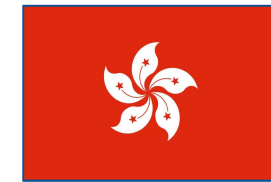


Hong Kong

*Tiger Economy, Detailed Schemes for the Elderly
with an Emphasis on Preventive Care*

Hong Kong, SAR



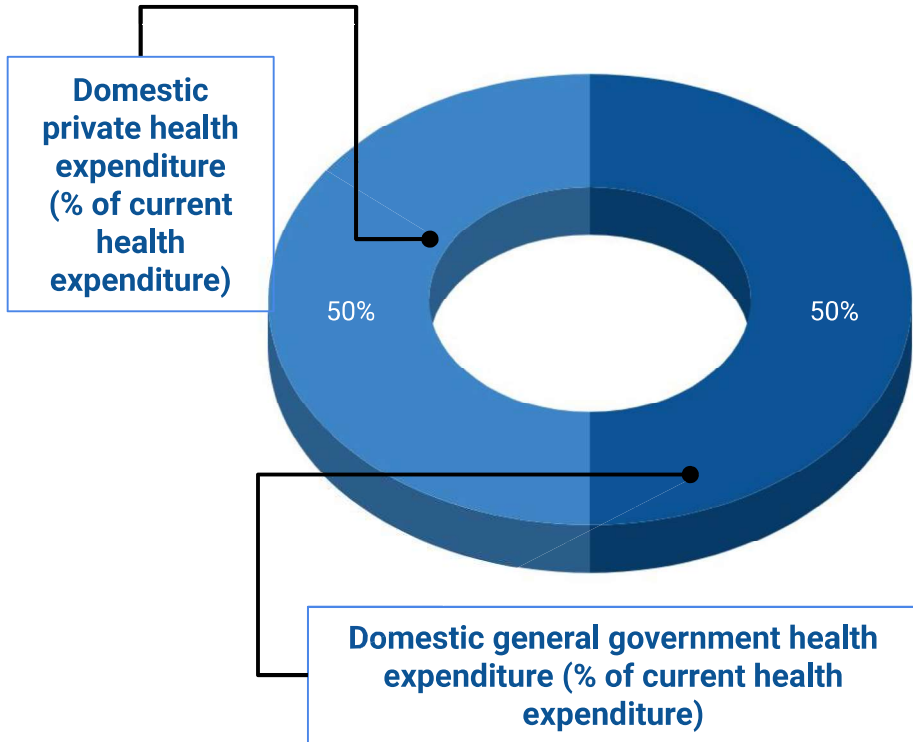
General metrics	HALE	Both Sexes HALE (estimated) (2016)	75.8 years
		HALE/Life Expectancy Difference 2016	8.2
	Economy	GDP per Capita, Current Prices (2016)	43.7 thousand (\$)
		Annual GDP Growth (2016)	2.2 %
	Healthcare	Current Health Expenditure per Capita (2016)	- thousand (\$)
		Public Health Care Expenditure 2016	6.0 % of GDP
	Retirement	Age Dependency Ratio 2016	40
		Population over 65, 2016	15.8 %
		Number of WHO Age Friendly Cities and Communities	1
	General Health Status	Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016	2.86
		Annual Cigarette Consumption (Units per Capita) 2016	-
		Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate)	38.8 % of adults

Longevity-Related Indices

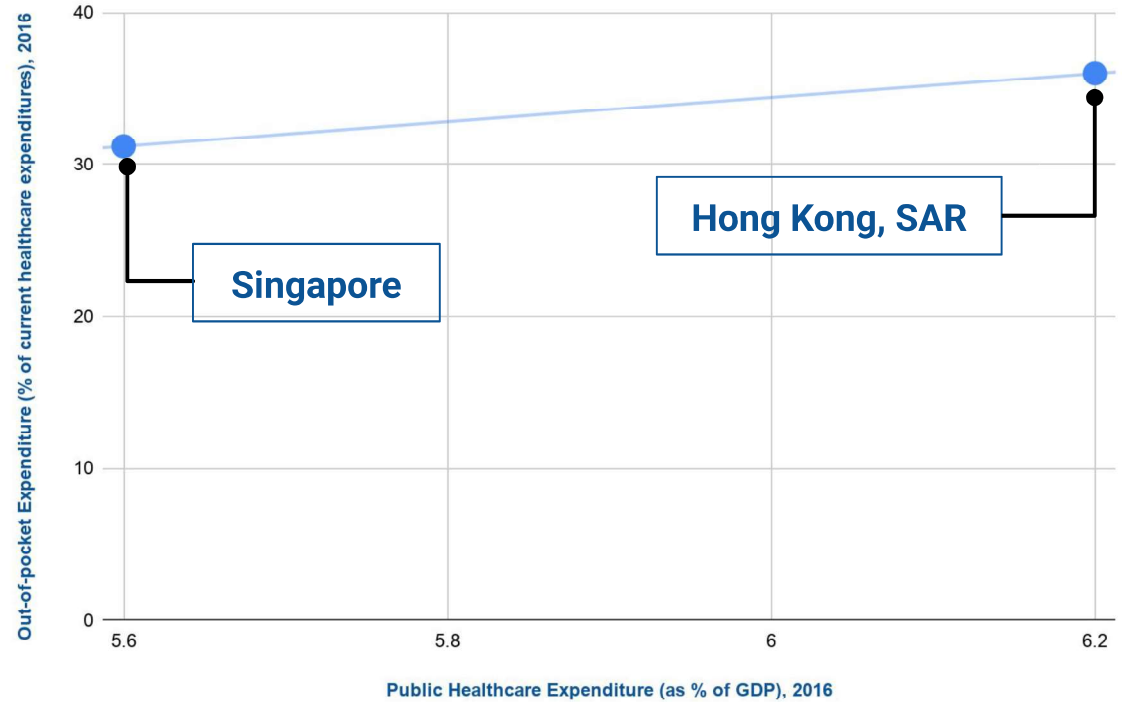


- The Healthcare Access and Quality Index -2016: **89.5**
- Human Development Index 2016: **0.930**
- E-Government Development Index 2016: -
- Corruption Perceptions Index 2016: **77**
- Global Gender Gap Index 2016: -
- Democracy Index 2016: **0.65**

