

Government announces extension of tender period for site for multi-storey buildings for modern industries in Yuen Long

The Government announces today (June 26) that the tender closing date of a site for Multi-storey Buildings for Modern Industries (MSB) on Fuk Wang Street and Wang Lee Street, Yuen Long, New Territories (i.e. Yuen Long Town Lot No. 545) (the Yuen Long Lot) will be extended from the original date of June 28, 2024, to December 27, 2024.

The Yuen Long Lot is the first MSB site rolled out by the Government to achieve the dual policy objectives of promoting the development of industries, as well as consolidating brownfield operations displaced by government projects in a land-efficient manner and assisting them in upgrading their operations. The successful tenderer has to hand over no less than 30 per cent of the maximum gross floor area (GFA) of the MSB(s) to the Government for renting out to brownfield operators affected by government development projects. To achieve these dual policy objectives, a two-envelope approach has been adopted for the tender of the Yuen Long Lot, unlike the approach for the disposal of conventional industrial sites. Tenderers have to submit respective envelopes containing the non-premium proposals (with a weighting of 70 per cent of the overall assessment) and premium proposals (with a weighting of 30 per cent of the overall assessment).

A spokesperson for the Development Bureau said, "The industry, including some prospective tenderers, expressed to the Government that they would need more time to formulate relevant proposals, and requested that the Government consider extending the tender period. The Development Bureau decided to extend the tender period, having considered various factors as follows –

- The non-premium proposals account for a weighting as high as 70 per cent of the overall assessment, which reflects that the Government attaches great importance to the layout and quality of the MSB(s) to be built. Accordingly, potential tenderers must put more effort in formulating the non-premium proposals when submitting the tender, including coming up with the location of the 30 per cent GFA to be handed over to the Government. All these factors render the preparation of the tender more complex and time-consuming.
- Meanwhile, the Government announced at the end of last month that the community isolation facilities in Hung Shui Kiu would depart from the sites where they were situated, in order to release the sites for MSB

use in accordance with the original planning intention (the Hung Shui Kiu Sites). The Hung Shui Kiu Sites have already been included in this year's Land Sale Programme. As both the Hung Shui Kiu Sites and the Yuen Long Lot can be designated for modern logistics use, there have been views in the market that the Government should better arrange the disposal timeline of the two sites, so that the industry and investors can concurrently consider the strategic development of the two sites. The Government is now expediting the preparatory work for putting the Hung Shui Kiu Sites up for tender in September at the earliest. Details will be announced in due course. The extension of the tender closing date of the Yuen Long Lot to later this year is a decision made in response to the market's call for room for considering these two sites in a comprehensive manner.

The spokesperson said, "The Government invited the industry to submit expressions of interest for the two sites in Yuen Long and Hung Shui Kiu last year. A total of 10 submissions were received from relevant stakeholders, including operators from the logistics sector and the vehicle maintenance sector, as well as developers. The response was positive. Recently, the industry, including some prospective tenderers, has asked for an extension of the tender period, which indicates that the industry places great importance on the development of high-quality MSB(s) in the Northern Metropolis. The Government has acceded to this request, hoping that with concerted efforts from the Government and the industry, these two sites would be put to optimal use for realising the relevant policy objectives."

The Government announced on March 15, 2024 the open tender for the disposal of the Yuen Long Lot under the two-envelope approach. This Lot has an area of about 32 440 square metres and is designated for developing MSB(s) for logistics and/or vehicle servicing and maintenance purposes (excluding the portion to be handed over to the Government). The maximum GFA that may be attained is 161 500 sq m.

The Hung Shui Kiu Sites are located in Areas 39A and 39B of Hung Shui Kiu and Ha Tsuen, Yuen Long, New Territories, with an area of about 77 700 sq m and a maximum GFA of about 544 000 sq m. The Government will continue to adopt the two-envelope approach for the open tender of the Hung Shui Kiu Sites. The specific disposal schedule and related details will be announced in September at the earliest.

