of having the first-time appointment with dental organisations outside the DH or waiting for first-time appointment at government dental clinics rests with the new registrants, the percentage of new dental cases having their first-time appointment at the DH within 6 months no longer reflects its performance. It is more appropriate to replace the original performance target with new indicators which show the number of new eligible registrants and the first-time dental services provided to them.

(b) The DH gauges, through questionnaire surveys, the views of service users on different aspects of the PDS, including the service booking and registration arrangements, the dental services and the performance of service providers, as well as the reasons for accepting the invitation to join the PDS. The service users will receive an SMS/email from the DH inviting them to complete a questionnaire survey the following day after completion of service. Since the launch of the PDS to the completion of its first phase in January 2025, over 90% of the service users who have received dental scaling service and completed the questionnaire survey rated the PDS as satisfactory. The DH had also organised 3 focus group discussion meetings to collect feedbacks from service users and service providers. Both service users and service providers provided positive feedback on the PDS.

To ensure service quality, the DH has formulated a set of detailed service guidelines and requested the service providers under the PDS and PDSSZ to strictly comply with the guidelines. The DH has been collecting the opinions of service users and service providers through questionnaire surveys, and conducts spot checks at various dental organisations from time to time to ensure that the dental services provided meet the requirements of the Government. Should any organisation be found to violate the service guidelines, the DH will request the organisation to make improvements. For serious violation cases, the DH will issue warnings to the organisation and may also consider suspending or terminating the organisation's participation in the PDS/PDSSZ.

(c) The second phase of the PDS started on 1 February 2025, and the PDSSZ commenced on 17 February 2025, with the service periods ending on 31 July 2026 and 16 February 2026 respectively. The DH will, at about 12 months after the implementation of the second phase of the PDS and about 9 months after the launch of the PDSSZ, review

their implementation, CSEPs' demand for dental services, as well as the manpower arrangements for government dental services, with a view to determining the way forward for dental services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2494)

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

The demand for civil service dental services has been rising continuously in recent years. The suspension of dental services on multiple occasions during the Coronavirus Disease 2019 pandemic, coupled with issues such as staff attrition, resulted in an accumulation of cases awaiting dental services and a drastic extension of waiting time. In response to this situation, the Government launched a one-year Pilot Scheme on Dental Services for Civil Service Eligible Persons in Shenzhen (PDSSZ) in February this year, under which eligible civil servants and their family members may receive oral imaging examination (X-ray examination) and dental scaling services at the designated hospital in Shenzhen. In this connection, will the Government please advise this Committee on:

1. whether the Government will, in view that the PDSSZ at present only provides oral imaging examination (X-ray examination) and dental scaling services to civil servants and their family members, consider further expanding the scope of the PDSSZ in the future to include simple dental extractions and fillings, so that more service quotas of local dental clinics can be released for other Hong Kong citizens?

Asked by: Hon SHANG Hailong (LegCo internal reference no.: 11)

Reply:

1. The Pilot Scheme on Dental Services for Civil Service Eligible Persons (CSEPs) in Shenzhen (PDSSZ) now includes dental scaling and oral imaging (X-ray) examination services. Being a novel initiative, it is considered more appropriate for the service scope of the PDSSZ to cover only basic and lower-risk services and exclude those that are relatively complex and of higher risk. The dental clinics of the Department of Health (DH) will continue to provide services that are relatively complex and of higher risk, such as dental fillings and extractions.

   The dental services provided by the DH for CSEPs under Programme (7) is in a different policy area from the work (such as providing public dental services) under other Programmes. The work under Programme (7) is to fulfill the Government's contractual

obligations regarding dental benefits for CSEPs as laid down in the terms of employment of civil servants. The PDSSZ, launched by the Government to alleviate the prolonged waiting time of CSEPs for dental services, is implemented with the DH's existing resources earmarked for medical and dental services for civil servants. Neither additional resources nor provision earmarked for public dental services is involved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2190)

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:

Under this Programme, the estimated financial provision for 2025-26 is about HK$2,924 million, representing a significant increase of 15% over the revised estimate for 2024-25. Furthermore, according to the Controlling Officer's Report of the Department of Health (DH), the DH will implement the Pilot Scheme on Dental Services (Dental Scaling) (PDS). In this connection, please set out:

(a) a detailed breakdown of the expenditure on medical and dental services the DH provides for civil servants and other eligible persons, as well as the number of attendances of such services, by type of service (including general out-patient service, specialist out-patient service, dental service and other services), in 2024-25;

(b) the distribution and utilisation rate of medical services provided by the DH's families clinics, with a breakdown by district and specialty, in 2023-24 and 2024-25 respectively;

(c) the specific uses of the increased estimate of about HK$400 million with a breakdown of how it will be spent, including manpower, services and equipment renewal; and

(d) the implementation details of the PDS in 2025-26, including the application criteria, mode of service delivery, estimated expenditure and estimated number of participants that can be accommodated per quarter, along with the co-ordination arrangements between the PDS and the Pilot Scheme on Dental Services for Civil Service Eligible Persons in Shenzhen.

