Health Service Delivery Profile

Hong Kong (China)

2012

Compiled in collaboration between
WHO and Department of Health, Hong Kong

Hong Kong health service delivery profile

A. Health Service Delivery Profile

National context

Demographics and health situation

As at mid 2011, Hong Kong's population was estimated to be 7 071 600; predominantly (93.6%) of Chinese descent and also Indonesian, Filipino, American, Indian, and other Asian populations (Sources: Please refer to Ref. 1). The aging population is reflected in the increase of those aged 35-64 years and 65 & above from 29.6% and 5.2% in 1974 to 47.3% and 13.3% in 2011. (Sources: Please refer to Ref. 19)

Figure 1. Key development indicators in Hong Kong

Key development indicators	Measure	Year
Human development index (Ref. 17)	0.898	2011
Gini index (Ref. 2)	0.537*	2011
Total health expenditure (Ref. 7)	5.1% of GDP	2008-09
Incidence of poverty		
Literacy rate (male/female) (%)	97.14/92.46	2010
Life expectancy at birth (Ref. 3)	80.5# years for males 86.7# years for females	2011
Infant mortality rate (Ref. 4)	1.3# per 1,000 live births	2011
Maternal mortality rate (Ref. 4)	1.0# per 100,000 live births	2011

Notes: * Gini coefficient based on original household income.
Provisional figures.
Sources: Census and Statistics Department, Department of Health.

Hong Kong has developed a highly efficient healthcare system and achieved impressive health outcomes for its population. Except for the restructure of public hospitals in 1990, the health delivery service system has changed little over the last six decades. Chinese medicine is an integral part of the Chinese culture and makes a significant contribution to the health of the Hong Kong public. Please refer to Part B: traditional medicine profile for more information about the delivery of these services.

Hong Kong delivers a high quality of health care and medical technology, and is responsive to health service delivery issues including an aging population, an accompanying increase in health cost due to more complex health issues and non-communicable diseases (NCD) making up the bulk of hospitalisations. The leading causes of death over the last 5 years have been cancer, diseases of the heart, pneumonia, cerebrovascular diseases, chronic lower respiratory diseases and external causes. (Sources: Please refer to Ref. 5)

Health strategies, objectives, and legislation

Strengthening primary health care and service delivery has been a government focus for a number of years, and has occupied the forefront of policy, public, private and international health economics discussions and consultations. This is demonstrated in the series of documents *Health for All – The Way Ahead (1990), Improving Hong Kong's health care system: Why and for whom? (1998)*, *Building a Healthy Tomorrow (2005), Hong Kong's health system - reflections, perspectives and visions (2006), Your Health, Your Life: Healthcare Reform Consultation Document (2008), and Primary Care Development in Hong Kong: Strategy Document (2010) (Strategy Document).*

The *Hospital Authority Ordinance* contains provisions for the Hospital Authority to manage and control public hospitals including stipulations on its establishment, functions, powers and resources.

(Source: Hospital Authority)

Private hospitals are subject to regulation under the *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* (Cap 165) which empowers the Director of Health to register private hospitals subject to conditions relating to accommodation, staffing or equipment.

(Source: Department of Health)

Service delivery model

There is no specific statement referring to universal coverage in government frameworks or strategies. However, for all intents and purposes the public healthcare system provides universal coverage: all Hong Kong citizens are eligible to full access public healthcare, from primary to tertiary care, that is highly subsidized. A basic and long standing overarching healthcare policy for Hong Kong is *ensuring that no one is denied adequate medical treatment due to lack of means.* Various safety net measures protect those on low-incomes and in economic hardship, the chronically ill, the mentally handicapped and those receiving psychiatric services.

Health services in Hong Kong are delivered by public and private providers. The government delivers most of the highly subsidized public hospital services and health promotion and disease prevention services. The private sector delivers a range of services, including the majority (70%) of outpatient consultations, and some secondary and tertiary services.

The provider network

Health promotion and disease prevention

The Centre for Health Protection (CHP) is the government agency responsible for emergency preparedness, management of public health crises and developing contingency plans, infection control and protocols for health. It leads work on HIV/AIDS, laboratory services, surveillance, implementation of research and administration of health protection programmes.

(Source: Department of Health)

In terms of health promotion, CHP provides steer and leadership, information support and resources to its partners, with prevention of communicable diseases, nutrition, physical activity and promotion of organ donation as priority areas. Using proactive approach and adopting social marketing strategies, health education resources are developed and mass media are engaged to communicate with the public. Setting-based health promotion campaigns targeting schools, restaurants, workplaces and housing estates have been implemented. CHP also builds up partnership across sectors at community level through liaison with stakeholders, district councils, NGOs and community groups, and supports their health promotion activities.