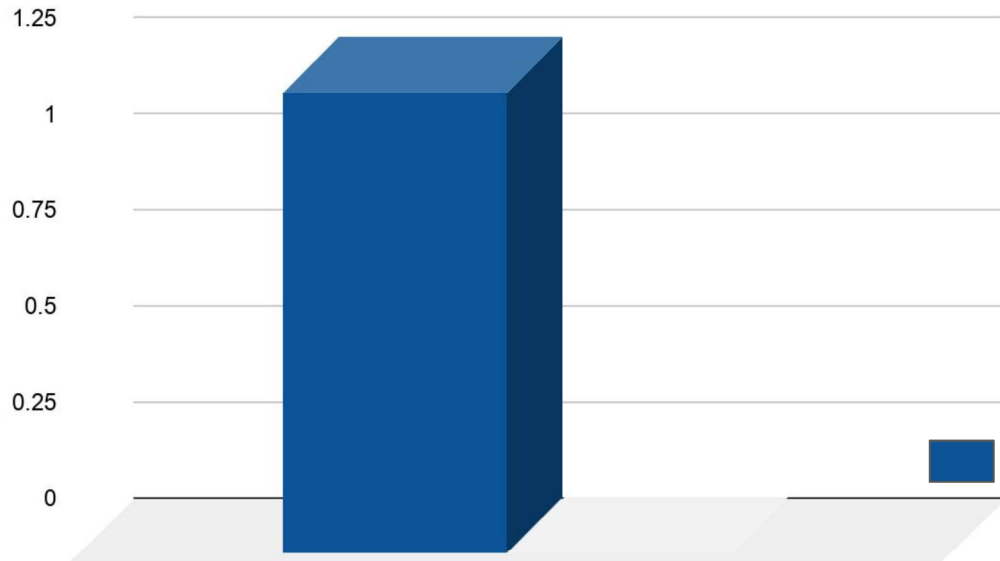
Current Healthcare Expenditure



Countries with high HALE and Life Expectancy and Small Gap



Effectiveness Ratio



To improve health and wellbeing of people living in Iceland government policies should be focused on obesity, tobacco, healthy workplaces, child wellbeing. eHealth initiatives should meet the needs of the aged population.

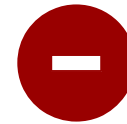
LE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

SWOT Analysis of Healthcare in Hong Kong



STRENGTHS

- Healthcare system is known for its quality and efficiency, and the healthy population it serves.
- Life expectancy is one of the highest in the world. According to the Department of Health in Hong Kong, life expectancy has reached 81.9 years for males and 87.6 years for females in 2017.
- Infant mortality rate and maternal mortality rate are among the lowest in the world.
- People in Hong Kong are able to enjoy public healthcare services at highly subsidised rates.
- WHO Age-friendly city



WEAKNESSES

- Long waiting times for non-emergency procedures (e.g. cataract surgery, joint replacement surgery)
- Heavy workloads for clinical staff
- Very expensive private system; prices vary greatly depending on doctors' reputation and location.
- High level of prevalence of overweight among adults (38.8% in 2016)
- High level of out-of-pocket expenditure in Hong Kong (36% of current healthcare expenditure) indicates limited access to high-quality preventive services and diseases treatment.



OPPORTUNITIES

- Provision of subsidies to reduce disparities and obtain treatment at private primary care providers.
- Building a sophisticated national electronic health record system, that collects, reports, and analyzes information to aid in formulation of policy, monitoring of implementation, and sharing of patient records.
- Utilizing their strength in the artificial intelligence industry for meaningful improvements in medical care.
- International partnership on Healthy Longevity.



THREATS

- Increasing service demand and staff shortages are leading to an inadequate health service delivery with long waiting times for certain procedures
- Public clinics, with their limited scale, are not able to provide care to patients with lower socio-economic status, thus increasing their risk of hospitalisation.
- Rising burden of non-communicable diseases: six types of non-communicable diseases, namely, cancers, diseases of heart, cerebrovascular diseases, chronic lower respiratory diseases, injuries and poisoning, and diabetes mellitus, accounted for 59.3% of all registered deaths in Hong Kong in 2017.

Analysis of Strengths and Weaknesses of Health Care System in Hong Kong, SAR



- Life Expectancy in Hong Kong is 84.6 years in 2018.
- Improved medical treatment, diet, resilience, adaptability, healthy lifestyles and technology contribute to longer lifespan.
- The government has established an electronic health record refers to a record in electronic format containing health-related data of an individual.
- There private digital initiatives to help shape its healthcare delivery model, optimise resources, and ultimately benefit society.
- The concept of age-friendly city has high level political commitment.
- The government provides public healthcare services free of charge or for a small fee.



- The major contribution to the improvement in life expectancy in Hong Kong for both males and females was mainly attributable to the older population.
- Private health insurance is one of the most expensive in the world. It is essential to have a good private medical insurance. The private clinics have their own market value and often charge their clients higher rates.
- Hong Kong had been relying on the supply of foreign-trained.
- Noncommunicable diseases have become the major disease burden, infectious diseases such as tuberculosis, hepatitis, and schistosomiasis are still the major health problems in poor rural areas. The prevalence of noncommunicable diseases such as cancer, diabetes and cardiovascular disease.
- Hong Kong population experiencing an accelerating ageing trend.
- Fertility rate is decreasing.
- High burden of mental illnesses that significantly contribute to DALY (Disability-adjusted years)

Summary of Relevant Government-Led Longevity Initiatives in Hong Kong

- In 2009 vouchers were introduced in the form of a pilot scheme for the over 70s to use private health services, including preventive care, to supplement existing public services, and in 2017, the government lowered the age threshold to 65.
- In 2018 Health Secretary Professor Yeoh presents the proposal, *"Fit for Purpose: A Health System for the 21st Century"*.
- Since 2015, four universities have been working with District Councils to develop a three-year action plan for each district, identifying directions and actions to enhance the age-friendliness of Hong Kong.
- In March 2018 finance chief Chan Mo-po rolled out some incentives that target the elderly and allocate more resources to improve services for them.
- Labor department has employment programmes specifically for the middle-aged, to provide subsidies to employers of unemployed jobseekers or retirees aged above 60. It is the government's latest effort to promote re-employment of the elderly.
- The Food & Health Bureau, has taken forward the Dementia Community Support Scheme, which aims to provide support services for elderly persons with mild or moderate dementia at District Elderly Community Centres through a "medical-social collaboration" model.
- Given its respectable science base and acute awareness of its demographic challenges, Hong Kong is notable for its lack of geroscience initiative.

