

LCQ20: Supporting persons with mental disorders

Following is a question by the Hon Chan Pui-leung and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (May 22):

Question:

Last year, the Government proposed 10 enhanced measures to support persons in mental recovery who had a history of severe mental disorders and other persons with mental health needs. In this connection, will the Government inform this Council:

(1) whether it knows the following information in respect of (a) traditional oral drugs and (b) long-acting injections for severe mental illness, as well as (c) new generation oral drugs and (d) long-acting injections for severe mental illness procured and prescribed by the Hospital Authority (HA) in each of the past five financial years: (i) the procurement quantity, (ii) the procurement costs, (iii) the number of persons with severe mental disorders (i.e. psychiatric patients with schizophrenic spectrum disorder) prescribed such drugs and injections, and (iv) the quantity of drugs and injections as well as (v) the expenditure involved (set out in the table below);

Financial year: _____

Information on oral drugs and long-acting injections	(a)	(b)	(c)	(d)
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(2) as one of the aforesaid 10 enhanced measures is that the HA will explore the use of newer medicines with fewer side-effects for psychiatric patients, whether it knows if the HA has formulated relevant performance indicators for prescribing new medicines following such exploration; if the HA has, of the details; if not, the reasons for that;

(3) as the HA has earmarked additional funding of around \$127 million in the 2024-2025 financial year to enhance mental health services, and the relevant measures include: (a) enhancing the community psychiatric services by further recruiting additional case managers, (b) strengthening nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services, and (c) enhancing the use of long-acting injectable antipsychotics in the treatment of mental illness, whether it knows the details of the funding allocations for the aforesaid three measures;

(4) whether it knows if the HA will explore amending the guidelines to allow earlier prescribing of a new generation of long-acting injections to persons with severe mental disorders, so as to reduce the problems arising from medication non-adherence by such persons or the side-effects they suffer; if the HA will, of the details (including how and when the amendment will be made); if not, the reasons for that; and

(5) whether it knows the following information in respect of the HA's Early Assessment Service for Young People with Psychosis Programme in the past five years: (i) the number of cases received, and among them, of the respective number of cases in which referral, assessment and treatment services were provided for patients, with a breakdown by age group, and (ii) the measures implemented under the programme to enhance public awareness of early psychosis, the number of reaches concerned and the public response respectively, and whether the authorities have assessed the effectiveness of such measures; if the authorities have, of the details; if not, the reasons for that?

Reply:

President,

The reply to the question raised by the Hon Chan Pui-leung is as follows:

(1) The Hospital Authority (HA) Drug Formulary currently contains over 20 psychiatric drugs for the treatment of mental illness and related diseases. The HA will continue to keep abreast of the latest developments of clinical and scientific evidence on psychiatric drugs and review the use of psychiatric drugs in accordance with the established mechanism.

The table below sets out the number of patients prescribed with conventional and new generation antipsychotic drugs (Note 1) and the drug expenditure involved in the HA from 2019-20 to 2023-24 (up to December 31, 2023):

Financial year	Conventional antipsychotic drugs			New generation antipsychotic drugs		
	Number of patients prescribed with oral drugs	Number of patients prescribed with long-acting injectable antipsychotics	Drug expenditure involved (\$ million)	Number of patients prescribed with oral drugs	Number of patients prescribed with long-acting injectable antipsychotics	Drug expenditure involved (\$ million)
2019-20	35 200	9 900	42	94 400	3 700	280
2020-21	32 500	9 400	41	99 400	4 100	313
2021-22	30 300	9 000	35	104 300	4 400	344
2022-23	28 300	8 500	42	107 300	4 600	365
2023-24 (Projection as of December 31, 2023)	27 200	8 300	32	111 300	5 000	392

Note 1: Figures are rounded to the nearest hundred.

Note 2: The drugs prescribed may vary from time to time based on the clinical conditions and needs of patients. Some psychiatric patients may be prescribed

both oral and injectable psychiatric drugs concurrently.

(2) and (4) The HA has been taking measures to increase the use of new generation psychiatric drugs with fewer side effects and proven clinical efficacy, including antipsychotic drugs, antidepressant drugs, drugs for dementia and attention deficit/hyperactivity disorder. One of the ten enhanced measures announced by the Government in June 2023 is that the HA will also explore prescribing newer oral drugs or injections with fewer side effects for psychiatric patients in need to facilitate better medication compliance of patients.

