

# Department of Health



**2020/2021**

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**Annual Report**



# **Annual Departmental Report**

**by**

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**Director of Health**



# VISION, MISSION and CORE VALUES

## **Vision:**

We build a healthy Hong Kong and aspire to be an internationally renowned public health authority.

## **Mission:**

The Department of Health is the Government's health adviser and agency to execute health policies and statutory functions. We safeguard the health of the people of Hong Kong through promotive, preventive, curative and rehabilitative services as well as fostering community partnership and international collaboration.

## **Core Values:**

Professionalism

Partnership

Integrity

Continuous Improvement

People-oriented

Accountability



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## HEALTH OF THE COMMUNITY (YEAR 2020)

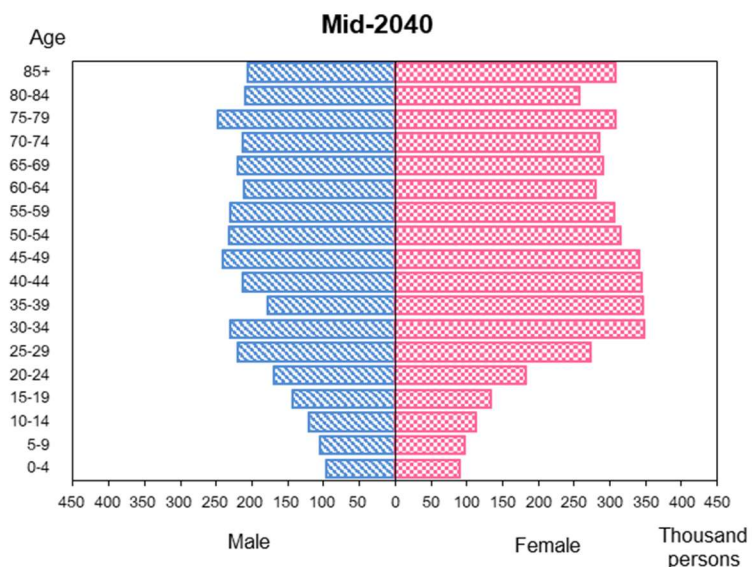
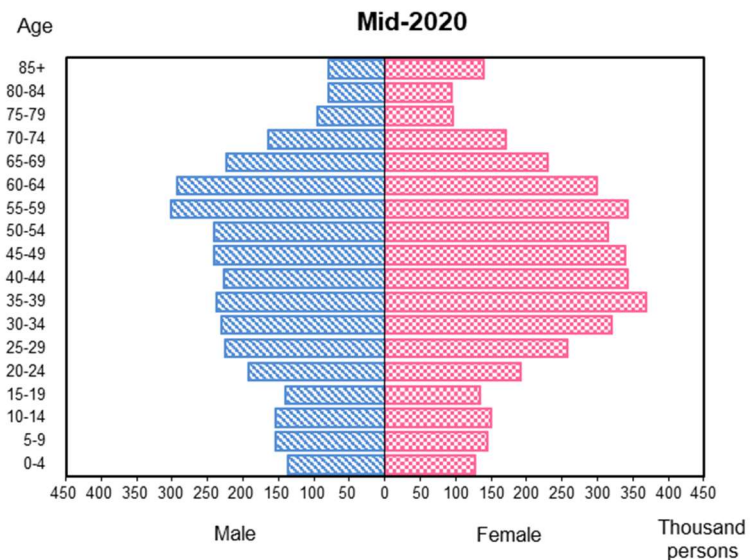
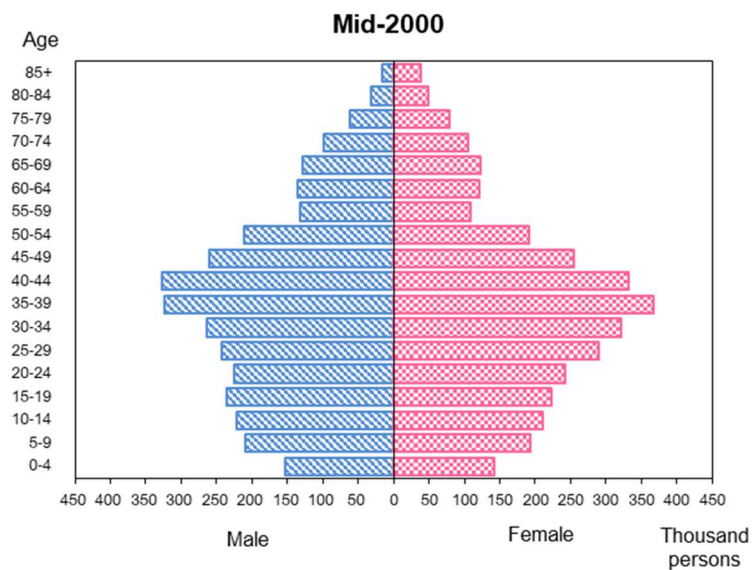
### Population Indices

The mid-year population of Hong Kong in 2020 was 7.48 million. The annual growth rate of the population averaged 0.6% over the period 2011 – 2020.

The crude birth rate in 2020 was 5.6 per 1 000 population with 41 955 registered live births. The crude death rate was 6.8 per 1 000 population, with 50 653 registered deaths.

As a result of increasing life expectancy at birth and low birth rate, Hong Kong's population has been ageing steadily (Figure 1). In 2020, 18.3% of the population were aged 65 and above, the elderly dependency ratio being 262 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 2000 was 10.9% and that for 2010 was 13.1%. By 2030 and 2040, the figures are projected to be 26.2% and 31.4% respectively.

**Figure 1 : Population Pyramid, 2000, 2020 and 2040**



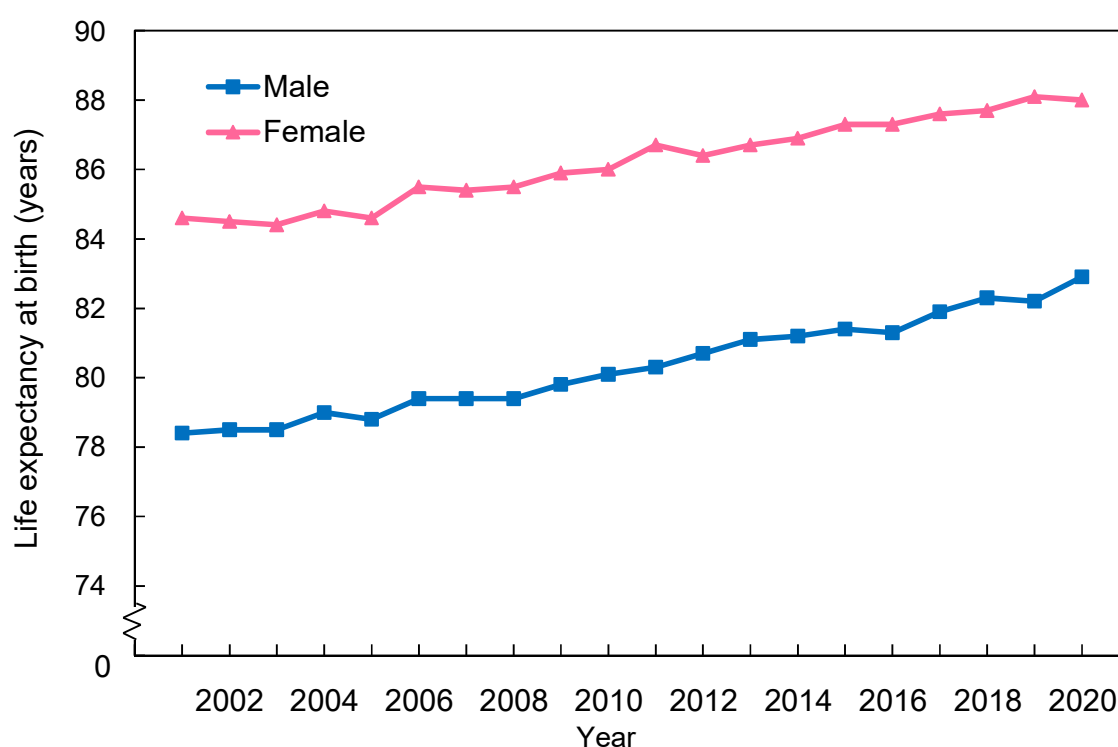
## Health Indicators

The major health indicators reflect that people in Hong Kong are generally enjoying good health. On average, a baby boy born in Hong Kong in 2020 could expect to live 82.9 years and a baby girl 88.0 years. There has been a steady rise in the life expectancy at birth of our population over the past two decades (Figure 2), and Hong Kong was among the best in the world (Table A).

The infant mortality rate (number of registered deaths of infants aged below one year old per 1 000 registered live births) and the under-five mortality rate (probability of a child born in a specific year dying before reaching the age of five years per 1 000 known live births) in Hong Kong have been declining over the past two decades, and reached a level as low as 2.0 and 2.5 respectively in 2020 (Figure 3). Our infant mortality rate ranked among the lowest in the world (Table B).

The maternal mortality ratio has remained low for the past two decades. In 2020, there was no case of registered maternal death reported and the maternal mortality ratio was 0 per 100 000 registered live births.

**Figure 2 : Life Expectancy at Birth (Male and Female), 2001 – 2020**



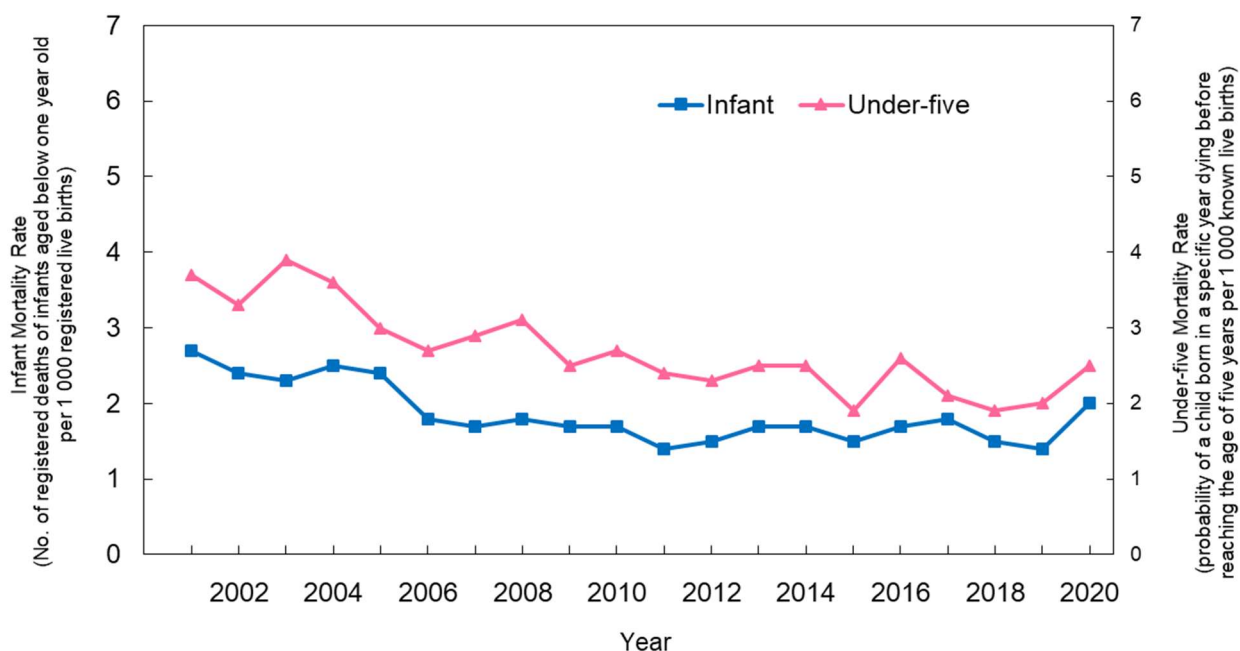


**Table A : Life Expectancy at Birth in Hong Kong and Selected Countries**

Country/Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	82.9 (2020)	88.0 (2020)
Japan	81.6 (2020)	87.7 (2020)
Singapore	81.5 (2020)	86.1 (2020)
UK	79.0 (2020)	82.9 (2020)
USA	74.2 (2020)	79.9 (2020)

Note : Figure in brackets denotes the reference year of the respective figure.

**Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 2001 – 2020**





**Table B : Infant Mortality Rate in Hong Kong and Selected Countries**

<b>Country/Territory</b>	<b>Infant Mortality Rate (No. of registered deaths of infants aged below one year old per 1 000 registered live births)</b>
Hong Kong	2.0 (2020)
Japan	1.8 (2020)
Singapore	1.8 (2020)
UK	3.8 (2020)
USA	5.4 (2020)

Note : Figure in brackets denotes the reference year of the respective figure.

## Mortality Data

Mortality statistics provide useful information to monitor the trends of major fatal diseases and other conditions. The cause of every death is documented in the Medical Certificate of Cause of Death by the attending doctor. These data are collected by DH for coding and analysis.

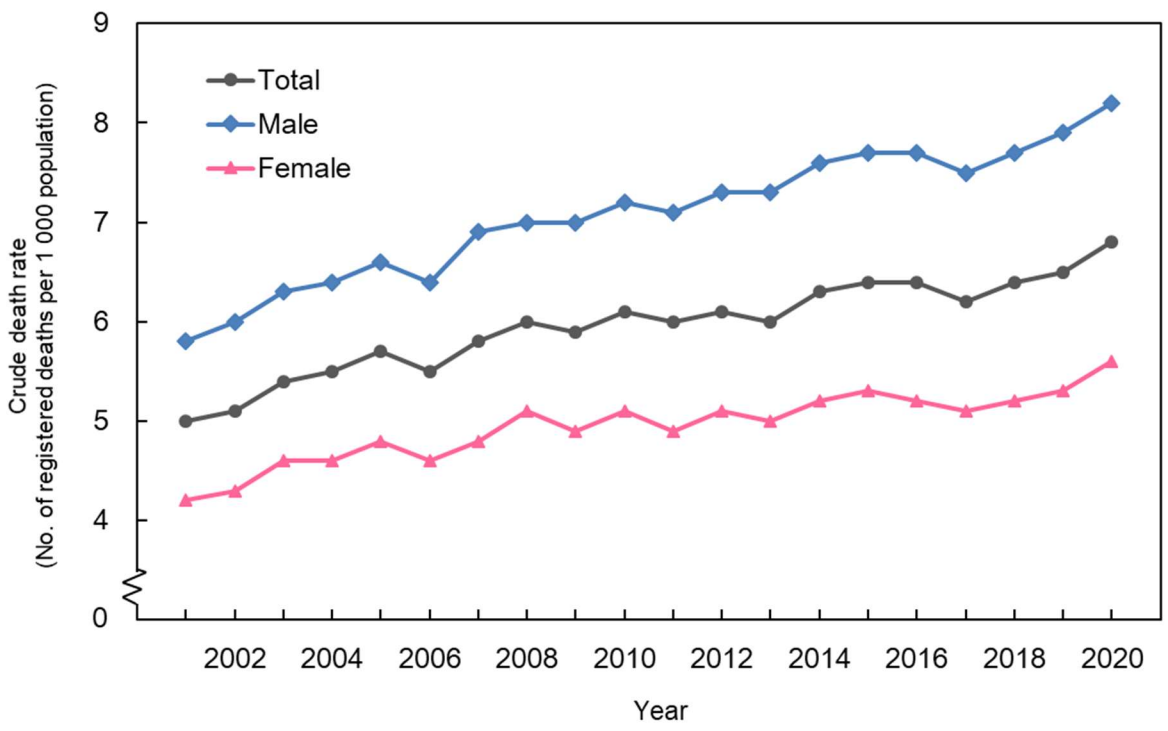
## Mortality Rate

The crude death rate in 2020 was 6.8 per 1 000 population with 50 653 registered deaths (Figure 4). The age-standardised death rate has been dropping steadily (Figure 5), from 3.8 per 1 000 standard population\* in 2001 to 2.8 in 2020. Compared with 2001, the age-standardised death rates for males and females were reduced by 27.3% and 27.7% respectively.

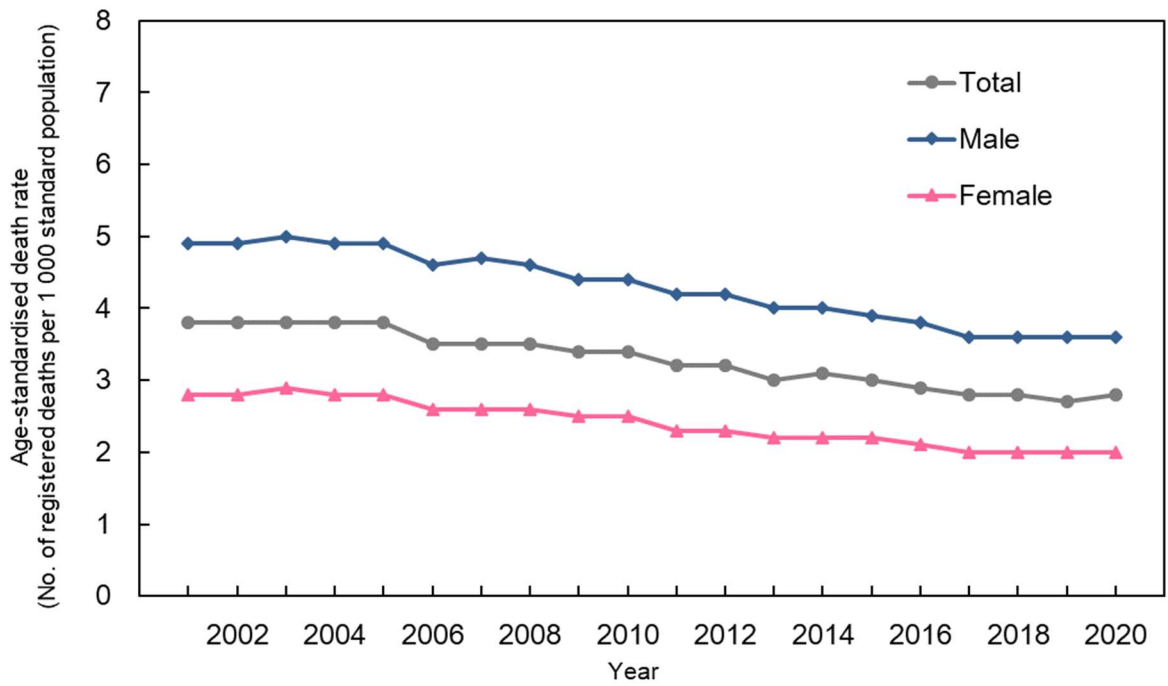
\*Based on the world standard population specified in GPE Discussion Paper Series: No.31, EIP/GPE/EBD, World Health Organization, 2001.



**Figure 4 : Crude Death Rate by Sex, 2001 – 2020**



**Figure 5 : Age-standardised Death Rate by Sex, 2001 – 2020**



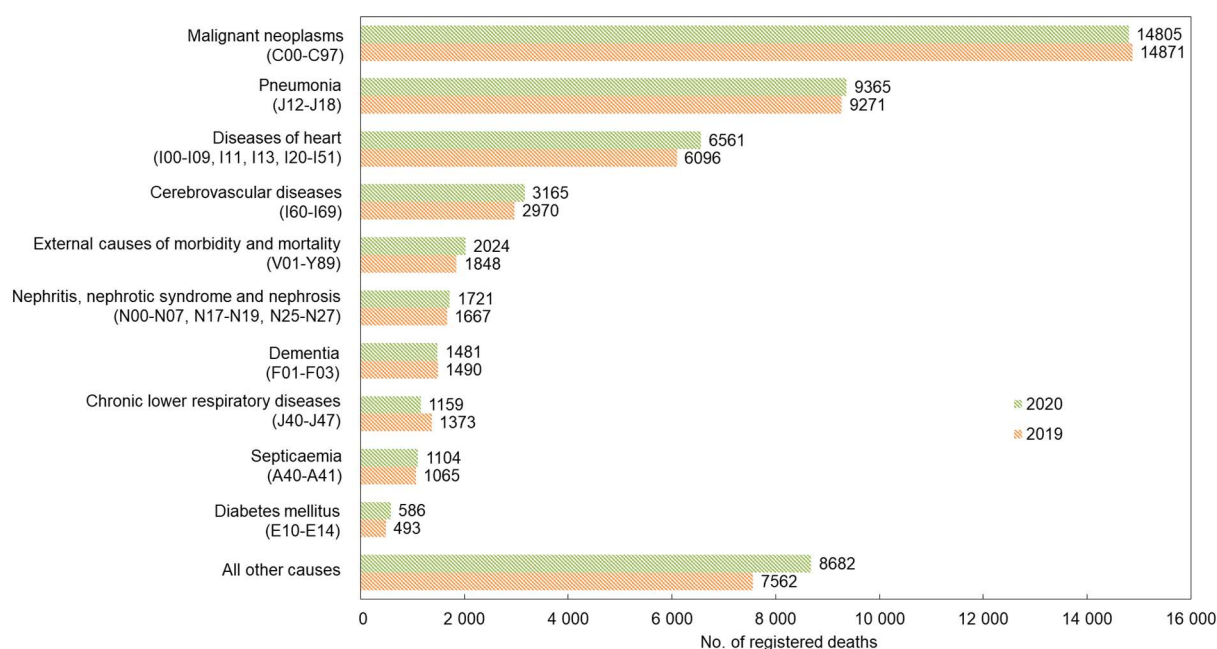
## Leading Causes of Death

Chronic diseases remain the major causes of death in Hong Kong. Ranking for the top ten leading causes of death in 2020 was similar to that in 2019 (Figure 6). The top five leading causes of death in 2020 were malignant neoplasms (cancers), pneumonia, diseases of heart, cerebrovascular diseases, and external causes of morbidity and mortality. Table C shows the ten major causes of cancer deaths in 2020.

The next five killers in descending order were nephritis, nephrotic syndrome and nephrosis; dementia; chronic lower respiratory diseases; septicaemia; and diabetes mellitus.

**Figure 6 : Number of Registered Deaths by Leading Causes of Death, 2019 - 2020**

**Disease Group (Detailed List No. in ICD 10th Rev.)**



Note : Ranking is based on the number of registered deaths in 2020.

From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2020 may not be comparable directly with figures before 2001, which were compiled based on the ICD 9th Revision.



