

LCSD's response to media enquiries

In response to media enquiries on the late approval of the application from the Dragon and Lion Dance Extravaganza 2024 for using the Avenue of Stars by the Leisure and Cultural Services Department (LCSD), a spokesman for the department made the following clarification:

The Hong Kong Dragon and Lion Dance Festival Preparatory Committee (the applicant) submitted their application to the LCSD's Yau Tsim Mong District Leisure Services Office (the Office) on October 17, 2023, for using the Avenue of Stars to hold the above event on January 1, 2024.

Subsequently, the Office repeatedly reminded the applicant to submit detailed information about the event for review and approval, such as the layout of the function and crowd control measures, etc. However, the applicant was unable to submit important information about the use of the venue. The Office issued three written reminders to the applicant in December last year, and the applicant finally submitted all necessary information to the Office on December 28, 2023.

After examining the related information, the Office issued a letter of approval on December 29, 2023, allowing the applicant to conduct the activities of the Dragon and Lion Dance Extravaganza 2024 at the Avenue of Stars on January 1, 2024.

CE holds engagement sessions with HKSAR deputies to NPC and HKSAR members of National Committee of CPPCC (with photos)

The Chief Executive, Mr John Lee, held engagement sessions yesterday and today (February 20 and 21) to exchange views with about 30 Hong Kong Special Administrative Region (HKSAR) deputies to the National People's Congress (NPC) and over 100 HKSAR members of the National Committee of the Chinese People's Political Consultative Conference (CPPCC) respectively, before they attend the second annual session of the 14th NPC and the second session of the 14th CPPCC National Committee to be held in Beijing in early March. Also attending the engagement sessions were the Chief Secretary for Administration, Mr Chan Kwok-ki; the Secretary for Constitutional and Mainland Affairs, Mr Erick Tsang Kwok-wai; and the Director of the Chief Executive's Office, Ms Carol Yip.

Mr Lee pointed out that the HKSAR deputies to the NPC and HKSAR members of the National Committee of the CPPCC, as members of the country's major institutions and leaders from various sectors, care for and are familiar with matters of the country and Hong Kong. He said that the HKSAR Government has taken forward the regular exchange mechanism in accordance with the Policy Address last year to enhance communication with the HKSAR deputies to the NPC and HKSAR members of the National Committee of the CPPCC, with a view to uniting patriots with affection for the country and the city, and facilitating the exchange of views on important policies of the HKSAR Government.

Mr Lee expressed his gratitude to the HKSAR deputies to the NPC and HKSAR members of the National Committee of the CPPCC who attended the sessions for providing constructive suggestions on Hong Kong's active integration into national development, promoting the high-quality development of the Guangdong-Hong Kong-Macao Greater Bay Area and improving local economy and people's livelihood. These suggestions will enable Hong Kong to better leverage its advantages of enjoying the strong support of the motherland and being closely connected to the world, and capitalise on Hong Kong's strengths to contribute to the needs of the country.



[LCQ22: Elderly Health Care Voucher Scheme](#)

Following is a question by the Hon Lai Tung-kwok and a written reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (February 21):

Question:

The Government has implemented the Elderly Health Care Voucher Scheme (EHVS) since 2009. Currently, the EHVS provides an annual healthcare voucher amount of \$2,000 for eligible elderly persons aged 65 or above to choose private primary healthcare services that best suit their health needs. The

policy objective of the EHVS is to enhance disease prevention and health management among the elderly. In this connection, will the Government inform this Council:

(1) of (i) the number of healthcare service providers participating in the EHVS and (ii) the participation rate of various healthcare service providers in the EHVS in the past three years, with a breakdown by healthcare profession (set out in a table);

(2) as it is learnt that the Colon Assessment Public-Private Partnership Programme (Colon PPP) has not accepted payment by healthcare vouchers since its launch in 2016, and some members of the public are of the view that since Colon PPP has the same objective of disease prevention, there is a lack of justifications of the authorities for not allowing them to use healthcare vouchers to settle the co-payment of Colon PPP, whether the authorities will consider changing the policy in order to avoid a situation where the elderly fail to receive the relevant assessments in a timely manner due to financial problems; and

(3) as it is learnt that the various public-private partnership programmes launched by the Hospital Authority currently do not accept payment by healthcare vouchers from members of the public, whether the authorities will consider changing the policy in order to avoid a situation where the elderly fail to participate in the relevant programmes in a timely manner due to financial problems?