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 25)

Reply:

(a) The breakdown of the estimated expenditure on Programme (7) Medical and Dental Treatment for Civil Servants in 2025-26 is as follows:

Item	Estimated Expenditure ($ million)
Medical Services	224.6
Dental Services	905.1
Payment and Reimbursement of Medical Fees and Hospital Charges	1,765.9

Procurement of Equipment	28.1
Total:	**2,923.7**

In 2024, the number of attendances of civil service eligible persons (CSEPs) at families clinics and dental clinics (including Oral Maxillofacial Surgery and Dental Clinics at hospitals) is approximately 249 000 and 502 100, respectively .

(b) The families clinics provide general out-patient services for CSEPs. The number of attendances (with a breakdown by district) in the past 2 years is set out as follows:

District	**Families Clinic**	**Number of Attendances** (rounded to the nearest thousand)	
		2023	**2024**
Eastern	Chai Wan Families Clinic	46 000	43 000
Wan Chai	Hong Kong Families Clinic	56 000	50 000
Kowloon City	Kowloon Families Clinic	52 000	56 000
Tsuen Wan	New Territories Families Clinic	41 000	43 000
North	Fanling Families Clinic	39 000	46 000
Sai Kung	Sai Kung Families Clinic	11 000	11 000

The overall utilisation rates of families clinics in 2023 and 2024 are about 99% and 97% respectively.

(c) The provision for 2025-26 is $382.3 million (or 15.0%) higher than the revised estimate for 2024-25. This is mainly due to:

- an additional provision of $315.9 million for meeting the anticipated increase in the expenditure on reimbursement of medical fees;
- an additional provision of $55.67 million for enhancing the medical and dental services for CSEPs, which includes the anticipated increase in operational expenses for filling vacant posts ; and
- an increase of about $10.71 million in the non-recurrent expenditure for procurement of equipment.

(d) The Pilot Scheme on Dental Services (Dental Scaling) (PDS) Phase 2 was launched on 1 February 2025, with the service period ending on 31 July 2026. CSEPs who have been invited may, within the 18-month service period, receive one-time dental scaling service at a private dental clinic. Those receiving the SMS invitation may contact one of the participating private dental clinics to make an appointment for dental scaling service. The number of participants in PDS Phase 2 is expected to be similar to Phase 1, at approximately 140 000, with a total expenditure on the payment to private dental clinics at about $84 million, subject to the final total number of participants. The DH will re-allocate the existing provision for medical and dental services for civil servants to cover the relevant expenditure of the PDS. No additional funding will be involved.

As for the Pilot Scheme on Dental Services in Shenzhen (PDSSZ), the DH will arrange about 2 000 CSEPs currently waiting for dental services of the DH to receive designated dental services in Shenzhen. Since January 2025, the DH has been issuing the Expression of Interest in batches, and those who had indicated interest in joining the PDSSZ will receive formal invitations to make appointments starting from

February 2025. For those being invited to the PDSSZ but choose not to join the scheme, they will continue to wait for a dental appointment at government dental clinics and/or wait to join the local PDS.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1206)

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 Department of Health provides medical and dental services to serving and retired civil servants and other eligible persons, please provide the following information:
(1) regarding the Pilot Scheme on Dental Services (Dental Scaling), the total number of participants and the amount of reimbursement for dental expenses since its implementation;
(2) regarding the Pilot Scheme on Dental Services in Shenzhen, the total number of participants and the amount of reimbursement for dental expenses since its implementation; and
(3) the waiting time of serving civil servants, retired civil servants and eligible persons for appointments for regular dental check-ups and follow-up treatments (including filling treatment and root canal treatment) in each of the past 2 years.