LCQ21: Spinal muscular atrophy

Following is a question by the Hon Michael Tien and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 26):

Question:

It is learnt that spinal muscular atrophy (SMA) is a group of hereditary neuromuscular disorders and that the common forms of SMA can be classified into SMA type 1, type 2 and type 3. Some patient groups have indicated that the Hospital Authority (HA) has imposed restrictions on the eligibility for the drugs "Nusinersen" and "Risdiplam", which are for the treatment of SMA, under the Community Care Fund Medical Assistance Programmes (the Assistance Programmes), and that most of the SMA patients who can receive treatment under the Assistance Programmes are patients with SMA type 1 or type 2, resulting in a considerable number of other SMA patients being unable to apply for drug subsidies or undergo treatment for years. In this connection, will the Government inform this Council:

(1) whether it knows the number of persons who were granted subsidies under the Assistance Programmes for the purchase of (i) Nusinersen and (ii) Risdiplam and their average age in each of the past three years, and set out in the table below a breakdown by type of SMA suffered by persons who were granted subsidies (i.e. (I) type 1, (II) type 2 and (III) type 3) and by age group (i.e. (a) minors and (b) adults);

Year: _____

Drug	Age group	Number of persons who were granted subsidies		Average age of persons who were granted subsidies
Nusinersen	Minors	2017		
		2018		
		2019		
	Adults	2017		
		2018		
		2019		
Risdiplam	Minors	2017		
		2018		
		2019		
	Adults	2017		
		2018		
		2019		

(2) given that the age limit for applying for the Assistance Programmes is not set out on HA's website, and in the reply to a question raised by a Member of this Council on the 12th of this month, the Government indicated that having reviewed the findings of a drug treatment study on Risdiplam and made reference to overseas medication guidelines and international arrangements on disease management and on subsidies for the drug concerned,

the HA Expert Panel on SMA considers it inappropriate to subsidise drug treatment for adult SMA patients aged above 25 to receive drug treatments, whether the Government knows if the Assistance Programmes have set the same age limit for applying for Nusinersen; if they have, of the reasons for that; if not, the reasons for the difference in the eligibility criteria for these two types of drugs; and

(3) as some patient groups have indicated that the Mainland currently has no age limit in its medication standards for SMA patients, who are provided with drug subsidies for treatment regardless of the type of SMA they suffer from, and that some Mainland experts have found through their actual treatment experience that Nusinersen and Risdiplam could have significant efficacy on patients with SMA type 3, whether the Government knows the reasons for the discrepancy in the medication standards between HA and Mainland organisations?

Reply:

President,

In consultation with the Hospital Authority (HA), the consolidated reply to the question raised by the Hon Michael Tien is as follows:

(1) The Community Care Fund "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" (CCF UED Programme) subsidises needy and eligible patients to purchase ultra-expensive drugs, including the two drugs for the treatment of Spinal Muscular Atrophy (SMA), i.e. "Nusinersen" and "Risdiplam". The average amount of subsidy approved for each application under the CCF UED Programme was about \$2 million in 2023-24.

The number of approved applications in the past three years (from 2021-22 to 2023-24) who started using the above two drugs, i.e. "Nusinersen" and "Risdiplam" after submitting the first application for drug use under the CCF UED Programme is shown in the following table:

		2021-22	2022-23	2023-24
Nusinersen				
Patients aged 18 or below	pre-symptomatic SMA	0	2	1
	infantile-onset SMA	4	4	3
	childhood-onset SMA	9	12	9
Patients aged over 18	pre-symptomatic SMA	0	0	0
	infantile-onset SMA	0	0	0
	childhood-onset SMA	0	0	0
Total (mean age of the patients at the start of the treatment: 6)		13	18	13
Risdiplam (Note)				

Patients aged 18 or below	pre-symptomatic SMA	–	0	0
	infantile-onset SMA	–	0	1
	childhood-onset SMA	–	0	2
Patients aged over 18	pre-symptomatic SMA	–	0	0
	infantile-onset SMA	–	0	0
	childhood-onset SMA	–	0	4
Total (mean age of the patients at the start of the treatment: 17)		–	0	7

Note: Covered under the CCF UED Programme since December 2022.

(2) and (3) The HA strives to provide all patients with optimal care and treatments, and has all along been supporting patients with uncommon disorders (including those with SMA) on various fronts, including clinical diagnosis, multi-disciplinary care and rehabilitation services. In addition, the HA has set up independent expert panels to formulate treatment guidelines for individual uncommon disorders and to assess the clinical efficacy of drugs for individual patients.

