**OFFICIAL RECORD OF PROCEEDINGS**

**Wednesday, 30 May 2018**

**The Council met at Eleven o'clock**

**MEMBERS PRESENT:**

THE PRESIDENT

THE HONOURABLE Andrew LEUNG Kwan-yuen, G.B.S., J.P.

THE HONOURABLE James TO Kun-sun

THE HONOURABLE LEUNG Yiu-chung

THE HONOURABLE Abraham SHEK Lai-him, G.B.S., J.P.

THE HONOURABLE Tommy CHEUNG Yu-yan, G.B.S., J.P.

Prof THE HONOURABLE Joseph LEE Kok-long, S.B.S., J.P.

THE HONOURABLE Jeffrey LAM Kin-fung, G.B.S., J.P.

THE HONOURABLE WONG Ting-kwong, G.B.S., J.P.

THE HONOURABLE Starry LEE Wai-king, S.B.S., J.P.

THE HONOURABLE CHAN Hak-kan, B.B.S., J.P.

THE HONOURABLE CHAN Kin-por, G.B.S., J.P.

Dr THE HONOURABLE Priscilla LEUNG Mei-fun, S.B.S., J.P.

THE HONOURABLE WONG Kwok-kin, S.B.S., J.P.

THE HONOURABLE Mrs Regina IP LAU Suk-yee, G.B.S., J.P.

THE HONOURABLE Paul TSE Wai-chun, J.P.

THE HONOURABLE Claudia MO

THE HONOURABLE Michael TIEN Puk-sun, B.B.S., J.P.

THE HONOURABLE Steven HO Chun-yin, B.B.S.

THE HONOURABLE Frankie YICK Chi-ming, S.B.S., J.P.

THE HONOURABLE WU Chi-wai, M.H.

THE HONOURABLE YIU Si-wing, B.B.S.

THE HONOURABLE MA Fung-kwok, S.B.S., J.P.

THE HONOURABLE Charles Peter MOK, J.P.

THE HONOURABLE CHAN Chi-chuen

THE HONOURABLE CHAN Han-pan, J.P.

THE HONOURABLE LEUNG Che-cheung, S.B.S., M.H., J.P.

THE HONOURABLE Kenneth LEUNG

THE HONOURABLE Alice MAK Mei-kuen, B.B.S., J.P.

THE HONOURABLE KWOK Wai-keung, J.P.

THE HONOURABLE Dennis KWOK Wing-hang

THE HONOURABLE Christopher CHEUNG Wah-fung, S.B.S., J.P.

Dr THE HONOURABLE Fernando CHEUNG Chiu-hung

Dr THE HONOURABLE Helena WONG Pik-wan

THE HONOURABLE IP Kin-yuen

Dr THE HONOURABLE Elizabeth QUAT, B.B.S., J.P.

THE HONOURABLE Martin LIAO Cheung-kong, S.B.S., J.P.

THE HONOURABLE POON Siu-ping, B.B.S., M.H.

Dr THE HONOURABLE CHIANG Lai-wan, J.P.

Ir Dr THE HONOURABLE LO Wai-kwok, S.B.S., M.H., J.P.

THE HONOURABLE CHUNG Kwok-pan

THE HONOURABLE Alvin YEUNG

THE HONOURABLE Andrew WAN Siu-kin

THE HONOURABLE CHU Hoi-dick

THE HONOURABLE Jimmy NG Wing-ka, J.P.

DR THE HONOURABLE Junius HO Kwan-yiu, J.P.

THE HONOURABLE HO Kai-ming

THE HONOURABLE LAM Cheuk-ting

THE HONOURABLE Holden CHOW Ho-ding

THE HONOURABLE SHIU Ka-fai

THE HONOURABLE SHIU Ka-chun

THE HONOURABLE Wilson OR Chong-shing, M.H.

THE HONOURABLE YUNG Hoi-yan

Dr THE HONOURABLE Pierre CHAN

THE HONOURABLE CHAN Chun-ying

THE HONOURABLE Tanya CHAN

THE HONOURABLE CHEUNG Kwok-kwan, J.P.

THE HONOURABLE HUI Chi-fung

THE HONOURABLE LUK Chung-hung

THE HONOURABLE LAU Kwok-fan, M.H.

THE HONOURABLE Kenneth LAU Ip-keung, B.B.S., M.H., J.P.

Dr THE HONOURABLE CHENG Chung-tai

THE HONOURABLE KWONG Chun-yu

THE HONOURABLE Jeremy TAM Man-ho

THE HONOURABLE Gary FAN Kwok-wai

THE HONOURABLE AU Nok-hin

THE HONOURABLE Vincent CHENG Wing-shun, M.H.

THE HONOURABLE Tony TSE Wai-chuen, B.B.S.

**MEMBER ABSENT:**

Dr THE HONOURABLE KWOK Ka-ki

**PUBLIC OFFICERS ATTENDING:**

The Honourable Matthew CHEUNG Kin-chung, G.B.M., G.B.S., J.P.

CHIEF SECRETARY FOR ADMINISTRATION

The Honourable WONG Kam-sing, G.B.S., J.P.

SECRETARY FOR THE ENVIRONMENT

Mr Joseph CHAN Ho-lim, J.P.

Under Secretary for Financial Services and the Treasury, AND

SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY

The Honourable Frank CHAN Fan, J.P.

SECRETARY FOR TRANSPORT AND HOUSING

Prof the Honourable Sophia CHAN Siu-chee, J.P.

SECRETARY FOR FOOD AND HEALTH

The Honourable Kevin YEUNG Yun-hung, J.P.

SECRETARY FOR EDUCATION

Dr CHUI Tak-yi, J.P.

Under Secretary for Food and Health

**CLERKS IN ATTENDANCE:**

MR KENNETH CHEN WEI-ON, S.B.S., SECRETARY GENERAL

MISS ODELIA LEUNG HING-YEE, DEPUTY SECRETARY GENERAL

MISS Flora TAI Yin-ping, ASSISTANT SECRETARY GENERAL

MR MATTHEW LOO, ASSISTANT SECRETARY GENERAL

**PRESIDENT** (in Cantonese):Will the Clerk please ring the bell to summon Members to the Chamber.

(After the summoning bell had been rung, a number of Members entered the Chamber)

(While the summoning bell was ringing, Mr CHAN Hak-kan stood up)

**PRESIDENT** (in Cantonese):Mr CHAN Hak-kan, what is your point?

**MR CHAN HAK-KAN** (in Cantonese):Is the hard copy of the main reply to the third oral question not yet available?

**PRESIDENT** (in Cantonese):Yes, the hard copy is not yet available.

**TABLING OF PAPER**

The following paper was laid on the table under Rule 21(2) of the Rules of Procedure:

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| Report No. 13/17-18 of the House Committee on Consideration of Subsidiary Legislation and Other Instruments |

**ORAL ANSWERS TO QUESTIONS**

**PRESIDENT** (in Cantonese):Questions. First question.

**Prevention and control of mosquito and rodent problems**

1. **MR VINCENT CHENG** (in Cantonese):*Some members of the public have relayed to me that poor environmental hygiene in the community will easily cause mosquito and rodent problems, posing direct threat to public health. As hot weather has come back in recent days and the rainy season is approaching, mosquitoes, insects and rodents breed easily, resulting in the risk of an outbreak of infectious diseases growing day by day. It is learnt that a number of District Councils ("DCs") have relayed to the authorities that the environmental hygiene at certain streets is unsatisfactory and is even worsening, including illegal dumping of construction waste and illegal littering by members of the public, accumulation of water and food remnants in rear lane drains, etc. Regarding the prevention and control of mosquito and rodent problems, will the Government inform this Council:*

(1) given that the Ovitrap Index, which mainly serves to survey the infestation of Aedes albopictus, has been formulated for a number of years since 2000, whether the Government will review and improve the Index, including the extension of the surveillance scope to cover the infestation of other mosquitoes and insects, such as Culicine mosquitoes which may transmit Japanese encephalitis, Anopheline mosquitoes which may transmit malaria, as well as biting midges which feed on blood and whose bites produce seriously itchy welts; if so, of the implementation time; if not, the reasons for that;

(2) as a number of members of the public and DCs have complained that the rodent problem of the old districts and districts where many restaurants are located is very serious, and traits of rodents can be found everywhere at night, but the Rodent Infestation Rates ("RIRs") in those districts as recorded by the Food and Environmental Hygiene Department ("FEHD") are on the low side, whether the Government has studied if RIRs can reflect the actual situation; if so, of the details; as it is learnt that FEHD completed the first phase of the Anti-rodent Campaign in March this year, of the effectiveness of the Campaign, including the numbers of dead rodents collected and live rodents caught; and

(3) as the Government is installing Internet Protocol ("IP") cameras at various hygiene black spots in phases to collect evidence of illegal dumping of refuse by offenders with a view to strengthening the deterrent effect, but the locations selected for installing IP cameras in the first phase are mostly places located outside refuse collection points, of the reasons why the Government has not accepted the several installation locations proposed by DCs such as rear lanes; whether it will consider coordinating various government departments in installing IP cameras at the locations proposed by DCs in future?

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese):President, the Government has always strived to maintain the environmental hygiene in Hong Kong, including carrying out mosquito and rodent control. My reply to Mr‍ Vincent CHENG's question is as follows:

(1) The Food and Environmental Hygiene Department ("FEHD") reviews the dengue vector surveillance ("DVS") annually as part of the efforts to step up control of Aedes albopictus. In response to the local dengue fever cases reported in 2016 and 2017, urban development as well as requests from the public and District Councils ("DCs"), a total of five additional areas will be covered by the DVS programme starting from July 2018. The survey frequency will also be increased from one week per month to two weeks per month. To strengthen surveillance at the border, the survey frequency at border control points will be increased from two weeks per month to weekly basis.

FEHD has also devised surveillance programmes targeting Culicine and Anopheline mosquitoes, which are vectors of Japanese encephalitis ("JE") and malaria respectively. Culicine mosquitoes are mostly found in the countryside, particularly in flooded rice fields and water-logged abandoned fields. If these fields are close to pig farms or locations frequented by natural hosts of JE virus, such as waders, Culicine mosquitoes are more likely to get infected, and the risk of JE transmission is higher. Monthly JE vector surveillance exercises have been scheduled since 2015 by FEHD, covering seven districts with relatively higher risk of JE transmission. In these seven districts, there are either pig farms or locations frequented by waders, or that local JE cases have been reported. As for the surveillance of Anopheline mosquitoes, regular surveys have been carried out since 1980 to collect samples of Anopheline larvae at streams to identify the existence of species responsible for the transmission of malaria in Hong Kong.

As regards the surveillance of biting midges, the World Health Organization has not published guidelines for systematic surveillance targeted at biting midges. According to my understanding, other places like the Mainland, Singapore as well as countries in America and Europe have not formulated any surveillance programmes for biting midges. Biting midges found in Hong Kong are not major vectors of any vector-borne diseases. In response to the problem of biting midges in recent years, FEHD had, on two occasions, invited an expert studying biting midges from the Mainland to visit Hong Kong, with a view to providing guidance and recommendations to study the local fauna of biting midges in the territory and review the control methodology. Based on the advice of the expert, FEHD commenced a one-year territory-wide survey in mid-July last year to investigate the species diversity of the midges in Hong Kong, confirm whether there is presence of any disease-carrying biting midges and find out their distribution. FEHD will continue to keep in view the biting midges situation in public places through routine inspections and handling of complaints. Control measures against biting midges will be strengthened whenever necessary, while efforts have at the same time been stepped up in the publicity and education work. In view of the public nuisance caused by biting midges earlier, FEHD will continue to conduct joint operations with the Leisure and Cultural Services Department ("LCSD") to strengthen the preventive and control work against biting midges at parks under the management of LCSD and their vicinity.

(2) There is no internationally adopted Rodent Infestation Rate ("RIR"). When devising RIR, FEHD made reference to overseas practices and tried out different methods having regard to a number of factors including local climate, environmental conditions and the habits of rodents. FEHD considered that adopting the ratio of baits gnawed by rodents as the infestation rate was the most suitable method for Hong Kong. As there have not been major changes in Hong Kong's environment or rodents' habits in recent years, the current survey approach is still appropriate.

As RIR of a district only assesses the rodent problem in public places within the surveillance areas during the surveillance period, it does not reflect fully the situation of rodent infestation of the district concerned. In addition to RIR, FEHD also takes into account the traits left by rodents, complaint figures and views of the local community and the public in targeting rodent prevention and control actions at areas where rodent problems exist.

Noticing that the number of food premises in some districts has increased, FEHD has, apart from including the rear lanes adjacent to food premises as the target areas of the anti-rodent campaigns, strengthened the cleansing work in these areas. To focus on managing the rodent trouble spots, FEHD conducted anti-rodent operations in designated target areas in various districts and adopted multipronged strategies in selected localities, including cleansing, rodent disinfestation and enforcement action against the survival conditions of rodents, namely food, harbourage and passages. FEHD staff will enhance street washing and sweeping services at rear lanes where hygiene conditions are relatively poor. Inspections of food premises will be stepped up and public education and enforcement actions will be strengthened. The first round of the anti-rodent operation in designated target areas in various districts was launched in April which will last for two months. The second round operation will commence in October.

The first phase of the territory-wide Anti-rodent Campaign 2018 was completed in March. During the campaign, FEHD conducted 16 348 inspections, handled 1 147 rat holes, caught 2 337 live rodents and cleared 4 265 dead rodents. The second phase of the campaign will be launched in July and will last for 10 weeks.

(3) FEHD launched a pilot scheme from December 2016 to June 2017 to install camera at hygiene black spots. Internet Protocol ("IP") cameras were installed at six illegal refuse dumping black spots in Central and Western, Sham Shui Po and Yuen Long Districts to step up surveillance on illegal dumping of refuse and facilitate the planning of more effective enforcement actions. Given the encouraging results FEHD decided to extend the scheme to all districts progressively on a trial basis for one year. It has consulted DCs on the illegal refuse dumping black spots at which IP cameras are to be installed, and obtained support from them. On the locations, FEHD has obtained the support from DCs on their suggestions on the locations and priority of installation of IP cameras with regard to the seriousness of illegal refuse dumping activity at the black spots. FEHD has accepted the locations and priority proposed by DCs and arrangements have been made accordingly. Some of the proposed spots include rear lanes. If DCs request changing the locations for camera installation in the future, FEHD will actively seek to meet their demands so long as the suggestions are technically feasible. The contractor engaged by FEHD will start to operate the IP cameras next week. If the hygiene conditions of a particular location show improvement, FEHD may consider adding or relocating the cameras to other spots according to priority.

**MR VINCENT CHENG** (in Cantonese):*I am a bit disappointed at the Secretary's reply. I hope she can understand that the Ovitrap Index which FEHD regularly announces monitors only the infestation of Aedes albopictus, not Anopheline mosquitoes and Culicine mosquitoes. The Secretary says in the main reply that FEHD also monitors the latter two types of mosquitoes. But I must say that unlike the Ovitrap Index announced regularly, these programmes only monitors whether such mosquitoes carry the virus of the infectious diseases concerned.*

*I must point out that the mosquito infestation statistics the Government announces is not comprehensive enough, and covers the infestation of only one type of mosquito. Hence, even when the Index remains low, the infestation problem of many different types of mosquitoes still exists. Therefore, I hope the Government would improve the Index. This may have something to do with the resources allocated to FEHD, because not only anti-mosquito measures but also street cleansing services *

**PRESIDENT** (in Cantonese):Mr Vincent CHENG, please state your supplementary question directly.

**MR VINCENT CHENG** (in Cantonese):*I hope FEHD would step up its cleansing work and rodent prevention measures, especially to introduce street washing vehicles using high pressure technology *

**PRESIDENT** (in Cantonese):Mr Vincent CHENG, please state your supplementary question directly.

**MR VINCENT CHENG** (in Cantonese):*President, I have already stated my supplementary question.*

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese):I thank Mr‍ CHENG for his supplementary question. I would like to first explain that the Ovitrap Index serves mainly to survey the infestation of Aedes albopictus, which is a vector of dengue fever. As for Culicine and Anopheline mosquitoes, which are vectors of JE and malaria respectively, different surveillance programmes have to be devised because their breeding environment is different from that of Aedes albopictus. For example, most species of Aedes albopictus may breed even in a very tiny water body, but sites favourable for the breeding of JE vector, Culex tritaeniorhynchus, are mainly found in flooded fields and abandoned fields, while Anopheline mosquitoes breed mostly at streams that are flowing very slowly. Therefore, instead of surveying the infestation of all species of mosquitoes with the Ovitrap Index, different surveillance programmes targeting different types of mosquitoes will have to be devised having regard to the differences in their breeding environment as well as their prevention and control strategies.

In order to prevent and control the breeding of Culicine mosquitoes, trapping of adult mosquitoes will be conducted for test on JE virus, and as for Anopheline mosquitoes, samples of Anopheline larvae will be collected at streams to identify the existence of species responsible for the transmission of malaria. Hence, although I understand Mr CHENG's point and agree that the Ovitrap Index cannot necessarily reflect the infestation situation of all species of mosquitoes, the mosquito prevention and control measures taken and anti-mosquito work carried out by FEHD in conjunction with other government departments have all along been very effective, and continuous actions have been taken to step up efforts in this respect. Let me take the Food and Health Bureau as an example. A meeting with the Chairman and Vice-chairman of various DCs is held once every half a year to discuss environmental hygiene issues, including rodent and mosquito problems and environmental cleanliness.

As regards the new type of street washing vehicles which Mr CHENG has just mentioned, FEHD has actually been exploring and introducing the latest technologies with a view to improving environmental cleanliness. If the technologies put on trial have proven to be effective, FEHD will continue to introduce high-tech street washing vehicles or other advanced technologies into various districts.

**MR TONY TSE** (in Cantonese): *Street cleanliness and the hygiene condition of public space in Hong Kong are undeniably deteriorating. It may be a good idea to make use of technology to tackle the problem, such as installing "Sky Eyes" at hygiene black spots, but this can after all address the symptoms only and not the root causes. The Secretary has just mentioned the use of latest technologies, such as the research and development of high-tech street washing vehicles, and I wonder how much money has the Government actually invested so far in this respect. It seems to me that it has never made any investment in this area, and if it has made such investment, can information be provided by the Bureau on the amount of money invested? If the requested information cannot be provided at the meeting, is it possible to provide supplementary information afterwards?*

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese):I thankMr TSE for his supplementary question. FEHD has been monitoring closely the hygiene conditions in various districts, and has been exploring options that are most effective and feasible for implementation. Generally speaking, if all members of the public, including persons-in-charge of food premises and other individuals, can exercise a sense of civic mindedness at all time and avoid dumping refuse indiscriminately, it can already help to provide part of the solution to the problem. Other than this, we are also required to take care of the enforcement issue, which depends very much on the availability of sufficient evidence. Therefore, FEHD has already consulted DCs on the installation of IP cameras, and has obtained confirmation from DCs that this is a feasible and effective option. The camera installation work has already commenced.

As regards new technologies used for improving environmental cleanliness and hygiene, including the introduction of a new type of street washing vehicles, we are now only at an early stage of the study, and the new model is being put on trial in different districts. With regard to the amount of money invested by the Government in this respect, I do not have the relevant information at hand, but we can provide the information after the meeting. ([Appendix I](#app_I))

Nevertheless, it is a clear direction for FEHD to explore and progressively introduce new technologies in this regard. For example, I have visited Sham Shui Po earlier to inspect the operation of a street washing vehicle, and together with members of another DC, I have also inspected previously the operation of another vehicle which is equipped with a manually-operated street washing system. In addition, we have also examined other new technologies. If the results of the trial are considered satisfactory, we will not be stingy and will endeavour to improve the hygiene and cleanliness condition of various districts.

However, apart from applying higher technology and stepping up enforcement, I hereby would also like to call upon members of the public to attach importance to the environmental hygiene problem in the community. We will maintain timely contact with DCs to handle all complaints received.

**MR WONG TING-KWONG** (in Cantonese):*According to the main reply given by the Secretary, biting midges are not major vectors of any vector-borne diseases. However, the breeding rate of biting midges is particularly fast, especially with the rainy season approaching, and a lot of children have got bitten by biting midges and developed skin rashes all over their body while playing at parks. I would therefore like to ask: Under the existing mechanism, have control measures targeting biting midges been devised by the Bureau? Have enough data been collected in the survey on biting midges? Is it possible to get a full picture of the seriousness of the problem of biting midges in various districts, so that timely measures can be taken to tackle the problem? I understand that control and surveillance programmes have not been formulated for biting midges in the Mainland and other countries, but it is my hope that we can take effective measures as soon as possible before the hot summer months to control and prevent the infestation of biting midges. What are the Secretary's views on this?*

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese):I thank Mr WONG Ting-kwong for his supplementary question. We are also gravely concerned about the nuisance caused by the problem of biting midges and therefore, with the advice from an expert, we have commenced a one-year territory-wide survey on the problem. The survey, which will be completed in August, seeks mainly to investigate the species diversity of the midges in Hong Kong, confirm whether there is presence of any disease-carrying biting midges and find out their potential breeding places. The results of the survey will help us make more ideal and focused efforts in eliminating biting midges when such a need arises.

Preliminary results of the survey show that among the samples collected, Lasiohelea taiwana and Culicoides arakawae are more common species of biting midges found in the territory, but there is no presence of disease-carrying biting midges. Upon completion of the survey, we will base on the results obtained to provide our recommendations on the prevention and control of biting midges to the government departments concerned, and report to the Legislative Council accordingly.

District Environmental Hygiene Offices of FEHD have been conducting joint operations against biting midges with LCSD since March 2017 in the light of actual circumstances in various districts, and providing technical advices as appropriate. In the period between March 2017 and the end of April this year, a total of 68 joint operations against biting midges have been conducted by the two departments.

**MR KWONG CHUN-YU** (in Cantonese): *Secretary, the mosquito problem in Yuen Long District is particularly serious this year, and I am especially concerned about the situation in Long Ping Estate, Wang Fu Court and the vicinity of Twin Regency, where JE cases have previously been reported. In fact, as revealed by the figures we have, the Department of Health has pointed out that from 2003 to 2014, seven patients in every 10 JE cases reported were residents of Yuen Long District. I would like to ask the Secretary: According to the latest figures as at 2018, does Yuen Long District rank first among the severely stricken areas of JE?*

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese):I thank Mr‍ KWONG for his supplementary question. I do not have the figures about the situation in Yuen Long District at hand, but I would like to tell Members that our colleagues in FEHD have all along been monitoring the Ovitrap Index closely. They will on the one hand monitor the Index, and on the other hand take immediate actions to prevent and control the breeding of mosquitoes when there is a rise in the figures recorded in a particular district. If the places affected are not solely managed by FEHD, joint operations against mosquitoes will also be conducted with other government departments.

**PRESIDENT** (in Cantonese):Secretary, can you provide the relevant figures or other supplementary information?

**MR KWONG CHUN-YU** (in Cantonese):*You should at least tell us in which district has the Government recorded the highest Ovitrap Index.*

**PRESIDENT** (in Cantonese):You have already stated your supplementary question.

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese):I do not have the figures about the situation in Yuen Long District at hand, but I can provide the information after the meeting. ([Appendix II](#app_II)) I only wish to point out that be it Yuen Long District or other districts, our colleagues in FEHD will take immediate actions to address the problem once a high Ovitrap Index is recorded.

**PRESIDENT** (in Cantonese):Second question.

**Primary 3 Territory-wide System Assessment**

2. **MR IP KIN-YUEN** (in Cantonese): *President, the Education Bureau ("EDB") has decided to resume the Primary 3 Territory-wide System Assessment ("TSA") from this year. Each year, EDB will sample 10% of the Primary 3 students from each public sector and Direct Subsidy Scheme ("DSS") primary school to participate in TSA, which is administered by the Hong Kong Examinations and Assessment Authority ("HKEAA"). Meanwhile, schools may apply to HKEAA on their own for participation in TSA by all the Primary 3 students in their schools, and may request for their TSA school reports from HKEAA under such circumstances. It has been reported that, as at 30 April, about 230 primary schools in Hong Kong, including 30 government primary schools, opted for all the Primary 3 students in their schools to participate in TSA this year. In this connection, will the Government inform this Council:*

*(1) of the number of schools to date that have applied for participation in TSA by all the Primary 3 students in their schools this year and the total number of students involved, together with a breakdown by school type (i.e. aided, DSS, government and private primary schools);*

*(2) as EDB has indicated that it will, upon resumption of TSA, continue to monitor whether there is any recurrence of the situation of schools drilling their students for participating in the assessment, whether EDB has formulated a specific monitoring mechanism for this purpose and monitor the situation directly through major stakeholders such as teachers and parents; if so, of the details and the implementation timetable; if not, the reasons for that; and*

*(3) of the type of follow-up measures to be adopted by the authorities for addressing situations such as schools drilling students or disrupting their normal learning in order to cope with TSA, or attracting enrolment by students through boasting about their TSA results?*

**SECRETARY FOR EDUCATION** (in Cantonese): President, in March 2018, the Education Bureau accepted the report and recommendations of the Coordinating Committee on Basic Competency Assessment and Assessment Literacy ("the Committee"), including the new arrangements for Primary 3 Territory-wide System Assessment ("TSA") in 2018 and beyond. Under the new arrangements, the arrangements for the territory-wide and school levels of Primary 3 TSA will be handled separately.

At the territory-wide level, the Government will sample about 10% of students from each public sector and Direct Subsidy Scheme school to participate in the annual Primary 3 TSA. In addition, to understand the overall learning performance of non-Chinese speaking students and students with special educational needs so as to provide appropriate support, a certain number of students from these two student groups have to be separately sampled to meet the statistical requirements. Students' assessment results will only be counted as territory-wide data. Since only a small number of students in each school will participate in the assessment and the situation of individual schools cannot be reflected, school reports will not be provided.

Schools which would like to obtain school-level reports to improve learning and teaching may directly approach the Hong Kong Examinations and Assessment Authority ("HKEAA") to arrange participation of all of their Primary 3 students. In addition, in the light of school-based and subject-based needs, schools may choose to obtain different assessment information, including four different types of reports, reports on overall performance of students with special educational needs and/or non-Chinese speaking students, and school reports for the questionnaire survey on learning attitude and motivation. HKEAA will put reports of their choice into the online system for schools' direct downloading. The Education Bureau will not obtain school reports of individual schools from HKEAA.

In fact, as part of the review process in the previous two years, some schools indicated their requests on the continuous use of assessment information to improve learning and teaching, while, at the same time, some members of the community showed their distrust of the previous arrangements for TSA. The new arrangements recommended by the Committee manage to balance the views of both sides, and aim to further strengthen the confidence of the education sector and the community in TSA and rebuild mutual trust, ultimately achieving TSA's objective of promoting assessment for learning to benefit the students. The audio-visual assessment for Chinese and the speaking assessment parts for Chinese and English of Primary 3 TSA in 2018 were conducted on 2 and 3 May, and the written assessment parts for Chinese, English and Mathematics will be conducted in mid-June. It has progressed smoothly so far. The Education Bureau will continue to closely monitor related operational arrangements.

Our reply to Mr IP Kin-yuen's question is as follows:

(1) Under the new arrangements, schools which would like all their Primary 3 students to participate in TSA and obtain detailed school reports may approach HKEAA directly for arrangements. The Education Bureau has publicly pledged not to enquire about the participation of individual schools or obtain school reports of individual schools from HKEAA. Therefore, the Education Bureau does not have information on the participation of individual schools, including school names, types, number of students and respective school sponsoring bodies. The Education Bureau will also not enquire about relevant information from HKEAA so as to avoid misunderstanding. According to the information released by HKEAA to the public, by end of April 2018, about 230 primary schools opted for full cohort participation in Primary 3 TSA.

(2) and (3)

The new arrangements and the enhancement measures have greatly reduced the incentives for drilling, and drilling problem before the 2016 Tryout Study (Primary 3) and 2017 Basic Competency Assessment Research Study was not observed, while the Education Bureau will closely monitor the situation. In the previous two years, the Education Bureau adopted questionnaire surveys to collect and gauge views of more than 23 000 parents of students participating in Primary 3 TSA, and more than 50 focus group meetings for teachers were conducted to understand how schools take forward and implement the arrangements for Primary 3 TSA, including whether there were additional exercises for TSA. The Education Bureau will continue to collect and gauge views of parents and teachers of students participating in Primary 3 TSA through questionnaire surveys and focus group meetings.

In addition, the Education Bureau will keep in view the implementation of school-based assessment through various channels, including inspections, school visits and daily contact. It is worth noting that Primary 3 TSA is an assessment on Basic Competencies which form part of the curriculum, and are the core requirements of the curriculum that students are expected to acquire upon completion of the learning stage. We should not simply categorize the exercises that schools or teachers give to students for consolidating their Basic Competencies as drilling for the purpose of Primary 3 TSA or simply equate Primary 3 TSA with drilling.

According to the prevailing practice, when downloading school reports from the website of HKEAA, schools must follow the "Protocol of School Level Data of the TSA" and undertake not to publicize the school level data, or part of the data in isolation, through any channels (such as school's publication, school's website and other publicity materials) to anybody outside school. HKEAA will seriously follow up with schools for any violations.

In fact, the community's extensive discussion and concern about TSA issues have significantly enhanced the transparency about schools' taking forward and implementation of the new arrangements for Primary 3 TSA. The Education Bureau will closely monitor the implementation of the new arrangements and maintain communication with schools and related stakeholders to explore room for continued enhancement and follow-up arrangements. If related complaints are received, the Bureau will investigate and take follow-up actions.

**MR IP KIN-YUEN** (in Cantonese):*President, before I ask my supplementary question, I would like to bring to your attention the incompleteness of the Government's reply. I wonder why the Government could choose not to answer the major questions raised by me. In part (1) of my main question, I ask the Secretary how many schools have opted for participation in TSA by all their Primary 3 students, together with a breakdown by school type. The Secretary's reply only says the number of participating schools is 230. Since I have already given out this figure of 230 schools in the main question, the Secretary has just repeated what I have said in his reply, without giving a breakdown by school type. President, will you please ask the Education Bureau to provide us with the relevant figures as soon as possible to enable the Council to perform its monitoring role effectively? It is unreasonable to require me to ask the same question in the supplementary question which I have already asked in the main question. President, will you help me with this?*

*The focus of my supplementary question is on the monitoring work. Will the Government step up its monitoring effort? We are deeply worried about the resurgence of the drilling of students and its distortion of the teaching and learning, and we very much hope that the Government would closely monitor the situation. We are extremely anxious about the drilling problem despite the Government's agreement to monitor the situation. The Secretary has said in the main reply that basically, the drilling problem was not observed in 2016-2017. However, the survey conducted by the Hong Kong Professional Teachers' Union and the phenomenon reflected by parents both point to the serious problem of drilling, suggesting that the Government's previous observations deviated greatly from the actual situation.*

**PRESIDENT** (in Cantonese):Mr IP, please come to your supplementary question direct.

**MR IP KIN-YUEN** (in Cantonese):*The Education Bureau says it will continue to adopt the prevailing methods of questionnaire surveys and focus group meetings to monitor the situation, but we request for enhancement to the measures. My supplementary question is whether the Education Bureau will implement enhanced measures? Specifically, will the authorities conduct questionnaire surveys for both the parents and teachers? Or will teachers be the target respondents of the questionnaire surveys? I hope that the Government will give us a clear and definite answer.*

**SECRETARY FOR EDUCATION** (in Cantonese):President, first of all, is it appropriate for me to answer the question which Mr IP Kin-yuen has asked you?

**PRESIDENT** (in Cantonese):You can answer it either in the Chamber or on other occasions.

**SECRETARY FOR EDUCATION** (in Cantonese):President, perhaps let me give a brief explanation here. The Education Bureau does not have the information requested by Mr IP, and it has publicly pledged in the main reply that it will not enquire about the participation of individual schools. We have already tried our best to provide all information available in the main reply.

In respect of the monitoring work Mr IP has asked in his supplementary question, we have explained clearly in the main reply that in the past two years, we adopted questionnaire surveys to collect views of more than 23 000 parents of students participating in Primary 3 TSA, and held more than 50 focus group meetings to discuss with 2 600 teachers. Through the information collected from the questionnaire surveys and discussions, we are confident that we have a pretty good grasp of the magnitude of the drilling problem in the past. We have also made it clear in the main reply that the authorities will continue to adopt these methods to monitor any resurgence of drilling for the Primary 3 TSA.

**MR IP KIN-YUEN** (in Cantonese):*President, my supplementary question is very clear: whether the Education Bureau will gauge the views of teachers by way of questionnaire survey.*

**PRESIDENT** (in Cantonese): Secretary, do you have anything to add?

**SECRETARY FOR EDUCATION** (in Cantonese):President, we will not do so for the time being.

**MR HUI CHI-FUNG** (in Cantonese):*Mr LEUNG, the Government originally claimed that participation in TSA would be by means of sampling and that it would neither disclose the student names nor school names. These were rather enchanting words. But it now turns out that more than 30 government schools, accounting for 99% of the total, take the lead in applying for participation in TSA by all their Primary 3 students. Ultimately, 230 primary schools, 42% of the total, will take part in TSA by all their Primary 3 students. Can this level of participation still be regarded as sampling? With all Primary 3 students of these 230 schools participating in TSA, can the new arrangement provide a meaningful solution to reducing the drilling of students? I am very doubtful about this.*

*The Secretary has said in the main reply that those homework and exercises for the purpose of the Basic Competency Assessments ("BCA") are the core requirements of the curriculum, and should not be categorized as drilling. If so, nothing else can be regarded as drilling. My question is whether the Education Bureau can set out guidelines to clearly prohibit schools from giving their students exercises, homework, and examinations for the purpose of BCA? This is what I specifically wish to ask in the supplementary question.*

**SECRETARY FOR EDUCATION** (in Cantonese):President, perhaps, I will spend some more time to explain this question because Mr HUI may not be very clear about the entire TSA system.

TSA seeks to assess the basic competencies of students. It is the assessment of the basic competencies which students at Primary 3 or junior primary level ought to acquire in the classroom and the curriculum. In their usual schooling, however, students will also have to do exercises to train or consolidate these basic competencies. Hence, we cannot simply categorize every single exercise for Primary 3 students to test, consolidate, or nurture their competencies as drilling for the purpose of TSA. This is what I have seriously explained to Members in the main reply.

In the past two years, we engaged 50 schools to participate in a tryout for the basic competency assessment. The tryout was then extended to all primary schools in the territory. According to feedback from schools, teachers, and parents of students, most mechanical and meaningless drilling has really been removed. We are thus confident that the new arrangement we have adopted in 2018 can achieve the intended objectives.

The new arrangement consists of two major parts: sampling and voluntary participation by schools. For the latter part, we have not set out any target number and schools are totally free to make their own professional judgments. Hence, if someone considers the new arrangement unsuccessful on account of the high participation rate of schools, I think they simply do not understand the objectives and approaches of the new arrangement. After all, the participating schools have exercised their professional judgments before reaching the decisions.

**MR HUI CHI-FUNG** (in Cantonese):*President, the Secretary has not answered my supplementary question. All exercises, homework, and tests for the purpose of BCA are drilling of students. Will the Secretary set out any guidelines to prohibit schools from drilling their students?*

**PRESIDENT** (in Cantonese):Mr HUI, please sit down. I think the Secretary has answered your supplementary question in detail.

**MR MA FUNG-KWOK** (in Cantonese):*President, the Government now allows‍ *

**PRESIDENT** (in Cantonese):Have you put on the microphone?

**MR MA FUNG-KWOK** (in Cantonese):*Under the current arrangement, apart from annual sampling about 10% of students from each public sector and Direct Subsidy Scheme school to participate in the Primary 3 TSA, the Education Bureau also allows schools to opt for participation in TSA by all their Primary 3 students.*

*As we all know, parents of students have voiced different views on TSA, with some even opposing its implementation. Will schools be put under pressure if they are now allowed to make their own decisions? Has the Government examined how schools should deal with these pressures?*

**PRESIDENT** (in Cantonese):You have asked your supplementary question, please sit down.

**SECRETARY FOR EDUCATION** (in Cantonese):President, the new arrangement allows schools to opt for voluntary participation in TSA by all their Primary 3 students. Schools have to exercise professional judgments to decide if the participation in TSA in order to obtain the school-level reports is directly beneficial to learning and teaching. If schools do not consider it necessary to do so, they do not need to participate. But, if judging from a professional perspective, schools find it necessary to join TSA, they will surely have to discuss this with various stakeholders. In the process, schools will need to explain to teachers and parents or seek their views before making the final decisions.

This is similar to other learning decisions which schools have to make on their own from time to time, including whether they should give their students supplementary exercises and additional examinations or tests. Of course, as there have been quite a number of debates on TSA in society, schools will have to consider more factors before they can make their decisions. Nevertheless, I trust schools are able to exercise their professional judgments, and I hope that we will leave room for schools to make their own professional judgments.

The new arrangement has just been implemented in 2018. So far, we have not heard from schools that they are unable to make decisions because of the huge pressure facing them.

**MR SHIU KA-CHUN** (in Cantonese):*President, there has been neither sufficient time nor mechanism in place for schools to consult teachers and parents of their students since the Government's announcement of the resumption of TSA in March. What I am holding is a school notice which only serves to inform parents concerned of the school's decision on TSA. I know many parents have received this kind of notice. There is essentially no room for parents to express their views, let alone allow them to indicate whether they wish their students to participate in TSA.*

*In respect of the resumption of TSA, I would like to ask if the Government has measures in place to enable parents and teachers to express their views on schools' participation in TSA.*

**SECRETARY FOR EDUCATION** (in Cantonese):President, the reports compiled from the territory-wide TSA by way of sampling provides useful information to the entire education sector or the overall education development in the future. We, therefore, require the sampled Primary 3 students to take part in TSA and we do not expect parents to opt out of the assessment. At the school level, however, schools can make their own choices. It is true that we have a rather tight schedule for this year with a short interval between the announcement of the resumption of TSA in March and the holding of examinations in May. Still, we have requested schools to consult stakeholders as far as possible before making the relevant decisions.

I believe that from next year onwards, schools are able to carry out the consultation in full accordance with their school-based procedures before making decisions on their participation in TSA.

**MR SHIU KA-CHUN** (in Cantonese):*President, the Secretary has not answered my supplementary question. My question is if there are measures in place to consult parents and teachers.*

**PRESIDENT** (in Cantonese):You have pointed out the part of your supplementary question not answered. Secretary, do you have anything to add?

**SECRETARY FOR EDUCATION** (in Cantonese):President, as I have just said, we think the decisions made by schools are professional decisions. This is comparable to other decisions which schools would make from time to time, such as whether they should participate in a particular activity, join an examination, or enter into the Education Bureau-held competition, where schools can make their decisions after fully consulting stakeholders according to the established mechanism. The same can apply to their participation in TSA.

**DR HELENA WONG** (in Cantonese):*President, I can see that the Secretary has dodged answering Mr IP Kin-yuen's main question, particularly in respect of part (1) of the question. I do not understand why the Secretary thinks the number of schools with all their Primary 3 students participating in TSA should be kept confidential. Some Members have asked for the figure from HKEAA, but HKEAA refused to release the figure unless with the approval of the Education Bureau. Now, the Secretary also uses HKEAA as a shield by saying that the information is held by HKEAA. With the Education Bureau and HKEAA colluding with each other, how can Members monitor the Government's education policies? I consider this outrageous and irresponsible.*

*President, up to now, a total of 230 primary schools have been induced by the Education Bureau to force all their Primary 3 students to participate in TSA. School principals are tempted to participate in TSA as the Education Bureau indicates that full school reports will not be available unless all of the Primary 3 students in schools take part in the assessment. Currently, half of the primary schools in the territory have participated in TSA. I would like to ask if school principals, as what the Secretary has said, have really consulted various stakeholders including parents of their students and teachers before making such decisions. Can parents opt out of the assessment for their students? If students opt out of TSA, can the school be regarded as *

**PRESIDENT** (in Cantonese):Dr Helena WONG, you have already asked a number of questions. Secretary, please reply.

**SECRETARY FOR EDUCATION** (in Cantonese):President, I will try to answer Dr WONG's questions one by one. First of all, Dr WONG has made an incorrect accusation against the Education Bureau. The Education Bureau's handling of TSA in the past was said to have brought pressure to bear on schools, causing schools to drill their students. Hence, under the new arrangement, we have publicly pledged not to enquire about the participation of all Primary 3 students of individual schools in TSA or ask for the number of participatory schools from HKEAA. Schools are totally free to make their own decisions. We have publicly pledged not to acquire the relevant information in the main reply, and thus we do not have such information and will not enquire about it from HKEAA.

I am not sure if Members still remember that they did criticize the Education Bureau for making such enquiries in the past which they considered as publicly exerting pressure on schools. The wavering attitudes of Members have actually put us on the horns of a dilemma.

Second, schools have made their decisions on the basis of their professional judgments, and it is thus unfair to say we have induced schools to participate in TSA. It is true that if schools initiate to take part in TSA, they can obtain the school-level reports. But they can decline to do so if they find the reports useless. If schools think the reports are useful to the teaching and thus decide to participate in TSA, they are just taking responsibility towards their students. I do not see that it is inappropriate for schools to participate in TSA in order to obtain the useful school reports.

We are all concerned about the drilling problem. Both Members and the Government share the same concern. Hence, we have pledged to stay vigilant against drilling of students. We do not wish to see that the resumption of TSA would trigger another round of over-drilling, but Members and the public can join us to take concerted effort to monitor the situation.

**PRESIDENT** (in Cantonese):Third question.

**Operation of the Recycling Fund**

3. **MR CHAN HAK-KAN** (in Cantonese): *President, to assist the recycling industry in enhancing operational capabilities and efficiency, the Government established the Recycling Fund ("the Fund") in October 2015, with an allocation of $1 billion for application by recyclers for subsidies. In this connection, will the Government inform this Council:*

*(1) given that as at February this year, a total of 128 projects involving a total funding of about $94 million was approved under the Fund, but the expenditure incurred by the Hong Kong Productivity Council, the Secretariat of the Fund, on processing applications for the Fund, monitoring the progress of the projects and conducting compliance checks was as high as $13 million (accounting for 12% of the total amount of approved funding, i.e. such expenditure being as high as $100,000 for each funded project on average), whether the Government has reviewed if such an expenditure level is on the high side, and whether secretariat support for the Fund will instead be provided by the Government in-house; if so, of the details; if not, the reasons for that;*

*(2) given that the recovery rates of plastics and food waste in 2016 slightly rose by three percentage points and less than one percentage point respectively and the recovery rate of paper dropped by two percentage points when compared with those in the year before that, whether the Government has studied why the recovery rates of those materials have shown no marked improvement after the Fund was launched; of the measures to further boost the recovery rates, and whether it will formulate more ambitious recovery rate targets; and*

*(3) given that more than $30 million has so far been approved under the Industry Support Programme ("ISP") under the Fund to provide funding support for relevant organizations to undertake non-profit-making projects with a view to enhancing the capability and productivity of the recycling industry, whether the Government has assessed the effectiveness of ISP; as quite a number of recyclers have relayed that the application procedure of the Fund is complicated, whether the Government will further streamline the relevant procedure; if so, of the details; if not, the reasons for that?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, the Recycling Fund ("the Fund") set up by the Government is one of the initiatives in promoting the development of the recycling industry. By providing financial support, the Fund aims at facilitating the upgrading of the operational capabilities and efficiency of the recycling sector. In view of the more stringent requirements on the import of recyclables progressively in place in the Mainland, the Fund has been streamlined on various fronts with a focus on helping the recycling industry expedite their upgrading and enhancement of processing capacity, as well as grasp the challenges and opportunities emerged. Regarding the question raised by Mr CHAN Hak-kan, my reply is as follows:

(1) The work of the Secretariat of the Fund ("the Secretariat") includes assessing all applications received and monitoring the progress of each approved project. Therefore, in addition to providing administration services, the Secretariat has also to be conversant with the operation of the recycling industry and possess a well-established network among the recycling trade. When the Government sought funding approval from the Legislative Council for $1 billion to set up the Fund, the reasons for engaging the Hong Kong Productivity Council ("HKPC") to act as the implementation partner and provide secretariat and administrative management services for the Fund were explained. Details of the work of the Secretariat are at the Annex.

The Secretariat's annual expenditure on processing applications, monitoring approved projects and checking on compliance for the Fund is about $9 million[[1]](#footnote-2)(1), of which HKPC has to shoulder certain additional expenses, including those on the provision of supervisory staff and technical support, the hiring of venues, and so on. As at mid-May this year, the Advisory Committee on Recycling Fund ("RFAC") received a total of 386 applications, and a total of 139 funded projects have been or will soon be commenced, involving a total funding of about $100 million. The expenditure of the Secretariat is within reasonable range. The Environmental Protection Department ("EPD") has no plan to change the arrangement of engaging HKPC to act as the implementation partner to the Fund as well as provide secretariat and administrative management services for the Fund.

(2) In addition to supporting the development of the local recycling industry through the Fund, the Government will continue to strengthen support on various fronts to enhance the operation of the recycling chain.

Regarding food waste, the Organic Resources Recovery Centre ("ORRC") Phase 1 will be commissioned around mid-2018. While we are planning the construction of ORRC Phase 2, the "Food Waste/Sewage Sludge Anaerobic Co-digestion Trial Scheme" will be implemented at the Tai Po Sewage Treatment Works to raise Hong Kong's overall food waste treatment capability. We will also continue to support schools and private housing estates to install composters, and will also collaborate with the commercial sector and eateries to collect surplus food for distribution to voluntary organizations.

On recycling of waste papers, our key support includes providing sites in the EcoPark and under short-term tenancy as well as berths in public cargo working areas for bidding and use by the recycling sector. In an open tender held at the end of this March, we invited tenders from recyclers interested in developing waste paper recycling and manufacturing business in the EcoPark.

As for recycling of waste plastics, we have commenced a consultancy study on how to introduce a producer responsibility scheme ("PRS") for suitable plastic containers so as to strengthen recycling support at the community.

We are actively preparing for the legislation required for municipal solid waste charging, with a view to further promoting waste reduction at source and recycling.

Formulation of the above initiatives is underway. At present, we are unable to set specific recycling targets for individual type of recyclable.

(3) The Fund comprises two aspects, namely the Enterprise Support Programme ("ESP") and the Industry Support Programme ("ISP"). The former provides funding support for individual recycling enterprises to upgrade and expand their local waste recycling business. The latter provides funding support for non-profit distributing organizations registered in Hong Kong, such as professional bodies, trade and industry organizations, research institutes and other industrial support organizations, to undertake non-profit making projects which can assist the local recycling industry in general or in specific sectors in enhancing their operational standards and productivity.

The $30 million mentioned by Mr CHAN is mainly for ISP. The currently approved projects include, inter alia, operation guides and trainings for the recycling industry produced and provided by the Hong Kong Baptist University and the Hong Kong Quality Assurance Agency, as well as the Recycling Industry Safety Enhancement Pilot Scheme launched by the Occupational Safety and Health Council. The former has held 52 training sessions attended by over 1 200 people so far, while the latter has received applications from more than 160 enterprises. These programmes can facilitate the enhancement of skills, productivity and safety standards of the recycling industry, as well as reduce their expenditure for insurance.

EPD and RFAC have been in close dialogues with the recycling sector to continuously optimize the operation of the Fund. At present, a series of facilitation measures have been introduced under the Fund, including the provision of initial grant payments to approved projects before their launch, including the cost for third-party liability insurance and a portion of the rental expenses required by approved projects in fundable items under the Fund, as well as establishing a category of "Standard Projects" under ESP to streamline application procedures for specific items, such as procuring small-scale equipment, hardware and machinery, making applications under certification or registration schemes, and so on. Besides, RFAC has waived the condition on opening a designated bank account for "Standard Projects", and will provide reimbursement midway through the project period, having regard to the progress of the project.

To assist the recycling industry to address the Mainland's progressively tightening requirements on the import of recyclables, the Fund announced in September 2017 that $20 million had been earmarked to expand the list of fundable items under "Standard Projects" to help upgrade the recyclers' ability in turning waste plastics into plastic products or raw materials as well as processing waste papers. The Fund also earmarked $50 million for encouraging recyclers to use compactor trucks for more effective and efficient transportation of waste plastics and waste papers and hence reduce the collection and transportation costs of recyclables. As at end December 2016, a total of 68 applications of "Standard Projects" have been received in 15 months since the operation of the Fund in October 2015. In respect of the new series of facilitation measures, the Fund has received a total of 169 applications of "Standard Projects" in 17 months from January 2017 to present and 104 applications have been approved.

The Government and RFAC will continue to review the Fund's operation and roll out various facilitation measures in a timely manner.

Annex

Scope of work of HKPC as the Secretariat

(A) provide overall administration of matters in relation to the Fund, including publicity and promotion, consultation and engagement with stakeholders, application and assessment arrangement, preparation of a monitoring mechanism, budgets and progress reports for review by the Government and Committee;

(B) liaise with applicants for clarification of unclear information in the application forms, and request applicants for provision of additional information and/or amendment of application contents;

(C) arrange site inspections and visits prior to application assessment and during project implementations;

(D) conduct preliminary assessment of each application received, and compile and submit assessment reports for review by the Government and Committee;

(E) inform all applicants of their application results;

(F) for unsuccessful applications, resolve doubts and answer enquiries from applicants, and give advice on how to revise their applications for resubmission;

(G) for applications with conditional approval, contact the applicants and explain conditions of approval so as to enable them to understand how to comply with those conditions imposed by the Committee and commence the projects; and

(H) for approved applications, prepare and arrange signing of agreements, follow up and monitor the approved projects, as well as disburse subsidies to grantees in accordance with instructions of the Committee.

**MR CHAN HAK-KAN** (in Cantonese): *President, even though the administration fee is so high, the Secretary still asserts that it is reasonable. I am shocked and disappointed by this.*

*Yesterday, the Panel on Development discussed the Construction Innovation and Technology Fund ("CITF"). The two funds, that is CITF and the Fund, have each been allocated $1 billion. But the administration cost of CITF is $0, and the estimated administrative expenditure of the Fund, which is also allocated $1 billion, is as much as $85 million. The 128 approved projects under the Fund have incurred an administration cost of $13 million, and the administration cost of each project amounts to $100,000 on average. The former sum accounts for 12% of the total amount of approved funding, and this rate is 50% higher than the 8% in the original estimate. Most ridiculously, the amounts of approved funding under the Fund for some projects are $6,000, $9,000 and $10,000. Such projects are very common.*

*How come the Secretary can say that it is justified to expend an administration cost of $100,000 for the approval of a project receiving several thousand dollars of funding? Why does he see no need to reduce the administration cost? Even though it is not the Secretary's own money, he should not be such a spendthrift.*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, Mr‍ CHAN and we actually share the same concern. We all hope that the administration cost can be kept as small as possible, so that more funding can be used for assisting the industry. But as I said in my main reply earlier, the staff of the Fund provide not only administrative services but also other professional services.

I wish to discuss two points here. As Members can see, recycling operators vary in size, so our aim is to make the application process as convenient as possible. The Honourable Member has talked about some projects with a small amount of funding. Well, actually, our aim here is to simplify the application procedures as much as possible in order to facilitate project applications involving small amounts of funding. This is meant as a response to the demand of society, the industry and Members.

Members should understand that since recycling is an industry comprising practitioners with a wide range of backgrounds and competency, the operation of the Fund will necessarily require greater professional input from its secretariat staff than in other projects. If Members look at all the different organizations in Hong Kong, and if they know HKPC at all well, they will realize that it is actually more professionally qualified than others, and more knowledgeable about the industry too. Also, Members should understand that apart from charging administrative fees, HKPC must also take up extra work as the implementation partner in such projects. I have said, for example, that they provide supervisory personnel, venue rental services and technical support, and all this is in a way a form of social service. Members should understand this background.

**PRESIDENT** (in Cantonese):Mr CHAN Hak-kan, which part of your supplementary question has not been answered?

**MR CHAN HAK-KAN** (in Cantonese): *President, the Secretary has not told me why he insists that the high administration fee is reasonable. I surely support all the assistance to the recycling industry mentioned in his reply. But why is the administration fee so high?*

**PRESIDENT** (in Cantonese): Mr CHAN, you have already pointed out the part of your supplementary question which has not been answered. Please sit down. Secretary, do you have anything to add?

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, I wish to add one point. At the very time when we rolled out the Fund a few years ago, the recycling businesses in Hong Kong, the country and even the whole world were all faced with extremely complex industrial ecologies and formidable challenges. So, our introduction of the Fund was in a way very timely.

In order to assist the industry, we must make extra efforts, such as improving the procedure, communicating with the industry and getting to know the country's new arrangements. All this will require discussion and cooperation with the industry if we are to give it any assistance. Also, we may allow ourselves to be a bit more positive and hope that once the industry makes more application and the total amount of funding thus increases, the relevant percentage may change for the better. And, about this, I have said that the local and overseas recycling industries are now faced with instability. Consequently, the number of applications under the Fund may actually see more substantial increase. In that case, the relevant percentage may change for the better.

**MR MARTIN LIAO** (in Cantonese): *President, to avoid abuse of the Fund, the existing monitoring mechanism includes the signing of funding agreements, the submission of project progress reports, the appointment of independent auditors for accounts auditing, and random inspections by the secretariat of the Fund. And, the Government will also disburse project funding in phases, including mid-term payments and final payments. I am happy to see that the Government has now even introduced initial payments, meaning the disbursement of payments before the start of business. All these payments are disbursed based on project progress or milestones.*

*President, referring to all the projects supported by the Fund, can I know the respective proportions of projects which could not be completed as scheduled, and which eventually fell flat? Besides, what is the main reason for funding rejection?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, my thanks to Mr LIAO for his supplementary question. As I do not have sufficient information at hand, I cannot give a specific answer to the Honourable Member's supplementary question. Please allow me to provide a supplementary written reply later on. ([Appendix III](#app_III)) But I wish to say that the Government has all along maintained close communication with the industry through the secretariat of the Fund, in a bid to make things as convenient as possible for the industry and understand their circumstances, so as to improve the overall framework and make good use of the Fund to satisfy and suit the needs of the industry.

**MR HUI CHI-FUNG** (in Cantonese): *Mr LEUNG. The Fund was allocated $1 billion. But so far, it has merely granted roughly $94 million, or less than $100 million to be exact. And, there are even criticisms that the exorbitant administrative cost of the Fund is way too exorbitant. Is it true to say that the Fund is one of a "Buddhist style"? When the time comes, the recycling rate will naturally rise. This is actually the same as "waiting for luck".*

*My specific supplementary question is this. In the case of recovering food waste, for example, the Secretary says that ORRC has been set up with industrial and commercial organizations as the start, and the tasks in this respect have been completed. But why should the Government refuse to take the initiative to recover food waste at the community level? Can the Government take the initiative to provide public housing estates, various organizations and also private housing estates with financial support for adopting the latest technological devices, machineries and technologies which are less disturbing to communities, so as to enable communities and individuals outside the ambit of the Fund to also participate in waste recovery and in turn step up the overall efforts of recovering food waste and various resources? Can the Government take the initiative?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, on the question of how to implement recycling measures to enhance effectiveness, Hong Kong actually has various experiences. What are the specific measures? A specific example of our experience in recent years is glass bottle recycling. Through enacting legislation, conducting a tender exercise for the catchment regions of Hong Kong Island, Kowloon and the New Territories, and formulating a recycling target, the Government has sought to promote and materialize glass bottle recycling. All these are the most direct and effective measures adopted by overseas cities. The Government has set up the Waste Electrical and Electronic Equipment Treatment and Recycling Facility and enacted similar legislation, and it will also set up recycling plants and set a clear target on the recycling volume. All these are the practices adopted by various overseas cities.

Another example is plastic products. The Government is now actively conducting studies on introducing a relevant PRS. When it is introduced, it may be similar to the arrangements for glass bottle recycling, in the sense that one contractor or several contractors will install auxiliary facilities in various places and formulate a target on the recycling volume. Members should understand that all these are the main approaches which have proven to be effective. And at the same time, we will definitely enhance support in communities where necessary.

**PRESIDENT** (in Cantonese):Mr HUI Chi-fung, which part of your supplementary question has not been answered?

**MR HUI CHI-FUNG** (in Cantonese): *The Secretary has not answered the question of whether the Government will take the initiative to launch recycling measures apart from waiting for recycling operators and voluntary organizations to initiate applications under the Fund.*

**PRESIDENT** (in Cantonese): Mr HUI, you have already pointed out the part of your supplementary question which has not been answered. Please sit down. Secretary, do you have anything to add?

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, let me add one point. As I mention in paragraph two in part (2) of my main reply, we will also take the initiative. In the case of recovering food waste, for example, we will continue to offer support to schools and private housing estates for the installation of composters, so as to deal with Hong Kong's food waste problem.

**MR KENNETH LAU** (in Cantonese): *President, the Mainland called a halt to the import of unsorted waste papers and waste plastics last year, thus causing waste besiegement in Hong Kong at one point. Later, $20 million was earmarked under the Fund to expand the list of fundable items under "Standard Projects" as a means of assisting the industry in upgrading and restructuring.*

*As reported last month, the Mainland will further regulate the import of solid waste at the end of this year and ban the import of scrap metal. But scrap metal is the major source of income for local recycling operators. The Mainland's import ban on scrap metal will seriously affect the industry. May I ask the Secretary how the Environment Bureau will cope with the ban this time around? Will it increase the number of items under the Fund again? Or, will it face the ban passively? Have the authorities approached the Mainland Government to find out more about it, so as to avoid the possible reoccurrence of waste besiegement in Hong Kong late this year?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, I thank Mr LAU for his supplementary question. In view of the country's continued tightening and changes of its importation policy on recyclables, we have maintained close contact with the Mainland. This includes our recent visit to Beijing together with the relevant industries for the purpose of finding out more about this directly and exchanging views. We understand the industry's concern.

But speaking of scrap metal, while the country has tightened the relevant rules and regulations recently, nearly 90% of Hong Kong's scrap metal―if my understanding is correct―is exported to Southeast Asian regions as the main outlet. Therefore, the country's changes of its rules and regulations in this regard this time around will basically produce mild impact on Hong Kong.

**MR CHU HOI-DICK** (in Cantonese): *President, Mr CHAN Hak-kan's main question concerns the effectiveness of our recycling efforts. And I am concerned that even if the recovery rate has risen, the overall plastic waste volume will likewise continue to increase, and the volume of plastic production worldwide has also kept increasing instead of declining. May I ask the Secretary whether the authorities will also study the banning of certain types of plastic products while examining the introduction of a PRS for plastic containers?*

**PRESIDENT** (in Cantonese):Mr CHU Hoi-dick, the subject matter of the main question is the Fund. Your supplementary question is irrelevant to this topic.

**MR CHU HOI-DICK** (in Cantonese):*President, my supplementary question is based on part (2) of the Secretary's main reply.*

**PRESIDENT** (in Cantonese): Secretary, do you have anything to say in reply?

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, let me give a brief reply on Mr CHU's supplementary question. The study on introducing a PRS for plastic containers is certainly confined to a scope. And we are also aware of the rising international concern about, for example, disposable plastic products. So, the relevant government departments are now working to cope with the challenge concerned.

**MR CHU HOI-DICK** (in Cantonese): *The Secretary has not answered the question of whether the authorities will also explore the banning of certain types of plastic containers.*

**PRESIDENT** (in Cantonese):Secretary, do you have anything to add?

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, actually, I have already given a reply.

**PRESIDENT** (in Cantonese): Fourth question.

**Provision of sites for the development of the recycling industry**

4. **MS YUNG HOI-YAN** (in Cantonese): *The Government currently provides long-term sites at the EcoPark in Tuen Mun for lease by the recycling industry at an affordable cost. The Government has also set aside a number of short-term tenancy sites in various districts for lease by the recycling industry. However, some recyclers have relayed that each time when their tenancies for short-term tenancy sites are not renewed upon expiry, they need to look for sites for relocation, or else they need to make layoffs or even close down business. This situation is not only unfavourable to the long-term development of the recycling industry, but it also affects the operation of the small and medium enterprises concerned and the livelihood of the practitioners. In this connection, will the Government inform this Council:*

*(1) of the current number of short-term tenancy sites for lease by recyclers and, in respect of each site, set out by District Council district the location, area, planned use, the year in which the first tenancy was granted, the number of times for which the tenancy has been renewed so far, the cumulative years of tenancy, as well as the dates on which the existing tenancies commenced and will expire, the name of the tenant and the types of waste recycled; whether the Government will provide more short-term tenancy sites for lease by the recycling industry; if so, in respect of those sites, of their locations, areas, planned uses, the number of years for which they are available for leasing, restrictions on the types of waste to be recycled, the respective expected dates on which tenders will be invited and tenancies will commence;*

*(2) whether the Government will formulate measures to address the problem of unstable business environments faced by the tenants of short-term tenancy sites, e.g. granting longer tenures, providing long-term sites at the EcoPark, on the periphery of landfills, restored landfills and other suitable locations for them to lease at an affordable cost, and assisting them in finding suitable sites on the Mainland; of the tenancies of the sites at the EcoPark in the past five years; whether it will comprehensively review matters concerning the EcoPark such as the management, grant of sites for lease and the provision of facilities; if so, of the details; and*

*(3) whether it has formulated long-term goals and promotional strategies for the development of the recycling industry, such as offering land and tax concessions in order to assist the industry in upgrading and restructuring operations, as well as seizing the opportunities brought about by the nation's development of the Guangdong-Hong Kong-Macao Bay Area; if so, of the details; if not, the reasons for that?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese): President, the Government attaches importance to supporting the sustainable development of the recycling industry, and one of the key supportive initiatives is to provide suitable land and infrastructure. Regarding the questions raised by Ms YUNG, my responses are as follows:

(1) To support the development of the recycling industry, the Government has all along been identifying sites under short-term tenancy ("STT") for exclusive bidding and use by the recycling sector, in addition to the 20 hectares of land provided in the EcoPark. Currently, 32 STT sites have been dedicated for use by the sector, amounting to a total area of about 4.8 hectares. Relevant information on these STT sites, broken down by District Council district, is set out at the Annex.