History of Hong Kong Government Involvement in Longevity

- 1997 **Handover from British Empire to Chinese suzerainty.**
- 1998 **Health Centres Establishment.**
In July 1998 the Department of Health established 18 Elderly Health Centres in Hong Kong, one in each district, to offer older people screening services and medical examinations, aiming to enhance primary health care by improving self-care ability, encouraging healthy living.
- 2008 **Age-Friendly City Concept.**
In 2008 the Hong Kong Council of Social Service (HKCSS) took the lead in promoting the concept of an age-friendly city by establishing the Age-Friendly Hong Kong Steering Committee.
- 2009 **Pilot Scheme of Private Health Services Usage.**
In 2009 vouchers are introduced in the form of a pilot scheme for the over 70s to use private health services, including preventive care, to supplement existing public services, and in 2017, the government lowered the age threshold to 65.
- 2015 **Novel Plan for Age-Friendliness.**
Since 2015, four universities have been working with District Councils to develop a three-year action plan for each district, identifying directions and actions to enhance the age-friendliness of Hong Kong.
- 2016 **Estate-Based Approach in Service Provision.**
Elderly commission publish blueprint, drafted by experts from five universities, suggesting an “estate-based approach” in service provision so that new residential developments would be “self-containing” where possible. Suggestions include at least one neighbourhood elderly centre in each new or redeveloped public housing estate, as well as in private housing.
- 2018 **“Fit For Purpose”, New Incentives and Employment Programme Expansion.**
In 2018 Health Secretary Professor Yeoh presents the proposal, *“Fit for Purpose: A Health System for the 21st Century”*. In March 2018 finance chief Chan Mo-po rolled out some incentives that target the elderly and allocate more resources to improve services for them. Also in 2018, the Labour Department expanded its Employment Programme for the Middle-aged to provide subsidies to employers of unemployed jobseekers or retirees aged above 60. It is the government’s latest effort to promote re-employment of the elderly.



衛生署
Department of Health

社聯
HKCSS



勞工處
Labour Department

Hong Kong



General metrics

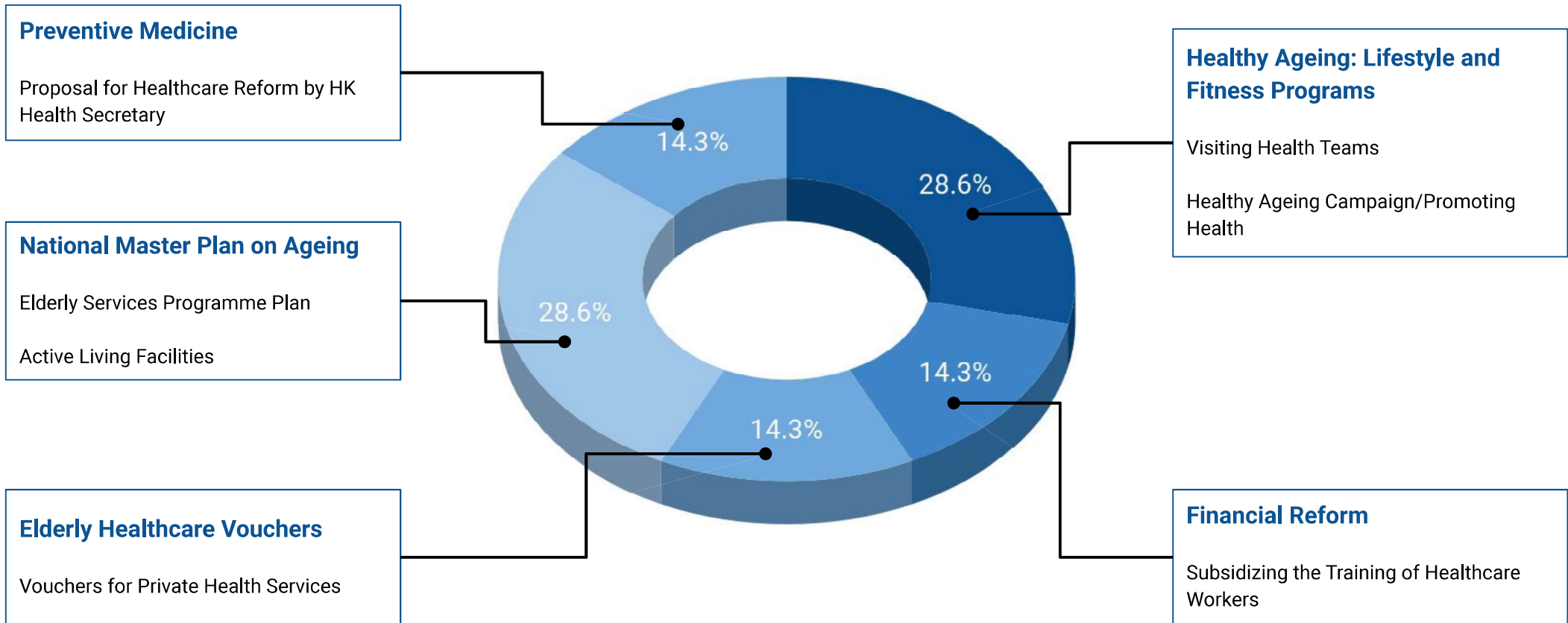
Life Expectancy	Both sexes life expectancy (2019)	82.7 years
	Male life expectancy (2018)	80.4 years
	Female life expectancy (2018)	85.53 years
GDP	GDP per capita, current prices (2018)	50.54 thousand (\$)
	GDP per capita, PPP (2018)	66.52 thousand (\$)
	GDP, current prices (2018)	381.72 billion (\$)
Population Ageing	Rate of population ageing	3.8 (2007-2017)
	Aged over 65 (2018)	17.4%
	Age dependency ratio (2017)	23%
Healthcare Efficiency	Health expenditure (2017)	6.2% of GDP
	Health expenditure per capita (2017)	3.670 thousand (\$)
	Healthcare efficiency score (2018)	87.3
Retirement	Total # retired	1 205 056
	Retired people proportion	16%
	Normal retirement age (Man/Woman)	65 years/ 65 years
	Early retirement age (Man/Woman)	65 years/ 65 years

Longevity Initiatives



- Age of relevant initiatives: **20 years**
- **9** of WHO age-friendly cities and communities
- **6** initiatives focused on non-medical improvement of quality of life
- **1** initiative focused on preventive medicine and healthcare approaches