The most common forms of SMA can be classified as SMA Types I, II, and III, with SMA Type IV being less common. The classification of the types is based on the age of symptom onset and the highest motor milestone achieved. SMA Type I is the most common and severe form of SMA, with symptoms that are evident before 6 months of age. Without any treatment, the affected children cannot sit or stand unaided, and most of them succumb before the age of 2 due to respiratory failure. SMA Type II usually has symptom onset between 6 and 18 months of age. The affected children can sit without support but are unable to stand or walk unaided. Life expectancy is often reduced but most individuals live to reach adulthood. SMA Type III has symptom onset after 18 months of age up till adolescence. The affected children can sit, stand and walk on their own, but because of weak muscle strength, they walk limply. Their symptoms may deteriorate slowly to the point where they lose the ability to walk at adolescence, and most of them have a normal life expectancy.

The HA reviews medication criteria and clinical treatment guidelines in accordance with the principle of evidence-based medical practice and with reference to the clinical and scientific evidence of the drugs as well as overseas drug administration arrangements. Under the prevailing mechanism, patients with pre-symptomatic, infantile-onset (Type I) and childhood-onset (Types II and III) SMA may use the drugs "Nusinersen" and "Risdiplam" if they meet specific clinical criteria and receive approval from the Expert Panel on SMA (the Expert Panel). Therefore, the current use of the above drugs in Hong Kong already includes patients with SMA who are pre-symptomatic, Types I, II and III.

The HA has been closely keeping in view the medication guidelines as well as arrangements on disease management and subsidies on the use of drugs for SMA patients in other places. The Expert Panel noted the findings of an

international study published after adult patients with the disease had been treated with the drug "Nusinersen". The Expert Panel considered that, medically, the relevant scientific data and clinical evidence of the drug in question can so far only prove that the treatment effect is more pronounced in affected infants and children if treatment is started at an early age, while the empirical evidence showing that the use of the drug can bring significant benefits to patients with SMA who are treated in adulthood is still limited. Having made reference to overseas guidelines, arrangements on disease management and on subsidies for the drug concerned among different places internationally, the Expert Panel considers that it is not appropriate to subsidise adult SMA patients to receive drug treatments through the CCF UED Programme at this stage.

In addition to drug treatments, the support provided by the HA to adult patients with SMA also includes multi-faceted holistic healthcare services, such as clinical diagnosis and assessment, surgery, interventional therapy, palliative care, and rehabilitation services. For instance, in respect of rehabilitation services, the HA provides support that encompasses the assessment of home and work environments, wheelchair fitting, and the temporary lending of assistive devices to enhance patients' physical functionality and self-care abilities in the domestic setting, while alleviating the burden on family members or caregivers in taking care of patients.

The HA's Expert Panel will continue to closely monitor the development of drug administration and relevant clinical and scientific evidence on SMA in other places, and review the relevant treatment guidelines from time to time in accordance with the established mechanism, so as to ensure that clinical services and the use of drugs can keep pace with the latest development of medical technology and scientific evidence. The HA will also continue to adhere to the principles of prudent use of limited public resources while providing treatments to the greatest number of needy patients, and to provide subsidises through the CCF UED Programme in a timely manner to more SMA patients to whom drug treatments would show clinical efficacy. Meanwhile, the healthcare team specialising in the care of SMA patients will continue to optimise multi-disciplinary professional healthcare collaboration, so as to provide patients with comprehensive services, including drug and surgical treatments, palliative care and rehabilitation services.

CE presents award certificate of Chief Executive's Award for Exemplary

Performance to Task Force on Basic Law Article 23 Legislation (with photos)

The Chief Executive, Mr John Lee, officiated at the Chief Executive's Award for Exemplary Performance Presentation Ceremony today (June 26) to present an award certificate to the Task Force on Basic Law Article 23 Legislation comprising the Department of Justice (DoJ), the Security Bureau (SB), and the Hong Kong Police Force (HKPF).

The Safeguarding National Security Ordinance was unanimously passed by the Legislative Council (LegCo) on March 19 this year and took effect on March 23. The Hong Kong Special Administrative Region (HKSAR) completed the legislation for Article 23 of the Basic Law, fulfilling the constitutional responsibility and historic mission that Hong Kong had been waiting for 26 years, eight months and 19 days. The Task Force had completed its legislative work in a highly efficient and expeditious manner, from launching a consultation, drafting legislative proposals, explaining the contents of the bill and rebutting untruthful remarks, to assisting the LegCo in scrutinising the bill. The bill was finally passed unanimously. With the enactment of the Safeguarding National Security Ordinance, Hong Kong has established solid fortifications and consolidated its "defence wall" in the transition from chaos to order. This achievement, together with the effective implementation of major initiatives such as the implementation of the National Security Law and the reform of Hong Kong's electoral system, mark a milestone in the implementation of "one country, two systems" in Hong Kong.