(Source: Department of Health)

In addition, as at end 2011 the government operates 19 tuberculosis and other chest disease clinics, six child assessment centres, four clinical genetic screening and counselling services, 56 dental clinics (including eight school dental clinics and one oral health education centre), four dermatology clinics, one family medicine training centre, 18 elderly health centres, 20 methadone clinics, seven social hygiene clinics, two integrated treatment centres, one AIDS counselling and testing service, one red ribbon centre, 15 student health service centres including three special assessment centres, four families clinics (non-public clinics), two health education centres, two port health travel heath centres, three women health centres, and 31 maternal and child health centres that each deliver health promotion and disease prevention services, as well as some curative care.

(Source: Department of Health)

Primary and community health services

There are more than 12000 registered medical practitioners, with approximately 49% being in private sector. (Source: Department of Health and ref. 20) For those who cannot afford private care, they can seek subsidized medical care at 74 government general outpatient clinics (GOPCs) run by the Hospital Authority. However, the majority (around 70%) of outpatient consultations are provided by the private

sector in outpatient clinics attached to hospitals, clinics or stand-alone facilities. In private practice, specialists combine specialty care with general care. Primary care is also delivered through the health promotion and disease prevention services.

(Source: Hospital Authority, Census and Statistics Department)

The Hospital Authority (HA) is providing various healthcare services in the community, mostly for elderly patients and mentally ill patients. There are community nursing services and community allied health services providing outreach nursing and rehabilitation care to patients in need in their own homes following discharge. There are 13 multi-disciplinary Community Geriatric Assessment Teams which provide outreach medical consultation and nursing care to high-risk elderly patients living in 650 residential care homes for the elderly, 7 community psychogeriatric outreach teams providing outreach services to more than 300 subvented or private residential care homes for the elderly, and 7 community psychiatric service teams providing home visits, outreach visits and crisis interventions for patients with mental health problems across the whole territory.

(Source: Hospital Authority)

Secondary and tertiary services

The government provides most secondary and tertiary services through 41 public hospitals and institutions and 49 specialist outpatient clinics (SOPC).

(Source: Hospital Authority)

There are 41 public hospitals and institutions delivering day surgery and emergency services, including 15 major acute hospitals delivering specialized accident and emergency services, and multi-specialty acute and extended tertiary services such as neurosurgery, organ transplants or life threatening injuries. Other services provided in the public sector include allied health services, audiology, clinical psychology, dietetics, occupational therapy, physiotherapy, podiatry, speech therapy, and palliative care. Most of the hospitals have their own full-time pharmacy departments, some of which offer 24-hour services.

(Source: Hospital Authority)

49 SOPCs provide a wide range of specialties including medicine, surgery, obstetrics & gynaecology, paediatrics, orthopaedics & trauma, ear nose and throat, ophthalmology, psychiatry, neurosurgery, oncology and cardiothoracic surgery services.

(Source: Hospital Authority)

There are 12 private hospitals providing a wide range of health services including general and specialist outpatient services, day care services and inpatient services under various specialties (e.g., medical, surgery, maternity, paediatric, orthopaedic, oncology, diagnostic radiology, pathology and dental services, etc).

(Source: Department of Health)

Resources

With the establishment of the Hospital Authority in 1990 and its' subsequent management of public hospitals, there has been a significant increase in public sector hospitalisations with the expectation that they will receive (highly subsidized) low cost and high quality service. The total number of public hospital admissions has increased by 130% from 1992/93 to 2010/11, and the government now provides about 90% of total bed days. In contrast, the private hospitals accounted for around 10% of inpatient bed days in 2010/11, and it is widely accepted that this imbalance not only strains the public hospitals but is also unlikely to be sustainable.

(Source: Hospital Authority)

Hospitals and other services are organised into clusters based on location, and these support the delivery of services within the same geographical setting. There is a fairly uniform distribution of numbers of beds among the hospital catchment clusters.

The majority of medical practitioners are graduates of 2 local universities. Allied health programmes are offered at various local universities, education and healthcare institutions.

Figure 2. Selected health professionals numbers in Hong Kong (2011)

Registered Healthcare Professional	Total No. (Year-end 2011)	Healthcare Professional to Population ratio
Medical practitioners (Full Registration)	12 818	1:554
Registered Chinese medicine practitioners	6 414	1:1108
Chinese medicine practitioners (limited registration)	70	1:104181
Listed Chinese Medicine practitioners	2 746	1:2587
Dentists (Full Registration)	2 215	1:3207
Dental hygienists	319	1:22269
Nurses (Nursing Council Registration)*	41 310	1:172
Midwives	4 655	1:1526
Medical laboratory technologists	2 954	1:2405
Physiotherapists	2 340	1:3036
Occupational therapists	1 455	1:4882
Optometrists	2 046	1:3472
Pharmacists	2 050	1:3465
Radiographers	1 809	1:3927
Chiropractors	154	1:46128

Notes:

* Included registered nurses and enrolled nurses

Population as at Year-end 2011# 7103700

Provisional figure.

