

HONG KONG (CHINA)

1. CONTEXT

1.1 Demographics

Hong Kong (China) had an estimated mid-year population of 7 003 700 in 2009, representing an increase of 0.4% over mid-2008. There were 889 males for every 1000 females. The population density was 6480 persons per square kilometre, and about 94.9% of the population were city dwellers. Both births and the inflow of one-way permit holders from mainland China were important constituents of the overall population increase. The population are 95% ethnic Chinese, the major non-Chinese ethnic groups being Filipinos and Indonesians.

In 2009, life expectancy at birth was 79.8* years for males and 86.1* years for females, while the registered crude birth rate was 11.8 per 1000 population and the registered crude death rate was 5.9 per 1000. The total fertility rate was 1.0* known live births per woman.

As a result of increasing life expectancy, Hong Kong's population has been ageing steadily. In 2009, 12.8% were aged 65 years and above (10.7% in 1999), while those aged 14 and below made up 12.5% of the population (17.5% in 1999).

There were two* registered maternal deaths in 2009. The number of registered infant deaths was 137* and the infant mortality rate was 1.7* per 1000 registered live births. The under-five mortality rate was 2.2* per 1000 registered live births.

Note: * Provisional figure.

1.2 Political situation

Hong Kong is a Special Administrative Region of the People's Republic of China. Under the Basic Law, Hong Kong (China) has a high degree of autonomy, except in defence and foreign affairs, and enjoys executive, legislative and independent judicial power, including that of final adjudication. There are currently 12 bureaux, each headed by a Director, which together form the Government Secretariat. The Government introduced an accountability system for principal officials on 1 July 2002. Under that system, the politically appointed principal officials are held accountable for matters occurring within their respective portfolios.

1.3 Socioeconomic situation

The gross domestic product (GDP) grew at an average annual rate of 4.1%* in real terms during the 10 years to 2009. Per capita GDP increased by 2.0%* in money terms over the same period, reaching US\$ 30 088* (HK\$ 233 239*) in 2009.

The major source of government income is taxation. In the financial year 2008-2009, about 46% of government revenue was collected from direct taxes and 23% from indirect taxes. Other sources of revenue include fines; forfeitures and penalties; utilities; fees and charges; income from properties and investments; reimbursements and contributions; loan repayments; net proceeds from issuance of bonds and notes; land premiums; and capital revenue.

Based on the results of the General Household Survey, the size of the total labour force in 2009 was 3.7 million, of whom 53% were male. This represents 61% of the total land-based non-institutional population aged 15 and over. A total of 3 479 800 persons were employed, of whom 53% were male. The unemployment rate was 5.4%, higher than the 3.6% rate in 2008, while the underemployment rate was 2.3%.

In the past decade, the share of the services sector in total employment has risen from 79% to 87%. As for individual services, "public administration, social and personal services" accounted for 25% of the

total in 2009. This was followed by “financing, insurance, real estate, professional and business services” with a share of 18%; “import/export trade and wholesale”, 16%; “retail, accommodation and food services”, 16%; and “transportation, storage, postal and courier services and information and communication”, 12%. In contrast, there has been a significant decline in the number of workers in the manufacturing sector, with its share decreasing from 11% in 1999 to 4% in 2009.

In 2009, nearly 100% of the population had sustainable access to an improved water source, while 99% had access to improved sanitation.

Note: * Provisional figure.

1.4 Risks, vulnerabilities and hazards

Hong Kong is geologically stable. It is occasionally hit by tropical cyclones between June and October, which can bring strong winds and heavy rain. The resultant landslips and flooding sometimes cause considerably more damage than the winds.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Hong Kong takes pride in having achieved health indices that rank among the best in the world.

Like many other developed economies, Hong Kong has gone through an epidemiological transition in mortality from communicable to noncommunicable diseases (NCD). With gradual urbanization, adoption of more affluent lifestyles and medical advances over the past few decades, the proportion of registered deaths due to infectious and parasitic diseases dropped from 15.3% in 1961 to less than 2.7%* in 2009. In 2009, the four major chronic NCD—cancer, heart diseases, stroke and chronic lower respiratory diseases—accounted for about three-fifths (59.9%*) of all registered deaths. The age-standardized mortality rates for these four major NCD, for both males and females, have declined gradually over recent decades, although there has been an increase in the absolute number of registered deaths as a result of population ageing and population growth. The number of new cancer cases has shown an increasing trend, while the age-standardized incidence rate has shown a decreasing trend over recent decades.