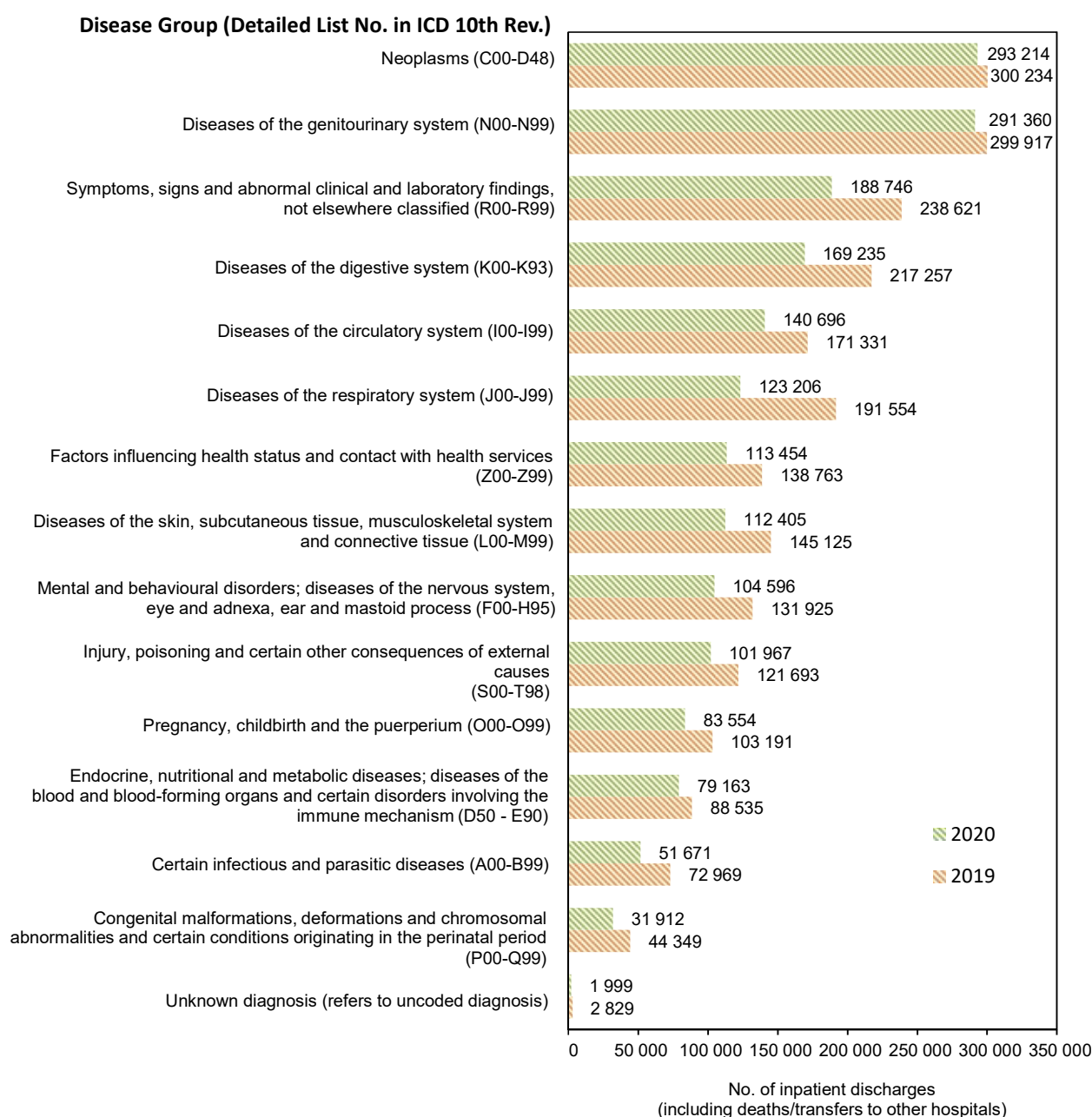
**Table C : Ten Major Causes of Cancer Deaths, 2020**

<b>Site (Detailed List No. in ICD 10th Rev.)</b>	<b>No. of Registered Deaths</b>
Trachea, bronchus and lung (C33 - C34)	3 910
Colon, rectum and anus (C18 - C21)	2 287
Liver and intrahepatic bile ducts (C22)	1 530
Pancreas (C25)	813
Breast (C50)	756
Stomach (C16)	613
Prostate (C61)	484
Non-Hodgkin lymphoma (C82 - C85)	397
Leukaemia (C91 - C95)	365
Oesophagus (C15)	318
Others	3 332

# Hospitalisation Data

Information on hospitalisation collected from public and private hospitals is an important source of morbidity data. The total number of inpatient discharges (including deaths and transfers to other hospitals) in 2020 was 1 887 178. The leading causes of hospitalisation reported in 2020 were similar to those in 2019 (Figure 7).

**Figure 7 : Leading Causes of Inpatient Discharges by Disease Group, 2019 - 2020**



Note : Ranking is based on the number of inpatient discharges in 2020.



## Disease Surveillance

Disease surveillance enables the health authority to identify prevailing incidence and trends of diseases, to conduct timely investigation, and to formulate and implement intervention strategies. In Hong Kong, systematic disease surveillance for infectious diseases, occupational diseases and cancer is in place.

## Infectious Diseases

### Notifiable Infectious Diseases

According to the Prevention and Control of Disease Ordinance (Cap. 599), there were 51 notifiable infectious diseases in 2020 (Table D). Medical practitioners are required to notify DH of all suspected and confirmed notifiable infectious diseases. DH will conduct surveillance and initiate preventive and control measures of the infectious diseases.

In 2020, a total of 16 373 reports of notifiable infectious diseases were recorded. The top three diseases in terms of the number of notifications in 2020 were Coronavirus disease 2019 (COVID-19) (8 847 cases), tuberculosis (3 656 cases) and chickenpox (1 987 cases) constituting 88.5% of these notifications. The number of notifiable infectious diseases recorded in 2020 increased by 7.5% as compared with 15 234 cases in 2019.

Below are some selected notifiable infectious diseases of public health concern in 2020.

**Table D : List of Notifiable Infectious Diseases, 2020**

Acute poliomyelitis	Invasive pneumococcal disease	Relapsing fever
Amoebic dysentery	Japanese encephalitis	Rubella and congenital rubella syndrome
Anthrax	Legionnaires' disease	Scarlet fever
Bacillary dysentery	Leprosy	Severe Acute Respiratory Syndrome
Botulism	Leptospirosis	Shiga toxin-producing <i>Escherichia coli</i> infection
Chickenpox	Listeriosis	Smallpox
Chikungunya fever	Malaria	<i>Streptococcus suis</i> infection
Cholera	Measles	Tetanus
Community-associated methicillin-resistant	Meningococcal infection (invasive)	Tuberculosis



<i>Staphylococcus aureus</i> infection		
Severe Respiratory Disease associated with a Novel Infectious Agent (Later renamed as Coronavirus Disease 2019)	Middle East Respiratory Syndrome	Typhoid fever
Creutzfeldt-Jakob disease	Mumps	Typhus and other rickettsial diseases
Dengue fever	Novel influenza A infection	Viral haemorrhagic fever
Diphtheria	Paratyphoid fever	Viral hepatitis
Enterovirus 71 infection	Plague	West Nile Virus Infection
Food poisoning	Psittacosis	Whooping cough
<i>Haemophilus influenzae</i> type b infection (invasive)	Q fever	Yellow fever
Hantavirus infection	Rabies	Zika Virus Infection

## Avian influenza

The “Alert Response Level” under the Government’s Preparedness Plan for Influenza Pandemic remained activated in 2020 and DH had implemented a comprehensive range of response measures. In year 2020, no human case of avian influenza A (H5) and avian influenza A (H7) were recorded in Hong Kong. The last human case recorded in Hong Kong was an imported case of avian influenza A (H7N9) reported on 7 March 2017.

## Chickenpox

There were 1 987 notifications of chickenpox in 2020. The number decreased significantly by 71.2% as compared with 6 898 cases in 2019. In 2020, 65.7% of cases occurred in children aged under 18 years, of which 70.9% occurred in those aged under ten years.

## Coronavirus Disease 2019 (COVID-19)

On 4 January 2020, the Government announced the “Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance” (“Response Plan”) with immediate activation of the Serious Response Level. DH included “Severe Respiratory Disease associated with a Novel Infectious Agent” as a statutorily notifiable infectious disease four days later, requesting medical practitioners and hospitals to report cases that fulfil the reporting criteria for further investigation, with a view to enhance surveillance of COVID-19.



On 23 January 2020, Hong Kong confirmed two imported cases of COVID-19. The Government activated the “Emergency Response Level” under the “Response Plan”, while DH implemented a comprehensive range of response measures. Related measures included arranging isolation and treatment for test-positive patients in public hospital, conducting epidemiological investigation and contact tracing, arranging quarantine for close contacts, etc.

Up to 31 December 2020, Hong Kong had come across three waves of epidemic and was in the fourth wave of epidemic which started in late November. A total of 8 847 cases were recorded, with 125 registered deaths with cause of death related to COVID-19 in the year. Based on the epidemiological investigation, imported cases constituted the first two waves of epidemic in first half of 2020 while local cases attributed to the third wave of epidemic, which was observed since early July and gradually subsided after the peak near the end of July. Among these 8 847 cases, the majority of the cases were detected through contact tracing or various enhanced surveillance mechanisms.

## **Dengue fever**

There were 22 dengue fever (DF) cases recorded in 2020, which was lower than the annual numbers of 30 to 198 cases in the past ten years (2010 – 2019). The majority of the DF cases (21 cases, 95.5%) were imported infections. The three most common countries and areas patients had travelled to during the incubation period were the Philippines (seven cases), Indonesia (five cases) and Thailand (three cases).

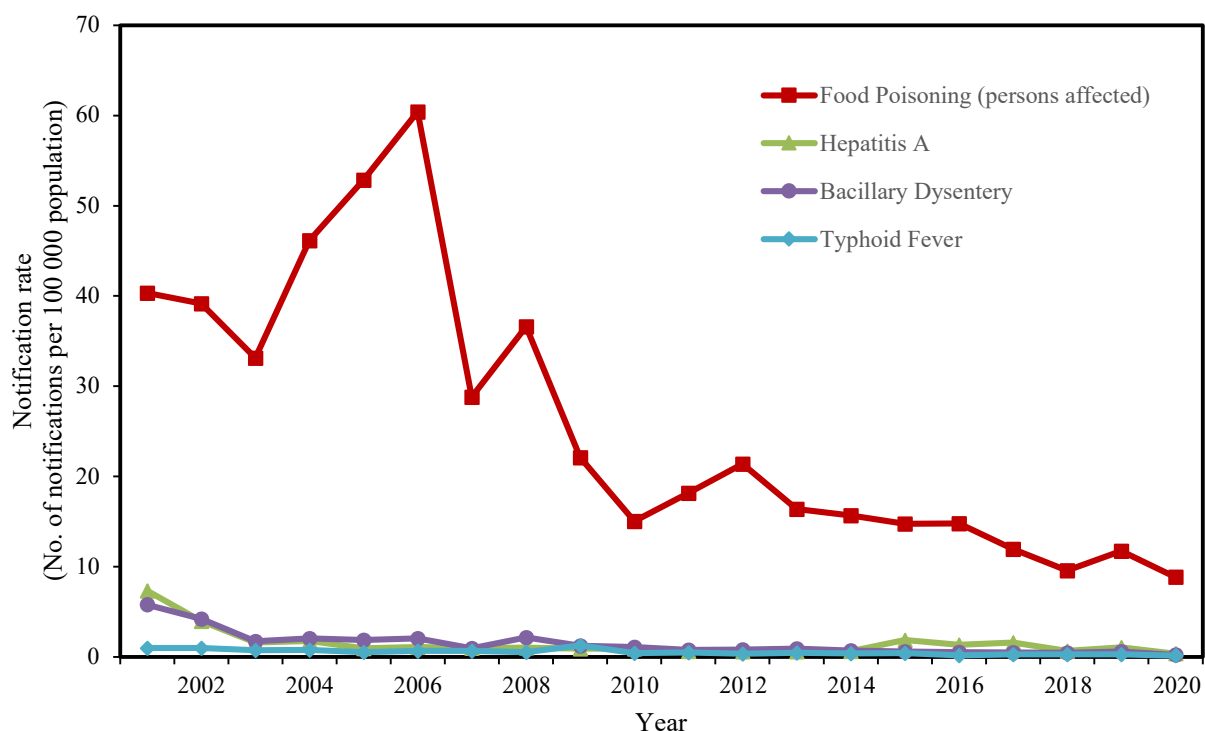
## **Foodborne diseases**

In 2020, the Centre for Health Protection (CHP) recorded 242 food poisoning cases with 662 persons affected, 17 cases of bacillary dysentery, 12 cases of typhoid fever, nine cases of paratyphoid fever, 15 cases of listeriosis and no cases of cholera.

Among all food poisoning cases, 40% were confirmed. Bacteria remained the major cause of confirmed food poisoning cases (accounting for 91%), followed by biotoxins (9%). Among confirmed cases caused by bacteria, the commonest causative agents were *Salmonella* (90%) and *Vibrio parahaemolyticus* (9%). No confirmed cases of viral cause were recorded in 2020. Figure 8 shows the trends of common foodborne diseases.



**Figure 8 : Notification Rates of Common Foodborne Diseases, 2001 – 2020**



### **Invasive pneumococcal disease**

Invasive pneumococcal diseases (IPD) was made notifiable in January 2015 and there were 47 confirmed cases reported to the CHP in 2020, a significant decrease of 75.1% as compared to 189 in 2019. Among these cases, six (12.8%) were children aged under 18 years while 41 (87.2%) were adults. Among the adult cases, 20 (48.8%) were aged 65 years and above.

### **Legionnaires' disease**

There were 104 cases of Legionnaires' disease (LD) recorded in 2020, as compared with 105 cases and 105 cases in 2019 and 2018 respectively. The majority were sporadic cases (78 cases, 75.0%) upon investigation. There were three epidemiologically linked clusters involving a total of 26 patients who either resided in, or had common exposure to cooling towers near the patients' residences during the incubation period. The characteristics of the cases in 2020 remained similar to those recorded in the past.

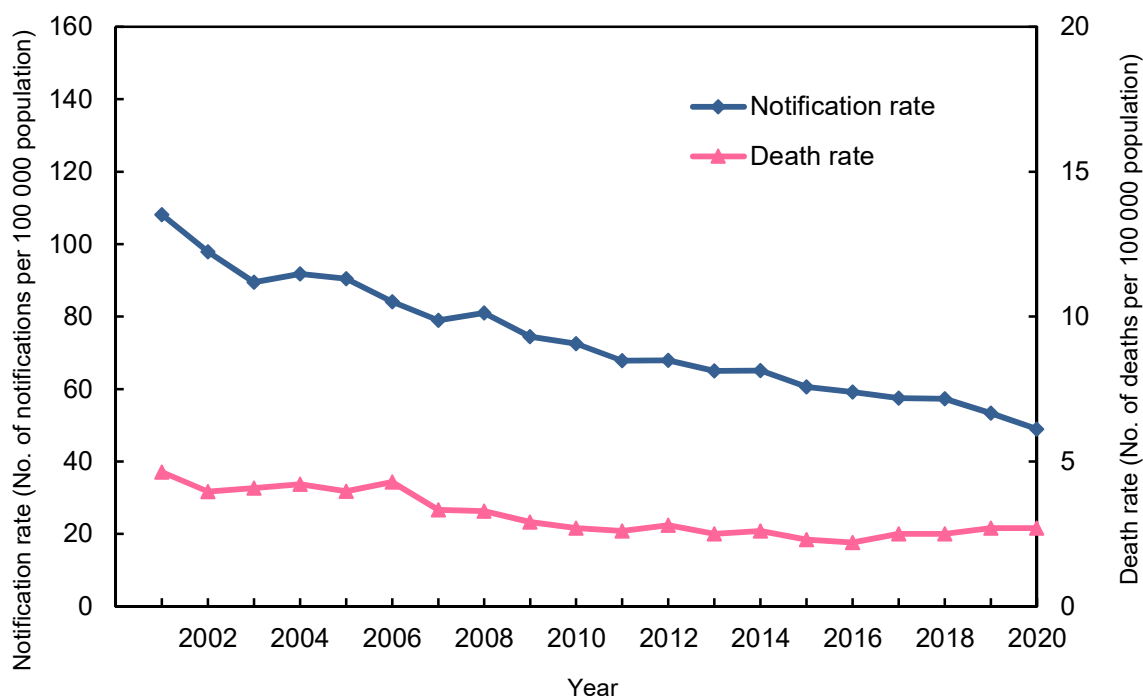
## Seasonal influenza

Hong Kong generally experiences two influenza seasons – the winter season which usually occurs between January and March/April and another summer season which usually occurs in July and August. In 2020, the winter influenza season arrived in the second week of January with rapid upsurge of local influenza activity. However, the increasing activity was interrupted by the arrival of COVID-19 pandemic, and it drastically returned to the baseline level in early February. The season was predominated by influenza A (H1N1) viruses. No summer influenza season occurred in 2020 with the whole community adopting the intensive preventive measures against COVID-19, such as hand hygiene, mask wearing and social distancing.

## Tuberculosis

In 2020, the number of tuberculosis notifications was 3 656 and the notification rate was 48.9 per 100 000 population. Compared with 2019, the number of notifications had decreased by 8.7% and the notification rate had decreased by 4.4% (Figure 9).

**Figure 9 : Notification and Death Rates of Tuberculosis, 2001 – 2020**





## **Viral hepatitis**

There were 161 notifications of viral hepatitis in 2020, of which 28 were hepatitis A, 17 were hepatitis B, 35 were hepatitis C, one was hepatitis D and 80 were hepatitis E. Compared with 2019, the number of hepatitis A, hepatitis B and hepatitis E cases decreased by 64.6%, 39.3% and 5.9% respectively while that of hepatitis C increased by 105.9%.

## **Other Infectious Diseases**

Surveillance systems have also been set up to monitor other infectious diseases or conditions with public health concern, such as human immunodeficiency virus (HIV) infection, influenza-like illness, hand, foot and mouth disease, acute conjunctivitis and acute diarrhoeal diseases, as well as antibiotic resistance.

The HIV surveillance programme of DH has an important role in monitoring the trend of HIV infection for the formulation of healthcare and prevention programmes. The surveillance programme collects data regularly through a voluntary anonymous reporting system, prevalence studies and behaviour surveys among selected high-risk communities. All personal information is kept confidential. At the end of 2020, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 10 785 and 2 230 respectively. Sexual transmission continued to be the most important mode of spread of the infection, which contributed to 81% of all reported HIV cases in 2020.

Sentinel surveillance system is in place in Hong Kong to monitor influenza-like illness (ILI), hand, foot and mouth disease (HFMD), acute conjunctivitis (ACJ) and acute diarrhoeal diseases (ADD) at different community settings. One of the system networks includes over 110 sentinel General Out-patient Clinics in the public sector and private medical practitioner clinics over all districts in Hong Kong. There are also systems based at about 30 sentinel clinics of Traditional Chinese Medicine and all Accident and Emergency Departments in public hospitals under the Hospital Authority (HA). Besides, there is sentinel surveillance based at around 60 elderly homes to monitor the trends of fever, acute diarrhea and vomiting among institutionalised elders. Another system based at around 120 kindergartens and child care centres is to detect trends of symptoms (including fever, cough, diarrhoea and vomiting), absenteeism, ACJ and HFMD in young children.

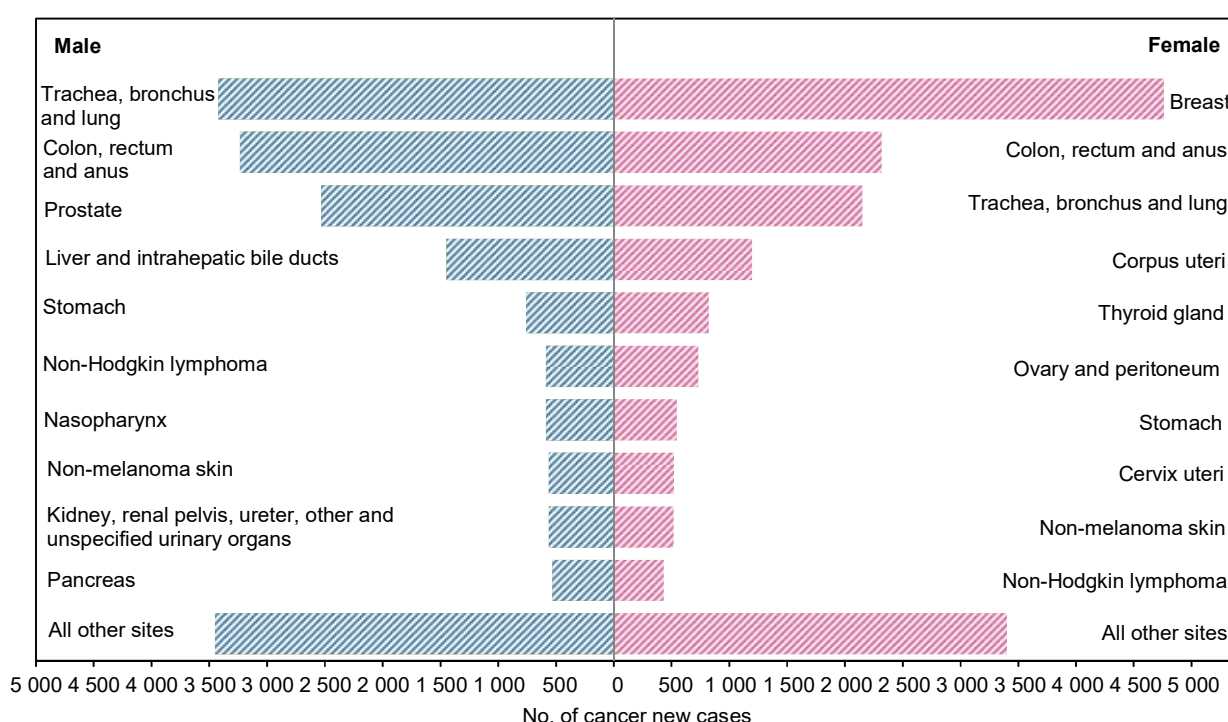


In 2020, ILI activity increased during the winter influenza season in January and then decreased to a low level upon arrival of COVID-19 pandemic. In 2020, the activities of HFMD and ADD remained at low levels throughout the whole year. The activity of ACJ fluctuated at the baseline in 2020 without any prolonged upsurge detected.

## Cancer

The Hong Kong Cancer Registry under HA has provided population-based cancer incidence data. There were 35 082 cancer new cases notified to the Hong Kong Cancer Registry in 2019, lung cancer and breast cancer were the commonest cancers diagnosed in males and females respectively (Figure 10).

**Figure 10 : Number of Cancer New Cases Notified to the Hong Kong Cancer Registry by Sex and Site, 2019**



Source : Hong Kong Cancer Registry of HA.

## Poisoning Incidents Notification

DH received a total of 97 notifications in 2020. After investigation, 78.4% of the notifications were determined to be poisoning incidents. These incidents were mainly related to oral products containing undeclared Western medicines (39.5%), slimming products (17.1%) and Chinese medicines (14.5%).

## Occupational Diseases

Under the Occupational Safety and Health Ordinance (Cap. 509), all medical practitioners are required to notify the Labour Department of cases of occupational diseases specified in Schedule 2 of the Ordinance. The Occupational Health Service of the Labour Department will, upon receipt of such notifications, investigate the causes of the occupational diseases and advise the employers and employees on necessary remedial and preventive measures. In 2020, there were 216 cases of confirmed occupational diseases and gas poisoning, decreasing by 226 cases as compared with 442 in 2019. The most common occupational diseases were silicosis, occupational deafness and tenosynovitis of the hand or forearm. Relevant figures of the cases of confirmed occupational diseases and gas poisoning are set out in Table E.

**Table E : Confirmed Cases of Occupational Diseases, 2019 and 2020**

Disease	Number of Cases	
	2019	2020
Silicosis	52	88
Occupational deafness (including monaural hearing loss)	308	78
Tenosynovitis of the hand or forearm	35	17
Mesothelioma	10	12
Asbestosis	7	12
Tuberculosis	5	3
Occupational dermatitis	5	2
Occupational Asthma	0	1
Compressed air illness	1	0
Beat Knee	1	0
Legionnaires' Disease	1	0
Gas poisoning	17	3
<b>Total</b>	<b>442</b>	<b>216</b>

Source : Occupational Health Service of the Labour Department.



## HIGHLIGHTS OF THE YEAR 2020

### January

- Applications for Day Procedure Centre (DPC) licences under the Private Healthcare Facilities Ordinance (Cap. 633) commenced on 2 January 2020. The Code of Practice for DPCs also took effect on the same date.
- Launched the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 to deal with a novel infectious disease affecting Hong Kong with the response level raised to “Serious” level.
- Launched a territory-wide publicity campaign and education programme on the prevention of the novel respiratory disease including launching of a designated thematic website on 3 January 2020 (renamed as “Severe Respiratory Disease associated with a Novel Infectious Agent” on 7 January 2020).
- Included “Severe Respiratory Disease associated with a Novel Infectious Agent” as a statutorily notifiable infectious disease in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599).
- Activated the outbreak intelligence centre on 22 January 2020, following the first highly suspected imported case of novel coronavirus infection reported in Hong Kong.
- Implemented a series of public health measures following the raising of the response level from “Serious” to “Emergency” in relation to the novel coronavirus infection on 25 January 2020, including activation of quarantine facilities, and installation of additional thermal imaging systems at boundary control points, etc. The Emergency Response Centre was also activated on the same day.

- A reception was held with the accredited healthcare professional bodies of the Pilot Accredited Registers Scheme for Healthcare Professions and stakeholders on 20 January 2020.



