

Chapter 8

Health

The Government makes every effort to ensure no one in Hong Kong is denied medical care due to lack of means. Both the public and private medical sectors provide a wide range of healthcare services that include a low cost public healthcare 'safety net' for the needy. The Government is pushing ahead with reforms in the delivery and financing of healthcare services to cope with changing demographic structure and rising medical costs. The Government also takes measures to protect public health including disease control, health promotion and education, tobacco control, etc.

2009 Figures at a Glance

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|---------------------------------|--|--------------------------------|
| <i>Infant Mortality Rate</i> | 1.7 per 1 000 registered live births | |
| <i>Maternal Mortality Ratio</i> | 2.4 per 100 000 registered live births | |
| <i>Life Expectancy 2009</i> | 79.8 (Male) | 86.1 (Female) |
| <i>2036</i> | 82.7 (Male) | 88.3 (Female) <i>projected</i> |

(*provisional figures)

Hong Kong has a quality healthcare system supported by a highly professional team of healthcare workers. The infant mortality rate has been falling steadily over the past 20 years and was the lowest in the world in 2007. Hong Kong people's life expectancy has improved notably. In 2009, it was 79.8 years for males and 86.1 years for females (* provisional figures). Male and female expectancy figures were the third and second highest in the world in 2007.

But Hong Kong's healthcare system comes at a price. Hong Kong's Domestic Health Accounts (DHA)¹ show that Hong Kong's total health expenditure increased from 3.5 per cent to 5.1 per cent of Gross Domestic Product (GDP) over the period 1989-90 to 2005-06. As a percentage of total health expenditure, public health spending over the same period rose from 40 per cent to 52 per cent. Public health spending in the 2005-06 financial year amounted to \$36.9 billion, or 2.6 per cent of

¹ A series of accounts compiled over the years in accordance with the International Classification for Health Accounts (ICHA) Framework developed by the Organisation for Economic Co-operation and Development to keep track of Hong Kong's health spending and to allow for international comparison.

GDP. Hong Kong's ageing population, rising expectations of health care, and soaring medical costs pose a challenge to the Government in the long run and are matters of concern to the community.

Organisational Framework

The Food and Health Bureau's responsibilities include formulating policies and allocating resources for running Hong Kong's health services. It also strives to strengthen the healthcare system to ensure these policies are carried out effectively in order to protect and promote public health, provide lifelong holistic health care to every citizen, and ensure that no one is denied adequate medical treatment due to lack of means.

The Department of Health is the Government's health adviser and agency to execute healthcare policies and statutory functions. It safeguards the community's health through a range of promotional, preventive, curative and rehabilitative services.

The Hospital Authority is a statutory body established in 1990 under the Hospital Authority Ordinance to provide public hospital and related services. It offers medical treatment and rehabilitation services to patients through hospitals, specialist clinics, general outpatient clinics, and outreaching services that are organised into seven clusters that together serve the whole of Hong Kong.

The Health and Medical Development Advisory Committee (HMDAC), chaired by the Secretary for Food and Health, comprises 14 non-official members drawn from different sectors of the community. Its role is to review regularly the way healthcare services are provided and to draw up a long-term plan to ensure the sustainable development of Hong Kong's healthcare system.

Healthcare Reform

In July 2005, the HMDAC issued a discussion paper on the desired future healthcare service delivery model. This contained proposals that won extensive public support. Its key recommendations include:

- (a) putting more emphasis on primary healthcare services and promoting the family doctor concept;
- (b) strengthening collaboration and co-operation between the public and private sectors with the former focusing more on its priority areas;
- (c) caring for the elderly, patients with chronic diseases and patients in the rehabilitation stage in the community as far as possible; and
- (d) making use of information technology to establish a territory-wide electronic patient record system.

In accordance with the proposals made by the HMDAC, the Government published the healthcare reform consultation document 'Your Health, Your Life' in March 2008, putting forward a package of inter-connected reform proposals on the

following aspects and initiating the first-stage public consultation which lasted for three months:

- (a) enhance primary care services;
- (b) promote public-private partnership in healthcare;
- (c) develop electronic health record sharing;
- (d) strengthen the public healthcare safety net; and
- (e) reform healthcare financing arrangement.

The first stage public consultation on healthcare reform showed that the community generally recognised an imminent need for healthcare reform; that it had a clear consensus on the service reform proposals and felt the Government should act on them. The public in general agreed that the ageing population and rising medical costs would lead to a vast increase in medical expenditure, and the Government therefore needed to address the financing issue to maintain the sustainability of the healthcare system. However, the public had reservations about the mandatory healthcare supplementary financing options proposed in the consultation documents.

The Government has stated that it will increase the health budget progressively from 15 per cent to 17 per cent of recurrent expenditure. Meanwhile, it has been taking forward the healthcare service reform measures which have received wide public support, including the enhancement of primary care service, promotion of public-private partnership in healthcare and development of a territory-wide electronic health record sharing system. It will also strengthen the public healthcare services safety net to provide better protection for patients requiring costly drugs and treatment.

The Government is working on a voluntary supplementary financing scheme that will aim to make available a wide choice of private healthcare services for those who are able to afford them by using schemes comprising insurance and savings components that will be standardised and regulated by the Government. The Government will also consider using the \$50 billion set aside to support implementation of healthcare financing reform to provide incentives or subsidies for those participating in the scheme. This will both ease the pressure on the public healthcare system and benefit people in need of public health care services.

Primary Healthcare and Medical Services

Primary healthcare covers a wide range of public health services such as health promotion and disease prevention. It is the first step in the healthcare process, comprising general outpatient services, specialised health care, and specialist medical treatment, provided by public healthcare organisations for people in specific age groups who do not require hospital attention.

Figures available to the DHA in 2009 show spending on primary healthcare, which includes spending on public general outpatient clinics, private outpatient

services (general and specialist) and dental care, was about \$21 billion, of which public expenditure accounts for 22 per cent.

In October 2008, the 'Working Group on Primary Care' was reconvened under HMDAC consisting of healthcare professionals from the public and private sectors, patients' representatives and service users, to formulate concrete proposals for strengthening and developing primary healthcare services. In September 2009, the working group and its task forces put forward initial recommendations that included suggestions for:

- developing conceptual models and clinical protocols for different chronic diseases and age or gender groups;
- phased development of a Primary Care Directory covering different healthcare professions and primary care personnel; and
- launching pilot projects in various districts through partnership between the public and private healthcare sectors and non-governmental organisations (NGOs) to set up community health centres and networks to provide more comprehensive primary care services to patients.

Clinic Services

General outpatient clinic services are mainly provided by the private sector. Public general outpatient clinic services are offered primarily to low-income families, patients with chronic diseases and other vulnerable groups. In 2009, some 1.28 million people used these services, with 5.03 million attendances recorded. At present, the Hospital Authority operates 74 general outpatient clinics in Hong Kong with some providing family medicine specialist outpatient services.