Addressing the ceremony, Mr Lee said that the cross-departmental Task Force was highly efficient and professional, holding a strong belief in the necessity and urgency of enacting local legislation under Article 23 of the Basic Law, and that the sooner the enactment of the legislation the better. The Task Force had worked at full steam and with whole-hearted commitment, demonstrating the team's resolute determination in safeguarding national security and implementing the "one country, two systems" principle for the HKSAR to make glorious history.

Mr Lee said, "The civil service is an integral part of the HKSAR's governance system and the key for a capable government that can deliver results. As the expectations and demands of the community towards the Government have continuously grown, the entire civil service is facing more new challenges. They have to execute policies effectively and provide quality service, and shoulder the grave responsibilities of safeguarding national security and ensure social stability at the same time. The award-winning team, the Task Force on Basic Law Article 23 Legislation, stood out from a crowd of nominations and is the role model for civil servants."

In her acceptance speech at the ceremony, the representative of the Task Force and the then Deputy Secretary for Security, Mrs Apollonia Liu, said that it was an honour for the Task Force to have the opportunity to take part in the legislative work, which is of historical significance. She expressed

gratitude to the Chief Executive for awarding this honour to the Task Force as an affirmation of the efforts they made, and thanked all officers who had taken part in this legislative work directly or indirectly, adding that the smooth completion of the legislation was definitely an outcome of the united and concerted efforts of the entire HKSAR Government, the LegCo and the whole community.

Other guests attending the ceremony included the Chief Secretary for Administration, Mr Chan Kwok-ki; the Financial Secretary, Mr Paul Chan; the Secretary for Justice, Mr Paul Lam, SC; the Deputy Chief Secretary for Administration, Mr Cheuk Wing-hing; the Deputy Financial Secretary, Mr Michael Wong; the Secretary for Security, Mr Tang Ping-keung; the Secretary for the Civil Service, Mrs Ingrid Yeung; and the Commissioner of Police, Mr Siu Chak-ye.

The nomination exercise for the new round of the Chief Executive's Award for Exemplary Performance commenced in April this year. The Civil Service Bureau invited bureaux to nominate outstanding teams or colleagues for the honour. The response was very positive and bureaux had actively nominated outstanding teams in recognition of their outstanding performance in different areas. After being made by the respective Directors of Bureaux, each nomination was considered by a selection committee chaired by the Secretary for the Civil Service. The committee carefully considered each nomination and put forward its recommendations to the Chief Executive. After considering the committee's recommendations, the Chief Executive made his decision on the teams or individuals to be awarded.



Appointments to Harbourfront Commission

The Government announced today (June 26) that the Chief Executive has appointed Mr Ivan Ho Man-yiu as the new Chairman of the Harbourfront Commission (HC), and has appointed five new members and reappointed three existing members to the HC, for a term of two years with effect from July 1, 2024. The appointments will be gazetted on June 28, 2024.

Mr Ho will succeed Mr Vincent Ng Wing-shun as the new Chairman. Mr Ho has been serving on the HC since 2013 and has chaired the Task Force on Harbourfront Developments on Hong Kong Island under the HC since 2018.

The newly appointed individual members are Mr Yiu Pak-leung, Mr Leung Chun, Mr Jason Shum Jiu-sang, Mr Bondy Wen Tsz-kit and Mr Eric Yeung Chuen-sing. The reappointed individual members are Ms Sunnie Lau Sing-yeung, Dr Lawrence Li Kwok-chang and Dr Frankie Yeung Wai-shing.

Welcoming the above appointments, the Secretary for Development, Ms Bernadette Linn, said, "Mr Ho has rich experience in the work of harbourfront enhancement and has demonstrated superb leadership as the Chairman of the Task Force on Harbourfront Developments on Hong Kong Island. The Government looks forward to an ongoing close partnership with the HC to promote initiatives on harbourfront enhancement to build an attractive, vibrant, accessible and sustainable harbourfront."

She continued, "I would like to express my heartfelt gratitude to the outgoing Chairman, Mr Vincent Ng, for his tremendous contributions made over the years in his involvement with harbourfront matters. Under his chairmanship since 2018, the HC has implemented various harbourfront projects and initiatives, and has taken forward experiments at harbourfront sites that carry far-reaching impact, including the concepts of an incremental approach and harbourfront shared space. The significant achievements are well recognised."