On identifying suitable STT sites for exclusive use by recyclers, we continue to collaborate with the government departments concerned, such as the Lands Department ("LandsD") and Planning Department, and have initially identified STT sites with a total area of 0.7 hectares. We will consult community stakeholders in due course to ascertain the suitability of these sites for recycling uses. Besides, we have commissioned a consultancy study on the land requirements of the recycling industry, which will facilitate the Government to formulate land support measures for waste recovery and recycling activities.

We have also enhanced the arrangements under the Recycling Fund ("the Fund") where a portion of the rental expenses required for carrying out additional recycling business or activities is counted as a fundable item under the Fund.

(2) To optimize the use of invaluable land resources, the Government normally puts vacant government sites with no imminent development needs into temporary gainful uses, such as letting these sites to recyclers by way of STTs. The fixed term of such an STT ranges from six months to seven years, and the STT may then be renewed on a monthly or quarterly basis by LandsD with due consideration given to the long-term development plan for the site concerned. Besides, berths at public cargo working areas have also been made available for exclusive bidding by paper recyclers.

The existing 13 restored landfills are zoned for different land uses and have been gradually developed into various public recreational facilities. Formerly used as waste disposal facilities, restored landfills are very different from ordinary land pieces as restored landfills consist of numerous waste slopes and are subject to continuous ground settlement. Moreover, afteruse developments of restored landfills have to overcome many constraints and technical difficulties, such as the restrictions on ground loading and the necessary technical risk management including risk assessments on slope, natural terrain and landfill gas hazards to ensure that the aftercare work will not be affected. We do not rule out the possibility that a few suitable land pieces in some restored landfills might be considered for use by recycling developments. That said, any such development will have to overcome the above mentioned technical constraints and difficulties, subject to consultation of the Steering Committee on Restored Landfill Revitalization Funding Scheme and local stakeholders.

Through the EcoPark in Tuen Mun, the Government has been providing long-term affordable land for the recycling sector, and tenants of the EcoPark processed some 180 000 tonnes of recyclables in 2017. Currently, a total of 11 land lots in the EcoPark have been let to private recyclers. The Environmental Protection Department ("EPD") has been closely monitoring the use of lots in the EcoPark, and will arrange for timely letting of these lots whenever their tenancies expire in accordance with established principles and procedures. Tender terms will also be enhanced where necessary to meet market needs and policy objectives. Recently, a lot with an area of about two hectares has been consolidated in the EcoPark for the development of recycling facilities to process local waste paper. Open tender was invited for the lot in late March. Apart from the lot under tender, the EPD will also commence the open tender procedures for other lots in the EcoPark in due course.

The Government will continue to identify suitable sites to support the development of the local recycling industry, with a view to providing more diverse outlets for our recyclables.

(3) The Government supports community recycling and promotes development of the industry on various fronts. We are actively preparing for the implementation of the municipal solid waste charging to offer economic incentives that will drive the public to reduce our waste disposal amount and actively participate in source separation and recycling. Apart from full implementation of the two producer responsibility schemes on waste electrical and electronic equipment and glass beverage bottles in a progressive manner, we have also commissioned a study on how to introduce a producer responsibility scheme for suitable plastic containers. These measures not only promote recycling and proper disposal of the materials concerned but also facilitate the development and operational upgrading of the recycling industry, thereby enhancing circular economy.

Regarding the support to community recycling, apart from launching a new round of the clean recycling publicity campaign, EPD will set up an outreach team to strengthen on-site recycling support through outreaching services. Meanwhile, the service areas of the 18 community recycling centres have been expanded to collect waste plastic bottles from different private housing estates and residential buildings. EPD will also introduce a new pilot district collection service for waste plastic bottles to enhance the cost effectiveness of handling the relevant recyclables. Besides, the Government will continue to provide financial support through the Fund to facilitate the upgrading of the operational capabilities and efficiency of the recycling sector. EPD and the Advisory Committee on Recycling Fund will keep up their efforts in enhancing the operation of the Fund so that it will better address the needs of the industry and support its development.

By liaising closely with relevant Mainland authorities, EPD relays latest information about Mainland import policies on recyclables to local recyclers through various means such as seminars and site visits, enabling them to keep abreast of latest market situation and seize business opportunities in a timely manner. We will continue to communicate closely with the sector and enhance various existing supportive measures, and consider launching new ones as and when necessary.

Annex

32 STT sites designated for bidding and use by the recycling industry

(updated as at mid May 2018)

| *Region* | *District* | *Number of site* | *Location* | *Area (sq m)* | *Planned uses* | *Earliest tenancy start date* | *Term* | *Fixed-term tenancy end date* | *Category of recycling business* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kowloon | Kowloon City District | 4 | Kai Tak, Kowloon City | 1 000 | Other Specified uses | 2009 | 36 months term certain from 10 September 2009 and thereafter quarterly. | 09-2012 | Wood |
| Kowloon | Kowloon City District | Kai Tak, Kowloon City | 1 000 | Other Specified uses | 2009 | 36 months term certain from 10 September 2009 and thereafter quarterly. | 09-2012 | Metals and Wood |
| Kowloon | Kowloon City District | Kai Tak, Kowloon City | 1 480 | Other Specified uses | 2009 | 36 months term certain from 10 September 2009 and thereafter quarterly. | 09-2012 | Metals |
| Kowloon | Kowloon City District | Kai Tak, Kowloon City | 1 400 | Other Specified uses | 2009 | 36 months term certain from 10 September 2009 and thereafter quarterly. | 09-2012 | Papers |
| Kowloon | Sham Shui Po District | 1 | Ngong Shung Road, Stonecutters Island | 588 | Government, Institution/  Community | 2010 | 36 months term certain from 22 November 2010 and thereafter quarterly. | 11-2013 | Papers |
| Kowloon | Kwun Tong District | 2 | Cha Kwo Ling Tsuen, Kowloon | 731 | Undetermined | 1989 | 3 months term certain from 1 January 1989 and thereafter quarterly. | 04-1989 | Papers |
| Kowloon | Kwun Tong District | Cha Kwo Ling Tsuen, Kowloon | 242 | Undetermined | 1989 | 3 months term certain from 1 January 1989 and thereafter quarterly. | 04-1989 | Papers |
| Hong Kong Island | Eastern District | 1 | Chong Fu Road, Chai Wan | 2 530 | Government, Institution/  Community | 2000 | 12 months term certain from 22 May 2000 and thereafter quarterly. | 05-2001 | Papers and Plastics |
| New Territories | Tai Po District | 3 | Dai Kwai Street, Tai Po Industrial Estate, Tai Po | 5 070 | Other Specified uses | 2002 | 60 months term certain from 21 March 2017. | 03-2022 | Plastics |
| New Territories | Tai Po District | Dai Kwai Street, Tai Po Industrial Estate, Tai Po | 5 300 | Other Specified uses | 2002 | 60 months term certain from 5 June 2009 and thereafter quarterly. | 06-2014 | Papers |
| New Territories | Tai Po District | Dai Kwai Street, Tai Po Industrial Estate, Tai Po | 4 300 | Other Specified uses | 2002 | 60 months term certain from 5 June 2009 and thereafter quarterly. | 06-2014 | Metals |
| New Territories | Yuen Long District | 1 | Lam Kam Road, Pat Heung, Yuen Long | 4 140 | Government, Institution/  Community | 2017 | Commencing on 25 April 2017 and expiring on the 30th day of June 2023 and thereafter quarterly. | 06-2023 | Plastics and Tyres |
| New Territories | North District | 4 | Chi Wa Lane, Fanling | 4 730 | Government, Institution/  Community | 2000 | 60 months term certain from 13 December 2012. The STT is under "Holdover" arrangement.(1) | 12-2017 | Papers and Metals |
| New Territories | North District | Chi Wa Lane, Fanling | 1 990 | Government, Institution/  Community | 2000 | 60 months term certain from 13 December 2012. The STT is under "Holdover" arrangement.(1) | 09-2017 | Papers |
| New Territories | North District | Ming Yin Road, Wo Hop Shek, Fanling | 2 160 | Other Specified uses | 2005 | 60 months term certain from 1 December 2010 and thereafter quarterly.(2) | 12-2015 | Papers |
| New Territories | North District | Po Wan Road, Sheung Shui | 4 400 | Other Specified uses | 2003 | 60 months term certain from 27 May 2009 and thereafter quarterly. | 05-2014 | Papers, Metals and Plastics |
| New Territories | Sai Kung District | 10 | Area 85, Tseung Kwan O | 257 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 227 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 197 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 198 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 199 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 200 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 201 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 202 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 216 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Sai Kung District | Area 85, Tseung Kwan O | 204 | Government, Institution/  Community | 1999 | 6 months term certain from 11 January 1999 and thereafter monthly. | 07-1999 | Metals and Wood |
| New Territories | Kwai Tsing District | 3 | Kwai Tak Street, Kwai Chung | 523 | Industrial | 2003 | 60 months term certain from 30 August 2013 and thereafter quarterly. | 08-2018 | Papers |
| New Territories | Kwai Tsing District | Wing Lap Street, Kwai Chung | 652 | Industrial | 2002 | 60 months term certain from 8 March 2011 and thereafter quarterly. | 03-2016 | Papers |
| New Territories | Kwai Tsing District | Tsing Tim Street, Tsing Yi | 1 590 | Industrial | 2010 | 60 months term certain from 23 April 2010 and thereafter quarterly.(2) | 04-2015 | Metals |
| New Territories | Islands District | 3 | Peng Lei Road, Peng Chau | 69 | Open space | 2013 | 57 months term certain from 3 March 2018 and thereafter quarterly. | 12-2022 | Papers, Metals and Plastics |
| New Territories | Islands District | Sai Tai Road, Cheung Chau | 1 000 | Other Specified uses | 2013 | 36 months certain from 2 May 2018 and thereafter quarterly and in any event the term shall not exceed 60 months. | 05-2021 | Papers and Metals |
| New Territories | Islands District | Pai Chong Road, Cheung Chau | 337 | Other Specified uses | 2001 | 84 months term certain from 9 September 2015 and thereafter quarterly. | 09-2022 | Papers and Metals |

Notes:

(1) The tenancy is under "Holdover" arrangement and the retender is in progress by District Lands Office.

(2) The tenancy is terminated, the land has been returned to the Government and the retender is in progress by District Lands Office.

**MS YUNG HOI-YAN** (in Cantonese):*President, the Government set aside $1 billion in 2014 to set up the Restored Landfill Revitalization Funding Scheme ("RLRFS"). There are currently 13 closed landfills in Hong Kong which were restored between December 1997 to December 2000. These restored landfills occupy a total area of 320 hectares, which is about 16.7 times the area of Victoria Park. However, only one-third of them have been developed under RLRFS. Secretary, what measures will the Government adopt to speed up the development and use of these land lots, so that restored landfills can be developed appropriately for the benefit of the people?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese):Ms YUNG, in a recent meeting of the Legislative Council, we already clarified that many of these restored landfills are in fact hill slopes with greening vegetation. The actual area that can be designated for different land uses, such as recreational and recycling-related purposes, is very small, amounting only to a single-digit percentage in the total.

Hence, we are now actively liaising with the community under RLRFS, with a view to phasing in different programmes for application by non-profit making organizations. As for the progress, we have awarded the lot at Tseung Kwan O to a charitable organization in principle, and we will next proceed to study the implementation of its project. And we also received an application on the site at Ma Yau Tong. The project is well-received by society and will be finalized soon. We will consolidate the experience gained from the first phase and expedite the launching of the projects in the second and third phases.

**MR JIMMY NG** (in Cantonese):*President, at present, the Government refers to the "Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030" when it makes land supply planning concerning economic land requirements. The document classifies economic land into two categories, namely sites with a market-oriented economic purpose and those with a policy-oriented economic purpose. Apparently, conservation and recycling are special industries encouraged by the Government and their land requirements need to be supported by policies. Ms YUNG Hoi-yan's question points exactly to the acute shortage of economic land.*

*According to the estimates of the Planning Department, Hong Kong will have a shortage of 135 hectares of economic land by 2026 and 256 hectares by 2046, and the recycling industry in particular will be in desperate need of land.*

*Everyone is asking where they can get land. Can the Bureau tell us clearly whether the Government has reserved sufficient land for the recycling industry in the coming 10 years? If it has, of the specific hectares of land; if it has not, the reasons for that?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese):President, I thank Member for his supplementary question. We share Member's concern, because many different economic activities, including the recycling industry, need land support in order to adjust to changing social needs and serve society.

As mentioned in part (1) of my main reply, we have commissioned a consultancy study on the land requirements of the recycling industry. The consultancy study, commissioned in recent years by the Government, will provide a specific and in-depth review of the short, medium and long-term land requirements of the recycling industry. The consultancy firm will be able to provide specific data by the end of this year on the land requirements of the industry, and I will then disseminate the information to Members to let them have a better idea about the relevant land requirements.

**MR KWOK WAI-KEUNG** (in Cantonese):*President, an STT of just three, five or seven years duration cannot provide a stable environment for the recycling industry. Besides, while land bidding can avoid transfer of benefits, it will increase operators' costs and force them to depress the prices of the recyclables they offer. This will undermine the initiative of downstream recyclers, and in turn, those elderly nannies scavenging for cardboards will only earn less and less. We maintain that land bidding exercises should be based on indicators such as recovery volumes and recycling technology levels, so as to enhance the competitiveness of the industry. At present, we are still way behind *

**PRESIDENT** (in Cantonese):Mr KWOK Wai-keung, please put your supplementary question directly.

**MR KWOK WAI-KEUNG** (in Cantonese):*President, I am about to put my question.*

**PRESIDENT** (in Cantonese):You are expressing your view.

**MR KWOK WAI-KEUNG** (in Cantonese):*Okay. President, at present, we are still way behind the goal of establishing a green collar industry. To do so, the Government needs to provide strong support, including land, roads, factory premises and manpower *

**PRESIDENT** (in Cantonese):Mr KWOK Wai-keung, please put your supplementary question directly.

**MR KWOK WAI-KEUNG** (in Cantonese):*Yes, all this cannot be done by a single bureau. Will the Secretary consider setting up an inter-departmental task force with inputs from the industry, with a view to facilitating the development of environmental industries into a green collar industry?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese):President, I thank Mr KWOK for his supplementary question. We need manpower, apart from land, to support the recycling industry. I wish to raise two points here to Mr‍ KWOK. First, as I mentioned in the main reply just now, we have progressively launched two producer responsibility schemes. Actually, many people in the green collar industry are involved in these two schemes. They help in handling waste electrical and electronic equipment and recovering glass beverage bottles. We are supporting green employment through the system established under the law.

Also, the Government established an inter-departmental steering committee led by the Chief Secretary for Administration a couple of years ago, with the participation of different government departments. The Development Bureau, for example, assists in land sourcing. Other departments, on the other hand, provide manpower support. The steering committee has since been working step by step. We appreciate Member's concern and we will step up liaison with the related industries to promote our recycling industry.

**MR HUI CHI-FUNG** (in Cantonese):*Mr LEUNG, the recycling industry in Hong Kong is facing various difficulties in respect of land, transport, manpower, and so on. What is more, recycling costs are high but the prices of recyclables are low. I heard the Secretary say just now in the main reply that 20 hectares of land are provided in the EcoPark and another 4.8 hectares or so are provided specially as STT sites. But this is pathetically little, just a drop in the bucket. And, the land space is not provided on a long-term basis. I thus wish to listen to what the Secretary has to say, since I have never heard him express his view on this. Does the Secretary have any long-term vision and goal for the local recycling industry? For example, does he have any plan to develop Hong Kong into a sizeable recycling hub, so that we can have our own recycling plant and land for long-term use? The Secretary has not responded to the question of tax concession either. For example, will he learn from the experience of other countries and provide appropriate subsidy? Has the Secretary considered these long-term goals?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese):Mr HUI's supplementary question is a meaningful one. I think land is the most challenging issue of all because operators of the recycling industry will not invest in machinery if there is no long-term and stable supply of land. Hence, unlike problems encountered in other places, shortage of land is the major issue besetting Hong Kong, while other issues are easier to deal with here.

Hence, I have said that for quite some time, the steering committee chaired by the Chief Secretary for Administration has been focusing, among other things, on identifying a long-term and stable supply of land for the recycling industry. It is hoped that operators can thus decide how best to use the land resources provided and promote their business with the support of related technologies and manpower. This is a prerequisite.

Of course, we have also made other efforts to support the cause. One example is the preparations for introducing quantity-based municipal solid waste charging. As an economic incentive, this has been proven very effective in other countries. The recycling industry hopes that society as a whole can look at waste disposal from an economic perspective, and we will phase in the various measures in the blueprint. In short, my reply to Mr HUI's question is that we will consider various aspects of the issue. But I have to add that finding a long-term and stable supply of land remains a bottleneck for Hong Kong. We will strive to face this challenge together with the related departments such as the Development Bureau.

**MR HUI CHI-FUNG** (in Cantonese):*President, the Secretary has not answered my supplementary question. Will the Government directly provide tax concessions and subsidies for the recycling industry?*

**PRESIDENT** (in Cantonese):Mr HUI, please sit down. Secretary, do you have anything to add?

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese):President, the Recycling Fund has been set up for some time. The Bureau will continue to monitor the recycling industry and enhance the operation of the Fund. So, in respect of economic incentives, we already have the Fund. The Member asks if the Government will consider other measures. I believe the Bureau will remain open to different ideas. In the light of improvements to the Recycling Fund and the feedback from the industry, we will liaise with the industry again to see if we can offer any further help.

**IR DR LO WAI-KWOK** (in Cantonese):*President, the Secretary says in part (3) of the main reply, "These measures not only promote recycling and proper disposal of the materials concerned but also facilitate the development and operational upgrading of the recycling industry, thereby enhancing circular economy."*

*President, I believe Hong Kong alone cannot possibly build up a circular economy. We need regional cooperation, especially the opportunities from the development of Guangdong-Hong Kong-Macao Greater Bay Area ("Greater Bay Area"). Indeed, this can facilitate the building up of a circular economy and upgrade our environmental and energy efficiency efforts. Hence, may I ask the Secretary how he is going to make use of the Greater Bay Area to promote a circular economy? Has the Government started to make any specific efforts?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese):President, I thank Ir Dr LO for his supplementary question. I believe environmental protection and recycling can fit into the discussion on the Greater Bay Area, but I am afraid I cannot provide any specific details to Ir Dr LO today. However, as mentioned in my main reply, the Bureau will closely communicate with the recycling industry and also Mainland officials, including related authorities such as the Department of Environmental Protection of Guangdong Province. Recently, our colleagues visited this Department and held some in-depth discussion with their officials, in a bid to keep abreast of the latest regulations and new opportunities there. Hence, we will surely avail ourselves of the Greater Bay Area. We will monitor the situation continuously and introduce timely and appropriate measures.

**MR PAUL TSE** (in Cantonese):*President, the Secretary says land is the most important resources. Let us come back to the 20 hectares of land in the EcoPark. The Secretary says that aside from the 11 land lots already let to private recyclers, another two-hectare lot consolidated recently has also been let, and tenders will also be invited for other lots. However, we do not know the total number of lots. What is the percentage of these 11 lots in the total number of lots? What is the average occupancy rate? Do the authorities have this information, and can they give it to us, so that we can have an idea of the industry's response to these lots, their occupancy rates and the effectiveness?*

**SECRETARY FOR THE ENVIRONMENT** (in Cantonese):President, I thank Member for his supplementary question. Basically, there are not many lots left in the EcoPark. So, judging from the response to the offer of tenancies, I can well say that the EcoPark lots are well-received by the industry. The remaining lot is the one under tender now, and it is intended for the development of recycling facilities to process waste paper. Apart from this site, there is practically no remaining site to speak of. Hence, the response has been basically positive. The Bureau will make appropriate adjustments to the tenancy agreements based on the experience amassed in the past by the EcoPark over the years. We hope that with the assurance of a stable supply of land, recyclers can make investment in machinery. This will hopefully give added support to the recycling industry in Hong Kong.

**PRESIDENT** (in Cantonese):Fifth question.

**Issuance of cryptocurrency**

5. **MR DENNIS KWOK** (in Cantonese): *President, it has been reported that the development of financial technology has been feverish in recent years globally. Quite a number of people raise funds through initial coin offering to exchange for a widely used cryptocurrency or cash in order to raise money to fund the research and development of a particular blockchain-related project. It has also been reported that the People's Bank of China ("PBoC") will issue a statutory digital currency, and such a move will bring mammoth changes to both the Hong Kong and global economies. In this connection, will the Government inform this Council:*

(THE PRESIDENT'S DEPUTY, MS STARRY LEE, took the Chair)

*(1) whether the authorities will consider afresh enacting legislation to regulate the issuance, trading and storage of cryptocurrencies; if so, of the details and the timetable; if not, the reasons for that;*

*(2) whether the authorities have taken measures to ride on the opportunities arising from PBoC's issuance of a statutory digital currency to develop Hong Kong into an offshore or international trading hub for the digital currencies concerned; if so, of the details; if not, the reasons for that; and*

*(3) whether the Hong Kong Monetary Authority will, by making reference to the practices of overseas countries, explore the issuance of a free-circulating statutory digital currency and make it a means of payment that has legal backing, as well as enacting legislation to regulate the relevant trading platforms, so that the Government may monitor the relevant transactions systematically to prevent lawbreakers from using such currencies and platforms for conducting illegal activities including but not limited to money laundering?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese): Deputy President, in respect to the three parts of the question raised by the Honourable Member, my three parts of the reply are as follows:

(1) In promoting financial technologies, the Government strives to facilitate financial innovation on the one hand and to protect the investing public in accordance with existing laws on the other.

The regulatory approaches towards initial coin offerings ("ICOs") and "cryptocurrencies" vary across jurisdictions. Some regulators impose a ban, while other regulators leverage on existing regimes to regulate. The G20 meeting held in end March 2018 discussed the risks and related issues brought about by "cryptocurrencies". The meeting agreed that there was a need to closely monitor the situation. We will continue to monitor the development of ICOs and "cryptocurrencies" in Hong Kong, and maintain close contacts with regulators in other jurisdictions through active participation in meetings of relevant international organizations, such as the International Organization of Securities Commissions and the Financial Stability Board.

Our financial regulators are closely monitoring the development of ICOs and "cryptocurrencies" in Hong Kong. They are also taking appropriate measures to safeguard the interest of the investing public.

In September 2017, the Securities and Futures Commission ("SFC") published a statement which pointed out that if digital tokens offered in an ICO were "shares", "debentures", or interests in a "collective investment scheme", they would fall under the definition of "securities". In such cases, dealing in or advising on the digital tokens, or managing or marketing a fund investing in such digital tokens, might constitute a "regulated activity" and would require registration or a licence from SFC.

SFC also noted that futures and commodities exchanges in the United States had launched Bitcoin futures contracts. SFC issued a reminder in December 2017 that dealing in such contracts for investors in Hong Kong and engaging in related services, including relaying or routing orders, constituted regulated activities and required a licence from SFC regardless of whether the business was located in Hong Kong.

In February 2018, SFC issued an announcement that it had taken regulatory actions against a number of "cryptocurrency" exchanges and issuers of ICOs. SFC had sent letters to "cryptocurrency" exchanges and issuers of ICOs in Hong Kong or with connections to Hong Kong, cautioning them that they should not trade "cryptocurrencies" which were "securities" without a licence. Most of these "cryptocurrency" exchanges either confirmed that they did not provide trading services for such "cryptocurrencies" or took immediate rectification measures, including removing such "cryptocurrencies" from their platforms. Issuers of ICOs also confirmed compliance with SFC's regulatory regime or immediately ceased to offer tokens to investors in Hong Kong.

(2) Central Bank Digital Currency ("CBDC") has been an important subject within the central banking community. The Committee on Payments and Market Infrastructures ("CPMI") and the Markets Committee ("MC") of the Bank for International Settlements have formed a working group comprising all major central banks to conduct an in-depth study on the subject. The Committee members include the People's Bank of China ("PBoC") and the Hong Kong Monetary Authority ("HKMA").

CPMI and MC have recently issued a CBDC study report which sets out the general consensus among the central banking community. The overall finding is that while currently proposed implementations of CBDC for wholesale payments look broadly similar to, and not clearly superior to, existing infrastructures; CBDC that could be made widely available to the general public and serve as an alternative safe, robust and convenient payment instrument raises important questions and challenges that would need to be addressed. Most importantly, benefits of a widely accessible CBDC may be limited if efficient private retail payment products are already in place or in development. As a result, CBDC remains a subject which requires further study and more proof-of-concept work to ascertain its feasibility for payment applications.

HKMA will continue to engage with the central banking community, including PBoC, to study the potential and the costs and benefits of implementing CBDC.

(3) HKMA has carried out research on CBDC. At the same time, HKMA notes that the benefits of CBDC and its efficiency gains will depend on the actual circumstances of a jurisdiction. In the context of Hong Kong, the already efficient payment infrastructure and services make CBDC a less attractive proposition. HKMA has no plan to issue CBDC at this stage but will continue to monitor the international development.

The anonymous nature of holding and transacting "cryptocurrencies" poses potential money laundering or terrorist financing risks. Financial institutions and related persons must comply continuously with the statutory customer due diligence and record keeping requirements under the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and relevant guidelines when establishing or maintaining business relationships with customers who are operators of any schemes or businesses relating to "cryptocurrencies".

Overall, the Government will continue to closely monitor the development of ICOs and "cryptocurrencies". While promoting financial innovation, we will also strive to protect the interest of the investing public. The Government, relevant regulators and the Investor Education Centre have rolled out a series of measure to remind investors of the associated risks.

**MR DENNIS KWOK** (in Cantonese):*Deputy President, cryptocurrencies have in fact gradually become a kind of mainstream currencies. According to a press report today, cryptocurrencies can even be used in the transactions of a property development project in New York, and the United States Securities and Exchange Commission has also indicated that it will create a cryptocurrency trading platform. As mentioned by the Secretary earlier, PBoC will also proactively study the issuance of CBDC.*

*Deputy President, since there are so many mainstream policies which will make digital currencies or cryptocurrencies a kind of mainstream currencies, and Hong Kong is an international financial centre, has the Government formulated any proactive polices or conducted any studies on creating some room or commercial opportunities with which Hong Kong can dovetail with this mainstream development and give a place of development to digital currencies in this financial centre of ours?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):Deputy President, I thank Honourable Member for his supplementary question. First of all, concerning the international development of CBDC, I wish to point out that PBoC has indicated that it is now actively exploring and studying the issue. But it has not yet announced any concrete progress and timetable.

Regard the payment application of CBDC, as I highlighted earlier in the main reply, in fact, CPMI and MC of the Bank for International Settlements have recently issued a CBDC study report. As indicated in the report, CBDC that could be made widely available to the general public and serve as an alternative safe, robust and convenient payment instrument raises important questions and challenges that would need to be addressed. It is thus highlighted in the report that benefits of a widely accessible CBDC may be limited if efficient private retail payment products are already in place or in development. HKMA will continue to engage with the central banking community, including PBoC, to study the potential and the costs and benefits of implementing CBDC. At the same time, we will continue to monitor the international development of CBDC.

Besides, the Honourable Member has talked about meeting the opportunities relating to CBDC. First of all, I would like to talk about the technology behind digital currencies. It is called blockchain technology. In financial technologies, there is the term "ABCD". "A" is artificial intelligence (A.I.), "B" is blockchain, "C" is cloud computing and "D" is big data. Digital currencies is one of the many applications of blockchain technology. The Hong Kong Government fully supports the development of financial technologies, including the development of blockchain technology and the application of blockchain technology in the real economy.

In October 2017, HKMA published the second Whitepaper on Distributed Ledger Technology ("DLT") pertaining to its project study of DLT, in which the development potentials of DLT are recognized. It has also conducted in-depth studies on various items of proof-of-concept work, including trade finance business, electronic identity management, mortgage business and the assessment of the possibility of applying some concepts to practical operation 

**DEPUTY PRESIDENT** (in Cantonese):Secretary, please focus on the question in your reply.

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):All right. Since the Honourable Member mentioned digital currencies, and the technology behind digital currencies happens to be blockchain technology, I just want to explain to Members what blockchain technology is about and what kinds of work are being undertaken.

At the same time 

**DEPUTY PRESIDENT** (in Cantonese):Secretary, please focus on the related question in your reply. Seven Members are still waiting to raise questions.

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):All right, I understand.

**MR DENNIS KWOK** (in Cantonese):*In fact, the Secretary can let other Members raise their supplementary questions.*

**DEPUTY PRESIDENT** (in Cantonese):Secretary, do you have anything to add?

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):What I finally want to say is that we support the development of financial technologies and will also support the various applications of financial technologies, including the application of blockchain technology to the real economy.

**MR CHEUNG KWOK-KWAN** (in Cantonese):*Deputy President, in recent years, Hong Kong people often hear from friends or media about cryptocurrencies, but in fact, many Hong Kong people do not have sufficient knowledge about cryptocurrencies.*

*Taking this opportunity, I wish to ask the Secretary whether he can explain something to our society and Hong Kong people. Prospects of making profits aside, does the investment in cryptocurrencies entail any kinds of risks which Hong Kong people should be aware of?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):Deputy President, I thank the Honourable Member for raising this supplementary question.

Cryptocurrencies are one kind of virtual commodities, and virtual commodities are not the securities defined in the Securities and Futures Ordinance of Hong Kong. Also, cryptocurrencies are not a legal tender in Hong Kong. However, ICOs may vary in structure, and all must depend on the actual circumstances of individual ICOs. If the digital tokens offered or sold in an ICO fall under the definition of securities in the Securities and Futures Ordinance, they will be subject to the regulation of the Ordinance and its subsidiary legislation.

On this premise, the investment related to ICOs or digital currencies actually involves various kinds of risks which can be divided into eight categories, and I can give an explanation to Members here. First, there are risks associated with money laundering, terrorism financing or other criminal activities. Cryptocurrencies and ICOs on the market are susceptible to money laundering and terrorism financing risks due to the relatively anonymous nature of the transactions and the ease with which large sums of monies may be raised in a short period of time. Where criminal activities are involved, the relevant activities or platforms may be closed as a result of law enforcement action, and investors may not be able to get back their investments.

The second risk is related to project prospects and limited information. An ICO operator may not have any reliable track record, so even if an ICO project is authentic or may even have achieved certain initial results, investor still face the risk of the sudden suspension or delay of the project, and the tokens in the ICO may become worthless 

**DEPUTY PRESIDENT** (in Cantonese):Secretary, you say that there are eight categories of risks. Please be brief as far as possible.

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):All right. Therefore, ICOs generally are accompanied by a white paper that explains the project. But very often, there are no standard requirements regarding the overall contents, integrity, risk disclosure or audits of these white papers, and the statements made in them may not be verifiable.

Third, it is platform risk. Cryptocurrency trading platforms are usually set up by private enterprises and these platforms may be unregulated and located overseas. If these platforms shut down or cease operations, investors may face the possible risk of losing their entire investments held on these platforms. Cyber-attacks resulting in the theft of cryptocurrencies are also possible.

Fourth, it is wallet security 

**MR DENNIS KWOK** (in Cantonese):*Can the Secretary provide us with the paper so that we can read it ourselves?*

**DEPUTY PRESIDENT** (in Cantonese):Mr Dennis KWOK, this is not a point of order.

Secretary, I have to remind you again that since a number of Members are still waiting to raise their questions, please be brief in your reply. I suggest that you can briefly mention those eight categories of risks and then submit a supplementary paper for the details.

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese): Yes, of course. I want to give an account here to Members and the public on the eight categories of risks for their understanding.

Fourth, it is wallet security. Cryptocurrencies can be stored in digital wallets which can be prone to losses arising out of hacking, virus infection, loss of passwords, etc. The fifth category of risk concerns the highly volatile and speculative nature of cryptocurrencies. The valuation of cryptocurrencies is usually not transparent. Besides, generally speaking, cryptocurrencies are highly speculative as they are not backed by any tangible assets. Digital currencies could be rendered worthless and investors may stand to lose all of their investments 

**DEPUTY PRESIDENT** (in Cantonese):Secretary, please briefly point out the risks concerned. Detailed explanation is not necessary.

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese): Sixth, it is the liquidity risk of digital currencies. In a secondary market, there may not be enough active buyers and sellers, and hence, investors may not be able to liquidate their digital currencies. Seventh, they are not backed. Since cryptocurrencies are not backed by any physical items, issuers or the real economy, investors may not be able to obtain a refund of their monies should the trading of a cryptocurrency stops. Eighth, it is the cross-border risk. Since many online investment activities are cross-border in nature and not confined to a local jurisdiction, it could be difficult to verify their authenticity and trace the operators.

Therefore, we hope that if investors want to invest in ICOs or digital currencies, they should realize the above mentioned risks. They should have some understanding of these currencies before making their choice of investment.

**MR CHAN CHUN-YING** (in Cantonese):*Deputy President, in part (3) of the main reply, the Secretary says, "HKMA has carried out research on CBDC  HKMA has no plan to issue CBDC at this stage but will continue to monitor the international development." As also mentioned by a colleague earlier, the development of digital currencies is supported internationally. Under the currency issuance system in Hong Kong, all the coins and $10 notes are issued by the Government, and the paper notes of other face values are issued by three commercial banks, namely the Hongkong and Shanghai Banking Corporation Limited, the Bank of China (Hong Kong) Limited and the Standard Chartered Bank (Hong Kong) Limited, authorized by HKMA. If this is an ongoing international trend and HKMA finally decides to follow, will HKMA issue CBDC alone, or will the three note-issuing banks be allowed to share the job as in the case of the existing arrangement?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):Deputy President, HKMA has joined hands with the three note-issuing banks, the Hong Kong Interbank Clearing Limited and the R3 consortium to conduct a study on the introduction of CBDC in the context of Hong Kong. At this moment, the proof-of-concept work has generally been completed. HKMA is now analysing the data and results of the study. It is also studying the impact of the issuing of CBDC on the payments and the entire financial system of Hong Kong. HKMA has no plan to issue CBDC at this stage, but after the study is finished, it will review the feasibility and pros and cons of issuing CBDC.

**MR SHIU KA-FAI** (in Cantonese):*Deputy President, electronic payment has now become a major global trend. As mentioned by the Secretary just now, the authorities still have no plan to issue CBDC at this stage. As regards electronic payment in Hong Kong, what measures will the authorities put in place to for the convenience of the retail trades and the public?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):Deputy President, I thank the Honourable Member for his supplementary question. First of all, I want to say that Hong Kong already has a well-developed electronic payment environment. Various electronic payment means, including credit cards, Octopus cards, EPS, online and Automated Teller Machine systems, have been widely adopted by the public for making payments. It is roughly estimated that the volume of transactions through electronic payment now accounts for about 60% of the total private consumption expenditure. It is our wish to encourage competition and innovation in electronic payment through market forces, with a view to providing various options and better services to consumers and traders.

To date, HKMA has already issued 13 stored value facility licences, and there are currently three banks issuing stored value facilities. Different e-wallet operators are actively expanding the coverage and launching new services, including electronic payment for taxi charges, electronic coupons, family group e-wallet management, online shopping, remittance, insurance and QR code payment. All this has made our local electronic payment services increasingly diverse. In order to further promote the existing retail 

**DEPUTY PRESIDENT** (in Cantonese):Secretary, this oral question is related to but not directly related to electronic payment. Since the answer just given by you is rather detailed, I suggest allowing one more Member to raise his supplementary question. Please finish answering this supplementary question as soon as practicable.

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):I was talking about how electronic payment can facilitate the business of traders, and there are two aspects. Firstly, HKMA has set up a working group together with the industry for formulating a common QR code standard, through which consumers can find it more convenient in making payments. Secondly, a Faster Payment System will be launched in September this year. It is hoped that this system can be open to different banks and stored value facility operators to facilitate fund transfers among customers, merchants and enterprises.

**DEPUTY PRESIDENT** (in Cantonese):The last Member to put a supplementary question. Mr Alvin YEUNG, please raise your supplementary question.

**MR ALVIN YEUNG** (in Cantonese):*Deputy President, I would ask the Secretary to give the Legislative Council a short reply to the following question in case HKMA really intends to issue an official digital currency at the end of the day. Under what conditions will the Government think that it is the right time for issuing such a currency, and what are the considerations of the Government at this moment?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):As I mentioned just now, one main purpose of the study is to explore the application of a digital currency in inter-bank payments and corporate payments, and ascertain the feasibility, and the pros and cons of its use in delivery-versus-payment for settling debt securities. The proof-of-concept work of this study is generally completed, but they are still working on data analysis and the conclusion. Hence, we may need to wait until the entire study is completed before we can give him the details he wants.

**MR ALVIN YEUNG** (in Cantonese):*When will the study result be published?*

**DEPUTY PRESIDENT** (in Cantonese):Secretary, do you have anything to add?

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Cantonese):After the study is completed, the results will be announced at an appropriate time.

**DEPUTY PRESIDENT** (in Cantonese):Last oral question.

**Ticketing arrangements for the high-speed rail**

6. **MS TANYA CHAN** (in Cantonese): *Deputy President, the Hong Kong Section of the Guangzhou-Shenzhen-Hong Kong Express Rail Link is expected to be commissioned in September this year and it will be connected to the national high-speed rail network on the Mainland. It has been reported that the MTR Corporation Limited ("MTRCL") will sell, at the West Kowloon Station ("WKS"), only tickets for the high-speed rail routes plying between WKS and 18 high-speed rail stations on the Mainland ("HK routes"). Since MTRCL has not been authorized to sell tickets for the other high-speed rail routes ("Mainland routes"), passengers who wish to change to trains along the Mainland routes after travelling on trains along the HK routes have to buy, in advance, tickets for the Mainland routes at the counters operated by a ticketing agent at WKS or through other means. In this connection, will the Government inform this Council:*

*(1) whether the Government or MTRCL has taken part in the selection of the Mainland ticketing agent that will operate at WKS; whether it knows the way in which the selection was conducted, as well as its procedure, timetable, outcome and criteria, and whether the selection criteria include the level of service fees to be charged and the payment methods for tickets;*

*(2) whether it knows why MTRCL has not been authorized to sell tickets for the Mainland routes, and the details of the discussion between MTRCL and the China Railway Corporation ("CRC") about the ticketing arrangements; the estimated monthly number of passenger trips on trains along the HK routes, the estimated monthly number of passenger trips changing to trains along the Mainland routes after travelling on trains along the HK routes, the estimated service fees for tickets to be charged by the ticketing agent at WKS, and its related monthly income; and*

*(3) whether it knows if CRC and the ticketing agencies have to obtain the authorization of MTRCL to sell tickets for the HK routes; if they have to, of the details, and whether the former will charge service fees for tickets; whether MTRCL will set up counters at the high-speed rail stations on the Mainland to sell tickets for the HK routes; if MTRCL will, of the details?*

**SECRETARY FOR TRANSPORT AND HOUSING** (in Cantonese): Deputy President, my consolidated reply to Ms Tanya CHAN's question is as follows:

The national high-speed rail network, currently 25 000 km in length, accounts for over 60% of the total length of high-speed railways around the world. The well-connected rail network has helped create a new mode of commuting and given impetus to the economic development of our country. The Hong Kong Section of the Guangzhou-Shenzhen-Hong Kong Express Rail Link ("XRL"), with its major works having been completed, is targeted for commissioning in September 2018. The 26 km Hong Kong Section of XRL will connect to the national high-speed rail network, and will significantly reduce the journey time from Hong Kong to Shenzhen, Guangzhou or other cities in the Pearl River Delta region, thus contributing to the promotion of connectivity between Hong Kong and the Mainland. Therefore, both cross boundary journey tickets and Mainland journey tickets can be purchased at the West Kowloon Station ("WKS").

According to the Memorandum of Understanding on the Arrangements for Preparation of Key Operational Issues for the Hong Kong Section of XRL signed between the Transport and Housing Bureau and the China Railway Corporation ("CR") on 29 January 2018, the plan will be to operate 127 train pairs daily at the early stage of commissioning, comprising 114 pairs of short haul trains daily during peak periods. The actual number of train pairs will depend on the passenger volume; and 13 pairs of long haul trains daily. The short haul trains will run directly between WKS and four short haul stations, namely Futian, Shenzhen North, Humen and Guangzhou South stations. There will be direct long haul trains to 14 stations, namely Beijing, Shanghai, Kunming, Guilin, Guiyang, Shijiazhuang, Zhengzhou, Wuhan, Changsha, Hangzhou, Nanchang, Fuzhou, Xiamen and Shantou stations. Both parties also agreed that the train schedule could be adjusted subject to discussion on the actual operational needs. After the commissioning of the Hong Kong Section of XRL, we will continue to explore with the Mainland authorities additional direct train services to more Mainland cities, and to enhance the ticketing arrangements.

The Government is in discussion with CR on the financial and related matters of the Hong Kong Section of XRL and will inform the Panel on Transport of the Legislative Council and the public of the outcomes of the discussion and details of operating arrangements at the appropriate time. The actual operational arrangements and ultimate financial conditions of the Hong Kong Section of XRL will depend on the outcomes of discussion with CR. The Government will update the related figures based on the outcome of the discussions with CR, including the passenger forecast of the Hong Kong Section of XRL.

At the same time, the MTR Corporation Limited ("MTRCL") is discussing with the Mainland high-speed rail operator on the actual operational arrangements, including ticketing matters, of the Hong Kong Section of XRL. According to the arrangement agreed by both sides, through the Hong Kong ticketing system, passengers may buy cross boundary journey tickets, viz. tickets for high-speed trains that start or terminate at WKS and run to or from the aforesaid four short haul stations or 14 long haul stations. Passengers may, by producing their Hong Kong and Macao Residents Entry and Exit Permits (i.e. Home Return Permits), buy tickets through the Hong Kong ticketing system, including Hong Kong ticketing website, Hong Kong ticketing hotline, ticket office at B1 Level of WKS, ticket vending machines at WKS, as well as local travel agencies. Passengers may then collect their tickets at the ticket office or ticket vending machine at WKS by producing their Home Return Permits and booking number. The ticket office at WKS, with 28 counters, will handle cross boundary journey ticketing matters, including buying, collecting, changing and returning of tickets for passengers. There will also be 39 ticket vending machines for passengers to buy and collect their tickets. No service fee will be charged when buying or collecting cross boundary journey tickets in Hong Kong.

For added convenience for passengers, in addition to accepting payment by traditional means such as cash, credit card and Octopus, MTRCL will consider introducing electronic means of payment popular with passengers in recent years. MTRCL is also planning to set up service counters for cross boundary journey ticketing at major rail stations in Hong Kong. Details will be announced upon confirmation.

In the future, the Mainland high-speed rail operator will also sell cross boundary journey tickets on the Mainland, and will do so through the existing sales channels and arrangements. As far as we understand, no service fee will be charged for purchases of train tickets at Mainland stations or through the Mainland website and ticketing hotline, and for the subsequent pick-up at ticketing counters or ticket vending machines in Mainland stations.

Mainland journey tickets, i.e. tickets for journeys that start and terminate at Mainland stations, are in fact already available for purchase in Hong Kong. They are sold at ticket outlets operated by agents in Hong Kong under the authorization of the Mainland high-speed rail operator. Since the provision of such service involves certain costs, the agents have been charging service fees.

Apart from using such local agents, Hong Kong passengers may, with their Home Return Permits, purchase Mainland journey tickets at ticketing counters in Mainland stations, or at ticket vending machines compatible with the Permit at these stations. Passengers who have a Mainland-registered mobile phone number may also register an account and purchase tickets on the Mainland's official ticketing website (i.e. the "12306" website of the China Railway Customer Service Center). Further, passengers may order their tickets through the Mainland's ticketing hotline. Ordering/purchasing tickets through the aforesaid means and the subsequent pick-up at ticketing counters or ticket vending machines in Mainland stations are not subject to service fees. According to the latest initial understanding from the Mainland high-speed rail operator, the Mainland is progressively extending automatic ticket vending and issuing service for Hong Kong and Macao residents to more stations. In the future, the 18 stations reachable by direct trains from WKS will all be installed with ticket vending machines compatible with the Home Return Permit to facilitate the travel of Hong Kong and Macao residents on the Mainland by means of high-speed rail.

As far as we understand, MTRCL has reserved five ticketing counters at the ticket office of WKS to facilitate the provision of service by the agent authorized by the Mainland high-speed rail operator to sell Mainland journey tickets in the future. This will allow passengers to purchase both cross boundary journey tickets and Mainland journey tickets in one go in Hong Kong. Discussion on these matters, including the level of service fees, is still in progress. The Government will urge MTRCL to discuss with the Mainland high-speed rail operator with a view to lowering the service fees to a minimum as far as possible, and will join the discussion as and when necessary.

**MS TANYA CHAN** (in Cantonese): *Deputy President, having read the Secretary's main reply, I must go over my main question once again, because it looks like his reply is totally irrelevant to my question. Perhaps, the Secretary wants to make use of this occasion to tell us the various ways of ticket purchase. But he may actually provide such information to the relevant Subcommittees or Panels of the Legislative Council.*

(THE PRESIDENT resumed the Chair)

*President, in that case, I may as well take this opportunity to ask him a question about the fares of the Guangzhou-Shenzhen-Hong Kong Express Rail Link ("XRL"). As the Secretary himself said before, and as the papers years ago record, the Government will determine XRL fares having regard to the fares of the Intercity Through Train ("ITT"). ITT fares are divided into two classes, premium class and first class. An adult premium class ticket of ITT costs $250, whereas an adult second class ticket of XRL for the journey from WKS to Guangzhou South Station will cost $260, meaning that even the cheapest XRL tickets sold in Hong Kong are more expensive than ITT tickets *

**PRESIDENT** (in Cantonese): Ms Tanya CHAN, please state your supplementary

question directly.

**MS TANYA CHAN** (in Cantonese): *President, I am giving the figures in order to ask my supplementary question. What I am saying is that even the cheapest XRL tickets sold in Hong Kong are more costly than the most expensive ITT tickets. Secretary, despite our repeated requests, you have announced only the second class XRL fares. But some Mainland websites show that there are also first class, premium class and business class seats on XRL trains. So, I really wonder how expensive such train tickets will be. And, when will the authorities announce these fares?*

**SECRETARY FOR TRANSPORT AND HOUSING** (in Cantonese): President, I thank Ms CHAN for her supplementary question. The papers we issued years back did state that the fares of ITT will be considered. But I hope Members can appreciate that XRL and ITT are very different in many ways, including speed, travel comfort and stops en route. I therefore think that Members should find their fare differences acceptable.

Ms CHAN is right in saying that the ITT fare for the journey from Hong Kong to Guangzhou is $250, and as announced earlier, the second class fare of XRL for the journey from Hong Kong to Guangzhou South Station is about $260. At the moment, we are still having discussions on first class fares with the Mainland operator, and once any outcomes are available, we will inform the public as early as possible.

**MS TANYA CHAN** (in Cantonese): *I hope he will also give a reply on premium class and business class fares here. I also hope that he can confirm if there are really so many fare classes for passengers' choosing.*

**PRESIDENT** (in Cantonese): You have stated your supplementary question. Secretary, do you have anything to add?

**SECRETARY FOR TRANSPORT AND HOUSING** (in Cantonese): President, I thank Ms CHAN for her question. Under the operating arrangements of XRL, MTRCL is to procure the train cars for short-haul trips (from Hong Kong to Futian, Shenzhen North, Humen and Guangzhou South). The trains concerned will each consist of eight cars. There will only be two classes of seats, namely first class and second class. We will announce the fares concerned as soon as they are determined.

**MR CHRISTOPHER CHEUNG** (in Cantonese): *President, I am very happy to see Ms Tanya CHAN's moving of this motion today. This shows that she has finally come to see and recognize the usefulness of XRL, and is very concerned about the fine details of its operation. She has my appreciation here. This is the very first time I have ever commended a pan-democratic Member openly in the Council.*

*In fact, fast and convenient, XRL will surely become a major mode of transport between Hong Kong and the Mainland for Hong Kong people after its commissioning *

**PRESIDENT** (in Cantonese): Mr Christopher CHEUNG, please state your supplementary question directly.

**MR CHRISTOPHER CHEUNG** (in Cantonese): *I will ask my question in a moment. But it is indeed true that XRL fares will be more expensive when compared with ordinary train fares. Also, authorized ticketing agents at WKS will charge service fees for the purchase of Mainland-section tickets. All this may induce people to choose other modes of transport. So, will the Government discuss the feasibility of lowering the Hong Kong-section fares with the relevant Mainland authorities and even consider waving the service fees charged by authorized ticketing agent? Will the Government also introduce various forms of fare concessions, such as monthly passes, senior citizen passes, student passes, and even a highly imaginative fare concession package especially for those young people who choose to live in the Bay Area and commute to work in Hong Kong by XRL every day, as championed by the wise-spender MTRCL Chairman, Frederick Ma? This will enable such young people to benefit from the fast and convenient services of XRL and address the housing problem in Hong Kong *

**PRESIDENT** (in Cantonese): Mr Christopher CHEUNG, you have asked several questions altogether. Please sit down.

**SECRETARY FOR TRANSPORT AND HOUSING** (in Cantonese): I thank Mr CHEUNG for his questions. Actually, the relevant team in the HKSAR Government has made great efforts to ask for lower XRL fares, service fees abolition and fare concession. But Members should understand that time means money. Since XRL services are fast and time-saving, we should have the realistic expectation that its fares are going to be higher than ITT fares.

When determining fare levels, we will consider the market acceptance of XRL and the means of the general public. But at the same time, we must also consider the question of whether XRL can sustain its own operation and remain financially robust in the long run. Hence, when we fight for lower fares as much as we can, we must at the same time ensure the sustainable development and operation of XRL.

As for service fees, no such fees will be charged for the purchase of cross-boundary tickets. I have given quite a long explanation just now, and fortunately, it is accepted by Ms CHAN. Here, let me also tell Members that service fees are already waived in a number of cases. The only exception is the purchase of Mainland-section tickets in Hong Kong. This is because the authorized agent of the Mainland high-speed rail operator must set up a ticketing office here in Hong Kong. As this will incur staff costs and other equipment expenses, there is a need for cost recovery. I trust that Members can appreciate this. But the premise of costs recovery aside, our goal is still the same as Members, as we also want to fight for lower service fees as far as possible.

In respect of fare concessions, we are right now having communications with MTRCL and the Mainland high-speed rail operator, in the hope of working out certain fare concession arrangements for Hong Kong people (such as students and senior citizens). We will actively follow up this matter. But I still want to point out that when considering the provision of fare concessions, we must also give equal weight to the overall commercial viability of XRL.

**MR LUK CHUNG-HUNG** (in Cantonese): *President, we do want to buy XRL tickets, but we do not want to pay any fees to any agents. XRL connects us to the national rail network of 20 000 km. We want to travel far beyond the 4 short-haul stations and the 11 long-haul stations. Therefore, the Government must see the importance of facilitating the purchase of Mainland-section tickets by members of the public. President and Secretary, the "co-location arrangement" is such a complex legal issue, but even so, we have still managed to get it through. Ticket purchase is just a mere technical issue, so solutions will certainly outnumber difficulties, right?*

*We have heard the Secretary stress that an agent is required to assist in handling ticketing matters. But we do not want any agent because we do not want to pay any extra fees. Precisely for this reason, we hope the Government can hold negotiations with the Mainland high-speed rail operator on waiving all service fees and getting rid of any agent. We hope it can explore the feasibility of allowing Hong Kong people to purchase tickets directly by logging on to the Mainland ticketing system using their Hong Kong Identity Card numbers, Home Return Permit numbers or Hong Kong telephone numbers. It should also explore the possibility of establishing a separate ticketing platform dedicated to the purchase of Mainland-section tickets in Hong Kong. Secretary, the provision of such arrangements for people is very important. The absence of such arrangements will rock people's confidence in the whole idea of building a Bay Area living circle. I hope the Secretary will bring us good news soon.*

**SECRETARY FOR TRANSPORT AND HOUSING** (in Cantonese): President, I thank Mr LUK for his supplementary question. Basically, tickets for trips to the 4 short-haul stations and 14 long-haul stations in the Mainland can be purchased here in Hong Kong. Regarding ticketing matters, as I have explained just now, the Mainland high-speed rail operator is in charge of the ticket sales network of the Mainland Section and its operation. The operator can decide on its own whether it will operate the network itself, or appoint an agent to do the job. Having said that, I must add that I am also aware of the request in society. So, I think that our most pressing task is to lower the service fees which Hong Kong people are to pay when purchasing Mainland-section tickets in Hong Kong. I understand that MTRCL is actively holding discussions and communications (i.e. negotiations) with the Mainland high-speed rail operator. The aim is to work out certain mutually beneficial arrangements that can reduce operating costs. The money thus saved can then be used for making arrangements to lower the service fees of ticket purchase.

**PRESIDENT** (in Cantonese): Mr LUK Chung-hung, which part of your supplementary question has not been answered?

**MR LUK CHUNG-HUNG** (in Cantonese): *Secretary, is it possible for us to fight for waiving service fees and getting rid of any agent?*

**PRESIDENT** (in Cantonese): I think the Secretary has already answered your supplementary question clearly.

Oral questions end here.

**WRITTEN ANSWERS TO QUESTIONS**

**Support services for single-parent families**

7. **MR TONY TSE** (in Chinese): *President, the number of cases in which divorce decrees were granted by the court rose from 6 295 in 1991 to 17 196 in 2016, representing a rate of increase of 1.7 times. Moreover, there were 73 428 single parents in Hong Kong in 2016, of whom more than 30% were recipients of Comprehensive Social Security Assistance. On the other hand, the Integrated Family Service Centres ("IFSCs") of the Social Welfare Department ("SWD") provide social services for single-parent families at present. However, there are comments that the services currently provided by IFSCs for single-parent families are neither comprehensive nor persistent. In this connection, will the Government inform this Council:*

*(1) of the number of requests for assistance from single parents handled by the various IFSCs in each of the past five years, with a breakdown by (i) catchment district and (ii) type of issues pertaining to the requests for assistance, as well as the respective percentages of such numbers in the total; the average time taken for handling such cases; the criteria adopted by IFSCs for making the decision to close a case;*

*(2) of the current (i) staff establishment, (ii) average number of cases handled by each social worker, and (iii) annual operational expenditure, of each IFSC; whether SWD has reviewed the operation and staff establishment of IFSCs on a regular basis;*

*(3) given that IFSCs currently provide services through a district-based approach, whether the cases of the two parties of separated/divorced couples who reside in different catchment districts are handled by the social workers from different IFSCs; if so, how the authorities ensure that the social workers concerned maintain effective communication with each other in order to comprehensively assess the needs of such separated/divorced couples;*

*(4) given that SWD will set up five one-stop co-parenting support centres ("CPSCs") to be operated by non-governmental organizations in the current financial year, of the (i) address, (ii) estimated annual expenditure, and (iii) staff establishment of each CPSC;*

*(5) of the number of cases for which services have been provided under the Pilot Project on Children Contact Service since its commencement in September 2016; given that SWD intends to regularize the project and incorporate the relevant service into CPSC's scope of services, of the relevant details and implementation timetable;*

*(6) whether it will set up specialized service units (e.g. one-stop support centres for single-parent families) to provide comprehensive support services for separated/divorced families; and*

*(7) given that default in alimony payments is a major problem faced by single-parent families, whether the Government will consider setting up a managing organization or monitoring mechanism for alimony to help address the problem?*

**SECRETARY FOR LABOUR AND WELFARE** (in Chinese): President, after consulting the Home Affairs Bureau, my consolidated reply to the various parts of the question is as follows:

(1) The number of cases involving single-parent families handled by the Integrated Family Service Centres ("IFSCs") of the Social Welfare Department ("SWD") and the percentage of such cases in the total number of cases in the past five years are tabulated below:

| *YearNote* | *Cases involving single-parent families* | *Percentage of such cases in the total number of cases* |
| --- | --- | --- |
| 2013-2014 | 4 690 | 19.20% |
| 2014-2015 | 4 546 | 18.52% |
| 2015-2016 | 4 312 | 17.59% |
| 2016-2017 | 4 134 | 17.15% |
| 2017-2018 | 4 260 | 17.07% |

Note:

The figures for 2013-2014 to 2016-2017 were the numbers of cases as at 31 March of the respective years, whereas the figure for 2017-2018 was the number of cases as at 31 December 2017.

SWD does not have the breakdown of cases involving single-parent families by service district and by type of issues pertaining to the requests for assistance.

If it is concluded upon assessment by the IFSCs' social workers that no further assistance is required by the individuals concerned and their families, the social workers will close the cases with the consent of those individuals. If the individuals concerned and their families have other service needs due to changes in circumstances after the closure of cases, they may seek assistance from IFSCs again. SWD has not collated information on the average time for handling such cases.

(2) SWD will, taking into account the service needs and characteristics of different districts, arrange suitable manpower for IFSCs, including officers-in-charge (Social Work Officer rank), frontline social workers (including Assistant Social Work Officers, Senior Social Work Assistants and Social Work Assistants) and auxiliary staff (including Assistant Clerical Officers, Clerical Assistants and Workman IIs). At present, the staffing establishment of each IFSC, in accordance with district service needs, case complexity and caseload arrangements, is in the range of 21 to 36 posts.

As the nature of cases is getting more and more complicated, SWD has from time to time enhanced social worker manpower for IFSCs since the adoption of the integrated family service mode. To introduce the concepts of co-parenting and parental responsibility as early as possible, enhance parents' capability in coping with divorce as well as strengthen family functioning through district-level coordination, SWD will strengthen the manpower of IFSCs in 2018-2019, increasing the number of social workers serving in the IFSCs from 679 in 2004-2005 to 833 in 2018-2019. SWD will continue to closely monitor the workload and manpower situation of IFSCs, and allocate more resources when necessary.

The estimated government expenditure on IFSCs operated by SWD and non-governmental organizations ("NGOs") for 2018-2019 is $1.0134 billion. In 2017-2018 (as at the end of December 2017), the average number of cases handled by each IFSC's social worker per month was 36.5.

(3) For cases involving separated/divorced families, if family members are living in different districts, the IFSCs' social workers will, with the consent of the individuals concerned, contact the social workers of other service units serving the same families. Social workers from the two service units will interact and coordinate with each other to conduct comprehensive assessment on the needs of the individuals concerned and their families, and with their best interests taken into consideration, arrange joint interviews, home visits or case conferences, and arrange parents and their children to join groups and programmes that are specifically designed for them, so as to provide appropriate services and assistance for separated/divorced families.

(4) and (5)

To strengthen co-parenting support for divorced/divorcing/separated parents and their children, SWD plans to set up five specialized one-stop co-parenting support centres to be operated by NGOs, one each in the five clusters across the territory (i.e. Hong Kong Island, Kowloon East, Kowloon West, New Territories East and New Territories West), in the fourth quarter of 2018 at the earliest, with services including co-parenting counselling, parenting coordination, structured co-parenting groups or programmes, child-focused counselling/groups or programmes, as well as children contact service. Meanwhile, SWD is evaluating the effectiveness of the Pilot Project on Children Contact Service ("the Pilot Project") operated by the Hong Kong Family Welfare Society, and is planning to incorporate the Pilot Project into the new co-parenting support centres. As at mid-April 2018, a total of 105 cases had been served under the Pilot Project.

The above service projects are currently in the planning stage, with details to be finalized.

(6) SWD has no plans to set up one-stop support centres for single-parent families. However, SWD will continue to make efforts to provide comprehensive support services for single-parent and separated/divorced families through IFSCs and the co-parenting support centres to be set up soon.

(7) As advised by the Home Affairs Bureau, the Government is committed to enhancing the effectiveness of the system of collecting maintenance payments and enforcing maintenance orders. The measures taken so far include relaxing the requirement for the Court to make an Attachment of Income Order, imposing interest or surcharge against defaulting maintenance payers as well as stepping up publicity and education work.

The Government will commission a consultancy study through the Family Council to examine various issues relating to marriage and divorce, including the proposal of setting up a maintenance board, with a view to facilitating the consideration of the way forward. The study is expected to commence in mid-2018.

While the consultancy study is underway, the Government will continue to review and implement suitable measures to facilitate the enforcement of maintenance orders. These measures include increasing the amount of monthly maintenance that may be exempted from the Director of Legal Aid's First Charge, streamlining the referral procedures for recovery of arrears of maintenance by legal aid applicants, as well as launching publicity and education programmes on an ongoing basis.

**Unsold first-hand private residential units**

8. **MR DENNIS KWOK** (in Chinese): *President, according to the Statistics on Private Housing Supply in Primary Market released by the Transport and Housing Bureau, as at the end of last year, there were 9 000 unsold units in the completed private buildings in the territory. On the other hand, the Collector of Stamp Revenue may grant, under section 45 of the Stamp Duty Ordinance (Cap. 117), stamp duty relief to an instrument that conveys or transfers a beneficial interest in an immovable property from one associated body corporate to another. In this connection, will the Government inform this Council:*

*(1) whether the aforesaid 9 000 unsold units include those leased out by the developers concerned; if so, of the number concerned; if not, the reasons for that;*

*(2) of a breakdown of the aforesaid 9 000 unsold units by (i) name of development and (ii) the unit floor area classification used by the Rating and Valuation Department in compiling the statistics and, among such units, the number of those which were leased out by the developers concerned;*

*(3) of the following information in respect of each of the developments mentioned in (2):*

*(i) the District Council district in which the development is located,*

*(ii) the street number,*

*(iii) the date on which the occupation permit was granted,*

*(iv) the date on which the certificate of compliance (commonly known as "letters of satisfaction") was granted,*

*(v) the sum of the prices of the unsold units concerned on the price list, and*

*(vi) the sum of the rateable values of the unsold units concerned;*

*(4) among the aforesaid 9 000 unsold units, whether there are units in respect of which the beneficial interests have been conveyed or transferred upon completion and the instruments concerned have been granted stamp duty reliefs by the Collector of Stamp Revenue under section 45 of the Stamp Duty Ordinance; if so, of the number of such units; if not, the reasons for that;*

*(5) under the existing requirement, when the transferee of a conveyance or transfer mentioned in (4) sells the unit concerned subsequently to a third person who is not his or her associate, whether the former is required to make retrospective payment in respect of the stamp duty relief granted by the Collector of Stamp Revenue under section 45 of the Stamp Duty Ordinance; if so, of the number of such cases in each of the past three years and the amount of stamp duty involved in each case;*

*(6) of the number of instruments involving conveyance or transfer of beneficial interests of private domestic units which were granted stamp duty reliefs under section 45 of the Stamp Duty Ordinance in each of the past three years and, in respect of each instrument, the date of conveyance or transfer and the amount of stamp duty involved (set out in a table); and*

*(7) given that if the association between two body corporates ceases within two years after the date of execution of the instrument, the Collector of Stamp Revenue shall have the right to withdraw the stamp duty relief that has already been granted under section 45 of the Stamp Duty Ordinance, of the number of cases in which the Collector of Stamp Revenue withdrew the stamp duty reliefs in each of the past three years, and the amount of stamp duty involved in each case (set out in a table); whether the authorities have reviewed the implementation of the relief requirement; if not, of the reasons for that; if so, the details, including whether such requirement will be amended?*

**SECRETARY FOR TRANSPORT AND HOUSING** (in Chinese): President, after consulting the Inland Revenue Department ("IRD"), my reply to various parts of the question raised by Mr Dennis KWOK is as follows:

(1) to (3)

The Government releases statistics on private housing supply in the primary market on the website of the Transport and Housing Bureau on a quarterly basis, including the number of unsold units in completed projects. The concerned statistics are consolidated by the Transport and Housing Bureau based on inputs provided by various government departments (e.g. Buildings Department, Land Registry, etc.) for the purposes of projecting the supply of first-hand private residential units in the coming three to four years.