Many NCD are closely related to behavioural risk factors, such as overweight and obesity, unhealthy diet, physical inactivity, smoking and consumption of alcohol. A periodic telephone survey in 2009, which interviewed around 2000 people aged 18-64, reported that about two-fifths (38.7%) of those aged 18-64 were overweight/obese. A significantly higher proportion of males (49.2%) than females (29.7%) were classified as overweight/obese, and about four-fifths (79.0%) of the population failed to meet the WHO recommendation of having at least five servings of fruit and vegetables per day (85.2% for males and 73.8% for females). As regards physical activity, around one-fifth (21.0%) of the population were classified as having a low level of physical activity (19.8% for males and 22.0% for females). About one in 12 (8.4%) were binge drinkers (13.8% for males and 3.8% for females). Furthermore, according to the Thematic Household Survey conducted from December 2007 to March 2008, around one in nine (11.8%) people aged 15 and above were daily cigarette smokers (20.5% for males and 3.6% for females).

In terms of communicable diseases, the Prevention and Control of Disease Ordinance provides the legal framework for their management and defines a list of infectious diseases that are of public health importance and are required to be reported to the Director of Health. In 2009, there were 47 infectious diseases on the list. A total of 48 161* cases of notifiable disease were reported in 2009, 190.5%* higher than in 2008. The sharp increase in 2009 was mainly due to a large number of pandemic influenza A (H1N1) 2009 cases. The top three most commonly reported diseases were pandemic influenza A (H1N1) 2009(34 174* cases), chickenpox (6777* cases) and tuberculosis (5348* cases), constituting 96.1%* of all notifications among the 47 listed conditions.

In 2009, there were 5348* tuberculosis notifications, giving a notification rate of 76.4* per 100 000 population. For HIV/AIDS, by the end of 2009, a cumulative total of 4443 HIV infections and 1106 AIDS patients had been reported.

Note: * Provisional figure.

2.2 Outbreaks of communicable diseases

Schools, residential care homes and other community institutions are strongly encouraged to report any suspected communicable disease outbreak to the Department of Health for investigation and early intervention. In 2009, the most commonly reported outbreaks were influenza-like illness, hand-foot-mouth disease and acute gastroenteritis. Throughout the year, 1085* confirmed influenza outbreaks occurred in institutions, affecting 26 016* persons, with a peak from August to October due to pandemic influenza A (H1N1) 2009. There were 133* acute gastroenteritis outbreaks in institutions, confirmed to be caused by norovirus, affecting 1635* persons, and 103* institutional outbreaks of hand-foot-mouth disease or herpangina, affecting 727* persons.

Note: * Provisional figure.

2.3 Leading causes of mortality and morbidity

There were 41 530 registered deaths in 2008, with NCD-related causes predominating. Among the top ten leading causes of death, six were NCD, including cancer, heart disease, stroke, chronic lower respiratory disease, injury and poisoning, and diabetes. They contributed to a total of 27 341 registered deaths (cancer: 12 456; heart disease: 6777; stroke: 3691; chronic lower respiratory disease: 2103; injury and poisoning: 1766; and diabetes: 548) and accounted for 65.8% (cancer: 30.0%; heart disease: 16.3%; stroke: 8.9%; chronic lower respiratory disease: 5.1%; injury and poisoning: 4.3%; and diabetes: 1.3%) of all registered deaths.

In terms of morbidity, there were 1 632 146 episodes of hospital discharge and death in all hospitals in 2008. Similar to the mortality data, a substantial proportion of hospitalizations were due to NCD, including cancer, heart disease, stroke, injury and poisoning, chronic lower respiratory disease and diabetes. In total, they accounted for 21.5% (351 517 episodes) of hospitalizations, while infectious and parasitic diseases accounted for only 2.9% (47 393 episodes).

2.4 Maternal, child and infant diseases

Infant and under-five mortality rates continue to be consistently low, as does the maternal mortality ratio.