Hong Kong Initiatives Level of Comprehensiveness

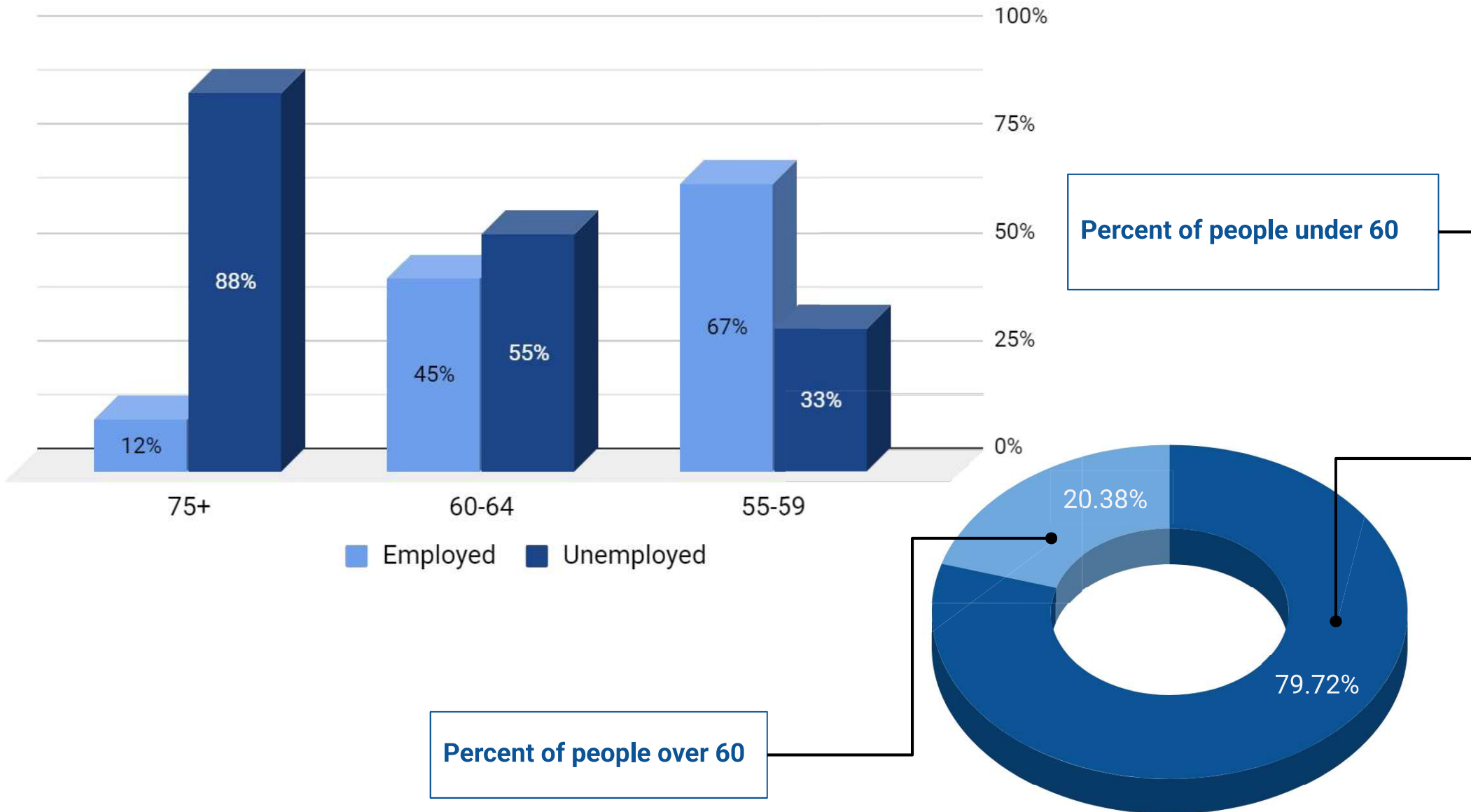


Underrepresented Initiatives				
Non-Medical Initiatives	Geroscience R&D	Longevity Industrial Strategy	AgeTech	Continuing Education

Hong Kong Age/Employment Range



Fraction of the Unemployed by Age



Recommendations for Hong Kong, SAR

- **Large focus on delivery of care that on insurance.** Primary care services are of limited access due to high prices. The health authorities should focus on delivering healthcare services in Hong Kong in line with a more holistic view of health.
- **Improve engagement of staff in healthcare.** The role of health professionals within a paradigm of the social model of health could be the key for improved healthcare services in general, as well as access to healthcare for the population. Even in a public health system as efficient as Hong Kong's, access might increasingly be at risk due to staff shortages, issues related to health insurance coverage, and increasing waiting lists for certain procedures (timeliness).
- **Health system re-orientation towards the changing epidemiological landscape.** The increasing burden of noncommunicable diseases highlights the need to move from sick treatment to prevention of chronic conditions. It requires patients' participation and high health consciousness.
- **Support healthy and disease-free lifestyles with emphasis on health status of elderly.** Promoting healthy, disease-free aging must be a central priority for Japan, and attention must also be paid to the potential for rising rates of risky health behaviour, alcohol consumption and even rates of obesity.
- **Manage to maintain modest overall spending.** Hong Kong should developed portfolio of targeted tools to address specific problems to respond to aging in the coming years. The coordinated use of these tools ensures that healthcare providers compete on affordability and quality, and that total costs remain relatively low.
- **Develop novel financial systems.** It will be necessary for novel financial systems to be developed which monetize Healthy Longevity, and repeatedly reinvest in the technologically-reinvigorated working population, if they are to survive the silver tsunami.