As at 31 March 2018, there were around 9 000 unsold first-hand private residential units in completed projects. These unsold units may be vacant units, units occupied by the developers for self-use or units rented out by developers (e.g. serviced apartments). As developers are not required to declare the occupancy of these unsold units, we do not have information about the number of units rented out by developers among these 9 000 units. We also do not compile statistical data on the size, the District Council district in which the relevant development is located, the street number, the dates on which the occupation permit and certificate of compliance were granted, the prices and the rateable values of these unsold units.

(4) The above 9 000 unsold units refer to the number of unsold first-hand private residential units in completed projects. In other words, if the units have been transferred to other persons or companies through agreement for sale and purchase, these units would not be counted as unsold units.

(5) According to the Stamp Duty Ordinance, if a transferee of an instrument executed by associated bodies corporate in relation to sale and purchase or transfer of residential property sells or transfers the residential property covered by the instrument to an unassociated third party in future, the transferee is not required to pay to the Collector of Stamp Revenue the stamp duty in respect of the instrument for which relief has been granted. However, unless the transaction for sale or transfer of residential property to an unassociated third party fulfills the exemption conditions prescribed in the Stamp Duty Ordinance, the relevant transaction will be subject to Special Stamp Duty, Buyer's Stamp Duty and the New Residential Stamp Duty with reference to applicable rates.

(6) In the past three financial years, the number of residential property cases and the amount of stamp duty involved therein where stamp duty relief was granted by the IRD on grounds of property transfer between associated bodies corporate under sections 29H(3) and 45 of the Stamp Duty Ordinance are set out in the table below:

| *Financial year* | *Number of cases(1)* | *Amount of stamp duty involved(2)*  *($ Million)* |
| --- | --- | --- |
| 2015-2016 | 206 | 2,626 |
| 2016-2017 | 168 | 1,874 |
| 2017-2018 | 253 | 3,014 |

Notes:

(1) The numbers of cases listed in the table above are classified by the date on which IRD granted the relief. IRD has not performed analysis on the date of conveyance of and the amount of stamp duty involved in each individual case.

(2) It only includes the amount of relieved ad valorem stamp duty and Buyer's Stamp Duty. Since it is not necessary to provide the date of acquiring the relevant residential property at the time of applying for the relief, the amount of relieved Special Stamp Duty cannot be computed.

(7) According to section 45(5A) of the Stamp Duty Ordinance, if associated bodies corporate no longer qualify for the associated relationship as defined under section 45(2) within two years from the date of executing the instrument for sale and purchase or transfer of property, the relevant bodies corporate have to pay the stamp duty for which relief has been granted. In the past three financial years, IRD had no record of withdrawing stamp duty relief by reason of cessation of associated relationship.

Section 45 of the Stamp Duty Ordinance can effectively cater for the genuine need of transferring properties between associated bodies corporate, and at the same time empower the Collector of Stamp Revenue to refuse granting relief and recover stamp duty under appropriate circumstances for the protection of government revenue. Since the relevant provision has all along been effective and there are no signs of abuse, the Government currently has no plan to amend the relevant provision.

**Provision of biologic therapy for psoriasis patients**

9. **DR HELENA WONG** (in Chinese): *President, the dermatology specialist outpatient clinics under the Department of Health ("DH") provide treatment for psoriasis patients, and refer patients of serious cases to the dermatology biologic therapy ("biologic therapy") outpatient clinic at Prince of Wales Hospital ("PWH") for treatment. DH enhanced the referral mechanism in June 2016, tasking a medical consultant with the responsibility for assessing whether the psoriasis patients of clinics under DH meet the criteria for receiving biologic therapy so as to expedite referrals. However, there are currently more than 3 000 patients in Hong Kong who are suitable for receiving biologic therapy, but the number of such patients so referred since 2012 has been few and far between. On the other hand, the authorities plan to offer biologic therapy outpatient service at Pamela Youde Nethersole Eastern Hospital ("Eastern Hospital") in the first quarter of 2018, but such plan has not yet been implemented. In this connection, will the Government inform this Council:*

*(1) of (i) the number of psoriasis patients referred by DH for receiving biologic therapy since the implementation of the aforesaid enhanced mechanism, and (ii) among such patients, the number of those who received biologic therapy subsequently and the percentage of this number in the number of serious psoriasis patients in Hong Kong;*

*(2) whether it knows the reasons why the Eastern Hospital has not yet introduced the biologic therapy outpatient service, and when such service will be introduced;*

*(3) whether it knows if the Hospital Authority will step up the service provided at PWH's dermatology biologic therapy outpatient clinic, including increasing the service hours and patient quota; and*

*(4) as a patient group has pointed out that psoriasis patients currently have to wait for 10 years on average before they receive treatment and thus will very likely miss the best timing for treatment, whether the authorities have comprehensively assessed the service needs of such patients; if so, of the assessment outcome; if not, whether they will conduct such assessment expeditiously?*

**SECRETARY FOR FOOD AND HEALTH** (in Chinese): President, currently, treatment options for psoriasis are provided in accordance with evidence-based medical practice. The treatments include medicine for external use or oral administration, phototherapy and the newly introduced biologic therapy. Doctors will prescribe appropriate medicine according to the severity of patients' conditions, most of which can be controlled by using conventional treatment options (i.e. medicine for external use or oral administration and phototherapy).

Generally speaking, serious psoriasis patients seeking follow-up consultations at clinics providing specialist dermatology outpatient services under the Department of Health ("DH") may be referred to the Hospital Authority ("HA") for biologic therapy under the existing mechanism if their conditions cannot be effectively controlled by conventional treatments like medicine for external use or oral administration or phototherapy, or they have suffered from relatively serious adverse effects after receiving such treatments, provided that they do not have any contraindications to biologic therapy.

To provide appropriate treatments for serious psoriasis patients, DH has enhanced the referral mechanism for these patients since June 2016. Under the enhanced mechanism, fast and direct referrals will be offered to serious psoriasis patients following the assessment by DH's specialists for appointments for the biologic therapy outpatient service at the Prince of Wales Hospital ("PWH"). Since the implementation of the enhanced mechanism, a total of four serious psoriasis patients have been referred by DH to PWH for biologic therapy.

To further enhance the existing service, DH and HA started to prepare for the provision of biologic therapy outpatient service at Pamela Youde Nethersole Eastern Hospital ("Eastern Hospital") in September 2017. Preliminary testing of workflows was completed in early 2018, which covers the application of computer systems for basic clinic facilities such as those for medicine prescription, patient registration and fee collection, and the formulation of case referral procedures. The outpatient service will be provided directly by experienced health care personnel of DH's Social Hygiene Service, who have completed the training on the application of the systems. DH and HA are finalizing the detailed arrangements for the overall operation of the biologic therapy outpatient service. It is expected that the clinic will come into operation soon to provide services for psoriasis patients.

DH will continue to keep abreast of international guidelines and review the treatment options for psoriasis from time to time according to the latest situation in Hong Kong. Apart from the existing biologic therapy outpatient service provided by PWH, the biologic clinic of the Eastern Hospital will come into operation soon. DH will maintain close liaison with HA to explore the relevance and feasibility of introducing the service at the specialist outpatient clinics of other HA hospitals.

**Provision of free Wi-Fi services in public hospitals**

10. **DR PIERRE CHAN** (in Chinese): *President, report No. 70 of the Director of Audit published in April this year pointed out that the progress of the Government in expanding the coverage of Wi-Fi.HK services had been slow. For instance, Wi-Fi.HK services were provided in only 12 (about 29%) of the 42 public hospitals. Regarding the provision of free Wi-Fi services in public hospitals, will the Government inform this Council:*

*(1) of the (i) number, (ii) daily average usage, (iii) installation cost and (iv) daily expenditure of the Wi-Fi hotspots currently provided in the various public hospitals concerned, with a tabulated breakdown by name of hospitals and location of such hotspots in the hospitals;*

*(2) of the reasons why Wi-Fi.HK services are so far not provided in most public hospitals; whether the authorities have drawn up a timetable for the provision of such services in all public hospitals; if so, of the details (including the number of Wi-Fi hotspots to be provided in various hospitals and the estimated expenditure);*

*(3) as the aforesaid Report pointed out that no Wi-Fi signages had been put up at certain venues equipped with Wi-Fi hotspots, whether Wi-Fi signages have been put up near each Wi-Fi hotspot in the various public hospitals concerned at present, so that members of the public are aware of the availability of such services at those places; if so, of the details (including the names of the hospitals); if not, the reasons for that; and*

*(4) as the information on the Wi-Fi.HK website shows that the distribution of Wi-Fi hotspot locations in various public hospitals is varied (e.g. Wi-Fi hotspots are available at the accident and emergency ("A&E") departments, outpatient clinics, pharmacies, canteens of Pamela Youde Nethersole Eastern Hospital and Prince of Wales Hospital, whereas Wi-Fi hotspots are available only at its A&E department and certain specialist outpatient clinics of Princess Margaret Hospital), whether the authorities will consider providing Wi-Fi hotspots at places in hospitals where more patients and their family members stay (including A&E departments, outpatient clinics, pharmacies and canteens); if so, of the details (including the timetable); if not, the reasons for that?*

**SECRETARY FOR INNOVATION AND TECHNOLOGY** (in Chinese): President, in consultation with the Food and Health Bureau and the Hospital Authority ("HA"), our reply is as follows:

(1), (2) and (4)

To dovetail with the implementation of the Wi-Fi.HK Public-Private Collaboration ("PPC") programme by the Government, HA has provided suitable venues at its public hospitals for participating service operators to install related facilities. These service operators participate in the programme on a voluntary basis and bear all the costs for installation, equipment, operation and maintenance, etc. The PPC programme has provided 223 Wi-Fi hotspots at 12 public hospitals for providing free Wi-Fi service starting from 2015. Details are at Annex.

The Office of the Government Chief Information Officer launched another round of Wi-Fi.HK PPC programme in April this year and invited service providers to provide free Wi-Fi service at more than 3 000 government venues, which include all public hospitals under HA. The service areas cover public waiting areas of public hospitals, including accident & emergency ("A&E") departments, outpatient clinics, pharmacies, restaurants, etc. It is expected that the service providers will install the hotspots and roll out free Wi-Fi service progressively at the venues from 2019 onwards.

(3) In the two rounds of PPC programme in 2015 and 2017, HA has put up signage near the free Wi-Fi hotspots in the 12 aforesaid public hospitals to inform the public of the services. Details of the location of all Wi-Fi hotspots in these public hospitals are also available on the Wi-Fi.HK website and the Wi-Fi.HK mobile app.

Annex

Details of Wi-Fi Hotspots at Public Hospitals

|  | *Public Hospital* | *Number of Hotspots* | *Location of Hotspots* | *Daily Average Usage* |
| --- | --- | --- | --- | --- |
| 1 | Queen Elizabeth Hospital | 13 | A&E department, walk-in clinic and ambulatory care centre | 83 |
| 2 | Yan Chai Hospital | 22 | A&E department and specialist outpatient clinic | 55 |
| 3 | Caritas Medical Centre | 49 | A&E department and specialist outpatient clinic | 83 |
| 4 | Kwong Wah Hospital | 20 | A&E department and specialist outpatient clinic | 86 |
| 5 | Hong Kong Eye Hospital | 23 | Eye outpatient clinic | 23 |
| 6 | Princess Margaret Hospital | 62 | A&E department and specialist outpatient clinic | 94 |
| 7 | Pamela Youde Nethersole Eastern Hospital | 5 | A&E department, pharmacy, specialist outpatient clinic, 1/F of main building and restaurant | 50 |
| 8 | Queen Mary Hospital\* | 2 | A&E department and pharmacy | N.A. |
| 9 | Tseung Kwan O Hospital | 4 | A&E department, pharmacy and restaurant | 34 |
| 10 | Prince of Wales Hospital | 5 | A&E department, restaurant, cancer centre, pharmacy and blood taking centre | 33 |
| 11 | Tuen Mun Hospital | 4 | A&E department, pharmacy and restaurant | 38 |
| 12 | Tin Shui Wai Hospital | 14 | A&E department, radiology department, G/F lift lobby, specialist outpatient clinic, pharmacy, endoscopy investigation department, restaurant, allied health department and medical social services department | 45 |
|  | Total | 223 |  |  |

Note:

\* The Wi-Fi service provided at the Queen Mary Hospital will be launched in June 2018.

**Introduction of a mandatory cooling-off period to protect consumers**

11. **MR SHIU KA-FAI** (in Chinese): *President, last month, the Consumer Council ("CC") recommended to the Government the introduction of a mandatory cooling-off period targeting certain industries (including the beauty industry) and specific transaction modes. Regarding the reply of the Secretary for Commerce and Economic Development on the 9th of this month to my question concerning the recommendation, will the Government inform this Council:*

*(1) as CC's study on the introduction of a mandatory cooling-off period does not cover cooling-off arrangements offered on a voluntary basis by traders in other jurisdictions, of the reasons why the authorities did not request CC to conduct a study that covers such arrangements;*

*(2) whether it has assessed if CC has a predetermined stance before conducting the aforesaid study, and whether the outcome of the study is objective and fair; of the reasons why the authorities did not in the first place assign the study to a professional consultant with a neutral stance;*

*(3) of the amount of public money that the authorities allocated to CC for conducting the study; whether it knows the manpower deployed for and the number of man-hours involved in the said study;*

*(4) as the aforesaid reply to the question has not given a direct answer as to whether currently there are jurisdictions which have introduced a mandatory cooling-off regime for the beauty industry, whether the authorities know if CC has actually identified any jurisdiction which has introduced such a regime;*

*(5) given that CC does not have the power to conduct investigations to ascertain if the complaints received are substantiated, whether the authorities know the basis on which CC made the remark that "operators in the beauty industry have adopted various types of unfair trade practices in recent years"; whether they have assessed if such a remark made by CC has tarnished the reputation of the beauty industry, and whether it is a responsible way of doing things;*

*(6) given that CC will only take up the role of a conciliator in handling consumer complaints and it does not have the power to conduct investigations, whether the authorities have assessed if CC has gone beyond its statutory functions by repeatedly and publicly stating, under the circumstances of not having grasped information on the number of substantiated cases, that sales practices which seriously damage the rights and interests of consumers have emerged from time to time in certain industries;*

*(7) as CC considers that, in respect of legitimate traders in general, the imposition of a mandatory cooling-off period will not result in a large number of consumers cancelling their contracts, and therefore the impact should be limited, whether the authorities know the basis on which CC made such a remark; whether CC had conducted any study and gained an understanding of the real situation from the industries concerned before making such a remark; if CC had not conducted any study and consultation, of the reasons why CC has made such a remark;*

*(8) as CC has indicated that since it has formulated its recommendation after making reference to the experience of other jurisdictions, it believes that the recommendation has struck a balance between protecting consumers' legitimate rights and interests and maintaining a business-friendly environment, whether the authorities know how CC ascertains if the practices of such jurisdictions are applicable to Hong Kong; the reasons why CC has not made reference to the experience of those jurisdictions that allow traders to offer a cooling-off period on a voluntary basis;*

*(9) as CC, having considered the general level of the relevant charge, has recommended that an administrative fee of not more than 3% of the credit card transaction value may be deducted by traders from the refund if consumers have paid by credit cards, whether the authorities know what data or study outcome is held by CC in support of its remark that "3% is the general level of the relevant charge";*

*(10) as CC considers that issues concerning acquiring banks/companies increasing their administrative fees for refund for transactions made by credit cards or delaying payment to traders are commercial arrangements between the acquiring banks/companies and traders, and not directly related to the imposition of a cooling-off period, whether the authorities know if CC had duly consulted the local banking and beauty industries to gain an understanding of the real situation before making such a remark; if CC had, of the details; if not, the reasons why CC has made such a remark;*

*(11) as CC has recommended that a mandatory cooling-off period be applicable to contracts of not less than six months for beauty services, whether the authorities know if CC had conducted any study and duly consulted the industry concerned to gain an understanding of the real situation before putting forward such a recommendation; if CC had not conducted any study or consultation, of the reasons why CC has put forward such a recommendation;*

*(12) of the reasons why the aforesaid reply to the question has not given an answer to the question as to whether CC had discussed its recommendation with the banking industry to ascertain the feasibility of the recommendation;*

*(13) whether it knows the respective numbers of banks which (i) have ceased providing Point of Sales terminals and acquiring service to new clients of beauty service companies, (ii) imposed in the past five years the following measures on existing clients of beauty service companies: limiting the credit card transaction value; increasing the deposit required and delaying payment to traders (such as extending the period from 30 days to five months), and (iii) in providing acquiring service, charge those beauty service companies which apply for cancellation of credit card transactions (including purchase-by-installment transactions) an administrative fee equivalent to 4% to 10% of the total transaction value;*

*(14) whether it knows that after CC published its recommendation, quite a number of beauty service companies have immediately been notified by banks that the refund handling fees for customers' purchase-by-installment transactions will be further increased and repayment to traders will be delayed (such as extending the period from a month to 90 days), and even those clients who have collateral with the banks are also treated in the same way;*

*(15) of the reasons why the aforesaid reply to the question has not given an answer to the following question: whether, before making its recommendation (i.e. the trader can deduct from the refund the value of the service used and the amount shall be calculated pro rata to the total consideration stipulated in the contract), CC has considered (i) the fact that the trader's cost of providing a single unit of goods or service to the customer is usually higher than that of providing a batch of such goods or service, making it very likely for the trader to eventually bear the relevant differences in the cost, and (ii) if this recommendation will induce many people to exploit the loophole to enjoy part of the services at a lower average price through the purchase of packages;*

*(16) of the reasons why the aforesaid reply to the question has not given an answer to the following question: whether the authorities know the justifications for CC to recommend that consumers may request for a refund without any reasons, and whether it has considered if this recommendation may lead to abuses or even be exploited as a strategy to undermine competitors in the business arena, which may eventually throw the market into chaos;*

*(17) whether it has considered, instead of introducing a mandatory cooling-off period, reminding consumers through public education that they may choose to patronize beauty service companies which offer a cooling-off period on a voluntary basis, and with reference to the banks' current practice of keeping audio recordings of the selling process, requiring beauty service companies to make audio or video recordings of the selling process as a proof that no unfair trade practices have been employed; and*

*(18) whether it has studied the contributions made by the beauty and related industries to the economy of Hong Kong and in providing employment opportunities; if so, of the details; if not, whether it will conduct such a study?*

**SECRETARY FOR COMMERCE AND ECONOMIC DEVELOPMENT** (in Chinese): President, a consolidated reply to the 18 parts of the question is provided below:

The Consumer Council ("the Council") is an independent statutory body. According to the Consumer Council Ordinance (Cap. 216), the functions of the Council include collecting, receiving and disseminating information concerning goods and services, receiving and examining complaints by consumers of goods and services, as well as taking such action as it thinks justified by information in its possession, including tendering advice to the Government, so as to protect and promote consumer rights. The Council has studied numerous consumer issues over the years, and is experienced in this regard. The Government provided $6.3 million to the Council in the year 2016-2017 to support the Council in undertaking a number of new studies on individual consumption markets and legal protection for consumers, including the study on cooling-off period. It is difficult to quantify the manpower expenditure for individual studies separately.

The Council's Report to Advocate Mandatory Cooling-Off Period in Hong Kong aims to recommend to the Government the imposition of a mandatory cooling-off period, and suggests principles for a legislative proposal. Besides drawing references from other jurisdictions' legislative arrangements and implementation experience, the Council also looked into and studied the situation of the local market, including the operation of credit card schemes, factors that may affect the administrative fees charged on credit card usage, the general level of such fees etc. In formulating the proposals on operational arrangements (including the applicable contract duration, calculation of deductible amount etc.), based on its experience in handling complaints and understanding of the trades' operation, and having considered the feasibility of various options and all relevant factors such as how to minimize the chance of abuse, and objectively analysing and balancing between consumer rights and impact on business operation, the Council put forth the proposal that it considers to be the most practical and suitable for Hong Kong.

In recent years, both the Hong Kong Customs and Excise Department and the Council have received numerous complaints where consumers entered into beauty or fitness services contracts involving large amount of prepayment and/or long contract duration under high pressure sales tactics, and there have been calls from the Legislative Council and the community for the Government to impose mandatory cooling-off period on these contracts by way of legislation. For example, at the meeting of the Legislative Council Panel on Economic Development ("ED Panel") on 23 May 2016, members passed the following motion―"That this Panel urges the Government to introduce legislation on imposition of mandatory cooling-off periods, and accord priority to implementing a statutory cooling-off period for pre-paid services involving a lot of complaints and large amount of payment, such as those provided by fitness centres and the beauty industry, so that consumers may unconditionally receive a refund of the paid fees and cancel the contracts during the cooling-off period with a view to protecting consumers' rights, thereby indirectly dampening the incentive to engage in unfair and high-pressure marketing practices, and ultimately safeguarding practitioners of the relevant trades as well." In addition, several Legislative Council Members wrote to ED Panel, urging the Government to conduct relevant study and legislative work proactively, with a view to imposing a cooling-off period on contracts involving prepayment, such as those for beauty and fitness services, in order to further protect consumer rights.

The Council has submitted its recommendations to the Government, and the Commerce and Economic Development Bureau would need to consider the recommendations in detail and make specific policy decisions. We are working with relevant government departments to study various issues relating to legislating on cooling-off period arrangement, including the scope of application; definitions of sectors; implementation details; redress mechanism; and exemptions, etc.; and will consider the appropriate implementation arrangements. We thank Mr SHIU for conveying his concern on the issue of legislating for cooling-off period and relaying the beauty trade's opinion on the Council's report. Our goal is to submit the Government's proposed framework to Legislative Council within this year, and consult the public thereafter. We will listen to the views of and fully consult the community, including the stakeholders.

**Safety of hikers**

12. **MR YIU SI-WING** (in Chinese): *President, some members of the public have relayed that the difficulty levels of hiking trails graded by different community groups according to different standards may result in inexperienced hikers having difficulties in appreciating the actual difficulty levels of the trails, making them susceptible to danger. Although the Agriculture, Fisheries and Conservation Department ("AFCD") had erected warning signs in more precarious areas within country parks to alert hikers not to go there, a number of incidents in which hikers got into danger and were injured or killed still occurred in such locations in recent years. In this connection, will the Government inform this Council:*

*(1) of the respective numbers of cases in which hikers (i) sought help, (ii) were injured and (iii) were killed after getting into danger in each of the past three years (set out in the table below);*

| *Year* | *(i)* | *(ii)* | *(iii)* |
| --- | --- | --- | --- |
| *2015* |  |  |  |
| *2016* |  |  |  |
| *2017* |  |  |  |

*(2) whether it has considered grading the difficulty levels of all trails for the reference of hikers in deciding the routes they go hiking; if so, of the details (including the criteria used); if not, the reasons for that;*

*(3) given that a fatal drowning accident occurred at Quadruplex Pool in Sai Kung early this month even though the area had already been put on a list of high risk locations by AFCD, whether the authorities have considered taking more effective measures (including reviewing the locations and contents of existing warning signs), with a view to reducing the occurrence of accidents at high risk locations; if so, of the details; if not, the reasons for that; and*

*(4) given that green tourism has become increasingly popular, whether the authorities have considered setting the professional requirements to be met by docents and guides of green tour groups (such as the basic knowledge for leading a tour group and first aid skills), so as to ensure the personal safety of tour group members; if so, of the details, if not, the reasons for that?*

**SECRETARY FOR THE ENVIRONMENT** (in Chinese): President, replies to Mr YIU Si-wing's enquiries are as follows:

(1) According to the records of the Fire Services Department, the numbers of mountain search and rescue calls received and casualties involved are tabulated below:

| *Year* | *Number of calls received* | *Number of people injured* | *Number of deaths* |
| --- | --- | --- | --- |
| 2015 | 1 314 | 213 | 10 |
| 2016 | 1 443 | 269 | 7 |
| 2017 | 1 372 | 175 | 15 |

(2) The Agriculture, Fisheries and Conservation Department ("AFCD") all along encourages hikers to use hiking trails that are managed and maintained by it and advises hikers not to open up new routes or hike on unmaintained paths to avoid accidents. To assist hikers to plan for a route that suits the interest, physical strength and level of difficulty of individuals or group members, AFCD has taken into account the length, gradient, surface condition and time required for completing the journey to evaluate the overall level of difficulty of various hiking trails managed by AFCD, including Long Distance Trails, Country Trails, Family Walks and Nature Trails. Hikers may obtain such information at the "Enjoy Hiking" website <http://hiking.gov.hk> or the mobile application. Moreover, AFCD also sets up information boards and directory signs at suitable locations in country parks to provide trail information to hikers.

(3) Apart from uploading relevant information of high risk locations with records of serious or fatal accidents in country parks to the "Enjoy Hiking" website, AFCD has also erected warning signs near locations of potential danger to alert hikers not to go there to avoid accidents. In respect of Quadruplex Pool at Sheung Luk Stream in Sai Kung, AFCD have also erected warning signs at the pool side to remind visitors of the potential danger there. Upon a recent review of the warning signs on site, AFCD will replace the warning signs with a sterner tone and adjust their locations to remind visitors more explicitly the potential danger of Quadruplex Pool and seriousness of the previous accidents. AFCD will also review the measures at other locations from time to time, modify the existing warning signs and install additional ones where needed.

In addition, AFCD will continue to strengthen the publicity and promotion of hiking safety to the public and collaborate with the Civil Aid Service ("CAS"). CAS will deploy its members to the relatively high risk locations in country parks to convey the message of hiking safety to visitors and to raise public awareness.

(4) Under the current Tourist Guide Accreditation System implemented by the Travel Industry Council of Hong Kong ("TIC"), tourist guides will only be granted a tourist guide pass unless they have met specified qualification requirements, completed pre-service training and passed TIC's examination. The qualification requirements include possession of a valid first aid certificate or attendance certificate. The pre-service training includes a compulsory module of "Eco Tour and the Tour Guiding Skills", which equip pre-service tourist guides with general guiding skills on walking tours, as well as knowledge about ecotourism (including characteristics of ecotourism, the ecological environment in Hong Kong, skills of organizing ecotours, etc.). Furthermore, tourist guides with passes are required to participate in the Continuing Professional Development Scheme for Tourist Guides as a prerequisite for pass renewal, to maintain and upgrade their professional knowledge, skills and ethics.

To enhance the service quality of the travel industry, TIC has rolled out the Training Programme Subsidy Scheme under the Government's funding since early 2018 to subsidize training bodies to organize training activities, including those on green tourism. Out of the three activities approved so far, two pertain to green tourism, featuring specialized guiding skills on the hiking trails and rural areas that carry tourism merits respectively.

**Government's resumption of lands**

13. **MR JAMES TO** (in Chinese): *President, regarding the Government's resumption of lands for public purposes in the past by invoking the Lands Resumption Ordinance (Cap. 124), will the Government inform this Council:*

*(1) of the number of times since 1 July 1997 for which the Government invoked Cap. 124 to resume lands for:*

*(i) the development of public housing (including public rental housing estates and Home Ownership Scheme courts), and the details of each case;*

*(ii) the construction of roads, and the details of each case; and*

*(iii) other public purposes (with a breakdown by purpose), and the details of each case;*

*(2) in respect of the land resumption cases mentioned in (1), of the number of cases in which the land owners lodged a judicial review (with a breakdown by outcome of the judicial review), and the average time taken from the Court's granting of leave for judicial review to its handing down of judgments on the judicial review; and*

*(3) whether the North East New Territories New Development Areas Planning involves the need for the Government to resume for public purposes lands owned by real estate developers and lands owned by individuals; if so, whether the approaches for resumption of such lands include invoking Cap. 124; if they do, of the details (including whether Cap. 124 has already been invoked so far); if they do not, the reasons for that; if there are other approaches for resumption of such lands, of the details (including the expenditure involved) (set out the details by land owner being a real estate developer or an individual)?*

**SECRETARY FOR DEVELOPMENT** (in Chinese): President, my reply to Mr ‍James TO's question is as follows:

(1) From 1 July 1997 to 31 December 2017, the Government invoked the Lands Resumption Ordinance (Cap. 124) to resume private land for 154 public works projects and for projects of the Urban Renewal Authority ("URA") or its predecessor, the Land Development Corporation ("LDC").

Amongst the 154 projects, 13 projects are public housing development projects; 55 projects are in support of development projects of URA or its predecessor, LDC; 2 projects involve new town/comprehensive development areas; 3 projects involve village expansion; and the remaining 81 projects involve construction of drainage channels, rectification works to stream courses, waterworks, construction of schools, markets, recreational facilities and residential care homes for the elderly ("RCHEs"), and for village resite, etc.

As for projects requiring land resumption for construction of road, sewerage or railway works, the Government would invoke other applicable ordinances to resume land concerned. From 1 July 1997 to 31 December 2017, the Government invoked the Roads (Works, Use and Compensation) Ordinance (Cap. 370) for 150 road projects; the Water Pollution Control (Sewerage) Regulation (Cap. 358AL) for 70 sewerage system projects and the Railways Ordinance (Cap. 519) for 9 railway projects.

(2) There were a total of eight judicial review cases lodged by owners arising from the invocation of the Lands Resumption Ordinance (Cap. 124) for resumption of private land from 1 July 1997 to 31 December 2017. Details are at the Annex.

(3) For the Kwu Tung North and Fanling North ("KTN/FLN") New Development Areas ("NDAs") (formerly known as the Northeast New Territories NDAs), as a Government's new town development, the Government will mainly resume and clear the private land planned for developments in the NDAs according to relevant ordinances and undertake the necessary site formation and infrastructure works with a view to implementing the planned uses. Nonetheless, prior to the land resumption and clearance, the Government allows in-situ land exchange applications from land owners of sites planned for private developments, subject to them meeting the specified criteria and conditions under the enhanced Conventional New Town approach. Any development under such a lease modification application is required to ensure timely supply of housing and other facilities. For applications failing to meet the requirements by the time frame specified for the development programme, the private land concerned would still be resumed by the Government for development.

At present, land resumption work for KTN/FLN NDAs has not fully commenced. Between 2015 and 2017, two private lots of about 1.5 hectares within the boundary of the KTN/FLN NDAs were resumed under the Lands Resumption Ordinance (Cap. 124) to facilitate the construction of a new RCHE complex. The complex will accommodate eligible elderly residents currently living in the existing RCHEs at the Dills Corner Garden, which will be affected by the KTN/FLN NDAs project. Since claims for statutory compensation from the former owners of those two pieces of land are still being processed, the compensation expenditure involved is not available at the moment yet.

Annex

Judicial Review Cases arising from Invocation of the

Lands Resumption Ordinance

(From 1 July 1997 to 31 December 2017)

| *Court Case Number* | *Land Resumption Project Item* | *Government Notice ("G.N.") and Date* | *Result* | *Time Involved (About)* |
| --- | --- | --- | --- | --- |
| HCAL 143/1999, CACV 339/1999 and FAMV 9/2000 | H9―Wan Chai Road/Tai Yuen Street, Wan Chai | G.N. 7850  dated 1999.12.6 | Leave to appeal was refused | 8 months |
| HCAL 148/1999 and CACV 160/2000 | H9―Wan Chai Road/Tai Yuen Street, Wan Chai | G.N. 7850 and G.N. 7851  both dated 1999.12.6 | Leave to appeal was refused | 12 months |
| HCAL 260/2000 | K11―Hanoi Road/Mody Road, Tsim Sha Tsui | G.N. 4321  dated 2000.6.29 | Dismissed | 5 months |
| HCAL 274, 376-382, 390-394, 396, 900-904, 906-915/2000 | H12―Kennedy Town New Praya | G.N. 2879 and G.N. 2880  both dated 2000.5.4 | Dismissed | Less than 1 year |
| HCAL 488/2000 | K11―Hanoi Road/Mody Road, Tsim Sha Tsui | G.N. 4321  dated 2000.6.29 | Dismissed | 5 months |
| HCAL 2025/2000 | K11―Hanoi Road/Mody Road, Tsim Sha Tsui | G.N. 4321  dated 2000.6.29 | Dismissed | 1 month |
| HCAL 2081/2000 | K11―Hanoi Road/Mody Road, Tsim Sha Tsui | G.N. 4321  dated 2000.6.29 | Withdrawn by the Applicant | 9 days |
| HCAL 132/2015 | DL-5―Tung Chau Street/ Kweilin Street, Sham Shui Po | G.N. 2040  dated 2015.2.10 | Leave to judicial review was refused | 7 months |

**Safety, repair and maintenance of lifts**

14. **MR HO KAI-MING** (in Chinese): *President, several incidents of lift failures causing casualties have happened in recent months, arousing concerns about issues relating to the safety, repair and maintenance of lifts. In this connection, will the Government inform this Council:*

*(1) of the current total number of lifts in Hong Kong, with a breakdown by age of lifts (in age groups of five years each);*

*(2) of the number of lift incidents causing casualties in each of the past three years, and among such incidents, the number of cases in which the registered lift contractors ("contractors") concerned were prosecuted for alleged breaches of the Lifts and Escalators Ordinance (Cap. 618) (broken down by age of lifts);*

*(3) of the current ratio of the number of lifts to the number of registered lift/escalator workers ("L&E workers") in Hong Kong; whether it knows the average daily number of lifts the repair and maintenance works for which that each of such workers has to attend to;*

*(4) as quite a number of L&E workers have relayed that when carrying out regular maintenance works for lifts, they are often redeployed by their employers to go elsewhere for undertaking emergency lift repair work, thereby affecting the quality of regular lift maintenance work, whether the authorities will consider (i) setting a standard on the minimum number of hours spent on regular lift maintenance work, and (ii) requiring contractors to assign different workers to carry out emergency repair work and regular maintenance work for lifts;*

*(5) as quite a number of lifts of old models are not installed with a rope-gripping device which prevents unintended lift movement, whether the authorities will consider (i) amending the legislation in the short run to require contractors to retrofit this device in such lifts, and (ii) subsidizing property owners who have financial difficulties in carrying out such works; and*

*(6) whether the authorities will, in the long run, consider launching a subsidy scheme to help property owners to replace lifts which are 30 years old or above, with a view to minimizing the occurrence of lift incidents?*

**SECRETARY FOR DEVELOPMENT** (in Chinese): President, the operation of lifts in Hong Kong is regulated by the Lifts and Escalators Ordinance (Cap. 618) ("the Ordinance"), which was put into operation on 17 December 2012, to replace the repealed Lifts and Escalators (Safety) Ordinance (Cap. 327). The Ordinance introduces a series of new and enhanced regulatory measures including stipulating clearly the responsibilities of the Responsible Person (i.e. owner of the lift/escalator and any person who has the management or control of the lift/escalator), the Registered Contractor, the Registered Engineer and the Registered Worker. Since the Ordinance has come into operation, the average annual number of incidents[[2]](#footnote-3)(1) involving failure of lift and escalator equipment has been remarkably reduced as compared with that before the Ordinance was put in effect, with a reduction of 72% from an average of 28 cases per year in 2010 to 2012 to an average of 7.8 cases per year in 2013 to 2017. The Electrical and Mechanical Services Department ("EMSD") will continue to strictly enforce the Ordinance and is committed to introducing various measures to enhance the safety of aged lifts, so as to ensure that the public can enjoy safe lift services.

Our reply to the question raised by Mr HO is as follows:

(1) As of the end of 2017, there were totally 66 291 lifts in Hong Kong, their age (years that the lift has been put into service) distribution is shown below:

| *Age (Years)* | *Number of lifts* |
| --- | --- |
| >=51 | 3 557 |
| 46-50 | 1 844 |
| 41-46 | 3 475 |
| 36-40 | 5 617 |
| 31-35 | 5 937 |
| 26-30 | 7 545 |
| 21-25 | 7 304 |
| 16-20 | 10 855 |
| 11-15 | 7 631 |
| 6-10 | 5 598 |
| <=5 | 6 928 |
| Total | 66 291 |

(2) The number of lift incidents involving equipment fault and causing passenger casualty reported to EMSD from 2015 to 2017 is as shown below:

| *Year* | *2015* | | *2016* | | *2017* | |
| --- | --- | --- | --- | --- | --- | --- |
| Number of lift incidents involving equipment fault and causing passenger casualty | 10  0 | (Injury) (Death) | 9  0 | (Injury) (Death) | 7  0 | (Injury) (Death) |

In the above incidents, no registered lift contractor was prosecuted for contravention of the Ordinance.

(3) As of the end of 2017, there were about 66 200 lifts and about 9 300 escalators in Hong Kong. From 2012 to 2017, the total number of lifts and escalators increased from about 69 000 to about 75 600, i.e. an increase of about 10%, while the number of Registered Workers increased from about 4 900 to about 5 700, i.e. an increase of about 16 %. In recent years, Registered Contractors have also been actively recruiting general workers in addition to Registered Workers. The number of general workers has increased from about 700 in 2012 to about 1 850 in 2017. After these general workers have received relevant training and accumulated sufficient experience, they can apply to become Registered Workers. Therefore, the total number of workers increased from about 5 600 in 2012 to about 7 570 in 2017, i.e. an increase of about 35%, which was higher than the increase in number of lifts and escalators during the same period.

In terms of periodic maintenance works, in 2017, there were about 3 430 Registered Workers and about 1 150 general workers engaged in periodic maintenance works and they carried out more than 1.8 million periodic maintenance. Assuming that each worker works 250 days per year on average and two workers work as a team to carry out periodic maintenance works, it is estimated that each team of workers can complete periodic maintenance of about 3.2 lifts or escalators each day on average.

(4) Registered lift contractors will in general assign emergency repair works to appropriate workers based on the manpower and techniques required for and the location of the works. The Ordinance does not require contractors to allocate separate manpower to periodic maintenance and emergency repair works. However, no matter the works are maintenance or emergency repair, registered lift/escalator contractors must ensure sufficient manpower and provide sufficient training and instructions for the workers to ensure that the lift/escalator works concerned are carried out safely and properly. In this regard, EMSD issued a circular to Registered Contractors in 2014 that if the workers could not complete their maintenance works in progress due to deployment for other emergency works during periodic maintenance, the Registered Contractor should arrange the workers to indicate "suspension of work" and the reason for leaving at the remark column of the logbook. After suspending the maintenance works, the contractor should arrange workers to make up for the unfinished maintenance works as soon as possible, and then indicate "compensative maintenance" or "compensative servicing" at the remark column of the logbook. EMSD will closely monitor the manpower situation of Registered Contractors and timely review with them their manpower arrangement to ensure that they have sufficient manpower to properly handle emergency repair and periodic maintenance works.

Regarding the working hours for maintenance works, it is relatively difficult to establish unified working hours for maintenance works as the time for maintenance of each lift depends on the requirements of the lift manufacturer, its design, number of service floors, designed speed, rated load, and conditions of lift car, etc. In 2014, EMSD discussed with the trade about the time for maintenance of lifts/escalators. The trade generally agreed that registered lift/escalator contractors should allow sufficient time for workers to carry out the maintenance works properly. In this regard, EMSD also issued a notice to Registered Contractors in the same year to remind them that if they were to allocate workers to handle maintenance works for more than six lifts/escalators on the same day, they should carefully consider the work allocation and ensure that the relevant work can be carried out safely and properly.

(5) and (6)

In general, lifts are safe to use with proper periodic examination and maintenance. Owing to rapid technological advancement in recent years, modern lifts are equipped with more comprehensive safety devices than the aged ones. Therefore, aged lifts have room for improvement and enhancement. In view of this, EMSD promulgated in 2011 "the Guidelines for Modernising Existing Lifts" which aims to recommend that the Responsible Persons install safety devices (including the unintended car movement protection device) for their aged lifts to make the lifts safer, more reliable and comfortable.

As of the end of 2017, there were about 66 200 lifts in Hong Kong, of which about 80% were not equipped with safety devices of the latest standard. Owing to the fact that lift modernization is carried out on a voluntary basis, modernization works of different level have been carried out to about 5 200 lifts since 2011. The progress is not remarkable.

In view of the above, the Development Bureau and EMSD are actively formulating new measures(2) in short term, medium term and medium to long term to enhance the safety of aged lifts, thereby further protecting public safety.

(2) Information of the proposed measures has been included in our paper submitted to the Legislative Council Panel on Development for discussion at its meeting on 29 May 2018 (LC Paper No. CB(1)996/17-18(07)).

**Open Application Programming Interfaces**

15. **MR CHAN CHUN-YING** (in Chinese): *President, in recent years, the Hong Kong Monetary Authority ("HKMA") has implemented a number of measures to promote the development of financial technologies. One of such measures is to facilitate the development of Open Application Programming Interfaces ("Open API"), so that banks may allow access to some of the data of their customers by their working partners (such as credit card companies, Octopus Card Limited, insurance companies, travel agents and online shopping platforms) which have access to their systems. In this connection, will the Government inform this Council:*

*(1) as there are comments that when banks share customers' sensitive data through Open API, it is of utmost importance to ensure that the data are kept confidential and are not tampered with, whether HKMA has drawn up rules and guidelines on the provision and receipt of data for compliance by various parties; if so, of the details; if not, the reasons for that;*

*(2) whether HKMA has (i) required both the provider and receiver of data to ensure the secure transmission of data, avoid the use of indirect modes of transmission (such as uploading and downloading through the computer server) and prevent data loss and leakage, and (ii) drawn up relevant technical guidelines in this regard; if so, of the details; if not, the reasons for that; and*

*(3) given that banks in general have to obtain the consent of their customers prior to sharing the data about them with third parties, and to ensure that their customers are kept informed of the status of data sharing, whether HKMA has plans to remind the public to stay alert to the security of sensitive data in deciding the items of data about them in respect of which they give consent to banks for sharing with third parties; if so, of the details; if not, the reasons for that?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Chinese): President, our consolidated reply to the three parts of the question is as follows:

The Hong Kong Monetary Authority ("HKMA") attaches great importance of data security and integrity in Open Application Programming Interfaces ("Open API"). It has therefore included in the Open API consultation paper issued in January 2018 some high-level proposals on the protection of data, and welcomes views from the industry.

At the same time, HKMA plans to work with the banking industry, after the Open API framework is formally announced, to develop a set of risk-based security and operational guidance for data providers (banks) and data consumers (third party service providers) to follow. The set of guidance will also contain technical standards that are internationally recognized (for example, the use of strong encryption algorithms for external network transmission, sound key management, and sufficient controls to maintain and verify the integrity of information) to ensure that there are sufficient security and protection measures for the use of Open API.

After banks have rolled out Open API, HKMA plans to work with the industry to conduct public education and provide information to the public, so as to raise their awareness on the pros and cons of sharing personal data under Open API and to allow the public to choose and use Open API products and services wisely.

Besides, if any organization is involved in the collection, holding, processing and using of personal data, as a data user, it should also comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486).

**Cleaning and emergency rescue services provided at designated camp sites**

16. **MR KENNETH LAU** (in Chinese): *President, in recent years, more and more Hong Kong people and Mainland tourists go camping in the rural New Territories to get close to nature, filling most of the popular camp sites (e.g. Ham Tin Wan Campsite) with a hubbub from boisterous campers and overloading the relevant facilities during long holidays. On the other hand, some villagers in the vicinity of the camp sites have relayed to me that some campers litter and cause environmental hygiene problems. In this connection, will the Government inform this Council:*

*(1) of the respective quantities of refuse collected each month in the past three years at the 41 designated camp sites provided in country parks throughout Hong Kong;*

*(2) whether it has deployed staff to conduct regular inspections on the hygiene conditions at the various designated camp sites and ticketed persons who littered; if so, of the number of persons ticketed in the past three years;*

*(3) of the plans to step up its efforts in reminding campers to care for nature and public property;*

*(4) whether it will review the usage of the various designated camp sites and provide more facilities at the camp sites; if so, of the timetable; if not, the reasons for that;*

*(5) as it has been reported that the various designated camp sites have not been equipped with first aid facilities such as automated external defibrillators, whether the authorities will provide first aid facilities at designated camp sites so that campers who are injured or suffer from bouts of illness may receive first aid treatment; if not, of the reasons for that; and*

*(6) as one has to tramp over hill and dale in order to go to Ham Tin Wan Campsite and Sai Wan Campsite at present, which is time consuming, whether the authorities will provide landing facilities near these two camp sites to make them conveniently accessible by sea, so as to facilitate cleaning workers to clean up refuse and ambulance personnel to transfer campers who are injured or suffer from bouts of illness to hospital for medical treatment; if so, of the timetable; if not, the reasons for that?*

**SECRETARY FOR THE ENVIRONMENT** (in Chinese): President, replies to Mr Kenneth LAU's enquiries are as follows:

(1) The Agriculture, Fisheries and Conservation Department ("AFCD") deploys its staff or contractors to collect litter along hiking trails, at coastal areas and various recreation sites (e.g. campsites, barbecue sites and picnic sites) within country parks. Since litter is mostly collected from the recreation sites and their adjacent country park areas in one go, AFCD does not have a separate breakdown of the amount of litter collected at designated campsites in country parks. In the past three years, the total amount of litter collected in country parks is as follows:

| *Year* | *Tonnes* |
| --- | --- |
| 2015 | 3 700 |
| 2016 | 3 400 |
| 2017 | 3 400 |

(2) AFCD conducts regular patrol at country parks and their respective recreation facilities, including designated campsites. AFCD staff will pay attention to the hygiene conditions of the areas during patrol and step up cleansing when needed. If non-compliance behaviour such as littering is detected, law enforcement action will be taken. In the past three years, AFCD instituted 257 prosecutions against littering in country parks and special areas. However, AFCD does not have a separate breakdown of prosecution figures for cases at designated campsites.

(3) AFCD encourages the public to carry out recreation activities that are compatible with the environment in country parks, so as to nurture a sense of responsibility towards the environment while enjoying the outdoor activities. AFCD has displayed camping codes at the designated campsites in country parks to remind campers of the good practices. AFCD also disseminates relevant information on its website to encourage campers to plan ahead and get prepared before they go camping, and to adopt environmentally friendly measures. These include measures under the concept of "Leave No Trace", including the proper disposal of waste, preserving the naturalness of the environment, minimizing the impact from use of fires, respecting wildlife and other visitors, etc. The "Hints for Campers" and "Green Tips for Campers" are available at the following websites:

<http://www.afcd.gov.hk/tc\_chi/country/cou\_vis/cou\_vis\_cam/cou\_vis\_rec\_hin.html> and

<http://www.natureintouch.gov.hk/outdoor/activity/nit\_2011/0/762>

Besides, AFCD promotes the relevant codes through publicity and education activities from time to time, such as organizing "Go Green Family Camping", roving exhibitions at shopping malls and nature appreciation activities. AFCD will continue to strengthen its publicity and education efforts, and maintain communication with Tourism Commission to promote to overseas visitors the good practices and codes of green tourism through various channels (including Hong Kong Tourism Board).

(4) AFCD reviews the usage of campsites from time to time, and improves the facilities and considers the provision of additional campsites according to the needs of the visitors and specific conditions of the sites. To address the public demand for camping activities, AFCD has improved campsite services and facilities based on the usage of the campsites and their popularity, e.g. designating the Sai Wan Campsite and Tai Mong Tsai Campsite in Sai Kung in 2014 and 2015 respectively, carrying out turf improvement works of Wan Tsai Campsite in Sai Kung in 2016, and expanding the Chung Pui Campsite in 2017, etc.

Besides, AFCD has commissioned a consultancy study on the enhancement of the recreation and education potential of country parks for public enjoyment. It is expected that public consultation on the recommendations of the study will commence in 2018.

(5) AFCD attaches great importance to the safety of country park visitors. At present, all country parks visitor centres are equipped with first aid kits, whereas Automated External Defibrillators ("AEDs") are available at four of these centres for the use of the public when needed. Besides, the Auxiliary Medical Service sets up first aid stations on Sundays and public holidays in country parks and its ambulance motorcycles will patrol country parks and provide first aid services. The first aid stations and ambulance motorcycles are equipped with AEDs and will provide assistance to visitors as necessary.

Most of the designated campsites are located in the countryside with no offices and shelters. Therefore, there is practical difficulty in providing first aid supplies in the designated campsites. AFCD will closely monitor the usage of the campsites in country parks and review if the facilities can meet visitors' needs from time to time, and provide the required facilities as far as practicable.

(6) There are currently two kaito routes connecting the vicinity of Sai Wan and Ham Tin Wan to Sai Kung, and there is already a landing facility available at Sai Wan. In consideration of the relevant development plans in the area of Sai Wan and Ham Tin Wan, the Transport and Housing Bureau has no plan to construct a new landing facility near Ham Tin Wan and Sai Wan Campsites at the present stage.

Litter collected in Ham Tin Wan Campsite and Sai Wan Campsite is removed from the sites by contractor's vessels. The operation is generally smooth. In addition, there are helipads in both Sai Wan and Ham Tin Wan for use in cases of emergency such as rescue.

It is never an easy task to manage countryside facilities in remote areas. Visitors could contribute to the upkeep of the environmental hygiene of the relevant sites by adopting the good habit of "Take Your Litter Home" promoted by the Government.

**Cross-boundary spread of infectious diseases**

17. **MR WU CHI-WAI** (in Chinese): *President, some members of the public are concerned that with contacts between residents of Hong Kong and the Mainland growing day by day, there is an increasing risk of cross-boundary spread of infectious diseases. In this connection, will the Government inform this Council:*

*(1) whether it knows the respective numbers of confirmed cases of infection with four types of multi-drug resistant bacteria (i.e. Vancomycin-resistant Enterococcus, Extended-spectrum beta-lactamase producing organisms, Multi-drug resistant Acinetobacter and Methicillin-resistant Staphylococcus aureus) in each of the past five years, with a breakdown by hospital cluster, hospital name and reason for the patients seeking treatment;*

*(2) whether it knows, among the cases in (1), the respective numbers of those where the routes of transmission were suspected to have involved (i) Mainland residents who sought medical treatment on the Mainland and (ii) Hong Kong residents who had settled on the Mainland and returned to Hong Kong for medical treatment, with a breakdown by hospital name;*

*(3) of the number of suspected cases of infectious diseases reported to the authorities by operators of cross-boundary conveyances and staff of the various port offices in each of the past five years, with a breakdown by name of the infectious disease, as well as the details of each case; and*

*(4) of the details concerning the exchange of information among the relevant authorities of Hong Kong, Macao and the Guangdong Province in each of the past five years under the infectious disease notification mechanism, including the name of diseases, number of cases, number of deaths, age group and causative agents; among such information, the respective numbers of cases involving the infectious diseases listed in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599) and the infectious diseases caused by infectious agents listed in Schedule 2 to the same Ordinance?*

**SECRETARY FOR FOOD AND HEALTH** (in Chinese): President,

(1) The Hospital Authority ("HA") normally uses antibiotic resistance rate (i.e. the ratio of organisms showing antibiotic resistance) to indicate the situation of multidrug resistant organisms ("MDROs") in public hospitals. The antibiotic resistance rates of MDROs in public hospitals in the past five years are listed at Annex 1. HA does not keep statistical information on the causes of MDRO cases.

(2) HA does not keep such statistical information.

(3) The Port Health Office of the Centre for Health Protection ("CHP") of the Department of Health ("DH") has been carrying out health surveillance at all boundary control points, including the Hong Kong International Airport, harbour ports and ground crossings, with the use of infrared thermal imaging systems for body temperature checks on inbound travellers. Passengers entering Hong Kong by cross-boundary transport are required to go through body temperature checking facilities at various boundary control points. Suspected cases of infectious diseases are referred by CHP to health care facilities for follow-up, and among them, suspected cases of severe infectious diseases (e.g. avian influenza or Middle East Respiratory Syndrome) are directly referred by CHP to public hospitals for follow-up.

The numbers of suspected cases of severe infectious diseases identified by Port Health officers at various boundary control points and referred to public hospitals during the period from 2014 to March 2018 are listed at Annex 2. None of them were confirmed cases.

(4) As early as 2005, the Government of the Hong Kong Special Administrative Region signed a Co-operation Agreement on Response Mechanism for Public Health Emergencies with the then State Ministry of Health and the Secretariat for Social Affairs and Culture of the Macao Special Administrative Region. The three places have enhanced collaboration and exchange in areas such as notification of information in response to major public health emergencies and infectious disease epidemics, coordinated effort in emergency response, as well as technical issues, training and scientific research regarding public health emergency response. In addition, DH signed an Agreement of Co-operation on Emergency Public Health Incidents in Hong Kong, Guangdong and Macao with the then Health Department of the Guangdong Province and the Health Bureau of Macao in 2006. The parties have since maintained cooperation in areas including notification of information, surveillance and alert in respect of infectious diseases, so as to enhance the capabilities of the three places in disease prevention and control.

CHP has maintained close liaison and cooperation with the National Health Commission (formerly known as the National Health and Family Planning Commission), the Health and Family Planning Commission of the Guangdong Province and the Health Bureau of Macao under an established mechanism. The mechanism requires Hong Kong, the Mainland (especially the Guangdong Province) and Macao to notify one another of surveillance data on infectious diseases, emergency public health incidents and responses to major infectious diseases.

The three places exchange surveillance data on infectious diseases on a regular basis, including the statistics on 50 statutory notifiable infectious diseases under the Prevention and Control of Disease Ordinance (Cap. 599) shared with the Mainland and Macao authorities on a monthly basis, details of which are set out at Annex 3. As regards imported cases of infectious diseases from the Mainland and Macao (e.g. food poisoning, Legionnaires' disease, dengue fever and human infection of avian influenza), CHP gives timely notification to the Mainland and Macao for follow-up investigation and implementation of necessary prevention and control measures, so as to enhance the capabilities of the three places in the prevention and control of infectious diseases. On the part of Hong Kong, follow-up investigation into cases notified by the Mainland and Macao that involve Hong Kong people is carried out by CHP. In addition, the three places exchange information on major public health incidents and cases of severe infectious diseases, including human infection of avian influenza, Middle East Respiratory Syndrome, yellow fever, plague and Zika virus infection. CHP also gives relevant information such as press releases to the Mainland and Macao in a timely manner to facilitate joint efforts in risk assessment for effective control of infectious diseases.

Hong Kong has maintained a stable and effective cooperation mechanism with the Mainland and Macao over the years, under which information on various infectious diseases can be shared through enquires and notification among the three places by telephone, email or fax. This has been part of the routine work of CHP in its investigation and surveillance efforts in infectious disease control. There were about 180 to 760 notifications of cases of infectious diseases made with the Mainland and Macao each year between 2013 and 2017. Most of the cases involved were human infection of avian influenza, followed by cases of Legionnaires' disease and Zika virus infection.

Annex 1

Antibiotic resistance rates of MDROs in public hospitals

| *Antibiotic resistance rates* | *Cluster* | *2013* | *2014* | *2015* | *2016* | *2017* |
| --- | --- | --- | --- | --- | --- | --- |
| Vancomycin-resistant Enterococci (VRE) | HKEC | 0.2% | 0.7% | 0.2% | 0.4% | 0.1% |
| HKWC | 0.2% | 0.3% | 0.0% | 0.0% | 0.0% |
| KCC | 4.5% | 1.0% | 0.4% | 0.2% | 0.2% |
| KEC | 1.8% | 0.5% | 0.1% | 0.0% | 0.0% |
| KWC | 1.5% | 1.2% | 0.4% | 0.2% | 0.3% |
| NTEC | 0.1% | 0.2% | 0.1% | 0.0% | 0.1% |
| NTWC | 0.6% | 1.3% | 0.6% | 0.5% | 0.4% |
| Extended-spectrum beta-lactamase (ESBL)-  producing Enterobacteriaceae | HKEC | 22.9% | 22.4% | 21.8% | 21.1% | 21.2% |
| HKWC | 26.6% | 26.8% | 25.6% | 23.2% | 22.9% |
| KCC | 25.3% | 24.8% | 25.0% | 25.3% | 22.9% |
| KEC | 21.0% | 21.5% | 21.9% | 20.6% | 21.2% |
| KWC | 23.3% | 22.1% | 22.2% | 22.0% | 22.2% |
| NTEC | 23.3% | 22.1% | 23.2% | 23.0% | 21.8% |
| NTWC | 25.5% | 24.3% | 23.6% | 21.9% | 21.3% |
| Multidrug-resistant Acinetobacter species (MDRA) | HKEC | 4.7% | 26.1% | 20.9% | 18.5% | 11.2% |
| HKWC | 18.9% | 15.3% | 18.5% | 11.8% | 3.1% |
| KCC | 27.1% | 23.1% | 13.9% | 2.2% | 4.4% |
| KEC | 15.0% | 23.9% | 11.3% | 8.6% | 3.3% |
| KWC | 13.8% | 29.5% | 19.3% | 13.7% | 15.9% |
| NTEC | 31.1% | 32.2% | 14.5% | 11.4% | 7.3% |
| NTWC | 15.7% | 18.5% | 10.5% | 10.7% | 7.6% |
| Methicillin-resistant Staphylococcus aureus (MRSA) | HKEC | 49.2% | 49.7% | 50.2% | 48.3% | 50.1% |
| HKWC | 38.7% | 35.5% | 40.4% | 34.0% | 35.0% |
| KCC | 52.1% | 52.4% | 49.3% | 47.2% | 45.3% |
| KEC | 44.0% | 43.4% | 41.3% | 40.5% | 38.7% |
| KWC | 50.7% | 49.8% | 50.3% | 49.5% | 50.4% |
| NTEC | 42.1% | 39.0% | 39.7% | 36.7% | 38.2% |
| NTWC | 44.2% | 46.3% | 49.7% | 44.4% | 42.2% |

Abbreviations:

HKEC―Hong Kong East Cluster

HKWC―Hong Kong West Cluster

KCC―Kowloon Central Cluster

KEC―Kowloon East Cluster

KWC―Kowloon West Cluster

NTEC―New Territories East Cluster

NTWC―New Territories West Cluster

Notes:

- Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services/manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-2017 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

- HA organizes clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence, information by cluster provides a better picture than that by hospital on the situation of MDROs.

Annex 2

Numbers of suspected cases of severe infectious diseases

referred to public hospitals

| *2014* | *2015* | *2016* | *2017* | *2018*  *(January to March)* |
| --- | --- | --- | --- | --- |
| 30 | 80 | 31 | 20 | 4 |

Annex 3

Statistics on 50 statutory notifiable infectious diseases

under the Prevention and Control of Disease Ordinance (Cap. 599)

shared with the Mainland and Macao authorities

| *Disease* | | *2013* | *2014* | *2015* | *2016* | *2017* |
| --- | --- | --- | --- | --- | --- | --- |
| Acute poliomyelitis | | 0 | 0 | 0 | 0 | 0 |
| Amoebic dysentery | | 4 | 11 | 5 | 3 | 10 |
| Anthrax | | 0 | 0 | 0 | 0 | 0 |
| Bacillary dysentery | | 66 | 51 | 44 | 39 | 37 |
| Botulism(1) | | 0 | 0 | 0 | 13 | 3 |
| Chickenpox | | 10 926 | 7 800 | 8 746 | 8 879 | 9 351 |
| Chikungunya fever | | 5 | 2 | 1 | 8 | 1 |
| Cholera | | 2 | 1 | 1 | 3 | 0 |
| Community-associated methicillin-resistant Staphylococcus aureus infection | | 990 | 998 | 1 047 | 1 168 | 1 258 |
| Creutzfeldt-Jakob disease | | 5 | 8 | 9 | 9 | 10 |
| Dengue fever | | 103 | 112 | 114 | 124 | 102 |
| Diphtheria | | 0 | 0 | 0 | 0 | 0 |
| Enterovirus 71 infection | | 12 | 68 | 56 | 38 | 49 |
| Food poisoning | Outbreaks | 316 | 214 | 254 | 213 | 214 |
| Persons affected | 1 176 | 1 134 | 1 076 | 1 084 | 874 |
| Haemophilus influenzae type b infection (invasive) | | 3 | 6 | 0 | 1 | 2 |
| Hantavirus infection | | 0 | 0 | 0 | 0 | 2 |
| Invasive pneumococcal disease(2) | | - | - | 162 | 189 | 186 |
| Japanese encephalitis | | 6 | 5 | 2 | 2 | 5 |
| Legionnaires' disease | | 28 | 41 | 66 | 75 | 72 |
| Leprosy | | 5 | 9 | 3 | 3 | 3 |
| Leptospirosis | | 2 | 1 | 3 | 7 | 5 |
| Listeriosis | | 26 | 22 | 22 | 17 | 14 |
| Malaria | | 20 | 23 | 22 | 24 | 30 |
| Measles | | 38 | 50 | 18 | 9 | 4 |
| Meningococcal infection (invasive) | | 3 | 5 | 5 | 6 | 5 |
| Middle East Respiratory Syndrome(3) | | 0 | 0 | 0 | 0 | 0 |
| Mumps | | 127 | 111 | 118 | 110 | 98 |
| Novel influenza A infection(4) | | 3 | 9 | 2 | 5 | 3 |
| Paratyphoid fever | | 23 | 26 | 11 | 15 | 8 |
| Plague | | 0 | 0 | 0 | 0 | 0 |
| Psittacosis(5) | | 2 | 6 | 2 | 8 | 9 |
| Q fever | | 1 | 0 | 2 | 2 | 0 |
| Rabies | | 0 | 1 | 0 | 0 | 0 |
| Relapsing fever | | 0 | 0 | 0 | 0 | 0 |
| Rubella and congenital rubella syndrome | | 25 | 14 | 12 | 3 | 0 |
| Scarlet fever | | 1 100 | 1 238 | 1 210 | 1 466 | 2 354 |
| Severe Acute Respiratory Syndrome | | 0 | 0 | 0 | 0 | 0 |
| Shiga toxin-producing Escherichia coli infection | | 2 | 2 | 0 | 6 | 2 |
| Smallpox | | 0 | 0 | 0 | 0 | 0 |
| Streptococcus suis infection | | 8 | 12 | 9 | 5 | 7 |
| Tetanus | | 0 | 0 | 1 | 0 | 1 |
| Tuberculosis | | 4 664 | 4 705 | 4 418 | 4 346 | 4 306 |
| Typhoid fever | | 33 | 27 | 31 | 14 | 21 |
| Typhus and other rickettsial diseases | | 57 | 45 | 45 | 53 | 46 |
| Viral haemorrhagic fever | | 0 | 0 | 0 | 0 | 0 |
| Viral hepatitis | | 184 | 192 | 265 | 270 | 233 |
| West Nile Virus Infection | | 0 | 0 | 0 | 0 | 0 |
| Whooping cough | | 20 | 30 | 50 | 31 | 69 |
| Yellow fever | | 0 | 0 | 0 | 0 | 0 |
| Zika Virus Infection(6) | | - | - | - | 2 | 1 |
| Total | | 18 809 | 15 845 | 16 756 | 17 166 | 18 521 |

Notes:

(1) A revised case definition of "Botulism" has been adopted since May 2016.