Maternal and child health services provided by the Department of Health are delivered through a network of 31 easily accessible maternal and child health centres (MCHCs) located throughout the territory. In 2009, 50% of newborn babies were delivered in public hospitals and 50% in private hospitals. About 90% of babies born to local mothers patronize the MCHCs.

Children are immunized against tuberculosis, hepatitis B, poliomyelitis, diphtheria, tetanus, pertussis, pneumococcal infection, measles, mumps and rubella. A cross-sectional survey conducted in 2006 for children aged two to five years revealed that the immunization coverage rates of all vaccines for local-born children were over 97%. Due to high immunization coverage, diseases such as diphtheria and poliomyelitis have been virtually eradicated, and the incidence of preventable infectious diseases among children is relatively low.

Breast-feeding surveys conducted regularly in MCHCs show that the ever-breast-fed rate increased from 50% for babies born in 1997 to 74% for those born in 2008. The exclusive breast-feeding rate for those over four to six months increased from 6% to 13% in the corresponding period.

2.5 Burden of disease

Apart from mortality and hospitalization data, the prevalence rates for diseases or risk factors can also reflect the disease burden in the community. The Heart Health Survey 2004-05, which involved over 1200 people aged 15-84, showed that 6.9% had diabetes and 33.3% had high blood cholesterol levels.

Another survey, the Population Health Survey 2003-04, which interviewed more than 7000 people aged 15 and above, showed that more than one-quarter (27.2%) of the population had hypertension. Diabetes, high blood cholesterol and hypertension are important risk factors for many NCD, such as heart disease and stroke.

The Population Health Survey 2003-04 also revealed that the prevalence rates for coronary heart disease, chronic obstructive pulmonary disease, cancer and stroke were 1.6%, 1.4%, 1.3% and 1.1%, respectively. As regards injuries, 14.3% of the population reported that they had sustained injuries that were serious enough to curtail their normal activities in the 12 months preceding the survey.

In terms of potential years of life lost (PYLL) at age 75, which provides a good estimate of the overall level of premature deaths in the population, cancer accounted for over two-fifths (43.0%) of total PYLL in 2008. Although injury and poisoning only ranked sixth as the leading cause of death in 2008, it accounted for around one-sixth (15.8%) of the total PYLL. This indicates that injuries and poisonings constitute an important health problem, especially among young people. For heart disease, stroke and chronic lower respiratory disease, the proportions of PYLL were 10.1%, 5.2% and 1.6%, respectively. In total, these five NCD accounted for 75.7% of all PYLL in 2008.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

The mission of the Food and Health Bureau is to enhance the well-being of every member of the community and to build a healthy and caring society, seeking to ensure a good quality, equitable, efficient, cost-effective and accessible health care system, and to organize the infrastructure for coordinated health care delivery through an interface of public and private systems.

The Government's goal is to provide a health care system that is able to protect and promote health and to provide quality health care services to citizens at reasonable prices.

3.2 Organization of health services and delivery systems

Primary health care services, which include a range of health-promotion, preventive and curative services, are provided by the Department of Health, the Hospital Authority and the private sector.

Most health-promotion and preventive services are provided by the public sector. For curative services, private practitioners of Western medicine accounted for more than half (55.6%) of consultations in 2008. Most private practitioners are in solo practices and usually work on a fee-for-service basis. The traditional Chinese medicine practitioner is the principal alternative primary care provider outside the mainstream Western medical system. Many patients use both systems in parallel, taking Western medicine to suppress symptoms and Chinese medicine to restore the body to its natural balance.

In contrast to curative primary care services, the public sector is the dominant provider of secondary and tertiary services. Hospital services are subsidized by the Government to a large extent.

The Department of Health provides a wide range of health-promotion and disease-prevention services, covering programmes on maternal and child health, student health, elderly health, dental health and port health. The Department also operates a number of specialized clinics, including 20 methadone clinics, 19 tuberculosis and chest clinics, seven social hygiene clinics, four dermatology clinics, two integrated treatment centres, four clinical genetics clinics, six child-assessment centres, two travel-health centres and other clinical services. The Centre for Health Protection was set up under the Department of Health to strengthen the prevention and control of communicable diseases and other public health hazards.