- Conducted a training course on the “Identification of Easily Confused Species of Chinese Materia Medica in Hong Kong by Macroscopic and Microscopic Characteristics”.



## February

- Imposed compulsory quarantine of 14 days on people entering Hong Kong from the Chinese Mainland under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) on 8 February 2020.
- Activated the then newly completed Chun Yeung Estate in Fo Tan as a temporary quarantine centre.
- Launched the revamped “COVID-19 Thematic Website” on 21 February 2020 as the information hub of the HKSAR Government.

## March

- Launched a promotional video with the theme “Say Ahh: Unite for Mouth Health” on YouTube to encourage the public to make a pledge to care for oral health, in support of the World Oral Health Day (20 March) declared by FDI World Dental Federation. In addition, a number of activities were conducted in kindergartens, primary schools, secondary schools and schools for children with intellectual disabilities in order to work with other countries and regions to promote oral health awareness in the community.



- Launched the Electronic Health and Quarantine Information Declaration System.

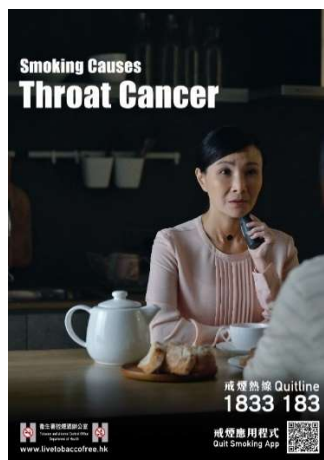
- Imposed compulsory quarantine of 14 days on all persons arriving in Hong Kong from places outside China under the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E) starting from 19 March 2020.
- A Temporary Specimen Collection Centre (TSCC) was set up at the Asia-World Expo (AWE) on 26 March 2020. All travellers arriving at the Hong Kong International Airport were subject to testing on COVID-19.
- Promoted TB prevention through media, website and social media channels to echo with the “World TB Day”.

## May

- Celebrated Hand Hygiene Day 2020 with the theme “Let’s Remind Each Other Keep Hands Clean Together!” to encourage the public to start from caring for their family members and reminding people around them, at school, in clinics and in hospitals, to clean their hands when they should. The message has been disseminated widely through different platforms and promotional materials.

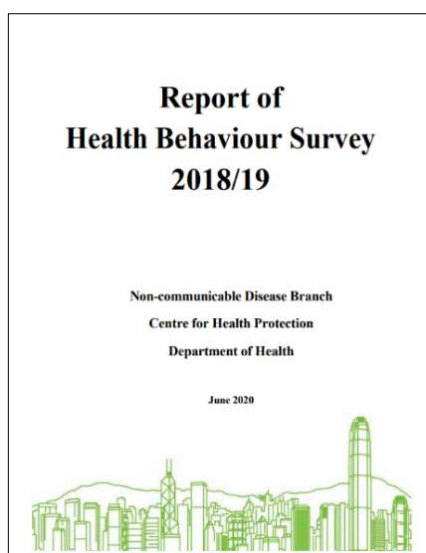


- Conducted the “Cancers Caused by Smoking” anti-tobacco publicity campaign covering mass media, public transportation, and public locations.



## June

- The Chinese Medicine Regulatory Office was redesignated as the World Health Organization Collaborating Centre for Traditional Medicine for four years.
- Published the “Report of Health Behaviour Survey 2018/19” and released it on the websites of DH and CHP.



- Successfully launched online application service for radioactive substance and irradiating apparatus import licences.

## July

- Launched Pertussis Vaccination Programme for pregnant women on 2 July 2020 at Maternal and Child Health Centres as part of routine antenatal care.
- Launched the “Shall We Talk” mental health promotion and public education initiative with the Advisory Committee on Mental Health.



- Launched World Hepatitis Day publicity campaign to raise public awareness of viral hepatitis.
- Activated Phase I of the Penny’s Bay Quarantine Centre. Phases II – IV were opened subsequently to provide a total of 3,500 units.

## August

- The venue of TSCC was relocated from AWE to Terminal 1 Midfield Concourse located inside the Hong Kong International Airport on 18 August 2020.

## September

- Conducted three online webinars in September, November and December 2020 on the research results of the Government Chinese Medicine Testing Institute.
- Launched the Elderly Health Service webpage “We Fight the Virus” to assist elderly persons to be mentally and physically healthy during the Covid-19 pandemic. The webpage includes information on maintaining personal and environmental hygiene, testing and consultation, as well as health resources for elderly and their carers, including ten videos on physical activities for community elderly persons, four activities to stimulate cognitive and sensory functions for those elderly persons living in residential care homes, one video to teach elderly persons to shop twice a week to prepare nutritious meals as well as short videos on ‘Mood Management Tips’.



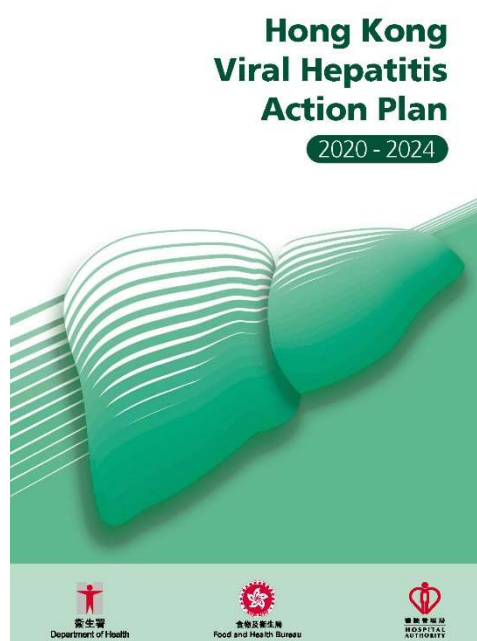
- Established the Advisory Committee for Regulatory Standards for Private Healthcare Facilities on 1 September 2020.
- Supported the Universal Community Testing Programme for COVID-19 of the Government.

## October

- Launched the Hong Kong Scales for Assessment of Theory of Mind (HKAToM), the first locally developed, standardised and norm-referenced assessment instrument which enables professionals engaged in child development to understand the social cognitive abilities of Cantonese-speaking children between the age of five years and 12 years one month.



- Launched the Hong Kong Viral Hepatitis Action Plan 2020 – 2024, to progress towards the World Health Organization’s goal of eliminating viral hepatitis as a major public health threat by 2030.



## November

- Established “Reference DNA Sequence Library for Chinese Materia Medica” and released it on the Chinese Medicine Regulatory Office website.

- Launched a series of publicity activities to promote organ donation amid the fight against COVID-19. Quiz games with prizes were conducted on the “Organ Donation@HK” Facebook page for the first time to increase public awareness of organ donation and clarify common myths in an interactive way.



- Celebrated the The theme of Antimicrobial Awareness Week from 18-24 November 2020 to remind the general public of that antibiotics are precious resources in combating bacterial infection, with the slogan “United to Preserve Antibiotics”.



- Organised a Symposium on Advanced Infection Control 2020 - Theme on Antibiotic Stewardship Program (ASP) on 19 and 20 November 2020.

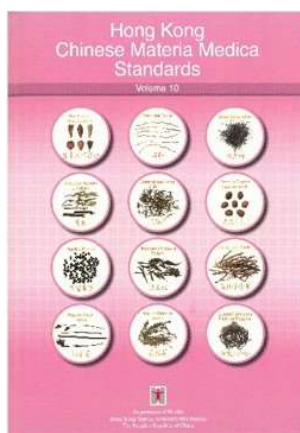


- Launched “2020 Population Health Survey”.



## December

- Established the Committee on Complaints against Private Healthcare Facilities on 1 December 2020.
- Published Volume 10 of “Hong Kong Chinese Materia Medica Standards” and released it on the Chinese Medicine Regulatory Office website.



- Continued to be accredited with the ISO 9001:2015 certification on the quality management of the operation of public mortuaries.
- Launched the COVID-19 Case Handling and Information Sharing Portal.
- Supported the implementation of Designated Quarantine Hotel Scheme which required all incoming travellers who had stayed in places outside China to undergo compulsory quarantine at designated quarantine hotels.
- Organised a three-day Symposium on “COVID-19: From Prevention to Control” from 8-10 December 2020. A range of important topics on COVID-19 from epidemiology, route of transmission to clinical management and control strategies was covered by four renowned overseas speakers and 23 local speakers.



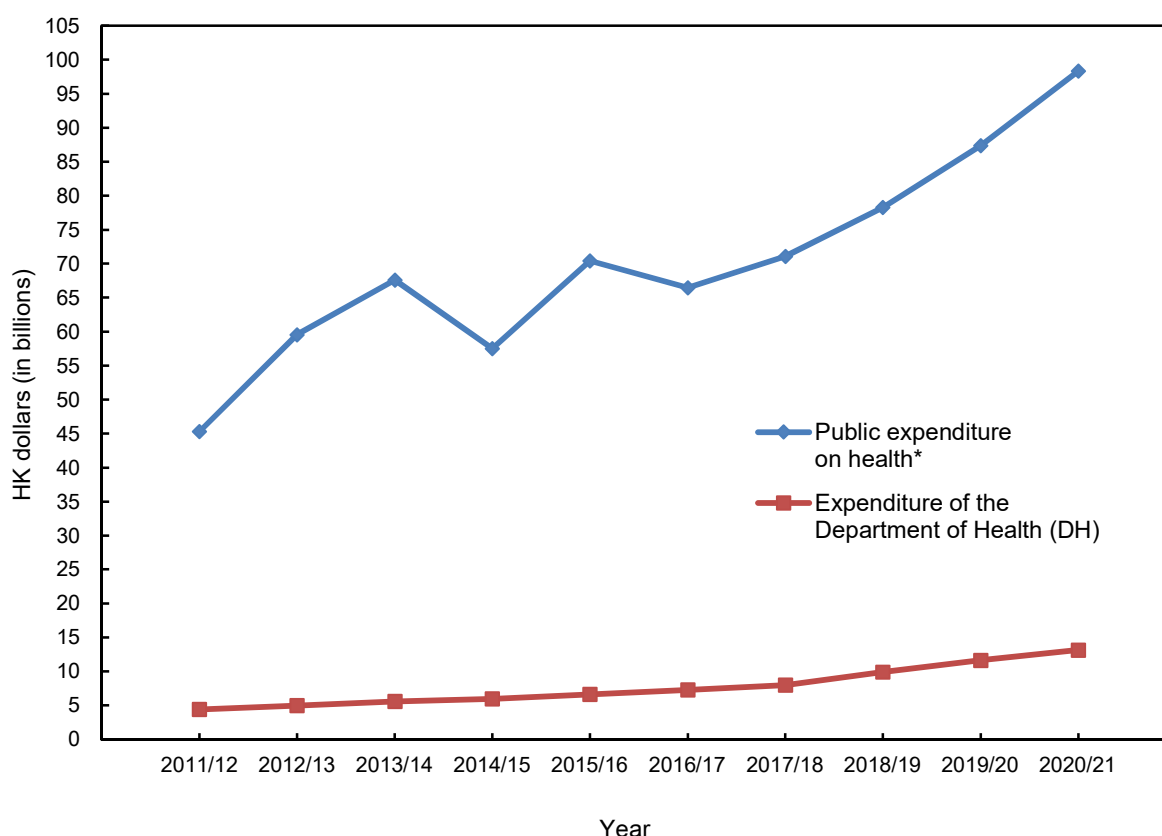
## EXPENDITURE AND MANPOWER

### Expenditure

The expenditure of DH for 2020/21 was \$13.1 billion which represented 13.4% of the total public expenditure on health for the year. There was an increase of 12.7% over that for 2019/20 (Figure 11).

Total public expenditure on health, which included expenditure of DH and HA, increased by 12.5% in the same period.

**Figure 11 : Total Public Expenditure on Health and Expenditure of the Department of Health, 2011/12 – 2020/21**



Note : \* Public expenditure on health refers to public expenditure used to finance programmes under the policy area group of health.



## Manpower

As at 31 March 2021, the Department had a total strength of 6 539 (Table F) which corresponded to an increase of 0.2% over that in 2020.

**Table F : Strength of the Department of Health as at 31 March 2021**

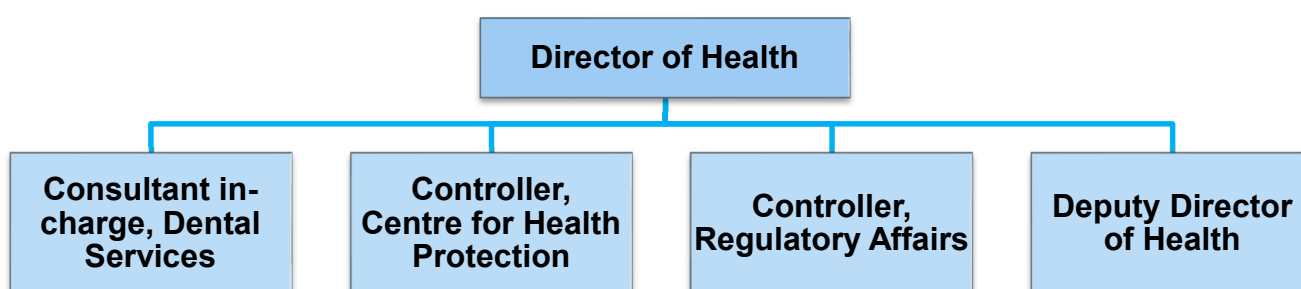
	Number	Percentage
<b>Departmental Staff</b>		
Medical and Health Officer Grade	475	7.3%
Nursing and Allied Grades	1 473	22.5%
Dental Officer Grade	349	5.3%
Para-Dental Grades	686	10.5%
Supplementary Medical Grades	817	12.5%
Other Departmental Grades	894	13.7%
<b>Non-departmental Grades Staff</b>	1 845	28.2%
<b>Total *</b>	6 539	100.0%

Note : \* In addition, there were 1 445 full-time contract staff as of 31 March 2021.

## HEALTH SERVICES REVIEW (YEAR 2020)

The reorganisation of DH took effect on 1 October 2019 to better address society's public health challenges. Under the reorganisation, a new Regulatory Affairs function, headed by the Controller, Regulatory Affairs is established. The Controller, Regulatory Affairs is responsible for overseeing seven regulatory services and steering the enforcement of public health legislation and formulation of regulatory strategies capable of responding effectively to new challenges arising from the evolving landscape of medical and public health services.


### The organisation structure



## HEALTH SERVICES AND ADMINISTRATION

The Deputy Director of Health oversees the following branches, offices and health services:

- Elderly Health Branch which includes Elderly Health Service and Health Care Voucher Division
- Family and Student Health Branch which includes Family Health Service and Student Health Service
- Specialised Services Branch which includes Child Assessment Service, Clinical Genetic Service and Professional Development and Quality Assurance Service
- Administration and Policy Office
- Finance and Supplies Office

- 
- Health Administration and Planning Office which includes Health Administration Division, Public Health Nursing Division, Service and Manpower Planning Division, and Training and Development Section
  - Health Informatics and Technology Office

## **Elderly Health Branch**

### **Elderly Health Service**

The Elderly Health Service (EHS), comprising 18 Elderly Health Centres and 18 Visiting Health Teams, was established in 1998 to enhance primary healthcare for elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

Elderly Health Centres adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to elderly aged 65 and over on a membership basis. Overall, the 18 Elderly Health Centres recorded around 19 000 enrolments and 89 000 attendances for health assessment and medical consultation in 2020<sup>1</sup>.

Visiting Health Teams reach out into the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, self-care ability, and to enhance the quality of caregiving. Visiting Health Teams conduct annual integrated assessments in all residential care homes for the elderly to assess their facilities and practices on infection control, fall prevention among elderly residents, drug management, etc., as well as other staff training needs. In 2020, the Visiting Health Teams made around 69 000 client-contacts<sup>1</sup>.

The Public Health and Administration Division supports the operation of the Elderly Health

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<sup>1</sup> Since early 2020, to combat against the COVID-19 epidemic in Hong Kong, a number of Department of Health's services had been scaled down or suspended to enhance social distancing and to facilitate the internal redeployment of staff for implementation of prevention and control measures. As a result, the number of health assessments and medical consultations at Elderly Health Centres, and the number of client-contacts from the Visiting Health Teams had all decreased in 2020 compared with that in 2019.



Centres and Out-reaching Service Division and provides professional input on elderly health-related issues at an inter-departmental level. Data collected from daily service operations are used for monitoring the health status of the elderly, and research purpose.

EHS will continue its mission to provide quality primary healthcare services for promoting the health of our elderly population in Hong Kong. In addition to being a provider of health services and education, EHS will strengthen our efforts in empowering the elderly and their carers, and enhance benchmarking and health advisory roles in primary healthcare for the elderly.

## **Health Care Voucher Division**

The Health Care Voucher Division is tasked to implement and administer the Elderly Health Care Voucher Scheme which was launched in 2009 on a pilot basis and converted into a recurrent programme since 2014. Under the Scheme, eligible elderly persons are given annually, through an electronic system, health care vouchers to subsidise their use of primary care services provided by various private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. The eligibility age for the Scheme has been lowered from 70 to 65 since 1 July 2017. The annual voucher amount and financial cap for each eligible elderly person in 2020 was \$2 000 and \$8 000 respectively. To allow elderly persons the flexibility to use optometry services whilst preserving a decent balance for use on other primary healthcare services when needed, the amount of vouchers that can be spent by each eligible elderly person on optometry services has been capped at \$2 000 every two years starting from 2019.

To provide one more service point for Hong Kong elderly persons to use their vouchers and facilitate those who reside on the Mainland or places near Shenzhen (e.g. the North District in the New Territories) to seek necessary medical services, a pilot scheme launched on 6 October 2015 with the University of Hong Kong – Shenzhen Hospital, to allow eligible Hong Kong elderly persons to use their vouchers to meet the fees for outpatient services provided by the Hospital, has been regularised since 26 June 2019. It includes 15 Outpatient Medical Centers/Medical Service Departments at the Hospital which provide various services such as family medicine, dental care, Chinese medicine, health assessment and

physiotherapy, etc.

To complement the setting up of District Health Centres (DHCs) in promoting primary healthcare among elderly persons, the use of vouchers at DHCs has been allowed since the commissioning of the first DHC in Kwai Tsing in September 2019.



## Family and Student Health Branch

### Family Health Service

The Family Health Service (FHS) provides a comprehensive range of health promotion and disease prevention services for children from birth to five years old and women aged 64 and below. The Service operates through 31 Maternal and Child Health Centres (MCHCs) and three Woman Health Centres (WHCs). Due to the Emergency Response Level for the COVID-19 infection, three MCHCs and the three WHCs were temporarily closed since February 2020.

### Maternal and Child Health Service

The Maternal and Child Health Service covers child health, maternal health, family planning and cervical screening. In 2020, about 95% of all local newborns and 43% of pregnant women received services from MCHCs.

For child health service, an Integrated Child Health and Development Programme is implemented in MCHCs to promote the holistic health (physical, cognitive and socio-



emotional) and wellbeing of children. The core components of the integrated programme include immunisation, parenting, as well as health and developmental surveillance.

A comprehensive immunisation programme is provided to protect infants and children from 11 infectious diseases, namely, tuberculosis, hepatitis B, diphtheria, tetanus, whooping cough, poliomyelitis, chickenpox, measles, mumps, rubella and pneumococcal infection. The immunisation programme in 2020 is shown in Table G.

**Table G : Immunisation Programme for Children in Hong Kong, 2020**

Vaccine	BCG	DTaP-IPV	dTap-IPV (reduced dose)	MMR	Varicella	Hep B	PCV	HPV
Newborn	BCG					Hep B		
1 month						Hep B		
2 months		DTaP-IPV					PCV	
4 months		DTaP-IPV					PCV	
6 months		DTaP-IPV				Hep B		
1 year				MMR	Varicella		PCV	
1.5 years		DTaP-IPV		MMRV <sup>1</sup>				
Primary 1		DTaP-IPV		MMRV <sup>1</sup>				
Primary 5								HPV
Primary 6			dTap-IPV					HPV

- Children born on or after 1 July 2018 receive MMRV (measles, mumps, rubella, varicella) vaccine at 18 months old in MCHC.  
Children born between 1 January 2013 and 30 June 2018 receive MMRV vaccine in Primary 1.

Vaccines:

- BCG: Bacille Calmette-Guerin Vaccine
- DTaP-IPV: Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus vaccine
- dTap-IPV: Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine
- MMR: Measles, Mumps, and Rubella vaccine
- MMRV: Measles, Mumps, Rubella & Varicella vaccine
- Hep B: Hepatitis B vaccine
- PCV: Pneumococcal conjugated vaccine
- HPV: Human papillomavirus vaccine

The parenting programme aims to equip parents with the necessary knowledge and skills to bring up healthy and well-adjusted children. Anticipatory guidance on child development,



childcare and parenting are provided to parents during the antenatal period and throughout the pre-school years of children in various format. For parents of children with early signs of behavioural problems or those who encounter difficulties in parenting, a structured group training programme on positive parenting skills is also available. To assist parents in taking care of infants and young children, FHS strengthened health education online through the delivery of health talks and e-newsletters during COVID-19 pandemic.

Breastfeeding is also actively promoted through implementing the breastfeeding policy. These include promoting public awareness of the benefits of breastfeeding through publicity and education; providing education and capacity building for healthcare professionals, postnatal care workers and breastfeeding peer counsellors; supporting and promulgating breastfeeding friendly public places and workplaces; operating the breastfeeding hotline; and providing professional counselling and skills support on breastfeeding and lactation problems. To step up measures in breastfeeding support, FHS has pursued Baby-friendly MCHCs (BF MCHCs) designation since 2016. During July and August 2019, three MCHCs (namely Kowloon City, Sai Ying Pun and Yaumatei) achieved BF MCHCs. The designated program has extended to five other MCHCs since February 2021.

Health and Developmental Surveillance consists of a series of routine reviews conducted by health professionals, designed to achieve timely identification and referral of children with health and developmental problems. These include health assessment of the newborn baby, periodic monitoring of the child's growth parameters and dietary assessment, Automated Otoacoustic Emission hearing screening for newborns and preschool vision screening. Developmental surveillance is performed in partnership with parents through anticipatory guidance, eliciting parents' concern and observing the child. Children with suspected physical or developmental abnormalities will be referred to specialist clinics for further investigation and management.

Under the Comprehensive Child Development Service, a joint initiative of the Labour and Welfare Bureau, Education Bureau, DH, HA and Social Welfare Department, the MCHCs of DH act as one of the service platform to identify, at an early stage, the various health and social needs of children (aged 0 to 5) and their families so as to foster healthy development of children. During service provision, medical and nursing staff of MCHCs will identify at-risk pregnant women, mothers with antenatal/postnatal depression, families with psychosocial needs and pre-primary children with health, developmental and behavioural problems, etc.

Needy children and families identified will be referred to appropriate health and/or social services for future management.

The maternal health service provides disease prevention and health promotion services through antenatal and postnatal care. The MCHCs collaborate with public hospitals to establish a comprehensive antenatal shared-care programme to monitor the whole pregnancy and delivery process. Postnatal mothers are provided with physical checkups and advice on family planning. They are also given support to adapting to changes in life through individual counselling. Pregnant and postnatal women with psychosocial problems will be referred to visiting psychiatry team at MCHC or psychiatry departments in hospitals of HA for follow up or to Integrated Family Service Centres to receive social services support as necessary.

MCHCs provide women of child-bearing age family planning services, including advice and prescription of contraceptives, counselling and referral on infertility, unplanned pregnancy and sterilisation. To ensure protection against rubella, anti-rubella vaccination is offered to non-immune women of child-bearing age.

Cervical screening service is provided at all MCHCs for women at and above 25 who have ever had sex. In 2020, there were about 18 000 attendances to the cervical screening service.



## Woman Health Service

Three Woman Health Centres and 10 MCHCs provide Woman Health Service to women at



and below 64 years of age. The aim is to promote the health of women and to address their health needs at various stages of life.