FIT FOR PURPOSE: HEALTH SYSTEM FOR THE 21ST CENTURY

30th November 2011

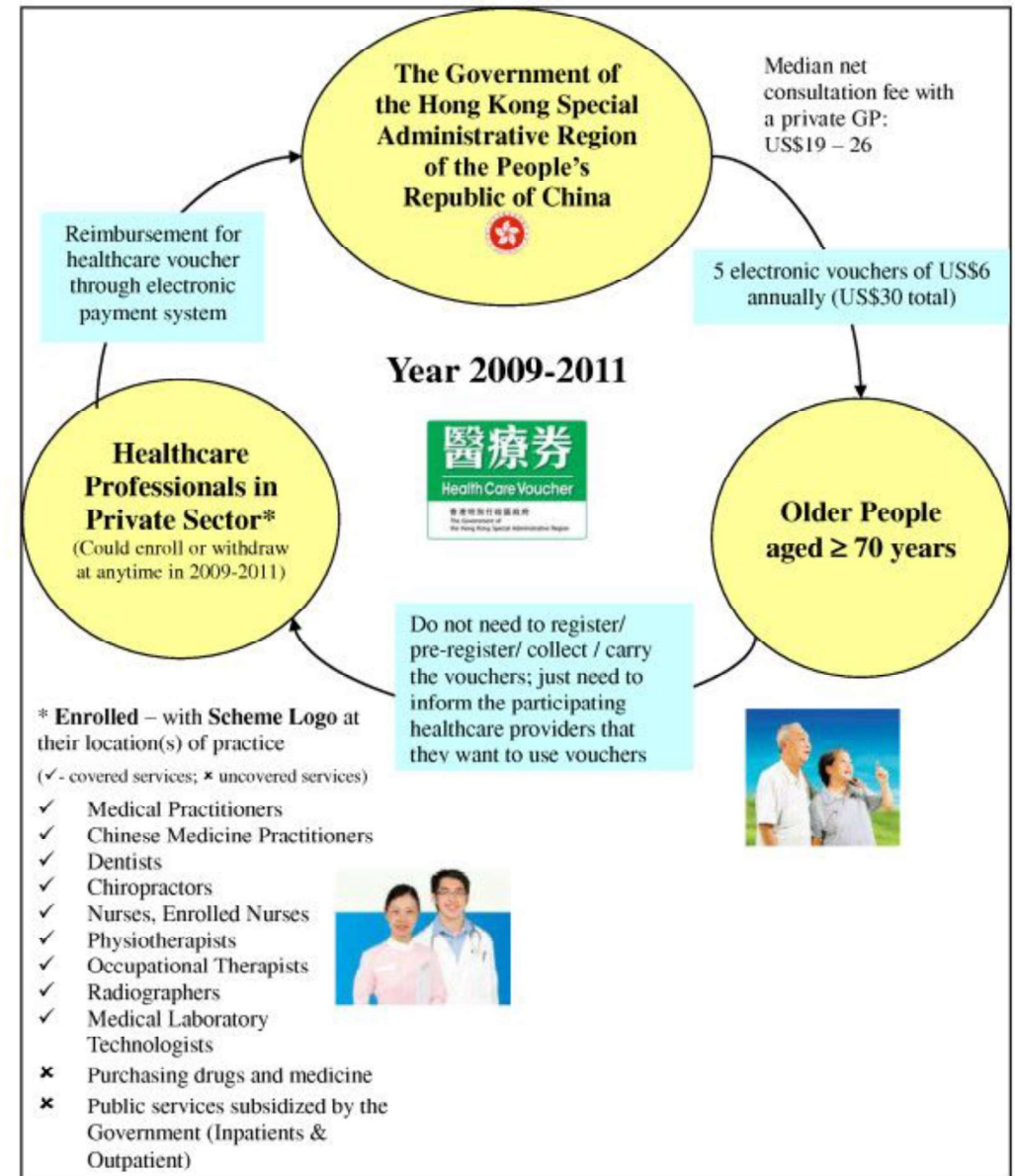


FIT FOR PURPOSE:
A HEALTH SYSTEM FOR
THE 21ST CENTURY



Healthcare Vouchers for the Elderly

In the past ten years, a voucher scheme for private health care that began with HK\$250 (US\$32) given to each elderly resident annually, and rose to HK\$2,000 five years ago, has become a normal part of life for many. It is commonplace for users to get flu treatment or a new pair of eyeglasses in clinics and optical shops displaying a characteristic green sticker. So why is the government now imposing restrictions on the vouchers' usage and how does that affect the elderly and practitioners? The vouchers were first introduced in the form of a pilot scheme in 2009 for the elderly to use private health services, including preventive care, to supplement existing public services. Five vouchers of HK\$50 each were provided annually to each resident aged 70 or above. In 2014, the scheme became a recurrent programme and the annual voucher amount was increased to HK\$2,000. In 2017, the government lowered the age threshold to 65. In 2018, elderly residents also received a one-off additional voucher of HK\$1,000. The arrangement will continue this year, according to the recent budget announcement. A study by Chinese University found that although the percentage of elderly residents who used vouchers rose from 28 per cent in 2009 to 94 per cent in 2018, the scheme failed to bring down the number of public hospital visits. Former health secretary Professor Yeoh Eng-kiong, who led the study, said even years after the programme was adopted, 78 percent of elderly patients still went to public clinics, while 73 percent did so before the vouchers were introduced.



Proposal for Healthcare Reform by HK Health Secretary

The report, **“Fit for Purpose: A Health System for the 21st Century”** was prepared by former health secretary Professor Yeoh Eng-kiong for the Our Hong Kong Foundation. It showed that the present hospital-based medical system is unsustainable as Hong Kong faces a rapidly ageing society.

Hong Kong life expectancy is increasing, their health is not improving. At present, the hospitalisation rate of people aged 65 or above is four times higher than those below 65, with older adults taking up more than 50 per cent of all patient days. The public hospital system’s resources have come under tremendous pressure, with the bed occupancy rate frequently exceeding 100 per cent capacity.

Hong Kong now seeks a two-pronged approach: increasing the supply of medical and health services while decreasing demand without compromising on quality.

On the supply side, they are not only short of doctors but have an imbalance between the private and public hospital systems: public hospitals employ 40 per cent of the doctors, while caring for 90 per cent of the patients. While the private medical market is flourishing, it is too expensive for most people when it comes to hospitalisation. Private health insurance coverage provides limited support in directing the flow of patients to private hospitals. Some insurance policies actually encourage patients to seek treatment in the public system.

Despite the manpower shortage, it is extremely difficult for doctors from overseas to qualify to practise there, with the licencing exam having an overall pass rate of only 20 per cent. While legitimate concerns have been raised about ensuring the quality of medical practitioners in Hong Kong, many of the objections have protectionist undertones. Although the city’s medical schools have begun boosting their student intake, it takes over nine years to train a specialist.

In contrast, Singapore has rapidly increased the institutions from which it accepts overseas-trained doctors, to over 150. The number of doctors in Singapore has increased 55 per cent, with a rate of 2.3 per 1,000 people, whereas Hong Kong still only has 1.9 doctors per 1,000.

Proposal for Healthcare Reform by HK Health Secretary

Historically the Singapore government has been reluctant to increase the quota for medical students as it wants to ensure that sufficient talent can be spared for other disciplines.