The Hospital Authority provides medical treatment and rehabilitation services to patients through public hospitals, general outpatient and specialist clinics and outreach services. The Authority was managing a total of 26 872 hospital beds in 38 public hospitals at the end of 2009, which represents around 3.8* public hospital beds per 1000 population. The Hospital Authority also operates 74 general outpatient

clinics throughout the territory, targeted primarily at serving low-income families, patients with chronic diseases and other vulnerable groups.

The private sector plays a complementary role in providing health care, and there were around 3730 private clinics providing primary and specialist medical care in 2009. The Thematic Household Survey, conducted from February 2008 to May 2008, showed that, of a total of 1 806 400 medical consultations (based on the last and up to the last three consultations with doctors made by the persons concerned) during the 30 days before enumeration, 70% (or 1 256 400 consultations) were with private medical practitioners (including practitioners of Western medicine and Chinese medicine). There were 13 private hospitals, operating a total of 3818 hospital beds, at the end of 2009. Their market share in terms of inpatient discharges and deaths on attendance was 21.0%. There were also 37 private nursing homes, providing about 3573 beds, at the end of 2009.

With regard to pharmaceutical services, public hospitals and clinics provide the more essential medicines to patients at a nominal cost. Private hospitals and clinics supply a broader range of medicines, which are paid for by the patients themselves. All medicines available in Hong Kong must first be registered with the Pharmacy and Poisons Board, a statutory body whose membership comprises mainly doctors, academics and pharmacists. All manufacturers of medicines must meet the requirements of the good manufacturing practices (GMP) guidelines promulgated by the Pharmacy and Poisons Board, which are adopted from the GMP guidelines recommended by WHO. Medicines are classified into three broad categories in terms of control of sale: prescription-only medicines, pharmacy medicines and general-sale medicines. There are currently about 20 000 registered medicines in total, of which about 40% are prescription-only medicines, 14% are pharmacy medicines and 46% are general-sale medicines.

Note: * Provisional figure.

3.3 Health policy, planning and regulatory framework

The Government's health care policy is that no one in Hong Kong is deprived of medical care because of lack of means.

The Food and Health Bureau is the policy-making body responsible for health. It oversees the Department of Health and the Hospital Authority. The Department of Health is the Government's health adviser and the agency responsible for executing health care policies and statutory functions. The Hospital Authority is the statutory body responsible for the management of all public hospitals.

3.4 Health care financing

Total health care expenditure in 2005/2006 amounted to 5.1% of GDP, including the public sector (52%) and the private sector (48%). Public expenditure on health reached US\$ 4.7 billion. As there are no social security funds, all public finances for health care services come from general government funds.

The health services provided by the public sector are heavily subsidized, with subsidy levels at about 97% of total cost for inpatient services and 84% for general outpatient services in 2008/2009. Health-promotion and disease-prevention activities, such as treatment of tuberculosis and childhood immunization, are provided free of charge.

The private health care sector was financed largely by household out-of-pocket payments (71%) and, to some extent, private insurance (11%) and employer-provided group medical benefits (16%) in 2005/2006.

3.5 Human resources for health

Health care manpower is monitored regularly through surveys to ensure that workforce planning is in line with the needs of the community.

The Hong Kong Government also makes projections on health care manpower demand from time to time. When making manpower projections, the views of major employers from both the public and private sectors are taken into account. Advice is given to the University Grants Committee in relation to

publicly-funded places on health care programmes, which serves as a reference for institutions in formulating their academic plans.

On the regulatory front, various statutory boards and councils, such as the Medical Council, the Chinese Medicine Council, the Dental Council, and the Pharmacy and Poisons Boards, have been established under relevant ordinances to handle the registration, conduct and discipline of their respective health care professionals. Under existing legislation, 12 types of health care professional are required to be registered with their respective boards or councils before being allowed to practise in Hong Kong. In addition, an independent statutory body, the Hong Kong Academy of Medicine, has the authority to approve, assess and accredit specialist training within the medical and dental professions.