(2) "Invasive pneumococcal disease" has been listed as a notifiable infectious disease since 9 January 2015.

(3) "Severe Respiratory Disease associated with Novel Coronavirus" has been renamed as "Middle East Respiratory Syndrome" since 14 June 2013.

(4) "Novel influenza A infection" has been listed as a notifiable infectious disease since 21 February 2014, which has replaced "Influenza A (H2), Variant Influenza A (H3N2), Influenza A (H5), Influenza A (H7), Influenza A (H9)".

(5) One additional probable case of "Psittacosis" was notified in January 2013.

(6) "Zika Virus Infection" has been listed as a notifiable infectious disease since 5 February 2016.

Remarks:

- Persons affected in Food poisoning cases were excluded in the monthly total and grand total.

- The figures in the most recent months are provisional and would be revised based on updated information.

**Policy Holders' Protection Scheme**

18. **MR JIMMY NG** (in Chinese): *President, the Government is currently drafting a legislative proposal for establishing a Policy Holders' Protection Scheme ("PPS"), which aims to protect policy holders' interest by compensating policy holders or securing the continuity of insurance contracts in case an insurer becomes insolvent. In this connection, will the Government inform this Council:*

*(1) whether it will put in place measures to reduce the moral hazards (e.g. insurers successively launching insurance products with high expected returns but high risks while members of the public being willing to take out such products as they ignore the related risks and focus on returns only) which may potentially arise from PPS; if so, of the details; if not, the reasons for that;*

*(2) given that under the relevant protection scheme implemented by the Singapore authorities, claims for non-life policies are completely covered without an upper limit, whether such an arrangement will be adopted for PPS; if so, of the details; if not, the reasons for that;*

*(3) given that under the relevant protection scheme implemented by the Singapore authorities, a post-funding arrangement has been put in place to empower the authorities to charge a levy from insurers in the event that the total amount of funds is insufficient to settle all claims, whether such an arrangement will be adopted for PPS; if so, of the details; if not, the reasons for that; and*

*(4) whether PPS will cover policies under the Voluntary Health Insurance Scheme, which will be implemented shortly; if so, of the details?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Chinese): President, our response to the various parts of the question is as follows.

(1) In the Consultation Paper on the "Proposed Establishment of a Policyholders' Protection Fund", the Government has already pointed out that one of the principles in formulating the proposals on the Protection Fund is to enhance market stability while minimizing the risk of moral hazard. In this regard, we have proposed to set a compensation limit under the Policy Holders' Protection Scheme ("PPS"), i.e. the compensation is 100% for the first HKD100,000, plus 80% of the balance, and the total amount is subject to a limit of HKD1 million. As consumers have to bear certain degree of risk of not being compensated in full, they still need to select the suitable insurers and insurance products. On the other hand, the Insurance Authority will continue to exercise prudential monitoring of insurers' financial position, and will not compromise the regulatory standards and requirements on insurers under the Insurance Ordinance (Cap. 41) because of PPS.

(2) PPS seeks to provide a safety net for affected policy holders in case of insurer's insolvency. To strike a reasonable balance between the cost and benefit of PPS and to minimize moral hazard as far as practicable, we consider that there should be a compensation limit for PPS.

(3) We propose that in case an insurer becomes insolvent and the liquidity of the Fund is insufficient to settle the total amount of claims provided by PPS, PPS may borrow from a third party, or collect additional levy from insurers. We propose that the rate of additional levy should require the approval of the Legislative Council.

(4) As policies under the Voluntary Health Insurance Scheme are all personal policies, policy holders under that scheme will be protected by PPS. When an insurer becomes insolvent, PPS will meet the claims arising from policies subject to a limit of HKD1 million per claim, whether the insured incident occurs before or after the insolvency, and whether the claim is submitted before or after the insolvency, subject to the time limit specified in the insurance policy (if any).

**Opening of bank accounts by enterprises**

19. **MR KENNETH LEUNG** (in Chinese): *President, to address the problem that quite a number of enterprises have encountered difficulties in opening and maintaining bank accounts, the Hong Kong Monetary Authority ("HKMA") issued in September 2016 a circular entitled "De-risking and Financial Inclusion" to authorized institutions, emphasizing that the customer due diligence ("CDD") measures adopted by banks should be proportionate to the risk level, and that they were not required to implement overly stringent CDD processes. In addition, HKMA issued a circular entitled "Guideline on Anti-Money Laundering and Counter-Terrorist Financing―Address Verification Requirements" in October 2017 to inform banks that the address verification requirements set out in the "Guideline on Anti-Money Laundering and Counter-Terrorist Financing (for Authorized Institutions)" would be formally removed, and thereafter banks would only be required to collect the address information of the customers. In this connection, will the Government inform this Council:*

*(1) whether HKMA knows, since the issue of the aforesaid first circular, the respective numbers of bank account opening ("account opening") applications from new enterprises received, approved and rejected by banks each month, and the average time taken for the vetting and approval of the applications; in respect of such applications, (i) how the success rate and the time for the vetting and approval of them compare with those before the issue of the circular, and (ii) the relevant figures of those in which the applicants were overseas enterprises;*

*(2) of the number of complaints, received by HKMA since the issue of the aforesaid first circular, about banks rejecting account opening applications from new enterprises; whether HKMA has compiled statistics on the types of enterprises mainly involved in such applications and the reasons for the rejection; and*

*(3) whether HKMA has assessed the effectiveness of the aforesaid second circular in solving the problem of new enterprises experiencing difficulties in opening accounts; if so, of the outcome; if not, whether HKMA will conduct such an assessment?*

**SECRETARY FOR FINANCIAL SERVICES AND THE TREASURY** (in Chinese): President, in the past few years, the strengthening of international efforts in combating money laundering and terrorist financing has in general led the banking industry to enhance their relevant controls, including adopting a more comprehensive customer due diligence ("CDD") process for new and existing customers.

The Hong Kong Monetary Authority ("HKMA") has been reminding the banking industry that in implementing controls, they should also take care that the access of banking services by legitimate businesses and ordinary citizens should not be impeded. HKMA has issued guidance to banks over the past two years, reiterating that banks should adopt a risk-based approach in conducting the CDD process. Specifically, banks should apply CDD measures that are commensurate with the different background, circumstances and risk levels of customers. Banks should also maintain proper communication with customers and ensure that the account opening process is transparent, reasonable and efficient, and that customers are treated fairly during the process.

In response to the HKMA's guidance, banks have taken measures to improve the account opening process. Apart from the earlier establishment of a review mechanism to re-examine unsuccessful applications and the provision of interim updates about the progress of applications, to provide greater convenience for customers all retail banks now offer a "pre-vetting" service, whereby applicants are allowed to submit account opening documents via email, fax or mail for initial pre-screening or pre-assessment by banks before attending face-to-face meetings. Some banks have also set up dedicated hotlines and dedicated branches where matters relating to account opening are handled by frontline staff with relevant training. HKMA requires banks to enhance staff training in the aspects of professional knowledge and customer communication, so as to ensure the proper handling of customer enquiries and complaints.

The following are our specific responses to the questions.

(1) HKMA has been monitoring the account opening situation. The retail banking sector opens on average about 10 000 new business accounts each month, of which some 60% to 70% belong to SMEs and start-up companies, including 2 000 new accounts opened by overseas start-up and SMEs. Of the successful cases, 90% completed the relevant account opening procedures within one month, some 50% to 60% within two weeks, and some as quickly as within a few days. The average unsuccessful rate of account opening applications is below 5%, a substantive improvement from around 10% in early 2016.

(2) In the 20 months running from the issuance of the "De-risking and Financial Inclusion" circular in September 2016 to the end of April this year, HKMA received a total of 40 complaint cases concerning banks' refusal of account opening applications from corporates, mainly involving those engaged in trading business or financial services. In 11 of these cases, accounts were subsequently opened following reviews by banks. For most of the remaining cases, applications were rejected because applicants were not able to provide the information or documentary proof required by banks.

(3) With reference to international experience, HKMA issued a circular in October 2017 to remind banks that in ordinary circumstances the opening of savings or current accounts requires only the collection of customers' address information but not its verification as well. Following the issuance of the circular, some banks have implemented the recommendation, while some others are updating their systems to prepare for implementation in the year.

**Vetting and approval of applications for the various funding schemes under the Innovation and Technology Commission**

20. **MR CHARLES PETER MOK** (in Chinese): *President, the Innovation and Technology Commission ("ITC") has set up assessment panels for the vetting and approval of the relevant funding applications made to the various funding schemes under ITC. Some members of the technology sector have criticized that due to the complicated procedure, the outdated criteria and the excessively long time taken (e.g. more than a year in some cases) for the vetting and approval of such applications, enterprises are unable to benefit from such schemes at an opportune time. In this connection, will the Government inform this Council:*

*(1) of the respective average numbers of working days taken in the past three years (i) from the Secretariat of the Enterprise Support Scheme receiving an application to the applicant being invited to make a presentation, and (ii) from the assessment panel's decision to support an application to the signing of the funding agreement between the authorities and the company concerned;*

*(2) whether it has set a target time in respect of the following: the secretariat of a funding scheme's (i) responding to an applicant's enquiry upon receipt, and (ii) informing an applicant of the progress for the vetting and approval of the application concerned upon receipt of supplementary information from the applicant;*

*(3) as some applicants have relayed that they have difficulties in making long-term planning for their companies' operations during the time when they are awaiting the outcome of their applications, and this affects small and medium enterprises and start-up enterprises more seriously, whether the authorities will enhance the communication with such enterprises so that such enterprises can anticipate the time when the outcome of their applications will be known;*

*(4) given that some persons-in-charge of funded companies have relayed that as quite a number of innovative technology products and services are only offered by a single provider, they are unable to submit at least two quotations for the goods and services to be procured in accordance with the requirements under the funding schemes, of the measures that the authorities have put in place to deal with such situation;*

*(5) of the academic background of ITC's staff who are responsible for the preliminary screening of the projects under application, and whether such staff have grasped the relevant knowledge about the latest research and development ("R&D") and application products or services; the respective percentages of the members in each assessment panel who are from the academia, technology sector, private equity and capital market, etc. and the quorum of each assessment panel; whether the authorities will adjust the composition of the various assessment panels from time to time in response to the ever-evolving technological advancement to ensure that the members have an understanding of the latest R&D and application products or services so that the relevant applications can be considered fairly; and*

*(6) whether the authorities will inform the applicants of the reasons for their applications being rejected; if not, whether such an arrangement will be made; whether the authorities have put in place an appeal mechanism under which members of the assessment panel other than those who were involved in the original vetting and approval of the application concerned will be responsible for reviewing the appeal lodged by the applicant?*

**SECRETARY FOR INNOVATION AND TECHNOLOGY** (in Chinese): President, our reply to the various parts of the question is as follows:

(1) to (3)

The Enterprise Support Scheme ("ESS") was launched in April 2015 to encourage, through providing funding support, the private sector to invest in research and development. Generally speaking, upon receipt of an application, the ESS Secretariat ("the Secretariat") will examine the content of the project proposal as well as the completeness of information and supporting documents submitted by the applicant enterprise. The Secretariat will contact the applicant enterprise within three weeks to follow up with the latter's application. The Secretariat will then invite the applicant enterprise to attend an ESS assessment panel ("the panel") meeting if deemed necessary. The applicant enterprise will normally be notified two to three weeks before the meeting. Overall, after the submission of an application, an applicant enterprise would be notified of the assessment result in around two months in the fastest case.

On receipt of the panel's support and comments, the applicant enterprise is required to revise the content of the proposal to address the panel's comments and submit supplementary information along with the supporting documents before signing the fund agreement. As at end May 2018, fund agreements on 45 approved projects have been signed. In the fastest case, it took 33 working days from the receipt of the panel's support to the signing of the fund agreement. The average time taken was 105 working days―of which 87 working days were used by the applicant enterprises to prepare the necessary information and supporting documents. As the processing time for an application mainly depends on the speed of the applicant enterprise in providing the required documents, we therefore have not set a target completion time.

Throughout the entire application process, the Secretariat liaises closely with the applicant enterprises to ensure that the application is handled in a timely manner. The Innovation and Technology Commission ("ITC") has been monitoring the ESS implementation with reviews conducted from time to time for enhancing performance. In the past year, a number of enhancement measures, including updating the application form and the Guide to Filling in the Application Form, etc., were introduced.

(4) To ensure proper use of public funds, when procuring goods and services, the recipient enterprise must comply with the procurement procedures established in accordance with the guidelines of the Independent Commission Against Corruption in the Guide to Filling in the Application Form. When the recipient enterprise has to procure goods or services from one single specific company/organization/individual due to various circumstances, it has to provide details and sufficient justifications (including its relationship with the company/organization/individual) for not following the prevailing procurement procedures. ITC will consider whether to grant approval taking into account the merits of each individual case.

(5) Upon receipt of an application, ITC's technology professionals will conduct a preliminary assessment of the technology component of the application which will then be presented to the panel for consideration. Depending on the project content, the number of panel members participating in the assessment generally varies from four to nine. There are currently over 110 panel members in the panel. The ratio of members from the innovation and technology ("I&T") industry (including the private equity and capital market) to members from the academia is approximately 2:1. The tenure of the members is normally two years. Upon expiry of the tenure, ITC will adjust the composition of the panel having regard to the latest I&T development.

(6) If an application is not supported by the panel, the Secretariat will notify the applicant enterprise of the reasons in writing. While there is no appeal mechanism under ESS, an applicant enterprise may revise the application having regard to the panel's comments and re-submit the application. There were precedents where re-submitted proposals were supported by the panel.

**Safety of lifts in old buildings**

21. **MR PAUL TSE** (in Chinese): *President, a number of accidents resulting in casualties caused by failures of lifts in old buildings have occurred one after another in recent years. Widely known cases include: in February this year, a lift mechanic was crushed to death by a lift at On Yam Estate, Kwai Chung; on the 8th of last month, a lift in Waterside Plaza, Tsuen Wan, ascended at a high speed and then smashed the top of the lift shaft, causing injury to a couple; and on the 11th of this month, a woman died after getting her leg trapped by the closing doors of a lift and then falling to the bottom of the shaft in Sheung Shui Town Centre, Sheung Shui. Quite a number of members of the public are extremely concerned about the proper repair and maintenance of the lifts in their residences. In this connection, will the Government inform this Council:*

*(1) whether it has compiled statistics on the total number of lifts in buildings which are more than 30 years old; among them, of the number of lifts situated in Kwun Tong and Wong Tai Sin Districts;*

*(2) of the policies in place to monitor the repair and maintenance of lifts in old buildings; whether it has stepped up monitoring efforts in response to the frequent occurrence of lift accidents in old buildings in recent years;*

*(3) of the respective brands and models of lifts, as far as the authorities know, among the many lifts in old buildings, (i) the supply of parts for which from the original manufacturers is no longer available and (ii) the manufacturers of which no longer provide the relevant lift repair and maintenance services in Hong Kong;*

*(4) of the current manpower in the Electrical and Mechanical Services Department ("EMSD") responsible for the work of monitoring lift safety; among which, the manpower responsible for Kwun Tong and Wong Tai Sin Districts;*

*(5) whether it will consider implementing the proposal from a member of the Kwun Tong District Council (To Tai constituency) that a fund be set up by the Government to subsidize owners of buildings which are more than 30 years old for carrying out inspection, repair and replacement of old-model lifts therein, so as to safeguard public safety; if so, of the details; if not, the reasons for that;*

*(6) whether it will establish a contingency mechanism for lifts which are more than 30 years old so that when an emergency lift incident or accident has occurred, or when members of the public have noticed any anomalies or signs of danger on lifts, the contingency mechanism may be activated immediately to cope with the situation;*

*(7) as it has been reported that the Registered Lift Contractors' Performance Rating Scheme established by EMSD is virtually non-existent as quite a number of contractors with no safety star or quality star may still undertake works, whether the authorities have reviewed the loopholes in the existing mechanism; if so, of the details; if not, whether a review will be conducted immediately; and*

*(8) of the respective numbers of registered lift contractors (i) whose performance was rated as substandard, (ii) who were issued warning letters, and (iii) who were fined or had their registration revoked due to contravention of regulation, in the past three years?*

**SECRETARY FOR DEVELOPMENT** (in Chinese): President, the operation of lifts in Hong Kong is regulated by the Lifts and Escalators Ordinance (Cap. 618) ("the Ordinance"), which was put into operation on 17 December 2012, to replace the repealed Lifts and Escalators (Safety) Ordinance (Cap. 327). The Ordinance introduces a series of new and enhanced regulatory measures including stipulating clearly the responsibilities of the Responsible Person (i.e. owner of the lift/escalator and any person who has the management or control of the lift/escalator), the Registered Contractor, the Registered Engineer and the Registered Worker. Since the Ordinance has come into operation, the average annual number of incidents[[3]](#footnote-4)(1) involving failure of lift and escalator equipment has been remarkably reduced as compared with that before the Ordinance was put in effect, with a reduction of 72% from an average of 28 cases per year in 2010 to 2012 to an average of 7.8 cases per year in 2013 to 2017. The Electrical and Mechanical Services Department ("EMSD") will continue to strictly enforce the Ordinance and is committed to introducing various measures to enhance the safety of aged lifts, so as to ensure that the public can enjoy safe lift services.

Our reply to the question raised by Mr TSE is as follows:

(1) As of the end of 2017, there were about 66 200 lifts in Hong Kong, of which about 20 430 were more than 30 years old. There were about 1 570 and 450 of lifts of more than 30 years old in Kwun Tong and Wong Tai Sin Districts respectively.

(2) and (5)

The Ordinance stipulates the Responsible Person for a lift must ensure that the lift and all its associated equipment or machinery are kept in a proper state of repair and in safe working order. The Responsible Person shall engage a Registered Contractor to undertake the maintenance works of the lift and ensure that periodic maintenance is carried out in respect of the lift at intervals not exceeding one month. The Responsible Person shall also ensure the lift to be thoroughly examined by a Registered Engineer at intervals not exceeding 12 months. EMSD adopts a risk-based approach and strengthens surveillance checks of those lifts with higher risk factors, such as with longer in-service years and frequent complaints/failures, so as to monitor the maintenance works and check for contraventions of the Ordinance.

In general, lifts are safe to use with proper periodic examination and maintenance. Owing to rapid technological advancement in recent years, modern lifts are equipped with more comprehensive safety devices than the aged ones. Therefore, aged lifts have room for improvement and enhancement. In view of this, EMSD promulgated in 2011 "the Guidelines for Modernising Existing Lifts", which aims at recommending that the Responsible Persons install safety devices (including the unintended car movement protection device) for their aged lifts to make the lifts safer, more reliable and comfortable.

As of the end of 2017, there were about 66 200 lifts in Hong Kong, of which about 80% were not equipped with safety devices of the latest standard. Owing to the fact that the lift modernization is carried out on a voluntary basis, modernization works of different level have been carried out to about 5 200 lifts since 2011. The progress is not remarkable.

In view of the above, the Development Bureau and EMSD are actively formulating new measures[[4]](#footnote-5)(2) in short term, medium term and medium to long term to enhance the safety of aged lifts, thereby further protecting public safety.

(3) In general, lift manufacturers will design and manufacture their products in accordance with relevant international guidelines or standards. Many parts can be compatible with those produced by other manufacturers. Some manufacturers may even adopt parts produced by other manufacturers in manufacturing their products. Therefore, discontinuation of production of certain manufacturers or of certain models does not imply that the relevant parts and components cannot be purchased from the market.

However, with time we believe it will become more and more difficult to acquire compatible parts after cessation of production. As a result, it is probable that the time required for maintenance and repair will be affected and the usage rate of lifts reduced. Eventually, it may be impossible to purchase compatible parts in the market.

Therefore, the Responsible Person for a lift should find out from his Registered Contractor the actual situation and decide whether his lift should be replaced or modernized. EMSD does not have the information regarding the brands and models of lifts of which the genuine parts are no longer supplied by the respective manufacturers or the respective manufacturers no longer provide maintenance services in Hong Kong.

(4) At present, there is a dedicated team comprising 43 staff members in EMSD responsible for carrying out various regulating work on lift and escalator safety in Hong Kong. The department will deploy its manpower flexibly to carry out the regulatory work according to actual needs, and hence no dedicated manpower is assigned to be responsible for individual districts.

(6) Lifts in Hong Kong are equipped with different safety components and devices to ensure passenger safety. With proper periodic maintenance and examination, normal operation of lifts can be safeguarded. Notwithstanding this, if passengers notice any abnormalities of the lift, such as movement of the lift car before complete closure of the lift door, they should immediately notify the lift's Responsible Person (including the building management office, the owners' corporation and the owners' committee) to follow up. The Responsible Person should suspend the operation of the lift before ascertaining its safety, and should also contact the Registered Contractor for inspection and follow-up as soon as possible. The Registered Contractor has the responsibility to follow up the fault call received in a serious manner to ensure safe operation of the lift.

Upon receiving a notification of the occurrence of a lift incident[[5]](#footnote-6)(3), EMSD will arrange duty officers to arrive at the scene as soon as possible for an investigation. If the incident is found involving contravention of the Ordinance, EMSD will strictly enforce the law.

(7) and (8)

During the daily surveillance checks and incident investigations, if EMSD discovers that a contractor has performed unsatisfactorily or even contravened the Ordinance, EMSD will take appropriate action according to the seriousness of the case. For serious cases, prosecution will be taken in accordance with the Ordinance and/or the cases will be submitted to the Disciplinary Board Panel for hearing. The contractor may be subject to cancellation or suspension of registration eventually. As the relevant procedures will take time, EMSD has introduced the "Registered Lift and Escalator Contractors' Performance Rating System", as an administrative measure other than enforcement under the Ordinance. This will enable EMSD to deduct the score of a contractor immediately according to the seriousness of the incident. The scores will be uploaded to EMSD's website so that the public can know the performance of each contractor in a timely manner, thus enabling them to choose a suitable contractor to provide maintenance services for their lifts. EMSD will also make remarks in the said website promptly when a contractor is involved in a serious incident under investigation, so that the public can make a holistic assessment when choosing their lift contractors.

The "Registered Lift and Escalator Contractors' Performance Rating System" uses a "Star Rating" system to present the safety and services quality performance of contractors in carrying out lift/escalator works. There is no "pass" or "fail" under the system. If a contractor does not have the "Safety Star", it means that in the preceding 12 months' inspections by EMSD, the contractor has had its score on safety items deducted, received warning letters from EMSD and was under the department's further investigation. As mentioned above, EMSD will examine the safety issues in each case in accordance with the established criteria and procedures to decide on appropriate enforcement actions, including the need for cancellation or suspension of registration. Unless the registration of the contractor has been cancelled or suspended, they can still provide lift maintenance services, including those under the ongoing services contracts.

From 2015 to 2017, a total of 17 Registered Contractors were issued with warning letters. In addition, since 2015, there have been four Registered Contractors convicted and fined by the court for contravention of the Ordinance, while there has been one Registered Contractor each ruled and fined by the Disciplinary Board Panel as a result of having committed a disciplinary offence under the "Lifts and Escalators (General) Regulation" and the "Code of Practice for Lift Works and Escalator Works" respectively. In the past three years, no Registered Contractor had been cancelled of registration.

EMSD will continue to listen to the views of various stakeholders on the "Registered Lift and Escalator Contractors' Performance Rating System" and will timely review and improve the system.

**Prohibiting the trade of products containing ingredients from bear gall bladders**

22. **DR ELIZABETH QUAT** (in Chinese): *President, at present, the import and export of Chinese herbal medicines, proprietary Chinese medicines and related products containing ingredients from bear gall bladders are regulated under the Protection of Endangered Species of Animals and Plants Ordinance (Cap. 586). Given that the practice of extracting bile from live bears is extremely cruel and inhumane, a number of international organizations which are concerned about animal welfare have in recent years actively called upon various countries to step up the regulation of the trade of products containing ingredients from bear gall bladders. In this connection, will the Government inform this Council:*

*(1) of the quantity of products containing ingredients from bear gall bladders which were legally imported into Hong Kong in each of the past five years (with a breakdown by place of origin); whether it knows, among such products, the respective quantities of those sold in Hong Kong and transshipped to the Mainland and to other places;*

*(2) given that the international activities of illegal hunting and killing of wild bears have all along remained rampant owing to the huge profits that may be generated by the sale of products containing ingredients from bear gall bladders, coupled with the report that the Huanggang customs and excise authorities on the Mainland have earlier on seized at the Huanggang Port 13 bear gall bladders with a total weight of 297.71 grams from a private car travelling to the Mainland, whether the authorities will step up the law enforcement efforts in Hong Kong and raise the relevant penalty level to combat the illegal import and export of products containing ingredients from bear gall bladders;*

*(3) whether the authorities will enact legislation expeditiously to impose a total ban on (i) the import and export of products containing ingredients from bear gall bladders and (ii) any form of trading in bear gall bladders; if so, of the details and the timetable; if not, the reasons for that; and*

*(4) as some Chinese medicine experts have pointed out that some clinical researches have proved that certain Chinese herbal medicines have the same efficacy as bear gall bladders, whether the authorities will step up their efforts in public education to avoid using bear gall bladders in medicine by members of the public; if so, of the details; if not, the reasons for that?*

**SECRETARY FOR FOOD AND HEALTH** (in Chinese): President, in consultation with the Department of Health and the Agriculture, Fisheries and Conservation Department ("AFCD"), a consolidated reply to the four parts of the question is as follows:

(1) The Hong Kong Special Administrative Region Government is committed to the protection of endangered species and implements the Protection of Endangered Species of Animals and Plants Ordinance ("the Ordinance") (Cap. 586) to fulfil the Convention on International Trade in Endangered Species of Wild Fauna and Flora ("CITES") requirements in regulating the trade in CITES-listed species. Currently, all bear species of the family Ursidae are listed in Appendix I or Appendix II of CITES and are regulated by the Ordinance. According to the Ordinance, commercial trade in Appendix I species of wild origin is prohibited. Import of Appendix II species, including traditional Chinese medicinal materials, proprietary Chinese medicines ("pCms") and products, must first obtain a valid CITES export permit issued by the CITES management authority of the exporting place, and be inspected by authorized officer upon arrival in Hong Kong. In the past five years, the majority of bear bile or pCm/products containing bear bile imported into Hong Kong were originated from Russian brown bears, which is listed in CITES Appendix II. The bear bile and products re-exported from Hong Kong was shipped to Japan. As local possession of non-living Appendix II species for commercial purposes is exempted from the requirement of obtaining a Licence to Possess, we do not have information on the quantity of bear bile and its products that sold locally. The records of import and re-export of bear bile and its products over the past five years are tabulated below:

Import records:

|  | *2013* | *2014* | *2015* | *2016* | *2017* |
| --- | --- | --- | --- | --- | --- |
| Species | Brown Bear (App. II) | Brown Bear (App. II) | Brown Bear (App. II) | Brown bear, American black bear (App. II) | Brown Bear (App. II) |
| Product (Quantity) | Medicine (0.75 kg) | Medicine (22.27 kg)  Bear bile (15.23 kg) | Medicine (9.46 kg)  Bear bile (7.75 kg) | Medicine (15.62 kg+ 72 750 bottles) Bear bile (11.50 kg) | Medicine (6.31 kg+ 117 450 pcs)  Bear bile (9.59 kg) |
| Exporting place | Japan | Japan, Russia | Japan, Russia | Japan, Russia | Japan, Russia |
| Place of Origin | Russia | Russia | Russia | Russia,  Canada | Russia |

Re-export records:

|  | *2013* | *2014* | *2015* | *2016* | *2017* |
| --- | --- | --- | --- | --- | --- |
| Species | Brown Bear (App. II) | - | - | Brown Bear (App. II) | Brown Bear (App. II) |
| Product (Quantity) | Bear bile powder (11.06 kg) | - | - | Bear bile powder (4.75 kg) | Bear bile powder (4.80 kg) |
| Destination | Japan | - | - | Japan | Japan |
| Place of origin | Russia | - | - | Russia | Russia |

(2) to (3)

AFCD has been working closely with the Hong Kong Customs and Excise Department to combat the illegal import and export of endangered species and curb the smuggling of products containing or claiming to contain bear bile components. In order to provide a sufficiently strong deterrent against illicit wildlife trade, and to send a clear signal to the international and local communities that the Government is committed to the protection of endangered species and to combating endangered species smuggling, the penalties for offences under the Ordinance have been amended in early 2018 and the maximum penalty has been significantly increased to a fine of $10 million and an imprisonment for 10 years. The objective of CITES is to strengthen trade controls through adoption of effective measures among governments of the contracting parties, so as to effectively protect the endangered species of wild fauna and flora and ensure that the sustainable use of wild fauna and flora will not be affected by international trade. CITES does not impose regulation on the methods of collecting specimens of endangered species. We will continue to pay attention to the international developments for whether we should enact legislation to ban the import of bear bile products and any form of bear bile sales and trading.

(4) It is generally considered in the Chinese medicine field that bear gall bladders have significant efficacy in the treatment of critical, acute, serious and rare or complex illnesses, playing an important role in Chinese medicine clinical treatment. The clinical effects of bear gall bladders in the treatment mentioned above cannot be substituted by other herbal medicines, and no artificially synthesized substitutes are available at the moment. The Chinese Medicines Board ("CMB") under the Chinese Medicine Council of Hong Kong[[6]](#footnote-7)(1) has discussed the use of bear gall bladders in pCms. Having considered the uniqueness of the medicinal properties, functions and usage of bear gall bladders and the balance between animal rights and utilization of natural resources, CMB currently accepts the use of bear gall bladders as active ingredients of pCms for medical treatment, provided that the products meet the requirements of the Chinese Medicine Ordinance (Cap. 549) ("CMO"), the Ordinance and CITES.

CMB will continue to closely keep in view international developments about the medicinal value and use of bear gall bladders, and continue to require the medicine traders concerned to comply with CMO and other laws in Hong Kong.

**GOVERNMENT MOTION**

**PRESIDENT** (in Cantonese):Government motion. Proposed resolution under Article 73(7) of the Basic Law and section 7A of the Hong Kong Court of Final Appeal Ordinance.

Members who wish to speak on the motion will please press the "Request to speak" button.

I call upon the Chief Secretary for Administration to speak and move the motion.

**Proposed resolution under Article 73(7) of the Basic Law of the Hong Kong Special Administrative Region of the People's Republic of China and section 7A of the Hong Kong Court of Final Appeal Ordinance (Cap. 484)**

**CHIEF SECRETARY FOR ADMINISTRATION** (in Cantonese):President, I move that the motion under my name, as printed in the Agenda, be passed, that this Council endorses the appointments of the Honourable Mr Justice Andrew CHEUNG Kui-nung ("Mr Justice CHEUNG") as a permanent judge, the Honourable Mr Justice Robert TANG Ching ("Mr Justice TANG") as a non-permanent Hong Kong judge ("HKNPJ"), the Right Honourable the Baroness Brenda HALE of Richmond ("Baroness HALE") and the Right Honourable Beverley MCLACHLIN, P.C. ("Ms MCLACHLIN") as non-permanent judges from other common law jurisdictions ("CLNPJs") to the Court of Final Appeal ("CFA").

The CFA is the final appellate court in Hong Kong, hearing both civil and criminal appeals. It consists of the Chief Justice ("CJ") and the permanent judges. Non-permanent judges may be invited to sit and they may come from Hong Kong or other common law jurisdictions. When hearing and determining appeals, the CFA is constituted by five judges, comprising the CJ, three permanent judges, and one HKNPJ or one CLNPJ.

Pursuant to Article 88 of the Basic Law and the Judicial Officers Recommendation Commission Ordinance (Cap. 92), judges of the courts of the Hong Kong Special Administrative Region shall be appointed by the Chief Executive on the recommendation of the Judicial Officers Recommendation Commission ("JORC"). Pursuant to Article 92 of the Basic Law, judges of the Hong Kong Special Administrative Region shall be chosen on the basis of their judicial and professional qualities and may be recruited from other common law jurisdictions. In addition, Article 90 of the Basic Law provides that in the case of the appointment of judges of the CFA, the Chief Executive shall obtain the endorsement of the Legislative Council.

With regard to the current appointment exercise, Mr Justice TANG will retire as a Permanent Judge of the CFA on 25 October 2018. The JORC has recommended to the Chief Executive to appoint Mr Justice CHEUNG, Chief Judge of the High Court to fill the vacancy. Mr Justice CHEUNG was a pre-eminent counsel when he joined the Judiciary in 2001 and was appointed the Chief Judge of the High Court in 2011. He has dealt with many high profile cases in the Court of Appeal particularly in the areas of administrative and constitutional law. He is a judge of high standing and reputation. His judgments have made a profound impact on Hong Kong jurisprudence. His term as a Permanent Judge of the CFA is set to take effect on 25 October 2018.

As for non-permanent judges, at present, there are 15 non-permanent judges, comprising 3 HKNPJs and 12 CLNPJs. Considering the heavy caseload of the CFA and in order to provide more flexibility in judicial deployment, there is a need to increase the number of both HKNPJs and CLNPJs.

The JORC noted that Mr Justice TANG will become eligible for appointment as a HKNPJ upon his retirement as a Permanent Judge of the CFA. Appointed as a Permanent Judge of the CFA in 2012, Mr Justice TANG is a judge of the highest quality and utmost integrity. He is versatile with experience in handling appeals in both civil and criminal matters. He would be a remarkable new member to the list of HKNPJs and would continue, in that new capacity, to make valuable contribution to the CFA. Accordingly, the JORC has recommended to the Chief Executive his appointment as a HKNPJ for a term of three years with effect from 25 October 2018.

At the same time, the JORC has recommended the appointments of Baroness HALE and Ms MCLACHLIN as CLNPJs. Baroness HALE was appointed to take office as President of the Supreme Court of the United Kingdom in September 2017. Ms MCLACHLIN served as the Chief Justice of the Supreme Court of Canada from 7 January 2000 until she retired from the office on 15 December 2017. They are judges of eminent standing and reputation, and would be invaluable additions to the list of CLNPJs. If appointed, Baroness HALE and Ms MCLACHLIN will be the first female judges to the CFA. As the Chief Executive said in announcing the proposed appointments, "their appointment is a historic moment in Hong Kong". Subject to the endorsement of this Council, the appointments of the two CLNPJs shall take effect in July 2018 for a term of three years.

The Chief Executive is pleased to accept the recommendations of the JORC on the appointments of the above mentioned four judges as judges of the CFA.

In accordance with the procedures previously endorsed by the House Committee of Legislative Council, the Government issued papers on 21 March 2018 to inform the House Committee that the Chief Executive had accepted the recommendations of the JORC on the appointments. The curriculum vitae of the four judges were also enclosed in the papers. Representatives from the Government and the Secretary to the JORC attended the meeting of the Subcommittee on Proposed Senior Judicial Appointments on 27 April 2018 and answered Members' questions. I would like to thank Dr Priscilla LEUNG, Chairman of the Subcommittee, and other members of the Subcommittee for their support of the proposed appointments.

President, I invite Members to endorse the appointments. Thank you.

**The Chief Secretary for Administration moved the following motion:**

"RESOLVED that the following appointments be endorsed―

(a) the appointment of the Honourable Mr. Justice Andrew Cheung Kui-nung as a permanent judge of the Hong Kong Court of Final Appeal pursuant to section 7 of the Hong Kong Court of Final Appeal Ordinance (Cap. 484) (*the Ordinance*);

(b) the appointment of the Honourable Mr. Justice Robert Tang Ching as a non-permanent Hong Kong judge of the Hong Kong Court of Final Appeal pursuant to section 8 of the Ordinance;

(c) the appointment of the Right Honourable the Baroness Brenda Hale of Richmond as a judge of the Hong Kong Court of Final Appeal from another common law jurisdiction pursuant to section 9 of the Ordinance; and

(d) the appointment of the Right Honourable Beverley McLachlin as a judge of the Hong Kong Court of Final Appeal from another common law jurisdiction pursuant to section 9 of the Ordinance."

**PRESIDENT** (in Cantonese):I now propose the question to you and that is: That the motion moved by the Chief Secretary for Administration be passed.

**DR PRISCILLA LEUNG** (in Cantonese):President, in my capacity as Chairman of the Subcommittee on Proposed Senior Judicial Appointments ("the Subcommittee"), I will first briefly report the major deliberations of the Subcommittee.

The Subcommittee considered the proposed appointments of the Honourable Mr Justice Andrew CHEUNG Kui-nung as a permanent judge of the Court of Final Appeal ("CFA"), the Honourable Mr Justice Robert TANG Ching as a non-permanent Hong Kong judge of CFA, and the Right Honourable the Baroness Brenda HALE of Richmond ("Baroness HALE") and the Right Honourable Beverley MCLACHLIN, P.C. ("Ms MCLACHLIN") as non-permanent judges from other common law jurisdictions ("CLNPJs") of CFA.

The Subcommittee received 60 submissions expressing concerns over the strong stand of Baroness HALE and Ms MCLACHLIN in supporting the rights of LGBT (lesbian, gay, bisexual and transgender) and same-sex marriage. The submissions also expressed concerns that the two female judges might have a stand in the judgments of these appeal cases if they were to become CLNPJs in Hong Kong, and thereby seriously affect the social values of Hong Kong. In this connection, some members suggested holding a public hearing for the public to express their views. The Subcommittee deliberated whether a public hearing should be held to discuss matters on senior judicial appointments. The Subcommittee holds that the proposed judicial appointments are recommended by the Judicial Officers Recommendation Commission ("JORC") and the recommendations have to be vetted and endorsed by the Legislative Council and appointed by the Chief Executive. The procedure reflects the checks and balances among the executive authorities, the legislature and the judiciary in Hong Kong. Since the Legislative Council has the actual power to vet the proposed appointments, the Subcommittee may allow members to propose the holding of a public hearing if members request so and deal with the request. Holding a public hearing is thus in line with the proper duty of the Legislative Council.

However, some members shared the views of the Administration and the Judiciary, saying that holding a public hearing exclusively for the two judicial appointments might politicize the appointment process and undermine judicial independence and the public's perception of it. Since the proposal could not get the simple majority of the members present, the Subcommittee decided not to hold a public hearing on the matter, but requested the Judiciary to provide a written reply to the deputations and individuals who had tabled a submission.

The Subcommittee discussed how the Judiciary would address public concerns over the above two overseas judges' possible bias in judicial proceedings. Views of members differed. A number of members expressed concern over the stand of the two judges, that is Baroness HALE and Ms‍ MCLACHLIN, in handling past cases involving LGBT. Despite expressing no objection to the appointments, these members opined that the two judges should withdraw from future appeal cases involving LGBT to avoid possible bias on related subjects and create controversies in society.

In this connection, the Judiciary advised that as stipulated in the Guide to Judicial Conduct, there were established common law principles and practices in dealing with actual, presumed or apparent bias in judicial proceedings. CLNPJs were usually invited to sit as the fifth judge in CFA for hearing appeals. In selecting and inviting a CLNPJ to sit, the Chief Justice of CFA and CFA would take all relevant circumstances into account, including the availability of the judges, their particular expertise in certain areas of law and the nature of the cases to be heard, etc. CLNPJs when sitting in CFA were functioning as Hong Kong judges and were dealing with cases according to Hong Kong law.

Some members questioned matters such as the criteria to be adopted by JORC when considering judicial appointments. Another member opined that views or concerns about the judicial appointment mechanism could be brought up at the Panel on Administration of Justice and Legal Services for discussion in the future. Regarding this concern of the Subcommittee, the Judiciary reiterated that in accordance with Article 92 of the Basic Law, judges of the Hong Kong Special Administrative Region should be chosen on the basis of their judicial and professional qualities and might be recruited from other common law jurisdictions. JORC made the recommendations on the appointments in strict accordance with Article 92 of the Basic Law and the professional qualifications stipulated in the Hong Kong Court of Final Appeal Ordinance. JORC considered that the two judges fulfilled the requirements in terms of judicial and professional qualities. Other considerations, including backgrounds or personal views on political, social or economic issues, would not be taken into account.

After considering the proposed appointments, the Subcommittee supported the appointments of the four aforesaid judges. Details of the deliberation are set out in the report submitted to the House Committee.

Here below is my personal views.

President, actually, this is the first time in history that the Subcommittee had such a heated debate on the recommendations. Although the Subcommittee endorsed the recommendations, the appointments were controversial. I note that the controversies are mainly twofold, and we should duly think them over and continue to follow up the subject.

First, of the four recommendations, we actually have no objection to the recommendations of the two Hong Kong judges. The controversies mainly lie in the recommendations on appointing Baroness HALE and Ms MCLACHLIN. Baroness HALE is now the President to the Supreme Court of the United Kingdom; and Ms MCLACHLIN was a Supreme Court judge before she retired in Canada in 2017.

President, first of all, I must point out that it is by no means easy and simple for the two female judges, being a woman, to have attained such a senior post in their country with their professional capacity. That said, when CFA in Hong Kong discusses any judicial appointment, it should consider the appointment from a multiple perspective, particularly in view of the reply of the Judiciary saying that they will not consider any personal views on political, social or economic issues in deciding judicial appointments.

I wish to express a different viewpoint. We are now talking about senior judicial appointments in CFA, and in some cases, these judges can sit in judicial proceedings. If the persons concerned expressed in high profile political views in their countries, such as expressing support to "Hong Kong independence", "Taiwan independence", "self-determination", etc., should we totally disregard these viewpoints? I think this is debatable. Moreover, as a Legislative Council Member, we have the duty to raise this for discussion. I personally do not think we should totally disregard their political viewpoints in our consideration. However, the current controversies do not involve any of these. I hope that future appointments will not involve candidates that have expressed any highly-controversial political views, like those I just mentioned.

For instance, if a judge is a CFA judge and also the President to the Supreme Court of the United Kingdom at the same time, then they are not an ordinary judge. In the event of a conflict of interest between the two places, such as in the "Congo case", a high controversial case at the time in which our country insisted the case involved an act of state and Hong Kong courts did not have jurisdiction, the stand of which country should the judge take? Even if the judge has retired from their post in their own country, whenever a major interest of a state is at stake, they will have to consider the interest of the state where the supreme court they hold office.

Hence, we treasure Article 92 of the Basic Law because we were of the view that Hong Kong lacked judicial officers of particular expertise in certain areas of law at that time. We thus welcome foreign judges with particular expertise to sit in CFA appeal cases. But I hold that CFA must also pay attention when state interests are involved when it invites judges to sit in cases of different natures.

The second concern is the 60 submissions the Subcommittee received. The main concern of the submissions is about the two judges who have advocated the legislation of same-sex marriage in high profile in their own country and have repeatedly and openly expressed their strong support of LGBT's right. Their stand on these matters have aroused concerns and worries in our society. I hold that JORC lacks transparency in making recommendations on judicial appointments. In my opinion, JORC should duly consider mainstream values in society on controversial issues in the future.

As a matter of fact, before the reunification, the Government and the Judiciary at the time highly respected the views of Hong Kong Chinese society in respect our marriage system and culture. I hope that when the two foreign judges handle these subjects in the future, especially controversial subjects of high social concern, they will respect the mainstream values of our society, especially those about our marriage system, and will not impose the values of their countries on our society.

I think these judicial appointments which have caused much concern in society have sounded an alarm for the mechanism on foreign judge appointment. As Legislative Council members, we have the responsibility, as well as the duty, to vet and approve these recommended appointments. There have been no controversy or intense debate over the past appointments. This shows that the recommendations in the past have the endorsement of Hong Kong society. But when there is controversy, we have no choice but to refer to the past information.

Similar subcommittees in 2009, 2013 and 2017 have also repeatedly called for higher transparency of the recommendation system. And the subcommittee in 2017 requested the Judiciary to lay down a clear guideline on judicial appointment. We have also repeatedly requested the Judiciary to provide the Subcommittee with the due diligence reports. Not only the subcommittee in 2017, but also the other subcommittees formed in other years have made the same request. We said that the Judiciary and the Government should be the one to provide the due diligence reports, rather than having Legislative Council Members to search for these reports on the Internet. In view of the controversies over the judicial appointments this time, I hold that the Judiciary and the administrative departments must take into consideration Article 92 of the Basic Law, as well as our national interests and mainstream values in Hong Kong society.

I hold that the two foreign female judges are very outstanding 

(Mr Dennis KWOK stood up)

**PRESIDENT** (in Cantonese):Mr Dennis KWOK, what is your point?

**MR DENNIS KWOK** (in Cantonese): President, in accordance with Rule 39(b) of the Rules of Procedure, I wish to seek s clarification from Dr Priscilla LEUNG. She said just now that the two female judges had made political comments. What are those comments?

**PRESIDENT** (in Cantonese):Mr KWOK requested Dr Priscilla LEUNG to make a clarification. Dr LEUNG, will you clarify?

**DR PRISCILLA LEUNG** (in Cantonese):I do not think I need to. I was saying the two female judges had commented on the stand of LGBT's rights. And when I talked about political comments, I was referring to the Judiciary and the Administration. I was saying that they must note whether there was any concern in society about future appointments, and they should also consider our state's interests. I was not saying that the two female judges had expressed in high profile any political views in their countries. I believe I was clear when I made those points. I hope Mr Dennis KWOK will listen more carefully before interrupting me.

The two female judges should have multiple expertises. I hold that the Judiciary can make good use of their expertise when it assigns cases to them in the future, so as to minimize controversies. If the Judiciary can do this job well, society will accept them. In fact, the W case is an example that has led to the refusal of the Legislative Council to follow the judgment made by the judge and further resulted in the amendment of the Marriage Ordinance within one year. Hence, regarding the reply from the Judiciary that it has sufficient experience in assessing a reasonable third person, and that they have established principles to deal with judges who seem to have a bias against a certain matter, or what we commonly call an apparent likelihood of bias, I hope the Judiciary can attach importance to the views of the Legislative Council expressed today and in the past meetings in its future judicial appointments, and that the administrative departments can attach importance to the views of Legislative Council Members as well.

I support the appointments and hope that cooperation between the Administration, the Legislature Council and the Judiciary can be better in future. Thank you, President.

**MS STARRY LEE** (in Cantonese):President, the rule of law is a cornerstone of Hong Kong's success. As legislators, my colleagues and I have always been steadfast in defending the rule of law in Hong Kong. We too hope that Hong Kong can enlist the support of eminent, renowned and professionally competent judges, as this can definitely help safeguard the rule of law in Hong Kong.

President, with this resolution, the Administration seeks this Council's endorsement of the Chief Executive's appointment of four judges to the Court of Final Appeal ("CFA"). As Dr Priscilla LEUNG remarked in her report a moment ago, society is more concerned about the appointment of the two judges from other common law jurisdictions for reasons of the views they expressed on gender issues in the past. These days, my office has in fact received large numbers of emails which express concern about the appointment of these two judges, who are noted for their open support of same-sex marriage. It is feared that after their appointment to CFA, they may hand down verdicts which make the movement more radical in Hong Kong, thus changing Hong Kong's institution of marriage and even dealing a blow to our traditional family values. They hope Members can listen to their voices, and I have promised them to relay their views to the Council.

First, I must emphasize that the professionalism of these two judges is indisputable. With their outstanding professional qualifications and experience, they are held in high esteem by the profession. I likewise think that they are outstanding professionals with excellent track records. And, even the email senders can well appreciate that the recommendation of the Judicial Officers Recommendation Commission is primarily based on the professionalism of the two judges. But since the courts of Hong Kong may have to try many controversial cases, especially those which may impact our social values, these people are extremely worried, and they want to make their voices heard in the legislature. I suppose I am not the only Member they have approached. Many other Members should have received their emails too.

For this reason, the Legislative Council Subcommittee on Proposed Senior Judicial Appointments held a meeting late last month to discuss the appointments. Despite the impassioned views expressed, I think the discussion was a good one. And, two major issues were brought up. First, should the choice of CFA judges be made solely by the Judiciary, as asserted by some, and should other people stop making any comments once a recommendation has been made, lest any such comments may politicize the appointment process and even compromise judicial independence?

Second, some judges are indeed highly professional. But if there is clear evidence of their stances on certain controversial issues and they are still assigned to hear cases involving those issues, are the appointments still in line with a basic principle underlying the rule of law: "Not only must justice be done; it must also be seen to be done"?

President, let me now deal with the first question. Is commenting on the choice of CFA judges equal to politicizing the appointment process or compromising judicial independence? President, I certainly do not think the answer should be yes. As I understand it, judicial independence actually means that the government and the executive authorities should never interfere with the trials of any individual cases through the exercise of any administrative and legislative powers. In this regard, as we can all observe, the Judiciary has always been able to conduct trials independently under the existing mechanism. For quite time, our society has seen a spate of controversial cases, and I suppose Members themselves actually have very strong personal views on these cases. But all the time, we have stood by the principle and never acted rashly to interfere with the Judiciary in the making of judgments. President, but the very point we are discussing today is the appointment of judges. If any people argue that commenting on judicial appointments will politicize the appointment process, I must tell them that this is a departure from the original intent of the Basic Law. Under Article 90 of the Basic Law, the Chief Justice of CFA and the Chief Judge of the High Court shall be permanent residents of Hong Kong with no right of abode in any foreign country and the appointment should be endorsed by the Legislative Council. The specific mechanism at present is that the Judicial Officers Recommendation Commission shall first make recommendations. The recommendations will then be submitted to the Chief Executive for acceptance. Following acceptance by the Chief Executive and with the endorsement of the Legislative Council, the Chief Executive shall make formal appointments. The whole process is said to be complete only after all these steps are followed.

As the Basic Law provides that the appointment and removal of CFA judges and the Chief Judge of the High Court must have the endorsement of the Legislative Council, it follows that endorsing the appointment and removal of judges is in fact one of the functions of the Legislative Council. This function, as conferred by the Basic Law, is a substantive one. If the Legislative Council always gives its endorsement like a rubber stamp, and worse still, if it still keeps its ears shut when people voice very strong views, or if it chooses to say nothing for fear of being accused of politicizing the process, I must say this is dereliction of duty. The Legislative Council will fail to perform this solemn duty vested with it under the Basic Law.

The Legislative Council is an organ for handling political affairs, so Members' decisions are necessarily political decisions. I believe the Basic Law drafters years ago would not be unaware of this. Yet, they still made the Legislative Council's endorsement one of the required steps in the appointment of judges. This shows that the Basic Law drafters all saw the necessity of political gatekeeping in judicial appointments, and political gatekeeping is actually part and parcel of the design of the Basic Law. As a result, the Legislative Council is both empowered and obligated to offer political gatekeeping in this regard.

In view of the big disputes over this round of judicial appointments, some members of the subcommittee concerned suggested at a meeting that a public hearing should be held to let people express their views. But the Administration replied that the conduct of public hearings as a step of appointing judges was already ruled out in 2003, and that as the Independent Judicial Officers Recommendation Commission had thoroughly considered the appointment of these judges, the Legislative Council should not repeat the same process.

President, I disagree. As CFA judgments are likely to produce deep and far-reaching impact on social development and social values, it is only normal for the public to show concern about the backgrounds, value judgments and ideological beliefs of the judges recommended for appointment. The Legislative Council represents the community, so when Members reflect public views during the judicial appointment and removal process, they are just discharging their duty. Also, if judicial appointment and removal cannot reflect social expectations and the public do not even have any channel to express their views, there may be a direct impact on their confidence in the judicial system. This will not be good to the rule of law in Hong Kong.

Let me mention one case here as an example. Members should still remember the heated discussions in this Council on the verdict relating to the W case. A year after the trial of this case, the Special Administrative Region Government proposed some amendments to the Marriage Ordinance in the light of the verdict. For various reasons, the Legislative Council eventually voted the amendments. I can remember how some members of the public were taken aback by their sudden realization of the huge powers possessed by judges. They came to realize that after judges had handed down their verdicts, the Government would have to introduce corresponding legislative amendments and ask for the Legislative Council's endorsement. But they grumbled that there were not even any discussion and consultation. Therefore, they have since started to show greater worry or concern about the judicial appointment process. I therefore hope that Members can appreciate why some people are so concerned about the appointment of judges, and why they fear that the verdicts handed down by these judges in the future may produce heavy impact on the core values and various institutions of Hong Kong.

This case has also induced me to pay attention to the appointment of judges in other places. Let us first look at the United States. We all know that the United States places a very heavy emphasis on the separation of power. But when it comes to the appointment of Supreme Court Justices, a nomination must first be made by the President, to be followed by the Congressional confirmation. When the United States President and his administration make appointment, they will likewise choose people whose political views, ideological beliefs and values are similar to their political party or even the President himself. The reason for this is simple. It is believed that this can avoid any significant and thus embarrassing departure from the administration's stance when the Justices hand down their verdicts on major cases in the future.

Let us also look at the United Kingdom. Various jurists or judges in this country have argued that judges who are representative of different classes, races and sexes should be appointed to introduce diversity in the judicial system. In essence, this argument similarly stresses the ideological beliefs of prospective appointees, only that it is more subtle, not as upfront as the practice in the United States.

Generally speaking, in many places, be they the United Kingdom, the United States or other places which this Council frequently wants to follow, the executive branch and the legislative assembly can both voice their views on the backgrounds and values of senior judges and even consider various other factors.

President, let us look at Hong Kong again. As CFA verdicts will produce profound impact on our social values, it is only reasonable for us to consider factors other than the candidates' professional expertise and integrity when making appointment. For instance, people may want them to pay greater heed to our national interest. And, people may also want to know if the values upheld by the candidates are consistent with those of our society, and so on. It is true that under our existing appointment system, the main considerations are the candidates' professional expertise and integrity, but even so, in view of the great social concern that has been expressed, people do hope that the Judiciary can consider putting in place a mechanism for handling value conflicts in the trial of certain cases in the future, especially those highly controversial ones or those which may impact our social values.

Lastly, President, I hope that when CFA tries cases involving same-sex marriage or Lesbian, Gay, Bisexual, Transgender and Intersex ("LGBTI") rights in the future, the Judiciary can adopt an approach that can meet social expectation, in accordance with this principle: "Not only must justice be done; it must also be seen to be done."

President, let me add a few more words before I stop. Value conflicts are seen not only in cases involving same-sex marriage or LGBTI rights issues. Hong Kong is indeed a unique society, as it practises "one country, two systems". We all know the court has handled a large number of political cases. Now, if in the future the court needs to handle cases involving "Hong Kong independence" and such cases are heard by judges who are known to be zealous advocates of the federal system, people will be rightly worried that the values of the judges may influence their judgment. Therefore, President, I want to relay the reasonable worry of the people to this Council, and hope that the Judiciary and the executive authorities can listen to their voices and exercise prudence.

President, I so submit.

**MR DENNIS KWOK**: President, I would like to offer my support for the endorsement of the following judicial appointments: the Honourable Mr Justice Andrew CHEUNG as a permanent judge of the Court of Final Appeal ("CFA"); the Honourable Mr Justice Robert TANG as a non-permanent Hong Kong judge of CFA; and the Right Honourable the Baroness HALE of Richmond ("Baroness HALE") and the Right Honourable Beverley McLachlin P.C. ("Ms‍ McLachlin") as non-permanent judges from other common law jurisdictions of CFA.

We are particularly delighted to see the recommendations of appointing Baroness HALE and Ms McLachlin as non-permanent judges in our CFA.

Both Baroness HALE and Ms McLachlin are judges of eminent standing and reputation. They have had significant influence in shaping the jurisprudence of their own jurisdictions and they would bring that wealth of experience to Hong Kong. They each has an impressive resume, of which I will provide some brief details.

Baroness HALE comes from the United Kingdom and was appointed as President of the Supreme Court of the United Kingdom in September 2017. Baroness HALE has served in the judiciary since 1979. She has an impressive professional history including authoring several books in the thematic areas of Mental Health Law, Family Law and others.

In 2004, she became the first and only female Lord of Appeal in Ordinary. The Law Lords became Supreme Court Justices when the Supreme Court of the United Kingdom was established in 2009. In 2013, she became its Deputy President and in 2017 its President.

Ms McLachlin, if appointed, will be the first foreign judge from Canada, a common law jurisdiction with which Hong Kong shares many common characteristics. Ms MCLACHLIN was the Chief Justice of the Supreme Court of Canada from January 2000, until she retired from that office in 2017.

Prior to joining the judiciary, Ms MCLACHLIN practised law and was a tenured Associate Professor of Law at the University of British Columbia. In 2000, she made history by being the first woman to be appointed Chief Justice of Canada. She is the longest-serving Chief Justice in the Court's history.

President, of the various powers and responsibilities provided for the Legislative Council in the Basic Law, few are more important than endorsing judicial appointments to CFA. A strong and independent judiciary is a fundamental aspect of our legal system and is a core reason why the international community is attracted to Hong Kong. Justices on CFA address some of the most challenging questions of our time and play an important part in developing the common law in Hong Kong. Before providing some details for these justices' exemplary records and qualifications, I will address the following matters: the importance of the Basic Law's inclusion of foreign judges on CFA; the value of including female judges on CFA; and the importance of Legislative Council to not politicize judicial appointments.

I will begin by addressing the importance of the inclusion and utilization of foreign judges on CFA. The rule of law, judicial independence, and guarantees of civil and political rights are written into the Basic Law. In effect, the "one country, two systems" provides for a unique legal framework and rights protection in the special administrative region. We must protect these attributes in order to maintain Hong Kong's exceptionality and competitiveness amongst other regional cities. The ability to appoint non-permanent foreign judges to CFA provides Hong Kong with a distinct advantage over other jurisdictions. This is crucial to our common law system, particularly in an increasingly globalized and interconnected world. I will detail a few comparative advantages on this unique element engineered into the Basic Law.

First, foreign judges are a substantial source of knowledge and expertise and bring fresh insights and perspectives to our courts. As a result, the Court benefits from comparative perspectives and experience. Foreign judges have written, or contributed to, leading judgments of CFA. Some of these judgments have been cited in high courts of other common law jurisdictions.

There is a high value in conducting comparative legal dialogue. CFA justices, including foreign judges, share with and learn from each other in a collegial manner. This dialogue adds to the Court's institutional knowledge relevant to the solutions of trying legal questions. Utilizing foreign judges knits Hong Kong into the fabric of leading international jurists and capitalizes on existing expertise.

Second, the appointment of foreign judges is an expression of Hong Kong's place as an international business and financial centre. Hong Kong's international nature and its developed legal system are interrelated. International businesses and the international community place great importance on the quality of Hong Kong's legal system. Indeed, the world is watching Hong Kong to evaluate whether investments and basic human rights will continue to be protected by the rule of law.

Expanding and diversifying foreign judicial presence on CFA are critical to bolstering Hong Kong's international legal reputation and developing case law for the 21st century. Having an international judiciary demonstrates diversity and inclusion in our legal system. Indeed, attracting prominent foreigners to sit as judges in Hong Kong is an acknowledgement of the city's status as a leader in the international legal community.

(THE PRESIDENT'S DEPUTY, MS STARRY LEE, took the Chair)

Engaging with and benefiting from the wisdom of foreign judges increase the likelihood that Hong Kong will both benefit from and influence other leading common law jurisdictions. Foreign judges regularly participate in speaking engagements when visiting Hong Kong and refer to the jurisprudence of the Court in their extrajudicial writings. There is a strategic advantage behind this association: external impressions of Hong Kong's Judiciary are important to our reputation and standing in the international community.

Lastly, utilizing foreign judges enhances internal and external confidence in the independence of the Hong Kong's Judiciary. Foreign judges, bringing perspectives and legal developments from other jurisdictions, enrich Hong Kong's jurisprudence. Consequently, Hong Kong's Judiciary receives enhanced international respect in the legal arena. This respect also emanates from the fact that prominent foreign judges would not sit on CFA if it is not a reputable court. In this way, foreign judges provide an added degree of legitimacy to our judicial system.

Next, I would like to speak on the importance of gender diversity in the legal profession and in particular, the Judiciary.

The gender composition of the Judiciary must reflect that of Hong Kong's society if the Judiciary is to be perceived as authentic, capable of delivering equal justice and upholding equality before the law. In Hong Kong, women graduate and enter legal practice on parity with men, yet our CFA does not at the moment reflect that reality. Having more top-quality female judges, therefore, not only makes good and practical sense but is also, simply put, the right thing to do.

Gender diversity in the Judiciary is inherent in a fair and just legal system because it enables the Judiciary as a whole to better respond to diverse social and individual contexts and experiences. Without full and equal representation of women in the Judiciary, the overall quality of judicial decision making is compromised, and this impacts generally and also specifically in cases particularly affecting women.