The curative effects of conventional and new generation psychiatric drugs are similar, but they differ in that they work through different neurotransmitter pathways to achieve the desired effects and have different potency and side effect profiles. Psychiatrists will prescribe the appropriate drugs for patients mainly based on the principle of minimising side effects.

Taking into account the patients' wish, psychiatric doctors will provide patients with the necessary oral drug or long-acting injectable antipsychotic treatment as appropriate, having regard to their individual circumstances and clinical needs (including the patient's drug compliance and drug tolerance). Depending on the clinical conditions and needs of patients, psychiatric patients may be prescribed both oral and injectable psychiatric drugs or not prescribed any drug at all, and the dosage of drugs may change from time to time. Therefore, the HA has not set any relevant indicators for prescribing new drugs.

(3) The HA delivers mental health services through an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The HA adopts this multi-disciplinary team approach to allow flexibility in manpower deployment to cope with service needs and operational requirements. The HA has earmarked an additional funding of about \$127 million in the financial year of 2024-2025 for relevant measures to enhance mental health services, of which about \$50 million, \$15 million and \$62 million will be used respectively to further enhance community psychiatric services by further recruiting additional case managers, to strengthen nursing manpower as well as allied health and peer support for psychiatric inpatient and outpatient services, and to enhance the use of long-acting injectable antipsychotics in the treatment of mental illness. As healthcare professionals in the HA usually provide support for a variety of psychiatric services, the manpower and expenditure for supporting individual psychiatric services cannot be separately quantified. The above breakdown is for reference only.

(5) The Early Assessment Service for Young People with Early Psychosis (E.A.S.Y.) Programme of the HA aims to identify patients with psychosis as soon as possible and provide them with intervention services. Multi-disciplinary medical teams provide targeted and continuous support to patients, including psychiatric specialist outpatient services and community support services. The initial service targets of the programme are patients

with psychosis aged between 15 and 25, and the service period is the first two years after the onset of the illness. In 2011-12, the HA extended the service targets of the programme to patients aged between 15 and 64, and the service period was extended to the first three years of the onset of the illness, benefiting more patients.

The main services of the E.A.S.Y. Programme include providing case assessment and formulating treatment plans for patients, as well as providing relevant mental health education and organising thematic seminars and workshops to enhance the understanding of psychosis and the E.A.S.Y. Programme among social workers, teachers, parents, etc. Over the past five years, about 1 100 to 1 200 new patients diagnosed with psychosis joined the E.A.S.Y. programme each year.

The table below shows the service attendances of the E.A.S.Y. Programme and number of health education thematic seminars of the HA from 2018-19 to 2022-23:

	Service attendances of the E.A.S.Y. Programme (Note 3)	Number of health education thematic seminars
2018-19	41 000	180
2019-20	43 100	47
2020-21	46 800	9
2021-22	43 600	22
2022-23	38 800	30

Note 3: The number of attendances includes telephone contacts, interviews and community visits with patients. Figures are rounded to the nearest hundred.

Remark:

In view of the COVID-19 epidemic outbreak in Hong Kong in early 2020, the HA has adjusted its services to cope with the outbreak. This should be taken into consideration when comparing the service capacity of the HA in previous years. With the subsiding local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the HA has been gradually resuming provision of all of its public healthcare services to tie in with the Government's resumption of normalcy measures.

[Update on cluster of Vancomycin Resistant Enterococci cases at TWGHs](#)

Wong Tai Sin Hospital

The following is issued on behalf of the Hospital Authority:

Regarding an earlier announcement on a cluster of Vancomycin Resistant Enterococci (VRE) cases, the spokesperson for TWGHs Wong Tai Sin Hospital (WTSH) gave the following update today (May 22):

Following a contact tracing investigation, two more female patients (aged 89 and 90) in the rehabilitation and extended care ward of WTSH were identified as VRE carriers. The patients concerned are currently being treated in isolation and are in stable condition.

The following enhanced infection control measures have already been adopted in the ward concerned:

1. Isolation of VRE cases and application of stringent contact precautions;
2. Enhanced environmental cleaning and disinfection; and
3. Enhanced hand hygiene for staff and patients.

The hospital will continue the enhanced infection control measures and closely monitor the situation of the ward concerned. The cases have been reported to the Hospital Authority Head Office and the Centre for Health Protection for necessary follow-up.