Health education is provided on various women health topics, such as healthy lifestyle, breast awareness, menopause and prevention of osteoporosis. The Woman Health Service also provides physical examination, cervical, colorectal and breast cancer screenings, as well as various blood tests if indicated. Clients with suspected abnormalities are referred to specialists for further management. Health problems detected included breast cancer, cervical cancer, raised blood cholesterol, hypertension, diabetes mellitus, and other gynaecological problems, etc. In 2020, about 900 women registered with the Woman Health Service.

## **Student Health Service**

Launched in 1995, the Student Health Service (Std HS) catered for primary and secondary school students in Hong Kong through its 13 Student Health Service Centres and four Special Assessment Centres.

The aim of Std HS is to safeguard the physical and psychological health of school children through comprehensive, promotive, and preventive health programmes and enable them to gain the maximum benefit from the education system and develop their full potentials. Enrolled students will be given an annual appointment to attend a Student Health Service Centre for a series of health services designed to cater for the health needs at various stages of their development. Such services include physical examination; screening for health problems related to growth, nutrition, blood pressure, vision, hearing, scoliosis, psychosocial health and behaviour; individual counselling; health education and vaccination. Students found to have health problems are referred to a Special Assessment Centre, specialist clinic of HA or other appropriate organisation for detailed assessment and follow-up.

During the school year 2019/20, a total of 632 842 students from 1 182 primary and secondary schools enrolled in Std HS, representing a participation rate of 90.9% and 98.1% respectively. However, the provision of annual health assessment for students was greatly disrupted due to the development of COVID-19 epidemic and the need of staff redeployment for disease control.



To explore the feasibility of the Health Promoting School framework promulgated by the World Health Organization, the Health Promoting School Programme was launched in 30 schools as a pilot programme in 2019, with the aim of fostering a self-sustaining and health-enhancing learning environment for students. Participating schools were assisted to identify specific health priorities and develop school-based health promotion action plans by making reference to the health needs of their students and work towards the goal of building a healthy campus.

The Adolescent Health Programme was launched in 2001/02 school year with the aim to promote psychosocial health of adolescents. The Adolescent Health Programme is a school-based out-reaching interactive programme delivered by multi-disciplinary professional staff consisting of doctors, nurses, social workers, clinical psychologists and dietitians. The Basic Life Skills Training Programme is catered for Form one to Form three students while the Topical Programme includes a variety of themes for students from Form one to Form six, as well as teachers and parents. The programmes received good support and response from students, teachers and parents since launching. Starting in school year 2004/05, Adolescent Health Programme staff began to co-run Basic Life Skills Training Programmes with non-government organisations' (NGOs') social worker facilitators in classrooms.

In 2019/20 school year, the Adolescent Health Programme served 225 schools, reaching out to more than 40 000 students and around 200 parents.

Since the release of the Report of Advisory Group on Health Effects of Use of Internet and Electronic Screen Products (the e-Report) in 2014, DH has been collaborating with the World Health Organization and sent representative to its meetings on public health implications of mental and behavioural disorders associated with excessive use of Internet and electronic devices.

DH has been actively promulgating recommendations and health tips on healthy use of Internet and electronic screen products. Std HS has developed and maintained a designated website since 2014 to promote relevant messages with timely updates and make reference to international authorities.

Std HS launched the “Emotional Health Tips” for students, parents, teachers and other general public in 2016 to provide online practical information and skills to tackle the stress



associated with school opening, examination, result release, interpersonal relationship, etc. Std HS has been enriching the content to provide useful information on emotional health, including the tips on COVID-19 parenting for improving the relationship between parents and children during COVID-19 pandemic. Std HS launched a website “YouthCan.hk” in August 2017 to further reach out to adolescents to promote positive thinking and mental well-being. Through its ‘infotainment’ monthly themes around school life and E-magazines, information is presented in entertaining ways to deliver what the teens need and care about, including health knowledge, basic life skills as well as community resources.

## **Specialised Services Branch**

### **Child Assessment Service**

The Child Assessment Service (CAS) came into operation with its first Child Assessment Centre in 1977 and has been serving the public for over 40 years. CAS, aiming at contributing to the rehabilitation of children with developmental-behavioural problems or disorders through a multidisciplinary team approach, operates a total of seven centres in Kowloon and New Territories to provide assessment for children aged under 12.

The team, comprising paediatricians, nurses, clinical psychologists, social work officers, speech therapists, physiotherapists, occupational therapists, audiologists and optometrists, works together to:

- provide comprehensive physical, psychological and social assessment for children with developmental anomalies;
- formulate rehabilitation plan after developmental diagnosis;
- assist to arrange appropriate pre-school and school placements for training, remedial and special education where necessary and
- provide interim support to parents and the children through counselling, talks and support groups.

In the spirit of its vision, mission and values, CAS is committed to strive for improving public awareness and practice standards by reaching more parents and workers in the



rehabilitation field to the benefit of children with developmental challenges.

In 2020, the number of new clients received were 7 526 and a total of 14 507 children were assessed.

CAS continued to streamline coordination of assessment and placement service (including interim support at clinic and community settings) with respective service providers, and strengthen the public and professional education activities.

CAS developed fact sheets on 11 common childhood developmental problems, one series for professional education and information, and another series for information to public. The fact sheets for public were made available on the website of CAS.

## **Clinical Genetic Service**

Clinical Genetic Service (CGS) provides territory-wide genetic services, including diagnosis, counselling and prevention of genetic diseases. It comprises the Genetic Counselling Division and the Genetic Screening Division.

The Genetic Counselling Division deals with the diagnosis of over a thousand different genetic diseases. It has the support from the Genetic Laboratory in providing cytogenetic, biochemical genetic and molecular genetic investigations. Chromosome studies and molecular genetic investigations formed the main bulk of genetic testing. The common indications for referral were multiple congenital anomalies, recurrent abortions, Down syndrome, intellectual disability, sex disorder and various single gene disorders. The Genetic Counselling Division also conducts clinic sessions to provide genetic counselling for families. There were 4 505 family attendances in 2020.

The Genetic Screening Division operates neonatal screening programme for two conditions, namely, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism. Overall, 67% of neonates were screened by the Genetic Screening Division in 2020, including nearly all newborns delivered in public institutions and 12% of newborns delivered in private hospitals. The remaining 88% born in private hospitals received screening provided by the respective hospitals. Glucose-6-phosphate dehydrogenase deficiency was found in 4.2% of male and 0.3% of female infants. The incidence of congenital hypothyroidism was one in 610 in 2020.

Besides, the Genetic Screening Division collaborated with HA to implement the 18-month



“Pilot Study of Newborn Screening for Inborn Errors of Metabolism”. The Pilot Study was launched on 1 October 2015 in two public hospitals (Queen Elizabeth Hospital and Queen Mary Hospital) and was successfully completed in 31 March 2017. Over 15 100 babies participated in the Pilot Study, with nine being diagnosed with Inborn Errors of Metabolism. The Inborn Errors of Metabolism screening service further extended to all public hospitals with maternity wards in phases by October 2020. The territory-wide programme was named as “Newborn Screening Programme for Inborn Errors of Metabolism”. From 1 January to 31 December 2020, a total of 20 809 newborn babies received Inborn Errors of Metabolism screening service.

During the year, health promotion activities in the form of lectures, media interviews and publications were strengthened.

## **Professional Development and Quality Assurance**

### **Service**

The Professional Development and Quality Assurance Service (PDQAS) aims at providing quality assured personal health services, and supporting and promoting the practice of professional development and quality assurance activities within DH and primary healthcare services.

PDQAS comprises the Administration Section and seven clinics, namely Education and Training Centre in Family Medicine, Hong Kong Families Clinic, Kowloon Families Clinic, Chai Wan Families Clinic, New Territories Families Clinic, Fanling Families Clinic and Sai Kung Families Clinic. Clients include civil service eligible persons, and patients referred to the Education and Training Centre in Family Medicine. In addition to providing clinical services, PDQAS organised different health education activities and participated in various media activities to arouse public awareness of the importance of healthy lifestyle.

During 2020, affected by COVID-19 pandemic, in addition to providing clinical services, PDQAS provided three Basic Life Support Provider Courses for 46 officers and organised two continuing medical education activities for 166 medical professionals.



## Health Administration and Planning Office

The Health Administration and Planning Office is responsible for grade management of medical and allied healthcare staff and facilitates planning. It also oversees the Public Health Nursing Division and the Department's training and development.

The Government launched the Accredited Registers Scheme for Healthcare Professions (AR Scheme) in late 2016 with an aim to improving the society-based regulatory framework by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong was appointed as the independent Accreditation Agent of the AR Scheme. The professional bodies representing five healthcare professions, namely, audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, passed the accreditation assessments and were granted full accreditation status in 2018 and 2019 respectively.

## Health Informatics and Technology Office

Since the outbreak of COVID-19, DH has been fighting on the front on various anti-epidemic measures to protect Hong Kong's public health. The department has been actively adopting innovation and technology to augment disease control. In 2020, the Health Informatics and Technology Office (HITO) has launched major information technology (IT) systems, such as Electronic Health and Quarantine Information Declaration System, Quarantine Centre Management System, COVID-19 Case Handling and Information Sharing Portal, SARS-CoV-2 Nucleic Acid Test Result Input System and Fixed Penalty Information System, etc. under extreme time and resources pressure.

Electronic Health and Quarantine Information Declaration System – The system was developed in 2019 and rolled out in early 2020 to replace paper-based health declaration arrangement. Inbound travellers can make health declarations via their smartphones or mobile devices in advance of arrival. The system will generate a QR code for the traveller. Using the system, DH staff can retrieve the declared information, issue quarantine orders to travellers and obtain real-time results of COVID-19 testing done at the airport. Moreover, HITO has also enhanced the system to support the Return2HK Scheme for Hong Kong residents returning from Mainland China and Macao.



Quarantine Centre Management System – Launched in August 2020, the system has automated management of Quarantine Centres and has significantly facilitated venue staff and DH medical team in carrying out their duties. The system has functions such as check-in registration, room occupancy monitoring, movement record of persons under quarantine, generation of laboratory test requests, sharing of laboratory results, issuing legal orders and certificates. The instant information has enabled effective and efficient operation of Quarantine Centres.

COVID-19 Case Handling and Information Sharing Portal – Launched at the end of 2020, the system is the critical tool that assists the Communicable Disease Branch of CHP and its Contact Tracing Office in carrying out COVID-19 epidemiological investigations and contact tracing. The portal was linked to a spectrum of systems of various Government Departments and agencies for facilitation of obtaining the necessary and the latest information to swiftly arrange hospital admission, and promptly tracing and identifying close contacts needing quarantine, so as to break transmission chain as soon as possible.

SARS-CoV-2 Nucleic Acid Test Result Input System – The system was launched in December 2020 for all the local recognised laboratories to upload results of the self-paid Nucleic Acid Tests for general or other private uses such as cross-boundary travel. The system is interfaced with the COVID-19 Electronic Vaccination and Testing Record System of the Office of the Government Chief Information Officer.

Fixed Penalty Information System – To empower COVID-19 disease control, several new legislations with fixed penalty mechanisms have been enacted. Enforcement actions are conducted by several Government Departments. The system automatically collects payment records made by the offenders from the Hongkong Post so that various government departments can review the payment status quickly. Follow-up actions for non-compliant offenders could be conducted promptly, such as issuing demand notices and dispute notification forms and taking prosecution.

HITO also continues to operate the patient-centric and fully integrated Clinical Information Management System (CIMS) for DH. CIMS supports client registration, appointment booking, as well as clinical workflows such as drug prescription and laboratory test ordering and reporting for seven clinical services. Since March 2016, the CIMS has been sharing patient records with the territory-wide Electronic Health Record Sharing System (eHRSS).



Subsequent to funding approval from the Finance Committee of the Legislative Council in 2018, DH is implementing the First Stage of Strategic Plan to Re-engineer and Transform Public Services (SPRINT-1). One major project of SPRINT-1 is to develop the new Clinical Information Management System (CIMS2) for DH. This new system has been rolled out to Travel Health Centres of Port Health Division and Professional Development and Quality Assurance Service.

In addition, HITO completed the Feasibility Study for implementation of the Shared Licensing and Monitoring System as a holistic IT solution to DH's law enforcement, licensing and registration services. HITO has engaged a consultant to conduct a department-wide Data Architecture Study to provide recommendations in developing data strategy and implementation plan to enhance data analytics, with a view to transform the Department into a data-driven public health organisation.







# HEALTH PROTECTION

The Controller, CHP oversees the following functional branches:

- Communicable Disease Branch which includes Epidemiology Division, Surveillance Division and Port Health Division
- Emergency Response and Programme Management Branch which includes Emergency Response and Exercise Division, Emergency Preparedness and District Relations Division and Programme Management and Vaccination Division
- Health Promotion Branch
- Infection Control Branch
- Non-communicable Disease Branch
- Public Health Laboratory Services Branch
- Public Health Services Branch which includes Social Hygiene Service, Special Preventive Programme and Tuberculosis and Chest Service

## Communicable Disease Branch

The Communicable Disease Branch (CDB) maintains a comprehensive network of communicable disease notifications; conducts detailed epidemiological investigation on disease outbreaks; institutes appropriate control measures and provides health advice to stop disease propagation. It also collects, collates, analyses and disseminates surveillance data on communicable diseases; establishes a central communicable disease information system and generates regular reports; develops and coordinates a communicable disease surveillance system for the Pearl River Delta Region; and develops specialised expertise in the surveillance of targeted infections of public health importance.

The Sentinel Surveillance System of CDB monitors the situations of communicable diseases in different settings. Private and public general out-patient clinics and Accident and



Emergency Departments of public hospitals provide data on the number of consultations for influenza-like illness, hand, foot and mouth disease, acute conjunctivitis and acute diarrhoeal diseases. Chinese medicine practitioners report the number of consultations for influenza-like illness and acute diarrhoeal disease. The system also collects data on symptoms such as fever, diarrhoea and vomiting reported in the children of child care centres/kindergartens and residents of residential care homes for the elderly. With these valuable data, CDB can keep track of communicable diseases at the community level, enhance surveillance, rapid intervention and responsive risk communication, and take appropriate preventive and control measures.

The Central Notification Office (CENO) has been set up to centralise notifications of communicable diseases and poisoning, and to monitor intelligence related to communicable diseases in Hong Kong. The CENO receives notifications from various sources such as doctors, laboratories and institutions and disseminates the information to relevant parties for investigation in real-time. The CENO On-line provides a secure electronic platform for doctors to report notifiable diseases and outbreaks. The CENO also developed an electronic notification interface, Notifiable Diseases and Outbreak Reporting System, with HA to facilitate notification in public health care system.

Guangdong, Hong Kong and Macao have developed a regular communication mechanism for communicable diseases surveillance data and an emergency notification mechanism. The Tripartite Meeting of Guangdong, Hong Kong and Macao on the Prevention and Control of Communicable Diseases is held regularly, to exchange information of important communicable diseases, to discuss joint efforts in the prevention and control measure, and to promote coordinated responses to regional public health emergency.

The Communicable Disease Information System is an information technology strategy to facilitate effective communicable disease surveillance and control in Hong Kong. With its complete rollout in 2016, the system helps capture and analyse communicable disease data from diverse sources and enables rapid data transfer from stakeholders such as HA.

CDB provides professional input to four Scientific Committees, including the Scientific Committee on Emerging and Zoonotic Diseases, Scientific Committee on Enteric Infections and Foodborne Diseases, Scientific Committee on Vaccine Preventable Diseases and Scientific Committee on Vector-borne Diseases. In addition, CDB also provides secretariat



support to the National Committee for the Certification of Wild Poliovirus Eradication in Hong Kong and the National Verification Committee for Measles Elimination in Hong Kong.

## Port Health Division

The Port Health Division (PHD) enforces the Prevention and Control of Disease Ordinance (Cap. 599) and observes the International Health Regulations in order to prevent the introduction into, the spread in and the transmission from, Hong Kong of any disease, source of disease or contamination.

PHD conducts pre-arrival quarantine clearance of incoming vessels in the form of free pratique as well as on-arrival quarantine clearance through inspection at the quarantine anchorages. It monitors disease vectors and ensures the sanitation condition on board vessels, aircrafts and all entry points is up to standard. It also provides medical assistance or advice to ships where necessary. It issues Ship Sanitation Control Certificate, Ship Sanitation Control Exemption Certificate, import permits for human corpses and biological materials, and cremation permits. It provides a round-the-clock Public Health Emergency Response Team in the Hong Kong International Airport to respond to public health emergencies and aircraft accidents. Epidemiological information is exchanged regularly with the health and Customs authorities in neighbouring areas.

During the COVID-19 pandemic, PHD has been working closely with relevant Bureaux and Departments to implement the quarantine measures required under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap 599C), Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap 599E) and Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap 599H) at the boundary control points.

PHD also operates two Travel Health Centres which offer preventive service for outbound travellers and advise on travel-related risks. A comprehensive range of services, such as medical consultation, vaccination and issuance of International Certificate of Vaccination or Prophylaxis, and health education, are provided to travellers. Active ties are forged with the travel industry. Travel health information is further disseminated via the Travel Health Service website.



# Emergency Response and Programme

## Management Branch

Emergency Response and Programme Management Branch (ERPMB) consists of Emergency Response and Exercise Division (ERED), which is responsible for facilitating emergency preparedness and management of public health crisis, formulating risk communication strategy and co-ordinating the formulation of CHP's objectives and strategies. Working closely with other services of DH and relevant Government departments and organisations, it has developed and reviewed DH contingency plans to cater for possible major outbreaks of infectious diseases in Hong Kong. ERPMB also consists of Emergency Preparedness and District Relations Division (EPDRD), which is responsible for the liaison with District Councils (DCs). Besides, ERPMB includes Programme Management and Vaccination Division (PMVD) which plans, implements and evaluates the Government's vaccination programmes and subsidy schemes. It coordinates and provides secretariat support to the scientific advisory structure of CHP and the Council for the AIDS Trust Fund. Last, with the outbreak of COVID-19, Home Quarantine Task Force and Quarantine Centre Task Force have been set up under ERPMB to deal with the epidemic since early 2020.

## Emergency Response and Exercise Division

ERED maintains close communication with professional associations (such as those of doctors, nurses and pharmacists) and NGOs, such that these organisations can help mobilise volunteers as surge capacity in times of emergencies. In enhancing the role of the Emergency Response Centre (ERC) as DH's nerve centre in times of major public health emergencies, ERED will continue to equip the ERC with the latest communication facilities for the timely dissemination of information and statistics, and will organise necessary training for concerned staff.

The Director of Health regularly reviews the list of infectious diseases statutorily notifiable by medical practitioners and the list of infectious agents as stipulated in the Prevention and Control of Disease Ordinance (Cap. 599). ERED assists in preparing the legislative amendments to include diseases and infectious agents in the scheduled infectious diseases and the scheduled infectious agents of the Ordinance when necessary.



## **Emergency Preparedness and District Relations Division**

EPDRD is responsible for the liaison with District Councils (DCs) to provide information and updates about diseases of public health concern and seek their support in disseminating health messages to the public.


EPDRD attends meetings of the DCs and their relevant sub-committees or working groups, to provide advice on public health matters and promulgate departmental policies. It is also responsible for developing and updating contingency plans on major infectious diseases of public health significance.

In 2020/21, a total of 11 meetings of DCs and DCs-related committees were attended. A wide variety of health topics were covered, including prevention and control of communicable and non-communicable diseases, and provision and planning of DH health services.

## **Programme Management and Vaccination Division**

PMVD is responsible for the planning and implementation of the Government Vaccination Programme (GVP), which provides free seasonal influenza vaccination (SIV) to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 and above at public hospitals and clinics. Since 2016/17, the scope of GVP has been expanded to include children between the age of six years and under 12 years or studying in primary schools who have financial difficulties and persons receiving Disability Allowance. From 2020/21, the scope has been further expanded to include recipients of standard rate of “100% disabled” or “requiring constant attendance” under Comprehensive Social Security Assistance (CSSA) Scheme.

The Residential Care Home Vaccination Programme (RVP), as part of GVP, provides free SIV and pneumococcal vaccination, including 13-valent pneumococcal conjugated vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV), to eligible residents, boarders and staff in Residential Care Homes for the Elderly (RCHEs) and Residential Care Homes for Persons with Disabilities (RCHDs) through Visiting Medical Officers (VMOs). Meanwhile, free SIV was also provided to non-institutionalised persons with intellectual disabilities (PID) from designated institutions under the RVP. Starting from



October 2019, the Government has provided free SIV to children aged six months to under 12 years and the staff of Residential Child Care Centres (RCCCs) under RVP.

In 2020/21, the Government provided about 547 200 doses of free SIV and about 45 600 doses of free pneumococcal vaccination to eligible persons under GVP.

PMVD is also responsible for the planning, implementation and administration of Vaccination Subsidy Scheme (VSS). The VSS is delivered through private doctors enrolled in the scheme. In line with the recommendation of the Scientific Committee of Vaccine Preventable Disease (SCVPD), eligible groups for subsidised SIV in VSS 2020/21 included (i) children aged six months to under 12 years or attending primary schools in Hong Kong, (ii) pregnant women, (iii) persons with intellectual disability, (iv) persons receiving disability allowance, (v) persons aged 50 to 64, (vi) elderly aged 65 or above and (vii) persons receiving standard rate of “100% disabled” or “requiring constant attendance” under CSSA. Under the VSS School Outreach (Extra Charge Allowed) introduced since 2019/20, all students of participating primary schools/kindergartens/child care centres, regardless of their resident status, are eligible for subsidised SIV. For pneumococcal vaccination, the target group was elderly aged 65 or above. Since 2017/18, the Government has been providing subsidised PCV13 for elderly with high-risk conditions. Elderly aged 65 and above who had never received pneumococcal vaccination before and with high-risk conditions should receive one dose of PCV13 followed by one dose of 23vPPV a year later. For elderly without high-risk conditions, they only need one dose of 23vPPV.

The subsidy for SIV under VSS was raised from \$210 per dose to \$240 per dose and the subsidy for pneumococcal vaccination was raised from \$250 per dose to \$300 per dose for 23vPPV and from \$730 per dose to \$760 per dose for PCV13. Under the VSS, the Government would reimburse the enrolled doctors the subsidy for vaccinations provided to eligible groups at their clinics or through outreach vaccination activities. In 2020/21, around 2 000 private doctors from 3 100 clinics enrolled in the VSS to provide subsidised vaccination services. Under VSS, about 513 000 eligible persons received about 527 400 doses of subsidised SIV. For subsidised pneumococcal vaccination, about 14 400 doses of 23vPPV and about 10 100 doses of PCV13 were administered to eligible elderly.

PMVD is also responsible for the planning, implementation and administration of Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP). To enhance



the SIV uptake rate among primary schoolchildren, the Government introduced the School Outreach Vaccination Pilot Programme in 2018/19 to provide free SIV to schoolchildren in the participating schools through Government Outreach Teams and Public-Private-Partnership Teams. In view of the success of the Pilot Programme, the Government has regularised the programme in 2019/20 to SIVSOP to cover more primary schools, and further expanded to reach out to kindergartens and child care centres (KGs/CCCs) on a pilot basis. The Government has also regularised the KGs/CCCs pilot programme in 2020/21. The subsidy for SIV was \$100 per dose for primary schoolchildren with vaccines procured and provided by the Government, and \$270 per dose for KGs/CCCs schoolchildren with vaccines procured and provided by the Public-Private-Partnership Teams. Under the SIVSOP 2020/21, 438 primary schools and 697 KGs/CCCs were covered, with about 234 600 schoolchildren vaccinated.

The School Immunisation Teams (SITs) of PMVD provide immunisation services through outreaching to primary schools for Primary One students, Primary Five female students, and Primary Six students in Hong Kong under Hong Kong Childhood Immunisation Programme (HKCIP), including Combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus vaccines and Measles, Mumps, Rubella and Chickenpox Vaccines. During the visits, mop-up will be provided to Primary Six students who have not received three doses of Hepatitis B Vaccine on schedule. Starting from the second semester of 2019/20 school year, SIT provide the first dose of Human Papilloma Virus vaccine to Primary Five female students at their schools, and a second dose when they reach Primary Six in the following school year. Mop-up for primary school students who have not completed basic immunisation or have not received booster will be provided in the six sub-district offices. SITs also instill health knowledge about immunisations in students, school staff, and parents, and strengthen their awareness of vaccine-preventable diseases.