The Government supports the development of family medicine, provides specialist training in it and facilitates the integration of primary and secondary health care. Some \$1.6 billion was spent on outpatient and family medicine services during the 2008-09 financial year.

To promote the development of 'evidence-based' Chinese medicine practice and to increase training opportunities for local Chinese medicine degree programmes graduates, the Hospital Authority has set up 14 Chinese medicine outpatient clinics. A Government subvention of \$77 million was provided for running these clinics. A total of 84 533 patients made 480 641 visits to the 14 clinics, and 67 new graduates were recruited into the clinics in 2009.

About 26 million outpatient visits are made to Western medicine clinics and six million to Chinese medicine practitioners' clinics in the private sector each year. The majority of people are able to afford the services provided by these clinics.

Family Health

The Department of Health provides a range of health promotion and disease prevention services through its 31 maternal and child health centres and three women health centres for children up to five years of age, and women aged 64 or below. These centres offer guidance services for parents and care-givers on child

care and parenting. Immunisation and health and development checks are offered to children. Antenatal, postnatal, family planning, cervical screening and health education are provided for women. Some 25 600 expectant mothers and 61 700 newborn children attended maternal and child health centres in 2009, respectively representing about 31 per cent and 74 per cent of the total.

The government-subsented Family Planning Association (FPA) of Hong Kong offers services and health information on sexual and reproductive health treatments and counselling at its clinics, youth healthcare centres, women's clubs, and libraries. These received subsidies amounting to \$34.87 million in the 2008-09 financial year. Over 100 000 people used these services in 2008.

Student Health

The Department of Health provides health checks and individual counselling to primary and secondary school students at its 12 student health service centres and three special assessment centres. A total of 737 922 students between the age of six and 19 used the services in the 2008-09 school year.

In addition, school health inspectors pay regular visits to schools to check on their hygiene standards, while health officers and nurses provide advice on preventing communicable diseases. School Immunisation Teams under the auspices of the department's Centre of Health Protection make annual visits to primary schools to administer vaccinations.

Elderly Health

The Department of Health has 18 elderly health centres and 18 visiting health teams to render primary health care to the elderly, improve their ability to care for themselves and encourage healthy living and their family's support. These centres provide health assessments, physical check-ups, counselling, curative treatment, health education and other healthcare services to people aged 65 and above. The visiting health teams conduct health promotion activities for the elderly and provide training for carers to improve their caring. In 2009, the elderly health centres recorded 38 678 enrolments and 174 402 attendances for health assessment and medical consultation, while the visiting health teams provided service to 279 553 client contacts.

Community Health

In line with the international trend of focusing more on development of ambulatory and community care programmes, the Hospital Authority has stepped up the development of community healthcare services to reduce reliance on inpatient services and facilitate patients' rehabilitation in the community. In 2009, the Hospital Authority continued to step up training for family physicians, community paediatricians, community physicians, general practitioners and other community health practitioners in the drive to improve community health care. It has also strengthened its services for discharged patients.

The Hospital Authority spent \$800 million on community health services in the 2008-09 financial year. In 2009, it conducted 822 600 home visits to elderly homes and 939 600 to patients with mental problems.

Over 80 per cent of those receiving community nursing care are elderly people. Community Geriatric Assessment Teams make regular visits to residential care homes for the elderly (RCHEs) to assess residents' medical needs and to provide them with treatment. They also train RCHE staff to improve their service quality. To strengthen the support for elderly people discharged from hospital, the Hospital Authority launched an Integrated Discharge Support Trial Programme for Elderly Patients in March 2008.

The programme aims to reduce the unplanned hospital re-admission rate of high-risk discharged elderly patients through better planning and introduction of a 'one-stop' post-discharge arrangement. It also aims to relieve the stress of carers by providing them with the relevant training and support services.

It is expected that 20 000 elderly people and 7 000 carers will benefit from the programme. Another improvement is the stationing of more community nurses at care centres and NGOs to provide on-site care.

Extended care hospitals provide specialist programmes for the rehabilitation of pulmonary, orthopaedic, geriatric and cardiac patients, while short-term rehabilitation programmes are provided for discharged patients in day and outpatient clinics. Integrated palliative day care centres provide a full range of services for reducing the pain or stress of patients with incurable illnesses.

Dental Health

Eight school dental clinics run by the Department of Health provided preventive dental services including annual dental check-ups and basic dental care to about 347 000 primary students in the 2008-09 school year, or about 94.3 per cent of the total number of primary school children in Hong Kong.

In addition to the 11 government dental clinics that provide basic dental services to the general public for pain relief and tooth extraction, the department also offers specialist oral healthcare services in seven public hospitals to inpatients and others with special oral health needs. The department also monitors the level of fluoridation in water supplied to the public to reduce dental decay.

Mental Health

The Government is committed to promoting good mental health and advocates a multi-disciplinary and cross-sectoral team approach in providing comprehensive mental health services to those in need on a continuous basis, including early identification, treatment, rehabilitation and community support.

Resources allocated by the Government to mental health services have been increasing over the years bringing the average annual expenditure to \$3.6 billion in 2008-09.

Early discharge of mental patients in stabilised conditions to receive care and rehabilitation outside the confines of hospitals can help reduce the chances of relapses. International trend nowadays focuses on community and ambulatory services in the treatment of mental illness. In light of this, the Hospital Authority has taken steps in recent years to enhance its community psychiatric services, which includes implementation of a pilot programme of post-discharge community support services for frequently re-admitted mental patients, a 'Recovery Support Programme' service for discharged mental patients in need and enhancement of psychogeriatric outreach services.

To shorten the waiting time for non-urgent new patients requiring treatment in psychiatric specialist outpatient (SOP) clinics, the Hospital Authority has set up triage clinics at the psychiatric SOP clinics in Hong Kong East, Kowloon East, Kowloon West, New Territories East and New Territories West. Information on other public mental health rehabilitation services is available in Chapter 10.

Other Special Services

The Department of Health operates a range of specialist clinics and centres for the public. They include 20 methadone clinics, 19 tuberculosis and chest clinics, seven social hygiene clinics, four dermatology clinics, two integrated treatment centres, four clinical genetic clinics, six child assessment centres, and two travel health centres. More than seven million visits to these clinics were recorded in 2009.

Healthcare Services Provided by Private and Non-governmental Organisations

NGOs provide a wide range of healthcare services in Hong Kong. Non-profit-making community clinics offering primary healthcare services are operated by a large number of NGOs. They include, for examples, the United Christian Nethersole Community Health Service, Hong Kong Sheng Kung Hui Welfare Council, Haven of Hope Christian Service, Hong Kong Christian Service, Christian Family Service Centre, Yan Oi Tong, Sik Sik Yuen, Caritas-Hong Kong, Lok Sin Tong Benevolent Society and Ching Chung Taoist Association. Two Chinese medicine clinics belonging to the Tung Wah Group of Hospitals offer members of the public free Chinese medicines subsidised by the Government.