Deputy President, furthermore, when filling judicial vacancies, it simply makes good sense to put to use the entire talent pool of qualified judges. Women clearly make up one of the most underutilized talent pools in the legal and judicial system. If we do not make use of all available personnel in our society, we will miss out on some of the best, brightest and most qualified legal minds. The Judicial Officers Recommendation Commission ("JORC") makes its recommendations for justices on the basis of merit, irrespective of background. However, merit and improved gender diversity are not mutually exclusive goals. Instead, they are complimentary objectives that, if pursued in unison, will contribute to stronger rule of law.

The composition of CFA is the most visible indicator of women's inclusion in Hong Kong's legal sector. The recommendation and endorsement of Baroness HALE and Ms MCLACHLIN as the first female CFA justices is an important step towards greater inclusion and promotion of women in the legal sector.

Third, I will address criticisms on the proposed appointment, especially some of my colleagues who commented on the nationalities of judges and over Baroness HALE and Ms MCLACHLIN's rulings on same-sex equality. While constructive criticism is appropriate, racial criticisms and criticisms politicizing judicial appointment are unacceptable.

Judges are appointed in accordance with their judicial expertise as required by Article 92 of the Basic Law. Just like any other judges, foreign judges uphold the rule of law based on their legal judgment on the law and evidence and nothing else. This is underscored by the fact that foreign judges take the judicial oath to uphold the Basic Law, bear allegiance 

(Mr Holden CHOW stood up)

**DEPUTY PRESIDENT** (in Cantonese):Mr Dennis KWOK, please hold on. Mr Holden CHOW, what is your point?

**MR HOLDEN CHOW** (in Cantonese):Deputy President, a point of order. Mr‍ Dennis KWOK accused some fellow Members of querying the nationalities of judges. I have been listening very attentively to the speeches made by Members, but I do not notice any query about the nationalities of judges.

**DEPUTY PRESIDENT** (in Cantonese):Mr CHOW, are you seeking an elucidation from Mr Dennis KWOK?

**MR HOLDEN CHOW** (in Cantonese):Deputy President, I hope Mr KWOK can elucidate and avoid making irresponsible remarks.

**DEPUTY PRESIDENT** (in Cantonese):Mr Dennis KWOK, are you willing to elucidate?

**MR DENNIS KWOK**: Deputy President, there is no need for me to clarify. I think my speech speaks for itself.

This is underscored by the fact that foreign judges take the judicial oath to uphold the Basic Law, bear allegiance to Hong Kong and to serve it "conscientiously, dutifully, in full accordance with the law, honestly and with integrity, safeguard the law and administer justice without fear or favour, self-interest or deceit."

In reaching their rulings, whether the cases are politically charged or not, judges including Baroness HALE and Ms MCLACHLIN did nothing more than carrying out the adjudicative duties of their office, that is, adjudicating the disputes in a fair and impartial manner. Uninformed and personal attacks on justices for performing their legal obligations to apply the law in good faith are inappropriate and damaging to the legal system.

An independent judiciary, carrying out its duties, will inevitably make decisions unpopular with certain constituencies. However, as has been said, "There are countries in this world where every judicial decision finds favour with the government, but they are not places where I would want to live."

Historically, the Legislative Council has respected the JORC's vetting and review process of judicial nominees and is in no position to interfere with its recommendations unless there are substantiated and good reasons to do so.

In conclusion, Deputy President, the Basic Law explicitly provides for the appointment and utilization of foreign judges in Hong Kong. Further, a defined process, through the independent JORC, ensures foreign judges are properly recruited and vetted. To date, the Legislative Council has never once rejected the appointment of either local or foreign judges. To break with this tradition and question the judgment of JORC for political reasons would be a disservice to Hong Kong people and would significantly weaken the rule of law in Hong Kong.

Deputy President, we face some real challenges here in the Legislative Council, such as our housing crisis and economic competitiveness. Focus should remain on those issues, not on partisan politics meant to divide and polarize over a well-settled principle of the Basic Law and the independence of the Judiciary. The long-term costs to politicizing the Judiciary will be much higher than any short-term political benefit that may accrue from an underhanded political manoeuver by some Members in this Chamber.

With the endorsement and appointment of these two distinguished judges‍ 

(Dr Priscilla LEUNG stood up)

**DEPUTY PRESIDENT** (in Cantonese):Mr Dennis KWOK, please hold on. Dr Priscilla LEUNG, what point of order do you wish to raise?

**DR PRISCILLA LEUNG** (in Cantonese):I have also been listening very attentively to the speech made by Mr Dennis KWOK, and he has just mentioned "some Members of the Legislative Council", which is 

**DEPUTY PRESIDENT** (in Cantonese):Dr Priscilla LEUNG, on which part of Mr Dennis KWOK's speech do you wish to seek his elucidation?

**DR PRISCILLA LEUNG** (in Cantonese):He has pointed out several times just now that some Members of the Legislative Council had made personal attacks on judges in their speech, and his accusation is in fact very clear. I would like to seek his elucidation, because what we are talking about is the system itself, and I hope he would avoid making personal attacks on Members who have spoken before him.

**DEPUTY PRESIDENT** (in Cantonese):Dr LEUNG, you have clearly stated the part on which you wish to seek elucidation from Mr KWOK. Mr KWOK, are you willing to elucidate?

**MR DENNIS KWOK** (in Cantonese):I cannot quite understand why Dr Priscilla LEUNG has to take my remarks personally, since I have never mentioned her name in my speech.

**MR DENNIS KWOK**: I think my speech is very clear and it speaks for itself, and there is nothing further I need to clarify. If there are other questions which other Members may have over my speech, they are more than welcome to come to my office, and the door is wide open at all times.

So, to finish and in conclusion, with the endorsement and appointment of these two distinguished judges, the Legislative Council and the Hong Kong Government will ensure continued judicial independence, improve the diversity and inclusion of CFA, increase judicial talent and expertise, and ultimately strengthen the rule of law in Hong Kong. These outcomes are necessary for Hong Kong to maintain its stature as an international leader in commerce, legal and finance.

Deputy President, thank you.

**DR JUNIUS HO** (in Cantonese):Deputy President, the Chief Secretary for Administration moves a resolution today under the Basic Law and the Hong Kong Court of Final Appeal Ordinance, asking this Council to endorse the appointment of four judges as judges of the Court of Final Appeal ("CFA").

I have no objection to appointing Mr Justice Andrew CHEUNG Kui-nung as a permanent judge and Mr Justice Robert TANG Ching as a non-permanent Hong Kong judge to the CFA. But I do have grave reservation over the appointment of the Baroness Brenda HALE and Ms Beverley MCLACHLIN as non-permanent judges from other common law jurisdictions to the CFA.

Dr Priscilla LEUNG and the Deputy President have made it quite clear in their speeches just now that the public should be given the right to express their views on the appointment of CFA judges. This Council is not a rubber stamp and we should have an even bigger voice given the great relevance of certain social values upheld by these judges designate to the Hong Kong situation.

These two judges designate take quite an unequivocal position in lesbian, gay, bisexual, transgender and intersex ("LGBTI") rights, and take on a more avant-garde and liberal attitude on same-sex marriage in particular. Their avant-garde and liberal stance notwithstanding, we should not neglect that the traditional Hong Kong society treasures its own values. How far apart are their values from ours? This is an issue that must be considered.

Deputy President, Hong Kong is an international metropolis and we are open-minded about new creations and new ideas. But this society is still made up of a population with more than 95% of Chinese descendants. We attach much importance to conventional marriage as well as families raised by heterosexual couples. As at today, we have yet to start discussing the reform of our marriage law and yet, judges are often rather influential in courts. If they formulate certain directions in courts with the judgments they make before consulting the society, they will exert a direct impact on our legal reform in the future. We must keep a close watch over the issue as we cannot afford making any mistake in this regard.

Of course, I have no critical personal comments on the two overseas judges who have been recommended as our non-permanent CFA judges. I am only trying to relay my concern with regard to the stance they take which I have learned from discussions in various press and media channels. It is particularly important that we reflect Hong Kong people's opinions here when they do have a similar voice to give.

Deputy President, the Legislative Council is a body representative of public opinion and Members have to express people's comments on their behalf. It is therefore definitely appropriate for us to comment on this topic today. I do not think the mere expression of opinion will constitute any political interference or impact on judicial independence. We have to draw a clear line of demarcation between the two here: by judicial independence we mean disallowing intervention from anybody when a judge, in his or her official capacity, hears a case with a fair and just attitude.

However, with regard to judicial appointment, Article 90 of the Basic Law stipulates the first step as making recommendation by an independent commission composed of persons from the legal profession, judges and persons from other social sectors. Next comes the appointment by the Chief Executive and the third step is seeking approval from the Legislative Council. The Legislative Council is not a rubber stamp. Under Article 73(7) of the Basic Law, the Council holds endorsement rights to the appointments and removals of relevant judges and in other words, the agreement of the Legislative Council has to be sought over appointments and removals. In the past, we have always been cooperative and did not comment on any of the recommendations or appointments. But I do not think what we did suggests we have actually relinquished our constitutional rights and responsibilities.

I do have a point to highlight here: we hold an express power, an endorsement right under Article 73(7) of the Basic Law. The entire judicial appointment process consists of three parts: recommendation made upon proper consideration; acceptance from the Chief Executive on the recommendation; and finally our gatekeeping in which colleagues in this Council comment on and endorse the appointment tabled before us. Article 90 of the Basic Law also provides that the appointment should be reported to the Standing Committee of the National People's Congress for the record. Therefore, this basically is a comprehensive procedure. We did not make any comments in the past but this does not imply we forgo the right or enjoy no right to make such comments.

What I have to make absolutely clear is that the issue raised this time is indeed a major concern of society and it has triggered a substantial amount of feedback. As indicated by Dr Priscilla LEUNG just now, comments from more than 60 people have been received. This rightly shows that our concern on the issue is legitimate. The Legislative Council has quite often held public hearing sessions over a number of issues previously. I hope that when making judicial appointments in the future, and especially when the personal views held by the judicial candidate in question is in major conflict with the values of the Hong Kong society, we must exercise our rights to ask for more appropriate discussion or a public hearing session which allows people to raise questions and express their views. This approach should be implemented.

I cannot agree in any way that making demands during the appointment process is tantamount to interfering judicial independence. This idea is absolutely wrong. Whatever issue coming to the Legislative Council is political, the appointments included. In the United States for instance, the agreement of the Senate has to be sought in the appointment of judges to the Supreme Court, just like what the Deputy President said a moment ago. Similarly, the Legislative Council in Hong Kong does absolutely hold the right to make comments and to voice out dissent views with regard to the appointment of CFA judges. If the Legislative Council disagrees, this recommendation and appointment must be put back to square one for reconsideration.

Thank you, Deputy President, I so submit.

**MR HOLDEN CHOW** (in Cantonese): Deputy President, the appointment of several Court of Final Appeal ("CFA") judges today, especially the appointment of the two overseas judges to the Judiciary as non-permanent common law judges, certainly commands my support.

Speaking of the arrangements in this regard, I wish to point out that the Basic Law empowers us to bring in reputable judges from overseas common law jurisdictions as non-permanent judges to hear cases in Hong Kong and share their experience and knowledge with our judicial system. I believe we will give our support. I also think that their overseas experience will help us take forward Hong Kong's rule of law. We are supportive of all this.

But Deputy President, why is this appointment more controversial in the Legislative Council? The reason is that the two overseas judges in this appointment exercise invariably hold a strong position on the legalization of same-sex marriage. For instance, the Right Honourable the Baroness Brenda HALE of Richmond from the United Kingdom has never held back her position as an active advocate of the legalization of same-sex marriage. Given her strong position on promoting the legalization of same-sex marriage, many Hong Kong people, especially those who uphold traditional family values, have told us their worries, saying that if this appointment is passed, they may be unable to remain impartial in hearing cases in the future (especially those involving the legalization of same-sex marriage) and uphold the balance for traditional family values, and may even alter Hong Kong's marriage institution. In view of the far-reaching consequence and also wide public concern about our traditional family values and marriage institution, this appointment merits discussion at the Council meeting today.

Deputy President, I already put forth my views at the previous subcommittee meeting. I support this appointment, but I hope the Government can pay heed to our voices. Actually, the two non-permanent common law judges may hear any cases. But if a case concerns the legalization of same-sex marriage, I hope they can strictly abide by the recusal arrangement. All along, the legal profession has followed a mechanism which has proven to be effective. Once it is found that a judge holds a strong position on a certain issue, such that he may have obvious bias in the course of hearing a case, then he should recuse himself from hearing the case.

I hope the recusal mechanism can be implemented effectively. Simply put, when the two non-permanent common law judges hear cases in Hong Kong in the future, they should recuse themselves from hearing any cases relating to the legalization of same-sex marriage. This can at least dispel the worries of many people (especially those who are concerned about traditional family values) about any possible bias on their part because of the strong views they put forth in the past. I hope the Administration or the Judiciary can adhere to this effective recusal arrangement which has also been enforced previously. As long as the authorities can strictly enforce and implement the recusal arrangement, I think people's worries can be dispelled.

Deputy President, I also wish to put forth a viewpoint here. I must reiterate that we cherish Hong Kong's rule of law and judicial system. And I also believe that if these experienced or reputable overseas judges can come to Hong Kong and share with us their overseas judicial knowledge and experience, the rule-of-law system upheld by the Hong Kong community or the entire city's reputation can definitely benefit. But I must stress that if we turn a blind eye to their bias on individual issues after the passage of this appointment and refuse to exercise any checks and balances, such as activating the mechanism for avoiding suspicions as I mentioned just now, I think our judicial system will be adversely affected.

**MR HOLDEN CHOW**: Deputy President, we do support the appointment of the two non-permanent Judges as recommended by the Judicial Officers Recommendation Commission. As they are senior Judges in other common law jurisdictions, we would anticipate that they will offer a broad prospective on many legal issues, and their experience is surely conducive to our legal system. Their joining our Judiciary would certainly shore up our rule of law and enhance our city's reputation.

But having said that, we do notice that the public do have a concern about their potential bias or prejudice on particular controversial issues, namely, legalizing same-sex marriage. Baroness HALE has been a lifelong advocate for legalizing same-sex marriage in the United Kingdom, and indeed, she never holds back in this connection. People who uphold traditional family values have expressed their worries: When we encounter cases concerning same-sex marriage in Hong Kong in the future, would she be biased or have prejudice in her judgment?

Therefore, I wish to take this opportunity to simply express my thoughts and propose a solution. The two newly appointed non-permanent Judges are entitled to hear any cases before them, but save and except that when there is any landmark court case concerning same-sex marriage, I think they might as well consider recusal―not to take part in hearing the cases. To demonstrate the principle we hold dear, justice must not only be done but also be seen to be done. No potential bias or prejudice will be found in the course of hearing the cases. As a member of the legal profession, I do understand that there has long been such a discipline and a recusal mechanism within the Judiciary. I wish to put on record here that such a discipline and recusal should be observed in the future. With this arrangement, I see no reason why we should not come to terms with the appointment here.

We look forward to their expertise and contribution to our legal profession.

Thank you.

**MR TOMMY CHEUNG** (in Cantonese):Deputy President, the appointment of judges to the Hong Kong Court of Final Appeal ("CFA") has been uneventful usually. But the present appointment exercise is a bit of an exception, basically due to the greater public concern about the appointment of two "non-permanent judges from other common law jurisdictions", namely the Right Honourable the Baroness Brenda HALE of Richmond and the Right Honourable Beverley MCLACHLIN, PC. But we have actually forgotten that there is one more appointee in this appointment exercise, namely the Honourable Mr Justice Andrew CHEUNG Kui-nung, a home-grown judge who is now the Chief Judge of the High Court. Mr Justice CHEUNG is a home-grown judge with both his legal training and professional career rooted in Hong Kong. Starting in the District Court, he rose through the ranks to the Court of First Instance and the Court of Appeal of the High Court, and now he is nominated for elevation to CFA. His judicial career has been sound and solid.

Being the only bilingual CFA judge after the retirement of the Honourable Mr Justice Robert TANG Ching, Mr Justice CHEUNG will take over the former's role of hearing cases dealt with in Chinese. Mr Justice CHEUNG's appointment to CFA also signifies that the views, values and wisdom of the common people in Hong Kong will be felt and heard in CFA. This will help the common law take root among the common people in Hong Kong, and the common law will thus become truly the law of Hong Kong, understood and recognized by the common people. For that reason, the Liberal Party supports his appointment.

I understand that some people in society may associate the proposed appointments with same-sex marriage and are thus extremely worried. In this connection, I am aware of the judgment delivered by Mr Justice CHEUNG on a same-sex marriage case, *QT v Director of Immigration*, in November last year. Deputy President, please allow me to quote a paragraph from his judgment: Marriage is no doubt a most important social and legal institution on which any society is founded, and Hong Kong is no exception. In Hong Kong, marriage means heterosexual marriage, that is, between persons of opposite sex. And since the marriage reforms in early 1970s, marriage in Hong Kong is monogamous in nature. In other words, marriage in Hong Kong means the voluntary union between a man and a woman to the exclusion of all others. This is how Article 37 of the Basic Law, which guarantees Hong Kong residents the freedom of marriage, is generally understood. The article, in other words, gives all residents of Hong Kong a constitutional guarantee of access to monogamous heterosexual marriage. The matrimonial laws in Hong Kong all prescribe accordingly. He then points out in another paragraph: Even the European Court of Human Rights has repeatedly resisted claims by gay couples for access to marriage in Member States  At least, that is still the position in Europe; certainly, it is the position in Hong Kong.

I have quoted Mr Justice CHEUNG's judgment for two reasons. First, I want to salute him. Second, I also want to ask Christians in Hong Kong who are worried about same-sex marriage to rest assured that in CFA, there will be a Permanent Judge who speaks their language, and who understands their views thoroughly.

Deputy President, let me reiterate that the Liberal Party has always been against the legalization of same-sex marriage. Having said that, I must say the Liberal Party respects the personal choices of homosexual people and will not discriminate against them. But then, I also want to say that in the course enacting legislation, we should not focus only on the rights of individuals, and we must also be mindful of the impact on society as a whole. We must be especially cautious if the legislation concerned may produce profound and far-reaching impact on traditional social values and young people's ethical and moral perceptions. We agree that Hong Kong must remain cosmopolitan, but we also support efforts of localization at all levels of governance in our society. We therefore think that the appointment of Mr Justice CHEUNG as a Permanent Judge of CFA is in fact a good example of the successful localization of judicial officers in Hong Kong. The Liberal Party welcomes the appointment of Mr‍ Justice CHEUNG, and we also appreciate the sacrifice of Mr Justice TANG for staying in his office for three more years.

Concerning Baroness HALE and Ms MCLACHLIN, Hong Kong people in general know very little about them. In fact, they are extremely competent judges. I understand that my colleagues have differing opinions of their judicial judgments. Mr SHIU Ka-fai will give an explanation of his understanding. As to their judicial appointments, we are cautiously optimistic, and would express our sincerest expectations and hopes. However, let me reiterate, all overseas judges, when making judgments on Hong Kong cases, should take into account the shared values of the ordinary people of Hong Kong, and also our Basic Law.

**MR TOMMY CHEUNG**: Concerning Baroness HALE and the Right Honourable Ms MCLACHLIN, Hong Kong people in general know very little about them. In fact, they are extremely competent judges. I understand that my colleagues have differing opinions of their judicial judgments. The Honourable SHIU Ka-fai will give an explanation of his understanding. As to their judicial appointments, we are cautiously optimistic, and would express our sincerest expectations and hopes. However, let me reiterate, all overseas judges, when making judgments on Hong Kong cases, should take into account the shared values of the ordinary people of Hong Kong, and also our Basic Law.

**MR TOMMY CHEUNG** (in Cantonese): Deputy President, the Liberal Party supports the motion and the appointment of all four judges. I so submit.

**MR SHIU KA-FAI** (in Cantonese):Deputy President, the appointment of judges has rarely caused any public concern. However, regarding the present appointment of four judges to the Court of Final Appeal ("CFA"), I have received lots of opinions from the public. As I already mentioned at a meeting of the subcommittee concerned, mainly two groups of people have conveyed their differing views to me.

The smaller of the two groups who approached me a couple of days ago wonder why there should not still be so many overseas judges in Hong Kong, now that it is already 21 years into the reunification and Hong Kong is no longer a British colony. I must say in the very first place that I do not buy their view. In fact I immediately gave them the explanation that since Hong Kong is a world city which practises the common law, we must converge with the international community in many areas, including the legal system. Hong Kong has many rare advantages, and this is presumably why our country expects us to serve as its "window on the world".

The rule of law is the cornerstone of Hong Kong's prosperity and a core value of Hong Kong people. So, like many other common law jurisdictions, we have been recruiting competent and experienced judges from overseas to deal with our court cases. This is surely very important to the maintenance of our court trial quality, world confidence in our judicial system, and our advantage in the rule of law.

What is more, the efficacy of recruiting judges from overseas has been well-proven. Honestly, as Hong Kong people have observed over the years, judges from overseas are very impartial, and there is very great public confidence in them. Such judges are very competent, and they can make very significant contributions to our judicial system.

As for the second group, the larger of the two groups, they are worried about the stance of the two foreign judges on same-sex marriage. I am no legal professional, so I dare not make any light comments on the professional qualifications of the four judges recommended for appointment to CFA this time around. My knowledge of the four judges comes wholly from information in the public domain, and I learn that they are all eminent figures in the legal profession who possess rich experience and excellent qualifications. The Honourable Mr‍ Justice Andrew CHEUNG Kui-nung and the Honourable Mr Justice Robert TANG Ching are both Hong Kong judges, so they are known and supported by more Hong Kong people. The other two judges, the Right Honourable the Baroness Brenda HALE of Richmond and the Right Honourable Beverley MCLACHLIN, PC, both enjoy very high repute in the judicial sector of the world. So, it is a bit surprising that their appointment has aroused the concern of so many people.

Actually, the major concern in the present appointment of CFA judges is about the two foreign judges' stance on lesbian, gay, bisexual and transgender ("LGBT") issues and same-sex marriage. In fact, many people all express their worry and concern after learning of their backgrounds from newspapers and the media. This is only understandable.

The information concerned suggests that these two female judges are in strong support of LGBT and same-sex marriage. Their stance worries many Hong Kong people, as they fear that these two judges may tend to protect LGBT in making judgments, and this will deal blows to the traditional family values and culture of Hong Kong society.

It is especially worth noting that under Article 82 of the Basic Law, the power of final adjudication of the Hong Kong Special Administrative Region ("HKSAR") shall be vested in the Court of Final Appeal of HKSAR. This means that CFA judges shall have the final say on any Hong Kong affairs cases that are taken all the way up to CFA. Their decisions will therefore produce far-reaching impact on Hong Kong. Precisely because of this public concern, I have proposed to the subcommittee that a public hearing be conducted in order to gauge public views on the two judges. Unfortunately, the subcommittee has not accepted my proposal.

The Liberal Party has discussed the matter many times internally. There is a lawyer named Stephen LEE in the Liberal Party, and he has collected lots of information for discussion with us. As Baroness HALE herself alleged, she has nothing to do with the enactment of the same-sex marriage legislation in the United Kingdom in 2013. But years ago, she did handle a case involving a gay couple's complaint. The couple said that the Christian owners of an inn refused to rent a room to them on religious grounds. They therefore alleged that they were subjected to discrimination. In the plurality opinion she wrote, Baroness asserted that Christian consciences could not outweigh gay rights. She therefore ruled against the inn owners. The case subsequently sparked off huge controversies in the United Kingdom.

But having listened to the voices of the British public, she publicly admitted that she had ignored the rights of Christian believers and the respect they deserved. She admitted that her decision might have been wrong. Later on, in her verdict on legal costs, she volunteered to exempt the owners from costs liability, attempting to rectify her mistake as far as possible under court procedures. This shows the frankness and impartiality of the Baroness, and such behaviour can surely reduce hostility and antagonism in society.

As for Ms MCLACHLIN, she was the Chief Justice of Canada for many years. It is indeed true that Canada has been the most active of all Commonwealth nations in the protection of minority rights, or a vanguard in this respect. In 1999, Ms MCLACHLIN ruled in favour of equal rights for same-sex couples, and she was one of the six judges who wrote the plurality opinion.

In 2005, the Parliament of Canada passed the Civil Marriage Act, which legalized same-sex marriage in Canada. At that time, the then Governor General could not discharge his official duties due to ill health. So, Ms MCLACHLIN, then the Chief Justice and simultaneously the Deputy of the Governor General under the constitution, had to give assent to the commencement of the Civil Marriage Act. Some people who are in the know therefore think that she was the one who decided to give assent to the same-sex marriage legislation. But I believe this was just a constitutional procedure.

As far as I understand it, Ms MCLACHLIN has emphasized that the function of a Supreme Court judge when trying actual court cases is to manifest conscious objectivity. In other words, a Supreme Court judge must make sure that he or she is perceived as an objective judge. Before making a decision in a hearing, a judge must listen carefully to what the parties have to say, put himself or herself in their shoes, grasp the repercussions of deciding one way or the other, seriously consider what will be in the best interest of Canada and listen to views of other judges. It is only in this way that the greatest consensus can be forged. I thus hope that when Ms MCLACHLIN hears cases involving traditional ethics and family values in Hong Kong, she can apply the same principles and respect the traditions of Hong Kong and Chinese people.

Anyway, I do think that the concern of the public is understandable. Their concern in a way signifies people's expectation of the Judiciary. It serves to remind judges from overseas to respect our established ethical and traditional values, and not to rashly impose foreign values on Hong Kong. Many religious people are especially concerned about same-sex marriage. If the Government enacts any legislation and forces Hong Kong people to approve of same-sex marriage, it will ruin the traditional values of the Chinese people.

As Mr Tommy CHEUNG, our party chairman, said just now, there is an alliance inside the Liberal Party called Ban Gay Marriage Hong Kong. I am its chairperson, and I have been in the vanguard of the campaign against same-sex marriage for years. I am against same-sex marriage because, as I have explained, many religious people and traditionally-minded Chinese people are very determined to defend the traditional institution of marriage. Having said that, I must say a bit more on our stance: we must also respect the choice and decision of homosexual adults, rather than discriminating against them. Many friends of mine are homosexual. They are also Hong Kong people like us all, and they have made very great contributions to Hong Kong too. So far, they have not caused any adverse impact on our daily lives and society, as far as I am aware. So, I hope Hong Kong people can be accommodating towards people of different sexual orientations.

Lastly, about this motion today, as Liberal Party Chairman Mr Tommy CHEUNG said just now, we will support the four judges recommended by the Chief Executive and the Judicial Officers Recommendation Commission. And, we also have confidence in the judicial system of Hong Kong. Thank you, Deputy President.

**MS CLAUDIA MO** (in Cantonese): Initially, I did not intend to speak on this motion on appointing Court of Final Appeal ("CFA") judges. After glancing through the backgrounds of the four judges, I found that they were honestly highly respectable. So, I thought we could endorse the appointment right away without having to say too much. But after listening to various Members' speeches, including you―Ms Starry LEE―I think they are not only sensational but also simply eye-opening. Just now, the Liberal Party asserted that they did not want those judges to bring the foreign mindset into Hong Kong. Do they think they are superstars who will put up shows and performances in Hong Kong? They are judges. What do they mean by "foreign mindset" anyway?

I wish to remind Members of one thing. Before Carrie LAM assumed office as Chief Executive, she once gave a speech as Chief Secretary for Administration around February 2017. Someone asked her, "It has been 20 years since Hong Kong's reunification. Why can we still see foreign judges around?" The mentality is the same as the underlying mentality of "Do not bring the foreign mindset into Hong Kong". Nevertheless, even Carrie LAM said that this was precisely the design under the Basic Law, one which could help ensure Hong Kong's judicial independence. She also pointed out that we might invite judges from other common law jurisdictions to Hong Kong. So, what are they talking about? Even anyone outside the judicial or legal profession will not say anything like this if he has common sense or a sound mind. They are obviously homophobic, and this word says it all.

I wish to remind Members that Hong Kong probably practises separation of powers in reality. Even though the several words "separation of powers" are not stated in the Basic Law, the Basic Law nonetheless stipulates in concrete terms that Hong Kong enjoys judicial independence. If someone asks, "As Hong Kong enjoys judicial independence, how does the appointment of judges have anything to do with the Legislative Council? Why is this administrative procedure necessary for such appointments?" This is precisely a check and balance in addition to separation of powers, and the aim is to prevent arbitrary appointment. If something goes seriously wrong and there is no check and balance  Let me agree for the moment that there are checks and balances. Even if we endorse the appointment, we should not be called a rubber stamp. Just now, a Member gave a nagging speech, and he said towards the end of it that he would agree to this appointment. This is already good enough. If anyone who endorses the appointment is a rubber stamp, what should we call those who raised opposition or criticism earlier on? If someone argues that he still gives his agreement despite his criticisms, then I will say that this is precisely a manifestation of checks and balances, right?

I wish to draw Members' attention to Article 92 of the Basic Law. It clearly stipulates that under Hong Kong's judicial system, judges shall be chosen "on the basis of their judicial and professional qualities". This is it; and this is all. I am really baffled by those who stress that some appointees are female. Will they get extra credit as they are female? If they will, shouldn't a female candidate in a Legislative Council election be given an additional 100 000 votes? Isn't it a good idea? Second, some Members refer to them as "foreign judges" over and over again. They seem to suggest that being a foreigner is an original sin, and these "outsiders" will bring something bad into Hong Kong. Why should they say something like this? I am not saying that the Members concerned are discriminatory against their gender because it is a fact that they are female. And, it is likewise a fact that they are foreigners. But what is their intention of emphasizing these two points over and over again?

Members should read Article 82 of the Basic Law very carefully. Those who can read will understand what it means. It clearly stipulates that Hong Kong's CFA "may as required invite"―appointment is not even necessary―"judges from other common law jurisdictions to sit on the Court of Final Appeal". They actually need not come here to be reprimanded by Members first, need they? Some Members argue that she is sympathetic to same-sex marriage, adding that certain Members have politicized this appointment of judges. I do not quite agree to their points, and I even do not agree to Mr Dennis KWOK's earlier assertion that if female judges are appointed, the gender ratio will become more appropriate. In my view, it is unnecessary to say anything like this because we are not discussing other industries and how good it will be if the male-to-female proportion is even.

The rule of law is all about one's professionalism and moral ethics. And, on issues such as professional and judicial capabilities, why should Members  This is what you say, Ms LEE. You asked about their perceptions of the country's interests. Come on! One of them is from Canada, and the other one from the United Kingdom. I wonder which country you were referring to when you said "the country". Under the rule of law, they must hand down their judgments based on the Basic Law and the whole set of Hong Kong laws. Must they relinquish their foreign nationalities before they can be judges here in Hong Kong, as in the case of the Legislative Council President who is not allowed to have the right of abode in another country? There is no such requirement. In that case, why did she talk about the country's interests?

I initially thought that she was talking about "Hong Kong independence" and stuff like that. Well, perhaps she was not the one who said this. She is now smiling. After some careful thoughts, I have come to realize that it seems to be―let me name her―Dr Priscilla LEUNG who talked about it. I hope either one of them can clarify this. One of them asked how the judges concerned would perceive our country's interests after coming to Hong Kong. This is honestly terrifying. Rule of law is rule of law. We are now discussing the spirit of the rule of law. We may even concede and agree that the rule by law in Mainland China is also a kind of rule of law. The country's interests precisely involve political considerations. They are actually politicizing this matter when they say so.

Dr Priscilla LEUNG stressed so much on her sympathy for same-sex marriage. This was roughly what she meant. I do not think this issue involves any politics, so the question of politicization simply does not exist. I say so because I think that same-sex marriage or issues of that sort are not of a political, purely political nature. Rather, it is a human rights issue, depending on whether Members agree that same-sex marriage should be a human right. I agree that this issue is controversial. But what frightens me most is that they have said such words and levelled repeated criticisms. Some Members have even gone so far as to talking about Hong Kong's traditional core values―I am really shocked―while some Members have said that the two female judges are progressive and liberal. Spare me! They should be careful with their diction. "Progressive" carries a positive connotation, so does "liberal". Speaking of the particular word "liberal", DENG Xiaoping kept using the words "liberalization" and "reform" when discussing the "Four Modernizations" years back. Do they now think that Hong Kong is not, first, progressive and second, liberal? Their words are really nonsensical. How come they could say something like this even if they were just reading out their scripts?

Now, I am most concerned about  I am not trying to put forth any real accusations as such. But I wish to tell Members that I am very disappointed because people overseas (especially judicial officers overseas) can see that some Members of such a low calibre have said something like this when deliberating this appointment in the Legislative Council of Hong Kong, attempting or intending to intimidate those who will soon become CFA judges in Hong Kong. Those Members have argued that if they support same-sex marriage or equal rights for people of different sexual orientations, they should stay away from us of their own volition; and if they do not do so, then the top guy in the judicial system should bar them from participating in trials. How can they possibly say anything like this? They are honestly very naïve, and their arguments are puerile.

We are now discussing the rule of law and an appointment exercise for the highest level of court. But they nonetheless propose to hold a public hearing. Are we discussing fare increases by the MTR Corporation Limited? Or, are we discussing bus fare increases? If a public hearing is held, can we reject the appointment if many people raise opposition at the hearing? If the Legislative Council endorses the appointment all the same, it will be criticized for "disregarding public opinion". Can it withstand such criticism? As I have also said, holding a public hearing is not a requirement. But they still raised this request just now. When I heard it earlier on, I already burst into laughter. I am not a member of the relevant subcommittee. When a subcommittee member told me their request, I also burst into laughter. Please stop raising this request again. Now, some Members have nonetheless told us that they have requested to hold a public hearing to no avail, something like this. Are they insane?

A Member said that certain judges in this appointment exercise might have bias on a particular issue―it is not "Hong Kong independence"; it is merely same-sex marriage―so he was concerned about their appointment and thought that they should recuse themselves from hearing any related cases as a means of safeguarding Hong Kong's "core values". His reasoning is like that of a passer-by who comes up to you on the streets and says, "I vaguely remember your reasoning. A judge once talked about 'an unhealthy wind'. I think he is seriously biased. So, don't you also think he should refrain hearing any cases involving political struggle in the future and recuse himself?" This is nonsensical and totally unreasonable.

This is the end.

**MR ALVIN YEUNG** (in Cantonese):Deputy President, just now Ms Claudia MO questioned the appositeness of holding public hearing session on judicial appointments as in the case of a fare hike proposed by MTRCL or bus companies. But Ms MO, regrettably the authorities have never held any public hearing session on MTR fare hikes. It is interesting to note that those who demanded public hearing session a moment ago have never stood up to ask for the same at the top of their voice on such issues which concern the livelihood. I can hardly understand the reason behind.

Deputy President, I want to be very specific here: the Judiciary is the last bulwark of "one country, two systems" in Hong Kong. When judicial independence is safeguarded, it is the strongest piece of evidence reassuring other countries that Hong Kong continues to enjoy the protection offered by "one country, two systems" and Hong Kong is not just one of the many ordinary cities in China.

We are now fortunate enough to have internationally acclaimed legal professionals willingly join our Court of Final Appeal ("CFA") as non-permanent judges. But, we cannot take this for granted or see this as a given. We cannot assume a judge will obligingly accept our offer upon receiving the letter of invitation from us.

Deputy President, we now lean on the appointment of these world recognized prominent senior judges to convince other countries the quality of our CFA. We can tell foreign countries that Hong Kong courts are not under any sort of interference, as even expatriate judges with great reputation agree to join our CFA. This is the surest sign, the most important and most persuasive piece of evidence we can show the world. We thus have to treasure it. When there are still people who agree to join us, when these legal professionals at their zenith of success come to join us willingly, we should have welcomed them with open arms. But regrettably, we now raise queries and a good deal of comments on them instead.

Admittedly though, if any colleague is eager to challenge these legal experts, I definitely believe he or she should present the relevant case and debate in front of the CFA judges concerned, provided he or she has the necessary ability, qualification and opportunity. And we shall see how it goes then.

Deputy President, some said the Legislative Council held substantive veto right to the appointment of the judges concerned. I would like to make it clear to these colleagues that the veto right of this Council can only be exercised as a very last resort under circumstances where its deployment is absolutely necessary. What are those circumstances? Those are cases where we see procedural injustice, where we suspect a grave problem might have existed in the relevant commission. Only under such circumstances do we find the use of veto right mandatory. This time-tested system has been operating effectively since 1997. No problem has ever occurred during this lengthy period and I hope no one here will make any unnecessary alteration to it.

Deputy President, one last word that I would like to say is that Hong Kong is not the United States and we should not advocate the adoption of their practices uncritically here, asking for public hearing session and demanding a judge be questioned by Members of the Legislative Council. Is it not true that many pro-establishment Members keep reminding us that Hong Kong is not a foreign country? If we really have to blaze this trail, I believe that politically appointed officials should similarly be treated in the future. They should come to this Council, be questioned and be heard by our Members before they can be appointed.

I would like them to give this a thought and ask themselves how they would like Hong Kong to become. "One country, two systems" should not be taken for granted. Advantages such as "one country, two systems", the rule of law, and judicial independence are not bestowed by heaven. We have to protect them lest they will be ruined anytime in our hands.

I so submit.

**MR CHARLES PETER MOK** (in Cantonese):Deputy President, actually I had not intended to speak on this particular motion, but upon listening to the speeches delivered by Members, I feel compelled to speak.

First, today I have heard criticism from a number of Members on the social values of individual judges, especially the overseas judges. I consider that very terrible. Obviously, they are making an issue of this by making critical homophobic and transgenderphobic remarks. They said the Legislative Council was not a rubber stamp as it had the constitutional power to scrutinize, endorse or oppose any proposed appointments. On the one hand, they said the Legislative Council was not a rubber stamp, but once they have secured enough votes to pass a motion, they would deem the Legislative Council a rubber stamp on the other. In other words, they can say anything they want. In fact, this is clearly an attempt of political intervention, or not even political intervention, but an intervention of judicial independence, or interference of the independence of courts of law. They have already made it very clear.

(THE PRESIDENT resumed the Chair)

Some Members said that the judges should not deal with a certain type of cases in future. They should also take heed of Hong Kong people's thoughts and local values. Obviously, some people in the legislature are trying to interfere with the judicial system and decisions to be made by judges. As to the appointment of overseas judges, it can be said that Article 82 of the Basic Law has showcased the best wisdom of the Basic Law which could assure confidence of the international community in Hong Kong. Why should the Basic Law add this article, or why should the Central Government even allow the addition of this provision in the first place? The Central Government has its wisdom, and perhaps it has the wisdom than most Members here today do not have, as it knows that the provision can assure the confidence of the international community in Hong Kong's judicial system and the carriage of justice. It can make the commercial sector or investors feel at ease, while foreigners can feel reassured to live in Hong Kong. However, now a lot of Members and political parties are trying to throw away the best wisdom of the Basic Law to a far-off place for some unknown reasons.

I wish to say something to Members representing the business sector. Just now I have searched the internet's information concerning "LGBT" (lesbian, gay, bisexual, and transgender) and the list of the top 12 LGBT-friendly corporations in Hong Kong. I have found that only 2 out of the 12 are local international banks, and the rest are multinational corporations. All the 12 are financial corporations. Hong Kong is the international financial hub. May I ask what the presidents or human resources managers of these multinational financial institutions will think upon listening to the speeches delivered by our pro-establishment colleagues? I dare not think of that. How can we attract talented people to come to Hong Kong? They dare not come to Hong Kong as they find out Hong Kong is a place which harbours hatred against them. But I wish to tell them actually not all Hong Kong people hate them. Nevertheless, there are a lot of this type of haters in our legislature.

How can Hong Kong attract talented people? When they find that it turns out Hong Kong people hate or fear LGBT  equal rights to this extent, why equal rights should not be advocated as they involve nothing more than equal rights? What can their partners do? Without equal rights, without the status, they cannot come to Hong Kong. Some Members claimed that they were not discriminating against the LGBT population, and said that they had a lot of gay friends. But as they said they tolerate LGBT, yet they denied LGBT people their equal rights. How could they tolerate LGBT? They are just going too far.

President, I am also a Christian, but I support equal rights. As a matter of fact, I am not just supporting equal rights of gay people. I think every person in this world should be entitled to equal rights. As long as they are human beings, they should be entitled to equal rights. If we are pondering on the question of who has done anything wrong, instead of judging them here, I think we should leave it to God to judge.

Back to this motion, the international community has raised concerns*―*some negative concerns over the appointments of Court of Final Appeal ("CFA") judges, including local and overseas judges, in particular the financial sector. They are concerned that if Hong Kong is still an inclusive society and if it will discriminate against people based on their sexual orientations, nationality or even race? In fact, today I have heard questions raised by some pro-establishment Members concerning how foreigners and overseas judges would treat the interest of China and Hong Kong? To deduce from that, how would foreign banks and overseas investors treat the interest of our mother country? How can Hong Kong go on playing its role as the international financial hub? How can we maintain the position as the international technology centre and international research and development ("R&D") centre? It turns out that this is the case, and perhaps it is true. We have heard recently that even people in the technology and R&D sector also needed to be patriotic people who love China and Hong Kong. On that occasion, I asked, what should foreign professors do?

This kind of inclination and approach will substantially undermine Hong Kong's role as an international financial and commercial hub. Will you people please think twice before saying or doing something*―*no matter what you say or do is purely for the sake of ballots or other reasons, or you think that is something the Central Government wants you people to say. I really do not think so. The Central Government wants Hong Kong to be a successful international hub of business, commerce and technology. But you should know that such remarks, in the eyes of foreigners and international community, will be deemed unwelcoming and unfriendly to them. It is not just the sexual orientations, but just because they are foreigners, therefore you have to conjecture their intents. Such approaches, thinking and remarks will do us no good but harm.

We have to protect Hong Kong's rule of law and judicial independence. As Mr Alvin YEUNG said just now, this is the most important and the only cornerstone that remains in Hong Kong. It is difficult for us to protect it, but it is easy for us to ruin it.

The last thing I want to say is that some Members have mentioned judges should attend public hearing, or not public hearing, as judges need not attend public hearing. Some Members opined that just like the United States, we should invite judges to come to the Legislative Council to answer questions. Just now Mr Alvin YEUNG has said that if that is case, all principal officials should be required to go through the same process. I will say that Hong Kong should first copy the entire system of the United States and that the Legislative Council should be elected by universal suffrage and the Chief Executive should be elected by direct election before you guys tell us what we should do. You are simply telling half of the truth and take whatever suits you and turn a blind eye to whatever not suits you.

President, I so submit.

**PRESIDENT** (in Cantonese):Does any other Member wish to speak?

(Mr CHAN Chi-chuen indicated his intention to speak)

**PRESIDENT** (in Cantonese):Mr CHAN Chi-chuen, please speak.

**MR CHAN CHI-CHUEN** (in Cantonese): President, I rise to speak in support of the resolution moved by the Chief Secretary in respect of the proposed judicial appointments of four judges, namely the Honourable Mr Justice Andrew CHEUNG (permanent judge of the Court of Final Appeal ("CFA")); the Honourable Mr Justice Robert TANG (non-permanent Hong Kong judge of the CFA); and the Right Honourable the Baroness Brenda HALE of Richmond and the Right Honourable Beverley MCLACHLIN (non-permanent judges from other common law jurisdictions).

As some Members have put it just now that things went smoothly during the previous appointments of CFA judges by the Government, but how come ripples are unnecessarily created this time? Well, because someone is trying to rock the boat, of course. According to the Chairman of the Subcommittee on Proposed Senior Judicial Appointments ("the Subcommittee") Dr Priscilla LEUNG's remarks made just now, the Subcommittee had received dozens of written submissions, among which queries were only raised against the proposed appointments of Baroness HALE and Ms MCLACHLIN out of the concern that the two female judges would support lesbian, gay, bisexual, and transgender ("LGBT")'s rights as well as same-sex marriage.

I want to tell Members that no matter how open a society is, there must be people who are "homophobic," "anti-homosexual," and even hostile to LGBT people. Not only do they oppose same-sex marriage, they also oppose any person's attempt to fight for the formulation of policy or any legislation aiming to protect LGBT's rights and improve the dilemma of LGBT people. For instance, they will certainly voice their opposition even if the law expressly provides for the right of homosexual people to get back the bodies of their deceased husbands.

**PRESIDENT** (in Cantonese): Mr CHAN, let me remind you that we are now debating the motion on the appointment of judges to the CFA. I hope that Members will not take this opportunity to discuss same-sex marriage or LGBT's rights. Please come back to the question under debate.

**MR CHAN CHI-CHUEN** (in Cantonese): President, I definitely understand, and I also do not wish that the debate on the appointment of judges to the CFA be turned into a debate on whether Members support LGBT's rights and same-sex marriage. However, all the members of the pro-establishment Members who have spoken just now also have expressed their views in this regard. Why did you not make a ruling in response to that but remind me instead when I have spoken for only one minute or so and am touching on the question under debate?

**PRESIDENT** (in Cantonese): Mr CHAN Chi-chuen, other Members only gave their views on the appointment of the two female judges to the CFA without mentioning the issue of LGBT's rights or same-sex marriage. Please come back to the question under debate.

**MR CHAN CHI-CHUEN** (in Cantonese): I understood. President, my stance is actually in line with yours in that I do not wish to see this session of motion debate on the Government's senior judicial appointments to be turned into an occasion on which Members express whether they oppose or support same-sex marriage.

On the contrary, I would like to thank those who have given written submissions to the Subcommittee. Just as Dr Junius HO has said, members of the public have the right to express their views while the Subcommittee ought to listen to their views. As Members of the Legislative Council, however, we have to explain to them the procedures of appointment of judges, whether their concerns are justified, and etc. upon receiving their such views. Frankly speaking, I certainly have not noticed, even as a homosexual person and a proponent of LGBT's rights movement, that the two overseas judges concerned (i.e. Baroness HALE and Ms MCLACHLIN) had shown sympathy towards the sexual minorities in adjudicating court cases in the past. Their views are as follows: "Upon checking the judgments handed down by the two female judges in the past, they were found to have been sympathetic towards LGBT people in their fighting for equal rights". I am grateful to them for bringing this fact to light, but as Members of this Council, we ought to tell them that the personal stances of the two female judges expressed on various occasions in the past would not affect the way they try cases.

President, quite a number of Members have received a short message from a member of a church and I wonder if you have also received it. I quote: "The Legislative Council is debating at the moment the Government's proposed appointments of two overseas judges as judges of the CFA who are supportive of same-sex marriage and transsexuals. Please pray for the Legislative Council during this period and beg for Our Lord's great mercy. Will the Legislative Council not to approve of the appointments, please? Or our family values and ethics will be ruined, and even truth itself will be in serious jeopardy." (End of quote) I can still understand if such a concern is from the public, but it is surprising that the message was actually sent from the church. Nevertheless, I think this kind of messages are useless because no one among the Members who have delivered their speeches just now expressed the decision of voting against the resolution today for this reason, not even Dr Junius HO, who only expressed reservations about the proposed appointments of the judges. I wonder whether Members will claim a division when the Council proceed to vote on it later on, if so, we shall find out if Dr HO abstains from voting then.

I just want to tell Members that any attempt that seeks either to affect the appointment of a judge due to subjective perception (i.e. perception based on the remarks made or the cases adjudicated by that judge in the past) of him or demand that he abstains from sitting in the adjudication of cases involving any particular issue with him is a kind of intervention in fact, which aims at exerting pressure on the judiciary and the judge. Well, let us put it another way. We all know that Mr Justice Andrew CHEUNG, who has taken a distinct stance on marriage, opposes same-sex marriage as he often mentions in his judgments that "monogamous marriage" shall not be challenged. Regardless of this, never have I heard of any instances in which homosexual groups demand Mr Justice Andrew CHEUNG to abstain from sitting in the adjudication of cases involving this issue next time precisely because he had expressed in past judgments his disapproval of allowing LGBT people to have equal rights. Actually, we will never make such a demand since we have confidence in the entire judicial system.

In fact, the CFA is constituted by five judges, including the Chief Justice of the CFA, three permanent judges and one non-permanent Hong Kong judge or non-permanent judge from other common law jurisdictions. This means that the remarks made by one single person in the past … we should have faith in the first place that in rendering an independent judgment for each case, a professional judge shall not be affected by the remarks he made in public over the past. Just as what the Chief Secretary said today, the recommended appointees are selected for appointment on the basis of their judicial and professional qualities instead of their political stances or values that they held onto over the past. If a person's values are also taken as a factor for consideration, then it should not be confined to equal rights for homosexuals. Should we not also consider if the appointee is a radical feminist? Or is that person who takes a strong stance on protection of animals or environmental protection? If so, then he should not be assigned to adjudicate cases related to environmental protection or protection of animals in future. Yet, we will never make such a demand, right?

But then, why query the proposed appointments of the two female judges as CFA judges or impose additional conditions purely because of the judgments and remarks they made in the past? Actually, regarding the currently proposed judicial appointments, two things are true about the pro-establishment Members: they have no objection to the appointments and dare not vote against the resolution. As to the proposal of holding a public hearing, well, it would have been materialized if all pro-establishment members were present at the Subcommittee meeting back then. But anyway, the Government managed to settle the matter with them and so no public hearing needed to be held. All they have to do is only to slightly reproach the Government today. However, the focus of their speeches today is nothing more than kind of "we will let you go this time but do be more alert next time that you must first seek an understanding of the recommended appointees' stances made public in the past so as to avoid getting into any unnecessary trouble".

And just now, Dr Priscilla LEUNG has pointed out that the authorities should not appoint those who support "Hong Kong independence" or "Taiwan independence", but this is still not enough perhaps? Along Dr LEUNG's line of thought, it is necessary to examine how the candidates had heard cases related to self-determined independence of places in Europe. Candidates having shown support for should not be considered for appointment. Of course, I have never heard of any foreign judges who have ever expressed their support for "Hong Kong independence" or "Taiwan independence", not in the past at least, but there is no telling if any foreign judge will do so in the future. I trust that judges will not make such remarks in any case, but what about those candidate who did have shown support for Mr LIU Xiaobo or vindicating the 4 June Incident? To minimize trouble, the Government should, without exception, avoid appointing any judges who have made clear their stances on all such controversial issues. Yet, this kind of mentality should not be encouraged.

In addition, some people also pointed out that the two female judges should avoid hearing cases involving the issues mentioned above, while the Judiciary should not let them do so. This sounds rather ridiculous which causes me to worry that our judicial independence as well as the operation of the Judiciary will be adversely affected after the pro-establishment Members have expressed such views.

At present, President, the Court of Appeal and the CFA are also dealing with cases related to LGBT's rights, including the "Senior Immigration Officer v the Civil Service Bureau" case for which the determination on whether the man whom the plaintiff married overseas as his husband is eligible to enjoy a civil servant's spousal benefits have to be rendered. Having lost the case at the Court of First Instance, the Government is prepared for an appeal which will be handled by the Court of Appeal and the case is now undergoing a judicial review. As to the QT case, QT, a foreign professional working in Hong Kong, applied for a dependent's visa for her same-sex partner of her sponsor. Her application was first dismissed by the Court of First Instance but her appeal was allowed by the Court of Appeal at last. The Government is still seeking judicial review at the moment 

**PRESIDENT** (in Cantonese): Mr CHAN Chi-chuen, I have to remind you: In accordance with Rule 41(2) of the Rules of Procedure, a Member shall not make reference in his speech to a case pending in a court of law in such a way as, in the opinion of the President or the Chairman, might prejudice that case.

**MR CHAN CHI-CHUEN** (in Cantonese): President, I am not commenting on the case. Mr Tommy CHEUNG has mentioned the QT case as well just now.

**PRESIDENT** (in Cantonese): You mentioned a case pending in a court of law. Will Members mind their speech, please?

**MR CHAN CHI-CHUEN** (in Cantonese): I will not talk about individual cases then. Should those judges of the Court of Appeal handling cases related to LGBT's rights now or in future who make judgments in favour of the appellants not be appointed as judges of the CFA? In case it happens once again that Chief Secretary Matthew CHEUNG appoints judges who had made judgments in favour of the appellants of cases related to LGBT's rights or those who had shown sympathy towards those fighting for LGBT's rights in their judgments as judges of the CFA, will the pro-establishment Members object to the appointments of those judges as judges of the CFA on the basis of their past judgments? Can I just draw such inference?

If so, then I would like to enquire further: Can LGBT people serve as judges? Can they serve as CFA judges? Actually, are Members aware of the current total number of CFA judges? Why do people only focus their attention on the two recommended appointees from overseas? If all the CFA judges (15 in total, including local and overseas judges) are to be examined like having X-ray scans, then we should ask each and every one of them if they do support LGBT's rights or same-sex marriage. In case someone among them shows sympathy towards the LGBT people, the pro-establishment Members will point an accusing finger at the Government once again. What criteria do they adopt, in fact? And what do they really expect?

Actually, I do not entirely disapprove of the proposal of holding a public hearings but I think that the public hearing should not be held because of the proposed judicial appointment of the two female judges. If Members wish to conduct an overall review on the entire system of judicial appointment while the Government is willing to engage in relevant discussions and review accordingly, then we should discuss the matter and express our views at meetings of the Panel on Administration of Justice and Legal Services instead of playing up the issue involving the judgments delivered by the two female judges in the past, which is by no means a proper way to deal with the matter.

As a matter of fact, many foreign media and legal practitioners are very concerned about our debate today. And I also understand that the presence of bilingual (Chinese and English) code-mixing in the speeches of pro-establishment Members is meant to make clear their stances to those people in foreign countries who are very much concerned about the debate.

Finally, I want to spend the remaining speaking time to refute certain remarks that challenge foreign judges. Despite the fact that I have not listened to all the speeches delivered by Members today, but I did not hear any Member make whose remarks in strong opposition to the appointment of the foreign judges in question. I would like to cite here the description of the two foreign female judges (i.e. the President of the Supreme Court of the United Kingdom and the Chief Justice of the Supreme Court of Canada from Britain) by Honorary Senior Counsel Johannes CHAN, former Dean of the Faculty of Law of the University of Hong Kong: " both are judges of eminent standing and reputation among Common Law jurisdictions and their acceptance of the offer of appointment to the CFA is tantamount to inform the international community that they still believe in the presence of 'one country, two systems' and judicial independence in Hong Kong, meaning that they have cast their votes of confidence in favour of Hong Kong." He also questioned whether we realized exactly what goodness we would be foregoing if we failed to appreciate such fact and treasure their kindness.

Hence, the resolution moved by the Chief Secretary today will have my support and I urge Members to vote in favour of the resolution.

**DR HELENA WONG** (in Cantonese):President, originally, I have not intended to speak on this motion, but as I have heard a lot of ridiculous arguments, I really could not stand them. Therefore, I need to come downstairs and say a few words in this Chamber.

First of all, I speak in support of the resolution moved by the Chief Secretary for Administration. The Democratic Party supports the appointment of the Honourable Mr Justice Andrew CHEUNG Kui-nung as a Permanent Judge, the Honourable Mr Justice Robert TANG Ching as a non-permanent Hong Kong judge, the Right Honourable the Baroness Brenda HALE of Richmond (Baroness HALE) and the Right Honourable Beverley MCLACHLIN, P.C. (Ms‍ MCLACHLIN) as non-permanent judges from other common law jurisdictions to the Court of Final Appeal ("CFA").

President, I note that in today's debate, some pro-establishment Members have criticized the appointment, especially the appointment of two female judges who support gay equal rights. Although these Members do not say that they oppose the motion, they have been wantonly lashing out at the appointment of the two female judges. President, everybody knows that the appointment this time around is recommended by the Judicial Officers Recommendation Commission ("JORC") earlier and accepted by the Chief Executive Carrie LAM. The Chief Executive accepts the JORC recommendation according to the procedure and then appoints the former President of the Supreme Court of the United Kingdom, Baroness HALE, and the former Chief Justice of the Supreme Court of Canada, Ms MCLACHLIN, as non-permanent judges from other common law jurisdictions to CFA.

If the appointment is passed in the Legislative Council, the duo will be the first female judges to CFA in Hong Kong's history since the reunification, and the latter will become the first non-permanent judge from Canada to CFA. I agree with what the Chief Executive, Carrie LAM, says earlier that the two female judges are of eminent standing and reputation and their appointment is a historic moment in Hong Kong. I consider that not only a historic moment in Hong Kong, it is also a glorious moment of Hong Kong's judicial circle and local women's movement.

Members should think about it. CFA have all along been dominated by male judges. From the gender equality perspective, I consider that Hong Kong has not been doing well as to no female judges have assumed such posts. For that reason, Hong Kong has taken the first step to appoint the first two female CFA judges for the first time, which I consider a progress for the judicial circle. People care about women's rights and equal rights should give their support vigorously.

The Democratic Party welcomes the appointment of CFA judges this time around. I consider that can curb the male-dominated situation and rectify such an irregular situation. I hope the judicial circle and the legal profession can keep on making an effort to nurture local female judicial professionals, so that the judicial system can take into account the voices of males as well as voices of females.

Just now I have heard that a lot of pro-establishment Members criticized the two female judges. But if we take a serious look at their curriculum vitaes, we should be deeply touched as Hong Kong is able to recruit these outstanding talents to come to Hong Kong. Baroness HALE was called to the United Kingdom Bar in 1969. She became the Deputy President of the Supreme Court of the United Kingdom in 2013 and its President in 2017. Besides, in 1984, she was appointed a member of the Commission for England and Wales, the statutory body which promotes reform of the law. She led the team whose recommendations led to the Children Act 1989, the Mental Capacity Act 2005 and many other Acts. She is an internationally renowned judge with experience in children law as well as mental capacity law.

As to Judge MCLACHLIN, she was the first woman to be appointed Chief Justice of the Supreme Court of Canada in 2000, and she is the longest-serving Chief Justice in the Supreme Court's history. She has a lot of experiences and abundant qualifications. She just retired from the Canadian Supreme Court on 15 December 2017. She was the Chairperson of the Canadian Judicial Council. I consider that it is an honour for Hong Kong to have invited these two experienced and highly-qualified female judges to come all the way from Canada and the United Kingdom to Hong Kong and join the work of Hong Kong's CFA.

Why do some pro-establishment Members have complained about the appointment? I have been listening to their speeches and actually they said nothing more than the fact that as the two female judges support gay people and gay rights and so on, therefore pro-establishment Members just questioned if the judges have prejudice on one side when they are trying such cases in future. Some pro-establishment Members questioned whether it will affect Hong Kong's marriage law and the so-called monogamous marriage in Chinese tradition. Actually, the traditional Chinese marriage system is not monogamous. The so-called monogamous system is actually based on the relevant marriage law amended in 1970 and enacted in 1971. As a matter of fact, before its enactment, Hong Kong has been observing the "Qing Law" where concubinage was legal. If that is the case and if they really support the Chinese tradition, which traditional marriage system should they support? Polygamous marriage was legal at that time. If our fellow Members were legislators at that time, would they support the era that a man can marry one wife and take as much concubines as they wish?

For that reason, of course marriage law will be improved from time to time and it will reflect the values of the majority in society. As far as this moment is concerned, most Hong Kong people consider monogamy is the accepted marriage system. But we do not know what the future will be. What we have to do now is to respect people in society who are holding different beliefs and values. We should not forbid lesbians or people who support gay rights to become judges.

If Members agree with such a rhetoric, it will only show that our legislature is in such a deplorable state that it only shows some people among us are suffering from homophobia. Homophobic people will loathe seeing gay people. They only wish to kick gay people away and forbid gay people from trying cases in courts of law. Actually, it only shows a person's ideology. That is, heterosexual hegemony, as they consider only those who support monogamy and heterosexuality are normal people, and only such people are fit to become judges, otherwise, they are not considered fit to become judges. However, as to judges whose duty is to try cases, since there are different people in society and if people are of the views that people who support gay rights should be prohibited from being appointed as CFA judges, then why should people who support heterosexuality could be appointed as CFA judges? If only heterosexual and homophobic people can be appointed as CFA judges, people who support equal rights will also oppose the appointment and doubt if these judges will hand down harsh sentence to punish gay people in cases where gay people are involved.

For that reason, actually Members want to smother this appointment. That is to say, they want to annihilate the room of survival of people with different stances. Only a pluralistic and inclusive society will have progress. We do not wish to magnify indefinitely the sexual orientations of judges in the appointment this time around. Why should Members not question the sexual orientations of the other judges? Should all the 4 incumbent judges be allowed to try cases only if they support heterosexuality or all of them are heterosexual supporters? Such an approach is basically outrageous. Hong Kong has enacted the Hong Kong Bill of Rights. We should talk about equity and fairness. If conservatism controls the Legislative Council and if Members maintain heterosexual mentality to smother gay rights, then I consider our legislature is really in a deplorable state. Therefore, I rise to speak and hope Members will think it over seriously.

With regards to the concerns Members have raised just now, I consider that there are no reasonable grounds at all. Actually, the main question is, everyone knows that there are 30 non-permanent judges. When CFA hears and determines an appeal, there will be five judges, namely the Chief Justice, three permanent judges, and one non-permanent Hong Kong judge or one non-permanent judge from other common law jurisdictions. For that reason, how can the addition of two non-permanent judges from other common law jurisdictions, namely Canada and the United Kingdom respectively, change Hong Kong's marriage law? When a judge is trying a case, he or she will try the case in accordance with the laws of Hong Kong. He or she will not overrule Hong Kong's marriage law and pass any same-sex marriage legislation simply because of one court case. It is impossible. The Legislative Council is still responsible for the legislation work. In the meantime, we are talking about the appointment of judicial personnels. A judge can never ignore the laws of Hong Kong when he is determining a case.

Therefore, I consider the concerns unreasonable. In my capacity as a Member of the Legislative Council, I consider that I should tender my heartfelt apology to the two incumbent female CFA judges for the ignorance and the rogue behavior of some Members in the Legislative Council by magnifying such issue. I consider that they are simply showing disrespect to the two judges. As to the legislature behaves in that way, I consider that it is a humiliation to the Legislative Council. If the two incumbent female judges feel disturbed or unhappy, I think we should apologize to them. A certain pro-establishment Member in the Legislative Council often says a certain Member has undermined the reputation of the legislature, but as I am listening to the debate all along, actually I can feel that many of us are undermining the reputation of the legislature. How should this matter be settled?