Meanwhile, Hong Kong's hospital system has been falling behind in using technology to improve its efficiency. The number of people visiting the Hospital Authority's accident and emergency department fell by 4 per cent after the increase in charges from HK\$100 to HK\$180, which was intended to curb the number of non-urgent cases showing up at A&E departments. In an ageing society, with more patients with chronic illnesses, the increase in urgent cases may be unavoidable.

The Hong Kong Health Secretary has now proposed 24-hour triage hotlines to help people make informed choices, to substantially reduce the number of admissions. And more after-hours clinics, which could operate at a lower cost than A&E departments.

Hong Kong has not embraced the public health approach to keeping its population fit by promoting a healthier lifestyle. Long working hours and less physical exercise have been shown to be important in diminishing their wellness. Deprived living conditions also pose adverse risks to physical and mental health.

The Hong Kong Secretary plans to move away from a conventional health care system that focuses on acute hospital-centric care to primary care-led integrated people-centred care. This, he argues, requires a *"change in the mindset of leaders and health care providers to make possible the transition from a disease-focused and doctor-centred system to people-centred care that encourages individuals to take ownership of their own health"*.

Hong Kong's "Age-Friendly Programme"

Over the last ten years Hong Kong society has shown a growing interest in *Age-Friendliness*, with initiatives ranging from late life education opportunities and the age-friendly design of housing units and hospital wards, to priority seats on public transport and even in some fast food shops. In 2008 the Hong Kong Council of Social Service (HKCSS) took the lead in promoting the concept of an age-friendly city by establishing the **Age-Friendly Hong Kong Steering Committee**.

The aims were broad and inclusive: to promote public understanding, devise solutions to improve the lives of older people through consultation with elders and stakeholders, and to share information on best practice and successful initiatives.

In 2016 when the Hong Kong Chief Executive's Policy Address featured building an age-friendly community as a specific policy focus. To date, age-friendly platforms have been established in all 18 districts, with older adults empowered to raise their concerns, advocate change, negotiate with local government departments, and report to the media to raise awareness of public concerns. The district level is seen as the key level for collaborative projects because it is at the grassroots that people know the most urgent local needs of older people.

Progress towards a more age-friendly urban environment can be found across a number of different sectors. The Elder Academy scheme, an education and social inclusion initiative, was launched in early 2007 by The Labour and Welfare Bureau and the Elderly Commission. The activities provide access to learning opportunities in schools and university campuses and are aimed primarily at older people who have had little or no education. The scheme optimizes the use of existing educational facilities and has been successful in promoting both lifelong and initial learning for older people, encouraging participation and helping to maintain physical and mental wellbeing. School and university students are engaged in the scheme, thereby also promoting civic education and intergenerational understanding. Currently, some 125 elder academies in various districts and seven tertiary institutions offer a wide variety of courses.

Another intergenerational scheme is run by the NGO Aberdeen Kai Fong Welfare Association. This focuses on community education, intergenerational learning, and volunteer development, and promoting cultural heritage. Older people interact with students of all ages in activities including: creating stories and plays with primary school children; mentoring secondary school children and helping with homework; and secondary school children organizing trips with older people to explore Hong Kong sites.

Hong Kong's "Age-Friendly Programme"

The Hong Kong Housing Society (HKHS), a non-profit organization that dates back to 1948, is in charge of age-friendly accommodation design and development.

Its housing units emphasize home safety, care and support, health and wellness, so that people can grow old in their own homes. While HKHS provides only a relatively small part (just over 4%) of Hong Kong's extensive public housing system, it is offering affordable housing in a niche position between the expensive private sector and government public rental housing.

In terms of health infrastructure one example is age-friendly hospital wards, a response to the large number of hospitalized frail older people, up to one-third of whom may have dementia. Care can be inadequate because of a lack of awareness of their needs. Currently two hospitals have adopted a principle of age awareness when refurbishing their wards.

Securing wider support for age-friendly policies is also important. The aims of the Hong Kong Jockey Club CADENZA Project include changing the mindset and attitudes of the general public through a range of training and public education programmes as well as nurturing academic leadership in gerontology.

Collaboration between organizations and the implementation of innovative elderly services are also encouraged in order to bring about a new mode of elderly care services to prepare for a rapidly ageing society, including planning for the needs of the "soon to be old" (Phillips et al., 2018).

In order to assess the age-friendliness of the 18 districts, between 2015 and 2017 the Hong Kong Jockey Club conducted a baseline assessment using questionnaire surveys and focus group interviews, in partnership with ageing research centres in four universities: The Chinese University of Hong Kong, Hong Kong Polytechnic University, The University of Hong Kong and Lingnan University.

Hong Kong's "Age-Friendly Programme"

Meetings at the district level included older people, district councillors, and local government officials who reviewed findings and proposed improvement projects.

Using these findings, professional support teams from the four universities have worked with District Councils to develop a three-year action plan for each district, identifying directions and actions to enhance their age-friendliness.

Hong Kong has demonstrated considerable enthusiasm and practical outcomes in the age-friendly city movement at both central and local levels. However, a number of policy questions remain. For example, should the young-old, the old, or the oldest-old be listed first in a policy agenda? Should healthy older adults or the frail be given prior attention in policy planning? Should the most socially deprived older adults be targeted in planning?

Some stereotypes of older persons are also enduring and when resources are tight older people are not always seen as high on the list of priorities.

For example, research indicates that the Hong Kong public values technological advances in health services above care of the elderly and end-of-life care, in contrast to a similar British survey in which end-of-life care was ranked the second highest.

Further shifts in public attitudes may need to be part of Hong Kong's ongoing evolution into a more age-friendly city. Nevertheless, the progress in territory-wide engagement with the concept of age-friendliness at official, charity, NGO, community and even family levels, bodes well for future progress in Hong Kong.

Hong Kong's Healthy Ageing Campaign

- As Hong Kong is comparatively new to the concepts of Healthy Ageing, the Health and Welfare Bureau (HWB) and concerned departments, are taking the lead to explain the concepts and the strategies to the community and the service providers, and to initiate community wide discussions on Healthy Ageing. This will be done in the short term through a three year campaign on Healthy Ageing.
- The focus in the first year of the campaign is on the promotion of physical well-being, highlighting the benefits of a healthy lifestyle for the whole community, particularly for the older persons. This will be followed by the promotion of psychosocial well-being in the subsequent two years with continued reinforcement on the promotion of physical well-being.
- To encourage extensive community participation, the Committee will also launch a Community Partnership Scheme (CPS) aimed at rallying multi-sectoral participation in the promotion of Healthy Ageing by supporting innovative projects and programs on Healthy Ageing. CPS is supported by a grant of \$21 million from the Hong Kong Jockey Club Charities Trust.
- The Committee acknowledges that efforts to promote Healthy Ageing in Hong Kong should be sustained and perhaps further refined as we gain more experience. A Steering Group will be set up to oversee the organization of the three year campaign, and to tender advice to the EC on future developments.