Many NGOs also organise health promotion, educational and other healthcare related activities. Some NGOs also provide health assessment service, especially for elderly people, and medical check-ups for women. The Hong Kong St. John Ambulance provides first aid training and services, while the Hong Kong Red Cross provides first aid training to promote first aid knowledge and skills. The Hong Kong Cancer Fund boosts public awareness of cancer and encourages people to undertake regular screening for certain cancers to minimise cancer risk.

Secondary, Tertiary and Specialised Healthcare Services

Secondary, tertiary and specialised healthcare services are provided mainly in hospitals and specialist clinics run by the Hospital Authority. At the end of 2009, there were 26 872 hospital beds, comprising 20 544 general beds, 2 041 infirmary beds, 3 627 beds for the mentally ill and 660 beds for the mentally handicapped. In

addition, there were 3 818 beds in private hospitals, 3 573 in nursing homes and 799 in institutions run by the Correctional Services Department. There are five beds per thousand of population.

The DHA for 2005-06, shows that spending on secondary, tertiary and specialised healthcare services, including public specialist outpatient and inpatient services, as well as private inpatient services, amounts to about \$35.5 billion. Spending on public specialist outpatient and inpatient services account for 82 per cent of this amount.

Specialist Outpatient Service

Public sector secondary and tertiary ambulatory medical services are provided mainly through the Hospital Authority's specialist clinics. At these clinics, patients' symptoms are diagnosed and treatment is provided. About \$6.5 billion was allocated in the 2008-09 financial year for these services.

Hospitals under the Hospital Authority have specialist clinics for internal medicine and a wide range of surgeries — from obstetrics to cardiothoracics.

In 2009, members of the public made close to 6.3 million visits to public hospital specialist outpatient clinics.

Under the Hospital Authority's triage system, appointments for new patients are made on the basis of the severity of their condition.

Patients in stable condition are referred back to primary care practitioners in the private sector or the Hospital Authority's general outpatient clinics.

Allied Health Service

Allied health professionals working under the Hospital Authority include audiologists, clinical psychologists, dietitians, occupational therapists, optometrists, orthoptists, physiotherapists, podiatrists, prosthetists and orthotists, speech therapists and medical social workers. They provide rehabilitative and extended care for patients receiving inpatient, outpatient, ambulatory and community care services to help them reintegrate into society.

In 2009, members of the public made close to two million visits to allied health outpatient departments. Allied health professionals such as medical laboratory technologists, diagnostic radiographers, radiation therapists, medical physicists and medical scientific officers also assist medical practitioners make diagnoses and monitor the treatment results.

In recent years, the Hospital Authority had implemented a new grading system for individual allied health officers such as those in the physiotherapist grade, specialising musculo-skeletal disorders, or the occupational therapist, specialising the mental health and other such specialists. After receiving advanced specialist training in their respective fields, they can assist doctors in providing preliminary assessment of patients with mild conditions, or providing their follow-up treatments. This reduces their waiting time for timely treatment.

Inpatient Services

Inpatient services are provided for people requiring intensive treatment for acute illnesses. In 2008-09, a total of \$19.3 billion was allocated for providing these services provided by hospitals under the Hospital Authority. Public hospital doctors use internal medicine, surgery and other specialist methods to treat patients with different illnesses.

In 2009, a total of 1.34 million inpatients and day-patients were treated and discharged from public hospitals. In line with the international trend, the Hospital Authority will continue to strengthen the development of ambulatory and community care programmes to provide patients with rehabilitation services in their respective districts as far as possible. This is a major shift in the provision of healthcare services from a disease treatment model to a holistic healthcare model, and from focusing on episodic acute hospital care to adopting a comprehensive approach centred on preventive, curative and rehabilitative health care.

Accident and Emergency Services

Accident and emergency services are provided at 16 hospitals under the Hospital Authority. They deliver a high standard of service for critically ill or injured persons who need urgent medical attention. They also provide medical support for victims of disasters. A total of \$1.7 billion was allocated for providing such services in the 2008-09 financial year.

In 2009, a total of 1.26 million people paid 2.2 million visits to the accident and emergency departments of public hospitals, an average of 6 029 attendances per day. Patients attending the accident and emergency departments of public hospitals are classified under five categories according to their clinical conditions: Critical cases are classified under Category 1, emergency cases under Category 2, urgent cases under Category 3, semi-urgent cases under Category 4, and non-urgent cases under Category 5.

The triage system ensures that patients with more urgent needs receive prompt attention. In 2009, all Category 1 patients received immediate treatment while over 95 per cent of Category 2 patients were treated within 15 minutes.

Medical Charges and Waiver

Fees for public hospital and clinic services for the general public are affordable. They are subsidised by up to 95 per cent by the Government, with people receiving assistance under the Comprehensive Social Security Assistance Scheme exempted from paying. Other needy groups are assisted through a medical fee waiver scheme. Recipients of this waiver include low-income patients, the chronically ill, and elderly patients with financial difficulties.

Private Hospitals

Hong Kong's 13 private hospitals served 341 953 inpatients in 2008, representing 21 per cent of the total number of inpatients in the territory. Spending on private inpatient services amounts to \$6.8 billion, according to existing figures,

accounting for 24 per cent of overall expenditure on inpatient services in the public and private sectors.

Healthcare Service Development and Infrastructure

Public Hospitals Development Project

A number of public hospital projects being carried out will help enhance healthcare services in different parts of Hong Kong. These include an extension of Prince of Wales Hospital, preparatory work on the redevelopment of Yan Chai Hospital, expansion of Tseung Kwan O Hospital, relocation of Siu Lam Hospital to Block B of Castle Peak Hospital, North Lantau Hospital Phase 1 and redevelopment of Caritas Medical Centre Phase 2.

Public-private Partnership Projects in Healthcare Services

Through the Hospital Authority, the Government has launched a series of public-private partnership (PPP) pilot projects to promote the PPP concept in healthcare services. These include a Cataract Surgeries Programme, launched in February 2008, which subsidises cataract operations performed by private ophthalmologists participating in the programme. By the end of 2009, a total of 81 ophthalmologists had taken part in the programme and 8 781 patients had enrolled, 7 100 of whom underwent cataract surgery.

The Hospital Authority has also been running a PPP pilot project for provision of primary care in Tin Shui Wai since June 2008. Under this project, healthcare services are purchased from the private sector to treat chronically-ill patients living in Tin Shui Wai North who need long-term follow-up treatment at general outpatient clinics. Participating patients receive a Government subsidy and are allowed to choose any doctor taking part in the project to attend to them. At the end of 2009, six private doctors and 1 120 patients had enrolled in the project.

To enhance primary healthcare services for the elderly and to facilitate continuity of care, the Government implemented in January 2009 a three-year Elderly Health Care Voucher Pilot Scheme under which five \$50 healthcare vouchers are given annually to patients aged 70 or above to defray part of the cost of the primary healthcare service provided by private doctors participating in the scheme.