The medical and health care professionals registered with respective statutory boards and councils are encouraged to enrol in continuing medical education and/or continuous professional development (CME/CPD) programmes to update their knowledge and promote the development of competencies relevant to their practice. It is a statutory requirement for registered Chinese medicine practitioners to fulfil the CME programmes of the Chinese Medicine Council in order for them to renew their practising certificates. In 2009, there were a total of 6048 Chinese medicine practitioners. Medical practitioners and dentists on the Specialist Register must fulfil the CME/CPD requirements of their respective councils in order to maintain their specialist status.

3.6 Partnerships

Locally, the Government maintains good working relationships and collaborates with various partners, including professional and community associations, in health-promotion activities for the prevention and control of communicable and noncommunicable diseases. For instance, a comprehensive disease notification system is maintained with health care providers and institutions from the public and private sectors. The latest outbreak news and surveillance results are shared and dialogue is maintained among health care providers and professional associations. The Government also partners with the Hospital Authority and voluntary agencies in handling public health emergencies.

On the regional front, close alliances with regional authorities, including the Ministry of Health of the People's Republic of China, the Health Department of Guangdong Province and the Macao Health Bureau, facilitate regular exchanges of information on selected diseases. Bilateral and multilateral meetings, forums and emergency response exercises are held from time to time to strengthen cooperation and communication among regional authorities. Internationally, the Government liaises closely with WHO and engages in collaborative projects with overseas health-protection agencies and academic institutions.

3.7 Challenges to health system strengthening

Over the years, Hong Kong has built an enviable health care system that provides high quality services. However, that system is now facing major challenges due to the ageing population and the need to keep pace with rapid developments in medical technology. The ratio of working-age (between 15 and 64) to elderly populations (65 or above) was 5.9:1 in 2009, and it is estimated that it will be 4.2:1 in 2019 and 2.6:1 in 2029. On the other hand, overall public health expenditure is projected to increase to about US\$ 10.0 billion in 2015 and about US\$ 16.3 billion in 2025 (at constant 2005 prices). To uphold the principle of no one in Hong Kong being deprived of medical care because of lack of means, the Government of Hong Kong launched a consultation exercise in March 2008 on health care reform and supplementary financing options, aimed at building a consensus to reform the health care system and make it sustainable and more responsive to the increasing needs of the community.

4. PROGRESS TOWARDS THE HEALTH MDGs

Goal 4: Reduce child mortality

Hong Kong's infant mortality rate (IMR) is among the best in the world. In 2009, the provisional figure reached a level as low as 1.7* per 1000 registered live births. That achievement was the result of socioeconomic progress, better education, improvement in nutrition, hygiene and sanitation and the

development of medical and health services. The Maternal and Child Health Centres (MCHCs) under the Department of Health, offer a comprehensive range of health promotion and disease prevention services to children from birth to five years. In addition, the Department of Health is actively committed to promoting, protecting and supporting breast-feeding. The Scientific Committee on Vaccine Preventable Disease (SCVPD) regularly reviews and makes recommendations on local vaccine use.

Goal 5: Improve maternal health

Hong Kong's maternal mortality ratio (MMR) is also among the best in the world. In 2009, the provisional figure was 2.4* per 100 000 registered live births. Hong Kong provides quality and accessible maternal health services through a professional team of health workers in both the public and private sectors. In 2009, about 50% of newborn babies were delivered in public hospitals and 50% in private hospitals. The Department of Health provides pregnant and postnatal women with free and accessible quality antenatal and postnatal care in its 31 Maternal and Child Health Centres (MCHCs).

Goal 6: Combat HIV/AIDS, malaria and other diseases

In 2009, 396 HIV infections and 76 cases of AIDS were reported, giving a cumulative total of 4443 HIV infections and 1106 AIDS patients. Sexual transmission is the predominant route of transmission. Various public health measures have kept the prevalence of HIV infection in drug users at a low level compared with neighbouring cities. Of concern is the rising trend that has been detected in men who have sex with men (MSM) in recent years, despite a slight drop in 2009. In Hong Kong, government, civil society and other stakeholders share responsibility in combating AIDS. A strategic plan is drawn up every five years by the Advisory Council on AIDS to guide, improve and coordinate the HIV programme.