Ms Linn also expressed gratitude to the outgoing members, Ms Janice Lai Wai-man and Ms Christina Maisenne Lee, for their contributions to promoting harbourfront development in the past six years.

Established in 2010, the HC advises the Government on harbourfront planning, design, management and other related matters with the objective of fostering and facilitating the development of Victoria Harbour's harbourfront.

Following is the full membership of the HC commencing on July 1, 2024, including serving members whose term of service straddles July 1:

Chairman

Mr Ivan Ho Man-yiu

Vice-Chairman

Secretary for Development

Non-official Members (Organisation Members nominated by the following organisations)

Business Environment Council Limited
Friends of the Earth (HK) Charity Limited
Hong Kong Institute of Urban Design
Society for Protection of the Harbour
The Chartered Institute of Logistics and Transport in Hong Kong
The Conservancy Association
The Hong Kong Institute of Architects
The Hong Kong Institute of Landscape Architects
The Hong Kong Institute of Planners
The Hong Kong Institute of Surveyors
The Hong Kong Institution of Engineers
The Real Estate Developers Association of Hong Kong

Non-official Members (Individuals)

Mr Mac Chan Ho-ting
Mr Francis Lam Ka-fai
Ms Sunnie Lau Sing-yeung
Mr Leung Chun
Dr Lawrence Li Kwok-chang
Professor Becky Loo Pui-ying
Mr Wilson Or Chong-shing
Mr Jason Shum Jiu-sang
Ms Angela So Wing-kwan
Mr Bondy Wen Tsz-kit
Mr Eric Yeung Chuen-sing
Dr Frankie Yeung Wai-shing
Mr Yiu Pak-leung

Official Members

Permanent Secretary for Development (Planning and Lands) or representative
Commissioner for Tourism or representative
Commissioner for Transport or representative
Director of Civil Engineering and Development or representative
Director of Leisure and Cultural Services or representative
Director of Marine or representative
Director of Planning or representative

Secretary

[LCQ2: Enhancing the services provided by District Health Centres](#)

Following is a question by Dr the Hon David Lam and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 26):

Question:

The Government set up the Kwai Tsing District Health Centre (DHC), the first DHC in Hong Kong, in 2019, and subsequently set up DHCs or District Health Centre Expresses (DHCEs) in various districts across the territory. These facilities have been serving the public for nearly five years. However, some members of the public have relayed that apart from health promotion programmes and the Chronic Disease Co-Care Pilot Scheme, they do not know much about other services provided by DHCs and DHCEs. In this connection, will the Government inform this Council:

(1) whether it has reviewed in a timely manner the roles and functions of DHCs in primary healthcare services, such as medication management, vaccination and rehabilitation treatment, as well as the effectiveness of their services provided in collaboration with various private healthcare service providers in the community; if so, of the details; if not, the reasons for that;

(2) whether it has upheld the role of DHCs as case managers and service providers for patients discharged from public hospitals for rehabilitation in the community; and

(3) whether it has plans to effectively link up healthcare service providers in the community and members of the public through DHCs, so as to introduce diversified healthcare services for members of the public; if so, of the details of the newly introduced service items; if not, the reasons for that?

Reply:

President,

Many thanks for the questions raised by Dr the Hon David Lam. Although the first District Health Centre (DHC) was established in Kwai Tsing District in September 2019, the development of the Kwai Tsing DHC was hugely affected as a result of its active effort in combatting the COVID-19 epidemic during the global outbreak that lasted for nearly three years since 2020.

However, with the improved epidemic situation, the Government released the Primary Healthcare Blueprint in December 2022, setting out a series of initiatives, including to further develop a community-based and family-centric community primary healthcare system based on the DHC model.

The Government successfully set up DHCs and interim DHC Expresses of a smaller scale in all districts across the city by the end of 2022, thereby attaining the interim goal of DHCs and DHC Expresses covering all 18 districts. We are continuing to take forward the plan of establishing DHCs in all districts across the city, including the preparation of upgrading the three DHC Expresses in Central and Western District, Yau Tsim Mong District and Eastern District into DHCs by 2025. By then, more than half of the 18 Districts in Hong Kong, in other words 10 Districts, will have DHCs in place to serve members of the public. Each DHC will set up several satellite centres/service points to expand public reach.