Taking into account the experience of the measles outbreak in the Hong Kong International Airport between March and May 2019 as well as the global situation regarding measles, DH launched in 2019/20 a one-off free Mop-Up Programme for Measles Vaccination for the target groups according to the recommendations of the World Health Organization and the SCVDPD to boost the groups' immunity. This programme was extended to cover all adults who were non-immune to measles, especially those born between the years 1967 and 2002. In particular, people who were non-locally born, people of all ethnicities, post-secondary students, foreign domestic helpers and people who had frequent contact with tourists were encouraged to participate. These groups could receive free Measles, Mumps and Rubella



Vaccines under this programme if they were non-immune and were Hong Kong residents. The Programme ended in September 2020.

With a non-recurrent commitment of \$8 441.3 million approved by the Finance Committee of the Legislative Council in September 2020, the territory-wide COVID-19 Vaccination Programme (the Programme) was launched in February 2021 to safeguard public health and to allow gradual resumption of normal activities of the society. Two vaccines, namely the CoronaVac vaccine by Sinovac and the Comirnaty vaccine by Fosun Pharma/BioNTech, are provided to Hong Kong residents free of charge under the Programme. Members of the public can receive free COVID-19 vaccination services in different settings, including Community Vaccination Centres, private doctors or clinics under the VSS and public clinics and dedicated stations under the GVP including designated general outpatient clinics of HA, etc.

The Research Fund for the Control of Infectious Diseases (RFCID) was established after the SARS outbreak in 2003, to facilitate and support research on the prevention, treatment and control of infectious diseases. The Health and Medical Research Fund (HMRF) was created in 2011 by consolidating the former Health and Health Services Research Fund (HHSRF) and the RFCID, with a broadened scope for funding health and medical research in Hong Kong. PMVD is responsible for coordinating research commissioned by CHP, facilitating the submissions to the HMRF Grant Review Board, and monitoring the progress of research activities.

The AIDS Trust Fund, administered on the advice of the Council for the AIDS Trust Fund (the Council), was established on 30 April 1993 with an initial capital of \$350 million by a Declaration of Trust under the Financial Secretary Incorporation Ordinance (Cap. 1015) to finance payments for the purposes of making ex-gratia payments for haemophiliacs and others who were infected with HIV through the transfusion of contaminated blood or blood products in Hong Kong prior to August 1985; to fund projects which seek to provide medical and support services for HIV patients; and to conduct promotion and education on AIDS. In December 2013, the Finance Committee of the Legislative Council approved an injection of \$350 million into the Fund to sustain its operation. PMVD provides administrative and secretariat support for the Council. In 2020, 54 ongoing programmes/projects were supported by the AIDS Trust Fund. The Council processed a total of 21 new submissions for grants in 2020/21. Among them, 16 applications were under the category of Medical and Support Services, of which nine of them were approved. Five applications were under the



category of Publicity and Public Education, and all of which were approved. The Council also received and approved 23 claims for additional ex-gratia payment.

ERPMB serves as the hub for liaison with international and regional health authorities, facilitates collaboration activities and coordinates visits to CHP by healthcare professionals from different countries. CHP is one of the founding members of the International Association of National Public Health Institutes (IANPHI) and ERPMB facilitates connection with over 100 national public health agencies through IANPHI. Apart from international agencies, ERPMB establishes networks and promotes exchanges between professionals in Hong Kong and the Mainland.

In order to enhance the professional expertise of healthcare professionals, a wide range of training programmes and seminars were organised in collaboration with various parties. Topics covered included the functions and structure of the local healthcare infrastructure, the emergency response system to public health incidents as well as the strategies in prevention and control of infectious diseases, etc. In 2020/21, ERPMB organised an online seminar for about 40 local public health students from The Chinese University of Hong Kong. They were introduced to the functions and roles of CHP in the health care system.

***Home Quarantine Task Force (HQTF)*** - With the outbreak of COVID-19, DH has been issuing quarantine orders to inbound travellers since 8 February 2020. People concerned shall stay at home or other accommodation for compulsory quarantine. HQTF was set up under ERPMB since then with temporary staff deployment from various service units of DH and other Government Bureaux and Departments to coordinate measures on compulsory quarantine. As situations develop, contract staff have been hired to replace the temporary deployment. HQTF has over 160 staff looking after the Confinee Hotline Centre, Home Confinement Support Team, Non-Compliance Management Team, Outgoing Call Centre and Data Management Team (DMT). DMT arranges COVID-19 testing for inbound travellers at Designated Quarantine Hotels and provides test results together with relevant information for appropriate subsequent action. Through different data and electronic platforms, including the “StayHomeSafe e-Support System” launched in April 2022, DMT monitors the compliance of persons in COVID-19 testing during their quarantine/medical surveillance period with the legal requirements as set out under Cap 599A, 599C and 599E. Non-compliant persons will be referred to enforcement teams for consideration of legal action. All these are to adhere to the Government anti-epidemic strategy of preventing the



importation of cases and controlling the spread of the virus in the community.

**Quarantine Centre Task Force (QCTF, formerly named as DH Task Force)** - Quarantine Centres (QCs) have been set up by DH to accommodate people who are identified as close contacts of confirmed cases but without compatible symptoms for COVID-19. In early 2020, QCTF was set up, under ERPMB, to cater for the logistics arrangement in supporting the operation of QCs. QCTF also serves as information hub to receive relevant information on QC situation; liaise with relevant parties (e.g. Professional Development and Quality Assurance Service/Clinic Administration and Planning Division/Infection Control Branch of DH, Agriculture, Fisheries and Conservation Department, Auxiliary Medical Service, Civil Aid Service, Leisure and Cultural Services Department, Social Welfare Department, Government Logistics Department, Hong Kong Police Force, and Food and Environmental Hygiene Department) for activation and daily operation of QCs; conduct mass evacuation of residents to QCs; and provide logistics support by mobilising Operation Assistants in subsequent Compulsory Testing Notice and Restricted Testing Declaration enforcement operation.

## Health Promotion Branch

Health Promotion Branch (HPB) discharges its expanded roles and functions in health promotion through the advocacy of knowledge-based, needs-driven and effective health promotion actions within and beyond DH. Through a multi-disciplinary workforce, HPB provides steer and leadership, information support and resources to partners in health promotion. The priority areas for action include prevention of communicable diseases, including publicity actions on COVID-19 and promotion on COVID-19 Vaccination Programme, as well as promotion of healthy eating, physical activity, organ donation and mental health.

To raise the public's awareness, change their attitudes and sustain their motivation to reduce health risks, HPB takes a proactive approach and adopts social marketing strategies to inform and influence the public on options that enhance health.

HPB carried out a series of programmes, in collaboration with other Government departments and organisations, to promote healthy eating. Comprehensive strategies were adopted in the "EatSmart@school.hk" Campaign launched in 2006/07. The strategies include alliance building, education and empowerment, publicity and advocacy, research



and evaluation, as well as creating conducive environment to help children adopt a healthy eating habit. The “EatSmart@restaurant.hk” Campaign was launched in 2008, while its enhanced version, the “EatSmart Restaurant Star+” Campaign, was launched in May 2019 to encourage restaurants to provide a wider choice of healthy dishes and assist members of the public in putting healthy eating into practice. Following the launch of the “StartSmart@school.hk Campaign” in 2012, HPB continued to promote healthy eating and active living to pre-school children in kindergartens and childcare centres.

HPB works with the Healthy Cities Projects (HCPs) and community groups to promote healthy living in the community through participating in their steering committees/working groups to provide technical advice and support to their health promotion initiatives as well as collaborating with community groups in organising health promotion activities. The “I’m So Smart” Community Health Promotion Programme (ISS Programme) is one of the platforms established for collaborating with community partners. The ISS Programme was launched in 2012, under the core themes of promoting healthy diet and regular physical activity to combat the growing problem of non-communicable diseases. It aims to enhance community partnership on health promotion and to encourage community partners to make use of available local resources for health promotion. With the support of the Hong Kong Housing Authority (HKHA), the Estate Management Advisory Committees of public housing estates under the HKHA and other partner agencies, HPB works with HCPs, NGOs and public housing estates to promote healthy living in the community.

In 2020/21, the ISS Programme was cancelled due to the COVID-19 epidemic.

DH and the Advisory Committee on Mental Health (ACMH) launched the mental health promotion and public education initiative named “Shall We Talk” in July 2020 to sustain the efforts of the “Joyful@HK” Campaign, enhance public understanding of mental health, thereby reducing stigmatisation towards persons with mental health needs, with a view to building a mental health-friendly society in the long run. As part of the initiative, the Mental Health Workplace Charter was launched in November 2019 to encourage local organisations to cultivate a positive and respectful working environment. The Charter has been implemented jointly by DH, the Labour Department (LD) and the Occupational Safety and Health Council (OSHC) since October 2020. The “Joyful@Healthy Workplace” Programme jointly organised by DH and OSHC was launched in 2016 to assist employers and employees to create a joyful and healthy working environment. LD has joined as co-organiser of the “Joyful@Healthy Workplace” Programme since 2018.



Regarding the prevention of communicable diseases, HPB disseminated health messages through various channels including CHP website, CHP Facebook fanpage, YouTube channel, Health Education Infoline, newspapers and media interviews, broadcasting Announcements in the Public Interest (APIs) in TV/radio stations, production and distribution of health education materials to relevant stakeholders. HPB took great importance in forming partnership with our stakeholders by updating them of disease status and soliciting their support in disease prevention and control. In response to the influenza season and local outbreak of dengue fever, HPB collaborated with relevant parties to enhance various publicity activities accordingly.

Promotion of COVID-19 Vaccination Programme and education of preventive measures of COVID-19 were the foci of the year. Apart from well-established online channels, dedicated thematic websites of COVID-19 ([www.coronavirus.gov.hk](http://www.coronavirus.gov.hk)) and COVID-19 Vaccination Programme ([www.covidvaccine.gov.hk](http://www.covidvaccine.gov.hk)) were rolled out in January 2020 and January 2021 respectively. Since then, HPB participated in disseminating health education messages related to prevention of COVID-19 as well as promoting COVID-19 Vaccination Programme through production of APIs and various forms and language versions of health education materials, liaison with stakeholders via email communications and logistic arrangement of health education materials to Community Vaccination Centres, Hospital Vaccination Stations, and Mobile Vaccination Stations. To strengthen ethnic minorities' knowledge on COVID-19 prevention measures, and further promote ethnic minorities' registration in COVID-19 Vaccination Programme, DH engaged the United Christian Nethersole Community Health Service to launch a pilot health promotion project for ethnic minorities (primarily Nepalese, Indian and Pakistani families living in Kwai Tsing, Yuen Long, Yau Tsim Mong and Sham Shui Po Districts) in mid-March 2021, which includes home visits to households of ethnic minorities and a hotline service.

HPB, in collaboration with HA and relevant NGOs, has been making continuous efforts over the years to promote organ donation and encourage registration at the Centralised Organ Donation Register (CODR). In 2016, the Government set up the Committee on Promotion of Organ Donation to further promote organ donation and also introduced the Organ Donation Promotion Charter. Besides supporting activities organised by the Charter signatories, HPB promoted organ donation on various fronts, including conducting promotional booths and organising large-scale activities such as conducting a series of publicity activities to encourage the public to support organ donation under the new normal during Organ Donation Day in November 2020.



HPB builds upon its strength in health education resource production and develops a wide variety of audio-visual and printed materials. These materials are widely distributed to different sectors of the population, for example, schools, NGOs, housing estates, healthcare facilities, etc.

In training of personnel, HPB organises training programmes for health promotion practitioners both within and beyond DH.

HPB also conducts various research projects in order to evaluate the effectiveness of the ongoing programmes and to assess the needs of health promotion strategies.


## **Infection Control Branch**

The Infection Control Branch (ICB) focuses on fostering an infection control culture to reduce epidemic infections and minimise the spread of disease outbreaks in institutions in Hong Kong.

ICB develops, promulgates and evaluates best practices in infection control in hospitals and community institutions; organises training in infection control for health care and community settings; provides infection control advice to health professionals, institutions and the general public; supports epidemiological investigation of communicable disease outbreaks in hospitals and other institutions; conducts surveillance on infection hazards and monitoring of healthcare associated infections; provides secretariat support to the Scientific Committee on Infection Control; promotes and supports prevention, surveillance and control of antimicrobial resistance.

Since the setup of CHP in 2004, ICB has been playing a pivotal role in infection control in Hong Kong. ICB has established a solid foundation working in close partnership with its key stakeholders and has adopted a holistic approach to plan and implement infection control programmes to meet the evolving challenges of emerging infectious diseases. Arising from the emergence of COVID-19 epidemic in Hong Kong, ICB worked in collaboration with different government bureaux and departments, HA and other stakeholders fighting against time for prevention and control of COVID-19. The main roles and responsibilities of ICB include but not limiting to:

- Swift response on infection control support to the Government's anti-epidemic measures including inter-departmental meetings and on-site visits to provide timely



infection control advice and support the set-up of quarantine facilities/community isolation facilities/Community Testing/Vaccination Centres in different sites; actively participated in the evacuation operations for Hong Kong residents stranded outside Hong Kong, including Diamond Princess cruise and Hubei Operations; joint visit with other departments (including Electric and Mechanical Services Department, Building Department, etc.) to designated hotels to provide infection control advice, to carry out on-site assessment, and to provide immediate feedback of workflow on specimen collection;

- Promulgation of infection control guidelines and health advice to different stakeholders with timely update;
- Provision of infection control assessments/advice for specific events with public health implications, such as Standard Chartered Marathon, proposed public meetings, Hong Kong Book Fair, Ani-Com and Games Hong Kong, the Legislative Council polling exercise, etc. Besides, health advice is provided to schools in preparation of class resumption and conducting Hong Kong Diploma of Secondary Education Examination;
- Provision of timely infection control training and PPE training for healthcare professionals, staff of different Government Bureaux and Departments/quarantine facilities/designated hotels. Besides, ICB organised a three-day Symposium on “COVID-19: From Prevention to Control” from 8 to 10 December 2020. A range of important topics about COVID-19 from epidemiology, route of transmission to clinical management and control strategies were covered by four renowned overseas speakers (including Dr Maria Van KERKHOVE from the World Health Organization) and 23 local speakers. The symposium was well received with 853 participants joined via zoom webinar; and
- Conduction of fit tests for DH staff and fit testing training for different Government Departments or stakeholders.

The Antimicrobial Resistance (AMR) Division (formerly named AMR Office) was set up in 2016 under ICB to serve as an executive arm to the High Level Steering Committee and the Expert Committee on AMR to coordinate formulation of comprehensive and multi-sectoral policies to combat AMR. With the launching of the “Hong Kong Strategy and Action Plan on



Antimicrobial Resistance (2017-2022)” (Action Plan) by the Government in July 2017 which outlined key areas, objectives and actions to contain the growing threat of AMR in Hong Kong, the AMR Division has also taken up a coordination role to oversee and monitor the implementation of the Action Plan in partnership with key stakeholders. Development of the One Health AMR Information System was started in January 2020 for supporting various AMR surveillance activities.

To echo with the World Health Organization’s “SAVE LIVES: Clean Your Hands” initiative, Hand Hygiene Day has been marked annually on 5 May in Hong Kong to promote the importance of hand hygiene. For 2020, ICB launched multi-pronged promotional activities with the theme “Let’s Remind Each Other Keep Hands Clean Together!”, including setting up a thematic webpage, producing a promotional video and promotion poster. The video has been uploaded to CHP website, Facebook page and YouTube channel, and is broadcasted in various healthcare facilities. ICB continued to conduct the hand hygiene audit programme to improve and sustain hand hygiene compliance in the clinical services of DH.

The theme of Antimicrobial Awareness Week on 18 to 24 November 2020 was “United to Preserve Antibiotics”. Publicity activities include setting up of thematic webpage, distribution of health promotion materials, media/social media publicity, publishing articles about AMR on human, animal and food sides on the Hong Kong Medical Diary. ICB also published the findings of the “Knowledge, Attitude and Practice Survey of Medical Practitioners on AMR 2019” in October 2020. ICB and the Chief Infection Control Officer Office of HA jointly organised a one and a half day “Symposium on Advanced Infection Control 2020 Theme on Antibiotic Stewardship Program (ASP)” from 19 to 20 November 2020. The symposium aimed to update the knowledge in ASP, sharing practical experience provide tips on implementing ASP and driving changes in healthcare setting.

ICB continued to work with the key stakeholders in infection control and academia to update and develop the territory-wide infection control and clinical guidelines spanning across community, institutional and healthcare settings. ICB also collaborated with HA in developing recommendations on the clinical management of emerging infectious diseases of public health importance such as seasonal and novel influenza, Ebola virus disease, Zika virus, dengue fever and other vector-borne and zoonotic diseases.

To reduce the burden of healthcare associated infections (HAIs), ICB continued to collaborate with HA to formulate a standardised report of selected antibiotic resistant bacteria of both healthcare and public health importance under the health information



system of HA. ICB also conducted on-going surveillance of the healthcare associated infection (e.g. Methicillin-Resistant *Staphylococcus aureus*, surgical site infection surveillance etc.) in public hospitals. Based on strategies of the Scientific Committee on Infection Control, ICB made recommendations for controlling the transmission of healthcare associated infections and antibiotic resistant bacteria.

Starting from 2013/14, ICB has been dedicated to preventing the spread of multi-drug resistant organisms (MDROs) such as Carbarpenamese-producing Enterobacteriaceae (CPE) and Vancomycin resistant Enterococcus (VRE), in elderly homes in Hong Kong. The initiatives rolled out in the community included:

- Assessment and follow-up of MDRO carriers in Residential Care Homes for the Elderly (RCHEs);
- Enhancement to hand hygiene and MDRO prevention and control in RCHEs, with focus on staff's hand hygiene and PPE use, care of residents with medical devices, and prevention of healthcare-associated infections;
- To prevent outbreaks in RCHEs, data on RCHE outbreaks of influenza, upper respiratory tract infections and acute gastroenteritis in 2015-2017 were reviewed and analysed. As part of situation analysis, RCHEs with the most frequent outbreaks and those without outbreaks were selected for visit in 2018. Education and training was provided as necessary, while risk factors and protective factors were explored. In 2019, the "Outbreak Prevention Programme in RCHEs" was initiated successively in 51 RCHEs; and
- To better understand the extent of spread of *Candida auris* in the residential care setting and to plan further prevention and control actions, a point prevalence survey was conducted over a period from 16 November 2020 to 7 December 2020. A total of 422 residents were screened in 25 residential care homes.

To enhance the capability of healthcare professionals in the public and private healthcare settings on infection control and infectious disease management, the training strategies were focused more on programme-based high-end training, for example, combatting MDROs and controlling HAIs in special patient population. International experts have been invited to share their successful experience. Besides, ICB continued to provide regular and



right-on-time infection control training programmes for healthcare workers, healthcare-related personnel, government departments and the community, especially under the COVID-19 pandemic. For example, a number of PPE and fit-test training, several infection control forums on COVID-19, a three-day Symposium on COVID-19, etc. were organised. In 2020, ICB held 203 training activities with around 11 100 attendance.

In addition, ICB promulgated the use of the IT Training Portal to provide a platform for timely dissemination of relevant information on infection control and infectious diseases. Materials complementing training forums and news in infection prevention and control were regularly updated online and were freely open to both healthcare professionals and the general public alike.

## **Non-communicable Disease Branch**

The Non-communicable Disease Branch (NCDB) is responsible for surveillance and control of non-communicable diseases (NCDs) of significance to the Hong Kong population, including the formulation of strategies in relation to cancer prevention, promotion of physical activity, reduction of alcohol-related harm, prevention of injury and promotion of men's health, etc.

The Steering Committee on Prevention and Control of NCDs was established in 2008 to deliberate on and oversee the overall roadmap and strategy for the prevention and control of NCDs. The Working Group on Diet and Physical Activity was set up under the Steering Committee in 2008 to tackle the imminent problems caused by unhealthy dietary habits, physical inactivity and obesity, followed by the establishment of the Working Group on Alcohol and Health and the Working Group on Injuries in 2009 and 2012 respectively to make recommendations on the development, implementation and evaluation of the action plans for respective areas. The Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong prepared by the Working Group on Injuries was officially launched on 9 February 2015. The Action Plan outlines five strategic directions, nine recommendations and 16 actions to strengthen injury prevention. As of December 2020, among the 16 actions, 15 had targets achieved and one was in progress. To stand united in the global fight against NCDs, a task force underpinning the Steering Committee was set up in 2016 to support by deliberating and proposing a set of local NCD targets and indicators based on the World Health Organization guidance and making recommendations on systems, programmes and actions required to achieve effective NCD prevention and control. On the advice of the



Steering Committee, on 4 May 2018, the Hong Kong SAR Government launched the “Towards 2025: Strategy and Action Plan to Prevent and Control NCDs in Hong Kong” (SAP), which defines a set of nine local NCD targets to be achieved by 2025.

The Cancer Coordinating Committee was established in 2001 to steer the direction of work on prevention and control of cancer. The Cancer Expert Working Group on Cancer Prevention and Screening was formed under the Committee in 2002 to regularly review local and international scientific evidence and formulate local recommendations on cancer prevention and screening.

Cervical cancer is common among females in Hong Kong. Regular cervical screening is proven to be an effective way of preventing cervical cancer. To reduce the incidence and mortality of cervical cancer, the Government has been promulgating cervical screening in collaboration with the healthcare sector via various promotional and educational activities. To facilitate sharing of information among healthcare providers, DH established the Cervical Screening Information System (CSIS). It is a computerised registry for keeping and processing screening-related data, including participants’ personal information, screening results and next recommended screening date. Registration with the CSIS is free. After registering with the CSIS, the women can review their screening records, receive screening reminders and authorise service providers to review their screening records for more coordinated care.

The Colorectal Cancer Screening Programme was implemented as a pilot in 2016, regularised in 2018 and fully implemented in January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests every two years in the private sector for prevention of colorectal cancer.

The Men’s Health Programme which was launched in 2002 continued its strategic position as a health promotion programme that addressed men’s health issues comprehensively at different levels, including diseases, lifestyle, social influences, risk taking and health seeking behaviours. The ultimate goal is to improve the physical, mental and social health of the adult male population in Hong Kong.

NCDB collects health information on health status and health-related behaviours of Hong Kong adult population through regular household surveys. The information is useful for



monitoring the trend of health-related risks, which is important for planning, implementing and evaluating health promotion and disease prevention programmes. The territory-wide household-based Health Behaviour Survey (HBS) was commenced in April 2018. The HBS results were released in June 2020.

The survey fieldwork of the Unintentional Injury Survey 2018 has commenced since September 2018, and completed in 2019, where the survey results are expected to be released in 2021. This survey collects data to characterise Hong Kong's pattern of injuries from unintentional causes (commonly known as "accidents"). The collected data will support decision-making in health policy, resources allocation, provision of health services and programmes so as to prevent unintentional injuries and minimise harm arising from such injuries.

DH has commissioned the Chinese University of Hong Kong in July 2018 to conduct a territory-wide Iodine Survey to assess the iodine status of three population subgroups namely school-age children, pregnant and lactating women in Hong Kong. The survey includes face-to-face questionnaire interview and spot urine iodine test (for all subgroups) as well as thyroid ultrasonography (for school-age children only). The main fieldwork was conducted between February and December 2019, and the survey results are expected to be released in 2021.

The third territory-wide Population Health Survey (PHS) commenced in November 2020. The PHS aims to strengthen the Government's information base to assess the health status of the population and to support effective, evidence-based decision making in health policies, resource allocation and provision of health services and programmes.

The "HealthyHK" website, which was launched in February 2005, continued to serve as a platform which allows information sharing with a view to promote public health. Members of the public can access aggregated data through the "HealthyHK" website.