Reply:

President,

In consultation with the Hospital Authority (HA) and the Department of Health (DH), the consolidated reply to the question raised by the Hon Lai Tung-kwok is as follows:

(1) The number and participation rate of healthcare service providers in Hong Kong participating in the Elderly Health Care Voucher Scheme (EHVS) in the past three years are tabulated by profession as follows:

	Number of Healthcare Service Providers (Participation rate)		
	As at 31.12.2021	As at 31.12.2022	As at 31.12.2023
Medical Practitioners (Note 1)	3 326 (56%)	3 528 (57%)	3 703 (59%)
Chinese Medicine Practitioners (Note 1)	3 887 (56%)	4 080 (57%)	4 366 (58%)
Dentists (Note 1)	1 296 (65%)	1 331 (65%)	1 477 (69%)

Occupational Therapists (Note 1)	150 (10%)	156 (9%)	187 (11%)
Physiotherapists (Note 1)	651 (29%)	728 (31%)	826 (33%)
Medical Laboratory Technologists (Note 1)	63 (5%)	58 (4%)	57 (4%)
Radiographers (Note 1)	54 (5%)	53 (4%)	63 (5%)
Nurses (Note 1)	274 (1%)	260 (1%)	290 (1%)
Chiropractors (Note 1)	133 (54%)	136 (52%)	164 (56%)
Optometrists (Note 1)	838 (88%)	838 (86%)	888 (85%)
Audiologists (Note 2)	–	–	33 (52%)
Clinical Psychologists (Note 2)	–	–	13 (3%)
Dietitians (Note 2)	–	–	36 (28%)
Speech Therapists (Note 2)	–	–	39 (11%)
Total:	10 672 (24%)	11 168 (23%)	12 142 (23%)

Note 1: In calculating the EHVS participation rate of healthcare service providers (i.e. medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists), those healthcare professionals practising in the public sector or are economically inactive, e.g. not practising in Hong Kong, have been excluded.

Note 2: Since April 28, 2023, coverage of the EHVS has been extended to include primary healthcare services provided by four categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (i.e. audiologists, clinical psychologists, dietitians and speech therapists). In calculating the percentage of participating healthcare service providers of these four professions under the EHVS, the numbers of registrants on the registers of the relevant healthcare professional bodies accredited under the Accredited Registers Scheme for Healthcare Professions of the Government have been used.

(2) and (3) The HA has launched a variety of clinical public-private partnership (PPP) programmes on a pilot basis since 2008 with the designated one-off funding from the Government to provide patients with more medical choices through collaboration with the private sector. The Government allocated a sum of \$10 billion in March 2016 to the HA for setting up the HA

PPP Fund to enhance PPP programmes being undertaken on a pilot basis, as well as consider introducing new PPP programmes. Currently, the HA operates nine (Note 3) PPP programmes and estimates that the projected financial requirement for PPP programmes in 2023-24 is around \$735 million.

To cater for the public's growing demand for colon assessment, the HA launched the Colon Assessment Public-Private Partnership (Colon PPP) Programme in 2016. Subsidies are provided under the programme to eligible patients for receiving relevant services including clinical assessment, colonoscopy procedure and explanation of assessment results. Where necessary, the private specialist will perform biopsy, polypectomy and discuss follow-up treatment plan with the patient. Colonoscopy requires clinical diagnosis by a specialist to confirm the importance of this treatment for related symptoms and conditions, and sufficient specialist assessment is necessary to ensure that the clinical risks can be managed and the procedures safely conducted. Only patients who are on the waiting list for colonoscopy at public hospitals and are suitable for undergoing the examination at private medical institutions, including day procedure facilities, are invited to participate in the Colon PPP Programme and the HA will only select patients who are classified as relatively stable cases and fit for pre-assessment bowel preparation at home. Unlike general disease prevention and health management under primary healthcare services, the relevant services fall under secondary specialised care and are required to be conducted in hospitals or day procedure centres. The HA will offer a one-off fixed subsidy to each patient who need to make a co-payment. Patients eligible for waivers are entitled to the fee waiver arrangements under the PPP programmes (including the Colon PPP Programme) to prevent them from being unable to afford medical charges due to financial difficulties. These patients include Comprehensive Social Security Assistance recipients, voucher holders at Level 0 under the Residential Care Service Voucher Scheme for the Elderly, and Old Age Living Allowance recipients aged 75 or above.