Up to the end of 2009, a total of 2 539 healthcare service providers and 274 295 elderly patients had enrolled in the scheme and 802 453 vouchers had been used.

The Government introduced in 2008-09 a number of vaccination schemes through the PPP. These included a childhood influenza vaccination subsidy scheme, and a vaccination subsidy scheme for the elderly to increase the number of vaccination service providers and to give the public more choice of providers. The aim is to extend the service to more target groups to prevent the spread of infectious diseases.

Developing Electronic Health Record (eHR) Sharing

The Government is conducting a Public-Private-Interface Electronic Patient Record Sharing pilot project to test the feasibility and gauge the acceptance of electronic health record (eHR) sharing. The eHR enables participating private hospitals, private practitioners and other healthcare providers to access their patients' medical records kept at the Hospital Authority, subject to patients' consent.

By the end of 2009, more than 1 400 private healthcare professionals had taken part in the project, including 12 private hospitals and 10 other private or non-governmental organisations providing health-related services. More than 74 000 patients had also enrolled in the project.

The Government is also working with the public and private healthcare sectors, IT service providers and stakeholders to implement a ten-year project to develop a territory-wide, patient-oriented, voluntary eHR sharing system. In July 2009, an eHealth Record Office was set up under the Food and Health Bureau to co-ordinate and take forward the development of the system and to address issues such as policies, legal implications, privacy and security. In October 2009, the eHealth Record Office launched an Electronic Health Record Engagement Initiative (EEI) and invited the private healthcare sector to submit proposals for promoting eHR sharing. Through this exercise, the Government will, amongst others, help the non-governmental healthcare and information technology sectors to develop solutions needed to connect their systems to the sharing platform.

The eHealth Record Office is aware of public concerns about the sharing of health records and consult the relevant professions, stakeholders and the public in 2010-11 on issues in relation to the legal, privacy and security framework for eHR sharing in preparation for drafting of the necessary legislation and conduct a Privacy Impact Assessment in collaboration with the Office of the Privacy Commissioner for Personal Data.

Development of Private Healthcare

One of the healthcare reform initiatives is to encourage the private healthcare sector to play a more active role in the provision of hospital services in order to address the imbalance between public and private hospital services and to increase the overall capacity of the healthcare system to cope with growing demand. Promoting private hospital development is also a major government policy announced by the Chief Executive in his 2009-10 Policy Address.

Hong Kong is renowned for its high standard of professional health care as well as its up-to-date medical technology and equipment. Coupled with its excellent communication facilities and marketing skills, it has the advantages and potential for further developing its medical services, particularly in the provision of highly specialised services that require technology and multi-disciplinary skills.

The Government aims to develop medical services as one of the six industries crucial to the growth of Hong Kong's economy. The development of private

healthcare services can also enhance and consolidate Hong Kong's position as a prime medical centre in the region.

Four suitable sites have been reserved in Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau for private hospital development. An expression of interest exercise was carried out at the end of 2009 to assess market interest in developing private hospitals at these sites. Land disposal arrangements and special requirements for the four sites will be formulated having regard to the market response and feedback. Efforts will continue to be taken to enhance training and development of local healthcare professionals and to attract overseas medical talent to Hong Kong for the exchange of expertise, research and training to provide manpower support for the healthcare sector and to raise service standards further.

Health Promotion

Healthy Lifestyle

The department's Central Health Education Unit is responsible for formulating the direction of public health education.

In 2009, the unit carried out a number of promotional activities, including an Exercise Prescription Project that encourages physical activities; campaigns on preventing infectious diseases such as the promotion of proper use of antibiotics, and publication of leaflets on health in various languages for the territory's cosmopolitan community.

Nearly 80 per cent of Hong Kong's primary and secondary schools participate in a healthy eating campaign, 'EatSmart@school.hk', launched in 2006. To date, the campaign's website has recorded almost 61 million hits. The Department of Health also runs a campaign named 'EatSmart@restaurant.hk' in which some 590 restaurants took part during the year.

The Adolescent Health Programme is another example of the department's determination to improve the psychosocial health of secondary school students. Some 318 secondary schools, 98 000 students and 3 700 parents and teachers enrolled in and received services under the programme during the 2008-09 school year.

In the financial year of 2008-09, the Department of Health spent \$200 million on health promotion.

Oral Health Education

Educational and promotional activities were organised throughout the year by the department's Oral Health Education Unit to stress the importance of oral health. The activities were carried out under an outreach programme, known as the 'Oral Health Education Bus', designed for primary school pupils. Information on oral health is provided through the department's oral health education website, www.toothclub.gov.hk, and a 24-hour interactive telephone hotline.

In October 2009, a campaign was launched urging people to take proper care of their teeth with emphasis on healthy eating habit to prevent tooth decay.

AIDS Counselling and Education

Human immunodeficiency virus (HIV) prevention and health promotion programmes in Hong Kong are underpinned by the concerted efforts of the Government and NGOs. The Department's 'Red Ribbon Centre' collaborates with its community partners to promote public awareness and prevention of HIV and to discourage discrimination against HIV patients. In 2009, the centre organised 24 major activities and 94 special programmes, from which some 80 000 participants benefited. The number of new and active HIV patients reported in 2009 was 396, compared with 435 in 2008.

A 24-hour, trilingual (Cantonese, Putonghua and English) AIDS hotline, 2780 2211, provides information on AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted diseases and HIV testing. Appointments for a counselling service and HIV antibody tests may be made on the hotline. In 2009, about 14 500 calls were made to nurse counsellors on the hotline by people seeking AIDS counselling.

About 1.07 million condoms were distributed to promote safer sex. There is also a telephone hotline called The Gay Men HIV Testing Hotline, 2117 1069 and a website, www.21171069.com, to advise men who have sex with men. In 2009, the Gay Men HIV Testing Hotline received 362 calls for counselling and HIV antibody testing.

Organ Donation

The Department of Health joined the Hospital Authority, the Hong Kong Medical Association and NGOs in promoting organ donation. In 2008, the department, together with the relevant organisations, launched a Centralised Organ Donation Register (CODR), to promote organ donation as a charitable life-saving act.

Potential donors are encouraged to record their names in the register, expressing their wish to donate their organs after death and to make their wish known to their families. The goal is to get people to recognise voluntary organ donation as a commendable act. At the end of 2009, about 45 000 people had registered their wish to donate organs in CODR.

There were 43 liver, 87 renal, 10 heart, two double-lung and 203 cornea donations from the deceased in Hong Kong's public hospitals in 2009. The number of patients waiting for kidney, liver, heart and double-lung transplants stands at 1 602, 100, 10 and eight respectively as at the end of 2009.

Smoking and Health

China is a state party to the Framework Convention on Tobacco Control (FCTC) of the World Health Organisation (WHO), rendering provisions of the convention to be applicable to Hong Kong. The tobacco control policy of the Hong Kong Special Administrative Government aims, through a step-by-step approach, to discourage smoking, contain the proliferation of tobacco use and protect the public from second-hand smoke as much as possible.