The DHCs mainly provide health promotion, health risk factors assessment, disease screening, chronic disease management and community rehabilitation services, etc. Following the resumption of normalcy after the epidemic, we launched the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) in November 2023 to provide targeted subsidies to citizens for screening and management of chronic diseases in the private healthcare service sector under a co-payment model. After its launch, 45 000 citizens have participated in the Scheme as at June this year and nearly 40 per cent of those who have completed screening were diagnosed with hypertension, prediabetes (Note) or diabetes mellitus. The Scheme also establishes a network with family doctors in the community and supports participants in receiving long-term follow-up.

The DHCs foster the promotion of the "Family Doctor for All" concept, and such a role has been further enhanced after the implementation of the CDCC Pilot Scheme. We noticed that the number of DHC members has significantly increased following the launch of the Scheme. The number of new DHC members per year increased for about 36 times, from only about 2 900 in 2019/20 to about 106 400 in 2023/24. To date, the number of DHC members has reached 263 400. From the commencement of operation of the first DHC in September 2019, the service attendance has accumulated to 1 550 000 as at the end of March 2024. Detailed figures are set out in Annex. The Government commissioned the Chinese University of Hong Kong to conduct a monitoring and evaluation study on the DHCs, and the report showed that DHC members were content with the services of the DHCs and were also of the view that the services have helped enhance their health awareness. All of these reflect that DHCs have been gradually building a primary healthcare service network which begins to take shape in the community, thanks to the support from the Legislative Council Members, healthcare professionals and the community who are dedicated to primary healthcare services all along.

Serving as the community primary healthcare resource hub, DHCs act as co-ordinators of primary healthcare services in the community and case managers. In this regard, the DHCs will enhance its services in three aspects.

First is the establishment of a network of multi-disciplinary service providers. DHCs will co-operate with a wider range of healthcare professions to provide the public with more diversified services. For example, firstly, DHCs, in collaboration with the Hong Kong Jockey Club Charities Trust, kick-started the community pharmacy project in mid-June this year, allowing members of the public to opt for drug consultation and dispensing services in the community. Secondly, as regards mental health, three DHCs will launch a pilot programme this year to provide members of the public with mental health assessments for early follow-up and referral for high-risk cases in collaboration with community organisations. Thirdly, as regards Chinese medicine (CM), DHCs will continue to establish a service network with CM practitioners and provide personalised CM services under a co-payment model. Fourthly, as regards community rehabilitation, DHCs have established referral mechanisms with various clusters of the Hospital Authority, and DHCs will provide rehabilitation and follow-up services for referred patients with stroke, hip fracture or post-acute myocardial infarction. The accumulative service attendance of the community rehabilitation programme was around 34 000 as at March 31 this year. In 2023/24, DHCs have arranged more than 210 vaccination sessions, and will persist in their efforts in promoting influenza vaccination. In addition, the Strategic Purchasing Office will also procure nursing and allied health services from the private healthcare sector to support DHCs' function of serving as a community primary healthcare hub in various service areas.

Besides, strengthening community ties is also a highlight of DHCs. DHCs in various districts have established regular co-operation with nearly 1 000 community organisations. The Government also held briefing sessions in April this year to introduce primary healthcare services to about 200 District Council members and will work with community service partners and organisations, including District Services and Community Care Teams, to jointly promote primary healthcare. Furthermore, DHCs have started collaborating with the operators of transitional housing and will visit 35 transitional housing projects this year to provide residents with health risk assessments and health education activities, etc.

The third aspect is about promoting the concept of people-centered disease prevention. DHCs provide whole-person primary healthcare services and attend to individuals' health needs at different stages of lives, as well as to provide comprehensive guidance on disease prevention and health advice having regard to ones' needs at their different stages of lives based on the Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare. DHCs will further enhance the depth and breadth of services. To tackle the pattern that male adults are less likely to take the initiative to participate in preventive primary healthcare services, such as the CDCC Pilot Scheme, DHCs will proactively reach out to more male groups by actively co-operating with different sectors to promote related services. We will also gradually integrate the primary healthcare services under the Department of Health, including Woman Health Centres and Elderly Health Centres, into DHCs.

We will continue to review and respond to the needs of the community and strengthen the services of DHCs, so as to optimise the community healthcare

system.

Thank you, President.

Note: Prediabetes with glycated haemoglobin level of 6.0 to 6.4 per cent or fasting plasma glucose level of 6.1 to 6.9 mmol/L