For that reason, with these remarks, President, I support the appointment this time around and support the passage of the motion.

**MR PAUL TSE** (in Cantonese):President, before I deliver my speech, I would like to respond to the last part of Dr Helena WONG's speech which reflects her superficial understanding, not genuine understanding practically, in handling court cases or the judicial system. According to her, as Hong Kong has its own laws and there are five judges in the Court of Final Appeal ("CFA") in hearing appeals, how can the laws of Hong Kong be affected? In fact, Dr Helena WONG should think deeper. CFA judges do not only invoke laws but will create laws. During the stage of CFA, when hearing cases, for example, related to abortion, the rights of black people or the rights of homosexuals, judges do not base on any laws and there are no laws. It is a no man's land where no such laws could be invoked. That is why CFA judges are so important. Therefore, if Dr‍ Helena WONG thinks that it will not have any impact, I would ask her to learn more in this aspect. When I have a chance later, I will respond to her remarks as she has made a lot of fallacious arguments which I have to rebut.

I now turn to my main speech. President, first of all, although Article 82 of our Basic Law states that CFA may invite judges from other common law jurisdictions to Hong Kong to sit on CFA, when we look clearly, we can notice the term "as required" in it, meaning when it is necessary, and this is very important. I also understand that section 16(1) of the Hong Kong Court of Final Appeal Ordinance has theoretically misunderstood this major principle of the Basic Law. In accordance with many veteran lawyers, in the course of formulating the Basic Law, they wanted to leave a door open so that certain situations could be dealt with flexibly. The term "as required" means only when it is necessary, and does not mean that it is necessary. However, section 16(1) of our Hong Kong Court of Final Appeal Ordinance provides that there should have one non-permanent Hong Kong judge or one judge from another common law jurisdiction. I of course will not challenge this Ordinance as this is not my style. But due to my understanding of the Basic Law, I have reservations about it.

President, secondly, it is clearly prescribed in Article 92 of the Basic Law that judges shall be chosen on the basis of their judicial and professional qualities. We should have this understanding. Just now, Dr Helena WONG strongly attacked feminism and said that even the Chief Executive has also made some mistakes. I find it a bit embarrassing because two times in a week, I have to agree with the remarks of Ms Claudia MO. Ms Claudia MO just criticized Mr‍ Dennis KWOK as he said that it is a new milestone in history to have two female judges coming to Hong Kong. According to the Basic Law, theoretically, the gender of judges should not be our consideration. Therefore, if we have to strictly comply with the spirit of the law, we should not strongly propagate that there are female judges coming to Hong Kong and say that we are very happy about it. It is because women or men are not related to work and gender should not be a factor of consideration. If the gender of judges is a factor of consideration, it will be against the law. Hence, I hope that those who respect the rule of law should read the related legislation clearly. In fact, when we recruit employees, we cannot emphasize whether we are recruiting men or women. Why do we emphasize that female would be better when inviting CFA judges?

President, when considering the qualities of judges, we cannot neglect that every person has his own set of values, whether superficial or hidden, and this is very significant in the trial. At present, many intellectuals discuss juristocracy. Nowadays, apart from talking about democracy, people like talking about juristocracy. Looking back at some CFA cases in the past, I notice that a foreign judge had overturned the judgment made on a case 168 years ago. He was a pioneer and forerunner, liberating the so-called defamation law, and this was unprecedented in the judiciary history of Hong Kong. Nowadays, Hong Kong is still at the forefront in terms of defamation law, being the most advanced and liberal jurisdiction among the common law countries, and this is attributed to one judge. Therefore, we shall not forget the importance of judges. If the international status of a judge is more prominent, he will have greater influence when he comes to Hong Kong, and it will also be easier for him to exercise dominating legislative power single-handedly, and I emphasize his power in legislation. We thus cannot overlook the importance in this aspect.

I am also going to talk about the person responsible for selecting these judges to hear cases in CFA. That person is our Chief Justice, and he is the so-called kingmaker behind the scene. When selecting a judge, he will consider his background and value preferences. The more prominent this judge is and the clearer his stance is, the easier it is for the Chief Justice to make his choice. What I am going to say is that this practice will put some judges in a highly authoritative position which cannot be overlooked.

President, within the limited speaking time, I would like to talk about the three major dilemmas in respect of this appointment exercise. First, to a certain degree, I agree that it is somewhat attributed to some overseas judges serving as non-permanent judges in CFA that Hong Kong can be so respected and can maintain its status in terms of competition, reputation and rule of law internationally. Of course, I will not react as strongly as Mr Alvin YEUNG in saying that Hong Kong is very lucky to be able to find these judges to work in Hong Kong, although in reality, these judges are very prominent indeed. I want to clarify one point. We are not against to have some overseas judges coming to Hong Kong. If we say so, it will be unfair to the overseas judges now sitting in Hong Kong courts. At the present moment, we have 15 non-permanent judges. There are three local judges and 12 non-permanent judges altogether. Among the latter, one is the incumbent judge of the Supreme Court of the United Kingdom, while the other 11 judges are very prominent judges of CFA or similar level in the United Kingdom or Australia. Hence, what we want to highlight is not the high level or prominence of these judges. What I want to say is that we actually have a lot of other choices. Why do we need to choose these two judges who are equally prominent as others but whose values may be questioned by the public? This surely is a question, and I thus want to clarify this point.

It is indeed undeniable that overseas prominent judges can provide assistance to Hong Kong, but we still have to strike a balance. Those who like talking about local rights and interests or those highly radical localists should think about this question as this approach is not localistic at all. If we attach high importance to the internationally prominent status and think that overseas prominent judges can provide assistance to Hong Kong, I hope that the Hong Kong Bar Association ("HKBA") can also hold this open attitude. It is because internationally brilliant, especially top barristers in the United Kingdom coming to work in Hong Kong can really provide assistance to Hong Kong. HKBA should not be saying one thing but doing another, commending this practice among judges but rejecting its application to barristers under the excuse that this will jeopardize the employment opportunities in Hong Kong. I hope that we can take heed of the double standard.

President, the second dilemma was just touched upon and is related to Article 92 of the Basic Law. I am sorry. I want to highlight three dilemmas and I just pointed out the first dilemma. The second dilemma that I want to mention is about recusing oneself from the trial.

President, if one is concerned about judicial progress, he may be able to recall a recent case  perhaps it is not so recent as it has been some time ago. Concerning recusing oneself from the trial, some people say that we have to pay some attention. If a LGBT case has to be dealt with in the future, should the judges concerned recuse themselves from the case? I have grave reservations about this, because when we invite judges to come, we naturally cannot define which cases they can handle and which cases they cannot handle.

Nevertheless, since the judges concerned are so prominent, I believe that they should know the famous case of the House of Lords in the United Kingdom concerning PINOCHET, the previous dictator of Chile. At that time, a very renowned Lord High Chancellor of Great Britain, Lord HOFFMANN, participated in hearing the case. He did not write but endorse the judgment. While his wife was providing volunteer service to Amnesty International, a non-governmental organization, he was a director of a charitable company under that organization. Since he had not declared his interest beforehand, after the trial was over, the whole judgment was finally overturned and the case needed to be retried. This was related to his extent of participation.

This case serves as a very significant precedent as this is a breakthrough. In the past, the so-called conflict of interest would surely be pecuniary, and a judge would need to recuse himself in a case only because of any conflict of pecuniary interest. However, this precedent has gone to an even higher level. It tells that the participation of a judge in certain activities, even with the extent of participation similar to that of Lord HOFFMANN who, totally out of his own will, volunteered for the service and did not obtain any repayment, may be considered as having a conflict of interest, and he will be required to recuse himself in a trial simply because of a conflict of non-pecuniary interest. After these two judges have come to Hong Kong, if there are situations similar to the case of Lord HOFFMANN, I believe that they will surely deal with them in a proper manner.

President, for the third dilemma, I of course understand that Hong Kong is following the British system. In the appointment of important political officials or judges, it is still unnecessary for them to attend hearings and answer questions on their personal background and information from Members, who then cast their votes of support or otherwise. We may not need to adopt this approach. However, President, it is actually also useful to adopt this approach. While this approach is not available to us, we can only superficially recognize that the judges are neutral, their values are acceptable and they will not be biased. However, is it really the case? Just ask yourself. Every person must have his own thoughts and values. Under the American system, if I know that he is appointed by the Republican Party, I will clearly know his stance towards abortion, ammunition and carrying firearms. In the process of selection, he will surely try to be neutral and moderate in the hope that he can get endorsement. If he is a member of the Democratic Party, I will know his values and his stance towards human rights and racial discrimination. If we know their background, it is actually easier for us to make a choice and to criticize them.

Nonetheless, all judges are now superficially neutral and their values are not biased, but in reality, this is not the case. Besides, as I said earlier, during the stage or level of CFA, laws can be created. Only one judgment or one sentence from a CFA judge can lead to rewriting of the laws in Hong Kong, and only one "W case" is enough to make an appalling mess of the Government which has to deal with a lot of work. At present, whether the period of residing in Hong Kong should be seven years or one year for a CSSA recipient to be eligible to apply for public housing has already turned the Government upside down. Do not think that these cases can be tried with the laws of Hong Kong. Only those with the calibre of Dr Helena WONG will say so. But if you are really familiar with the laws and understand legal operation, you will know that CFA is CFA, which can create laws.

At this moment, our society has not developed to a stage where we can go for public questioning or hearing, and I understand and will accept this situation. I have been working in the legal profession for many years, and I know that we have to take certain things slowly. But I hope that we will not look at matters so superficially. We also have to clearly understand that we are not targeting at the gender and values of these two judges. We should not target at their gender, and superficially we should also not target at their values but to accept them. But when really talking about judicial independence, we must understand where the balance lies, instead of saying one-sidedly that we cannot question and criticize them.

As a matter of fact, two or three years ago during the Brexit referendum in the United Kingdom when the court was politically dragged into a highly controversial trial, the front pages of many newspapers also said that judges were turning themselves into enemies of the people. The judicial system of the United Kingdom which we respect most also has to face similar situations. When a community has progressed to a certain position where people's wishes need to be attended, there will also be questions in the rule of law which need to be faced and redressed.

Therefore, I will support these recommendations and appointments. But what I want to highlight is that we must pay attention to the many problems emerged here. We should neither say delightedly that Hong Kong is lucky to have two female judges, nor say that we absolutely cannot criticize the appointments concerned. Because in fact, we should clearly understand that Hong Kong is just like any other places in the world where the judgment of a CFA judge will affect and shape the direction and values of a community. We should not deceive ourselves.

Thank you, President.

**PRESIDENT** (in Cantonese):Does any other Member wish to speak?

(Mr AU Nok-hin indicated his wish to speak)

**PRESIDENT** (in Cantonese):Mr AU Nok-hin, please speak.

**MR AU NOK-HIN** (in Cantonese):President, actually I only have a few things to add. I listened to Mr Paul TSE's speech just now and at first I was delighted by it. Many of the previous speeches I listened to earlier were just about mere common sense: separation of powers among the executive, the legislature and the judiciary, the importance of judicial independence, and that the Legislative Council should avoid making too many comments lest the move constitutes political interference into the judiciary and a conflict of roles as recommendation has already been made by the Judicial Officers Recommendation Commission ("JORC") in the judicial appointment process.

Two points were raised by Mr Paul TSE just now: first, judicial appointment should be made, first and foremost, according to our needs; second, the appointment of judges should be made on the basis of their judicial and professional qualities, as clearly laid down in Article 92 of the Basic Law. To me, these two arguments have dealt a head-on blow to many pro-establishment Members. If judges place their opinions over their profession, this is of course inappropriate. But, we believe that JORC made the selection on the basis of professional quality. Having taken this into consideration, the candidates recommended include Baroness Brenda HALE and Ms MCLACHLIN who are at the centre of today's controversy. We trust them because of their professional judgment but not their political views.

I thought these two arguments were adequate in dealing with the current disputation. Unfortunately however, I noticed Mr Paul TSE put forth two other arguments later in an apparent contradiction of himself. First, he said that the verdicts made by many eminent overseas judges were decidedly influential. While this can be true, he then argued that the values held by judges were highly important. Next, on the basis of this reason, he further questioned whether public hearing session should never be held.

This precisely is what I would like us to ponder on. If we conduct public hearing session, consultation or debate in any form when making judicial appointment, we are exerting undue influence on the court. This is risky as political views are prioritized over consideration on judicial and professional qualities, and this is a slap in the face of Article 92 of the Basic Law.

I do not intend to make a long speech but I hope we can consider why we make judicial appointment under this system and in accordance with this law in the first place? I also hope the Chief Secretary for Administration, in his reply to be made a moment later, can appraise whether our rule of law has been challenged by Members' criticisms over judicial appointments. Thank you, President.

**PRESIDENT** (in Cantonese):Does any other Member wish to speak?

(No Member indicated a wish to speak)

**PRESIDENT** (in Cantonese):If not, I now call upon the Chief Secretary for Administration to reply. Then, the debate will come to a close. Secretary, please speak.

**CHIEF SECRETARY FOR ADMINISTRATION** (in Cantonese): President, I thank the 14 Members who have expressed their support for and views on the proposed judicial appointments. Based on the information provided the Judiciary, I am now responding briefly to the three concerns raised by Members just now, namely whether a public hearing should be held in respect of the proposed senior judicial appointments; how to ensure political neutrality of judges; and how to avoid letting the judge's bias get in the way during judicial proceedings.

First and foremost, just as what I have told in my opening remarks, judges of the Hong Kong Special Administrative Region ("HKSAR") shall be, in accordance with Article 92 of the Basic Law, chosen on the basis of their judicial and professional qualities. Like every selection exercise of judicial personnel in the past, recommendations made to the Chief Executive by the Judicial Officers Recommendation Commission ("JORC") in the current exercise are all in strictest accordance with Article 92 of the Basic Law. As to factors such as the personal background of the recommended candidate or whose perspective on political, social or economic affairs should not be part of the JORC's consideration in making recommendations of judicial appointments. On the issue of holding a public hearing in respect of the proposed judicial appointments, I think it will subject the current exercise to unnecessary political risks which might in turn compromise judicial independence while affecting public perception of the judicial appointments concerned.

Besides, of the six subcommittees formed under the House Committee to study proposed senior judicial appointments since 2003, it was never heard that any public hearings had been held to receive public views, meaning that the established practice of judicial appointment is found to be effective. Having discussed and put to vote the current proposed appointments, the Subcommittee on Proposed Senior Judicial Appointments ("the Subcommittee") agreed and decided not to hold any public hearing.

President, all judges of the Judiciary are abide by the principle of political neutrality, and judgments are to be made according to the laws of Hong Kong law. I must point out that all judges, including non-permanent judges from other common law jurisdictions ("CLNPJs"), will take the judicial oath when they assume office. In taking the Judicial Oath, the judge swears that he/she will uphold the Basic Law of the HKSAR, bear allegiance to the HKSAR of the People's Republic of China, serve the HKSAR conscientiously, dutifully, in full accordance with the law, honestly and with integrity, safeguard the law and administer justice without fear or favour, self-interest or deceit.

Besides, decisions are entirely up to the courts in dealing with matters concerning actual, presumed or apparent bias in judicial proceedings. As stipulated in the Guide to Judicial Conduct, there are established common law principles and practices in dealing with bias and matters concerning bias present in judicial proceedings.

In gist, according to the established principles, a judge may be disqualified from sitting on the three occasions as follows: First, where there is actual bias; second, where bias is presumed and disqualification is automatic (e.g. when the judge has a pecuniary or proprietary interest in the outcome of the case); and third, where the circumstances give rise to apparent bias (e.g. when the circumstances are such as would lead a reasonable, fair-minded and well-informed observer to conclude that the judge would be biased). From this we know that any actual or apparent bias can be dealt with by following long-established practices.

According to the information provided by the Judiciary, of the five judges hearing and determining appeals at the Court of Final Appeal, usually not more than one is a CLNPJ. In selecting and inviting CLNPJs to attend hearings, the court will consider all relevant factors, including the availability of the judges, whose areas of legal expertise, the nature of the cases to be heard, and etc. The Judiciary stressed that it is important to note that to attend court hearings, the CLNPJs are actually performing their duties as a Hong Kong judge and adjudicating on cases in accordance with the laws of Hong Kong. It has been proved that CLNPJs can effectively perform their functions at the Court of Final Appeal over the past two decades.

President, as the Chief Justice of the Court of Final Appeal remarked in his speech delivered at the Ceremonial Opening of the Legal Year 2018, please allow me to cite here the Chinese translation of his remarks: "Courts and judges are concerned only with the law and the legal issues which arise in any dispute to be determined by them. It is not relevant, nor is it any part of their constitutional duty to adjudicate on political, economic or social issues as such without reference to the law. In particular, political or other affiliations or biases are simply not relevant at all, whether in favour of or detrimental to the person involved."

President, the HKSAR Government firmly believe that Mr Justice Andrew CHEUNG, Mr Justice Robert TANG, Baroness HALE and the Right Honourable Beverley MCLACHLIN are all outstanding judges with rich experience and of high standing and reputation in the justice sector. Upon being appointed to the Court of Final Appeal as judges, they will certainly continue their crucial roles in defending the rule of law. For example, if Ms MCLACHLIN, a former Justice of the Supreme Court of Canada, is successfully appointed this time, she will be the first CLNPJ from Canada. Both Ms MCLACHLIN and Baroness HALE will become the very first pair of female judges appointed to the Court of Final Appeal and it will be a real historic moment in Hong Kong by the time their appointments take effect.

With these remarks, President, I urge Members to support the proposed judicial appointments. Thank you.

**PRESIDENT** (in Cantonese):I now put the question to you and that is: That the motion moved by the Chief Secretary for Administration be passed. Will those in favour please raise their hands?

(Members raised their hands)

**PRESIDENT** (in Cantonese):Those against please raise their hands.

(No hands raised)

Mr Dennis KWOK rose to claim a division.

**PRESIDENT** (in Cantonese):Mr Dennis KWOK has claimed a division. The division bell will ring for five minutes.

**PRESIDENT** (in Cantonese):Will Members please proceed to vote.

**PRESIDENT** (in Cantonese):Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Mr James TO, Mr LEUNG Yiu-chung, Mr Tommy CHEUNG, Prof Joseph LEE, Mr WONG Ting-kwong, Ms Starry LEE, Mr CHAN Hak-kan, Mr CHAN Kin-por, Dr Priscilla LEUNG, Mrs Regina IP, Mr Paul TSE, Ms Claudia MO, Mr‍ Michael TIEN, Mr Frankie YICK, Mr WU Chi-wai, Mr YIU Si-wing, Mr‍ Charles Peter MOK, Mr CHAN Chi-chuen, Mr CHAN Han-pan, Mr LEUNG Che-cheung, Mr Kenneth LEUNG, Ms Alice MAK, Mr KWOK Wai-keung, Mr‍ Dennis KWOK, Mr Christopher CHEUNG, Dr Fernando CHEUNG, Dr‍ Helena WONG, Mr IP Kin-yuen, Dr Elizabeth QUAT, Mr Martin LIAO, Mr‍ POON Siu-ping, Dr CHIANG Lai-wan, Ir Dr LO Wai-kwok, Mr CHUNG Kwok-pan, Mr Alvin YEUNG, Mr Andrew WAN, Mr CHU Hoi-dick, Mr Jimmy NG, Mr HO Kai-ming, Mr LAM Cheuk-ting, Mr Holden CHOW, Mr SHIU Ka-fai, Mr SHIU Ka-chun, Mr Wilson OR, Ms YUNG Hoi-yan, Dr Pierre CHAN, Mr CHAN Chun-ying, Ms Tanya CHAN, Mr CHEUNG Kwok-kwan, Mr‍ HUI Chi-fung, Mr LUK Chung-hung, Mr LAU Kwok-fan, Mr Kenneth LAU, Dr CHENG Chung-tai, Mr KWONG Chun-yu, Mr Jeremy TAM, Mr Gary FAN, Mr AU Nok-hin, Mr Vincent CHENG and Mr Tony TSE voted for the motion.

Dr Junius HO abstained.

THE PRESIDENT, Mr Andrew LEUNG, did not cast any vote.

THE PRESIDENT announced that there were 62 Members present, 60 were in favour of the motion and 1 abstained. Since the question was agreed by a majority of the Members present, he therefore declared that the motion was passed.

**MEMBERS' MOTIONS**

**PRESIDENT** (in Cantonese):Debate on motion with no legislative effect. The motion debate on "Developing primary healthcare services".

Members who wish to speak on the motion will please press the "Request to speak" button.

I call upon Mr WU Chi-wai to speak and move the motion.

(A number of Members made noises while walking out of the Chamber)

**PRESIDENT** (in Cantonese):Will Members please keep quiet.

**MR WU CHI-WAI** (in Cantonese):Maybe we should wait for a while?

**PRESIDENT** (in Cantonese):Mr WU Chi-wai, please speak.

**Developing primary healthcare services**

**MR WU CHI-WAI** (in Cantonese):Having spent nearly 30 years developing primary health care services, President, the Government only stops at providing the most fundamental primary health care services such as outpatient and student health services.

The Working Party on Primary Health Care ("WPPHC") issued the report entitled "Health for All―The Way Ahead" in 1990. Back then, WPPHC had already recommended that the emphasis of Hong Kong's policy on health services be laid on primary health services. Up to the present, however, the emphasis is still on curative instead of preventive care, meaning that the focus of primary health care services is on developing hospital services instead of preventive medicine. Over the years, medical expenses on the provision of secondary and tertiary services (i.e. hospital services) accounted for over 85% of the overall health care expenditure, while that of primary health care only accounts for about 15% of the overall health care expenditure. Of course, such a percentage is even smaller than 9% as found by other surveys. It was until last year that the situation would probably improve when the Chief Executive made clear her intention of developing primary health care and the Financial Secretary also indicated expressly that he would set aside necessary resources to support her such initiative. Hence, I think it is high time the Council revisited this old subject.

(THE PRESIDENT'S DEPUTY, MS STARRY LEE, took the Chair)

Twenty-eight years ago, the Government published a report on primary care system entitled "Health for All―The Way Ahead"; in 1993, "Towards Better Health: A Consultation Document" was published; in 2005, the discussion paper "Building a Healthy Tomorrow" was published; and in 2008, "Your Health―Your Life: Report on First Stage Public Consultation on Healthcare Reform" was published. The issue of primary health care has been present in all the aforesaid papers, while the Government had all along been promoting the family doctor concept. Yet, it eventually came out that only a register of private doctors was published by the Primary Care Office and members of the public have to approach those private doctors on their own for medical consultation.

Deputy President, we certainly know that family doctors play an important part in the entire primary care system, but given our social characteristics, will it be fruitful if we progress in this direction? In fact, based on our past experience, it has been proved true that services provided by family doctors are not enough to meet public's need for primary care. On the other hand, regardless that the Government keeps talking about developing family doctor service delivery models, but such models have yet to be established even after some 20 years. Each members of a family still has to seek medical treatment from his/her own attending doctor.

In fact, the family doctor service model is not the model adopted by advanced countries in developing primary health care. As for primary health care, Australia attaches importance to accessibility, community development and cross-sector collaboration; the United States attaches importance to accessibility, care provided by different professional teams and accessing chronic disease patients through outreach services; Europe adopts a people-oriented model, under which a group of medical professionals provide comprehensive and integrated family and community services that are easily accessible. What are the commonalities between the models mentioned above? Well, they all emphasize accessibility, comprehensiveness and teamwork and do not rely solely on health care services provided by family doctors.

A family doctor model for the delivery of health care services is still absent in Hong Kong while the goal of integrating the collaboration with health care professional teams into community development is somewhat unattainable. Furthermore, instead of encouraging continuity of long-term partnership between elderly people and health care staff and the former's undergoing physical check-ups in prevention of diseases and illnesses, the primary health care services currently provided by the Government are still through the mode of delivering one-off health care services by individual health care staff. For example, the elderly people are given subsidies in the form of Elderly Health Care Vouchers with which they receive a variety of private health care services, including treatment of episodic diseases, dental treatment, eye examination and optical dispensing services, etc.

Besides, Community Health Centres, instead of delivering outreach services in tandem so as to provide convenient health care services for local residents while forging closer ties with them, only provide multiple health care services to patients within the same building. As regards the three Woman Health Centres in Hong Kong, they only conduct health checks for women without building up connection between local women and local social work serving women and families with a view to jointly facilitate the various service needs arising from women's health problems.

In other words, the current primary health care service model is one in which the Government and the various relevant agencies work independently according to their respective agenda that they lack coordination among one another. The report on primary care system entitled "Health for All―The Way Ahead" proposes to establish a Primary Health Care Authority, but the Government has never attached much importance to such a proposal. It was until last year that the Government finally established the Steering Committee on Primary Healthcare Development ("the Steering Committee") which is tasked to develop a blueprint for the sustainable development of primary health care services for Hong Kong. Nevertheless, the Steering Committee is still hardly comparable to a work unit officially established by legislative means, conferred with statutory powers and provided with sufficient information to deal with primary health care matters.

The function of the Steering Committee is to comprehensively review the current planning of primary health care services and to develop a service model for the delivery of community-level primary health care services through collaboration among medical and social sectors. In its Policy Address, the Government has also expressed its determination of stepping up efforts to promote individual and community involvement, enhance coordination among various medical, social and other sectors, and strengthen district-level primary health care services. Through these measures, we aim to encourage the public to take precautionary measures against diseases, enhance their capability in self-care and home care, and reduce the demand for hospitalization. The establishment of the Steering Committee is a positive step forward, but it remains to be seen whether it can take forward the relevant work with success.

According to our observation, the Government used to set up various steering committees whenever any problems arose in the past, but it was all talk and no action in taking forward any substantive work. The Democratic Party favours the practice of formulating policies on primary health care services by high-level organizations and opines that the Government should provide sufficient resources to support the implementation of the relevant policies. Therefore, we propose that the Government allocates $10 ‍‍‍‍‍‍‍‍‍‍billion to set up a seed fund to support consolidation of primary health care services and provide funding support in the delivery of primary health care services. Meanwhile, it can be used to fund the procurement of various kinds of health care services for the private sector, including physical check-up service.

The Democratic Party believes that the ideal primary health care service model should be one operated by community organizations in collaboration with health care professional teams aiming to provide various primary health care services and health service to citizens of different age groups. Moreover, instead of passively waiting for patients to come for their services, they will play an active role to reach out to those in need and provide service to them as necessary.

It is stated in the paper entitled "Towards Better Health: A Consultation Document" which was published in 1993: "A range of new screening programmes for women aged 45 and above and elderly persons aged 65 and above will be introduced in late 1993 and early 1994." This tells us that although such initiatives did have been implemented, they are neither targeted at all Hong Kong citizens nor universally accessible to everyone. The three Woman Health Centres currently operated by the Department of Health, which are located in Chai Wan, Lam Tin and Tuen Mun respectively, provide physical check-up service to women aged between 45 and 64. Yet, it is utterly impossible for these health centres to accommodate the needs of all local women aged 45 and above for physical check-up service. As to the elderly people, members of Elderly Health Centres who are offered physical check-up service and various types of health checks only accounts for about 4% of the overall elderly population in Hong Kong, whereas the number of people waiting for such services amounts to more than 20 000. Therefore, some elderly people may probably not have the chance to undergo physical check-ups during their lifetime.

Actually, physical check-ups have many advantages. As far as disease prevention is concerned, early detection of disease by symptoms enables early treatment and this is definitely beneficial for the public's health. Thus, the Democratic Party is of the view that the Government should launch universal physical check-up service for every citizen. Of course, the Hospital Authority ("HA") and public clinics do not have sufficient resources to cope with such a huge demand, and so we propose that the public-private partnership model be adopted for the provision of physical check-up service.

We certainly regard the introduction of various screening services a laudable government policy. Yet, should the Government not conduct a review given that the participation rates seem to have fallen short of expectations? For example, the Colorectal Cancer Screening Pilot Programme ("the Pilot Programme"), which is implemented by three phases, covers Hong Kong residents born in the years from 1946 to 1955 (i.e. about 820 000 people). However, only 62 000 among which participated in the Pilot Programme, representing a participation rate of only 7%. As regards the Pilot Scheme on Subsidized Cervical Cancer Screening, regardless of its better participation rate, there are still nearly 40% of women who have never undergone any smear tests and the participation rate in the screening is lower among women of lower income groups. Actually, to improve the participation rates of these programmes and schemes, the Government needs only to refine the model adopted for the delivery of primary health care service by taking an active role as far as possible in reaching out to serve the targets. This will greatly help improve the participation rates, while the programmes and schemes will be widely cherished.

On the other hand, the Democratic Party also proposes that the Government provides comprehensive public dental services. At present, the Government only provides dental care and emergency tooth extraction services for primary school students and outreach dental check-up services for the elderly people, while provision of the rest of relevant services rely entirely on the private sectors. Nevertheless, due to the service fees charged by private dentists, the elderly or people with low income rarely undergo dental check-ups. In fact, annual dental check-up or polishing can help members of the public to maintain dental health. Hence, we propose that the Government provides comprehensive dental services to the general public. These are indeed among the fundamental services supposedly provided by the Government to its citizens.

In its reply to my written question raised earlier on, the Government expressly concurred that "Prevention is better than cure" as far as dental care is concerned. Yet, since it lacks the determination to implement the policies concerned, the ratio of dentist to population in Hong Kong has remained at 0.3 dentist per 1 000 persons since 1996 as a result. This shows that the Government is not so resolute in its determination to perform this role.

I move this motion today because I actually want to make a point here, that is, the Government may be aware of the problem, but it is always unable to make up its mind to allocate resources for the development of primary care. I hope this motion debate will help prompt the Government to make up its mind to put in sufficient resources to enhance the role and status of the overall primary health care services in order to meet the health care needs of the ageing population. Otherwise, as our society's demand for health care services keeps growing, it will be very difficult to cope with the huge demand for such services then if we rely solely on the hospital services provided by HA. Hence, I urge the Government to make up its mind as early as possible to fully address our society's needs for primary health care services instead of merely paying lip service without taking due actions as before. I also hope that Members will support my motion as well.

Thank you, Deputy President.

**DEPUTY PRESIDENT** (in Cantonese):Mr WU Chi-wai, please move your motion.

**MR WU CHI-WAI** (in Cantonese):Deputy President, I move that the motion, as printed on the Agenda, be passed.

**Mr WU Chi-wai moved the following motion: (Translation)**

"That the Chief Executive outlined in her Policy Address the governance vision on primary healthcare, and the Financial Secretary also indicated in the Budget that as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, he would set aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

(1) in the allocation of overall resources for public healthcare services, ‍‍‍‍‍increase the resources for primary healthcare services, and allocate $10 ‍‍‍‍‍‍‍‍‍‍billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;

(2) in response to the growth of the elderly population, comprehensively review the service model of elderly health centres, and set up additional community health centres in various districts, so that the public can receive the necessary medical and nursing services in the community;

(3) increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than $3,000, and step up regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly;

(4) develop comprehensive public dental services, including extending the‍ School Dental Care Service to secondary school students and implementing a universal dental care service scheme;

(5) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;

(6) make better use of the funds for public-private partnership to‍ implement more screening programmes, so that members of the public can take measures to address their health problems as early as ‍possible; and

(7) relax the application threshold of the Samaritan Fund, waive the‍ requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients."

**DEPUTY PRESIDENT** (in Cantonese):I now propose the question to you and that is: That the motion moved by Mr WU Chi-wai be passed.

**DEPUTY PRESIDENT** (in Cantonese):Six Members will move amendments to this motion. This Council will conduct a joint debate on the motion and the amendments.

**DEPUTY PRESIDENT** (in Cantonese):I will call upon Members who move the amendments to speak in the following order: Mrs Regina IP, Prof Joseph LEE, Mr CHAN Han-pan, Mr Michael TIEN, Ms Alice MAK and Mr LEUNG Yiu-chung; but they may not move amendments at this stage.

**MRS REGINA IP** (in Cantonese):Deputy President, first of all, I want to thank Mr WU Chi-wai for moving this motion of "Developing primary healthcare services". Primary health care plays a crucial role in local health care system. As the first point of contact in the health care system, it can also alleviate the pressure borne by accident and emergency ("A&E") services in hospitals. Therefore, I support Mr WU's motion. However, there is a fly in the ointment. The motion has not mentioned the possible contributions of Chinese medicine to primary health care. According to the figures from the Department of Health, as at the end of 2016, while there were 14 013 registered medical practitioners in Hong Kong, there were also 9 956 registered Chinese medicine practitioners in Hong Kong serving the patients. Can the Government consider how to make good use of the existing manpower resources?

Chinese medicine is one of the highest achievements of our country and has a very long history. Hong Kong people are very much familiar with it and have faith in it. Article 21 of the Constitution of our country says, "The state develops medical and health services, promotes modern medicine and traditional Chinese medicine". And according to Article 138 of the Basic Law, the Government of the Hong Kong Special Administrative Region ("SAR") shall, on its own, formulate policies to develop Western and traditional Chinese medicine and to improve medical and health services. No matter in the country's Constitution or in the Basic Law, the importance of Chinese medicine is also mentioned. Hence, I hope that the SAR Government can attach greater importance to Chinese medicine.

At present, there is no Chinese medicine hospital in Hong Kong. Apart from the Chinese medicine clinics with services provided by private practitioners, Chinese medicine general outpatient clinic services, being funded by the Government, are only provided by the Chinese Medicine Centres for Training and Research ("CMCTRs") operated under the tripartite cooperation of the Hospital Authority ("HA"), non-governmental organizations and local universities. There is one CMCTR in each of the 18 districts. In 2017, the number of patients reached 1.2 million, and is growing year on year. We thus see that these services are well received by the public.

However, let us look at how many resources can be obtained in this aspect. In 2018-2019, HA can obtain $62.4 billion. But during the same period, only $112 million is earmarked for the operation of CMCTRs, and that sum of money will also be used for the maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine herbs, development and provision of training in "evidence-based" Chinese medicine, and enhancement and maintenance of the Chinese Medicine Information System. On 30 April, the Panel on Health Services held a public hearing on the role and operation of CMCTRs. At that public hearing, the public officers attended were unable to provide a definite reply to the question of how much from that $112 million is directly used on the frontline Chinese medicine practitioners.

These CMCTRs are not a part of the public health care system. Since their services are not regarded as the regular services of HA, their amount of subsidy is as minimal as 0.2% of HA's expenditure and is just a drop in the bucket. These Chinese medicine practitioners complain to us that in order to balance the books, they have to speed up consultation to meet the quota. A Chinese medicine organization says that the average number of patients for various levels of Chinese medicine practitioners per day is 25, and the number of patients can be more than 48. It is thus highly challenging for them to give enough time in diagnosis by ways of observation, listening, history taking and pulse taking.

In fact, Hong Kong is not short of Chinese medicine practitioners. Apart from three universities from which 80 Chinese medicine students graduate each year, there are 30 Chinese medicine hospitals on the Mainland which do not have limit on the number of Chinese medicine students. Every year, a few hundred students from Hong Kong receive Chinese medicine training on the Mainland. In 2013-2014, there were as many as 470 local students, six times the number of graduates from three universities, taking undergraduate degree courses in Chinese medicine on the Mainland. We thus see that every year, 500 new Chinese medicine practitioners will enter the market.

Despite the large number of Chinese medicine practitioners, the 18 CMCTRs only hire 400 Chinese medicine practitioners, only 4% of local registered Chinese medicine practitioners, and among them, 258 are graduates of local degree courses in Chinese medicine. Students pursuing further studies in Chinese medicine will usually have to leave CMCTRs after three years of training and then practise in the private market. But the large number of practitioners leads to unhealthy competition, and sometimes there are fraud cases involving Chinese medicine practitioners which dampen Hong Kong people's confidence in them.

In order to strengthen the role of Chinese medicine in primary health care so that Chinese medicine can share the burden of the public health care system, I propose an amendment in the hope that the Government can fulfil the following three points. Deputy President, I found that in 2001-2002  Deputy President, I found this Policy Address announced in 2001 by the first SAR Government. In fact, at that time, the Government already undertook to incorporate Chinese medicine into the public health care system, but this paragraph was deleted by the subsequent Chief Executive. If Chinese medicine can be formally incorporated into the public health care system, many people can be benefited. If these 18 CMCTRs can be free from the self-financing restriction, they may obtain more public funding. Without any malignant competition, Chinese medicine practitioners can also have better career development and ample opportunities for further studies. There is one very important point. Deputy President, you may also be aware that civil servants long for the provision of Chinese medicine service, but they are often denied the service by the Government on the grounds that HA does not provide Chinese medicine service. Hence, if Chinese medicine can be incorporated into the public health care system, while the standard of Chinese medicine industry can be enhanced and Chinese medicine practitioners can have better career prospects, civil servants can also enjoy more primary health care services.

I am very glad that the Chief Executive has suggested setting up a dedicated fund of $500 million in the Policy Address this year. Although the fund can help the development of Chinese medicine, it still neglects the needs of Chinese medicine practitioners. Therefore, I urge the Government to take on board the aspiration of the industry of incorporating Chinese medicine into the public health care system so as to strengthen primary health care services. Because according to many civil servants, it is actually unnecessary for them to seek service from HA for some occupational injuries related to falls and fractures. If there are Chinese medicine practitioners taking care of them, HA's pressure can be relieved. Many people also say that it is unnecessary to seek A&E services for influenza cases. Patients can choose to take Chinese medicine prescribed by Chinese medicine practitioners who can help ease the tremendous pressure borne by HA. Therefore, I urge the Government to accept the request in my amendment.

I so submit.

**PROF JOSEPH LEE** (in Cantonese): Deputy President, to begin with, I wish to thank Mr WU Chi-wai for moving this motion on "Developing primary healthcare services" again and offering us an opportunity for further discussion. Apart from Mr WU Chi-wai who has moved his motion, six Members (including me) have proposed amendments. I have glanced through Members' amendments and think that the discussion on this aspect this time around differs from the previous ones.

First, Members have expounded on disease prevention and health management. But interestingly, Members invariably use the expression "基層醫療" (which can mean "primary health care" or "primary medical care"). Deputy President, I hope you will not mind if I bring up one point again just like giving a lecture as a teacher. Actually, we should not use the expression "基層醫療". If Members are talking about health management and disease prevention at the community or home level, it is alright to use "基層" (meaning "primary"). But they are not part of "醫療" (meaning "medical care"). When we talk about "醫療" (in the sense of "medical care"), the overriding emphasis is actually on disease treatment. I agree to the points about Chinese medicine in Mrs Regina IP's amendment. When it comes to health management and disease prevention, Chinese medicine plays a very important role and is able to attain some good results. Not only will we seek medical consultation from Chinese medicine practitioners  Certainly, I am not a Chinese medicine practitioner, so I should not say anything casually. But the role of Chinese medicine lies in not only disease treatment but also strengthening our bodies to make us healthier and prevent illnesses. This is an important role of Chinese medicine.

I wish to point out on the platform today that Members' amendments or later speeches actually should not focus on disease treatment. I always stress that we should not talk about primary health care independently. If Members think that primary health care includes anything which is health-oriented, then I would say the proper name should rather be "primary medical and health services". Deputy President, sorry for being long-winded. Teachers are like this. Members should understand the relevant concept.

The amendments proposed by various Members invariably focus on discussing health management or disease prevention. This is very good as this is precisely a response to a point in the Policy Address of this year, the point that efforts in this regard must be stepped up. Just now, some Members said the Hospital Authority as a public health care organization merely focused on disease treatment and committed huge resources. I agree to the need of stepping up efforts in this regard. Speaking of disease prevention and health management, the Government has unprecedentedly allocated a huge sum to the Department of Health ("DH") for promotion purpose, including the setting up of a District Health Centre in Kwai Tsing in the future. What is it all about? I must reiterate that the first tier of primary medical and health services should actually concern nothing but health promotion and health education. How to foster these two aspects? Just as one's mother often says, go to bed earlier, eat more vegetables and less meat, drink more water if you get a cold. All this is actually about managing your personal health to avoid illnesses.

Some Members talk about the second tier this time around, saying that people should undergo screenings and health check-ups more often. Members must be careful in this regard. There is no big problem if we encourage the Government to offer subsidies for people to undergo health check-ups, namely more screenings and vaccinations at the second tier. Certainly, I hope the Secretary can strive for more funding, so as to provide people with vaccination against measles that people talk about these days. And, elderly people may also have to receive booster injections, whereas young people aged below 40 need not receive any vaccination. All this concerns vaccination, and we have no problem with this.

But the Government must do one thing for the kind of screening we talk about. I agree to Mr WU Chi-wai's proposal of setting up a fund for offering subsidies to people. It is actually very good to see that the Government has introduced the Colorectal Cancer Screening Pilot Programme and also the Cervical Screening Programme for HPV this time around. If the Government can take the lead to encourage people to undergo screenings  Certainly, there is a view on the relevant screening programmes in society. When people discover that they suffer from certain illnesses after responding to the Government's call for undergoing screenings, they must receive treatment. This is what we call "medicalization of screenings". After the "medicalization of screenings", the Government takes the initiative to provide each person with a subsidy of $100 for receiving screening of, for example, the large intestine, the uterus, the breasts or the prostate. If problems are detected, will the Government think that it should bear the treatment cost? If the Government does not think so but it encourages people to undergo screenings, what are people supposed to do after receiving screenings? The main function of screenings before its "medicalization" is to encourage people to properly undertake disease prevention and health management and to bear the responsibility of seeking treatment as soon as possible in case of illnesses.

But if the Government allocates substantial resources for conducting screenings, it should carefully consider whether it has allocated substantial resources for providing support for treating people's illnesses. Certainly, an illness should be treated before it becomes serious. This is what we call the "second tier" rather than community primary health care. So, we encourage people to receive screenings. If the Government takes the initiative to provide subsidies, then we should be careful. At the same time, should we request the Government to not only promote screenings but also include treatment? We need to pay extra attention to this.

Members seldom talk about the third tier. But I once talked about it, and I also mention it in my amendment. The Secretary should know the home level very well. The authorities just released "A Strategic Framework for Prevention and Control of Non-communicable Diseases". And, "NCD" actually stands for non-communicable diseases, such as heart attack, diabetes, and kidney failure. Patients of such diseases can rest at home. The Government may offer them home support at the third tier, so that they may take medicines and receive simple treatment at home as usual without the need of hospitalization. This is the third tier.

Under this three-tier framework, primary medical and health services in communities are very important. Nurse clinics as proposed in my amendment this time around can precisely achieve significant effects in this regard. I reiterate that nurse clinics are nothing new, and they can be found in outpatient clinics, specialist outpatient clinics and also hospitals. Performing the triage function, they also provide patients with treatment under doctors' instructions. Speaking of disease prevention, health management, health promotion, screenings and also home management of health problems (such as health management for non-communicable diseases) at the community level, nurse clinics play a very good support function at the first, second and third tiers because nurses can meet the needs with their training.

Besides, other people (including community pharmacists, physiotherapists, nutritionists, clinical psychologists and also social workers) can likewise play to their strength at various tiers. For instance, at the first tier, they may play the role of a "mother" and remind people to go to bed earlier, manage their diet and drink more water; at the second tier, they may conduct screenings and vaccination; and at the third tier, meaning home management of heath and non-communicable diseases, this team can also perform some functions. Therefore, nurse clinics can play an important part. The point I am driving at is that the whole team rather than individual nurses can play a significant part in community primary health care services. For these reasons, I put forth an amendment and hope that Members can support the authorities' provision of more training in this regard, so as to enable them to play a proper role in community health management (especially disease prevention).

The second part of my amendment is about hearing ability. I have discussed this issue on various occasions. Members' amendments this time around cover various service areas, such as dental services and Chinese medicine. Actually, a survey conducted by the Government in 2013 showed that around 140 000 elderly people aged 65 began to suffer from decreased auditory acuity. Despite a smaller sample size, its survey in 2015 found that around 40% of the people aged above 60 had hearing problems. The Government's work in this regard is very few. And, otolaryngology specialist outpatient clinics alone are unable to deal with this problem. A decline in one's auditory acuity will pose big problems to one's social life and other aspects.

My amendment urges the Government to increase resources for proper prevention in this regard at the first, second and third tiers in communities. Disease prevention aside, people will also be happy if their health management is good because with satisfactory hearing, they can hear clearly what another person says in a conversation. Certainly, the other person may be unable to hear him clearly. But this does not matter as all will be fine so long as he can hear clearly what the other person says. So, my amendment expresses the hope of stepping up the efforts in this regard.

Point three of my amendment concerns children's health. Certainly, the Government will rebut my point and say that DH has already done a good job. But as Members are aware, while the children's health services currently provided by DH already cover primary and secondary school students, many people are waiting in the queue for children's mental health services, in particular. Can the authorities enhance screenings in this regard in communities, so as to offer early treatment to children who may have mental health problems? The authorities may follow the model of nurse clinics in conducting triage for children or providing support, so that they can obtain proper care before receiving treatment from doctors. The Government's resource commitment in this aspect has been insufficient all along, and I also wonder why the relevant centres are set up by the Education Bureau. I am not saying that this is not good. But the Food and Health Bureau should squarely address this problem.

Generally speaking, my amendment emphasizes one point, the point that if the Government considers primary health care services as a whole to be important, it should do something at various levels. And, manpower is very important. I hope the Secretary can train up appropriate manpower in the long run, so that the whole team of health care workers comprising nurses, doctors and other health care staff can perform the functions of disease management and health management in communities.

Thank you, Deputy President.

**MR CHAN HAN-PAN** (in Cantonese):Deputy President, the Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") has all along been supporting and urging the Government to develop primary health care services. In fact, primary health care is in the frontline of the entire system. If the Government can develop primary health care services, the protection of public health can be enhanced as the defensive line of the entire health care services is pushed forward a bit. At the same time, it can also help to alleviate the pressure at the secondary and tertiary level. That is, the pressure on specialist and hospital services will be reduced and the entire health care system can be developed in a healthier and more sustainable manner.

In order to enable the smooth development of primary health care services, it is essential to allocate additional resources and manpower. However, the success and failure of the policy relies on the types of services that the Government would provide in order to accurately address the aspirations of the public. DAB and I will support the original motion and most of the amendments. It is because we have the same aspiration on the development of primary health care services, and the philosophy is quite close to each other as we have the same objective that public health should be enhanced. However, I have reservation in Mr LEUNG Yiu-chung's amendment, as he proposes to abolish the Hospital Authority Drug Formulary ("Drug Formulary"). I will explain my views in details later on.

Deputy President, part (1) of the original motion remains largely intact as most of the movers of amendments have not moved amendments to that part. Nevertheless, I consider that the Government can make further efforts and perform better than the initiatives proposed in the original motion, because it was proposed in the original motion that the Government should use part of the overall resources to purchase health care services in the course of the implementation of primary health care services. I consider that is just "robbing Peter to pay Paul", thus it is not the best option. In view of the over $1,000 billion of surplus amassed by the SAR Government at the present moment, I consider that instead of "robbing Peter to pay Paul", the Government should make more commitment by allocating more resources which could help "Peter" on the one hand and "Paul" on the other. Therefore, I suggest that the SAR Government should increase the overall resources for public health care services and increase resources specifically for primary health care services. So ultimately, all three lines of defence will have adequate resources and the Government needs not rob whoever to pay the others.

After increasing the resources and manpower, another critical move is to ensure the efficient use of resources. Hong Kong is facing the problem of a rapid ageing population, thus the pressure on its hospital system has significantly increased while many problems have emerged. I have pointed out in part (2) of my amendment that as the aspiration of elderly people towards elderly health centres is very clear, I consider that the Government should move on from the review stage. The services of various elderly health centres should be enhanced, so that each elderly health centre should have its resident physiotherapist, dietician, clinical psychologist, Chinese medicine practitioner, and so on, to meet the health care needs of different elderly people.

Besides enhancing the services of elderly health centres, I consider there is room for improvement as far as the Elderly Health Care Voucher Scheme is concerned. Therefore, DAB and I request the Government to increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than $3,000 as soon as possible and to lower the eligibility age for health care vouchers to 60 and abolish the accumulation limit of health care vouchers, so as to allow elderly people to make better use of the resources and medical consultation as early as possible.

On top of health care vouchers that I have mentioned just now, the role of Chinese medicine services in primary health care services is another thing I wish to speak upon. It can be observed from various government papers that the Government seldom mentions Chinese medicines and its role in the development of primary health care services. Mrs Regina IP has mentioned the need for Chinese medicine services just now, and I concur with her view. In the public hearing conducted in the past, I proposed a motion and it was passed by Members. In fact, Chinese medicine services can bring more benefits to us than we can imagine.

In order to ensure the comprehensive development of primary health care services, I propose that the Government should enhance Chinese medicine services in Hong Kong, including providing public Chinese medicine outpatient services in various districts in Hong Kong, and expeditiously building a public Chinese medicine hospital to provide Chinese medicine inpatient services for the public. Moreover, the Chief Executive proposed in the Policy Address that the Government planned to set up a district health centre under a brand new operation mode in Kwai Tsing District to support the chronically ill. I consider these health centres should also include Chinese medicine services. Facts have also proved that Chinese medicines can achieve obvious improvements on chronic illness and pain symptoms, and the efficacy is even better than Western medicines.

Recently, I suffered from a back pain problem. My feet were numb while sneezing. I then consulted a Western medical practitioner. The doctor prescribed some painkillers and gave me an anti-inflammation injection. I felt ok while I was taking the medications, but after the efficacy subsided, the pains would return. I felt uneasy and could not sleep in bed. As I was running out of options, I consulted a Chinese medical practitioner. The problem was immediately relieved as I had expected. There was obvious improvement after I received the acupuncture therapy. The fact that I can stand in this Chamber and speak now proves that Chinese medicines are not inferior in any respect to Western medicines. Chinese medicines are proven useful in the therapy of stroke and the palliative care of cancer. Therefore, I believe the inclusion of Chinese medicine services in district health centres can address public aspiration.

Now I will speak on the work to address rare diseases. In fact, primary health care services are absolutely the front line of defence as to rare diseases. At present, as far as the front line of defence to combat rare diseases is concerned, the Government will mostly provide the service after the patients have shown the symptom of rare diseases, but that is really too late. It is because the suffering and torment of the rare diseases will inflict great pains on the patients and their family members. It will be ideal if we can push the front line of defence to the prenatal stage. In that case, parents and their children could stand a chance to escape the devil's clutches of rare diseases, and in fact the approach is very simple.

At present, the Government undertakes certain responsibilities of antenatal check-ups, but there is not much improvement in such services. We propose that the Government should provide pregnant women with free prenatal non-invasive fetal trisomy DNA testing services and provide those who want to have children with preconception trisomy DNA testing services, in order to allow parents to understand if they or the foetuses are suffering from inherited diseases or rare diseases, and to put preventive measures and preparations in place before they give birth to their children. According to the figures of the Census and Statistics Department, the annual number of births in Hong Kong is about 50 000 and the annual number of marriages is also 50 000. If the two are added up, it will only requires a full government subsidy of $1 billion. In so doing, we can achieve the economic benefits in addition to helping the public.

Furthermore, as we are talking about rare diseases, at present, a lot of patients suffering from rare diseases or cancer reflect that as new drugs are not included in the Drug Formulary, they cannot get the appropriate medical treatment. As a result, they have a lot of opinions towards the Drug Formulary. I agree with their views that the procedure for the inclusion of new drugs into the Drug Formulary is exceedingly long and cumbersome. Even some new drugs are included in the Drug Formulary, the approval from each hospital cluster or individual hospital is still needed. Actually, it is redundant.

Regarding Mr LEUNG Yiu-chung's proposal of abolishing the Drug Formulary, I cannot agree with him. It is because the Drug Formulary is a standard for all hospitals. It can allow better allocation of resources, thus it has its reason for existence. However, if we are not going to amend the Drug Formulary, of course there will be problems. For that reason, I consider what we should deal with now is not the question of the abolition of the Drug Formulary, but the reform of the Drug Formulary so that more new drugs can be added to the Drug Formulary.

Lastly, I wish to speak on the last part of the amendment. In order to prevent infectious diseases, the Government has launched a number of vaccination programmes. But I think there is still room for improvement. I hope the Government will provide more funds for vaccination programmes, especially vaccination programme for cervical cancer for girls who were born in Hong Kong, with a view to safeguarding their health and guarding against the onset of cervical cancer.

Finally, I want to point out that the success or failure of the primary health care services actually depends on whether or not the necessary resources are secured. At the same time, the Government should have an open mind in the protection of public health.

Deputy President, I so submit.

**MR MICHAEL TIEN** (in Cantonese):Deputy President, every day we will say that the pressure on Hong Kong's health care services is getting more and more intense, as demand out numbers supply. Therefore, besides the addition of resources, the enhancement of preventive care is also a good solution. Is it right, Secretary?

First, I wish to quote the Government's definition of primary health care services. Very often, we cannot come up with a conclusion in the debate because we have not straightened up its fundamental definition as if we are not speaking the same language at all. According to the Department of Health, the concept of primary care is: (quote) "A health care system can generally be divided into three levels of care: primary, secondary and tertiary. Secondary and tertiary care mainly include specialist and hospital services while primary care is the first level of care in the whole health care system and is also the first point of contact for you and your family members in a continuing health care process. A good primary care system provides the public with access to better care which is comprehensive, holistic, coordinated, and as close as possible to where people live and work. Primary care provides preventive care as well as quality management of diseases to everyone which is important for promoting health of the population. Primary care contributes to the health of the population  which includes the delivery and provision of: health promotion; prevention of acute and chronic diseases; health risk assessment and disease identification; treatment and care for acute and chronic diseases; self-management support " (unquote) I just have quoted the official version of the definition, that's why it does not sound like my turn of expression.

This primary care system is not the primary care system in our minds. Some of the wordings in today's amendments do not conform to this definition. Nevertheless, I will support them as long as they are related to public health. For that reason, whenever the Government uses public funds for primary health care services, I will even raise my feet immediately as a gesture of support. Today, I wish to present my views on several primary health care initiatives.

Secretary, first, it is our great invention―health care voucher scheme. In 2017, the expenditure for Elderly Health Care Voucher Scheme had exceeded $1.5 billion, and it keeps on growing. Many people are eyeing on the much-coveted business. According to statistics, 11% of the expenditure is used on preventive care. As to this $1.5 billion allocation, many people are trying to gain profit from seizing the opportunity. Now I wish to share some of the cases with Members.

Earlier, some television journalists conducted a sting operation against a certain optical shop, they found that an optometrist was assuming the task as the resident optometrist in four optical shops at the same time―Secretary, do you think he is marvellous? He should be the monkey king himself―more than 2 000 optical shops in Hong Kong are accepting health care vouchers, but there are only 600 odd resident registered optometrists. Even though some shops do not have their resident optometrist on site, elderly people can still use the health care vouchers to purchase optical products. Obviously, some people are abusing the system. Do the authorities know that?

Another outrageous thing is that when elderly people try to get some prescriptive medicines from the pharmacy, those who use health care vouchers are required to pay $200 for the medicines but those who pay in cash are only required to pay in half price. These people are treating the Government like a dupe. Are we spending the money to help the elderly people or the unscrupulous traders? There are even more cases, some shopkeepers would lure the elderly people to purchase milk powders and dried seafood. Therefore, I have been suggesting that the Government should step up its efforts in supervision and set up a comprehensive complaint mechanism.

Very often, people would file their complaints to the Food and Health Bureau, but the Bureau keeps on passing the buck to other departments. For that reason, should the Government consider whether the complaints should be dealt with by a designated department in order to step up the efforts in supervision so that the health care voucher scheme can serve its purpose? Even though that involves not much money, as the case was uncovered and reported by the media, as well as the media hype that followed, the good deed has become very negative. I do not know if the Secretary agrees with my account.

Second, the Elderly Dental Assistance Programme has been set up under the Community Care Fund for elderly people. I propose to the Government that it should lower the eligible age for elderly people who are Old Age Living Allowance recipients and wish to join the Elderly Dental Assistance Programme from 70 years of age to 65 years of age. Deputy President, I have to declare my interest. I am absolutely one of the beneficiaries, because I am 68 years old now.

According to a certain survey, more than 90% of elderly people who are not living in elderly residential care homes have dental cavities and gum bleeding problems. May elderly people who are under 70 have already lost many teeth. The problems are beyond remedy. They do not have the means to receive dental care. They are agitated and cannot eat properly. If the eligible age is lower, they can receive the timely treatment and learn how to take care of their teeth. In so doing, we can achieve two ends with one measure. Of course, I can also get the benefit.

Third, "old pals" need dental insurance, children need it more. I believe habit makes things natural. A lot of experts have indicated that we should help children to nurture their habits. Children under the age of 5 are at the golden period of learning. I have made reference to the example of other countries. United Kingdom and Australia would provide dental care for pre-primary children, mainly in dental care education and basic care. Therefore, tooth decay problems among children in those countries are far less severe than children in Hong Kong.

Deputy President, you may not know that two out of five 4 year old children are suffering from tooth decay problems, and the problem is getting worse. For that reason, I suggest that the School Dental Care Services should be extended to kindergarten children, in order to help children to nurture a good dental care habit. Regardless elderly people or children, preventive dental care is definitely better than any remedial measures.

Fourth, at present, there is a total of 18 Elderly Health Centres ("EHCs") in Hong Kong. They are absolutely inadequate to support the needs of the elderly people. The waiting time for EHC membership in Tuen Mun is 3.5 years. The situation in Tai Po, Sha Tin and Tsuen Wan is in no way conceding to Tuen Mun, as the average waiting time is 2.5 years. For an elderly person who applies for EHC membership when he is 65, he can almost celebrate his 70th birthday when he becomes an EHC Member.

Basically, there is one EHC in each district. The original intent is to facilitate the elderly people in the district to use EHC in their respective districts. However, as the waiting time for EHC membership varied from district to district, and they can only apply for the membership of one EHC, a lot of elderly people will queue for the membership in other districts, as the difference between the longest and shortest waiting time is 2.5 years. Secretary, you may not necessary know this, so let me tell you.

Therefore, I wish to propose one thing. That is, the Government should review the waiting mechanism. For example, the Government should let elderly people to apply for the EHC membership which requires the shortest waiting time, but at the same time, he should be allowed to be on the waiting list of EHC closest to his residence. In so doing, he may cancel the membership of EHC in the other district when he is granted the membership of EHC closest to his residence. This will gradually achieve the matching effect.

Deputy President, lastly, I wish to make a conclusion. In order to enhance primary health care services, I consider that there are several things we should do. First; we should increase the number of EHCs and review the waiting policy; second, we should strengthen School Dental Care Services for kindergarten children, as well as the Elderly Dental Assistance Programme on the other end, that is, dental care for young and old; third, strengthen the supervision of our great invention―health care voucher scheme―by improving the complaint mechanism; and lastly, to comprehensively upgrade the level of public health.

Thank you, I so submit.

**MS ALICE MAK** (in Cantonese):Deputy President, The Hong Kong Federation of Trade Unions has seized every opportunity in the past to raise the issue of developing primary health care services on whatever occasions, be they Panel meetings, special Finance Committee ("FC") meetings and even the annual policy debates. The matter has in fact received a due share of our attention ever since Madam Han's generation. However, despite of our efforts, it is questionable how adequate is the commitment made by the Government and how determined the Government is in developing primary health care services.

In order to prove that there is adequate commitment from the Government, evidence should be shown in firstly, the resource aspect; and secondly, the policy aspect. However, very regrettably, judging from the situation in the past few years, the Government has actually done nothing in this regard. As far as the resource aspect is concerned, the problem does not lie solely in whether resources have been provided and whether the resources provided are adequate, but also in the fact that no figures are available for assessing the adequacy of resource support in this area. Why do I say so?

When FC was deliberating on the expenditure budget for 2014-2015 back then, I have asked the Government to set out various substantive items of primary health care services and the expenditures on the promotion of primary health care services. In 2015-2016, I have also asked for the provision of the percentage shares of the annual expenditures on primary health care services in the total expenditures on medical and health care services, but very regrettably, I will no longer raise such questions now because the Government cannot provide us with any statistics in this respect. I do not think the Government is deliberately hiding the information from us, but as it has utterly conducted no statistical survey in this regard, it simply has no statistical information to provide. Even though similar questions are raised again to ask for the information, we are in no position to understand how determined the Government is in allocating more resources to develop primary health care services.

Figures certainly do not mean everything, and the Government can argue that it does have strong determination to promote the services, though it has failed to maintain the relevant statistics. However, we can see no determination on the part of the Government, and as mentioned by a number of fellow colleagues just now, apart from the unavailability of statistical information, there are also a lot of inadequacies in the existing services. Hence, people will inevitably have the feeling that the Government has utterly no determination to develop primary health care services, and has merely been paying lip service to the idea. We therefore consider it necessary for the Government to first formulate some objectives or directions if it really wishes to develop primary health care services, and put forward certain quantifiable and concrete benchmarks, which can at least be used to determine whether the Government has increased its resources for the development of primary health care services.

Moreover, as we have all along pointed out, people always have the impression that our primary health care services now are provided in a fragmented and piecemeal manner. Take family doctor services, the most fundamental services, as an example. Although such services are already available in General Out-patient Clinics of the Hospital Authority ("HA"), the same can also be obtained from the Department of Health ("DH"), thus giving rise to a situation in which different government departments are each providing part of the same services. In fact, some members of the medical sector have been urging for the setting up of a new bureau or a new department to consolidate all items of primary health care services. HA is now taking care of some of these service items, but it is also responsible for managing a huge organization at the same time, while secondary and tertiary services are resources demanding. Under such circumstances, how many more resources can we expect HA to allocate for developing primary health care services?

Hence, on the one hand, although HA will still be responsible for the provision of such services, we do not think it will attach much importance or allocate considerable resources to the work in this respect; and on the other, the Government has failed to assure us that it would develop the services with a strong determination or an injection of considerable resources. Therefore, even though a new bureau has not been set up but a committee has instead been formed to address the problem, can this committee perform the function of coordinating the development of primary health care services? Can it consolidate various service items that are being taken care of by HA and DH respectively at present, and work out a feasible plan after it has got a good grasp of the service figures and come up with an estimate for the resources required for each service item?