The Government adopts a multi-pronged approach to the issue, including promotion, education, legislation, enforcement, encouragement to stop smoking, and taxation.

Legislation

The Smoking (Public Health) Ordinance stipulates statutory no smoking areas and enforcement arrangements, and regulates the advertisement, promotion, packaging and labelling of tobacco products.

Since January 1, 2007, smoking has been banned in all indoor areas of restaurants, theatres, malls, karaoke establishments, other workplaces and indoor public places, child care centres, universities, schools, hospitals, escalators, parks, stadiums, swimming pools and bathing beaches. The prohibition of smoking in public areas was extended to bars, clubs, nightclubs, bathhouses, massage establishments, mahjong-tin kau premises and designated mahjong rooms in clubs with effect from July 1, 2009.

From September 1, 2009, smoking was prohibited in all covered public transport interchanges to reduce the adverse impact of second-hand smoke to public transport users.

With the enactment of the Fixed Penalty (Smoking Offences) Ordinance on September 1, 2009, persons smoking in statutory no-smoking areas and on public transport carriers became liable to a fixed penalty of \$1,500. In addition to the Police and tobacco control inspectors, authorised staff of the Leisure and Cultural Services Department, the Food and Environmental Hygiene Department and the Housing Department are empowered to serve fixed penalty notices on offenders.

With the ending of the two-year grace period granted under the Smoking (Public Health) Ordinance to licensed hawker stalls selling goods including tobacco products on November 1, 2009, all advertisements and promotions on tobacco products were prohibited in Hong Kong.

Taxation

For public health reasons, the Government increased tobacco duty by 50 per cent with immediate effect in the Budget Speech on February 25, 2009. The duty on cigarettes increased from around \$0.8 to about \$1.2 per stick. This duty together with other tobacco control measures aims to reduce the use of tobacco and the adverse impact of passive smoking on members of public.

Implementation and Enforcement

A main task of the Tobacco Control Office (TCO), set up in 2001, is to enforce the smoking ban at statutory no-smoking areas. It conducted over 17 000 inspections and issued over 4 100 summonses and 1 400 fixed penalty notices for smoking offences in 2009. Another of its key tasks is to assist managers and staff of establishments in statutory no-smoking areas to observe the Smoking (Public Health) Ordinance. In 2009, the TCO organised 37 seminars on tobacco control and prevention. Some 1 200 people attended the seminars.

They included venue managers of no-smoking areas and the public. The TCO also distributed health education materials (including guidelines, posters, no smoking signs and pamphlets) to venue managers of statutory no-smoking areas and the public. It will continue to provide training and support to relevant stakeholders and the public.

Publicity and Education

The Hong Kong Council on Smoking and Health (COSH) is an independent statutory body charged with advising the Government on matters relating to smoking, passive smoking and health and with publicising the hazards of smoking. COSH conducted a number of publicity and community involvement campaigns to nurture a smoke-free culture and encourage smokers to stop smoking. The council also conducts education and publicity campaigns at kindergartens and primary and secondary schools through health talks and theatre programmes.

The aim is to encourage students to say 'no' to smoking and to support a smoke-free environment. COSH's publicity and educational programmes attracted an attendance of about 74 500 people in 2009.

In addition, the council launched a territory-wide publicity drive called 'Smoke-Free Hong Kong' which included broadcasts on TV and radio. The council also operates a website www.smokefree.hk and a telephone hotline to receive enquiries and suggestions from the public on smoking and health.

Smoking Cessation

The Department of Health provides service users with advice on how to stop smoking, counselling service and pharmaceutical treatment through various smoking cessation services, including a hotline, clinics and an interactive online cessation centre.

It also broadcasts announcements on TV and radio, conducts seminars and issues health education materials to increase public awareness of the harmful effects of smoking and second-hand smoke, and solicits public support for a smoke-free environment and the anti-smoking law. In 2009, the TCO organised 73 seminars on smoking cessation. Some 2 703 people attended the seminars.

The Department of Health also strives to enrol the support of local organisations in promoting smoking cessation services through their established networks in order to enhance the cost-effectiveness and sustainability of those services. In 2009, the department, in collaboration with the Tung Wah Group of Hospitals, launched a three-year pilot community-based smoking cessation programme covering clinical cessation services, training for smoking cessation personnel, and relevant clinical researches as well as publicity and education.

Four centres have been set up across Hong Kong to provide smoking cessation services free of charge. It is hoped that through this programme, assessment can be made of the effectiveness of various cessation methods to help in developing a robust standard for smoking cessation services in the Chinese community.

The Hospital Authority has also been providing smoking counselling and cessation services through its two full-time and 30 part-time centres in public hospitals and outpatient clinics. The centres are manned by trained nurses and pharmacists who provide counselling and nicotine replacement therapy to help people stop smoking. Smokers trying to quit can make appointments or make enquiries on a hotline, called 'quit-line', operated by the Hospital Authority.

Disease Prevention and Control

The Prevention and Control of Disease Ordinance and its subsidiary legislation, the Prevention and Control of Disease Regulation, came into effect on July 14, 2008. The ordinance ensures that the laws of Hong Kong are in line with the requirements of the International Health Regulations (2005) of the World Health Organisation and strengthens Hong Kong's infectious disease control structure so that the territory can tackle infectious diseases in a more effective manner and cope with public health emergencies.

The Department of Health spent \$1,311 million on disease prevention and control at its maternal, child health and elderly health centres and other such places in the 2008-09 financial year.

Centre for Health Protection

The Centre for Health Protection has been in operation since June 1, 2004. It collaborates with its local and international counterparts to prevent and control outbreaks of diseases. It works on three principles: real-time surveillance, rapid intervention and responsive risk communication.

The centre constantly strengthens its infection surveillance and data analyses on epidemiology and health care. By setting up an effective reporting and monitoring system as well as upgrading facilities for conducting diagnosis and clinical tests, the centre has kept track of communicable diseases effectively. The centre issues surveillance reports on a regular basis, as well as reports on laboratory safety and quality assurance.

Prevention and control of, and education on known diseases such as tuberculosis, HIV/AIDS and sexually transmitted diseases were also strengthened. A board of scientific advisers, comprising experts from different disciplines, and seven scientific committees meet periodically to assist the centre in formulating effective policies to improve the local health protection system. Regular training and research programmes are also conducted.

The centre also uses health education campaigns and publicity programmes run in association with district councils to provide information and guidelines on diseases, alerting the public to health threats and facilitating rapid implementation of preventive measures. In addition, links with other health authorities and agencies on the Mainland, in Macao and at the World Health Organisation have been reinforced to share professional knowledge and experience in combating diseases.