NCDB is also responsible for the daily operation the Public Health Information System. The aim of the information system is to enhance the ability to collect, analyse and disseminate health information to contribute towards making evidence-based decisions on health and health-related policies, resource allocation, and the planning, implementation and evaluation of health services.



The Toxicovigilance Section was established in 2007, which serves to enhance epidemiology surveillance for identification of poisoning risk in the community, the substances, circumstances and the population involved; and to strengthen investigation of poisoning incidents of public health significance so as to implement control measures in a timely manner.

## **Public Health Laboratory Services Branch**

The Public Health Laboratory Services Branch of CHP provides quality clinical diagnostic and public health laboratory services to the public and private health sectors for both patient care and public health functions.

It comprises three functional divisions, namely, Chemical Pathology and Haematology Division, Histopathology and Cytology Division and Microbiology Division. They are centralised in the Public Health Laboratory Centre in Shek Kip Mei and the Clinical Pathology Laboratory Centre in Lek Yuen, Sha Tin.

The Public Health Laboratory Centre is a laboratory for specialties including microbiology, and histopathology and cytology. The Clinical Pathology Laboratory Centre provides chemical pathology and haematology services.

The Chemical Pathology and Haematology Division provides chemical pathology and haematology laboratory services for DH and HA clinics, health centres, hospitals and other healthcare institutions in Hong Kong. The Division also provides laboratory service support to antenatal, elderly, and women health screening programmes.

The Histopathology and Cytology Division performs histopathological examination on tissues and cytological examination of both cervical and non-gynaecological cytology specimens.

The Microbiology Division provides public health and clinical microbiology laboratory services to clinics, hospitals and other healthcare institutions in Hong Kong. The Division processes patients' specimens and surveillance samples for the diagnosis and screening of infections. It supports the function of CHP in disease surveillance, prevention and control through regular collection of laboratory-based epidemiological data, and timely laboratory



diagnostic service for outbreak investigation. The Division is designated by the World Health Organization as National Influenza Centre, National Polio Laboratory and National Measles Laboratory for the Hong Kong Special Administrative Region, Supranational Tuberculosis Reference Laboratory, Regional Reference Laboratory for Measles and Rubella for the Western Pacific Region, global reference laboratory for influenza A (H5), Severe Acute Respiratory Syndrome and COVID-19. The Division is also designated by the World Health Organization as the provider of global External Quality Assessment Programme for influenza and COVID-19.

## Public Health Services Branch

The Public Health Services Branch aims at strengthening the prevention and control of tuberculosis, HIV and sexually transmitted diseases, and provides specialised clinical services.

## Social Hygiene Service

The Social Hygiene Service is responsible for the prevention and control of sexually transmitted infections. It also operates dermatology clinics for management of skin diseases including leprosy.

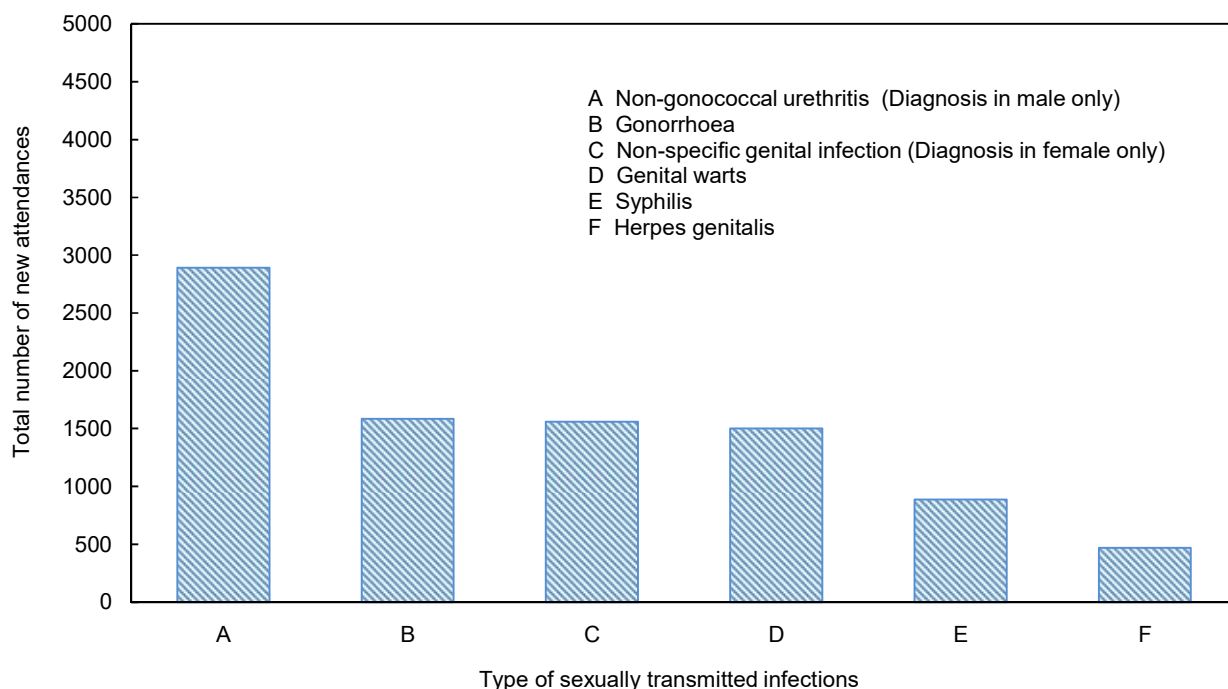
In the control of sexually transmitted infections, Social Hygiene Clinics accept walk-in clients and provide free medical treatment and counselling service for eligible persons, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carry out contact tracing, health education and outreach activities to control the spread of sexually transmitted infections. In addition to outpatient service, there are eight beds in Queen Elizabeth Hospital for the treatment of sexually transmitted infections and skin diseases.

In 2020, there were 107 309 total attendances and 17 807 new attendances at Social Hygiene Clinic<sup>1</sup>. Among the new attendances in 2020, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, gonorrhoea, non-specific genital infection, genital warts, syphilis and herpes genitalis (Figure 12).

<sup>1</sup> Some Social Hygiene Clinics also provide outpatient dermatology service. Figures shown are therefore not limited to attendances uniformly related to sexually transmitted diseases.



**Figure 12 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2020**



Note : Each new patient can be classified under one or more than one type of diseases.

The dermatology clinics provide specialist outpatient care to patients referred for skin conditions. The clinics are equipped with modern phototherapy and laser units. Skin conditions commonly seen include eczema, verruca, tinea, acne and psoriasis. In 2020, there were 12 887 new attendances and 125 258 total attendances.

## Special Preventive Programme

The Special Preventive Programme (SPP) is responsible for the prevention, surveillance and clinical management of HIV/AIDS, as well as the prevention of viral hepatitis. Its four main areas of activities include clinical programme, HIV prevention and health promotion, policy development as well as research and epidemiology programmes.

SPP's clinical programme specialises in the delivery of services to people living with HIV/AIDS. The services range from AIDS Hotline, AIDS Counselling and Testing, clinical consultation and treatment, nursing care to psychosocial support. Other clinical activities include management of needle-stick injuries, and dermatology and genitourinary medicine consultations. The HIV treatment service is mainly provided at the Integrated Treatment

Centre at Kowloon Bay Health Centre. In 2020, the total clinical attendance at SPP was 18 973, with a 23.7% decrease compared with the figure of 24 880 in 2019.

The HIV prevention and health promotion programme addresses HIV prevention in the community setting, and is mainly delivered through the operation of the Red Ribbon Centre (RRC). The mission of RRC is to facilitate and enhance the community's response to HIV/AIDS. Besides designing and implementing activities directly, SPP also collaborates with community agencies in undertaking a number of projects such as the "Red Ribbon in Action" AIDS Education Funding Scheme.

In response to the epidemic of HIV among men who have sex with men, RRC made use of local LGBT events such as Hong Kong Lesbian and Gay Film Festival and Digital "Pink Dot HK" in 2020 to enhance HIV and sexually transmitted diseases prevention among gay population.





To echo with UNAIDS initiatives and to commemorate the World AIDS Day on 1 December, RRC and the Hong Kong College of Family Physicians jointly organised the “HIV-STI Conference for Primary Health Care Professionals” on 28 November 2020. The objectives of the Conference are to provide participants with updates on treatment and prevention of HIV and sexually transmitted infections and enhance their knowledge of and sensitivity towards sexual minorities. About 580 healthcare workers attended the Conference online, most were from HA and DH.



As regards policy development, SPP provides secretariat and operational support to the Hong Kong Advisory Council on AIDS which advises on the overall AIDS programme in Hong Kong.

SPP’s research and epidemiology programme includes maintaining the voluntary HIV/AIDS reporting system, coordinating the HIV prevalence system, operating behavioural surveillance mechanism, supporting sexually transmitted infection and HIV genotyping surveillance programme and running a series of registries and cohorts.

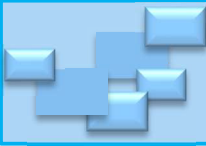
The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and the Chief Executive of HA, has been set up since 2018 to formulate strategies to effectively prevent and control viral hepatitis. The Viral Hepatitis Control Office was established under Special Preventive Programme in 2018 to coordinate

the actions and programmes related to prevention and control of viral hepatitis, including health education, surveillance and prevention of viral hepatitis, as well as to provide secretariat support to the Steering Committee.

To echo with the World Hepatitis Day 2020 on 28 July, an animated video with the theme “Hepatitis B causes cancer Make check-up regular” was produced and uploaded to CHP YouTube channel on 27 July 2020. Publicity campaign was launched with roving exhibition at Tiu Keng Leng Public Library in June 2020 and Kwai Tsing District Health Centre in August 2020 respectively, and bus shelter advertising from 24 July to 6 August 2020.

To achieve the World Health Organization’s goal of eliminating viral hepatitis as a major public health threat by 2030, SCVH formulated the Hong Kong Viral Hepatitis Action Plan 2020-2024 on 8 October 2020. The Action Plan provides the first road map for coordinating efforts of stakeholders in various sectors in reducing the public health burden of viral hepatitis in Hong Kong.





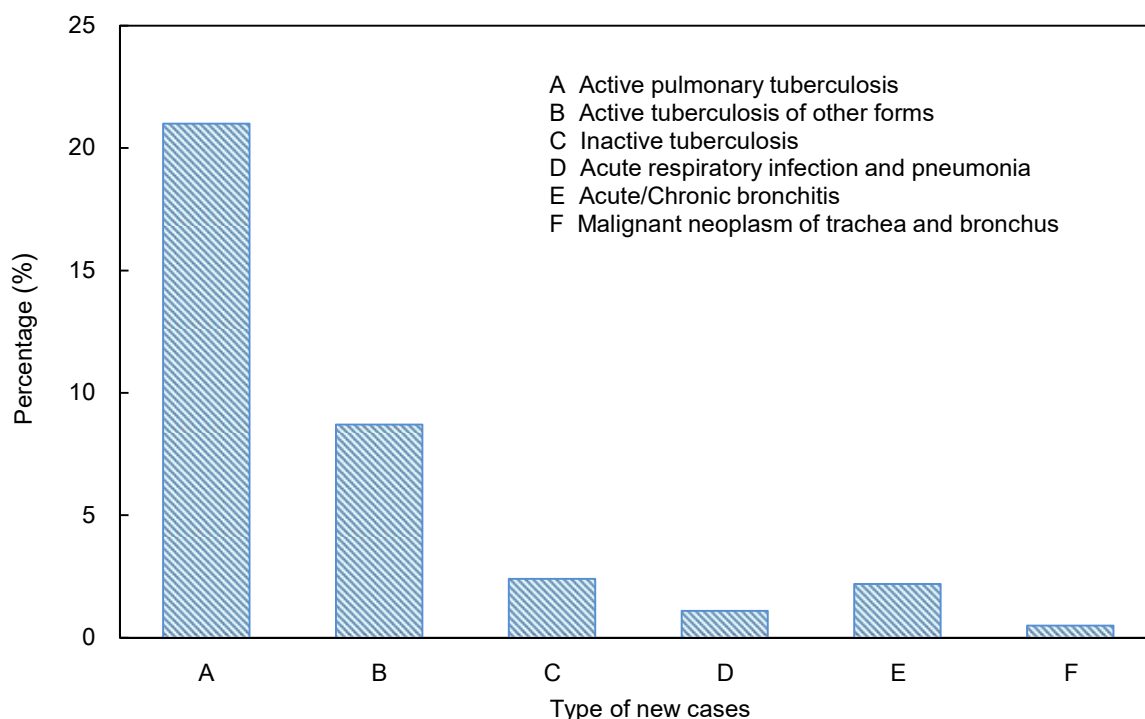
## Tuberculosis and Chest Service

The Tuberculosis and Chest Service plays a key role in the prevention and control of tuberculosis. Its main activities cover the surveillance of tuberculosis and case finding, directly observed treatment, Bacillus Calmette-Guerin (BCG) vaccination programme for newborns and children aged under 15, as well as health education and research.

The Tuberculosis and Chest Service operates 17 Chest Clinics in Hong Kong, providing outpatient service to patients suffering from tuberculosis and various chest diseases. In addition to Chest Clinics, the Service also runs a Pneumoconiosis Clinic which performs compensation assessment of patients with pneumoconiosis or mesothelioma, and offers related healthcare services.

The total attendance at Chest Clinics was 428 000 in 2020. The common types of new cases seen included active pulmonary tuberculosis, active tuberculosis of other forms, inactive tuberculosis, acute respiratory infection and pneumonia, acute/chronic bronchitis and malignant neoplasm of trachea and bronchus (Figure 13).

**Figure 13 : Common Types of New Cases Seen at Tuberculosis and Chest Clinics, 2020**



Note : Each new patient can be classified under one or more than one type of diseases.



The coverage of BCG vaccination for newborn babies has been persistently over 98% since 1980. Disseminated forms of tuberculosis in infants and young children are now relatively rare.



# REGULATORY AFFAIRS

The Controller, Regulatory Affairs oversees the following divisions, offices and health services:

- Boards and Councils Office provides secretariat support to health-related statutory Boards and Councils, including registration of healthcare professionals
- Chinese Medicine Regulatory Office which includes Chinese Medicine Council Secretariat, Chinese Medicines Information and Research Division, Chinese Medicines Management Division, Government Chinese Medicines Testing Institute, and Risk Analysis and Management Division
- Drug Office which includes Licensing and Compliance Division, Risk Management and Operations Division, Drug Evaluation and Pharmacovigilance Division, and Drug Information and Pharmacovigilance Division, and Drug Procurement and Clinic Service Division
- Health Sciences and Technology Office which includes Medical Device Division, Narcotics and Drug Administration Division and Radiation Health Division
- Office for Regulation of Private Healthcare Facilities
- Tobacco and Alcohol Control Office
- Forensic Pathology Service

## Chinese Medicine Regulatory Office

The Chinese Medicine Regulatory Office (CMRO) is responsible for the enforcement of Chinese Medicine Ordinance (Cap. 549), which was passed by the Legislative Council in July 1999. The Ordinance provides for the regulation of the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese medicines.

A statutory body, the Chinese Medicine Council of Hong Kong, was established in September 1999 under the Ordinance. CMRO provides professional and administrative support to the Council in devising and implementing regulatory measures for Chinese medicine.

CMRO also serves public health functions which include providing professional input to



investigation and response management of adverse events related to the use of Chinese medicines, communicating and collaborating with stakeholders in Chinese medicine field for prevention and control of diseases and providing public education on Chinese medicine.

By the end of 2020, there were 7 946 registered Chinese medicine practitioners (including 27 registered Chinese medicine practitioners with limited registration) and 2 503 listed Chinese medicine practitioners in Hong Kong.

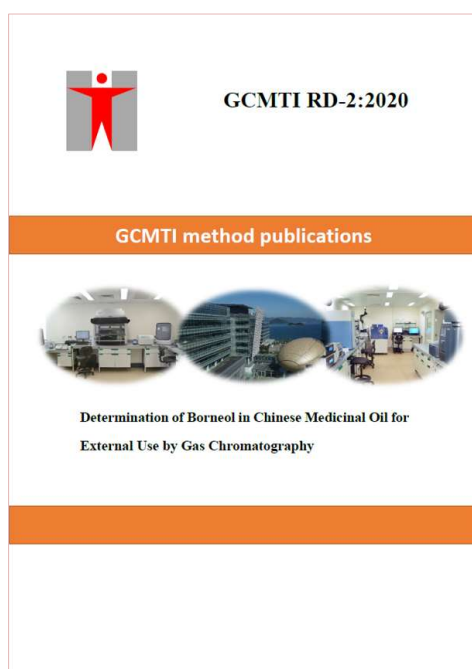
According to the Chinese Medicine Ordinance, any person who wishes to carry on the business of retail and wholesale of Chinese herbal medicines as well as the wholesale and manufacture business of proprietary Chinese medicines (pCm) must first apply for a relevant licence from the Chinese Medicines Board of Chinese Medicine Council of Hong Kong, and licensed proprietary Chinese medicines manufacturers may apply to the Chinese Medicines Board for a Certificate for Manufacturer (GMP Certificate) to certify that they follow the requirements of good practices in manufacture and quality control of proprietary Chinese medicines. As at 31 December 2020, there were a total of 7 583 Chinese medicines traders licences, including 21 manufacturers of proprietary Chinese medicines who also held the GMP Certificate. Since the implementation of the registration system for proprietary Chinese medicines on 19 December 2003, a total of 18 219 applications for proprietary Chinese medicines registration were received as at end of 2020.

The Hong Kong Chinese Materia Medica Standards (HKCMMS) Office was set up in 2001 to coordinate and manage a research project on the development of quality standards to ensure the safe use of commonly used Chinese herbs in Hong Kong. The research results of Phase I to X involving 330 herbs had been published in HKCMMS Volume 1 to 10 since 2005. The research and laboratory work of these 330 herbs was undertaken by eight research institutions, namely, the University of Hong Kong, the Chinese University of Hong Kong, the City University of Hong Kong, the Hong Kong University of Science and Technology, Hong Kong Baptist University, the Hong Kong Polytechnic University, the National Institutes for Food and Drug Control of the People's Republic of China and the China Medical University of Taiwan.

The Chief Executive announced in the 2015 Policy Address that the Government would plan and develop a testing centre for Chinese medicines to be managed by DH. The testing centre, now named as the Government Chinese Medicines Testing Institute (GCMTI), will



specialise in the testing of, and scientific research on, Chinese medicines with a view to setting internationally recognised reference standards for the safety, quality and testing methods of Chinese medicines. Pending the establishment of the permanent GCMTI, a temporary institute has been set up in the Hong Kong Science Park and has commenced operation in phases from March 2017. The targets and functions of GCMTI include continuing to formulate the reference standards for the Chinese medicines, setting up a number of advanced and internationally recognised accredited laboratories to embark on high-tech scientific research and develop testing methods, establishing a Chinese medicines herbarium of international standards and develop a related digitalised herbarium, setting up a training and technology transfer centre and further strengthening international collaboration. GCMTI has embarked on various research projects related to the identification work of Chinese medicines by applying technologies of macroscopic and microscopic identification, chemical analysis and DNA testing methods and has established a Chinese medicines herbarium with Hong Kong characteristics as well as developing a digitised database as a knowledge sharing platform to achieve the targets and functions of GCMTI. The permanent GCMTI will be constructed in Tseung Kwan O, next to the first Chinese Medicine Hospital in Hong Kong. DH and the Architectural Services Department are preparing to seek funding approval from the Legislative Council.



CMRO has been designated as the World Health Organization Collaborating Centre (CC) for Traditional Medicine since 2012. Being re-designated for another four years from June 2020, it has a mission to provide support to the World Health Organization on the



development of the World Health Organization's International Herbal Pharmacopoeia, testing of Chinese medicines and the implementation of the World Health Organization Traditional Medicine Strategy 2014-2023. The CC was also responsible for organising the World Health Organization consultation meetings for developing guidelines in the field of traditional medicine.

## **Drug Office**

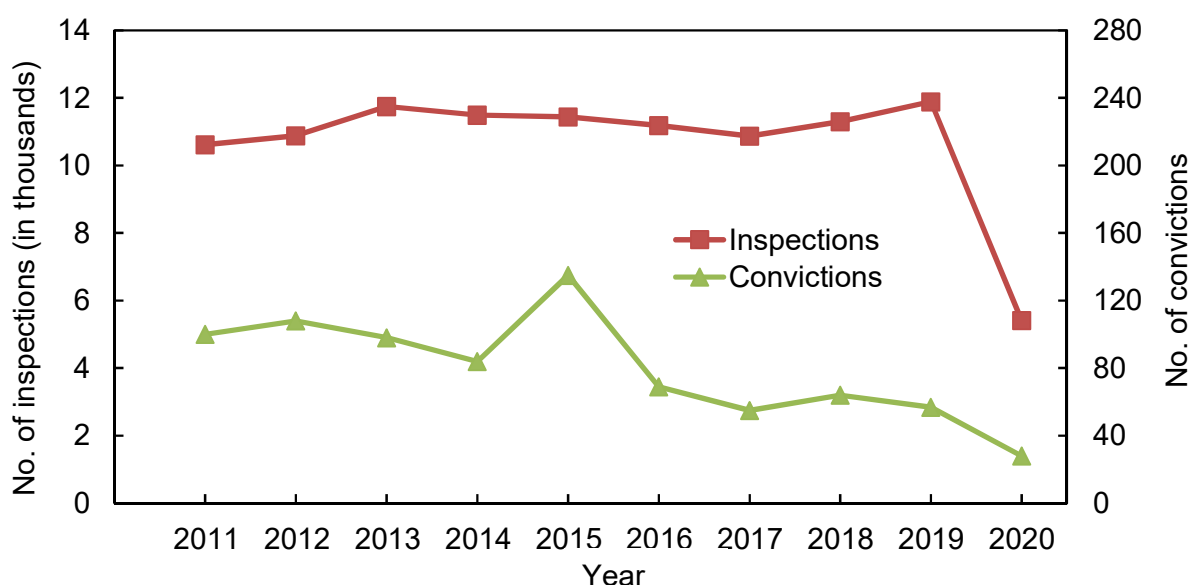
The Drug Office (DO) formulates plans on drug regulation and directs the implementation of various measures to enhance the regulation of pharmaceutical products in Hong Kong relating to drug safety, efficacy and quality for the protection of public health. DO provides professional support to and carries out the decisions of the Pharmacy and Poisons Board and its Committees established under the Pharmacy and Poisons Ordinance (Cap. 138) on licensing and regulatory control as well as registration of pharmaceutical products. DO also provides support to other DH services in drug procurement and dispensing. It comprises the Administration Division which provides administrative support to DO and the following five Divisions.

The Licensing and Compliance Division is responsible for enforcing the Pharmacy and Poisons Ordinance, the Antibiotics Ordinance (Cap. 137), and the Dangerous Drugs Ordinance (Cap. 134) through licensing and inspection of pharmaceutical manufacturers, wholesalers and retailers; and sampling of pharmaceutical products for analysis.

The Risk Management and Operations Division is responsible for market surveillance, and carrying out investigation and institution of prosecutions against offenders under drug-related Ordinances.

In 2020, the number of inspections conducted and convictions handled by DO were 5 405 and 28 respectively (Figure 14).

**Figure 14 : Number of Inspections conducted and Convictions handled by Drug Office\*, 2011 – 2020**



Note : \* Called the Pharmaceutical Service before 1 September 2011.

The Drug Evaluation and Import/Export Control Division is responsible for evaluating applications for the registration of pharmaceutical products on the basis of their safety, efficacy and quality; assessing applications of conducting clinical trial/medicinal test in relation to pharmaceutical products; and processing the import/export licensing of pharmaceutical products. In 2020, a total of 15 396 pharmaceutical products were registered. As for import/export control of pharmaceutical products, a total of 198 282 import and export licenses for pharmaceutical products were handled in 2020 by staff of the Drug Import and Export Control Unit.