Hong Kong's Employment Programme for the Middle Aged

By the end of 2018, the Labour Department expanded its Employment Programme for the Middle-aged to provide subsidies to employers of unemployed jobseekers or retirees aged above 60. It is the government's latest effort to promote re-employment of the elderly.

Under the expanded programme, eligible employers would be given HK\$4,000 per month for six to 12 months, according to an official blog posting by Chief Secretary Matthew Cheung Kin-chung on April 15.

Currently, employers who take on unemployed jobseekers aged above 40 can get a HK\$3,000 subsidy per month for three to six months under the programme.

According to Cheung, those aged between 50 and 64, and "young olds" aged from 65 to 74, are being encouraged to work because of Hong Kong's fast-ageing population and labour shortage.

As at the end of 2017, 363,800 individuals aged above 60 – or more than 20 per cent of the population group – were working, among which more than one-third were aged above 65, according to the statistics department.

The number of workers aged above 60 increased by nearly 1.7 times over the past decade and by more than half (59 per cent) in the last five years, official statistics show.

Meanwhile, elderly poverty has become more acute in Hong Kong as living costs have risen and the establishment of a universal retirement pension remains out of sight.

From 2012 to 2016, the number of those aged above 65 in poverty increased from 388,000 to 478,000, or from 43.5 percent to 44.8 per cent of the population group, according to a Commission on Poverty report.

Hong Kong's Elderly Services Programme Plan

The Elderly Services Programme Plan, a two-year study commissioned by government advisory group Elderly Commission, suggests introducing long-term health care insurance for the city's ageing population to ease the financial burden of the government. Demand for long-term nursing facilities is projected to double from about 60,000 this year to 125,000 by 2051. This is the first time since 1997 that long-term planning for the city's elderly has been done. Dr Lam Ching-choi, chairman of the Commission, said it was "never too late" for such a plan.

Lam is confident that the suggestions would be implemented by the government, but acknowledged the challenges ahead.

Released in 2016, the blueprint, drafted by experts from five universities, suggested an "estate-based approach" in service provision so that new residential developments would be "self-containing" where possible. Suggestions include at least one neighbourhood elderly centre in each new or redeveloped public housing estate, as well as in private housing. There should also be a district elderly community centre in each new town with a population of 170,000. The report also called on the government to reinstate population-based planning ratios for elderly services in the Hong Kong Planning Standards and Guidelines, a practice ditched in 2003.

Meanwhile, the importance of a more cost-effective model for public expenditure on long-term elderly care services was highlighted. The report questioned the sustainability of subsidised long-term elderly care services, with a suggestion to introduce long-term insurance as an alternative. Labour Party lawmaker Dr Fernando Cheung Chiu-hung welcomed the study's suggestions and said they were long overdue. "We have been criticising the government's ignorance of elderly needs during the town planning process for so long. A community should be self-contained," he said.

Lawmaker Chan Kin-por from the insurance sector agreed with the long-term health care insurance, which he said, could be a way out for the city amid its ageing population. "People nowadays usually only purchase medical insurance as they do not know much about long-term care – but the latter can actually provide alternatives, such as home-care services," he said. "It would also encourage better retirement planning for residents who are more well-off."

Hong Kong's Elderly Services Programme Plan

Other recommendations made by the report include:

- Strengthening services for elderly persons with dementia and considering the disease as an integral part in the planning of elderly services.
- Specific caregiver training for foreign domestic helpers to enhance their capability in the role.
- Encouraging private developers to provide more elderly service facilities and be “age friendly”.
- Strengthening public education to promote a positive image of the elderly, enhance their role in society as well as foster positive intergenerational relations.



Dementia Community Support Scheme

The Food & Health Bureau, in collaboration with the HA and the Social Welfare Department, has taken forward a two-year pilot scheme called the Dementia Community Support Scheme, which aims to provide support services for elderly persons with mild or moderate dementia at District Elderly Community Centres through a "medical-social collaboration" model. Since its launching in February 2017, the scheme has been well received by the patients, carers and the healthcare and social service professionals involved. To this end, the Government will regularise the scheme and expand it to all District Elderly Community Centres in Hong Kong.

Research – quality of healthcare for the ageing

Given the ageing population and prevalence of chronic and complex diseases, the Government has been putting elderly care and service at the top of the policy agenda. To enhance the quality of healthcare services for the elderly, in 2015, the Government commissioned the Chinese University of Hong Kong to conduct a three-year research study on the quality of healthcare for the ageing. The study will inform policy in response to the challenge of the ageing population in healthcare, which includes healthcare services supporting elderly people with chronic diseases and quality of end-of-life care. The Government will study the findings and recommendations of the report when it is available, and consider carefully the next step forward on the provision of healthcare services for the elderly. In the meantime, the Hospital Authority, being the major public palliative care service provider, has formulated the Strategic Service Framework for Palliative Care to guide the development of palliative care service in the coming five to 10 years. Besides, as pledged in the Chief Executive's Policy Address 2017, we will consider amending the relevant legislation to give patients the choice of "dying in place".

Non-communicable diseases

On the other hand, there is an increased prevalence of unhealthy lifestyle practices driven by the problem of ageing population,, changes in social fabrics and behavioural patterns, and globalisation. Hong Kong is thus facing an unprecedented threat from NCDs. NCDs are major causes of ill health, disability and death. In 2016, the major NCDs, namely cardiovascular diseases including heart diseases and stroke, cancers, diabetes and chronic respiratory diseases, accounted for about 55% of all registered deaths in Hong Kong. In the same year, NCDs caused about 104,600 potential years of life lost before the age of 70. The health conditions of individuals also have a bearing on families, healthcare systems, and the entire society and economy as a whole.