On the other hand, the Government launched the 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 (excluding specialised services), thereby changing their health-seeking behavior 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.

Elderly Health Care Vouchers (Vouchers) are mainly applicable to disease prevention and health management under primary healthcare services, excluding inpatient services and day surgery procedures. As set out in the Primary Healthcare Blueprint, resources allocated to the EHVS are to be optimised to effectively achieving the objective of promoting primary healthcare. Therefore, in addition to the 14 healthcare professions under the EHVS, Vouchers are also applicable to individual primary healthcare programmes including the Vaccination Subsidy Scheme, personalised services at District Health Centres (DHCs)/DHC expresses and the Chronic Disease Co-care Pilot

Scheme. The Government also launched the Elderly Health Care Voucher Pilot Reward Scheme last year to incentivise elderly persons to make better use of Vouchers for primary healthcare services.

Since the services of the Colon PPP Programme and most PPP programmes operated by the HA are outside the scope of primary healthcare services, the Government currently has no plan to extend the coverage of the EHVS to these PPP programmes in light of the aforementioned policy objectives of the EHVS.

Regarding the General Outpatient Clinic (GOPC) PPP Programme which is under the scope of primary healthcare, as it is already subsidised by the Government (the public is paying the same fee as that charged by the HA, which is \$50 per visit), in general it will not receive payment by other forms of government subsidies such as Vouchers. When reviewing the GOPC PPP programme and repositioning the GOPC to take priority care of the socially disadvantaged groups in future, the Government will also examine the relevant matters regarding the use of Vouchers in different programmes.

Note 3: The nine PPP programmes currently operated by the HA are: 1) GOPC PPP Programme; 2) Cataract Surgeries Programme; 3) Haemodialysis PPP Programme; 4) Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector; 5) Colon PPP Programme; 6) Glaucoma PPP Programme; 7) Trauma Operative Service Collaboration Programme; 8) Breast Cancer Operative Service Collaboration Programme; and 9) Radiation Therapy Service PPP Programme.

CHP investigates case of severe paediatric influenza B infection

The Centre for Health Protection (CHP) of the Department of Health is today (February 21) investigating a case of severe paediatric influenza B infection and reminded the community to heighten vigilance against influenza. The CHP appealed to members of the public to receive seasonal influenza vaccination (SIV) in a timely manner to better protect themselves during the influenza season.

The case involves a 4-year-old girl with underlying diseases. She developed cough since February 14. She later developed nausea and vomiting on February 18, and visited a private doctor on the same day. She developed fever and attended Chinese University Medical Centre on February 20. She was referred to Prince of Wales Hospital and was admitted to the paediatric intensive care unit on the same day. Her respiratory specimen was positive for influenza B virus upon laboratory testing. The clinical diagnosis was influenza B infection complicated with pneumonia. She is now in serious condition.

Initial enquiries by the CHP revealed that the patient had travelled to Macau and Zhuhai during the incubation period. Her home contacts are currently asymptomatic. The CHP's investigations are ongoing.

A spokesman for the CHP said, "Influenza can cause serious illnesses in high-risk individuals and even healthy persons. SIV is one of the most effective means to prevent seasonal influenza and its complications, as well as reducing influenza-related hospitalisation and death. SIV is recommended for all persons aged 6 months or above except those with known contraindications. Persons at higher risk of getting influenza and its complications, including the elderly and children, should receive SIV early. As it takes about two weeks to develop antibodies, members of the public are advised to receive SIV early for protection against seasonal influenza. Please see details of the vaccination schemes on the [CHP's website](#)."