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 26)

Reply:

(1)&(2)

Launched in mid-2023, the Pilot Scheme on Dental Services (Dental Scaling) (PDS) Phase 1 was completed on 31 January 2025. Around 143 000 civil service eligible persons (CSEPs) received dental scaling services, incurring an expenditure of about $86 million. Fees charged by the participating private dental organisations are paid directly by the Department of Health (DH), not by CSEPs and then reimbursed. The same applies to the scheme mentioned below. The PDS Phase 2 commenced on 1 February 2025, with the service period ending on 31 July 2026. The estimated number of participants is about 140 000. As at 28 February 2025, the DH has sent invitations to about 20 000 CSEPs. Given that the PDS Phase 2 has commenced only recently, it would take time to observe the number of participants.

The Pilot Scheme on Dental Services in Shenzhen (PDSSZ) has commenced on 17 February 2025, with the service period ending on 16 February 2026. The estimated number of participants is about 2 000 and the estimated expenditure is about $1.1 million, with the actual total expenditure subject to the final total number of participants. As at

28 February 2025, the DH has sent the Expression of Interest to more than 8 000 CSEPs and invited over 200 CSEPs who indicated interest in joining the PDSSZ to make appointments for the services in Shenzhen.

The DH will re-allocate the existing provision for medical and dental services for civil servants to cover the relevant expenditure of the above 2 schemes. No additional funding will be involved.

(3) The overall waiting time of CSEPs for appointment for regular dental check-ups and follow-up dental treatments (including filling and root canal treatment) in the past 2 years is as follows -

Year (as at 31 December)	**Regular Dental Check-up**	**Follow-up Dental Treatment**
2023	24 to 48 months	8 to 44 months
2024	20 to 47 months	3 to 55 months

- End -

Examination of Estimates of Expenditure 2025-26 Reply Serial No.

CSB131

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1329)

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:

With regard to the dental services of the Department of Health (DH), will the Government please advise this Committee on:

1. the staff establishment, the strength, the attrition figure and the number of retirees in respect of the Dental Officer Grade and Dental Hygienist Grade of the DH in each of the past 3 years;

2. the attendance of civil service eligible persons (CSEPs) at each dental clinic (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) in each of the past 3 years;

3. the overall waiting time of the CSEPs for appointments for regular dental check-ups and follow-up treatment (including filling treatment and root canal treatment) in each of the past 3 years;

4. regarding the Pilot Scheme on Dental Services (Dental Scaling) for CSEPs, the number of people invited and participating, as well as the expenditure incurred since its launch;

5. regarding the Pilot Scheme on Dental Services for CSEPs in Shenzhen (PDSSZ), the number of people invited and participating, as well as the expenditure incurred since its launch; and

6. whether the Government will explore the expansion of the PDSSZ to cover dental services other than dental scaling, such as dental fillings and extractions; if yes, what are the details? If no, what are the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 7)

Reply:

1. The establishment and strength of the Dental Officer Grade and Dental Hygienist Grade deployed to government dental clinics under the Department of Health (DH) in the past 3 years are as follows -

	2022-23 (as at 31 March 2023)		**2023-24 (as at 31 March 2024)**		**2024-25 (as at 1 February 2025)**	
Grade	**Establishment**	**Strength**	**Establishment**	**Strength**	**Establishment**	**Strength**
Dental Officer	291	224	291	202	291	222
Dental Hygienist	14	9	14	8	22	11

The wastage of the Dental Officer Grade and Dental Hygienist Grade in the DH in the past 3 years is as follows -

	2022-23 (as at 31 March 2023)		**2023-24 (as at 31 March 2024)**		**2024-25 (as at 1 February 2025)**	
Grade	**Leaving Service***	**Retirement**	**Leaving Service ***	**Retirement**	**Leaving Service ***	**Retirement**
Dental Officer	38	6	35	15	24	18
Dental Hygienist	1	0	1	1	0	0

Note: The above figures account for the overall wastage of the Dental Officer Grade and Dental Hygienist Grade (including Civil Servants Dental Service, School Dental Care Service, Community Dental Service, Dental Regulatory and Law Enforcement Office, Hospital Dental Service and Dental Service Administration Office) in the DH.

* Including the number of retirees.

2. The attendance of civil service eligible persons (CSEPs) at each dental clinic (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years is set out at **Annex**.