LCQ19: Prevention of cancers

Following is a question by Revd Canon the Hon Peter Douglas Koon and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (May 22):

Question:

It is learnt that in 2021, the five most common cancers in Hong Kong were in the order of lung cancer, colorectal cancer, breast cancer, prostate cancer and liver cancer. Regarding the prevention of cancers, will the Government inform this Council:

(1) given that Hong Kong residents aged between 50 and 75 with no symptoms of colorectal cancer are subsidised to undergo colorectal screening every two years in the private sector under the Colorectal Cancer Screening Programme (CRCSP) launched by the Government for the prevention of colorectal cancer, and eligible persons wishing to enrol in CRCSP are required to join the Electronic Health Record Sharing System, whether the Government will consider linking the Elderly Health Care Voucher Scheme (EHVS) to CRCSP (i.e. eligible

persons under EHVS will be automatically enrolled in CRCSP), so as to encourage more senior citizens to undergo screening at an early stage; if so, of the details; if not, the reasons for that;

(2) whether it will step up publicity on CRCSP at the district level (e.g. setting up street counters) through District Council members, the District Services and Community Care Teams and social welfare organisations, so as to attract more eligible persons to enrol in CRCSP; if so, of the details; if not, the reasons for that; and

(3) apart from CRCSP and Phase 2 of the Breast Cancer Screening Pilot Programme in the pipeline, whether the authorities will consider introducing other funding schemes for the prevention of the aforesaid common cancers; if so, of the details; if not, the reasons for that?

Reply:

President,

The Government attaches great importance to cancer prevention and control. Fighting against cancer is an important strategy to prevent and control non-communicable diseases. In 2001, the Government established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to steer the direction of work covering cancer prevention and screening, surveillance, research and treatment. The CCC is chaired by the Secretary for Health and comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the CCC regularly reviews local and international evidence and makes recommendations on cancer prevention and screening applicable to local setting.

The reply, in consultation with the Department of Health (DH), to the questions raised by Revd Canon the Hon Peter Douglas Koon is as follows:

(1) The Colorectal Cancer Screening Programme (CRCSP) has been implemented by the Government since 2016. The CRCSP aims to identify people who have colorectal cancer before symptoms are shown, or people with a higher risk of colorectal cancer, enabling them to receive early treatment and significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy prevents them from turning into cancer. Currently, the CRCSP subsidises regular screening tests for eligible Hong Kong residents aged between 50 and 75.

The recommended criteria for colorectal cancer screening for risk group are set according to the recommendations made by the CEWG after reviewing and discussing the local and international scientific evidence. From the medical perspective, screening refers to the examination of people without symptoms in order to identify those who already have the disease or at higher risk of disease. There are multiple risk factors for developing colorectal cancer and the risk increases significantly upon reaching the age of 50. The CEWG therefore recommends individuals aged between 50 and 75 to discuss with their

doctors and consider screening for colorectal cancer.

As at end-December 2023, more than 420 000 eligible persons participated in the CRCSP. Among those participants who had undergone colonoscopy examination, over 33 000 were found to have colorectal adenomas and about 2 900 were diagnosed with colorectal cancer. A preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57 per cent were earlier-stage cases (stage II or below) with a more favourable prognosis. Statistics show that screening can achieve the aim of early identification and early treatment.

To tie in with the development of primary healthcare services, with effect from October 6, 2023, only doctors enlisted in the Primary Care Directory would be allowed to take part in various government-subsidised primary healthcare programmes (including the CRCSP). Meanwhile, the Primary Healthcare Office (PHO) also actively promotes Life Course Preventive Care Plan through District Health Centres (DHCs) and family doctors, thereby enhancing public awareness of disease prevention and establishing healthy lifestyle. The PHO published the "Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare" in September 2023, providing a set of comprehensive and evidence-based guidance on health needs to healthcare professionals. Life Course Preventive Care Plan under the Reference Framework emphasises disease prevention and personalised needs. Personalised plans that focus on disease prevention are established based on factors including individuals' gender, age and family history. In addition to covering aspects such as vaccinations and the prevention and management of chronic diseases, such plans also include cancer screening, under which colorectal cancer screening is recommended for people aged between 50 and 75, and screening for prostate cancer, breast cancer, etc. is recommended based on personal risk factors.