A person who gets influenza and COVID-19 at the same time may be more seriously ill and would have a higher risk of death. It is important to receive both SIV and COVID-19 vaccination as soon as possible, in particular for children and elderly persons residing in the community or residential care homes. The public should also maintain good personal and environmental hygiene against influenza and other respiratory illnesses, and note the following:

- Surgical masks can prevent transmission of respiratory viruses from ill persons. It is essential for persons who are symptomatic (even if having mild symptoms) to wear a surgical mask;
- For high-risk persons (e.g. persons with underlying medical conditions or persons who are immunocompromised), wear a surgical mask when visiting public places. The public should also wear a surgical mask when taking public transport or staying in crowded places. It is important to wear a mask properly, including performing hand hygiene before wearing and after removing a mask;
- Avoid touching one's eyes, mouth and nose;
- Wash hands with liquid soap and water properly whenever possibly contaminated;
- When hands are not visibly soiled, clean them with 70 to 80 per cent alcohol-based handrub;
- Cover the mouth and nose with tissue paper when sneezing or coughing. Dispose of soiled tissue paper properly into a lidded rubbish bin, and wash hands thoroughly afterwards;
- Maintain good indoor ventilation;
- When having respiratory symptoms, wear a surgical mask, refrain from work or attending classes at school, avoid going to crowded places and seek medical advice promptly; and
- Maintain a balanced diet, perform physical activity regularly, take adequate rest, do not smoke and avoid overstress.

â€‹The public may visit the CHP's [influenza page](#) and weekly [COVID-19 & Flu Express](#) for more information.

[Cross-Agency Steering Group launches revamped website for sustainable finance](#)

The following is issued on behalf of the Hong Kong Monetary Authority:

The Green and Sustainable Finance Cross-Agency Steering Group (Steering Group) has revamped its official website ([CASG website](#)) with enhanced database and tools to offer a one-stop green and sustainable finance information hub for financial institutions, corporates and the general public.

Key enhancements of the CASG website include:

Sustainability Disclosure e-Portal: The Climate and Environmental Risk Questionnaire for Non-listed companies (Questionnaire) has been digitalised. The Questionnaire is an easy-to-use template developed and launched in 2022 by the Steering Group and CDP to help corporates, particularly small and medium-sized enterprises, get started in sustainability reporting. The digitalisation facilitates reporting and will support broader consent-based data sharing between corporates and financial institutions (Note).

Greenhouse gas (GHG) emissions calculation and estimation tools: Together with the Hong Kong University of Science and Technology, the Steering Group has developed two tools to support the calculation and estimation of GHG emissions. The calculation tool enables users, especially small and medium-sized enterprises, to calculate their GHG emissions based on actual activity levels. The results can be automatically exported to answer relevant questions in the Questionnaire. The estimation tool enables users, primarily financial institutions, to estimate the GHG emissions associated with their investments or loans where data of underlying companies is limited.

Centralised sustainability data and information: Sustainability related data, regulation, news and events, training and internship opportunities will be featured on the CASG website with user-friendly browsing and search functions.

The Steering Group will continue to enhance the CASG website to support Hong Kong's decarbonisation efforts and role as a regional and global green and sustainable finance hub.

About the Steering Group

Established in May 2020, the Steering Group is co-chaired by the Hong

Kong Monetary Authority and the Securities and Futures Commission. Members include the Financial Services and the Treasury Bureau, the Environment and Ecology Bureau, Hong Kong Exchanges and Clearing Limited, Insurance Authority, the Mandatory Provident Fund Schemes Authority, and the Accounting and Financial Reporting Council. The Steering Group aims to coordinate the management of climate and environmental risks to the financial sector, accelerate the growth of green and sustainable finance in Hong Kong and support the Government's climate strategies.

Note: CDP is a global non-profit organisation that runs the world's environmental disclosure system for companies, cities, states and regions. Nearly 20 000 organisations around the world disclosed data through CDP in 2022, including more than 18 700 companies worth half of global market capitalisation, and over 1 100 cities, states and regions.