3. The overall waiting time of CSEPs for appointments for regular dental check-ups and follow-up dental treatments (including filling and root canal treatment) in the past 3 years is as follows -

Year (as at 31 December)	**Regular Dental Check-up**	**Follow-up Dental Treatment**
2022	18 to 32 months	8 to 37 months
2023	24 to 48 months	8 to 44 months

Year (as at 31 December)	Regular Dental Check-up	Follow-up Dental Treatment
2024	20 to 47 months	3 to 55 months

4. & 5.

Launched in mid-2023, the Pilot Scheme on Dental Services (Dental Scaling) (PDS) Phase 1 was completed on 31 January 2025. Around 143 000 CSEPs received dental scaling services, incurring an expenditure of about $86 million. The PDS Phase 2 commenced on 1 February 2025, with the service period ending on 31 July 2026. The estimated number of participants is about 140 000. As at 28 February 2025, the DH has sent invitations to about 20 000 CSEPs. Given that PDS Phase 2 has commenced only recently, it would take time to observe the number of participants.

The Pilot Scheme on Dental Services in Shenzhen (PDSSZ) has commenced on 17 February 2025, with the service period ending on 16 February 2026. The estimated number of participants is about 2 000 and the estimated expenditure is about $1.1 million, with the actual total expenditure subject to the final total number of participants. As at 28 February 2025, the DH has sent the Expression of Interest to more than 8 000 CSEPs and invited over 200 CSEPs who indicated interest in joining the Scheme to make appointments for the services in Shenzhen.

The DH will re-allocate the existing provision for medical and dental services for civil servants to cover the relevant expenditure of the above 2 schemes. No additional funding will be involved.

6. The PDSSZ now includes dental scaling and oral imaging (X-ray) examination services. Being a novel initiative, it is considered more appropriate for the service scope of the PDSSZ to cover only basic and lower-risk services and exclude those that are relatively complex and of higher risk. The dental clinics of the DH will continue to provide services that are relatively complex and of higher risk, such as dental fillings and extractions.

Dental Clinic	Attendance#		
	2022	2023	2024
Aberdeen Jockey Club Dental Clinic@	7 000	5 000	0
Castle Peak Hospital Dental Clinic	9 900	7 300	5 900
Chai Wan Government Dental Clinic@	15 000	9 200	0
Cheung Chau Dental Clinic@	<100	0	0
Cheung Sha Wan Government Offices Dental Clinic	47 600	42 500	45 500
Fanling Health Centre Dental Clinic	21 800	19 100	18 500
Ha Kwai Chung Government Dental Clinic	10 400	8 400	7 300
Harbour Building Dental Clinic	19 500	18 100	19 600
Harbour Building Orthodontic Clinic	11 000	11 100	12 900
Hong Kong Police College Dental Clinic	200	100	100
Kennedy Town Community Complex Dental Clinic	13 400	13 600	19 300
Kowloon City Dental Clinic	31 000	25 600	24 900
Kwai Chung Hospital Dental Clinic@	800	0	0
Kwun Tong Dental Clinic	15 600	15 000	13 200
Kwun Tong Yung Fung Shee Dental Clinic	13 100	10 700	10 300
Li Po Chun Dental Clinic	11 800	12 100	13 300
Ma On Shan Dental Clinic	9 700	9 700	9 700
MacLehose Dental Centre 2/F	7 800	8 100	8 000
MacLehose Dental Centre 6/F	26 300	25 800	28 400
Madam Yung Fung Shee Dental Clinic	10 900	9 500	8 400
Mona Fong Dental Clinic@	4 200	1 500	0
Pamela Youde Government Dental Clinic	19 600	17 900	16 200
Queensway Government Offices Dental Clinic	23 600	22 600	25 400
Sai Ying Pun Dental Clinic 3/F@	0	0	0
Sai Ying Pun Dental Clinic 8/F	11 100	8 200	8 200

Dental Clinic	Attendance#		
	2022	2023	2024
Sheung Kwai Chung Government Dental Clinic	20 500	18 900	18 300
Sheung Kwai Chung Prosthodontic Clinic	8 100	8 400	9 600
Tai O Dental Clinic@	<100	0	0
Tai Po Wong Siu Ching Dental Clinic	10 600	10 200	9 900
Tang Shiu Kin Dental Clinic	18 800	19 400	21 700
Tseung Kwan O Dental Clinic	19 700	17 800	17 500
Tsuen Wan Dental Clinic	7 800	8 300	8 000
Tsuen Wan Government Offices Dental Clinic	14 600	10 500	10 500
Tung Chung Dental Clinic@	7 100	3 800	0
Victoria Road Dental Clinic@	3 600	5 300	600
Wan Chai Dental Clinic@	20 200	17 700	3 900
West Kowloon Government Offices Dental Clinic	13 200	14 100	15 000
Western Dental Clinic	4 400	4 700	4 700
Yan Oi Dental Clinic	8 000	6 900	6 700
Yau Ma Tei Dental Clinic	25 800	24 400	23 700
Yau Ma Tei Orthodontic Clinic	21 700	19 800	18 900
Yuen Long Government Offices Dental Clinic	12 900	13 900	12 600
Yuen Long Jockey Club Dental Clinic@	3 500	0	0