The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009 to provide financial incentives for elderly persons to encourage them to receive primary healthcare services, such as preventive care, screening, and management of chronic diseases at private institutions, thereby changing their health-seeking behaviour to achieve early detection and treatment for health protection, and to facilitate them to choose private primary healthcare services that best suit their health needs by providing them with additional healthcare choices on top of the existing public healthcare services. At present, all eligible Hong Kong residents aged 65 or above may benefit from the EHVS. The Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) in November 2023 to further incentivise elderly persons through rewards by guiding them to make better use of healthcare vouchers for continuous preventive healthcare and chronic disease management services. Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of vouchers of \$1,000 or more on designated primary healthcare purposes such as disease prevention and health management (including services on disease prevention, e.g. cancer screening, provided by medical practitioners enrolled in the EHVS) within the year (from January to December), they will be allotted a \$500 reward into their voucher account, which can be used on the same designated primary healthcare

purposes.

Meanwhile, eHealth is a territory-wide, patient-oriented electronic sharing platform. It enables authorised public and private healthcare institutions to access and share the electronic health records of participating patients for healthcare purposes, so as to provide more timely diagnosis and treatment and reduce repeated diagnostic tests. The Government announced in the 2023 Policy Address the launch of a five-year plan for eHealth+ to transform eHealth into a comprehensive healthcare information infrastructure that integrates healthcare data sharing, service delivery and care journey management. One of the key focuses of eHealth+ is to build a one-stop Strategic Health Service Operation Platform to support and standardise the clinical and administrative work processes and documentations of all subsidised health programmes and relevant public or private healthcare services. The platform will integrate the systems of the CRCSP and the EHVS and support all primary healthcare programmes (e.g. the Chronic Disease Co-Care Pilot Scheme) and healthcare services strategic purchasing programmes. The eHealth mobile application will be further developed as an integrated health tool for citizens, including encouraging and even reminding registered eligible citizens to participate in various primary healthcare programmes, such as chronic disease and cancer screening programmes, and assisting them in managing relevant care processes to proactively prevent diseases and lead a healthier life.

(2) To enhance public awareness of the CRCSP, the DH has been conducting publicity campaigns through various channels. Health education information and publicity materials are disseminated on different media platforms such as the website (www.colonscreen.gov.hk), television, radio, newspapers, magazines, social media. The DH has also produced TV Announcements in the Public Interest for broadcast and posters for display on television and public transportation (such as trains, buses, ferries, trams) to promote healthy lifestyle among the public for preventing colorectal cancer and encourage eligible persons to participate in the CRCSP. The health education information on the thematic website is also available in different languages (including Bahasa Indonesia, Hindi, Nepali, Tagalog, Thai and Urdu) to help ethnic minorities understand colorectal cancer screening and prevention.

The DH also works with various government departments and organisations such as the Home Affairs Department (HAD), the Housing Authority, and the Social Welfare Department to promote the CRCSP among the public, as well as the Race Relations Unit from the HAD to enhance publicity of the CRCSP among the local ethnic minorities. The DH has also been disseminating health information to the public through publicity at the district level, such as timely conveyance of relevant information to District Councils and stakeholders (including District Services and Community Care Teams). The DH will continue to step up its publicity efforts for the CRCSP through different channels to encourage participation of more eligible persons for screening to maximise its effectiveness.

The DHCs have also been actively complementing the Government cancer screening programmes, including through conducting health assessment for DHC members, identifying risk factors associated with cancers, and providing

support to members of the public to continuously manage such risk factors. Meanwhile, DHCs assist and refer eligible persons to doctors who have enrolled under the Government cancer screening programmes and have been enlisted in the Primary Care Directory for receiving screening services. The PHO also actively promotes the role of family doctors and encourages the public to pair with a family doctor, through which the family doctor will act as their personal health manager to develop personalised health plans with support and assistance from the DHCs. With reference to the Life Course Preventive Care Plan strategy, DHCs offer individualised health advices, which provide guidance on the health needs of the citizens across different life stages.

(3) The CEWG regularly reviews local and international scientific evidence with a view to making recommendations to the Government on formulating evidence-based measures for cancer prevention and screening programmes applicable to the local population. From the public health perspective, the Government must carefully assess various factors when considering whether to implement a screening programme for a specific cancer with reference to evidence-based public health risk assessment and advice from the relevant experts. These include local prevalence of the cancer concerned, accuracy and safety of the relevant screening tests, effectiveness in reducing incidence and mortality rates, feasibility of implementing a screening programme, taking into account the perspective of optimising the use of the healthcare resources to determine the priority. Excessive screening under public health programme not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals.