Contingency Planning for Infectious Disease Outbreaks

The Centre for Health Protection continually reviews and updates its strategies for coping with major outbreaks of infectious diseases, ensuring both the government and the community are prepared to deal with them. A plan for mobilising volunteers in the event of an outbreak is also in place and the centre organises drills every year to test Hong Kong's preparedness.

For the 2009 East Asian Games, the Centre developed a prevention and control contingency plan to guide responsive action should there be an outbreak of infectious disease during the Games. It also took part in drills arranged by the organiser, 2009 East Asian Games (Hong Kong) Limited, to test various parties' overall preparedness and response to public health incidents during the Games.

Human Swine Influenza and Communicable Diseases

The total number of statutory notifiable infectious diseases in Hong Kong is 47. During the year, about 48 200 cases were reported, of which about 5 300 and 34 200 were diagnosed as tuberculosis and human swine influenza respectively.

In April 2009, confirmed cases of human swine influenza were reported in Mexico and the United States and continued to emerge in other parts of the world. On May 1, 2009, Hong Kong confirmed its first imported case of the disease. During the containment phase at the early stage of the outbreak, the Government strengthened its control efforts on all fronts. The strategy focused on:

- enhancing surveillance and controlling the disease at the border control points and in the community;
- stepping up responses in hospitals and clinics and enhancing their capacity;
- mobilising the community to step up disease prevention efforts;
- maintaining transparency of information and fostering collaboration with WHO, Mainland and overseas health authorities; and
- ensuring adequacy of legal powers in disease control.

The Centre for Health Protection also launched comprehensive responsive actions, activating various co-ordination and response centres. These included an emergency response, outbreak intelligence and emergency hotline centres to deal with information and enquires on the outbreak, and assist an emergency response committee in combating the disease.

As the human swine influenza virus circulated widely in the local community and around the globe, the Government moved from the containment phase into the mitigation phase of its strategy. The aim was to focus surveillance on severely ill patients and outbreaks involving schools and institutions and to relieve the disease burden on the community and public health services. Other major measures included vaccination programmes, antiviral stockpiling, provision of a sustainable medical service, promotion of basic measures such as personal and environmental hygiene, enhanced epidemic surveillance, and risk communication.

Children in Hong Kong are protected against communicable diseases such as tuberculosis, hepatitis B, poliomyelitis, diphtheria, tetanus, pertussis, measles, mumps and rubella under a 'Childhood Immunisation Programme'. To minimise the adverse effects of vaccination, the oral poliovirus vaccine (OPV) and whole-cell pertussis (wP) vaccine were replaced by the inactivated poliovirus vaccine (IPV) and acellular pertussis (aP) respectively from February 2007. On the advice of experts and the Centre for Health Protection, the Government included pneumococcal conjugate vaccine in the Childhood Immunisation Programme from September 1, 2009. At the same time, the Government launched a one-off catch-up programme to provide pneumococcal vaccinations to children born between September 1, 2007 and June 30, 2009.

Since 1998, the Government has been providing target groups with free seasonal influenza vaccinations each year at public hospitals and clinics. On the recommendation of the Scientific Committee on Vaccine Preventable Diseases, in 2009-10 the Government extended the scope of the influenza vaccination programme to provide free seasonal influenza and pneumococcal vaccinations to all elderly persons living in residential care homes, those aged 65 years or above with chronic illness attending public clinics, and those aged 65 years or above receiving Comprehensive Social Security Assistance.

To reflect its increased scope, the scheme was renamed the 'Government Vaccination Programme'. On October 19, 2009 the Government introduced two new vaccination subsidy schemes to provide subsidies for elderly people and young children receiving vaccinations at private clinics. The 'Elderly Vaccination Subsidy Scheme' applies to persons aged 65 years or above, while the Childhood Influenza Vaccination Subsidy Scheme caters to children aged between six months and less than six years.

These vaccination programmes help to protect high risk groups and prevent them against related complications, hospitalisation and mortality.

Non-communicable Diseases

The biggest killers in Hong Kong are cancer, heart and cerebrovascular diseases, which together accounted for about 60 per cent of all registered deaths in 2009. Elderly people are the biggest victims of these chronic non-communicable diseases which will continue to cause increasing number of deaths in Hong Kong as the population ages. To combat this problem, in 2008 the Department of Health drew up 'Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases'.

A steering committee comprising representatives from the Government, public and private sectors, academia, professional bodies, industry and other key partners was formed to oversee the framework's implementation. Common chronic non-communicable diseases are mostly associated with lifestyle. In this connection, two working groups were set up under the steering committee to put forward recommendations on issues of diet and physical activity as well as injuries and alcohol misuse.

Meanwhile, the Centre for Health Protection continues to step up surveillance, prevention and control of non-communicable diseases through a scheme called the 'Behavioural Risk Factor Surveillance System' and other health surveys.

A Cancer Co-ordinating Committee makes recommendations for prevention and control of cancer, which claimed more than 12 800 lives in Hong Kong in 2009.

To reduce the mortality rate of cervical cancer victims, in 2004 the Department of Health, together with other healthcare providers, launched a Cervical Screening Programme to provide screening for women aged between 25 and 64. It also introduced a Cervical Screening Information System (CSIS) to collect and analyse data on cervical smears. In 2009, about 118 000 women registered under the programme underwent cervical screening.

In order to enhance care for chronic patients, in 2009 a chronic disease management programme known as Walk for Health was implemented in some selected Hospital Authority general outpatient clinics. Services provided include risk assessment and treatment, with diabetes and hypertension patients as the major target groups. The Hospital Authority also introduced six multi-disciplinary services on wound care, fall prevention, mental and physical health, drug consultation, continence care and pulmonary rehabilitation.

Health Regulatory Activities

Healthcare Professionals

Under existing legislation, 12 categories of healthcare professionals need to be registered with their respective boards or councils before being allowed to practise in Hong Kong. At December 31, 2009, they numbered 12 424 doctors, 2 143 dentists, 6 119 Chinese medicine practitioners, 38 641 nurses (including registered and enrolled nurses), 4 525 midwives, 1 878 pharmacists, 118 chiropractors, 2 202 physiotherapists, 1 354 occupational therapists, 2 766 medical laboratory technologists, 2 004 optometrists and 1 700 radiographers.

To register and practise in Hong Kong as a registered Chinese medicine practitioner (CMP) it is necessary to have satisfactorily completed a recognised undergraduate degree training course in Chinese medicine practice or its equivalent approved by the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong, and to have passed the licensing examination. As a transitional arrangement for the registration of CMPs, persons who were practising Chinese medicine in Hong Kong before January 3, 2000 were eligible to become listed CMPs.

Depending on their practising experience and academic qualifications, listed CMPs may register through direct registration, undergoing the Registration Assessment or taking the licensing examination. The Chinese Medicine Council of Hong Kong conducted Part I and Part II of the 2009 Chinese Medicine Practitioners Licensing Examination in June and August respectively. By year-end, 6 119 and 2 786 Chinese medicine practitioners were registered (including 71 Chinese medicine

practitioners with limited registration) and listed respectively with the Chinese Medicine Council of Hong Kong.