OMS&DCs in Hospitals	Attendance#		
	2022	2023	2024
North District Hospital OMS&DC	3 500	3 100	2 300
Pamela Youde Nethersole Eastern Hospital OMS&DC	3 300	3 300	3 700
Prince of Wales Hospital OMS&DC	3 900	4 300	4 000
Princess Margaret Hospital OMS&DC	2 900	3 100	3 300
Queen Elizabeth Hospital OMS&DC	4 200	5 000	5 800
Queen Mary Hospital OMS&DC	3 900	3 800	3 900
Tuen Mun Hospital OMS&DC	2 100	2 500	2 400

Note: The attendances in 2023 and 2024 are lower than that in 2022 due to staff wastage in dental clinics.

The number of attendances is rounded to the nearest hundred except those specified as < 100.

@ The services provided by Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic, Yuen Long Jockey Club Dental Clinic, Mona Fong Dental Clinic, Tung Chung Dental Clinic, Aberdeen Jockey Club Dental Clinic, Chai Wan Government Dental Clinic, Victoria Road Dental Clinic and Wan Chai Dental Clinic to CSEPs have been suspended by phases since October 2021 in view of the development of the pandemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to dental clinics nearby for service. It is anticipated that the manpower shortage will gradually be relieved starting this year as the DH has been actively recruiting Dental Officers. The DH is also planning to gradually resume the operation of suspended surgeries and clinics, with the Tung Chung Dental Clinic being the first to resume its services from 17 March 2025.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3391)

Head: (37) Department of Health

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

Programme: (7) Medical and Dental Treatment for Civil Servants

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the civil servants dental service, please provide the following information for the past 3 years:

1. the manpower and expenditure of the government dental clinics each year;
2. the number of civil service eligible persons receiving dental scaling service each year;
3. the number of people participating in the Pilot Scheme on Dental Services (Dental Scaling) for Civil Service Eligible Persons along with the expenditure incurred; and
4. whether the Government will procure dental services from the Mainland for civil servants in the light of manpower shortage of local dentists.

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 55)

Reply:

1. The staff establishment and expenditure of government dental clinics in the past 3 years are set out below -

Year	**2022-23**	**2023-24**	**2024-25**
Staff Establishment	867 (as at 31 March 2023)	870 (as at 31 March 2024)	905 (as at 1 February 2025)
Overall Expenditure	Actual Expenditure $792.6 million	Actual Expenditure $816.0 million	Revised Estimate $909.2 million

2. A wide range of dental services are provided at government dental clinics. The Department of Health (DH) does not maintain statistics on each type of dental services (including dental scaling service).

3. Launched in mid-2023, the Pilot Scheme on Dental Services (Dental Scaling) (PDS) Phase 1 was completed on 31 January 2025. Around 143 000 civil service eligible persons (CSEPs) received dental scaling services, incurring an expenditure of about $86 million. The PDS Phase 2 commenced on 1 February 2025, with the service period ending on 31 July 2026. The estimated number of participants is about 140 000. As

at 28 February 2025, the DH has sent invitations to about 20 000 CSEPs. Given that PDS Phase 2 has commenced only recently, it would take time to observe the number of participants. The DH will re-allocate the existing provision for medical and dental services for civil servants to cover the relevant expenditure of the PDS. No additional funding will be involved.

4. To explore other possible service modes, the Government launched in February 2025 a Pilot Scheme on Dental Services for CSEPs in Shenzhen (PDSSZ), where CSEPs can choose to receive designated dental services at a specified medical institution in Shenzhen. Cross-boundary travel for receiving dental services in Shenzhen is a novel attempt. The PDSSZ lasts for 12 months, and we will conduct a review around 9 months after its launch, covering areas including its implementation, CSEPs' demand for dental services, as well as the manpower arrangements for government dental services, with a view to determining its way forward.

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