The Government regularly reviews and evaluates the effectiveness of screening programmes and formulates appropriate screening strategy. Currently, the Government has implemented the CRCSP, Cervical Screening Programme and Breast Cancer Screening Pilot Programme. The Government will continue to make reference from the recommendations of the CEWG to consider implementing other suitable cancer screening programmes.

In fact, primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The DH has all along been adopting a multi-pronged approach such as publicity, education, promotion, legislation and regulation to promote healthy lifestyles, including avoidance of smoking and alcohol, healthy diet, regular physical activities and maintenance of a healthy body weight and waist circumference to reduce the risks of non-communicable diseases including cancer.

Red flag hoisted at Kadoorie Beach

Attention TV/radio announcers:

Please broadcast the following as soon as possible:

Here is an item of interest to swimmers.

The Leisure and Cultural Services Department announced today (May 22) that the Environmental Protection Department has classified the water quality at Kadoorie Beach in Tuen Mun District as Grade 4, which means the beach is not suitable for swimming. The red flag has been hoisted. Beachgoers are advised not to swim at the beach until further notice.

LCQ5: Permits for Proceeding to Hong Kong and Macao

Following is a question by the Hon Ma Fung-kwok and a reply by the Acting Secretary for Security, Mr Michael Cheuk, in the Legislative Council today (May 22):

Question:

There are views that holders of Permits for Proceeding to Hong Kong and Macao (commonly known as One-way Permits (OWPs)) coming to Hong Kong are the new blood in replenishing Hong Kong's workforce. However, according to government figures, the daily quota of 150 for OWPs has not been fully utilised in recent years, and the proportions of OWP holders (OWPHs) aged between 25 and 44 as well as those who have worked in the Mainland have both shrunk. In this connection, will the Government inform this Council:

(1) of the number of first-time arrivals on OWPs to Hong Kong in the past three years, together with a tabulated breakdown by work experience, place of origin, pursuing further studies after arrival in Hong Kong and taking up employment after arrival in Hong Kong; the number of such arrivals who subsequently returned to live in the Mainland;

(2) given that the Government's statistics have shown that the greatest difficulty for OWPHs in adapting to life in Hong Kong is work, and the support services most needed by them are assistance in seeking employment and career training, whether the Government has steered new arrivals to join the industries currently plagued by labour shortages and provided them with corresponding training, so as to enable their early integration into the Hong Kong society to become a new force in Hong Kong's labour market; and

(3) as there are views pointing out that population growth in the Mainland is gradually slowing down and its socio-economic conditions are improving continuously, coupled with the under-utilisation of the daily OWP quota in recent years, whether the authorities have conducted any review of the OWP system and explored with relevant Mainland authorities the feasibility of adjusting the OWP quota?

Reply:

President,

Regarding the question raised by the Hon Ma Fung-kwok, having consulted the Home and Youth Affairs Bureau and the Labour and Welfare Bureau, our consolidated reply is as follows:

It is stipulated in Article 22(4) of the Basic Law that "For entry into the Hong Kong Special Administrative Region (HKSAR), people from other parts of China must apply for approval. Among them, the number of persons who enter the Region for the purpose of settlement shall be determined by the competent authorities of the Central People's Government after consulting the government of the Region." The provisions of this Article, in accordance with the interpretation by the Standing Committee of the National People's Congress in 1999, mean that Mainland residents "who wish to enter the HKSAR for whatever reason, must apply to the relevant authorities of their residential districts for approval in accordance with the relevant national laws and administrative regulations, and must hold valid documents issued by the relevant authorities before they can enter the HKSAR".

Mainland residents who wish to settle in Hong Kong for family reunion must apply for Permits for Proceeding to Hong Kong and Macao (commonly known as One-way Permits (OWPs)) from the relevant authorities at the places of their household registration on the Mainland. The policy objective of OWP scheme is to allow Mainland residents to come to Hong Kong for family reunion in an orderly manner.

(1) The Immigration Department collects data on the demographic and social characteristics of all OWP holders when they first enter Hong Kong at the Lo Wu Control Point. The Home Affairs Department (HAD) has also been conducting regular surveys on new arrivals aged 11 and above from the Mainland who have arrived in Hong Kong for less than one year to identify their profile and service needs. The information collected in the two surveys is uploaded onto the website of the HAD in the form of quarterly reports for reference by relevant Government departments and non-governmental organisations (NGOs) in planning services for new arrivals. The reports are also available for public reference.