Western Medicines

The regulation of western medicines in Hong Kong is stipulated under the Pharmacy and Poisons Ordinance. Acting on the authority of the Pharmacy and Poisons Board, the Department of Health registers and approves the marketing of pharmaceutical products, issues licences to drug manufacturers, importers, wholesalers and retailers, and takes action against illegal sale of controlled drugs in collaboration with the Hong Kong Police Force. Legislative controls are also enforced on poisons, antibiotics and dangerous drugs.

During 2009, 5 013 applications for registration of pharmaceutical products were approved. At year-end, 19 588 pharmaceutical products were registered in Hong Kong.

In light of incidents concerning pharmaceutical products in the first quarter of 2009, the Government set up the Review Committee on the Regulation of Pharmaceutical Products on March 24, 2009 to conduct a comprehensive review on the existing regime for the regulation and control of pharmaceutical products.

The committee's report, completed at the end of 2009, put forward 75 recommendations on all aspects of the current drug regulatory regime, including manufacturing, distribution, import and re-export, procurement, supply of drugs and delivery to the public and private sectors, control of pharmaceutical products, pharmacovigilance, and penalties for non-compliance as well as risk communication, education and training. In the next step, the Government will work with the pharmaceutical sector to implement the recommendations.

Chinese Medicines

The regulation of Chinese medicines is subject to the Chinese Medicine Ordinance. Any person engaged in the retailing or wholesale of Chinese medicines or the manufacture or wholesale of proprietary Chinese medicines (pCm), is required to obtain a licence. Any pCm sold, imported or possessed in Hong Kong must be registered. The Chinese Medicine Council of Hong Kong is now the responsible body for devising and implementing regulatory measures for Chinese medicine. Applications for Chinese medicine trader licences and for registration of proprietary Chinese medicines have been accepted since April and December 2003 respectively.

As a transitional arrangement, pCm that are manufactured or sold on March 1, 1999 are eligible for obtaining a transitional registration status. By the end of 2009, there are 7 353 licensed Chinese medicine traders (including 2 406 holding transitional licences), and 8 984 pCm have obtained the transitional registration status.

Human Organ Transplantation

Under the Human Organ Transplant Ordinance, transplant of human organs and importation of human organs for transplant purposes are regulated, and commercial dealings in human organs intended for transplant are prohibited. Approval from the

statutory Human Organ Transplant Board is required for transplantation of human organs between living persons who are not genetically related or a couple whose marriage has subsisted for not more than three years. The board also collects certain information about transplant operations in prescribed statutory forms.

In 2009, the board received a total of 19 applications for organ transplants between living non-related persons. In total, four organs were imported into Hong Kong for transplant purposes during the same year.

Human Reproductive Technology

Human reproductive technology activities are regulated to ensure the procedures are conducted in a safe and informed manner, and to safeguard the welfare of the child born through the technology. The Human Reproductive Technology Ordinance² and its regulations came into full effect on August 1, 2007. Reproductive technology service providers and embryo researchers who wish to conduct relevant activities as regulated by the Ordinance must obtain a licence issued by the Council on Human Reproductive Technology. Up to December 31, 2009, the Council on Human Reproductive Technology had issued a total of 53 licences, including 13 treatment licences, 38 artificial insemination by husband licences and two research licences.

The ordinance confines the application of reproductive technology procedures to infertile married couples, regulates surrogacy arrangements and the use of embryos and gametes for research and other purposes, and prohibits commercial dealings in embryos or gametes and using donated gametes in surrogacy arrangements. With reference to international practice and in consultation with the reproductive technology profession, social workers, legal practitioners, academia and ethical groups, the Council has established a code of practice setting out the requirements, standards and good practices for embryo researchers and reproductive technology practitioners.

Port Health

To prevent and control cross-boundary spread of infectious and other serious diseases into Hong Kong, the Department of Health's Port Health Office enforces quarantine measures according to the International Health Regulations and the Prevention and Control of Disease Ordinance. Travellers arriving in Hong Kong at immigration control points are required to undergo temperature screening as a precautionary measure.

The Port Health Office also offers Hong Kong residents preventive services including medical consultation, vaccination, prophylactic medication and advice on travel-related risks before they travel. The office has a close working relationship with the travel industry. Travel health information is available via the website, www.travelhealth.gov.hk.

² Except section 33(4)(a) of the Ordinance.

Radiation Health

The Radiation Board was set up under the Radiation Ordinance to control the import, export, possession and use of radioactive substances and irradiating apparatus. As the executive arm of the Radiation Board, the Radiation Health Unit of the Department of Health safeguards the public against ionising radiation by means of licensing controls and inspection of premises where radioactive substances or irradiating apparatus are present or in use.

It also provides health checks and radiation monitoring for radiological practitioners, maintains the radiation dosimetry metrology standards for environmental and occupational protection level radiation dosimetry measurements, and provides the related standard calibration services. The Radiation Health Unit advises the Government on the health effects of radiation fields and protection of public health with regard to nuclear incidents and management of radioactive materials and wastes.

In 2009, the unit assessed and issued 10 874 licences and permits according to the Radiation Ordinance, and 3 947 licences and permits according to the Import (Radiation) (Prohibition) Regulations. It provided monitoring service to 9 715 occupationally exposed persons. The average radiation exposure of occupationally exposed persons was 0.096 mSv against an annual statutory limit of 20 mSv.

Training of Medical and Health Personnel

Doctors

The University of Hong Kong and the Chinese University of Hong Kong provide basic training of doctors. During the year, 15 medical graduates with professional qualifications obtained outside Hong Kong passed the licensing examination conducted by the Medical Council of Hong Kong.

The Hong Kong Academy of Medicine is an independent statutory body with the authority to approve, assess and accredit specialist training within the medical and dental professions. Its 15 colleges conduct training and examinations to award specialist qualifications to qualifying candidates.

Apart from providing the public with healthcare services, the Hospital Authority also undertakes training of specialist doctors. Each year, the majority of medical graduates of the two local universities are offered appointment to the Hospital Authority to receive specialist training while working in the Hospital Authority. The Hospital Authority created a total of 386 such specialist training posts in 2009. To improve the remuneration package of doctors under training and to ensure they have sufficient time to complete their training, the Hospital Authority introduced a new career structure for doctors in 2007. Some 200 doctors completed training at the Hospital Authority and obtained specialist qualification in 2009.

Dentists

Training in dentistry is available at the University of Hong Kong, which enrolled 54 dental students in 2009. During the year, 10 candidates who completed their

dental training outside Hong Kong passed the licensing examination conducted by the Dental Council of Hong Kong.

Chinese Medicine Practitioners

The University of Hong Kong, the Chinese University of Hong Kong and the Hong Kong Baptist University offer full-time undergraduate degree courses in Chinese medicine. In 2009, 59 full-time local Chinese medicine bachelor's degree graduates who passed the licensing examination were registered as Chinese medicine practitioners. The Hospital Authority also provides clinical training opportunities for graduates of degree courses in Chinese medicine.