I will later urge the Government to allocate resources for the development of various proposed aspects of primary health care services, such as Chinese medicine health care services, dental services and general outpatient services. However, before putting forward my views on these respects, I think the Government should first of all take the opportunity of the setting up of the relevant committee as well as the announcement made by the Chief Executive in the Policy Address to actively develop primary health care services to seriously consider how it should quantify the resources allocated to the provision of primary health care services over the past many years, and how it can ensure the effective use of such resources. Shall we consider putting a certain system in place to ensure the successful development of primary health care services, so that they will not be rendered services attached to some particular organizations or departments forever? I therefore consider that before discussing the development of primary health care services, the Government should first ponder over its positioning, directions and resource commitment in this regard, and offer an explanation to the public accordingly.

Manpower planning is another issue of concern. The Government has established the Steering Committee on Primary Healthcare Development last year, and we hope that it will genuinely work out a directional plan on the development of primary health care services in Hong Kong. Apart from planning on the provision of various services, it should more importantly conduct a planning on manpower and facilities, because health care services can only be provided with adequate manpower support. Most importantly, we consider it necessary for the Government to conduct a planning on the supply of and enhanced training for dentists and ancillary dental workers. We understand that the number of training places offered has already been increased a few years ago, thus leading to an increased supply of manpower in the past few years, but it is still not adequate.

According to the statistical figures in 2017, the number of dentists in the territory is only 2 400 odd, but they have to serve a total population of over 7 million. In other words, there are only 30 odd dentists per 100 000 population, which is far below the ratio of 50 to 60 dentists per 100 000 population in other developed areas. This can fully explain why Members of all political parties and social strata will bring up the inadequacy of dental services whenever a discussion is held on the development of primary health care services. The Government has indeed not been doing enough in training local dentists, and there is hence a low supply of dentists, which has in turn led to inadequate services and care for patients.

According to a survey we conducted, some elderly persons aged over 70 indicated that it had been six years since they last consulted a dentist, meaning that they would not seek scaling treatment every year. They will not go for dental scaling because the service is not available in the public health care system, and private dental services are expensive. The Government has never advised elderly persons on the importance of receiving dental check-up, and elderly persons therefore do not consider it necessary to seek the same since there is no publicity and education in this respect. Hence, we suggest that the Government should make good planning for dental manpower, and increase training for local dentists. I have also proposed in my amendment that additional public dental clinics should be set up in the 18 districts of Hong Kong, but before we can achieve comprehensive development and provision of public dental clinics, the Government should consider introducing elderly dental care vouchers, so as to timely provide elderly persons with suitable dental services.

Another issue which I would like to bring up is the provision of various medical examinations and vaccinations, including gynaecological check-up. A survey was conducted recently by the Hong Kong Ladies Dynamic Association on over 1 000 women about their knowledge of undergoing various medical examinations, especially gynaecological check-up, and how frequent they will seek regular check-up. We have compared the findings of the survey with figures obtained five years ago, and found that over the past few years, it was still not a common practice among women to undergo regular gynaecological check-up. Over 70% of the respondents have taken gynaecological check-up only once every four to six years, and the average interval between two check-ups was two to three years.

If we say that in developing primary health care services, we should start from the very beginning in the areas of prevention, publicity and education, the findings cited above have only proved that the Government is indeed not doing enough in providing women with medical examinations they need. As a result, women suffering from certain diseases often learn about the condition of their illnesses only at the onset of such diseases. For example, osteoporosis patients may only become aware of their problem when they have their bones fractured.

The provision of general outpatient services is another issue which I would like to raise. As the Secretary may aware, the problem with general outpatient services lies in the fact that the lines of the telephone appointment service are always busy, not because of insufficient telephone lines but because of the inadequacy of consultation quotas. As Members providing district services, one kind of district work we have to undertake frequently is to book appointments in General Out-patient Clinics for elderly persons through the telephone appointment service. We are often required to spend the whole morning on making phone calls repeatedly in order to get through the lines of the telephone appointment service, but to no avail. Since it is almost impossible to obtain consultation slots through the telephone appointment service of General Out-patient Clinics, it is no wonder that elderly persons will turn to the Accident and Emergency services for medical consultations when they are not feeling well. Therefore, I consider the inadequacy of general outpatient services a very serious problem that we should strive to resolve. Moreover, it is our opinion that the Government should consider forming a waiting list, thereby assessing the severity of the problem of inadequate general outpatient services.

Deputy President, my speaking time is running out, but I hope that the Government would take concrete actions to draw up a work list for the long-term development of primary health care services in Hong Kong. *(The buzzer sounded)*

**DEPUTY PRESIDENT** (in Cantonese):Your speaking time is up.

**MR LEUNG YIU-CHUNG** (in Cantonese):Deputy President, insufficient public health care expenditure has been an old problem in Hong Kong. Over the past 10 years, medical and health expenditures in the public sector have remained at about 2.7% to 2.9% of the Gross Domestic Product of Hong Kong. The expenditures are three times less than the those spent in developed countries like the United Kingdom and United States. And we also lag far behind other Asian countries like Japan, South Korea and Taiwan in this regard.

In the Budget this year, the Government will allocate $580 billion to the proposed public health care expenditures, and it is a new record high in history. But can the allocation address the problem of insufficient public health care resources? Certainly not, Deputy President. First, of the $580 billion, $200 billion has already been earmarked by the last Government for the future 10-year Hospital Development Plan, and another $300 billion has been reserved for the second 10-year Hospital Development Plan by this Government. So, only $80 billion is left. But still, this $80 billion will not be totally used for primary health care, but will be reserved for the Science Park for developing artificial intelligence, biotechnology, etc.

Deputy President, these hardware facilities are not unimportant, but they will not be available until at least some eight or ten years later. We may even have to wait for 10 to 20 years before we can see the result. But the public health care system, especially the primary health care system, has already gone bust, and the ageing population will quickly expand in the future. We simply cannot see how the Government can use this "distant water" to put out the "nearby fire". Its effort will be futile.

Deputy President, the new Government always emphasizes that one of its future policy foci is to promote primary health care development at the community level. We certainly agree with this. In fact, the Government's present policy is to set up a pilot district health centre in Kwai Tsing District to be operated in public-private partnership. But the same problem is that this "distant water" cannot put out the nearby fire either. The first district health centre is due to commission in the third quarter of next year the earliest, but not in full operation, only a soft opening. It is still an unknown as to the result of the pilot project. Even if the result is satisfactory, when can the project be implemented in all 18 districts? The Government has still not tell us the timetable. It only shows us a distant picture. But as I just said, a major problem in this picture is that the "distant water" can still not out the nearby fire.

Deputy President, we have to ask how the Government should launch its primary health care services to meet the needs of society. This is a major question that we hope the Government can respond to us early. If not, people will still think that the Government has no special measures for its present health care policy, and they can do nothing except waiting for general clinic or specialist clinic services.

Deputy President, we are not saying that long-term planning is unimportant, or that improvement on primary health care can be done overnight. This is not what we are saying. Of course, it is good that if the Government can manage to do these tasks. But I wish to point out that the Government should have attached importance to primary health care and improved it long ago, given that the Government predicted some 10 or 20 years ago that the population would be ageing in the future and it already said that it would deal with this problem. Regrettably, time flies and some 10 years have passed. The Government has yet to deal with this problem. Now, the Government realizes the pain when it gets burnt from the fire. It only took action when social discontent was heard everywhere. But it is already too late. Late is better than never, but the measures cannot address the most important problems now.

We often see on television that outpatient services of the Hospital Authority ("HA") are full. How is the Government going to tackle this issue? Besides, the chronically ill have to queue for a long time for specialist outpatient services. How is the Government going to tackle this issue? We are very disappointed that to date, the Government has not provided any relief measures to properly address primary health care issues.

In fact, latest statistics show that the problem of an ageing population was already very serious in 2016. People aged over 65 reached 1.16 million, constituting 17% of the total population. It is expected that their population will increase by more than double in the coming 20 years. With the labour force diminishing in proportion, it is hard to know how many times the number of hospital beds and health care manpower have to increase in the coming 20 years. If the Government has no specific answers to these questions, I believe it is hard for the Government to address the social discontent and meet the demands of the people.

Deputy President, I, and many colleagues as well, am very concerned about dental problems, especially those concerning primary dental care. I have repeatedly requested the Government to allocate $15 billion to strengthen community dental services in the 18 districts and build a dental hospital. But the Government is only willing to commit another $1,000 Health Care Voucher for each elderly person. I believe the Government only did it as a token gesture for us, and is not genuinely addressing the problem. In fact, the measure is not very effective either because provision of Health Care Vouchers will only push the problem to the private health care sector. And we all know that the standard of private health care services varies and it is hard to guarantee their quality. I thus hope that the Government can do a better job in this regard.

Aside from using the Elderly Health Care Voucher, the Government often calls on the public to use the dental services provided through the Community Care Fund. But the problem is that the Community Care Fund has many restrictions. An elderly person must reach the age of 70 to use the support measures provided through the Fund and they can only resort to the Fund once in their lifetime. Actually, from the perspective of the whole society, these measures are only dealing with the matters on the surface, like a dragonfly skimming over the water, and are low in effectiveness. Dental problems are a longer-term issue to elderly people. That is why they do not find the measure a piece of good news, and the measure cannot resolve their problem either.

Deputy President also knows that we often come across organizations at our Public Complaints Office expressing concerns over dental issues of elderly people. They often say that it is a painful experience if one does not have good teeth at their old age. Hence, should the Government not properly improve dental services? However, over the years, the Government has not improved, or changed, any related policies at all. It is indeed regrettable.

Deputy President, last but not least, I wish to talk about drug policies. At present, HA tends to provide cheaper and less effective drugs, rather than more effective drugs with less side effects, for patients. Recently, I accompanied a group of mental patients to attend a meeting at Kwai Chung Hospital. The patients and their family who have experience of seeking private doctors' services asked why the hospital did not have the drugs available at private clinics which are more effective and with less side effects. According to the reply of the head of Kwai Chung Hospital, the hospital has been purchasing drugs from HA and those drugs are not in the Drug Formulary and they did not know the reason either.

Hence, this is very strange. Private doctors have been using these drugs for years, but Kwai Chung Hospital says they do not have these drugs because HA has not provided these drugs to them. I do not understand why. These drugs are not extremely expensive. It will be convincing if the drugs are very expensive, but they are not. I am thus very concerned whether the drug procurement system of the Government can match the tempo of society and whether it can provide drugs that are truly effective and with less side effects for patients. *(The buzzer sounded)*

**DEPUTY PRESIDENT** (in Cantonese):Your time is up.

**SECRETARY FOR FOOD AND HEALTH** (in Cantonese):Deputy President, first of all, I thank Mr WU Chi-wai for moving this motion today and the other Members for proposing the amendments, which gives us an opportunity to discuss the development of primary health care services. In this speech, I will give a brief account of Government's work in promoting the primary health care services.

In respect of primary health care policies, Hong Kong has a twin-track health care system, with the public sector being the cornerstone providing the safety net for all. Hong Kong's health care system, similar to those in many other developed countries, is facing major challenges brought about by a rapidly ageing population and the associated increasing prevalence of chronic diseases. A comprehensive and coordinated primary health care system will enhance overall public health and reduce avoidable use of hospital services. The Government is determined to step up efforts to promote individual and community involvement, enhance coordination among various medical and social sectors, and strengthen district-level primary health care services. Through these measures, we aim to encourage the public to take precautionary measures against diseases, enhance their capability in self-care and home care, and reduce the demand for hospitalization.

The Government has taken steps to improve primary health care services in the public system since 1990. Community health promotion and disease prevention services for specific sub-groups of the population have also been strengthened through the services of the Department of Health ("DH"), including the Student Health Service, the Women Health Service and the Elderly Health Service. Since the publication of the Primary Care Development in Hong Kong: Strategy Document in 2010, DH has introduced an array of primary health care initiatives, including establishing a Primary Care Office ("PCO"), formulating primary care conceptual models and reference frameworks, devising a Primary Care Directory, setting up community health centres ("CHCs"), and introducing the Elderly Health Care Voucher Scheme and the Vaccination Subsidy Scheme. Apart from PCO, other projects and initiatives to enhance primary health care implemented by other divisions of DH include health promotion and education, prevention of non-communicable diseases, the Colorectal Cancer Screening Pilot Programme, and the Outreach Dental Care Programme for the Elderly.

The Chief Executive announced in the 2017 Policy Address that the Government would allocate resources to actively promote the development of the primary health care services. We established the Steering Committee on Primary Healthcare Development ("Steering Committee") last November. In formulating development strategy and devising blueprint for primary health care services, the Steering Committee is considering various aspects such as manpower and infrastructure planning, collaboration model, community engagement as well as planning and evaluation framework. It will review the efficiency and effectiveness of the software and hardware for the delivery of primary health care services, enhance coordination among various medical and social sectors and public-private partnership ("PPP"), encourage the public to take precautionary measures against diseases, strengthen their capabilities in self-care and home care, raise their health awareness and promote health management. The Steering Committee will also exploit the use of big data to devise strategies which best fit the needs of the community with a view to enhancing primary health care services at the district level.

Besides, to further give play to the effectiveness of medical-social collaboration and coordinate primary health care service units at the district level in a systemic manner, we will launch the District Health Centre Pilot Project in Kwai Tsing District in the third quarter of 2019. Government funding will be provided to the centre on the basis of the needs and characteristics of the district. The centre will then make use of the local network to procure services (such as medical, nursing, allied health and drug counselling services) from organizations and health care personnel serving the district, so that local residents can receive the necessary care within the community. We are also considering making use of the local network of the centre to provide services on health promotion, health screening for target groups, case management and care coordination for chronic patients, and community rehabilitation.

The Hospital Authority ("HA") endeavours to improve its general outpatient ("GOP") services through renovating its ageing clinics to streamline patient flow and actively recruiting staff. With the implementation of various measures, HA has increased the number of GOP attendance by a total of over 600 000 attendances from 2012-2013 to 2017-2018. HA plans to increase the GOP clinic consultation quotas by about 55 000 attendances in 2018-2019. To cater for the demand for GOP services, HA will further increase the consultation quotas in the next few years where manpower and financial position allow.

Given the current manpower constraint, particularly the serious shortage of doctors, extension of service hours such as the provision of additional evening GOP services on Saturdays, Sundays and public holidays will create further pressure on the existing staffing. As Ms Alice MAK has mentioned just now, I understand that some patients may find it difficult to book GOP appointments. However, the two major categories of patients under the care of GOP clinics, namely chronically ill patients in stable medical condition and episodic disease patients with relatively mild symptoms, are not in need of round-the-clock services, and GOP clinics are not intended for provision of emergency services. To ensure effective use of GOP resources, extending GOP services into the late hours or providing overnight services is not cost-effective. At this point, HA has no plans to provide GOP services at late hours or overnight GOP services.

In respect of the CHCs and the community nursing services, to tie in with the policy of strengthening primary health care, HA has already set up CHCs in Tin Shui Wai North, North Lantau and Kwun Tong to provide multidisciplinary primary health care services in an integrated and comprehensive manner. We have also set aside sites in some districts for the future development of primary health care facilities. Among them, three proposed CHC projects to be developed in Mong Kok (on the ex-Mong Kok Market site), North District (on Pak Wo Road, Sheung Shui) and Shek Kip Mei (on the existing site of the Shek Kip Mei Health Centre) have been included in the 10-year Hospital Development Plan and are now in the active planning stage.

The objective of the community nursing services is to provide continuous nursing care for discharged patients in their own homes to facilitate their recovery in the home environment. As at the end of 2017, HA has employed a total of 486 community nurses, and around 80% of home visits made by them were for geriatric patients. HA will continue to keep a close watch on the operation and usage of the community nursing services, and to cope with the service demand through the flexible allocation of manpower and other resources. We understand that Prof Joseph LEE would like to see the setting up of more nurse clinics in Hong Kong, and this is precisely one of the development directions of HA.

On the provision of elderly health care services, the Elderly Health Centres ("EHCs") under HA adopt a multidisciplinary approach in providing integrated primary health care services including health assessment, counselling, health education and treatment to elderly people aged 65 or above. Four of EHCs have also implemented a pilot scheme to collaborate with non-governmental organizations ("NGOs") to reach out to and identify "hard-to-reach" elders, in particular those with poor social network and no regular medical care. Priority will then be given to elders referred by the collaborating NGOs to receive services at EHCs. Subject to the experience from the pilot scheme, HA may roll out this collaborative model to other EHCs in phases, and may gradually shift the strategic direction of EHCs to the objective of according priority to elders who are more in need of the care services.

The Government launched the Elderly Health Care Voucher Scheme ("the EHV Scheme") as early as in 2009 to enable the elderly people to choose private health care services that best suit their needs. Numerous enhancement measures have been introduced to the EHV Scheme over years which include increasing the annual voucher amount from the initial sum of $250 to $2,000, adjusting downward the face value of each voucher from $50 to $1 to make it more convenient for the elders to use the vouchers, and lowering the eligibility age for the EHV Scheme from 70 to 65. As the health care initiatives in the Budget, the Government will increase the accumulation limit of the vouchers from $4,000 to $5,000 in 8 June, while an one-off additional $1,000 worth of EHVs will also be provided. The measures, which are estimated to incur an additional funding of $796 million, will benefit about 1.2 million eligible elderly people. In considering proposals for the further enhancement of the EHV Scheme, we will have to examine the long-term financial implication in detail.

The Government has attached great importance to the monitoring of the EHV Scheme. I note Mr Michael TIEN has raised some questions on the relevant work. Apart from routine inspections of registered medical service providers, DH will also conduct monitoring and surveillance to detect aberrant patterns of EHV transactions. Besides, a complaint mechanism has been in place under which DH will contact the person concerned or complainant for further details and carry out investigation when necessary. Meanwhile, DH will also step up public education on the proper use of EHVs.

On the audiological treatment services for the elderly people, HA is currently employing 23 audiologists to provide timely hearing tests and treatment according to the diagnosis made by the ear, nose and throat specialists and the needs of patients. HA will also recruit additional supporting staff to take care of the daily operation of the audiological services, so that audiologists can spend more time on providing professional services to patients.

In respect of the support for carers of elderly persons, the Government has all along been enhancing carers' capability to take care of the elderly and relieving the carers' stress through the provision of information, resources and training. The Labour and Welfare Bureau and the Social Welfare Department have introduced a number of support measures including designating additional respite places in newly established elderly service facilities, launching the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families, and providing additional resources to strengthen the outreach services of the subvented elderly centres and home care services teams.

(THE PRESIDENT resumed the Chair)

A number of Members have mentioned the demand for public dental services. In the area of dental care, the Government seeks to raise public awareness of oral hygiene and encourage proper oral health habits for the purpose of preventing dental diseases through allocating resources on promotion, education and prevention efforts. With limited public resources, the Government has to focus on providing emergency dental services for the public, and taking care of people with special needs, including low-income elders with special needs to receive dental care support services. The initiatives include the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use EHVs for private dental services.

Regarding the dental care services for young children, DH has launched the "Brighter Smiles for the New Generation" and the "Brighter Smiles Playland" schemes specially for kindergarten and nursery students, in order to help them develop proper oral health habits.

On the health services for children and adolescents, DH has endeavoured to improve the manpower of the Child Assessment Service ("CAS") through recruitment of new doctors and internal redeployment. To strengthen the service, DH has set up a temporary Child Assessment Centre ("CAC") in existing facilities in Ngau Tau Kok, which has already commenced operation in January 2018. Meanwhile, DH has begun the construction for a new CAC to increase the service quotas to cater for the increasing number of referrals.

CAS has already adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. While children await rehabilitation services, DH will provide temporary support to their parents to enable parents to provide home-based training to facilitate the development and growth of the children.

Regarding Mr CHAN Han-pan's call for strengthening prenatal services for pregnant women, DH's Maternal and Child Health Centres and the obstetrics departments of HA provide a comprehensive prenatal shared-care programme for pregnant women during the entire pregnancy and delivery process. For detection of individual hereditary diseases, since 2011, public hospitals have been providing a series of free prenatal services for all local pregnant women with a residential hospital booking, including screening for Down syndrome carried out before 20 weeks of pregnancy.

Quite a number of Members have called on the Government to enhance its efforts in vaccination. Vaccination is one of the effective means to prevent seasonal influenza and its complications, and can reduce the risks of influenza-associated hospitalization and mortality. Hence, the Government has all along been encouraging the public to receive seasonal influenza vaccination as early as possible. Through the Government Vaccination Programme and the Vaccination Subsidy Scheme, it also provides subsidized or free seasonal influenza vaccination for eligible groups who are generally at a higher risk of severe complications or even death caused by influenza, or spreading the infection to those at high risk.

To further increase seasonal influenza vaccination uptake rate amongst primary school students, DH is gearing up the School Outreach Vaccination Pilot Programme for the School Year 2018-2019. Under the Pilot Programme, the Government will arrange vaccination teams, either by the Government Outreach Team or by the PPP Outreach Team, to provide outreach vaccination service for the participating primary schools.

To ensure that no one will be denied adequate medical care due to lack of means, HA has put in place a medical fee waiver mechanism. At present, patients receiving Comprehensive Social Security Assistance can be exempted from payment of fees for public health care services upon production of a valid medical fee waiver. The medical fee waivers have also been extended to the Old Age Living Allowance recipients aged 75 or above with more financial needs with effect from 15 July 2017. Other persons who cannot afford medical fees because of financial difficulties can make a fee waiver application to medical social workers. DH has also implemented a similar mechanism of medical fee waivers for health care services provided by its clinics.

For self-financed drugs that are proven to be of significant benefits but very expensive for HA to provide as part of its subsidized services, HA currently provides financial assistance for needy patients through the safety net of Samaritan Fund. As at January 2018, Samaritan Fund covered 29 self-financed drugs for treating different types of diseases. The amount of subsidy totalled $253 million in 2017-2018 while the average amount of subsidy for each case approved was about $140,000.

On PPP programmes, HA makes use of the annual investment return of the $10 billion HA PPP Fund to regularize and enhance clinical PPP programmes being undertaken on a pilot basis, as well as developing new clinical PPP initiatives. According to an initial estimation, from 2018-2019 onwards, HA will allocate between $300 million and $400 million over each of the next five years to fund various PPP programmes, including some ongoing programmes. They include the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector for cancer patients, including those suffering from breast cancer and cervix cancer, the Cataract Surgeries Programme, the Haemodialysis PPP Programme for patients with end stage renal disease, the Patient Empowerment Programme for patients with hypertension or diabetes to enhance their ability in self-management of chronic diseases, as well as the General Outpatient Clinic PPP Programme which has now been rolled out in all 18 districts.

HA has also launched the Provision of Infirmary Service through PPP and the Colon Assessment PPP Programme since 2016 following the establishment of the endowment fund. In considering the opportunities for introducing more PPP programmes, HA will continue engaging the public and patient groups, and work closely with relevant stakeholders to explore the feasibility of launching other PPP programmes.

The development of Chinese medicine is crucially important. Just now, Mrs Regina IP has also urged the Government to attach greater importance to the development of Chinese medicine. To promote the development of "evidence-based" Chinese medicine and provide training placements for graduates of local undergraduate programmes in Chinese medicine, a Chinese Medicine Centres for Training and Research ("CMCTR") has been set up in each of the 18 districts. These CMCTRs operate under a tripartite collaboration model involving HA, NGOs and local universities offering undergraduate programmes in Chinese medicine (i.e. the Hong Kong Baptist University, The Chinese University of Hong Kong and the University of Hong Kong). NGOs are responsible for the running and day-to-day operation of CMCTRs.

The Government is actively developing the first Chinese medicine hospital in Hong Kong. In planning the positioning and development direction of the Chinese medicine hospital, the Government will consider the interaction and synergy between the Chinese medicine hospital and CMCTRs, so as to optimize the functions of CMCTRs which in turn will provide better support for the development of the Chinese medicine hospital. To gather experience regarding the Integrated Chinese-Western medicine ("ICWM") and the operation of Chinese medicine inpatient services, HA launched the ICWM Pilot Programme in 2014 to make necessary preparation for the provision of ICWM treatment covering inpatient services and Chinese medicine outpatient follow-up services to patients under the care of HA. In parallel with the provision of Chinese medicine and ICWM inpatient services, the proposed Chinese medicine hospital will also develop and give full play to the edges of the Chinese medicine clinical services.

A number of Members have expressed concern about the planning for health care manpower. It is necessary to increase the health care manpower to cope with the manpower needs arising from the proactive implementation of the primary health care services and the continued enhancement to the public health care system. In view of the increasing demand for health care services, the Government has substantially increased the number of University Grants Committee ("UGC")-funded health care training places by about 60% from about 1 150 to about 1 800 over the past 10 years. The Government also subsidizes over 800 students studying in qualified self-financing health care training programmes under the Study Subsidy Scheme for Designated Professions/Sectors in the 2018-2019 academic year. The Government is discussing with UGC to further increase the publicly-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019-2020 to 2021-2022 triennium. The increase in training places over years as well as the continued efforts to further increase the training places in the next triennial cycle should help relieve the manpower shortage of various health care professionals and improve the health care services.

The Government will kick-start a new round of manpower projection exercise to update the demand and supply projection of health care professionals. In undergoing planning for health care manpower, on top of increasing the number of health care training places, we will certainly urge HA to proactively face and address various health care manpower issues, especially concerning the long-term manpower planning of doctors and nurses.

President, I have made a brief response to the major issues brought up in the motion. I so submit. I would like to add some points or make a response as appropriate after listening to Members' speeches. Thank you, President.

**MR ALVIN YEUNG** (in Cantonese):Although the Secretary has just now said that she would give a simple reply, she ended up delivering a very detailed speech. It can thus be seen that we do have a very huge health care system in Hong Kong, and the medical needs of the people are very extensive and complicated.

A survey was conducted recently by InterNations, an international organization, among people working abroad to compare their views on living and working in 55 countries and places around the world. Indices in five topical areas, namely, quality of life, ease of settling in, working abroad, family life and personal finance, were derived to work out a Working Abroad Ranking for the best cities for living and working abroad. What is Hong Kong's ranking in these 55 countries and places? We rank 39th on the list, and in addition to the loss of our position as the world's most competitive city, this is another low ranking in performance rating.

President, I make mention of the Working Abroad Ranking because the expatriates surveyed are high-income earners with an annual household income of over US$100,000, and if they also give Hong Kong such a low rating, we can imagine how difficult it is for grass-root people or workers living here.

President, on behalf of the Civic Party, I wish to point out that over all these years, we have been gravely concerned about the dental problem of the elderly. In particular, although more dental care services are provided for the elderly than persons of other age groups, some fundamental problems have remained unresolved for a long time in the past, and we have to face the challenge of increasing service demand when there is virtually no increase in service supply.

There are now 11 dental clinics in the territory, providing only emergency treatment services such as pain relief and teeth extraction. As private dental services can be very expensive and a fee of over $1,000 is often charged, low-income elderly persons have no alternative but to get up early in the morning to queue up for outpatient dental services. However, consultation slots of outpatient dental services are highly limited as only half-day services are available at government dental clinics twice a week at most. Given that patients should hold back from an extraction when they have a toothache, elderly persons can only have their dental problem fixed when all the conditions in terms of timing, geographical advantage and human relations are ripe, and should this be considered shameful or laughable?

Although the Elderly Dental Assistance Programme has been launched under the Community Care Fund in recent years, it only covers elderly persons aged over 70 or recipients of Old Age Living Allowance, and they can be benefited from free removable dentures and other related dental services. As the age threshold is too high, many elderly persons who are in need are not eligible under the programme, while many others are not willing to participate in the assistance programme due to failing health or a reluctance to spend their twilight years adapting to the use of a removable denture.

President, as reflected in the saying "a toothache is much worse than a serious illness", the balanced development of the physical and mental health of elderly persons will in fact be upset if they are not provided with appropriate dental care services. Hence, the Civic Party would like to propose some short, medium and long term measures to help solving the dental problem faced by elderly persons. As the costs of dental treatment can be very high, dental care vouchers can be introduced in the short term to procure services from private dentists. In the medium term, the Government should consider increasing the number of consultation quotas and expanding the coverage of outpatient dental services, so as to benefit more patients. Training of dental personnel should of course be enhanced in the long term, so as to provide elderly persons aged over 65 with the necessary dental care services.

President, apart from elderly persons, we are also very concerned about the provision of appropriate care to children with special needs from grass-roots families, and in this connection, the findings contained in several reports published recently warrant our close attention.

Firstly, results of an online survey conducted by a SEN parent support group reveal that 50% or more than 50% of the respondents had never heard of the Learning Support Grant provided by schools to students with special educational needs ("SEN"). How can they use the services when they have never heard of the support? Moreover, the Hong Kong Federation of Youth Groups carried out a survey in March to understand how much did primary school teachers know about the needs of SEN students, and the results reveal that more than 70% of the respondents thought that they understood the characteristics of students with autism spectrum disorder, dyslexia and hyperactivity disorder, but the support services rendered at schools had failed completely to assist student development.

President, according to figures provided by the Hong Kong College of Psychiatrists, about 5% to 7% of children in Hong Kong have been diagnosed with hyperactivity disorder, and about 5% to 10% of local students are persons with mental health needs. As there are now approximately 870 000 students studying in kindergartens, primary and secondary schools in Hong Kong, it can thus be deduced that around 43 500 to 87 000 school-aged children are in need of mental health services.

As reflected by the Government's statistics, there has been a surging number of new referrals to the Child Assessment Centres every year, and the number has already exceeded 10 000 as at the end of 2017. Lamentably, resources for providing psychiatric services at public hospitals have all along been insufficient, and what was the longest waiting time for patients of new cases referred to the child and adolescent psychiatric services in the Hospital Authority in 2016-2017? President, the answer is 133 weeks, and although the situation has improved in 2017-2018, they were still required to wait for 119 weeks.

President, I guess no one will disagree that such problems should be nipped in the bud, but with the insufficiency of psychiatric services in Hong Kong, we can only watch helplessly as numerous students, especially young grass-root students, are missing the most important opportunity to receive treatment during the golden period. As a result, they have to take medicine throughout their school years to suppress the symptoms, and then stay at home after they have completed primary and secondary education, or join the waiting list for sheltered workshop places so that they can spend the second half of their lives there. I think this is definitely a waste of talents as far as these youngsters are concerned.

Therefore, we suggest that the Government should make a change in the existing funding methodology, and allocate additional resources to the department of psychiatry separately, so that measures can be introduced to ensure early identification of students with mental health problems for early intervention and timely treatment. This can effectively reduce the number of serious cases caused by the delay in medical treatment. The Government should strengthen public-private partnership in the short term, and it is of course our hope that a comprehensive mental health policy could be formulated in the long term, so as to shorten the waiting time for assessment, treatment and rehabilitation services.

President, I so submit.

**MR POON SIU-PING** (in Cantonese):President, primary health care services are important community safeguards. The World Health Organization defines primary health care as essential health care services made accessible to the people at costs they can afford. Primary health care is the frontline medical service available in the community. But according to the information supplied by the Department of Health, about 70% of primary health care consultation service is now provided by the private market, while public primary health care is sidelined instead.

According to the "Public Hospital Key Statistics during Service Demand Surge" released by the Hospital Authority ("HA"), the medical inpatient bed occupancy rate of all HA hospital clusters came to as high as 111% in January 2018. The public health care system in Hong Kong is definitely facing tremendous pressure. Factors leading to the present-day situation, under which public hospital workloads grow incessantly, are plentiful and one of them is the Government's failure to face squarely the need for primary health care services to strengthen people's knowledge in the prevention and care of diseases. As a matter of fact, the Government began to prepare for building up a primary health care system in as early as 1990, with the publication of the Report of the Working Party on Primary Health Care. Subsequently, the Working Group on Primary Care was established in 2008 and the Primary Care Office in 2010. In the Policy Address this year, the Chief Executive talked about establishing a steering committee on primary health care development to plan and draw up a development blueprint for primary health care services. What is weird is that despite the release of one government report after another and the setting up of one committee after another, the development of primary health care remains stuck on the drawing board as at today, with the entire development dragged out for 30 years.

Apart from establishing a steering committee on primary health care development, the Policy Address further suggested the Food and Health Bureau set up a district health centre in Kwai Tsing District. As a matter of fact, the Department of Health has set up throughout the territory 18 Elderly Health Centres, on top of a number of Social Hygiene Clinics, Student Health Service Centres, and so on. These centres and clinics belong to the government primary health care system but they are now plagued by insufficient ancillary facilities and long waiting time. All these, coupled with the high fees charged by private doctors, prompt many people in need of primary health care services to seek help from accident and emergency departments, regardless of the severity of their conditions, and thus bringing public health care services to the verge of a breakdown. I have no objection to setting up district health centres. But the Government should not get its priorities wrong and introduces a new form of service instead of allocating resources to existing public primary health care units. For it is the latter which helps improving existing services across 18 districts in the territory promptly, enhancing the synthesis of various health care aspects for the purpose of diverting patients.

President, Chinese medicine has a vital role to play in strengthening primary health care. Chinese medicine is rather effective in preventing and treating chronic diseases and infectious diseases. HA even asked people to use Chinese medicine services during the influenza peak season in summer 2017. It is regrettable that Chinese medicine is excluded from the public health care system. As at August 2017, 88% of registered Chinese medicine practitioners is in private practice and this is in stark contrast with the case of western medicine doctors among which 51% is in public health care practice and 49% in private practice. Furthermore, according to the Report of Strategic Review on Healthcare Manpower Planning and Professional Development, in every 1 000 people in Hong Kong, there were two western medicine doctors and only 1.3 Chinese medicine practitioners in 2016. Apart from this, the 18 tripartite Chinese Medicine Centres for Training and Research operating under HA recorded more than 1 210 000 patient-visits in 2017, showing the vast room for growth in Chinese medicine services. I support the Government in promoting Chinese medicine in primary health care and in creating further space for development.

In addition, as health care costs continue to climb, the consumer price index for "proprietary medicines and supplies" and "medical services" has risen 38.6% and 35.1% respectively in 2017. The Government should conduct yearly reviews on the amount of Elderly Health Care Vouchers it gives away, so as to protect their value against continued health care inflation and ensure their effectiveness in relieving the health care burden of elderly people. I also hope that the Government can relax the restrictions on the use of these vouchers and add more flexibility instead, allowing for instance, the use of these vouchers in purchasing government-recognized gerontechnology products and elderly couples to use the vouchers jointly.

President, primary health care plays a great role in health care system. As front-line gatekeeper, if primary health care fails to offer appropriate services in the community, treatment to patients will be delayed, their conditions deteriorated, and hence burdens added on significantly to secondary and tertiary health care. I hope the Government can focus on coordinating primary health care policies, avoid fragmentation of responsibilities among government departments and make available more health care services and their ancillary facilities in the community with the existing structure.

President, I so submit.

**MR IP KIN-YUEN** (in Cantonese):President, I thank Mr WU Chi-wai for proposing a motion on "Developing primary health care services" today.

President, I am not a medical expert, but I do not think the saying "prevention is better than cure" is difficult to understand. For instance, the series of influenza outbreaks at schools before this Chinese New Year are a living example. I requested, as early as in 2015, the Government to set up a school outreach vaccination team to arrange vaccination activities for students at schools. In fact, if the Centre for Health Protection ("CHP") can do proper preventive work earlier, the number of influenza cases can be reduced and the pressure on schools to report influenza cases to CHP can be alleviated; and in turn CHP can save a lot of work on investigation, and the pressure on public hospital for medical consultation services can also be alleviated, and the Education Bureau does not need to abruptly announce school closure. After the Chinese New Year holiday, CHP finally announced the launch of school outreach vaccination services in the new school year. We note from the experience of Macao and Taiwan that their vaccination rate exceeded 70% after launching school outreach vaccination services. I believe our school outreach vaccination services, the launching of which is a piece of good news, can increase our student vaccination rate, which is now below 20%.

We talked about the vaccination problem just now. In fact, if we apply the saying "prevention is better than cure" on our life, we should start building up our health at our young age. The saying "Child is the father of man" is applicable not only to our character, but also to our health. Schools are our second home. Children and adolescents are at the best stage of life to build up healthy habits. In its Non-communicable Diseases Watch issued online in February 2018, CHP points out that schools are the best place to provide daily physical activities for students and teach them the benefits of doing frequent exercise. A sufficient level of physical activities is not only vital for children's physical growth and development, but also for their cognition and learning. Depriving children of physical activity or active play which is vital to growth and development is working against protecting their basic right to health. I believe this point is easy to understand.

However, let us take a look at the present education system. Can it cope with this? At present, many primary schools can only maintain two lessons of physical education every week. The situation in secondary schools is not desirable either. Only 5% to 8% of the total lesson time is allocated to physical education at junior secondary level; and physical education is classified as Other Learning Experiences and is not a core or elective subject at senior secondary level, showing that schools do not accord high importance to physical education. I certainly support CHP's suggestion that the Education Bureau should increase school hours on physical education and encourage students to participate in after-school physical activities. I hope the Education Bureau can conduct a comprehensive review and provide full support for the sake of the health of students. I also hope that government departments can work with each other and promote health care among students at inter-departmentally level.

Actually, good health means more than a body without illnesses or pain. It also includes mental health. With the tight school curriculum schedule, together with the pressure from schoolwork and examinations, students are hard-pressed. Moreover, they are unnecessarily drilled for school examinations, TSA, etc. A research study conducted by the American Academy of Paediatrics shows that children are more likely to have anxiety and depression if they are deprived of play time. Hong Kong students, on the other hand, cannot even follow the suggestion of the United Nations Children's Fund to enjoy one hour of play time every day. Many of them do not have one hour, or not even half an hour, to play. Their happy childhood moments and family lives are preoccupied by schoolwork. They are physically and mentally exhausted. This vicious cycle, together with the pressure, will continuously affect their emotions.

In order to prevent students from committing suicide, the Government has launched a pilot scheme to send experienced psychiatric nurses to schools to identify and transfer needed students to seek psychiatric services. But apart from this, does the Government have any means to tackle this issue at source and release teachers from their some of their duties in exchange for more time to care for their students, teach them value education and how to deal with pressure, so as to give students more leisure time? We can accompany students to weather the storms in their lives and give them dignity. This is the right way to enhance students' resilience and prevent suicides.

President, as early as in the mid-1990s, the Department of Health proposed to launch, in conjunction with private dentists, an adolescent dental care programme. But the proposal was scrapped before it was launched. In 2000, the former Health and Welfare Bureau launched a consultation document titled Lifelong Investment in Health, in which oral care was also highlighted as an important factor to prevent dental problems. The document suggested the Department of Health to promote oral care among secondary students as a continuation of the School Dental Care Service. To date, dental care services are only provided for primary school students. In order to fill this service gap, I support the original motion and the amendments to extend the School Dental Care Service to kindergarten students and secondary students, so that students can lay down a good foundation for oral hygiene since their milk tooth stage.

Apart from students' health, I am also concerned about the health of teachers. When they grow old and retire, they will become elderly people. Insufficient health care and rehabilitation services for elderly people are also my concern. With Hong Kong people living increasingly longer, the cases of chronicle illnesses also increases. Take cancer and cardiovascular disease, which are very common in Hong Kong, as an example. The present medical level may be able to save many people who have these diseases, but the medical costs are high. Many patients in these cases are poor and sick, and some of them even have to take care of their old spouse who may have similar illnesses. There were quite a number of cases recently of elderly persons who became weary of their illnesses and committed suicide; some of them even killed their old spouse before killing themselves. These tragedies sounded an alarm in society. The Government must make an extra effort to promote public-private health care partnership and strengthen training of different health care specialists so that they can fully use their expertise to serve in the health care system. This can effectively support the needs of the chronically ill and relieve the secondary and tertiary health care services in public hospitals *(The buzzer sounded) *

**PRESIDENT** (in Cantonese):Please stop.

**MR IP KIN-YUEN** (in Cantonese):  and alleviate the pressure of the increasing health care expenditures.

**PRESIDENT** (in Cantonese):Please stop immediately.

**MR WILSON OR** (in Cantonese):President, I agree that the Government should comprehensively review the planning for primary health care services to draw up a blueprint, and set aside more resources and manpower to cope with the development of primary health care services. Since 2008, the Government has progressively launched a number of new measures on primary health care, such as setting up the Primary Care Office, facilitating the implementation of measures in public-private partnership, setting up community health centres, implementing the Elderly Health Care Voucher Scheme and stepping up efforts in addressing rare diseases. The annual average proposed expenditure reaches $560 million. Through strengthening the function of primary health care, it is hoped that people with illnesses can reduce their frequency of hospitalization and achieve the goal of "prevention is better than cure". But what about the result? I believe the result is there for all to see.

Today, I wish to relay the words of a local resident. He wants me to do so in this debate, and I also find his words thought-provoking for the Government. He says, "The primary health care services provided by the Government are like the mist, the rain and the wind." Everyone knows that having comprehensive public health care services is instrumental to the development of primary health care services. Primary health care resources are taken from the total public health care resources. The quality of primary health care services is thus determined by the amount of public health care resources.

However, the overall health expenditures now are unbalanced with greater health care spending recorded in the private sector than the public sector. According to the statistics of the Food and Health Bureau, public and private health expenditures account for 49% and 51% of the total health expenditure respectively. The private market now provides about 70% of the outpatient services and the general outpatient clinics of the Government take up the remaining 30%. Public health expenditures are mostly used on hospitals, with only a small portion being used on primary health care. Then, how could the Government properly take forward health prevention and health promotion?

Let me cite an example. Do Members remember the overcrowding situations in A&E departments and general wards in public hospitals at times of epidemics such as influenza attacking Hong Kong, like this news article of the *Oriental Daily News*? This photograph vividly shows how overcrowded the hospitals are. What has the Government been doing for primary health care services? We can see from the situation above that the Government's performance in implementing many primary health care services over the years is unsatisfactory and its efforts run counter to its original goal of achieving "prevention is better than cure".

I wish to talk about the Elderly Health Care Vouchers first. The original intent of the Health Care Vouchers is to encourage elderly people to take preventive measures. But in the end, many elderly people are misled to use the vouchers improperly, and the Health Care Vouchers are unable to actually serve the function of providing preventive care.

Another example I wish to talk about is elderly health centres ("EHCs"), a measure that is worth a review. EHCs provide primary health care services for the elderly from a family medicine perspective. We are also talking about preventive care here. However, the present problem is that in order for elderly aged 65 and above to successfully enrol as members, they need to wait for a long time because the turnover of members is not high. They have to wait for a very time before they can become members. So, in the end, these centres often cannot provide timely services for the elderly. Based on my rough estimation, the waiting time for individual EHCs in the territory differs, with the longest waiting for more than 12 months. President, we are not criticizing for the sake of criticism, but I wish to put forth 10 requests for the Secretary and her team to consider carefully.

First, we request the Government to increase resources and manpower to step up primary health care development, including enhancing the Elderly Health Care Voucher Scheme. The Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") suggests increasing the annual amount of the Health Care Voucher to no less than $3,000 and lowering the eligibility age for the vouchers to 60. Most importantly, we suggest abolishing the accumulation limit of Health Care Vouchers and stepping up regulation of the services provided by health care service providers to avoid the elderly being misled into using the vouchers improperly.

Second, we hope that the Government can accept DAB's proposal to introduce a health care voucher scheme for children and inject $2,000 to each health care voucher account for children each year.

Third, it is about elderly dental care services. I totally agree with a colleague's comment just now that elderly dental care services are seriously inadequate. I hope the Secretary can truly consider this issue. The threshold of the Community Care Fund which requires applicants to be of 70 years of age is too high and difficult to meet. Can the Government consider lowering the threshold?

Moreover, we hold that the Government should increase the number of EHCs and enhance their services. Apart from conducting simple health assessments, EHCs can also conduct health counselling, health education with the help of physiotherapists and dieticians. Moreover, we also hope that the Government can introduce Chinese medicine consultation services in individual EHCs under the Social Welfare Department and consider extending outpatient services to 24 hours. Members should be aware that the Finance Committee just considered the item on Our Lady of Maryknoll Hospital. But the item will not upgrade the hospital's 24-hour outpatient service. Should the Government take this into consideration as well? I am very angry about this.

Besides, will the Government consider outreach medical services provided in vehicles? There are now many outreach services, such as mobile libraries, outreach services of Yan Oi Tong, the mobile clinics of Pok Oi Hospital. Can the Government also consider introducing similar outreach medical vehicles? When we suggested building more hospitals to the Government, it said that building hospitals required lots of time and money due to the need to comply with the Hong Kong Planning Standards and Guidelines. Then, will it consider medical vehicles which can provide mobile services in 18 districts? I would like to ask the Secretary to consider these different options, and I hope that it can also shorten the waiting time for specialist outpatient services. I have with me some information on the waiting time for medical consultation at specialist clinics. The waiting time of two specialties is the longest. The first one is orthopaedic outpatient services in New Territories East; one has to wait for 176 hours. And the waiting time of ophthalmic outpatient services in Kowloon East is 158 hours and is also quite long. Can the Government relieve the pressure on these outpatient services?

President, I hope the Government can truly listen to all these different proposals today and respond to us on insufficient primary health care services in society. As I often say, this is what a responsible government which is receptive to public views and willing to work hard should do.

President, I so submit.

**MR TOMMY CHEUNG** (in Cantonese): President, the Liberal Party will not oppose the development of a primary health care system as a means of encouraging people to prevent illnesses and also strengthening personal and home care, so as to alleviate the over-reliance on public hospitals in Hong Kong.

But we think that it is necessary to lay down a clear definition, direction and target for a primary health care system; or else, the result may not be good, just like the original motion and amendments today with all sorts of recommendations. In the end, it may lose its focus and fail to achieve any concrete results or progress. For these reasons, the Liberal Party prefers to wait until the Steering Committee on Primary Healthcare Development set up by the Government late last year formulates a development blueprint for primary health care and then conducts consultation.

President, as Members have honestly put forth too many proposals, I can only give a reply on some of them. First, we have reservations about a proposal in the original motion, the proposal that the authorities should "allocate $10 billion to set up a seed fund to subsidize the public to undergo physical check-ups". While this proposal is well-intended, the approach may not be very appropriate. I am afraid it may lead to the disadvantage of posing hindrance and obstacles and fail to achieve any obvious results. Besides, $10 billion is not a small sum. And there is room for further discussion on the fund's operation alone as hastily explained by the Member today.

We recommend that the authorities should rather adopt a proposal advocated by the Liberal Party over the years, the proposal of offering concrete incentives to encourage people to undergo regular body checks. Actually, the Liberal Party put forth a proposal to the Government long ago, saying that it should offer tax deductions for medical insurance contributions and body checks as a means of encouraging people to take out medical insurance and participate in body check programmes on the private market, so as to alleviate the burden on public health care and enable people to receive appropriate treatment more expeditiously after the detection of illnesses. All this can achieve the objective of "prevention is better than cure". But the authorities have not given any reply so far, very much to the disappointment of the Liberal Party.

President, elderly people are vulnerable to chronic diseases, so we hope the Government can allocate additional resources for enhancing the provision of body check services at Elderly Health Centres and rationalize quota distribution based on the demographic features of various districts, so as to assist them in detecting illnesses earlier and enhance their resilience. Therefore, regarding the proposal in the Policy Address of last year on coordinating and planning the works projects for the establishment of Community Health Centres in various districts, and setting up a District Health Centre in Kwai Tsing on a pilot basis for providing various professional services, the Liberal Party will give its approval.

At the same time, the Liberal Party all along supports the Government's introduction of the Health Care Voucher Scheme based on the principle of "money follows patients", so as to benefit elderly people and enable them to choose those private primary health care services that best suit their needs in their communities. In principle, we have no objection to increasing the subsidy amount of the Health Care Voucher ("HCV") to at least $3,000 a year―President, I declare that I am also an HCV recipient―and I even support the idea of enhancing the regulation of health care service providers, so as to prevent elderly people from being misled into using HCV improperly.

I wish to take this opportunity to share my recent personal experience. My doctor asked to me to take cardiac medicines on a regular basis. But when I tried to buy the relevant prescription-only medicines at a pharmacy, I was not allowed to use my HCV. If I want to use them, I must seek medical consultation at those clinics which have been registered as HCV service providers. This is very inconvenient and time-consuming. And, it may also be difficult for a patient to change to another doctor if he has sought medical consultation from the same specialist doctor all along. This is a shortcoming of HCV. So, if the authorities want HCV to fulfil its intended function of enhancing people's health, I propose that the authorities should further improve HCV by encouraging or introducing measures to facilitate the registration of more qualified units as service providers, so as to provide elderly people with more options. In fact, the initial design of the "money follows patients" mode is to help improve service quality. But as the prerequisite, it must be ensured that users are provided with various options and may choose their service providers based on their true will and financial abilities.

President, the Liberal Party thinks that the development of comprehensive public dental services for everybody may not be an effective way of using our public money. After all, some people in society have the means to afford higher dental service charges. But we agree that social demands for dental services are rising and there is a need to review the existing policies. For instance, should dental scaling services be included? Actually, the existing 11 government dental clinics under DH mainly serve civil servants. The quotas for ordinary people who wish to seek treatment are very few, and the services are only confined to the treatment of toothache and dental extraction. We think that the authorities can do more on the problem concerned, so as to benefit more people in need.

The original motion thinks that elderly public health care users will delay disease treatment due to financial problems. But the fact is not like this. With population ageing, the supply of public health care manpower is inadequate, with the result that grass-roots people in need or with acute illnesses have to wait overly long periods at accident and emergency departments and specialist outpatient clinics. This is rather the reason for the delay in disease treatment. So, as pointed out by the Liberal Party many times over all these years, the Medical Council of Hong Kong dominated by private doctors has come under the query of "doctors harbouring doctors" and upholding protectionism as it has still imposed various obstacles on overseas doctors who wish to practise in Hong Kong. Therefore, we request the Government to expeditiously study the relaxation of the relevant restrictions to induce overseas doctors to practise in Hong Kong without compromising the quality of medical services, so as to alleviate medical manpower shortage.

Finally, I wish to stress that in order to develop primary health care services systematically, doctors' manpower should be increased; and not only this, the manpower of the carer sector and also other related sectors should also be supplemented. This is rather the way to achieve comprehensive results and coordination and avoid the past mistake of focusing solely on disease treatment.

President, I so submit.

**MR MARTIN LIAO** (in Cantonese): President, in the Policy Address of last year, the Chief Executive announced her determination to enhance primary health care services in communities as a means of encouraging people to prevent illnesses and stepping up personal and home care, so as to reduce the need for hospitalization. Apart from forming the Steering Committee on Primary Healthcare Development, the Chief Executive also undertook to set up District Health Centres one after another in various districts of Hong Kong based on different community needs through public-private partnership. All this is a very good beginning of improving the public health care system.

Hong Kong's health care system can be roughly divided into three tiers: primary health care, specialist services and hospital services. As the first line of defence in public health, primary health care is the first tier which people get into touch in the process of seeking medical consultation. It includes health promotion, the prevention and treatment of acute and chronic diseases together with medical care, health risk assessment and disease identification, support for patients' self-management, and also the provision of support and palliative care for persons with disabilities or patients with terminal illnesses.

Is Hong Kong's primary health care satisfactory all along? Let me begin by talking about the early days of the reunification. Back then, the Government was determined to improve primary health care, in the hope of alleviating the burden on hospitals. The most noteworthy measure of all was the setting up of Elderly Health Centres in the 18 districts over the territory to provide elderly people with primary health care services in communities, so as to reduce their risk of contracting illnesses and disabilities. Sadly, the relevant services lack an effective implementation mechanism. Only the Department of Health has assumed the promotion role and provided simple body checks (such as hypertension and diabetes tests) and also services including health counselling, health education and disease treatment. To frail elderly people, such services are like "chicken ribs"―not good enough to get excited over, but not bad enough to forego without regret. If they fall ill, they can only turn back to accident and emergency departments for medical consultation. Besides, over the past 10 years, the membership size of these Elderly Health Centres has merely accounted for around 4% of the total elderly population, and their services are far from enough to meet the needs.

In 2010, the SAR Government announced the Primary Care Development in Hong Kong Strategy Document, with the intention of enhancing cross-sector coordination in primary health care to address the various needs of patients in communities. Despite the passage of eight years, primary health care has failed to receive any serious attention from the Government. As a result, health care units in the public and private primary health care sectors and also Elderly Health Centres follow their own policies. The absence of any corresponding support measures, coupled with the lack of sufficient government resources and support, has led to successive outbreaks of influenza epidemics. Not only are public hospitals flooded by patients one time after another, but the problems with the entire health care system are also exposed one after another.

President, Hong Kong's population structure is undergoing obvious changes, in the sense that its population is ageing and people's lives are getting longer and longer. What follows is that various complicated chronic diseases have become more common. The most common chronic diseases among Hong Kong people mainly include diabetes, hypertension, high cholesterol, arthritis, osteoporosis and heart disease. For this reason, cross-specialist service demand is ever-increasing. The Hospital Authority's statistics show that at present, around 1.3 million Hong Kong people suffer from chronic diseases, meaning that one out of five people is a chronic disease patient. The rate of people suffering from three chronic diseases increased from 11.5% in 2011-2012 to 19.1% in 2016-2017, and the rate of people with two chronic diseases likewise increased from 37.2% to 40.2%. Besides, the elderly population will rise to around 1.2 million in 20 years. And by 2066, it will even reach 2.59 million, accounting for 37% of the total population. This means that the number of chronic disease patients will only continue to rise.

Hong Kong's overloaded public medical system, together with wealth disparity in society and the sole reliance of elderly and low-income people on public medical services due to financial constraints, has posed a huge challenge to Hong Kong's health care system, and people's health will be adversely affected in the end. If the Government has any serious intention to develop primary health care as a means of reducing people's demand for medical services, it must provide resources as full support apart from making promises in the Policy Address.

Furthermore, Chinese medicine should also play a part in the public medical system in the course of promoting primary health care. Compared to the expensive patent devices and drugs used in Western medicine, diagnostic equipment and herbal drugs used in Chinese medicine are lower in cost, so the Government's medical expenses may be reduced accordingly. The disease prevention concepts in Chinese medicine may also help to reduce people's demand for medical services. If the Government can continue to step up promotion, extend the applicability of the Health Care Voucher to Chinese medicine and streamline the administrative procedure, the immense pressure on the public health care system can hopefully be reduced.

Over the past 20 years or so, Hong Kong has missed the opportunity for fostering primary health care. It is no easy task to make up for lost time. Besides, primary health care involves the provision of services by many various health care professionals and covers a wide scope. A community-oriented approach with coordination is the key to the effective implementation of primary health care, and this can in turn handle most patients with early symptoms effectively. That way, the second and third tiers of the health care system can focus on handling patients with genuine needs and provide them with more convenient health care services of a higher quality.

President, I so submit.

**DR HELENA WONG** (in Cantonese): President, the rapid ageing of Hong Kong's population and the rising rate of people with chronic diseases have presented a major challenge to Hong Kong's health care system. Therefore, we think it is worthwhile to draw reference and learn from the many proposals in Mr‍ WU Chi-wai's motion on "Developing primary healthcare services" today and the various amendments.

The Government must enhance primary medical and health care services at the community level while also encouraging and helping people to prevent diseases by stepping up personal and home care, so as to reduce the need for hospitalization due to serious illnesses. The Democratic Party supports these major objectives. But if we look back at the Government's previous efforts, we will see that it issued a primary health care report entitled "Health for all, the way ahead" 28 years ago in 1990, and 20 years later in 2010, the Government further issued the Primary Care Development in Hong Kong Strategy Document. During these eight years, the Primary Care Office was the main implementation agency tasked to promote primary health care. Only after the Policy Address of last year was delivered that a higher-level steering committee was set up to take charge of our primary health care policy.

Let us look back at the development of primary health care over the past 30 years. We cannot say that the Government has not done anything. But generally, the main problem as we can see is that resource allocation is still not to the point, and we hear empty talks more often than seeing concrete actions. Besides, we cannot say that the Government has not set any target. But very often, the Government's efforts are piecemeal, so the overall number of people who can benefit is also very limited. I honestly do not understand why the Government has still failed to achieve any positive results in practicality even though it has issued reports one after another over the past 30 years. A strategy has long been formulated. But why is the Government unable to implement it properly? Why does the Government refuse to allocate any resources?

If Members read the Budget, they will see that 90% of the public health care resources are used on hospitals. In contrast, resources for primary health care are very limited. If the Government refuses to thoroughly review this and redeploy its resources, primary health care will turn into empty talks. The Secretary certainly understands that the Government talks more often than taking actions.

The Democratic Party wants to help the Government. We hope the Government can allocate $10 billion for setting up a dedicated fund for primary health care. Certainly, the Government should also consider the question of whether the Budget every year should strike a balance for the public health care system while catering for the health education undertaken by the Department of Health, and whether it is necessary to allocate adequate resources for this aspect.

Recently, the Government proposed to introduce a pilot scheme of setting up a District Health Centre in Kwai Tsing. Actually, a trial run has been underway in Kwai Tsing all along with some success. But so far, the Government has not told us clearly about the services that this District Health Centre will provide, and whether its services will be prevention-based or treatment-based. Besides, we are even unclear about the team that will be formed in the centre, and how the centre is distinguished from the existing Community Health Centres in various districts. These two kinds of health centres bear a similar name. One is "Community Health Centre", and the other is "District Health Centre". What is the specific difference between them in reality? Can the existing Community Health Centres be upgraded to the level of District Health Centres that the Government wants to set up? People are confused upon hearing all this. How will the Government practically implement this initiative? Certainly, we hope the Government can vigorously promote primary health care services at the community level.

Over all these years, the Government has tilted towards treatment medicine without seriously developing preventive medicine. People very often seek medical consultation only when they fall ill, or are admitted to hospital in case of serious illnesses. It looks like they do not have many options in between. So just now, I said the Democratic Party hoped that primary health care could be given more weighting in public health care resources, together with the allocation of $10 billion for setting up a primary health care development fund. After adequate resources are available, we hope the resources can pragmatically benefit people.

Speaking of the development of primary health care, various countries have one thing in common, and I believe the Secretary is also aware of it. Various health care professions organize and coordinate the medical and welfare sectors through teamwork rather than solely relying on doctors when promoting primary health care. I believe the entire community team for primary health care should comprise various disciplines and must include professionals such as social workers, nurses, community pharmacists, nutritionists, occupational therapists, physiotherapists, dentists, optometrists―a profession which Members have rarely talked about today, and elderly people need vision care to understand their problems as they may be suffering from a decline in visual acuity―hearing therapists as mentioned by Prof Joseph LEE just now, and also family carers. Therefore, the Government must not develop primary health care under a doctor-led approach as in the past. I hope that in the process, the Government can consider the inclusion or otherwise of Chinese medicine into the primary health care system. The Democratic Party agrees to so doing.

We hope to see the provision of community-based primary health care services with various interlocking segments very soon. And, without any distinction in their importance, various teams should join hands to provide needy people with disease prevention services and information in communities. Directly-elected Members have their community offices, and we often set up mobile health service booths on the streets to conduct blood pressure tests for people. But since government community centres or government-subsidized community centres operated by non-profit-making organizations can actually do the above work, Members need not take up the task of health promotion in communities.

I hope the Government can redeploy its resources and manpower for the satisfactory provision of primary health care services.

**DR PIERRE CHAN** (in Cantonese):President, I support the idea that the Government should develop primary health care services, promote public health and reduce the burden on hospitals. I am also happy to see that in response to the first Policy Address published by the new Chief Executive which brought up the issue of developing primary health care services in a high-profile way, my colleagues in the Legislative Council take the opportunity to move a motion and amendments in a bid to secure medical resources for the public.

What is the difference between the development of primary health care services as proposed by the Chief Executive, Carrie LAM, and the proposals put forward by Members of the Legislative Council? The Chief Executive, Carrie LAM, had mentioned that a comprehensive and coordinated primary health care system would enhance overall public health, reduce hospital readmission and rectify the situation where accident and emergency service was regarded as the first point of contact in seeking medical consultation. As to the motion moved by Mr WU Chi-wai and amendments moved by other Members, what is the connection between them and the remarks made by the Chief Executive? I have written several articles to analyse the different understandings and demands of different people towards the term "primary health care services". The motion this time around has just highlighted such different demands. We are talking about different things and we are speaking different languages.

This time around, Members have put forward a number of specific proposals, such as to allocate $10 billion to set up a seed fund, to subsidize the public to undergo physical check-up; or to increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than $3,000; to set up additional community health centres or district health centres; to provide 24-hour outpatient services, and to increase the number of public dental services, and so on. The services proposed are slightly different from each other. Many of them are launched by the previous term of Government in the course of developing primary health care services, while others are related to the aspirations of different organizations or Members.

As to community health centres, completed in 2012, the Tin Shui Wai Community Health Centre (Tin Yip Road) is the first community health centre established according to the primary health care strategy and mode of operation. After that, the North Lantau Community Health Centre and Kwun Tong Community Health Centre were also established. They were all  now my colleagues hope the Government will build more community health centres, but will the community health centres in the minds of our colleagues operate in the same way as the community health centres I have just mentioned? Have the authorities reviewed the effectiveness of these community health centres? Actually, last year I have raised various questions about the information of these community health centres. But it turned out that there was no information and no reply was made.

While our colleagues proposed that the Government should build more community health centres, the Chief Executive, Carrie LAM, said the Government would set up a district health centre with a brand new operation mode in Kwai Tsing District. She explained that the Kwai Tsing District Council made use of the $100 million subsidy provided by the Government in 2013 for district-based signature projects to fund a number of health care services in collaboration with local associations and non-profit-making organizations and a solid foundation for the further extension of district-based primary health care services was built. The Chief Executive even said that with the experience gained from the pilot scheme, the Government would progressively set up district health centres in other districts.

What is the difference between this brand new operation mode and the existing primary health care services provided by the Government or the Hospital Authority? Will the new operation mode of services replace the existing services? That will have an enormous impact on the operation and planning of the existing public primary health care service providers. For example, what role will existing public community health centres play when more new district health centres are built in future? Will they be only minding their own business, or will there be competitions for resources or overlapping of resources? If each centre is not just minding its own business, then will the existing centres be replaced or integrated? Will the Government review the effectiveness of these centres which have been established for three to six years, or will it be a whole new ballgame?