The number of OWP holders arriving in Hong Kong from 2021 to 2023 and their demographic and social characteristics are at Annex. The Government does not keep track of their education and employment status after their arrival in Hong Kong.

OWP holders having come to settle in Hong Kong can enter and exit Hong Kong and the Mainland with relevant identity/travel documents. As Hong Kong continues to integrate actively into the country's overall development, there are bound to be more frequent exchanges between the residents of the two places. The Government does not maintain statistics on OWP holders travelling to the Mainland after arriving in Hong Kong.

(2) In general, new arrivals holding OWPs will go to the Registration of Persons Office a few days after arriving in Hong Kong to apply for personal documents and complete relevant questionnaires of the HAD. In 2023, nearly 60 per cent of these new arrivals were aged between 25 and 54. The Government fully understands that they would like to obtain information on employment upon their arrival in Hong Kong. In fact, relevant Government departments have been providing various kinds of support services to new arrivals from the Mainland.

Regarding training and employment support, the Employees Retraining Board (ERB) provides suitable training and employment services to eligible local employees aged 15 or above, including new arrivals. Apart from general training courses, eligible new arrivals may also enroll in courses tailored for them in order to acquire understanding of the community resources, an overview of local job market, work culture, etc. In 2023-2024, there were over 800 enrolments of new arrivals in these tailored courses, with a placement rate of nearly 90 per cent among those having completed the placement-tied courses.

In addition, the ERB Service Centre located in Tin Shui Wai offers instant, targeted and diversified self-help and support services to those with training and employment needs, including language and generic skills workshops, and mutual support groups for new arrivals.

The Labour Department (LD) provides diversified and free employment services to assist job seekers, including new arrivals, in securing employment. New arrivals can visit LD's job centres and industry-based recruitment centres to obtain employment services. In addition, LD sets up a "Dedicated Webpage for Mainland New Arrivals to Hong Kong" on its Interactive Employment Service website, which provides employment information. The employment programmes implemented by LD, including the Employment Programme for the Elderly and Middle-aged, Youth Employment and Training Programme, Work Orientation and Placement Scheme, and Re-employment Allowance Pilot Scheme to be launched on July 15 this year, provide employment support to them and assist them in entering the employment market.

Regarding community integration, the HAD provides a wide range of services through district networks and NGOs to help new arrivals integrate into the community. These services include organising activities for Mainland residents applying for OWPs to come to Hong Kong to let them first have a better understanding of the living environment in Hong Kong; organising activities for new arrivals to learn more about the situation in the local community; organising computer training classes, Cantonese/English workshops,

etc, to provide them with practical knowledge, as well as providing them with access to information on relevant public services through talks, exhibitions and distribution of guidebooks.

(3) The current 150 daily quota for OWPs is the upper limit. The Mainland authorities issue OWPs in accordance with the actual number of eligible applications submitted and strictly follow the vetting criteria. The 150 quota will not necessarily be used up. There are different views in the community on the 150 daily quota for OWPs, including views for maintaining, increasing or reducing the quota. Some of the views include advocating early settlement of Mainland family members of Hong Kong residents in Hong Kong for family reunion.

The overall usage of OWP quota is indeed affected by various factors, including the apparent reduction in the past few years due to the outbreak of COVID-19 pandemic. With the resumption of normal travel between Hong Kong and the Mainland, we note that the number of OWP holders arriving in Hong Kong has resumed in 2023, with an average of 112 persons per day, close to the pre-epidemic average of 116 persons and 107 persons per day in 2018 and 2019 respectively.

In the past decade, cross-boundary marriages made up about one-third of the registered marriages in Hong Kong. With Hong Kong's active integration into the country's overall development and more convenient travel between Hong Kong and the Mainland, together with more frequent exchanges between Hong Kong and Mainland residents, we believe that the proportion of cross-boundary marriages may continue to increase. Therefore, we should keep an eye on the trend in the long run. Moreover, given the current criteria of the Mainland authorities, Mainland spouses are required to wait for a certain period of time before becoming eligible to come to Hong Kong on OWPs. As such, there is a need to continue the arrangement of allowing separated spouses and their children born in the Mainland to come to Hong Kong for family reunion through the OWP system.

The Government will continue to keep a close watch on the usage of OWP quota and, taking into account the views of different sectors of the community and having regard to the overall interests of Hong Kong, continue to reflect to the Mainland authorities its views on matters relating to OWPs.

Thank you, President.