The Drug Information and Pharmacovigilance Division is responsible for the enforcement of the Undesirable Medical Advertisements Ordinance (UMAO), and dissemination of drug information to healthcare providers and provides educational materials related to medicines to the public. To handle the Adverse Event Following Immunization related to COVID-19 vaccines, the DO forms the Adverse Drug Reaction (ADR) and Adverse Event Following Immunization (AEFI) Unit which is responsible for receiving and performing causality assessment of ADR and AEFI reports including those related to COVID-19 vaccines received from healthcare professionals and pharmaceutical industry.

Apart from the regulatory functions of the above four Divisions, the Drug Procurement and



Clinic Service Division is responsible for drug procurement, provision of dispensing services for the clinics of DH; and providing logistic support in stockpiling of selected drugs including vaccines and antiviral drugs for public health emergency purposes. In 2020, the expenditure of drugs supplied by DH dispensaries to various clinics of DH was around \$54.9 million. The Clinic Service Unit also provides drug dispensing services through 22 DH dispensaries to patients attending units including Social Hygiene, Tuberculosis and Chest, Dermatology, Maternal and Child Health, Elderly Health, Dental, Port Health and Families Clinics, and oversees the supply of drugs and other medical supplies to clinics, various clinical services of DH and institutions under the Correctional Services Department.

## **Health Sciences and Technology Office**

### **Medical Device Division**

The Medical Device Division (MDD) is responsible for implementation of the voluntary Medical Device Administrative Control System (MDACS) and development of a regulatory framework for statutory control of medical devices in the long term. MDACS has been implemented in phases since November 2004 and it covers the following aspects:

- listing of Classes II, III and IV general medical devices;
- listing of Classes B, C and D in-vitro diagnostic medical devices;
- recognition of Conformity Assessment Bodies;
- listing of local manufacturers;
- listing of importers;
- listing of distributors; and
- processing of safety alerts and adverse events.

MDD approved 475 new device listing applications, processed 1 161 safety alerts and 57 adverse event reports, and conducted 2 online workshops/seminars in 2020.

As for the development of statutory regulation of medical devices, the Government briefed



the Legislative Council Panel on Health Services in July 2018 on the development on the proposed regulatory regime. The Government is working on the Medical Device Bill on the basis of the latest proposal with a view to introducing the Bill to the Legislative Council in due course.

## **Narcotics and Drug Administration Division**

DH operates an outpatient methadone maintenance as well as a detoxification programme for opiate drug abusers. There are 19 Methadone Clinics in Hong Kong. Clinics open daily including Sundays and public holidays. In 2020, the average number of clients registered with the scheme was around 5 300 and the average daily attendance was around 4 100.

Upon admission to the Methadone Treatment Programme, doctors will conduct a detailed and structured assessment of the patients including their medical, social history, and physical conditions. Apart from medical assessment, the methadone clinics also provide various supportive services, such as counselling by doctors, social workers and peer counsellors, referral to other treatment and rehabilitation services, and tetanus, hepatitis B and influenza vaccinations.

As drug addicts constitute a high-risk group for human immunodeficiency virus (HIV) infection and other blood borne diseases, health education and counselling for patients is always a priority. Concomitant activities include provision of health education in methadone clinics, free distribution of condoms and provision of urine testing for HIV for patients of Methadone Treatment Programme.

## **Radiation Health Division**

The Radiation Health Division (RHD) is the Government's adviser on radiation safety and protection. It advises the Government on the protection of public health in nuclear incidents, management of radioactive materials and radioactive wastes, and the health effects of radiation. It serves as the executive arm of the Radiation Board to exercise control on radioactive substances and irradiating apparatus under the Radiation Ordinance (Cap. 303, Laws of Hong Kong) and safeguard occupational and public health through licensing control and inspection. It also provides radiation monitoring service and arrange health surveillance service for persons engaged in radiation work and provides precision calibration service on



reference radiological dosimetry instruments to radiation metrology laboratories.

In 2020, RHD assessed and processed 15 548 licences and permits and provided monitoring service to 13 204 persons engaged in work involving ionising radiation. The average radiation exposure of those persons engaged in work involving ionising radiation was 0.10mSv against an annual statutory limit of 20mSv.

During the year, Physicists of RHD have spoken at various training courses and workshops related to radiation safety and protection organized by DH and other government departments.

## **Office for Regulation of Private Healthcare Facilities**

The Office for Regulation of Private Healthcare Facilities (ORPHF) is responsible for implementing and maintaining the licensing and regulatory functions of different types of private healthcare facilities (PHFs) under the Private Healthcare Facilities Ordinance (Cap. 633) and certain medical clinics that are operated on a non-profit making basis under the Medical Clinics Ordinance (Cap. 343).

Under ORPHF, the Licensing Division is primarily responsible for enforcing statutory provisions under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (*up to 31 December 2020*), Cap. 633 and Cap. 343; whereas the Quality and Standards Division is mainly responsible for the development of standards and specifications for PHFs under the new regulatory regime; providing secretariat and professional support to the statutory committees established under Cap. 633; as well as monitoring PHFs' compliance with the health services-related land grant conditions and service deed requirements, including those imposed on private hospitals, scheduled nursing homes (SNHs) and medical clinics.

In 2020, ORPHF continued to monitor the compliance of statutory requirements by the registered healthcare institutions under Cap. 165. During the year, 320 inspections to a total of 12 private hospitals, 69 nursing homes and 11 maternity homes registered under Cap. 165 were conducted. As for medical clinics, 81 clinics were registered under Cap. 343 with 99 inspections conducted in 2020. ORPHF also handled 54 complaints related to

these institutions during the year.

To take forward the phased implementation of the new regulatory regime for PHFs, Cap. 165 was replaced by Cap. 633 on 1 January 2021. The first batch of licences under Cap. 633, covering those for 13 private hospitals and 201 day procedure centres (including provisional and full licences) have taken effect since 1 January 2021. In addition, a letter of exemption was issued to 10 SNHs. To tie in with the first batch of licences in effect, a Private Healthcare Facilities Register has been established, which lists the information of the licensed PHFs and the SNHs issued with a letter of exemption for public inspection at ORPHF website and the licensing office of ORPHF.

Two statutory committees have been set up under Cap. 633 in 2020. The Advisory Committee for Regulatory Standards for Private Healthcare Facilities is tasked to advise the Director of Health on matters relating to the regulation of PHFs, including devising and reviewing regulatory standards of PHFs as set out in the Codes of Practice (CoPs), advising on matters relating to licensing, regulation and compliance with the standards as well as making recommendations to enhance safety and quality standards of PHFs through regulation.

The Committee on Complaints against Private Healthcare Facilities is tasked to handle complaints against licensed PHFs on matters related to their compliance with Cap. 633 or the relevant CoP with effect from 1 January 2021. It also advises the Government on the policies on complaints management for PHFs.





## Tobacco and Alcohol Control Office

Smoking is the single most preventable cause of death and diseases in Hong Kong. In February 2001, DH established a Tobacco Control Office to coordinate and enhance Government's tobacco control efforts. The Government's established policy on tobacco control is to discourage smoking through a progressive and multipronged approach, contain the proliferation of tobacco use, and to the maximum extent protect the public from exposure to secondhand smoke. Tobacco Control Office has been renamed as Tobacco and Alcohol Control Office (TACO) in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600).

The mission of TACO is to nurture a smoke-free culture in Hong Kong through inter-sectoral collaboration and community mobilisation. After the passage of the Smoking (Public Health) (Amendment) Ordinance in 2006, the main service areas of TACO can be divided into enforcement, publicity and promoting smoking cessation. The priority functions include:

- acting as a principal enforcement agency under the Smoking (Public Health) Ordinance (Cap. 371);
- responsible for enforcing legislation that prohibits the sale and supply of intoxicating liquor to minors in the course of business;
- educating and assisting venue manager of statutory no smoking areas to ensure public compliance;
- promoting smoke-free culture through publicity and health education;
- coordinating smoking cessation service in DH; and
- assisting the policy bureau in reviewing tobacco control legislation.

In 2007, Tobacco and Alcohol Control Inspectors of TACO started the enforcement of smoking ban in statutory no smoking areas. Upon receipt of complaints, inspectors would arrange surprise check to the statutory no smoking areas concerned. They would also initiate proactive inspections to locations requiring enhanced inspections. Tobacco and



Alcohol Control Inspectors would initiate prosecution actions towards smoking offenders and advise the venue managers on the skills of implementing smoking ban.

The fixed penalty system came into operation on 1 September 2009. Anyone who smokes or carries a lighted cigarette, cigar or pipe in statutory no smoking areas or on public transport carriers will be issued with a HK\$1 500 fixed penalty notice by enforcement officers.

TACO received a total of 11 484 complaints against smoking violations and 1 270 enquiries in 2020. Tobacco and Alcohol Control Inspectors conducted a total of 36 100 inspections to no smoking areas, and 58 summonses and 6 587 fixed penalty notices were issued to smoking offenders respectively.

For illegal tobacco advertisements, TACO screened 1 536 printed publications. The Office received 72 complaints, and issued 35 warning letters against 33 cases of illegal tobacco advertisements during the same period.

In view of the development of COVID-19 epidemic situation in Hong Kong, no seminars on Smoking (Public Health) Ordinance (Cap. 371) were conducted in 2020.

TACO also distributed over 190 000 pieces of health education materials to venue managers and the public in 2020, including no smoking signs, posters and implementation guidelines, etc.

In order to encourage smokers to quit smoking, smoking cessation seminars were conducted for various organisations and businesses. In 2020, TACO conducted nine smoking cessation seminars with over 346 attendances. The Integrated Smoking Cessation Hotline (1833 183), manned by registered nurses, handled a total of 6 321 telephone calls and enquiries in 2020. Besides, TACO has also collaborated with NGOs to provide free community-based smoking cessation programmes and smoking prevention programmes for schools aiming for a smoke-free Hong Kong.

The Dutiable Commodities (Liquor) Regulations (Cap. 109B) has commenced on 30 November 2018. In 2020, TACO conducted over 18 540 compliance checks related to face-to-face distribution of intoxicating liquor. 308 non-compliant cases were detected. All the cases were rectified. In the same year, TACO received a total of 35 complaints related to face-to-face distribution of intoxicating liquor, including 21 complaints about suspected sale or supply of alcohol to minors and 14 complaints about non-compliance with prescribed notice requirement. In response, TACO conducted over 110 inspections, and all the irregularities were rectified. Besides, TACO conducted over 900 compliance checks related



to remote distribution of intoxicating liquor in 2020. 171 non-compliant cases were detected, and 189 advisory letters were issued after investigation.

## **Forensic Pathology Service**

The Forensic Pathology Service (FPS) provides forensic pathology and clinical forensic medicine services to government departments, including performance of forensic examinations on victims and suspects of sexual offences, and provision of expert opinions in the field of forensic medicine on consultation cases. It works closely with the Hong Kong Police Force and provides professional input on medico-legal aspects of criminal and other types of cases, including attendance at scenes of suspicious death to examine dead bodies and assist in crime scene investigation.

FPS is also responsible for the operation and management of public mortuaries, including handling the receipt, temporary storage, formal identification, post-mortem examination and release of bodies of reported deaths as stipulated in the Coroners Ordinance (Cap. 504). On the order of the Coroner, forensic pathologists will perform medico-legal autopsies and necessary laboratory investigations on dead bodies to ascertain and report on the causes of death to the Coroner and Police. Laboratory facilities to provide histopathology investigations are available at the public mortuaries.

In 2020, some 9 900 post-mortem examinations, 380 clinical medico-legal examinations and 27 900 laboratory examinations were performed.



# DENTAL SERVICES

The Consultant-in-charge Dental Services is responsible for work on improving the oral health of the population by promoting oral hygiene and oral health awareness in the community and facilitating the proper use of oral care service.

- Oral Health Education Division (OHED)
- School Dental Care Service (SDCS)
- Government Dental Clinics
- Oral Maxillofacial Surgery and Dental Clinics (OMSDC)

The Dental Services also collaborate with the Water Supplies Department in the regular monitoring of the level of fluoride in the water supply.

## Oral Health Education Division

To enhance the oral health of the public, OHED promotes oral health to all sectors of the community by producing oral health education materials, organising publicity campaigns, and engaging in collaborative projects with NGOs and professional bodies. There is an annual Love Teeth Campaign to help the public develop proper oral health habits. Information on oral health is also available to the public through the oral health education website or telephone enquiry made to OHED during office hours.

In addition to supporting other health service units, OHED continues Oral Health Promotion Programmes targeted at kindergarten children, primary students, secondary students and students with mild and moderate intellectual disability. It continues to strengthen its efforts on oral health promotion in a primary care approach and delivers more outreaching oral health educational activities to the primary school students through the “Bright Smiles Mobile Classroom” throughout the territory.

In 2020, OHED produced about 95 new titles of oral health education materials. The total attendance at its programmes and activities was more than 130 000.



## School Dental Care Service

SDCS promotes oral health and provides basic and preventive dental care to primary school children through eight School Dental Clinics in the territory. Services are provided by well-trained dental therapists under direct supervision of dental officers. It operates a website ([www.school dental.gov.hk](http://www.school dental.gov.hk)) to provide information on the Service and oral healthcare for the general public. Starting from the 2013/14 school year, SDCS was extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18.

In the 2019/20 school year, 359 500 primary school children from 637 schools enrolled in SDCS, accounting for 96.7% of the total primary school children population in Hong Kong. Of all school children who enrolled in 2020, 51% were rendered dentally fit.

## Government Dental Clinics

The Dental Services also fulfill the Government's contractual obligation to provide dental treatment to civil service eligible persons as part of the conditions of service (civil service benefits). Services are rendered through 40 Government Dental Clinics. In 11 of the Government Dental Clinics, free emergency dental services are provided to the general public at designated General Public Sessions, of which the scope of services include pain relief, teeth extraction, treatment of acute dental problems, as well as providing professional advice with regard to individual needs of patients.

The Government Dental Clinics accommodated 321 700 visits by civil servants and dependents, and 78 400 visits by general public patients in 2020.

## Oral Maxillofacial Surgery and Dental Clinics

Curative dental services are also provided to public hospital patients and prisoners/inmates of correctional institutions. OMSDC in seven public hospitals provide specialist oral maxillofacial surgery and dental treatment for hospital inpatients, patients with special oral healthcare needs and dental emergency. Such specialist services are provided through referral by HA or private practitioners. Consultation appointments are arranged for patients according to the urgency and nature of their conditions. Patients with emergency needs,

such as cases of dental trauma, will be provided with immediate consultation and treatment.

In 2020, a total of 9 100 patients with special oral healthcare needs were treated by OMSDC.



## STAFF TRAINING AND RELATIONS

### Training and Development

Human resource is a valuable asset of DH. DH is committed to providing diversified training and development opportunities for our staff to build their professional capacities and achieve DH's mission. The training programmes cover not only professional knowledge and skills such as public health, clinical incident management, regulatory and law enforcement, but also areas related to personal effectiveness and organisational management such as leadership and management, innovation and technology application, languages and communication, and customer service.

Professional training, one of the focus areas, is vital to the delivery of people-oriented public health service. Given the outbreak of COVID-19, many training and attachment programmes in places outside Hong Kong were cancelled or postponed in 2020. With a view to providing training and development opportunities for the officers in the midst of pandemic, DH sponsored over 1 000 officers to attend a wide variety of online and local courses organised by professional organisations or institutions instead. Though DH staff were fully engaged in anti-epidemic duties, over 470 officers joined commissioned programmes in order to acquire the most updated knowledge. Apart from inviting experts to conduct seminars and lectures, DH commissioned local universities to organise workshops on specific public health issues, research design and data analysis. As part of our continuous effort to foster a quality service culture, DH also organised thematic workshops on handling stress and mental health challenges brought by COVID-19.

DH continued to be accredited by the Medical Council of Hong Kong as the provider and administrator of the Continuing Medical Education (CME) Programme for practising doctors who are not taking CME programme for specialists. DH is also accredited by the Dental Council of Hong Kong as the provider and administrator of the Continuing Professional Development (CPD) Programme for practising dentists. The CME and CPD Programmes aim to encourage practising doctors and dentists to pursue continuous professional development with a view to strengthening their professional standard and competencies.

Besides, about 1 110 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, over 1 530



officers successfully completed web courses on the “Cyber Learning Centre Plus” in 2020.

Striving for excellence, DH will continue to develop best practices in training and development to achieve continuous improvement in professionalism and service quality.

## **Staff Relations**

DH places great emphasis on effective communication between staff and management through various channels of consultation. In addition to the Departmental Consultative Committee and five Grades Consultative Committees which meet quarterly, special meetings and briefing sessions are held on a need basis. DH makes use of different award schemes to give recognition and commendation to staff with outstanding performance, and encourages staff’s suggestions to enhance the quality of services. To help staff cope with stress and anxiety arising from work pressure and personal reasons, DH has appointed a professional agency to provide hotline counselling service. Besides, the Staff Relations and Subvention Section and Staff Club also organised various sports and recreational activities, such as ball game and picnic, to help relieve work pressure of staff. DH also keenly supports fund-raising activities of charitable organisations.



## INTERNATIONAL RELATIONS

DH maintained strong ties with international health authorities through regular correspondence and participation in their online conferences in 2020:

- In May, the Director of Health, as a member of the People's Republic of China delegation, attended the "73<sup>rd</sup> World Health Assembly of the World Health Organization" via video conferencing.
- In October, the Director of Health attended the online "71<sup>st</sup> Session of the World Health Organization Regional Committee for the Western Pacific".
- DH also arranged officers to attend virtual conferences, covering a broad spectrum of health-related topics, organised by international health authorities.

## COLLABORATION WITH MAINLAND AND MACAO

DH also continued to maintain a strong tie with the Mainland and Macao:

- In August, the Director of Health attended the opening ceremony of the Liantang Port/Heung Yuen Wai Boundary Control Point in Shenzhen.
- In December, the Director of Health attended a meeting in Shenzhen to exchange views with Mainland experts and officials on the COVID-19 epidemic situation.
- Furthermore, the Director of Health also had meetings with Mainland experts and officials for detailed exchanges on the anti-pandemic strategies.

## CORPORATE ENVIRONMENTAL PROTECTION

### Environmental policy and objectives

In support of the Government's commitment to setting a good example in environmental protection, the Department has been implementing the Green Manager Scheme since November 1993 to enhance green housekeeping measures in the workplace.

In June 1996, the Department issued a policy statement on environmental protection and designated a Departmental Green Manager to promote corporate green culture within the Department, remind staff of the department's environmental policy, enhance their awareness in green housekeeping practices, inspire their participation in green management programmes, initiate action plans where appropriate in supporting the Government's long-term strategy on environmental protection, and monitor the implementation of various green measures. Since 1998, the Department has incorporated major green management initiatives and performance into its annual departmental reports.

### Staff participation

To enable the effective implementation of various green measures, staff's support and vigorous participation are of particular importance. In this regard, the Department encourages staff to give suggestions on new initiatives of green management through the Staff Suggestion Scheme. Over the years, many practicable green proposals put forth by staff have been adopted.

Since 2005, individual Services of the Department have assigned energy wardens to monitor energy consumption in workplace and the implementation of various green housekeeping measures in offices and clinics/units under their purview.

Since end-2012, as an additional measure to further enhance green management, Services of the Department have designated a Service Green Manager to assist in coordinating the green practices and waste avoidance measures within the Service. Besides, a senior officer in each clinic/unit has been assigned as the Venue Green Manager to promote green management measures within the clinic/unit. In addition, "Green Corners" on notice boards



and Green Action Teams in clinics/units have been set up to promote green office culture.

## **Economical use of paper**

The Department has adopted the following housekeeping measures to economise the use of paper:

- Print/photocopy on both sides of clean paper;
- Reuse envelopes and file jackets;
- Avoid using fax leader page as far as possible;
- Roll out e-Leave system to replace printed leave application forms;
- Make use of electronic means in disseminating health messages such as uploading publications onto departmental website to keep printed publications to the minimum;
- Maximise the use of Internet and electronic mail facilities for circulation of circulars and guidelines, clinic timetable, telephone directory, etc. to reduce paper consumption;
- Send greeting cards in festive seasons by electronic means; and
- Make available e-forms for various licensing applications to the public on the government's official website.

In 2020-21, the paper and envelope consumptions were increased by 18.5% and 12.9% respectively when compared with 2019-20 to cater the additional requirements caused by the anti-epidemic work during COVID-19 pandemic.

## **Green purchase**

The Department has implemented the following green procurement initiatives to support the use of environmentally friendly products:

- Use recycled paper;



- Use plain paper fax machines instead of thermo fax machines so that making a second copy of the thermo fax paper for filing purpose is not required;
- Use energy efficient computer equipment, electrical appliances and office equipment;
- Use clinical waste bags and sharps boxes which are not made from polyvinylchloride materials and are suitable for incineration;
- Use plastic bags which are made of recycled material;
- Incorporate the use of degradable/recycled materials into the tender specifications for arranging outsourced cleansing service;
- Use mercury-free blood pressure monitors and thermometers;
- Use liquid crystal display monitors to replace old cathode ray tube monitors;
- Use recycled and reusable stationery and other office supplies such as refillable ballpoint pens, reusable toners and printer cartridges; and
- Encourage staff to incorporate the green specifications promulgated by the Environmental Protection Department in procurement.

In 2020, the Department purchased \$31.8 million of products and services with green specifications adopted.

## **Waste management**

The Department has been participating in the Waste Separation and Recycling Campaign since 2002. Waste separation bins are placed in clinics and office floors of the Department to enable separate collection of waste paper, aluminium cans and plastic bottles by waste collectors for recycling. In 2020-21, a total of 14 821 kg of waste paper was collected for recycling. In addition, empty toner cartridges of colour printers and laser printers have also been collected for recycling.

The Department follows the guidelines issued by the Environmental Protection Department




in segregation, packaging, labelling and storage of clinical wastes and chemical wastes. Clinical wastes, chemical wastes and domestic wastes generated from clinics and laboratories are segregated for disposal. Clinical wastes such as sharps boxes and used dressings are placed in red plastic waste bags, properly labelled, securely fastened and temporarily stored in the designated area before collection by clinical waste collectors for disposal. The designated area for clinical waste storage is provided with visibly clear warning sign, protected from water and rain, always kept clean and dry, and secure from unauthorised persons.

To comply with the Waste Disposal (Chemical Waste) (General) Regulation, chemical wastes generated from clinics and laboratories are segregated from clinical wastes and domestic wastes, temporarily stored in a designated area which is only accessible by relevant staff and collected by the licensed waste collectors for disposal.

## **Energy conservation**

The Department has adopted the following energy saving measures:

- De-lamp lights to the minimum required for illumination and switch off lights and non-essential electrical appliances while not in use;
- Modify group lighting switches to individual switches;
- Install air curtains at clinic entrances to prevent infiltration of untreated air from outside;
- Replace aged chillers with energy efficient chillers of central air-conditioning system;
- Install occupancy/motion sensors to automatically control the on/off of lighting in public areas;
- Replace T5 and T8 fluorescent tubes to the more efficient light-emitting diode (LED) tubes;
- Replace conventional illumination signs of emergency exit in clinics and offices with LED signs;

- 
- Maintain indoor temperature at 25.5°C during summer months for general offices and public areas as far as possible; and
  - Display “Save Energy” stickers in workplace to enhance staff awareness of energy conservation.

The electricity consumption of the Department in 2020-21 was 71 650 000 kWh. As compared with 2019-20, there was a decrease of 1.76% which was mainly attributed to service suspension due to COVID-19.

To identify practical and effective energy saving measures, the Department completed energy audit for 20 clinic buildings of high energy consumption by 2017. The Department will continue to work closely with the Electrical and Mechanical Services Department in implementing practical and effective electricity saving projects. In addition, the Energy Utilisation Index of these 20 clinic buildings has been displayed in a conspicuous position at the respective premises to help enhance transparency and facilitate monitoring.

Furthermore, to support the new “Green Energy Target” in 2019 Policy Address on improving the energy performance of government buildings and infrastructure by 6% by 2024-25, the Department has been arranging retro-commissioning for clinic buildings of considerable energy consumption.