Just now I have reiterated what the Chief Executive, Carrie LAM, had said. That is, developing a comprehensive and coordinated primary health care system would enhance overall public health, reduce hospital readmission and rectify the situation where accident and emergency service was regarded as the first point of contact in seeking medical consultation. As a medical practitioner, of course I agree very much with her view. But the problem is, the question of developing primary health care services is not proposed today by the Government. I am not going to speak on something happened a long time ago. Let us take a look at a paper of the Legislative Council CB(2)827/17-18(04). In 2008, the Government vowed to enhance primary health care services. Subsequently the Working Group on Primary Health Care was established. By the end of 2010, the Primary Care Development in Hong Kong: Strategy Document, which was published by the Government, had already proposed a number of strategic points. Such as improving coordination of care among health care professionals across different sectors, enhancing inter-sectoral collaboration, strengthening preventive approach, and emphasizing patient empowerment, and so on. They are largely identical to the pilot schemes of district health centres launched by the current-term Government. Of course, government policies should be reviewed from time to time, otherwise nobody knows how to improve or reform them. But the continuity of policies is equally important, otherwise the entire Government will be at a loss as to what to do if it makes frequent or unpredictable changes in policies.

During the previous term of Government, the Working Group on Primary Care ("WGPC") under the Health and Medical Development Advisory Committee ("HMDAC") advised the Government on strategic directions for the development of primary care in Hong Kong. The last Government reorganized HMDAC three years ago, and the reorganized body took over the WGPC's work in formulating development broader policy issues on primary care development in Hong Kong. In 2010, the Primary Care Office ("PCO") was established to coordinate research programmes on top of executing primary health care policies and strategies, evaluating public demands on primary health care services and exploring cooperation opportunities with other institutions. However, I have found that there are more and more terms and lexicons. Does HMDAC no longer exist? Does it no longer exist because the Government does not mention it anymore?

A non-governmental medical organizations which has taken root in Kwai Tsing District questioned if the setting up of the Steering Committee on Primary Healthcare Development will overlap the PCO's scope of duties and thereby wasting the resources. This is also something I concerned very much. If there is no continuity, if there is a waste of resources and if it leads to a case of fattening the top but slimming the bottom, then the Government may not be able to ease the public demand on hospital services even if it allocates more resources to primary health care services. It will only let the Chief Executive down. I so submit.

**MR VINCENT CHENG** (in Cantonese):President, I speak in response to the motion on "Developing primary healthcare services" and its amendments.

According to the World Health Organization ("WHO")'s Declaration of Alma-Ata of 1978, the whole world community should promote primary health care. The definition of primary health care is the essential health care universally accessible to individuals and families in the community at a cost that the community and country can afford to maintain. It is the first level of contact of individuals, the family and community. As to its functions, it should be able to address the main health problems in the community, and to provide promotive, preventive, curative and rehabilitative services accordingly. WHO also stresses the importance of the coordinated efforts of all sectors, and considers primary health care the key to protect and promote the health of all the people of the world.

Nevertheless, people have been cavilling at Hong Kong's medical system over the years for putting too much emphasis on curative services, as primary health care services should also include health check-ups and disease prevention. In the Policy Address announced by the Chief Executive in October last year, she highlighted the direction of the development of primary health care services. Indeed, we should not deny a lot of efforts made by the Department of Health, the Hospital Authority and other departments as far as the provision of treatment, rehabilitation and basic diagnosis services are concerned. Nevertheless, we must rouse ourselves to catch up if we want to implement the comprehensive primary health care services.

Everyone knows that Hong Kong is facing the problem of an ageing population. According to the Census and Statistics Department, 1.9 million people in Hong Kong are suffering from chronic diseases (including diabetes, hypertension and arthritis), in which 830 000 are elderly people. They account for almost 40% of the total number. Members can imagine that it will not be enough if we simply increase the number of health care workers. It is equally important to carry out effective disease prevention and check-ups for all. At the 40th anniversary of WHO's Declaration of Alma-Ata, we hope the SAR Government will increase the proportion of the resources allocated with a new mindset, so as to take a multifaceted approach to improve Hong Kong's primary health care services which will really benefit Hong Kong.

I will speak on several examples in the following paragraphs. Actually, we need to do a lot of improvement work. I wish to speak on the first district health centre to be set up in Kwai Tsing District by the third quarter next year under a public-private partnership or medical and social integration. According to the relevant bureau, the positioning of the centre is different from existing community health centres under the Hospital Authority. It will be prevention-oriented and will provide physical check-ups and chronic disease management services. The centre will also procure services from medical service providers and health care workers in the community. I hope the pilot programme will be extended to other districts so that identical centres can be established in all districts. The level of charges for services should be affordable to the public, otherwise it will only go against the spirit advocated by WHO.

There are three community health centres under the Hospital Authority. Actually the demand for services is actually very keen. The quota for general outpatient services of these centres will be 200 every day. Last year, the Food and Health Bureau indicated that it would open new health centres in Mong Kok, Shek Kip Mei and in North District. I wish the relevant projects can be expedited and the most important thing is to upgrade the services.

Moreover, there are 18 Elderly Health Centres ("EHCs") under the Department of Health. All Hong Kong residents over the age of 65 may apply for the membership. Members of EHCs may receive physical check-ups at EHCs. Secretary, the service should be upgraded. It is because only elderly people who have become a member can enjoy the service at the cost of $50 for each treatment. How long should elderly people wait? We can find the answer from the Department of Health website. Elderly people have to wait for 24 months in Tuen Mun, 16 months in Yau Ma Tei. The long waiting time is hard to accept.

Second, as to disease prevention and physical check-ups, currently the Government has put in place free or subsidized vaccination programmes. I hope these programmes can be extended by allocating $10 billion as the seed fund to finance physical check-ups and disease prevention programmes for the public. For example, the cervical cancer vaccination programme should be extended to all girls in the relevant age groups for free. Besides, as the authorities have decided to regularize the screening programmes for colorectal cancer and widen the eligible age from people age between 61-70 to age above 50. The Government should also carry out a breast cancer screening programme for all female who are at general risk. The Chief Executive Carrie LAM says she is exploring the matter. I think the Government should implement such a programme for the benefit of the health of Hong Kong people.

Third, with regards to elderly people and children, I will first speak on the Elderly Health Care Voucher Scheme. I can see that Members have been urging in the original motion and amendments that the Government should increase the annual amount of subsidy to no less than $3,000, thus it is a consensus. Everyone knows that elderly people will make use of this subsidy to seek dental services next to medical services. It will cost them $500 to $600 for fixing a tooth. For eligible elderly people, they can receive free tooth extraction service or crowning services for several dozen dollars from the government dental clinics. However, the opening hours of these clinics are rather short and the quotas are scarce, thus it is difficult for elderly people to get a quota tag. I believe the Secretary has heard the elderly people said that they have to line up at government dental clinics in the early morning in the hope of getting a quota tag. With regards to dental services, I wish to speak on the School Dental Care Service. I hope the service can be extended to secondary school students. Besides, the Government should implement an universal dental care programme. After speaking on the Elderly Health Care Voucher Scheme and the School Dental Care Service, I wish to speak on health care services.

Disease prevention and treatment are equally important. But in view of the population growth, the Government has launched the first 10-year Hospital Development Plan for new and redevelopment projects. The second 10-year plan is on its way. I hope the Government will listen to views of Legislative Council Members and District Council members. For example, everybody is very anxious about the redevelopment project of the Our Lady of Maryknoll Hospital in Kowloon East, as the accident and emergency ("A&E") services are not yet available. On the other hand, as to the site of the Queen Elizabeth Hospital ("QEH"), after the old QEH is relocated, a new hospital will be erected on the former QEH site. The authorities indicated earlier that the new hospital would provide day-time operation services, but public who need A&E services should seek help from the nearby Kwong Wah Hospital. Secretary, there will be an obvious increase in the population of Kowloon West, I hope the authorities will provide Hong Kong people with more comprehensive and fitting hospital services.

Lastly, another thing I wish to mention is that in last week, the Sham Shui Po District Council had discussed the redevelopment of the Shek Kip Mei Health Centre ("SKMHC"). Everyone had high hopes on the redevelopment project as SKMHC would be redeveloped from a two-storey building to a more than 10-storey high rise building and more services would be provided. Actually, the project is worth supporting. But at the same time, the authorities had not discussed the redevelopment plan with us. They just submitted the project and hoped that we would accept it. Besides, that would not facilitate a seamless transition. A lot of local people have raised their question to us: Where can local elderly people and pregnant women seek medical consultations during the redevelopment? I hope the Secretary can pay more attention to this as well as views from local districts on how to deal with the window period.

President, I so submit.

**MR SHIU KA-CHUN** (in Cantonese):President, as a social worker, a legislator from the grass roots and a person with chronic illness, I certainly support developing primary health care services. As some studies have indicated, compared to a health care system which is based on specialist health care services, a health care system which is based on primary health care can achieve better heath effect. For example, first, it can help decrease avoidable deaths; second, it can improve continuity of care; third, people can be more accessible to health care services; fourth, patients can be more satisfying; fifth, the phenomena of inequality related to health can be reduced; and sixth, the overall health care costs can be reduced. However, if we only judge a health care policy simply by its efficiency, we may overlook that the objective of public policies is health for all, and health care policy is only one of the policies for realization of health for all.

Mr Vincent CHENG just mentioned the Declaration of Alma-Ata endorsed in 1978. In fact, the first section of the Declaration points out that health, which is a state of complete physical, mental and social well-being, and not merely the absence of disease, is a fundamental human right, and the realization requires the action of many other social and economic sectors in addition to the health sector. The second section says that the existing gross inequality in the health status of the people particularly within countries is politically, socially and economically unacceptable. The Declaration of Alma-Ata is an international declaration that establishes primary health care. What we need to pay attention is that the Declaration looks at health from the perspective of society as a whole, and from the perspective of human rights and social equality. Hence, without fundamental human rights, social equality and social perspective, it is basically difficult to attain and realize general health in society, and also difficult for us to discuss the policy on primary health care.

In 2013, Taiwan, which is adjacent to Hong Kong, held a Global Health Forum, and the intellectuals jointly published a Taipei Declaration on Global Development of Health in All Policies. This Declaration reiterates that public health will be affected by various departments' policies spanning from economic, education, international trading, transportation, social welfare and housing. According to that Declaration, the proposal of policies beneficial to health by various departments is not only an effective way of improving health, but is also making contributions to enhancing the overall development of mankind. In short, it is health in all policies, meaning that all policies are health oriented. In fact, health in all policies is the most comprehensive policy on primary health care.

In terms of health care services, the primary health care advocated in the Declaration of Alma-Ata is to provide an affordable and accessible health care system for all people. It is the first point of contact in the health care system for individuals, families and communities, and it has to be located in the residential and working areas of the public. Functionally, it has to deal with health problems of the overall community and has to provide health promotion, disease prevention and treatment, as well as rehabilitation services. In order to provide these primary health care services, the World Health Organization emphasizes handling the community health problem with cross-sector collaboration.

However, how about Hong Kong? In Hong Kong, as already mentioned by many Members, the progress of public primary health care services is too slow, and it has been all thunder but no rain in the development of primary health care services. Since 2008, HA seemed to have launched many new measures on primary health care, such as public-private partnership measures, setting up of community health centres and patient empowerment services, and the average annual estimated expenditure is $560 million. But it is just Jack of all trades and master of none. According to the Food and Health Bureau's information, the trend for health expenditure at providers of ambulatory health care and at hospitals was diverse. Spending at providers of ambulatory health care as a share of current health expenditure had decreased gradually from 42% in 1989-1990 to 25% in 2014-2015. On the other hand, the faster increase in spending at hospitals led to a rise in the hospital share of current health expenditure from 34% to 50% during the same period. Besides, public health expenditure was mostly incurred at hospitals, which accounted for 74% of public current health expenditure in 2014-2015. Whereas private health expenditure was mostly incurred at providers of ambulatory health care, which accounted for 42% of private current health expenditure in 2014-2015.

There has been discussion on primary health care in Hong Kong since 1990s. However, from the above figures, we learn that public health care resources are seriously lopsided towards hospital services while ambulatory health care services are being overlooked, and private institutions are actually the ones developing ambulatory health care services. At present, about 70% of outpatient services are provided by private market with the service period decided by private doctors, and only a small number of them provide round-the-clock services and visitation services, while the remaining 30% of outpatient services are provided by public general outpatient clinics. As a matter of fact, outpatient services are usually the first point of contact in the health care system for the public who will be provided with some general health care information. But under the current practice, not a few primary health care services are outsourced to private doctors and health care institutions. In the lack of coordination and collaboration, the basic primary health care elements of cross-sector collaboration, people orientation and continuum of care are all being neglected.

President, I of course fully support the vigorous development of primary health care by the Government. But if it wants to enhance the efficiency in health care services only by means of resource allocation, I do not think that primary health care can be properly developed. I am still unable to see the Government's commitment in this aspect. After all, under the major policy of economic development, health for all is basically not important to the Government. In Hong Kong which is flooded with social inequalities and where basic human rights are not respected, we can imagine the difficulties in developing primary health care services. In fact, I am unable to see how Hong Kong can, under the serious social inequality condition of having 1 million people living in poverty, and employees suffering from long working hours, few holidays and lack of labour protection, put into practice effective primary health care services. When workers only have 15 minutes to have their meals, how can we talk about food nutrition?

Thank you, President.

**MR HOLDEN CHOW** (in Cantonese):President, many aspects certainly need to be covered for "developing primary healthcare services". First of all, in this speech, I would like to talk about the health care system of North Lantau Hospital which serves the residents of Lantau Island or Tung Chung. We have proposed many times to the Government about upgrading North Lantau Hospital to a general hospital. It currently provides a few kinds of specialist services. If it can be upgraded to a general hospital, it will be able to provide various kinds of specialist services.

It has been our wish that North Lantau Hospital can provide more specialist services, including nephrology and urology services. It is because we notice that many residents of Tung Chung or Lantau Island, especially the elderly who need special care, cannot receive medical care in the nearby North Lantau Hospital, but have to travel to Princess Margaret Hospital in order to receive treatment.

The Government has now given some sort of response, as North Lantau Hospital will provide urology services at the end of this year. However, I want to tell the Government again that under a comprehensive primary health care system, various specialist services can be provided. Since the population of Lantau Island will grow remarkably in future, I hope that the Bureau can take on board our view of providing more kinds of specialist services in North Lantau Hospital. And in the long run, I hope that North Lantau Hospital can be upgraded to a general hospital and the services provided will also include obstetrics and gynaecology services. These are the services greatly needed by the residents of Lantau Island or Tung Chung.

Secondly, President, taking this opportunity, I want to say that in terms of epidemics, there is a high chance of influenza outbreak in the local community. We may still remember that around last winter or Lunar New Year, there was a relatively large scale of influenza outbreak, and at that time, there was also a shortage of influenza vaccines. As I recall, the Bureau emphasized many times that it would procure additional influenza vaccines as a measure to tackle the influenza outbreak.

Taking this opportunity, I would like to reiterate that summer is around the corner, and we know that apart from winter, summer is also a season prone to influenza outbreaks and is another influenza peak season. As we observe, during the influenza surges, patients usually need to wait for six to eight hours before they can consult a doctor under the primary health care system, including public hospitals. When dealing with these situations, the Government, of course, says that it will increase the number of general hospital beds and manpower. However, we understand that in addition to dealing with manpower and supporting facilities like hospital beds which need to be increased, the heavy workload of health care staff during an influenza surge which is imposing a lot of pressure on them also needs to be tackled. Frankly speaking, I think one targeted approach is that on top of increasing manpower in a timely manner to take care of the patients, being hospitalized or not, suffering from influenza, we also need to enhance the prevention measures. Because if the prevention work is properly done, the demand for manpower or resources in public hospitals during the epidemic surge of influenza can be properly relieved.

Therefore, I have been repeatedly raising this request in the past. Early this year, I also raised a written question mainly on the arrangements against influenza outbreaks and for the supply of vaccines. I would like to reiterate that only 18% of students under 12 years old have be vaccinated against influenza, much lower than the rates of vaccination in other countries, such as the United Kingdom whose rate is 60%. Perhaps some people will ask why the vaccination rates in other countries can be so high. It is because the students in these countries are usually vaccinated en masse in schools.

At present, Hong Kong students are not vaccinated en masse in schools, which will usually encourage parents to take their children to clinics for vaccination. From the perspective of parents, they may think that if vaccination is not done at school, it will be a bit troublesome for them to bring their children to clinics for vaccination. Hence, the actual outcome is that the desire for vaccination will be lowered. President, if the students' vaccination rate against influenza is greatly increased, the number of children seeking medical treatment due to influenza will be reduced, and the demand for manpower and workload of hospital staff in public hospitals during influenza surges can also be partly relieved. Hence, I hope that the Government can have appropriate measures to deal with the situation.

The final point I want to raise is about the health care arrangements for children with attention deficit/hyperactivity disorder ("ADHD"). In the past, we have highlighted the rather long waiting time for identification service. Although the government guidelines say that the identification service can be arranged in about half a year, the actual waiting time is usually well beyond half a year. I hope that our views can be heard by the Government. If the students can be arranged to be identified earlier, the parents can be able to know whether it is necessary for their children to receive any therapy and the kind of therapy needed. At least the children have to be identified to have any need for therapy before the parents can decide what to do next. Hence, I hope that the waiting time for identification service can be shortened and the Government can continue to provide more resources in this aspect.

Lastly, I would like to talk about elderly health care vouchers that many colleagues also mention today. I believe that it is a consensus to increase the amount from $2,000 to $3,000. We hope that more support can be given to the elderly. And as we know, the extra elderly health care vouchers in the amount of $1,000 will be arranged to be given to eligible elderly next week.  *(The buzzer sounded)* I so submit.

**PRESIDENT** (in Cantonese):Please stop speaking.

**MR JEREMY TAM** (in Cantonese):President, the Financial Secretary mentioned in this year's Budget that the Government will draw up a blueprint for the planning on primary health care services to enhance provision of community health care services, thereby reducing unwarranted use of hospital services.  He also said that that he would set aside necessary resources to fully support such an initiative.

The Hospital Authority ("HA") plans to gradually increase the consultation quota in general outpatient clinics ("GOPCs") to 55 000. However, taking into consideration the 73 GOPCs managed by the HA in calculation, the annual quota of each GOPC will only increase by 753, meaning the daily average number of attendance quota will increase by 3 only. At present, the number of people who had attended HA Accident and Emergency ("A&E") Departments for semi-urgent and non-urgent consultation services (i.e. consultation on cases of influenza, cold, gastroenteritis, etc.) accounts for 60% of the total A&E attendance. Of the 2 230 000 patients who had attended the A&E departments in 2016-2017, 1 340 000 of them belonged to these categories. Actually, patients falling under these categories are supposed to attend GOPCs instead of A&E departments for medical consultation. Yet, even though the HA's target is to increase the consultation quota in GOPCs to 99 000 in 2019-2020, but is still far from enough to meet the current demand for a quota of 1 340 000. I doubt if the increase can really serve the purpose of enhancing the provision of community health care services.

For example, there are altogether 11 GOPCs throughout Wong Tai Sin district and Kwun Tong district in Kowloon East ("KE"), with a daily consultation quota of around 3 300 from Monday to Friday. Given the two districts have a total population of one million, no wonder the elderly residents of the two districts and various people also remarked that they could rarely get the line connected when using HA's telephone appointment system for booking consultation timeslots at GOPCs. Even when they were connected, booking was already full. Not being able to afford the exorbitant consultation fees charged by private clinics, they can only attend the A&E departments of public hospitals. Nevertheless, consultation service is only available at the A&E Department of United Christian Hospital for the two districts concerned, where the waiting time usually exceeds four hours.

Yesterday, I checked the data provided by the HA at 11 am and found that the waiting time for general outpatient services had already exceeded eight hours then. President, this tells us the fact that the primary care system in KE alone has already become seriously overloaded. Furthermore, since the HA does not deal squarely with the problem of insufficient consultation quota that has made it difficult for members of the public to book timeslots for consultation service, patients who are supposed to attend GOPCs have to seek consultation from A&E departments of public hospitals instead, spending far longer time waiting for consultation. But then, those who are really in need of A&E services are affected and this will inevitably lead to a vicious cycle. I think it is definitely a mismatch of resources and the Government ought to practically enhance the provision of general outpatient services.

Mover of the original motion Mr WU Chi-wai and several Members who have moved their amendments to the motion agreed that the general outpatient services provided by the Government are insufficient to meet the public's demand. Thus, they have made different recommendations, including setting up additional community health centres and nurse clinics while improving the allocation of health care manpower at community level, which I do support. The Government has already put in place various initiatives to tackle the problem of insufficient primary health care services, but the point is, none of the initiatives is vigorous enough. Therefore, I suggest that the Government enhances the General Outpatient Clinic Public-Private Partnership Programme by expanding the scope to cover chronically ill patients in stable medical condition or children as the service targets and extending the programme for launching in the 18 districts throughout the territory.

In addition, I must talk about the issue about the Hospital Authority Drug Formulary ("the Drug Formulary"). I definitely support the request as raised in Mr LEUNG Yiu-chung's amendment that the HA expands the types of drugs covered by the safety net under the Drug Formulary. In fact, new drugs for treating various health conditions (such as cancer) keep emerging nowadays but are extremely expensive. Besides, the current subsidized drug list covered by the safety net has failed to include some very expensive target therapy drugs. As a result, patients may not undergo treatment in a timely manner due to lack of means.

I also agree to the request of, as stated in the motion, relaxing the application threshold of the Samaritan Fund because high application thresholds are set for this fund as well as the Community Care Fund ("CCF") Medical Assistance Programmes. Yet, their contribution to drug expenses is not high which fails to reduce the financial burden for patients. From 1 August 2011 to 30 April 2018, the accumulated grants of the CCF amounted to around $680 million and 9 756 applications have been approved. In other words, the average amount of funding granted to each case is around $70,000. The sum of $70,000 is, however, only of little help particularly to those who have to purchase target therapy drugs that costs at least some $20,000 or $30,000 a month.

Therefore, a lot of Members are very concerned about the subject of "Developing primary health care services" and proposed their amendments to the motion. We all understand the reasons for their doing so which illustrates the fact that primary health care reform should be taken forward without delay. I do hope that the departments concerned, including the Department of Health and the HA, will address the issue squarely. No more buck passing, please! That will only cause members of the public and the frontline health care staff to suffer.

I so submit.

**MR CHAN CHI-CHUEN** (in Cantonese):I support Mr WU Chi-wai's motion on "Developing primary health care services". Owing to the time constraint, I am going to focus my speech on two areas, namely, how to address the problem of inadequate dental care services for the elderly, and the problem of high drug costs faced by chronic patients.

Mr WU Chi-wai proposes in the original motion to develop comprehensive public dental services, including extending the School Dental Service to secondary school students and implementing a universal dental care service scheme, and these suggestions are very agreeable to me. Dental care is part and parcel of human health, and people who suffer from poor oral health will experience the loss of appetite. It will bring a lot of inconveniences to their daily lives, expose them to a range of potential health hazards, and cause gastrointestinal lesions too.

Overseas studies in recent years have also shown that people with poor oral health would have a much higher chance of getting cancer, and their life span could be shortened by up to 13 years. However, although the Government's fiscal reserves are as high as $3,000 billion, and a huge financial surplus of $150 billion is recorded this year, primary dental care services have still not been made available to many elderly persons in Hong Kong, thus resulting in a mouthful of decayed teeth which has seriously affected their health. When government dental clinics are only open to the public on a limited scale, it is almost impossible for members of the public to enjoy comprehensive dental services in such dental clinics.

As the existing social security mechanism cannot provide the majority of low-income earners and elderly persons with adequate protection, while the public dental care system has also failed to meet the huge dental needs of the general public, many grass-root people cannot afford the high charges for dental services and have thus delayed the seeking of dental treatment. Although the Government has launched the Elderly Health Care Voucher Scheme in recent years, the amount granted is so limited that it is hardly enough for meeting the high dental service charges, which can easily amount to thousands of dollars. Moreover, most elderly persons are reluctant to use their health care vouchers for settling dental service charges, because they are of the view that dental problems are not fatal, but illnesses can be life threatening. Recently, I watched a re-run of the film *A Simple Life*, in which the leading role "Sister Peach" was played by Deanie IP. Although "Sister Peach" in the film is an old lady with some savings on hand, when she was asked to spend tens of thousands of dollars for a denture, she found it hard to part with the money and said that it was not necessary for her to get a denture.

Such being the case, the People Power has been urging the Government over the past many years to introduce ex-gratia allowances for elderly dental services as soon as possible, so that subsidies could be granted in this respect to more low-income earners. The Government should also comprehensively improve public dental services and draw up a clear policy to provide one government dental clinic in every community with a population of 100 000 to 200 000. Moreover, this dental clinic should be open to the public on a full scale, so that more people could enjoy affordable dental care services.

KO Wing-man, the former Secretary for Food and Health, has once said that the oral health of Hong Kong people should start from prevention, but in my opinion, although it is the case for children to ensure oral health by prevention, this would be a matter in the next life for an old lady of advanced age. As a matter of fact, the departments of dentistry in Hong Kong universities rank among the best in the world, and the Hong Kong Government has spent a considerable amount of public money on the training of many renowned dentists. However, as the Government has been unwilling to allocate funding for enhancing public dental services over the years, grass-root people and elderly persons have been deprived of the opportunity to solve their dental problems in time, thus bringing about the chain effect of affecting their health, which may in turn put a heavier burden on our public health care system. Only by making up its mind to take effective measures can the Government improve people's oral health, and can the health and life of elderly persons be protected.

Another problem that warrants immediate improvement is the issue of drug costs. Since the gradual introduction of the Hospital Authority Drug Formulary ("the Formulary") in public hospitals starting from 11‍ July 2005, many patients have to pay a high price for purchasing self-financed drugs listed on the Formulary in order to obtain quality treatment. Although patients in need may now apply for drugs assistance under a number of charity funds, financial assistance provided in this respect only covers certain self-financed drug items, and applicants must also pass a strict asset test. Under such circumstances, the need to purchase self-financed drugs has created a heavy financial burden on many people who suffer from chronic illnesses.

Given that many patients have been greatly troubled by the issue of self-financed drugs since the introduction of the Formulary, and the quality of our health care services has thus been compromised, the Government should abolish the Formulary immediately and include self-financed drugs listed thereon as drugs covered by the Hospital Authority's standard services, so that patients may purchase such drug items at standard charges, thereby relieving the financial burden of chronic patients prescribed with these drugs.

We do hope that the Government would carry out the above two reforms on our health care system, but without adequate health care personnel, it does not help to improve the situation even though several more dental clinics and hospitals are provided, because patients will still be required to wait for a long time before they can see doctors and dentists. If we do not have adequate doctors, consultation fees will become more and more expensive, and it will only be more and more difficult to meet medical expenses with health care vouchers. Hence, the Government should seriously consider how it can further improve the public health care system, especially how it can relieve the problem of shortage of health care personnel.

When we keep putting forward numerous ideas on improving the quality of primary health care services, we should also pose the following question to ourselves: Although there is no lacking of money, do we have the necessary manpower to take charge of policy execution? There is now a serious shortage of manpower in the public health care system, and on the one hand, the number of patients is ever increasing with an ageing population; while on the other hand, the outflow of doctors is ongoing at an increasing rate. In fact, if there is no increase in health care manpower of the public health care system but a surge in their workload and deteriorating working conditions, there will only be an increase in the wastage of health care personnel, thus creating a vicious cycle.

Lastly, I would like to share with the Secretary a real story which I came across personally. A few weeks ago, I had dinner with a young man who is attending the final year of his study at the nursing school, and who has just completed his internship programme in a hospital. We all know that male nurses are much sought after, and I therefore asked him how were things going with his attempts to seek a job, and which hospital he was going to join. To my surprise, he replied that he had no intention to join the nursing sector, and I immediately asked him why was that so, because he has all along been a warm-hearted man who has shown much interest and performed well in his study. He then told me that he was discouraged to join the nursing sector because he had witnessed many things in the dark side of the sector during internship.

He pointed out that whenever the Secretary went on an inspection tour in the hospital at which he was working, there would only be 30-odd hospital beds in a ward, meaning that only 30-odd patients at most would be admitted. But in reality, the ward was often closely packed with over 50 or even 60 patients. His colleagues tended to focus only on their own work, and they kept shifting responsibility to each other. In order to protect themselves and avoid making mistakes, they would lay the blame on others in respect of almost everything. He therefore said that he did not want to work in such an environment, and that he had decided to join the disciplinary service, because male candidates holding a nursing degree would enjoy a definite advantage when applying for posts in the disciplinary service, such as the Correctional Services Department. I hope this is not a common thinking among our youngsters, otherwise there will be serious consequences on the health care system of Hong Kong.

**DR FERNANDO CHEUNG** (in Cantonese):President, I hope that the story which "Slow Beat" has told us is not a common phenomenon in society, otherwise, I feel really worried as this involves the integrity of the entire health care system.

Today, we are having a debate on primary health care. However, not many people are clear about the meaning of primary health care. In contrast to the differentiation between the middle class and the poorer grass-roots, the primary health care system does not primarily serve the needs of the poor grass-roots. Conceptually, it rather refers to the first contact point when we are in need of health care services. Where do we look for health care services initially? For most of us, we will first consult general practitioners. Hence, the general outpatient clinic is the first contact point. We will have to go to the second tier of the specialist outpatient services only if we are diagnosed to be in need of the services at the first contact point. We will go to the third tier if we further require hospital care or acute hospital services.

Conceptually, it is ideal that we all stay healthy and do not need to receive hospital care services or even consult doctors. It is also ideal that healthy lifestyles as well as the health awareness and consciousness can keep us away from the entire health care system. In this sense, primary health care equates to the concept of "Health for All", with its focus on the handling of the health problems of all of us at the very first contact point. All diseases, mental and physical alike, will first be coped with under this system before they will develop into chronic illnesses. Even for chronic patients, they can still receive treatments at the first contact point, and cope with the diseases and stay healthy in the community where they are familiar with and at their homes. This can be regarded as good primary health care.

Hong Kong's primary health care is a complete flop. Our accident and emergency ("A&E") departments are always flooded with patients, and our hospital wards are often overloaded. Mr Jeremy TAM's mentioning of the hours long waiting time for A&E services is a solid proof of the failure of the primary health care services in Hong Kong. We are unable to receive appropriate and effective medical treatments at the first contact point to cope with our health problems in the community. Hence, we have no choice but to look for medical services at the second and third tiers. This is not conducive to the wellbeing of patients, members of the public, the Government, and society as a whole. The high operating costs have made our hospitals the most expensive places. The Hospital Authority ("HA") has talked about the abuse of hospital services. As Mr Jeremy TAM or other colleagues have already refuted this accusation, I will not go into it. After all, it is the Government which compels some patients to abuse the services.

In Hong Kong, a large proportion of primary health care services are privately-run, with the private sector providing 70% of the general outpatient services while the public sector providing 30%. This is despite the Government's claim of its heavy commitment to primary health care. The Government has of course done a great deal in the third-tier hospital care services. But it is most unfortunate to find that the ratio of public to private health care services is 49% to 51%. The Government also admits that there is roughly an equal share of health expenditure between the public and private sectors, with the private providers taking up a slightly higher proportion. As Mr‍ SHIU Ka-chun has said, the Alma-Ata Declaration has called for the promotion of primary health care to attain the goal of "Heath for All". But in respect of the adoption of primary health care strategies to promote the goal of "Health for All", where is the commitment of the Government? How can the resources be used?

If the Government says that health care services are not commodities and that members of the public should be able to consult doctors whenever they are unwell, it should display greater commitment and allocate more funding to primary health care. The Government ought to do so if it now chants the slogans "no one will be denied of health care services out of financial problems", calling this a universal value and the principle which the Government genuinely upholds. During this debate, Members have talked about various problems associated with the local health care services. Members have also sought to bring up a number of health care issues in the amendments to the motion, such as the dental care service, the problems of the Hospital Authority Drug Formulary, and the problems of the safety net provided by the Samaritan Fund and the Community Care Fund, etc. These precisely reflect the Government's lack of commitment and its reluctance to look for solutions.

If we look at primary health care from a broader perspective, it actually refers to the provision of accessible and affordable health care to the public, or a health care system that is easily accessible. This is the definition adopted by the World Health Organization. Hong Kong can hardly attain this goal. Just imagine, for more than 20 years, how difficult it has been for us to book a medical consultation service through the public general outpatient clinic telephone appointment system. Our elderly persons are unable to go to a doctor whenever they feel dizzy or get a fever without worrying about money. Nevertheless, even if the Government is willing to implement primary health care policies, will it have the cooperation of private doctors? Hence, the key to the public's health is how the Government can balance the interest of private doctors who have all the say under the current system.

Equally, we can see that the provision of long-term care services is also a failure. In Hong Kong, we rely on private residential care homes for the elderly ("private RCHEs") to take up the role as the major provider of the care services. Yet, the prime concern of private RCHEs is business, not the welfare of the elderly people or patients. How can we deliver good primary health care if we only think of running the whole health care market under the commercial principle. President, I am not optimistic about this. *(The buzzer sounded)*

**MR LEUNG CHE-CHEUNG** (in Cantonese):President, I think it is opportune that we discuss this motion on developing primary health care services today. The motion provides a desirable occasion for us all to discuss this subject. I support Mr WU Chi-wai's original motion and also the amendments proposed by other colleagues, except the one proposed by Mr LEUNG Yiu-chung.

Regarding this subject, I must first commend the health system in Hong Kong. Although many colleagues have strongly criticized the system, I want to commend it. For what? Hong Kong is a city of people with the longest lifespan. Our female lifespan reaches almost 87 years and male lifespan almost 84 years. This is attributable to the outstanding health care services in Hong Kong. The elderly are given proper health care and they can thus live longer.

But this only shows one side of Hong Kong, and other side of Hong Kong is not revealed. Many colleagues criticized just now that elderly people or the general public often run into two extreme situations when they seek medical care. For one thing, it is the expensive fees. If they go to private hospitals, the fees are not cheap; if they go to public hospitals, they have to wait for a long time and will encounter many difficulties. I believe these are also the issues under discussion now. Hence, my first point is about manpower.

We all know that insufficient health care manpower has been a long-standing issue, but the Government seems to have no solution to it. For instance, the Tin Shui Wai Hospital has already commissioned its service for some two years, but to date, it fails to provide 24-hour outpatient services to residents in Tin Shui Wai North. I originally expect that with the commissioning of the Tin Shui Wai Hospital, it can triage patients from Pok Oi Hospital and Tuen Mun Hospital. The hospital manages to help a little, but not much. We have thus repeatedly asked the Secretary and the Bureau officers of the reason for not providing 24-hour outpatient services in Tin Shui Wai Hospital, and their explanation is that they do not have sufficient health care manpower. This is critical to primary health care services.

We originally expect that after passing the legislative amendment concerning the Medical Council of Hong Kong, there may be a chance to strengthen the manpower and extend the service period of foreign doctors in Hong Kong. But can this be done in the end? The legislative amendment was passed only last year, and apparently, it is hard to say for now whether it will be successful. I hold that the Government must expeditiously improve the policy on importing foreign medical staff; otherwise, Hong Kong will remain in a very difficult position. Patients will be glad if they only need to wait for two years for specialist outpatient services. Some of them need to wait for four to five years. Take cataract surgery as an example. I learn that some people have waited for four years for a cataract surgery, and such a case is very common. This is worrying indeed.

Second is expensive drugs because of the Drug Formulary. As I said just now, I do not support Mr LEUNG Yiu-chung to abolish the Drug Formulary. One of the reasons for my objection is that his amendment is not specific. We hold that the Drug Formulary will affect the grassroots. Recently, I received a case seeking my help. The member of the public is diagnosed with cardiovascular disease and needs to expeditiously undergo a surgery costing $50,000. If he agrees to have the surgery, he will have to immediately pay the surgery fee. He was startled by the price, saying that if he is not killed by the disease, he will be also be scared to death, because he does not have $50,000. What should he do? He hope that I can help him to look for assistance at the Social Welfare Department. I later learned that he obtained assistance from the Samaritan Fund in the end.

Our concern is that they may have no means to seek medical consultation, or the fee is too expensive for them. This is critical to the primary health care services now. Secretary, if the Government can do a better job in this regard, it can resolve this problem.

Another issue we need to review is the health care vouchers. The Secretary has done a very good job. An additional $1,000 health care vouchers for the elderly will be issued on 8 June and the accumulation limit of the vouchers will be increased to $5,000. However, the eligibility age of the elderly remains at 65. In other words, only the elderly can enjoy this benefit. I hold that this is against the public-private partnership programme proposed by the Government in the past. It is a very good programme. It at least allows the Government to work with private hospitals and get help from the private sector especially when seasonal infectious diseases peak.

However, can members of the public use public resources to seek medical care in private hospitals? The health care vouchers can actually serve this function, but the Government seems not confident in expanding the usage of the health care vouchers. The Government can allow all people to use the health care vouchers and extend the usage of the vouchers to private hospitals, so as to alleviate the pressure on public hospitals. Will the Government conduct a comprehensive review on this and improve some critical issues in the present health care situation? Secretary, I hope you can take the wellbeing of the people into consideration.

I so submit. Thank you.

**DR CHENG CHUNG-TAI** (in Cantonese):The Government has an unshirkable responsibility towards the worsening of primary health care services and universal medical care services in Hong Kong, and its development into an unresolvable problem.

First of all, we should figure out what sort of a concept it is in the provision of primary health care services. As Dr Fernando CHEUNG pointed out just now at the beginning of his speech, this is a problem of class contradiction, and we should not judge the matter merely from the term "primary" and think that it is solely about the provision of health care services to the poor or to people of insufficient financial means. This problem of class contradiction involves the rulers and the ruled, and there are three types of basic attitudes adopted by the ruling class towards primary health care services.

Firstly, from a positive or optimistic perspective, the ruling class would like to achieve better health for all, because this can ensure a basic rate of labour productivity for society and the generation of continuous revenue for the public coffer. Secondly, they may not wish to achieve better health for all, but are of the view that things would be better with a declining population. In other words, an omission or the underperformance of the Government will result in a decline in the population, and there will then be no need for the Government to shoulder more responsibilities. Thirdly, under the past approach with which we are relatively familiar, the rulers would take a relatively neutral stance in deciding if they should handle various health care problems, depending on the availability of financial resources and whether their governance would be affected.

Regrettably, the ruling class (that is, the Government) has already switched from adopting a relatively neutral health care policy to resorting to a more evil practice. It seems that the objective of the existing health care policy is to eliminate Hong Kong people, and hence we all prefer dying of illnesses immediately than suffering from chronic diseases, while patients of chronic diseases would rather die. I am sorry, President, it seems that I have digressed from the subject. Therefore, when judging the three types of attitudes mentioned above towards health care problems solely from the perspective of the ruling class, we should not take it for granted that the Government would surely wish to achieve better health for all. This is not necessarily the case, because the Government has to take the adequacy of its capital and resources into consideration, and if it does not have sufficient capital and resources, it would of course hope that a fewer number of patients would be recorded.

On the other hand, things are a bit complicated for the ruled. As a general phenomenon faced by the ruled, there should be no way for Hong Kong people to cure themselves, because they are not doctors and lack the professional knowledge to do so, and this is a restriction in professional knowledge. Hence, some people who are licence holders or who possess the relevant professional knowledge may be in a better position to take timely precaution measures against diseases or understand clearly what health problems they are facing. As for some other people who are relatively rich or who possess more political capital, they will be taken good care of by some renowned doctors or family doctors throughout their whole life. Therefore, some among the ruled in Hong Kong do enjoy better private health care and family health care services, and it is possible that they will be sent to a public hospital only at the moment when they die.

Why should I unfortunately point out at the beginning of my speech that the Government has to assume full responsibility for such a problem? It is because the Government has rendered the provision of primary health care services a health care problem concerning solely the gap between the rich and the poor. Firstly, as a most clear-cut and immediately effective way to resolve our health care problem, the Secretary and the Government should consider abolishing the Samaritan Fund at once, and resuming the practice for the Hospital Authority ("HA") to meet the drug expenses of patients of chronic or rare diseases with its recurrent funding. Why do I make such a proposal?

For people who are being ruled and lack financial means, what can they do when they suffer from chronic or rare diseases? They can only procrastinate during the early stage of their illness, which will gradually develop into a chronic disease, then an incurable one since they do not have the means to seek medical treatment, and the whole issue will often be regarded as a medical problem faced by the grass-root poor. Hence, the existence of the Samaritan Fund has turned this health care problem involving the rulers and the ruled in Hong Kong into a simplified issue of whether patients have the means to seek medical treatment, and the crux of which lies in whether patients can afford the drug costs.

However, our Government is obviously very rich, so why not abolish the Samaritan Fund and let HA meet the medical expenses of Hong Kong people with its recurrent funding? Hence, judging from this perspective, the problem does not lie merely in such issues as revising the application threshold, and we are also not in 2005 when the Government was faced with the problem of financial deficit, because we all know very well how rich the Government is. Therefore, as this health care problem concerning the gap between the rich and the poor is actually brought about by the system itself, this should be the most immediately effective measure to resolve and relieve the problem.

Secondly, with regard to the shortage of health care personnel, this is in fact not a simple mathematical problem involving addition and subtraction, but a problem of our public and private health care system. Furthermore, as the ruling class expects that our population would grow to 10 million, it would not be possible for our health care system to cope with the demand thus generates, even though we pay no regard to the issue of distribution and focus our attention only on the relevant figures. However, with the introduction of the Elderly Health Care Voucher Scheme and the Voluntary Health Insurance Scheme, the Government has, in terms of policy, tried to encourage Hong Kong people to solve the problem by themselves. It has even called upon and suggested young people or elderly persons to consider moving to the Mainland or the Guangdong-Hong Kong-Macao Bay Area ("the Bay Area"), so as to have their problems resolved. This is clear proof that the Government has switched from adopting a relatively neutral stance to resorting to a more evil practice.

By doing so, the Government seeks only to shift the social costs it should bear for the health care problem outside Hong Kong to the Bay Area, or turn the issue into a private problem which has completely nothing to do with public organizations with the introduction of the Voluntary Health Insurance Scheme and the Elderly Health Care Voucher Scheme. This is exactly the second problem we have to face, and also the reason why there is always a shortage of health care personnel in Hong Kong. The reason is indeed very simple: all talents are drawn to private organizations where benefits are available. In this connection, I urge the Government to increase its recurrent expenditure for medical and health services, and shoulder the responsibility it should bear.

The Government should not merely regard Hong Kong people as its burden, and we hope to achieve better health for all. Hence, as far as policies in the medium and long term are concerned, the Government should increase the recurrent funding in its annual budget estimate for medical and health services, and the two proposed measures mentioned above would be adequate to clearly address the health care problem we are now facing. In conclusion, I think the problem with the existing health care system does not lie solely in the issue of public and private health care services, because this is after all a responsibility that the ruling class should assume.

I so submit.

**DR ELIZABETH QUAT** (in Cantonese): President, I of course firmly support the development of primary health care. An effective primary health care system enables early prevention and treatment of diseases, while effective preventive work can help reduce the pressure of hospitals.

As Hong Kong becomes an ageing society, we should pay more attention to the health of Hong Kong people. In the development of primary health care, we actually have to take into account various issues and to make necessary preparation. On top of the views expressed by some Members of the Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") on the DAB proposals, I would like to add some points. First, the development of a comprehensive primary health care is impossible without the participation of family doctors. Hence, I think the Government should examine in detail how it can pursue the policy of "one person, one family doctor". Family doctors play a very important role. According to many scientific research findings, the rate of early identification of diseases, such as cancers, will be increased and the mortality rates reduced if everyone has a family doctor. Hence, having a family doctor may possibly reduce the usage of the Accident and Emergency departments and hospital services substantially.

The problem facing Hong Kong is that it does not have an adequate supply of family doctors. President, according to a University of Hong Kong report, the city will need to have 3 700 family doctors in order to attain a doctor-to-patient ratio of 1 to 2 000. However, the Hong Kong College of Family Physicians now only has 747 fellows and 190 interns. To increase the supply of family doctors, the Government should provide training on family medicine and endeavour to attract doctors to enrol on the courses. It should also introduce a new system for the registration of family doctors. Without a sufficient supply of health care personnel, how can the Government provide quality primary health care services? Hence, there is a pressing need for the Government to train more health care personnel and attract more qualified health care personnel to come to work in Hong Kong.

The second point I would like to raise is the promotion of the Integrated Chinese-Western medicine ("ICWM"). With the fresh supply of Chinese medicine graduates every year, Hong Kong is no lack of competent Chinese medicine practitioners. So far, there are at least 1 000 Chinese medicine graduates in Hong Kong. Yet, has the Government made good use of their expertise to support primary health care services? President, the answer is no. I call on the Government to attach greater importance to Chinese medicine. The Government should set up Chinese medicine outpatient clinics across the territory, and expedite the construction of the Chinese medicine hospital as well. It should also give priority to the development of ICWM specialist services. Many research findings show that the ICWM approach can be adopted to cope with nine diseases, such as obesity, metabolic syndrome, cardiovascular diseases, gynaecological diseases, and bone diseases. The conduct of focused clinical research in the application of ICWM for prevention and rehabilitation will be greatly conducive to the promotion of primary health care.

The third point I wish to raise is the better use of health care technology. I am glad that the Government's reply to my written question on 16 May indicates that a Steering Committee on Primary Healthcare Development set up by the Government will explore the use of big data in devising strategies which best fit the health care needs of the community. This is a wise move. The better use of big data and the blockchain technology will facilitate the Government's forecast of the health care needs of the city, and foster preparation and planning, scientific research, service enhancement, and the establishment of a more comprehensive district network. Yet, I call on the Government not to get stuck in the thinking process, making it unable to come up with a decision until several years later. I hope that the Government can make good use of various health care technologies as soon as possible to push ahead with the development of primary health care.

The fourth point I want to raise is about rare diseases. The Government should step up its efforts to cope with the diseases. We have pointed out time and again that the lack of an official definition for rare diseases and the absence of relevant policies will make it hard for us to help patients suffering from rare diseases. Hong Kong has already lagged behind Europe and America as well as the neighbouring Asian countries in the prevention and cure of and protection against rare diseases. Neither do we have sufficient doctors specializing in the treatment of rare diseases. Hence, I hope that the Government could expeditiously give an official definition for rare diseases and draw up relevant supportive measures, including building up a database of rare diseases to support patients suffering from such diseases.

Besides, I hope that the Government would improve its vaccination schemes. Many Members have mentioned influenza vaccine, but I concern more about cervical cancer vaccination. DAB has long been promoting the inclusion of cervical cancer vaccination into the list of regular vaccination programmes, so that girls of the relevant age cohort can receive vaccination at schools. Currently, the coverage of cervical cancer vaccination in Hong Kong is low, and the supply of the vaccine is insufficient. Yet, these problems can be solved and the fees substantially reduced if we can make cervical cancer vaccination a regular vaccination programme.

Many colleagues have already talked about the development of comprehensive public dental services. I call on the Government to seriously consider this proposal. The elderly people, in particular, have great demand for dental services. Over the years, DAB has made every effort to push for the enhancement of the Elderly Health Care Voucher Scheme. It has called for increasing the annual amount of subsidy to no less than $3,000 and lowering the eligibility age to 60. I think Members of different political affiliations are also eager to ask for the proposed enhancements.

President, I think the development of primary health care is very important to the future of Hong Kong. However, without the Government's vigorous promotion and additional financial support, it is impossible for HA alone to solve the many health care problems in Hong Kong. The effective implementation of primary health care can help relieve the problems of long hospital waiting time and insufficient hospital beds. I hope that the Government will heed our advice. Thank you, President. I so submit.

**MR GARY FAN** (in Cantonese):President, I am speaking in support of the motion moved by Mr WU Chi-wai. Neo Democrats has been demanding that the Government allocates additional resources to support the public health care system. As shown in the provisional figures on its financial position released by the Hong Kong SAR Government last month, a consolidated surplus of $148.9 billion was recorded for 2017-2018. Besides, as at 31 March 2018, the fiscal reserves had exceeded $1,100 billion. The fact before us is, the Hong Kong SAR Government does have sufficient resources for allocating additional funding to develop primary care services.

President, according to the Government's Hong Kong Poverty Situation Report 2016, there are still nearly 1 million people in Hong Kong living below the poverty line even after the implementation of the Government's recurrent cash policy intervention, among which 330,000 are elderly people and 170,000 are children. That is to say, one in every two poor people in Hong Kong is either an elderly person or a child. This reflects the severe poverty situation in Hong Kong. Since poor people usually do not take out medical insurance, the exorbitant consultation fees charged by private clinics or hospitals are indeed unaffordable to them. And so, when they are unable to make appointments for government general outpatient clinic consultation service through telephone booking, they can only choose to seek consultation from the accident and emergency departments of public hospitals or purchase patent drugs at their own expense. Under the existing health care system in Hong Kong, the poor still have great difficulty seeking medical consultation in their community.

President, as the costs of health care keep surging, not only the poor but also the middle class find the heavy medical expenses increasingly unaffordable. It is pointed out in a survey report published by a medical group early this year that Hong Kong people's actual out-of-pocket expenditure on health care had more than quadrupled to over $43 billion between 1989-1990 and 2013-2014. The figure is projected to rise even further, and more than double to over $94 billion by 2024-2025 if no major improvements in the health care system are put in place. Coupled with the inadequate data transparency in Hong Kong's private health care market, the middle class people in Hong Kong will have to face increasing pressure on medical expenses.

President, the above figures tell us the fact that, faced by an ageing population and the wealth gap problem, improving the system and quality of Hong Kong's primary health care service is a matter of urgency, but regrettably, the Government did not show enough signs of commitment in this regard. The share of recurrent public health expenditure in the total government recurrent expenditure only maintained at about 17% since 2011-2012 up to the present, while the expenditure on primary care (e.g. preventive care, health promotion, etc.) only accounts for 8.3% of the total recurrent health expenditure of $78 billion despite that it had increased from $1.6 billion since 2008-2009 to $6.5 billion in 2018-2019.

President, the increasing burden of medical expenses on the public is also due to the cost of drugs purchased at their own expense in addition to the fees paid for medical consultation. It is pointed out in the Director of Audit's Report No. 67 that a lot of patients under treatment have to take self-financed drugs. In fact, the expenditure on procurement of drugs by the Hospital Authority ("HA") for 2015-2016 amounted to about $6.2 billion, representing only 12% HA's recurrent grant for the same year.

President, I have stated a list of figures just now with the purpose of illustrating the fact that primary care has yet to become the centre of gravity for the HKSAR's health care system. The Government has been slow in increasing funding in this regard, which only accounts for a low percentage of the total amount of funding. It is actually far from enough to cope with people's needs for primary health care services and impossible to help alleviate their financial pressure from increasing medical expenses. If we allow such situation to persist, people will gradually become less vigilant against diseases and illnesses, afraid of seeking medical consultation even when they have fallen sick, or even reluctant to purchase drugs. This will inevitably lead to delayed treatment. Should things go on like this, the general health of Hong Kong people will deteriorate, thus giving rise to greater demand for health care services, while the public health care system will become much more overloaded. A vicious circle will be formed as a result.

President, I agree that, as stated in the motion, additional resources should be allocated for primary health care services, and also support the suggestions of increasing the annual amount of subsidy under the Elderly Health Care Voucher Scheme by the Government as well as improving its current drug policy. Meanwhile, I think it should enhance the provision of community health services for the elderly people, children and teenagers, including dental care service as mentioned by Members in their speeches, in an attempt to tackle the challenges brought by the ageing population, old-age and child poverty and the surge in private medical expenses in Hong Kong. Besides, as far as the elderly people are concerned, it is incumbent upon the Government to introduce a universal retirement protection scheme as soon as practicable. Only by doing so will the financial burden borne by the elderly people alleviated effectively, I believe.

President, to solve the problems of Hong Kong's existing primary care system in the long run, the Government must put in additional resources to support the primary care system. Apart from increasing the proportion of primary care expenses in its total health expenditure, the Government also has to increase the proportion of health expenditure in its overall expenditure, build more medical facilities and improve the facilities in clinics run operated by the Department of Health. Furthermore, it should enhance and increase health care teaching facilities for nurturing local manpower while reducing doctor wastage in order to address the shortfall of health care manpower. All these measures are meant to shorten people's time spent on waiting for health care services, provide them with affordable medical and care services, and give them financial assistance in purchase of drugs. Ultimately, such measures mean to safeguard the public's health so that no one shall delay treatment of illnesses due to the lack of means which has made them reluctant to seek medical treatment.

President, with these remarks, I support the motion.

**PRESIDENT** (in Cantonese):Does any other Member wish to speak?

(No Member indicated a wish to speak)

**PRESIDENT** (in Cantonese):Mr WU Chi-wai, you may now speak on the amendments. The time limit is five minutes.

**MR WU CHI-WAI** (in Cantonese):Thank you, President. I should still have time to reply, right?

**PRESIDENT** (in Cantonese):Mr WU, now you should speak on the amendments. You will have time to give your final reply later.

**MR WU CHI-WAI** (in Cantonese):President, I still have more than four minutes to reply.

**PRESIDENT** (in Cantonese):Yes, you will still have time to give your final reply later.

**MR WU CHI-WAI** (in Cantonese):I can use the remaining speaking time for my final reply, right?

**PRESIDENT** (in Cantonese): You shall now have five minutes to speak on the amendments.

**MR WU CHI-WAI** (in Cantonese):Thank you, President. First of all, I have to thank those colleagues who have spoken on this motion. The number of Members who have spoken today is more than 

**PRESIDENT** (in Cantonese):Mr WU, you should now speak on the various amendments.

**MR WU CHI-WAI** (in Cantonese):In regard to various amendments, I thank those Members for their support, and the various amendments have supplemented my original motion which may be conceptually loose in certain areas. For example, Mrs Regina IP's amendment mainly seeks to increase the provision of Chinese medicine service. Chinese medicine is obviously a part of primary health care, but I put it generally under primary health care and hope that the Government can pay attention to the integration of Chinese and Western medicine. The application of Chinese medicine is also a very important issue which needs to be studied in the subsequent work on primary health care so that Chinese medicine can be incorporated in the entire health care structure. Therefore, we will support Mrs Regina IP's amendment.

I notice that the amendments from other colleagues mainly seek to add to my original motion  For example, Mr LEUNG Yiu-chung asks whether the drugs for rare diseases in primary care should be dealt with by the Drug Formulary or other ways. His amendment suggests relaxing the application threshold of the Samaritan Fund, which is supporting the Drug Formulary, and this can achieve similar effect with my motion. I think these two points are rather consistent. All in all, Mr LEUNG's amendment seeks to resolve the existing problem relating to expensive drugs. Although there are drugs for those diseases, many patients cannot be properly treated as they cannot afford those expensive drugs. Hence, we will also support Mr LEUNG Yiu-chung's amendment.

Besides, Prof Joseph LEE mentions that we have to face squarely to the unclear direction of primary health care services. As highlighted by Prof Joseph LEE, when discussing primary health care services, we have to know very clearly about the roles and position of the Government. Early identification, prevention and treatment are the three pivotal parts of primary health care. But it is very unfortunate that in the past, what the Government has done on primary health care was mainly treatment oriented. I highly recognize, in Prof Joseph LEE's amendment, the incorporation of the concept of nurse clinics which serve as a support to primary health care services such that while doctors do not have to withstand all the work pressure, primary health care can also have bigger room and better conditions for development. Of course, in practice, this also involves the question of insufficient health care manpower which also needs to be resolved.

Objectively speaking, primary health care also has to face the health care manpower problem. As I have observed, health care manpower problem was one of the reasons why primary health care services could not be enhanced in the past. For instance, why does the Government always say that the problem of dental care service cannot be resolved? One of the restrictions is that the Government takes dental care as a curative care, such as providing tooth extraction service to the elderly. As a result, dental care as a whole has to face the problem of insufficient manpower resources and supportive facilities.

Furthermore, a colleague has mentioned the use of elderly health care vouchers 

**PRESIDENT** (in Cantonese):Mr WU Chi-wai, you can now only speak on the various amendments.

**MR WU CHI-WAI** (in Cantonese):I am speaking on the various amendments.

**PRESIDENT** (in Cantonese):You just said "a colleague has mentioned".

**MR WU CHI-WAI** (in Cantonese):I am sorry, that was a slip of the tongue. I will say the name of the colleague.

Furthermore, it should be Ms Alice MAK who has mentioned the proposed use of elderly health care vouchers on dental care service, to which we also agree. We hope that the application of elderly health care vouchers can be extended so that the public can be given more choices when using these vouchers.

Therefore, the Democratic Party will support the amendments proposed by these Members. We hope that through Members' support, the work on primary health care can commence within this term of legislature, and with the resources really allocated by the Government, the importance of primary health care can be ascertained so that it can be developed in the long run.

Thank you, President.

**SUSPENSION OF MEETING**

**PRESIDENT** (in Cantonese):I now suspend the meeting until 9:00 am tomorrow.

*Suspended accordingly at 7:49 pm.*

**Appendix I**

**WRITTEN ANSWER**

**Written answer by the Secretary for Food and Health to Mr Tony TSE's supplementary question to Question 1**

During the past year, the resources allocated by the Government on environmental hygiene increased from $3.8 billion in 2017-2018 to $4.3 billion in 2018-2019. In addition, as regards the scheme on installation of Internet protocol ("IP") cameras at illegal refuse deposit black spots, the Food and Environmental Hygiene Department ("FEHD") extended the scheme to all districts starting from June this year to combat illegal dumping of refuse and improve environmental hygiene. FEHD officers will closely monitor these black spots and suitably adjust its action plans in the light of actual circumstances, such as changing IP camera locations to enhance the effectiveness of enforcement actions. The scheme will be reviewed one year after implementation.

**Appendix II**

**WRITTEN ANSWER**

**Written answer by the Secretary for Food and Health to Mr KWONG Chun-yu's supplementary question to Question 1**

Japanese encephalitis is a statutory notifiable disease specified in the Prevention and Control of Disease Ordinance (Cap. 599) in Hong Kong. The Centre for Health Protection of the Department of Health recorded 24 cases of Japanese encephalitis in the past 10 years (2008 to 2017), including 13 local cases, 9‍ imported cases and 2 unclassified cases. Among the 13 local cases, patients of 8 cases lived in Yuen Long District, where there are pig farms within 2 km from their residences. Having regard to the relatively higher risks of the spread of Japanese encephalitis by pig farms, the Food and Environmental Hygiene Department ("FEHD") has conducted Japanese encephalitis vector surveillance programme in Yuen Long District since 2014, where vector mosquitos are collected and tested from specific locations therein. Starting from October 2015, the monthly surveillance programme extended to other relatively high risk areas, including Tuen Mun, North District, Sai Kung, Sham Shui Po, Southern District and Kwai Tsing. Since the implementation of the surveillance programme, no mosquitoes with Japanese encephalitis vector are found in Yuen Long District by FEHD.

**Appendix III**

**WRITTEN ANSWER**

**Written answer by the Secretary for the Environment to Mr Martin LIAO's supplementary question to Question 3**

Concerning the proportion of projects failing to complete or complete as scheduled among those approved under the Recycling Fund, and the main reasons for projects being rejected, our supplementary information is provided below.

As at mid-May 2018, the Recycling Fund approved a total of 175 projects, of which 36 projects were approved but were subsequently withdrawn, and another 12 projects could not be completed as they were aborted halfway. All applications were considered by the Advisory Committee on Recycling Fund with reference to the published vetting criteria. Projects not recommended for approval mainly because the applicants failed to submit sufficient information on the projects or organizations for vetting; the proposed projects were outside the scope of the Recycling Fund; the applicants failed to meet the eligibility criteria or show that their project could reduce disposal at landfills; the project was not practicable; the project was not financially viable/sustainable; the applicant failed to prove his/her ability in implementing the project; or the project was not cost-effective, etc.

1. (1) (1)The $13 million mentioned by Mr CHAN includes the Secretariat's expenditure on preparing the setting up of the Fund during the 18 months from September 2015 to March 2017. [↑](#footnote-ref-2)
2. (1) (1) In accordance with the Ordinance, the Responsible Person for a lift must notify the Director of Electrical and Mechanical Services of the following lift incident:

   (i) A person dies or is injured and the death or injury involves a lift or any associated equipment or machinery of a lift;

   (ii) A failure of the main drive system of a lift;

   (iii) A breakage of any suspension rope of a lift;

   (iv) A failure of any brake, overload device, safety component or safety equipment of a lift; or

   (v) A failure of any interlocking device for any door of the lift-way of a lift.

   Upon receiving notification of the above lift incidents, EMSD will arrange on-duty staff for an investigation as far as practicable. [↑](#footnote-ref-3)
3. (1) (1) In accordance with the Ordinance, the Responsible Person for a lift must notify the Director of Electrical and Mechanical Services of the following lift incident:

   (i) A person dies or is injured and the death or injury involves a lift or any associated equipment or machinery of a lift;

   (ii) A failure of the main drive system of a lift;

   (iii) A breakage of any suspension rope of a lift;

   (iv) A failure of any brake, overload device, safety component or safety equipment of a lift; or

   (v) A failure of any interlocking device for any door of the lift-way of a lift.

   Upon receiving notification of the above lift incidents, the Electrical and Mechanical Services Department will arrange duty staff for an investigation as far as practicable. [↑](#footnote-ref-4)
4. (2) (2) Information of the proposed measures has been included in our paper submitted to the Legislative Council Panel on Development for discussion at its meeting on 29 May 2018 (LC Paper No. CB(1)996/17-18(07)). [↑](#footnote-ref-5)
5. ( (3) See footnote (1). [↑](#footnote-ref-6)
6. (1) (1) The Chinese Medicine Council of Hong Kong is a statutory body established under the Chinese Medicine Ordinance. The Council is responsible for implementing regulatory measures for Chinese medicine. The main purpose for regulation of Chinese medicine is to protect public health and consumers' rights and to ensure the professional standard of Chinese medicine practice and the trade of Chinese medicines through "self-regulation". [↑](#footnote-ref-7)