Malaria has been well under control for the past four decades. In the period from 2000 to 2009, the annual number of cases reported ranged between 23 and 54, with a cumulative total of 354 cases recorded. Malaria surveillance and control, including prompt investigation and control targeted at malaria patients and their contacts, laboratory support, vector control, and health promotion, have been in place in the Hong Kong since the 1930s.

The tuberculosis notification rate in Hong Kong has shown an overall downward trend in the past 50 years, with a relatively "stagnant" trend in the past decade. In 2009, a total of 5348* cases of tuberculosis were notified, corresponding to a notification rate of 76.4* per 100 000. The control of tuberculosis relies on the success of the surveillance system, directly observed treatment, short-course (DOTS) and other tuberculosis public health services, quality laboratory support and ongoing evaluation and monitoring.

Note: * Provisional figure.

5. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	<i>Statistics on demographic and socioeconomic situation</i>
<i>Operator</i>	:	Census and Statistics Department
<i>Web address</i>	:	http://www.censtatd.gov.hk/home/index.jsp
<i>Title 2</i>	:	<i>Statistics on mortality, morbidity, healthcare professionals and services, and communicable diseases</i>
<i>Operator</i>	:	Department of Health
<i>Web address</i>	:	http://www.dh.gov.hk/eindex.html
	:	
<i>Title 3</i>	:	<i>Behavioural Risk Factor Survey</i>
<i>Operator</i>	:	Department of Health
<i>Specification</i>	:	The survey collected information on health-related behaviours of the Hong Kong adult population. Results were obtained from samples of at least 2000 randomly selected land-based, non-institutionalized persons aged 18 to 64 years
<i>Web address</i>	:	http://www.chp.gov.hk/behavioural.asp?lang=en&pid=10&cid=280
<i>Title 4</i>	:	<i>Population Health Survey</i>
<i>Operator</i>	:	Department of Health
<i>Specification</i>	:	The survey collected information on general health status, the prevalence and incidence of major health conditions, mental health status, health behaviour relating to major causes of mortality and morbidity, preventive health practices, health-promoting behaviours, health service utilization, social and financial

support, and the quality of life of the population. Results were obtained from over 7000 land-based, non-institutionalized persons in Hong Kong aged 15 and over, representing 5.68 million persons, after applying population weights. The household response rate was 72%.

- Web address* : <http://www.chp.gov.hk/>
- Title 5* : *Thematic Household Survey*
Specification : The series of surveys collected information on the patterns of smoking and doctor consultation of Hong Kong residents. Some 10 000 households within a scientifically selected sample were successfully enumerated, constituting a response rate of at least 75%
- Web address* : http://www.censtatd.gov.hk/products_and_services/products/publications/statistical_report/social_data/
- Title 6* : *Statistics on health expenditure*
Operator : Food and Health Bureau
Specification : It presents the estimates of domestic health expenditure in Hong Kong between the fiscal years 1989/90 and 2005/06 based on the latest OECD guidelines, with a breakdown by financing source, provider and function over time.
- Web address* : <http://www.fhb.gov.hk/statistics/en/dha.htm>

6. ADDRESSES

DEPARTMENT OF HEALTH

- Office Address* : 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong
Postal Address : 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong
Official Email Address : enquiries@dh.gov.hk
Telephone : (852) 29618989
Fax : (852) 28360071
Office Hours : Mon to Fri: 9am-5:45pm; Sat, Sun & Public Holidays off
Website : <http://www.dh.gov.hk>

WHO REPRESENTATIVE

There is no WHO Representative in Hong Kong (China). Queries about WHO's programme of collaboration with Hong Kong (China) should be directed to the Director, Programme Management, WHO Regional Office for the Western Pacific.

- Office Address* : Director, Programme Management
World Health Organization
Regional Office for the Western Pacific
- Postal Address* : United Nations Avenue, P.O. Box 2932, 1000
Manila, Philippines
- Official Email Address* : postmaster@wpro.who.int
Telephone : +632 528 8001
Fax : +632 521 1036
Office Hours : 0700 – 1530 M-F
Website : <http://www.wpro.who.int>

7. ORGANIZATIONAL CHART: Department of Health

Organisation Chart of the Department of Health
(Position as at 31.3.2010)