Source: Harbourtimes.com

Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases

The Hong Kong SAR Government is committed to protecting population health and reducing the burden of NCDs. As prevention and control of NCDs require the combined and sustained efforts of the Government, the community and individuals, the Government launched in 2008 "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" to guide and give impetus to the efforts. A high-level multi-disciplinary and inter-sectoral Steering Committee on Prevention & Control of Non-communicable Diseases, under the chairmanship of the Secretary for Food & Health, me and former, was set up at the same time to oversee the overall roadmap to combat NCDs. These paved the way for launching various action plans subsequently to promote a healthy diet and physical activity participation, reduce alcohol-related harm and strengthen injury prevention in Hong Kong. They have taken actions and devoted substantial amounts of resources on the prevention and control of NCDs over the past decade. Overall, the risk of premature mortality from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases has been steadily decreasing over the past three decades. Yet they remain concerned about the risk factors for NCDs taking a toll on their general population.

The Population Health Survey 2014-15 conducted by the DH showed that for those aged 15 to 84, the prevalence of hypertension, diabetes mellitus and high blood cholesterol were significant and were as high as some 28%, 8%, and 50% respectively. This is the "Rule of Half" : for every person known to be suffering from any of these conditions, at least one other person with the disease went undiagnosed and untreated. The fact that half (50%) of Hong Kong people aged 15 to 84 are overweight or obese would make the situation worse as being overweight and obesity are significant risk factors for development of NCDs, including cancers.

The survey also revealed that in the past 12 months, some 95% of the Hong Kong people aged 15 or above consumed less than five servings of fruit and vegetables a day as recommended by the World Health Organization (WHO); 13% did not have adequate level of physical activity to be of benefit to health; and some 61% had consumed alcohol, a proven cancer-causing agent for over 200 disease and injury conditions. This represents a 84.4% increase in regular or occasional drinkers, when compared with the findings of our first survey conducted 10 years earlier.

Source: Harbourtimes.com

Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases

Moreover, alcohol drinking is common among young people, with 30.5% of the people aged 15 to 17 being regular or social drinkers in the past 12 months. Apart from the above, the Thematic Household Survey conducted by the government showed that 10% of Hong Kong people aged 15 years or above had a daily cigarette smoking habit. If these modifiable behavioural and biomedical risk factors are left uncontrolled, we can expect significant health, social and economic consequences for Hong Kong population and society.

As a member of the public health arena Hong Kong receives WHO guidance in their work in the fight against NCDs. For instance, just to name a few, the WHO's "Global Action Plan for the Prevention and Control of NCDs 2013-2020", "Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of non-communicable diseases" and "Report of the Commission on Ending Childhood Obesity" provide a road map and a menu of policy options for Governments to work systematically and collectively to reduce the NCD burden.

The Hong Kong SAR Government has recently launched (on May 4, 2018) a new strategy and action plan entitled "Towards 2025: Strategy & Action Plan to Prevent & Control Non-communicable Diseases in Hong Kong" (SAP), with a view to reducing the burden of NCDs, including disability and premature death, in Hong Kong by 2025. It sets out an armoury of overarching principles, approaches and strategic directions in line with the WHO's recommendations, and provides us new impetus for stronger partnerships and closer collaborations for the good of the community and our future generations. It is a product of collaboration among stakeholders from different sectors in society.

Aligning with the WHO's Global Action Plan, the SAP in Hong Kong will focus on four NCDs (namely cancers, cardiovascular diseases, diabetes and chronic respiratory diseases) and four shared behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol) that are potentially preventable or modifiable.

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The SAP has set out nine local targets to be achieved by 2025, with "a 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancers, diabetes or chronic respiratory diseases by 2025" being the ultimate target. The other eight targets aim to achieve reduction in binge drinking and harmful use of alcohol as well as daily intake of salt or sodium and tobacco use. They shall also aim to encourage more physical activity and contain the prevalence of raised blood pressure, diabetes and obesity, prevent heart attacks and strokes through drug therapy and counselling, and improve the availability of affordable basic technologies and essential medicines to treat NCDs.

In order to reach their targets, new strategic directions will be adopted to accelerate actions on the NCD reduction agenda. The Hong Kong SAR Government will demonstrate leadership in many ways, such as by transforming schools into healthy settings for students' development, creating supportive physical and social environments for physical activity, fostering effective partnerships with primary care professionals, and keeping in view accumulating evidence and overseas experience on interventions recommended by the WHO. Their overall objective is to promote healthy life through less alcohol, less salt and sugar, less tobacco and more exercise.

The SAP has put forward a sustained and systematic portfolio of initiatives to introduce interventions throughout the course of life to help prevent occurrence and progress of NCDs, thereby addressing the NCD burden. These include:

- (a) Strengthening NCD surveillance by enhancing the existing surveys and information collection to keep track of population-based NCD status and key behavioural and biomedical risks;
- (b) Carrying out alcohol screening and brief interventions, including to strengthen treatment services for people with alcohol problems and support people who want to cut down or stop drinking alongside stepped up education;
- (c) Promoting physical activity participation in schools and society by collaborating with the education sector and other sectors with enhanced opportunities and accessibility to physical activity;
- (d) Continuing discussion with the trade on product reformulation to reduce salt in food alongside ongoing efforts to implement various salt reduction schemes and dialogue with the catering industry to supply a greater variety of food with less salt.

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(e) Adopting a multi-pronged approach in tobacco control including the expansion of statutory no-smoking areas, strengthening the regulatory regime on e-cigarettes and heat-not-burn tobacco products and the implementation of a smoking cessation public-private partnership programme; and,

(f) Strengthening the health system at all levels, in particular comprehensive primary care for prevention, early detection and management of NCDs based on the family doctor model.

The SAP will adopt 34 local NCD indicators including 25 key indicators derived from the WHO's global monitoring framework (such as cancer incidence and mortality; prevalence of binge drinking among adolescents; and the detection rate of being overweight and obesity in primary and secondary students) and nine supplementary indicators of local relevance (such as prevalence of daily cigarette smoking among persons aged 15 years and above, and the breastfeeding rate on discharge from hospitals) to monitor the plan's effectiveness.

Although Hong Kong enjoys the status of one of the economies with the longest life expectancy, there are real challenges in achieving healthy ageing. To this end the DH and the steering committee are committed to taking a leading role in implementing the agenda. Moreover, the health sector now works in concerted efforts with all sectors in the community, to foster cooperation across sectors and work in close partnership with the community and members of the public to build a health-enhancing physical and social environment to promote health of all Hong Kong people.

They also closely monitor, review progress of implementation and communicate their achievement of the stated actions with members of the community. We must also keep in view global, regional and local developments and emerging evidence of strategies in light of changing social and environmental circumstances, e.g. the UK's recent introduction of sugar tax to curb sugar consumption.

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