Currently, Chinese medicine outpatient clinics under the Hospital Authority have to employ new graduates of degree courses in Chinese medicine as junior Chinese medicine practitioners and to provide them with up to three years of training. As at the end of 2009, 67 graduates in their first year training and 99 trainees in their second and third year training were employed in 14 Chinese medicine outpatient clinics of the Hospital Authority.

Allied Health Professionals

Hong Kong Polytechnic University offers degree programmes for allied health professionals, in the fields of medical laboratory science, physiotherapy, occupational therapy, optometry and radiography. In 2009 enrolments in these courses numbered 33, 70, 46, 40 and 55 respectively.

To address the service demand and tie in with the new model of professional development, the Institute of Advanced Allied Health Studies under the Hospital Authority devises structured long-term training plan for allied health staff and runs courses on specialist and multi-disciplinary training and personal development. These include a three-year in-service training course organised for new recruits of 13 allied health grades.

A total of 246 new recruits enrolled in the course in 2009. Moreover, to tie in with the new career development model implemented in three of the allied health grades including physiotherapist, occupational therapist and diagnostic radiographer, a three-year advanced specialist certificate course and a number of overseas scholarships were offered.

Nurses

The University of Hong Kong, the Chinese University of Hong Kong, the Hong Kong Polytechnic University and the Open University of Hong Kong provide basic registered nurse training. The four universities recruited 895 nursing students into their four-year general nursing degree programmes in 2009, while the Hong Kong Polytechnic University and the Chinese University of Hong Kong enrolled another 105 nursing students into their three-year Master Degree of Nursing Programme. In addition, the Hong Kong Polytechnic University enrolled 160 students into its three-year higher diploma nursing programme.

The Hong Kong Sanatorium and Hospital, St Teresa's Hospital and the Hong Kong Baptist Hospital Nursing School also provide basic enrolled nurse training.

Between them they recruited 135 nursing pupils into their two-year Diploma in General Nursing (Enrolled Nurse) programmes. During the year, 43 nurses with professional nursing qualifications obtained outside Hong Kong passed the licensing examinations for registered nurses or enrolled nurses conducted by the Nursing Council of Hong Kong and were awarded practising certificates.

The Hospital Authority provides basic registered nurse training through its three-year higher diploma programme. A total of 300 registered nurse students were recruited by the Hospital Authority in 2009. The Hospital Authority also runs a two-year enrolled nurse basic training programme and recruited a total of 240 pupil nurses in 2009. During the year, it also recruited 110 pupil nurses into its two-year enrolled nurse basic training programme for the social welfare sector.

The Hospital Authority is committed to strengthening the core competence of nurses and enhancing the quality of nursing care. In line with its overall strategies on healthcare services, its Institute of Advanced Nursing Studies seeks to strengthen the training of nurses in the primary and community care services and to organise training courses to encourage nurses to improve their professional standards through continuous learning. Courses offered by the institute include specialty nursing certificate courses, professional competence enhancement programmes and e-learning programmes. The Hospital Authority also actively promotes exchanges between nurses in Hong Kong and the Mainland, Macao and other countries.

Laboratory Services

Government Laboratory

The Government Laboratory offers a comprehensive range of analytical and advisory services to support the Government in upholding its various commitments to the protection of public health. In the financial year 2008-09, the Government Laboratory spent \$153.92 million on providing analytical services for the protection of public health.

In 2009, a total of 175 761 tests were carried out on a wide range of foods to ensure they were safe for consumption and that they met statutory standards. The laboratory also provided testing services for investigations into food complaints. A total of 19 776 such tests were conducted in 2009. The laboratory continues to outsource some of its routine testing work to commercial laboratories enabling it to better use its existing resources for conducting additional food tests resulting from its broadened food surveillance operations and new chemical methods of testing foods.

The laboratory also continues to provide a service for analysing the quality of western and Chinese medicines. In 2009, it carried out a total of 46 713 tests on western pharmaceutical products and 68 864 on Chinese medicines to ensure they met recognised quality and safety standards. Tests were also carried out on proprietary Chinese medicines to ensure they were not adulterated with western drugs, controlled substances, and other harmful ingredients.

The laboratory provided support for investigations into cases involving undeclared western drug ingredients and incidences of intoxication suspected to have been caused by misused, or contaminated herbs in Chinese medicines. The laboratory continues to assist the Department of Health in the development of Hong Kong Chinese Materia Medica Standards (HKCMMS). It also continued its year-round surveillance of tar and nicotine yields in cigarettes, carrying out 13 224 checks on data declared by tobacco traders. The results of which were released to the public.

Hospital Laboratory Services

Hospital laboratories located in regional hospitals under the Hospital Authority provide a wide range of laboratory services in anatomical pathology, chemical pathology, haematology, blood bank, microbiology, immunology and tissue typing to ensure that all public hospitals, including those without onsite laboratories, have access to comprehensive laboratory services. These laboratories are supported by advanced information technology systems and automated devices to achieve operational efficiency. They are also accredited by a number of local and international accreditation bodies. These hospital laboratories carried out more than 200 million tests in 2009.

Auxiliary Medical Service

The Auxiliary Medical Service (AMS) is a government department under the Security Bureau with an establishment of 92 civil servants. It manages a government-financed auxiliary service comprising 4 418 volunteers. In addition to doctors and nurses, all of its members are qualified Disaster Medical Assistants. Its main role is to reinforce regular medical, health and ambulance services during emergencies and to provide backup during ordinary times. The Director of Health is the AMS's Commissioner and is responsible to the Chief Executive for the efficient running of the service.

In addition to regular training, AMS members also carry out joint exercises with the Fire Services Department, the Hospital Authority and the Department of Health to familiarise themselves with the techniques of lifesaving, treating patients and handling sudden outbreaks of infectious diseases.

During the 2009 East Asian Games, AMS deployed 2 084 volunteers, including 101 doctors, 119 nurses and 1 864 members to work with the Hospital Authority and the Fire Services Department, providing medical and first-aid services at the competition venues. Ambulance coverage was also provided at the hotels for participants' family members.

In 2009, the AMS's Health Protection Unit responded promptly to the needs of community and stayed vigilant throughout the Human Swine Influenza outbreak and conducted Pneumococcal Conjugate Vaccination for infants. The AMS received the 'Caring Organisation Award' in recognition of its community work in 2009.

Websites

Food and Health Bureau: www.fhb.gov.hk

eHealth Record Office: www.eHealth.gov.hk

Department of Health: www.dh.gov.hk

Centre for Health Protection: www.chp.gov.hk

Hospital Authority: www.ha.org.hk

Auxiliary Medical Service: www.ams.gov.hk

Health and Medical Development Advisory Committee: www.fhb.gov.hk/hmdac

Healthcare Reform: www.beStrong.gov.hk