Energy conservation through daily life can cut emissions of greenhouse gases to mitigate climate change. On the other hand, it can also reduce air pollution and the corresponding health risk such as respiratory and cardiovascular diseases.

## **Water management**

The Department has adopted the following water saving measures:

- Install auto-sensor water taps and water flow controllers in clinics and offices to reduce water use; and
- Display “Save Water” poster in pantry and washroom to enhance staff awareness of water conservation.



## Air quality improvement

Being the Government's health adviser, the Department has been taking a leading role in the smoke-free workplace policy since 1982. This policy has been applied to all institutions of the Department since 1996.

From both the green management and the infection control aspects, adequate fresh air ventilation in clinics and health centres is important for protecting the health of staff and clients. Since 1999, indoor air quality tests and cleaning of air ducts of air-conditioning systems in clinics and offices have been conducted by the Electrical and Mechanical Services Department periodically to enhance the operational efficiency of air-conditioning systems and ensure adequate fresh air ventilation.

In support of the Government's Indoor Air Quality Certification Scheme, 14 office premises which meet the participating criteria have been arranged to join the Scheme in 2020. All the participating office premises have attained "Good Class" certification.

To support reducing air pollution caused by exhaust emissions of vehicles, the Department has taken the following measures:

- Encourage staff to make use of public transport while performing outdoor duties;
- Instruct all drivers in the Department to switch off their car engines while waiting; and
- Arrange proper vehicle maintenance and timely replacement of catalytic converters for departmental vehicles.

## Smoking and tobacco control

The reduction of smoking prevalence and hence improvement in the air quality and public health is aimed to be achieved by discouraging smoking, educating the public, particularly the young, on the health risks involved, containing proliferation of tobacco use and protecting the public from passive smoking to the maximum possible extent. Statutory smoking ban now covers all indoor working places and public places as well as many outdoor places such as bathing beaches and public pleasure grounds. The smoking ban has been further



extended to the public transport facilities and bus interchanges leading to expressways and tunnels in phases. No person shall smoke or carry a lighted cigarette, cigar or pipe in statutory no smoking areas. Smoking alternative smoking products such as electronic cigarette or heated tobacco product in statutory no smoking areas is also prohibited. Offenders will be issued with a \$1 500 fixed penalty notice.

Hong Kong's smoking prevalence is among the lowest in the world. According to the Thematic Household Survey conducted by the Census and Statistics Department, the overall prevalence of smokers in Hong Kong has been on a decreasing trend over the past three decades from 23.3% in early 1980s to 10.2% in 2019. This continuous drop in the percentage is an indication of the effectiveness of the comprehensive tobacco control measures adopted by the whole society, including legislation, taxation, law enforcement, health promotion and provision of smoking cessation services.

## **Climate change and health**

Climate change represents an important threat to lives and wellbeing. Apart from altering transmission and occurrence of infectious diseases, climate change will also directly and indirectly increase the incidence of non-communicable diseases such as chronic respiratory diseases, cardiovascular diseases and heat stroke. Urgent action is required to protect health from climate change. In fact, mitigation of climate change in various sectors, including housing, transportation and energy, has many co-benefits that are reflected through substantial health gains and reduced health risks.

Moreover, many actions to protect the environment and cut down carbon footprint can result in benefit of our own health at the same time. The Department has been actively promoting a healthy living which can help protect the environment and fight climate change:

- Eat greener with more seasonal fruits and vegetables but less meat. Reducing meat consumption and moving to a plant-based diet can reduce greenhouse gas emissions and is better for the environment, and can also be beneficial for health.
- Travel more by walking and cycling, and less by motor vehicle. Active lifestyle can help maintain physical and mental health; it can also reduce greenhouse gas



emissions.

- For more tips on healthy living, please refer to our Change4Health website <http://www.change4health.gov.hk/>.

## FUTURE DEVELOPMENT

DH will undertake the following new initiatives in the coming years:

- Commencement of the Phase XII(A) of the Hong Kong Chinese Materia Medica Standards Project.
- To initiate new research projects on the safety, quality and testing methods of Chinese medicines by the Government Chinese Medicines Testing Institute.
- To continue working with the Architectural Services Department on the permanent Government Chinese Medicines Testing Institute in Tseung Kwan O with the design and construction scheduled to commence in Q2 2021.
- To continue ensuring public mortuaries to comply with the accreditation requirements in sustaining ISO 9001:2015 certification on the quality management of the operation of public mortuaries.
- To maintain the preparedness for mass fatality management by refining facilities for emergency use and capacity building.
- To roll out the new Clinical Information Management System (CIMS2).
- To follow up with the recommendations of the Feasibility Study for implementation of the Shared Licensing and Monitoring System.
- To conduct a department-wide Data Architecture Study.
- To implement the second phase of “Shall We Talk” mental health promotion and public education initiative which focuses on the importance of help-seeking and extends the target groups from youth to their parents and families.
- To continue implementing the “Healthy Drinks at School” Charter in school year 2021/22 for three school years.



- To conduct the Pilot Health Promotion Project for Ethnic Minorities on COVID-19 prevention and vaccination to provide home visits and hotline service.
- To develop, promulgate and evaluate the best practices in infection control in hospitals and community institutions.
- To organise training in infection control for healthcare workers and staff of residential care homes.
- To provide advice on infection control to health professionals, institutions and the general public.
- To promote hand hygiene in the community for better infection control.
- To support epidemiological investigation of communicable disease outbreaks in hospitals and other institutions.
- To conduct surveillance on infection hazards and monitoring of healthcare associated infections.
- To develop systems to provide handy and real time reference to important infection control measures/information via new technology (e.g. mobile applications) to people in need of immediate care.
- To conduct Pilot programme on rapid testing for Hepatitis C virus infection in methadone clinics.
- To implement the Private Healthcare Facilities Ordinance (Cap. 633) in phases.
- To construct a new Biosafety Level-3 laboratory suites at the Public Health Laboratory Centre with international accreditation to enhance the capacity of Public Health Laboratory Services Branch in handling emerging pathogens.
- To provide serologic testing after hepatitis B vaccination for babies born to mothers infected with hepatitis B virus.



- To conduct Community Stakeholders' Consultation before drafting the next Recommended HIV/AIDS Strategies for Hong Kong.
- To produce a short slide show containing photographs of the memorable moments of Hong Kong Advisory Council on AIDS (ACA) to commemorate ACA in its 30<sup>th</sup> Anniversary.

## Publications

DH actively takes part in conducting scientific researches and contributes manuscripts for publication in a number of journals in health sector. To enhance the professional development of healthcare professionals in Hong Kong, DH also regularly publishes bulletins and newsletters to disseminate information on matters of public health importance relevant to Hong Kong.

In line with the Government's green initiatives to economise the use of paper, DH makes use of on-line publications to disseminate our timely health messages. Examples are CHP Newsletter, Communicable Diseases Watch, Non-Communicable Diseases Watch, Poisoning Watch and Drug News.

CHP Newsletter features people and events having an interface with CHP. Through this means of communication, DH hopes that readers could get to understand CHP better and be able to align values, beliefs and practices in support of health protection in Hong Kong.

Communicable Diseases Watch aims at providing the public and healthcare professionals with up-to-date infectious disease news and knowledge relevant to Hong Kong. It is also an indication of CHP's commitment in responsive risk communication to address the growing community interest on infectious diseases.

Non-Communicable Diseases Watch is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of CHP's commitments in responsive risk communication and addressing the growing threats of non-communicable diseases to the health of our community.

Poisoning Watch aims to promote the local healthcare professionals' awareness of the local situation of poisoning, and to disseminate information on various aspects of the prevention and control of poisoning in Hong Kong, including the local epidemiology of poisoning and clinical management of poisoning cases.

Drug News provides a summary of safety alerts released by local and overseas drug regulatory authorities, as well as local risk assessment findings. The local drug recall and adverse incidents may also be included. Drug News aims to update healthcare professionals



with the latest drug safety information so that they can provide the most appropriate advice or therapeutic measures to their patients and the public.

Newsletter to Trade aims to strengthen communication with pharmaceutical traders, which include licensed manufacturers, wholesale dealers, retailers and holders of Certificate of Drug/Product Registration to enhance their knowledge on the regulatory requirements.

Apart from the regular publications, a number of ad hoc reports were published in 2020. The publications issued by different services in 2020 are listed below.

- Child Assessment Service Epidemiology and Research Bulletin (CASER) Issue 17 – 18
- AIDS Newsletter, No.76 – 77
- Avian Influenza Report, Vol. 16, No.1 – 52
- CHP Newsletter, Issues 46 – 47
- Communicable Diseases Watch, Vol. 17, No. 1 – 11
- EatSmart Restaurant Star+ Newsletter, 2020 Issue No. 2
- ESS Monthly eNewsletter, January – June, September – December 2020
- EV Scan, Week 1 – 52
- Flu Express, Vol. 17, No.1 – 52
- HIV Surveillance Report - 2019 Update
- Hong Kong Chinese Materia Medica Standards, Vol. 10
- Hong Kong STD/AIDS Update, Vol. 26, No.1 – 4



- Hong Kong Viral Hepatitis Action Plan 2020 – 2024
- Joyful Fruit Month eNewsletter, April and December 2020
- Newsletter of Elderly Health Service, No.53 – 55 (only available in Chinese)
- Poisoning Watch, Vol. 13, No.1
- Report of Health Behaviour Survey 2018/19
- Report on Invasive Pneumococcal Disease, No. 1 – 12
- Surveillance of Viral Hepatitis in Hong Kong - 2019 Report
- The Node, Vol. 22, No.1 – 2
- Yearbook of Red Ribbon Centre 2019 – 20



# Appendix III

## Medical Institutions on Hong Kong Island (As at 31 March 2021)

Institutions with Services Provided by Department of Health	District Council District
1. Aberdeen Jockey Club Clinic (methadone clinic, dental clinic and elderly health centre)	Southern
2. Ap Lei Chau Clinic (maternal and child health centre)	Southern
3. Chai Wan Health Centre (woman health centre, student health service centre and special assessment centre)	Eastern
4. Chai Wan Maternal and Child Health Centre	Eastern
5. Eastern Street Methadone Clinic	Central & Western
6. Harbour Building Dental Clinic	Central & Western
7. Hong Kong Police College Dental Clinic	Southern
8. Kennedy Town Community Complex Dental Clinic	Central & Western
9. MacLehose Dental Centre/Tang Shiu Kin School Dental Clinic	Wan Chai
10. Pamela Youde Nethersole Eastern Hospital (social hygiene clinic and dental clinic)/Chai Wan Families Clinic/Chai Wan Government Dental Clinic	Eastern
11. Queen Mary Hospital (dental clinic)	Southern
12. Queensway Government Offices Dental Clinic	Central & Western
13. Rumsey Street Multi-storey Carpark Building (student health service centre and special assessment centre)	Central & Western
14. Sai Wan Ho Health Centre (maternal and child health centre)	Eastern
15. Sai Ying Pun Jockey Club Polyclinic (elderly health centre, maternal and child health centre, chest clinic, dermatology clinic, X-ray survey centre and dental clinic)	Central & Western
16. Shau Kei Wan Jockey Club Clinic (chest clinic, pneumoconiosis clinic, methadone clinic and elderly health centre)	Eastern
17. Southorn Centre (methadone clinic and elderly health centre)	Wan Chai
18. Stanley Dental Clinic	Southern
19. Tang Chi Ngong Specialist Clinic (maternal and child health centre and social hygiene clinic)/Hong Kong Families Clinic	Wan Chai
20. Tang Shiu Kin Dental Clinic	Eastern



## Medical Institutions on Hong Kong Island (As at 31 March 2021) (Cont'd)

<b>Institutions with Services Provided by Department of Health</b>	<b>District Council District</b>
21. Victoria Road Dental Clinic	Central & Western
22. Wan Chai Polyclinic (chest clinic and dental clinic)	Wan Chai
23. Western Dental Clinic	Central & Western
24. Wu Chung House (travel health centre)	Wan Chai

<b>Health Centres in Correctional Services Department</b>	<b>District Council District</b>
25. Pak Sha Wan Correctional Institution	Southern
26. Stanley Prison	Southern
27. Tung Tau Correctional Institution	Southern



## Medical Institutions in Kowloon (As at 31 March 2021)

Institutions with Services Provided by Department of Health	District Council District
1. Argyle Street Jockey Club School Dental Clinic (school dental clinic and oral health education resource centre)	Kowloon City
2. Central Kowloon Child Assessment Centre	Kowloon City
3. East Kowloon Polyclinic (maternal and child health centre and chest clinic)	Wong Tai Sin
4. Ho Man Tin Methadone Clinic	Kowloon City
5. Hong Kong Children's Hospital (genetic counselling clinic and genetic screening clinic)	Kowloon City
6. Hung Hom Clinic (methadone clinic)	Kowloon City
7. Kowloon Bay Health Centre (student health service centre, integrated treatment centre, radio-diagnostic and imaging centre and AIDS counselling and testing service)	Kwun Tong
8. Kowloon City Health Centre (maternal and child health centre and dental clinic)/Kowloon Families Clinic	Kowloon City
9. Kowloon Chest Clinic	Kowloon City
10. Kwun Tong Community Health Centre Building (maternal and child health centre and dental clinic)	Kwun Tong
11. Kwun Tong Methadone clinic	Kwun Tong
12. Lam Tin Community Complex (elderly health centre)	Kwun Tong
13. Lam Tin Polyclinic (maternal and child health centre, school dental clinic, woman health centre, student health service centre and special assessment centre)	Kwun Tong
14. Li Po Chun Dental Clinic	Yau Tsim Mong
15. Lions Clubs Health Centre (student health service centre and elderly health centre)	Kowloon City
16. Nam Shan Health Centre (elderly health centre)	Sham Shui Po
17. Ngau Tau Kok Jockey Club Clinic (methadone clinic , child assessment centre and Family Medicine Education and Training Centre)	Kwun Tong
18. Queen Elizabeth Hospital (genetic counselling clinic and dental clinic)	Yau Tsim Mong
19. Robert Black Health Centre (maternal and child health centre , elderly health centre and methadone clinic)	Wong Tai Sin
20. Sham Shui Po Public Dispensary (methadone clinic)	Sham Shui Po
21. Shek Kip Mei Health Centre (chest clinic)	Sham Shui Po



## Medical Institutions in Kowloon (As at 31 March 2021) (Cont'd)

<b>Institutions with Services Provided by Department of Health</b>	<b>District Council District</b>
22. Wang Tau Hom Jockey Club Clinic (maternal and child health centre)	Wong Tai Sin
23. West Kowloon Government Offices (student health service centre, special assessment centre and dental clinic)	Yau Tsim Mong
24. West Kowloon Health Centre (maternal and child health centre and dermatology clinic)/Cheung Sha Wan Government Offices Dental Clinic/Travel Health Centre	Sham Shui Po
25. Wu York Yu Health Centre (maternal and child health centre, methadone clinic and student health service centre)	Wong Tai Sin
26. Yau Ma Tei Jockey Club Polyclinic (chest clinic, social hygiene clinic, dental clinic, elderly health centre, dermatology clinic and methadone clinic)	Yau Tsim Mong
27. Yau Ma Tei Maternal and Child Health Centre	Yau Tsim Mong
28. Yung Fung Shee Memorial Centre (chest clinic, social hygiene clinic, dermatology clinic and dental clinic)/Pamela Youde Polyclinic (child assessment centre)	Kwun Tong

<b>Health Centres in Correctional Services Department</b>	<b>District Council District</b>
29. Lai Chi Kok Reception Centre	Sham Shui Po
30. Phoenix House	Sham Shui Po



## Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2021)

Institutions with Services Provided by Department of Health	District Council District
1. Fanling Health Centre (maternal and child health centre, social hygiene clinic, dental clinic, radio-diagnostic and imaging centre, school dental clinic and child assessment centre)/Fanling Families Clinic	North
2. Lek Yuen Health Centre (maternal and child health centre and elderly health centre)	Sha Tin
3. Ma On Shan Health Centre (maternal and child health centre and dental clinic)	Sha Tin
4. Mona Fong Clinic (chest clinic, dental clinic and Sai Kung Families Clinic)	Sai Kung
5. Mui Wo Clinic (maternal and child health centre)	Islands
6. North District Hospital (dental clinic)	North
7. Pamela Youde Child Assessment Centre, Dental Clinic and School Dental Clinic	Sha Tin
8. Prince of Wales Hospital Li Ka Shing Specialist Clinic (dental clinic)	Sha Tin
9. Sha Tin (Tai Wai) Clinic (methadone clinic and student health service centre)	Sha Tin
10. Shek Wu Hui Jockey Club Clinic (chest clinic, methadone clinic, student health service centre and elderly health centre)	North
11. St. John Hospital (maternal and child health centre, chest clinic, methadone clinic and dental clinic)	Islands
12. Tai O Dental Clinic	Islands
13. Tai Po Jockey Club Clinic (chest clinic, methadone clinic and student health service centre)	Tai Po
14. Tai Po Wong Siu Ching Clinic (maternal and child health centre, dental clinic and elderly health centre)	Tai Po
15. Tseung Kwan O Jockey Club Clinic (elderly health centre)	Sai Kung
16. Tseung Kwan O Po Ning Road Health Centre (dental clinic and maternal and child health centre)	Sai Kung
17. Tung Chung Health Centre (maternal and child health centre, chest clinic, dental clinic and elderly health centre)	Islands
18. Yuen Chau Kok Clinic (chest clinic)	Sha Tin



## Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2021) (Cont'd)

<b>Health Centres in Correctional Services Department</b>	<b>District Council District</b>
19. Hei Ling Chau Addiction Treatment Centre	Islands
20. Hei Ling Chau Correctional Institution	Islands
21. Lai Chi Rehabilitation Centre	Islands
22. Lo Wu Correctional Institution	North
23. Nei Kwu Correctional Institution	Islands
24. Pik Uk Correctional Institution	Sai Kung
25. Pik Uk Prison	Sai Kung
26. Sha Tsui Correctional Institution	Islands
27. Shek Pik Prison	Islands
28. Tong Fuk Correctional Institution	Islands



## Medical Institutions in New Territories West (As at 31 March 2021)

Institutions with Services Provided by Department of Health	District Council District
1. Castle Peak Hospital (dental clinic)	Tuen Mun
2. Ha Kwai Chung Polyclinic and Special Education Services Centre (child assessment centre, dental clinic and school dental clinic)	Kwai Tsing
3. Kwai Chung Hospital (dental clinic)	Kwai Tsing
4. Kwai Shing Elderly Health Centre	Kwai Tsing
5. Lady Trench Polyclinic (methadone clinic and elderly health centre)/Tsuen Wan Dental Clinic	Tsuen Wan
6. Madam Yung Fung Shee Health Centre (maternal and child health centre, dental clinic and elderly health centre)	Yuen Long
7. New Territories Families Clinic	Tsuen Wan
8. North Kwai Chung Clinic (maternal and child health centre)	Kwai Tsing
9. Princess Margaret Hospital (dental clinic)	Kwai Tsing
10. Sheung Kwai Chung Government Dental Clinic	Kwai Tsing
11. Sheung Kwai Chung Prosthodontic Clinic	Kwai Tsing
12. South Kwai Chung Jockey Club Polyclinic (maternal and child health centre, chest clinic and student health service centre)	Kwai Tsing
13. Tai Lam Dental Clinic	Tuen Mun
14. Tin Shui Wai Health Centre (maternal and child health centre)	Yuen Long
15. Tsuen Wan Government Offices Dental Clinic	Tsuen Wan
16. Tsuen Wan Maternal & Child Health Centre	Tsuen Wan
17. Tuen Mun Clinic (methadone clinic and student health service centre)	Tuen Mun
18. Tuen Mun Eye Centre (social hygiene clinic)	Tuen Mun
19. Tuen Mun Hospital (child assessment centre and dental clinic)	Tuen Mun
20. Tuen Mun School Dental Clinic	Tuen Mun
21. Tuen Mun Wu Hong Clinic (maternal and child health centre, elderly health centre and woman health centre)	Tuen Mun
22. Yan Oi Polyclinic (maternal and child health centre, chest clinic and dental clinic)	Tuen Mun
23. Yuen Long Government Offices Dental Clinic	Yuen Long
24. Yuen Long Jockey Club Health Centre (chest clinic, methadone clinic, dental clinic and student health service centre)	Yuen Long



## Medical Institutions in New Territories West (As at 31 March 2021) (Cont'd)

<b>Health Centres in Correctional Services Department</b>	<b>District Council District</b>
26. Lai King Correctional Institution	Kwai Tsing
27. Siu Lam Psychiatric Centre	Tuen Mun
28. Tai Lam Centre for Women	Tuen Mun
29. Tai Lam Correctional Institution	Tuen Mun

# Appendix IV

## Statement of Expenditure by Programme 2020/21

Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	1,209.00	0.0	1,209.00
2. To prevent and control diseases and reduce preventable diseases and premature deaths	8,365.90	94.9	8,460.80
3. To promote health and increase health awareness in the community and among specific target groups	340.40	95.7	436.10
4. To provide specialised out-patient treatment for various illnesses	1,131.80	6.4	1,138.20
5. To provide comprehensive assessment for children with developmental problems and disabilities	156.90	0.0	156.90
6. To contribute to Government's overall strategy for the control of drug abuse	57.40	139.7	197.10
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	1,870.20	0.0	1,870.20
8. To discharge the personnel management responsibility for the civil servants working in the Hospital Authority, to maintain their morale and efficiency to facilitate the smooth operation of all public hospitals in a mixed staff situation, and to look after the interests of these civil servants	10.30	0.0	10.30
<b>Total</b>	<b>13,141.9</b>	<b>336.7</b>	<b>13,478.60</b>

# Appendix V

## Government Medical Subventions to Voluntary Institutions 2020/21

<b>Government Medical Subvention</b>	<b>Subventions for 2019/20 (\$)</b>
<b>Recurrent Subvention</b>	
Caritas Hong Kong	8,561,500
Family Planning Association of Hong Kong	64,043,014
Hong Kong Council on Smoking and Health	25,907,000
Hong Kong Red Cross	1,588,000
Hong Kong St. John Ambulance	17,412,080
Society for the Aid and Rehabilitation of Drug Abusers	114,686,549
Tung Wah Group of Hospitals – Chinese Medicine Clinics	3,715,000
Hong Kong Christian Service	11,187,000
Tung Wah Group of Hospitals–Smoking Cessation Programme	30,600,000
Pok Oi Hospital	7,400,000
Po Leung Kuk	1,711,000
The Lok Sin Tong Benevolent Society, Kowloon	2,986,228
United Christian Nethersole Community Health Service	4,380,000
Life Education Activity Programme	2,719,000
The University of Hong Kong	900,000
Cartias Dental Clinics Limited – Outreach Dental Care Programme for the Elderly (ODCP)	701,945
Chi Lin Nunnery - ODCP	2,382,390
Christian Family Service Centre Dental Services Limited - ODCP	1,162,805
Haven of Hope Christian Service - ODCP	705,600
The Hong Kong Tuberculosis, Chest & Heart Diseases Association - ODCP	1,268,380
Pok Oi Hospital - ODCP	5,386,678



Project Concern Hong Kong - ODCP	511,850
Tung Wah Group of Hospitals Dental Services Limited - ODCP	3,976,135
Yan Chai Hospital - ODCP	1,195,332
Yan Oi Tong - ODCP	11,501,653
Christian Family Service Centre Dental Services Limited - Healthy Teeth Collaboration (HTC)	219,317
Haven of Hope Christian Service - HTC	326,324
Loving Smiles Foundation Limited - HTC	1,903,390
The Hong Kong Tuberculosis, Chest & Heart Diseases Association - HTC	174,068
Tung Wah Group of Hospitals Dental Services Limited - HTC	53,115
<b>Total Recurrent Subventions</b>	<b>329,265,353</b>
<b>Capital Subvention</b>	
Family Planning Association of Hong Kong	2,030,374
Hong Kong Christian Service	200,000
Hong Kong Council on Smoking and Health	100,800
Society for the Aid and Rehabilitation of Drug Abusers	5,053,000
<b>Total Capital Subventions</b>	<b>7,384,174</b>