Sources: Department of Health & Census & Statistics Department

Referrals and linkages through the provider network

Generally, patients enter the system through appointments made with outpatient clinics, where they are registered patients of those clinics. Specialist outpatient clinics are accessed via referrals by hospitals, government general out-patient clinics and private practitioners. However, about half of all specialists work in the private sector combining specialist and general care and there is usually no requirement for a referral to private specialist services, so many patients access these directly. Generally if a patient chooses the public sector he/she has to follow the service procedures of the public system, including minimal fees, longer waiting lists, and no choice of doctors. Patients seeking private sector have greater choices of referral to specialist doctors, but have to meet the fees.

There is no standardised referral protocol from private to public sector. Referrals are made up and down the service levels and between public and private sectors. There are few inbuilt incentives to encourage a standard pattern of seeking care, and this is primarily done through educating the public.

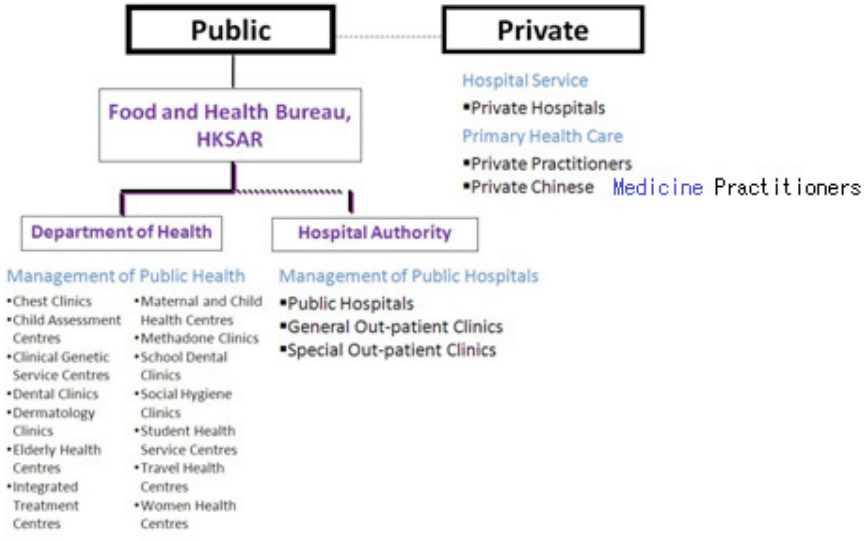
(Source: Hospital Authority)

Patients in SOPCs are less commonly discharged back to primary care doctors and it is common for patients to continue attending the highly subsidized SOPCs even after they require it, rather than paying for private primary care services for ongoing management. This results in long waiting lists. A newly implemented triage system screens new referrals to the SOPC so that patients requiring more urgent medical attention are given earlier appointments. Efforts are also made to improve awareness and distribute information to patients about private services.

(Source: Hospital Authority)

The distribution of health services clusters is designed to facilitate referrals and ensure a high quality of care within the same geographical setting and throughout the continuum of care. The management structure coordinates issues within and between clusters, and monitors delivery of services. To facilitate sharing of health information and services between public and private sectors, the Hospital Authority promotes collaborative service models including training initiatives, provision of expensive services, sharing clinical expertise and an internet-based information sharing scheme.

Figure 3: Health service delivery infrastructure



The Food and Health Bureau (FHB) is the overarching government agency responsible for population-based health policy development and allocation of resources to Hong Kong's health services. The Department of Health (DOH) is the government's policy and health adviser and is the agency that

executes health policies and statutory functions. It is also responsible for promotive, preventive, curative and rehabilitative services at the community level in a variety of facilities. The Hospital Authority is a statutory body that provides public hospitals, outpatient clinics (GOPCs, SPOCs), and Chinese Medicine (CM) service and community outreach services.

(Source: Food and Health Bureau)

Over the years, the Hong Kong Government has been taking steps to improve primary health care based on the recommended strategies set out in the Report of the Working Party on Primary Health Care, entitled "Health for All – The Way Ahead", issued in 1990. For the system of primary medical care, it is a dual system with services provided in the public and private sectors. These primary care services appear to be treatment heavy, and there are improvements to be made in collaboration and continuity between tertiary, secondary and community levels as well as well as deficiency in established links between a highly subsidized public funded health service and the out-of-pocket and insurance funded private services. Primary care as the preferred model for health service delivery continues to be discussed, and there is overall support for a greater emphasis on prevention and health promotion. The Strategy Document, published by FHB in 2010, sets out the major strategies and pathways of action which will help Hong Kong deliver high quality primary care. A Primary Care Office was established in 2010 under the DOH to support and coordinate the development of primary care in Hong Kong and the implementation of primary care development strategies and actions. Mindful of increasing financial constraint, rising health costs and sustaining provision of services, the Hong Kong public system has increasingly encouraged individuals to meet their primary care needs through the private sector while it focuses on health conditions of greater financial risk for the public, as well as urgent and acute illnesses. The ease of access to publicly funded specialist and secondary care incurs further stresses to the system where they are used for primary healthcare needs. The private sector has also been urged to expand secondary and tertiary services for individuals who can afford to pay. All key health plans and strategies regarding health reform have included public consultation and attempted to engage with the community.

(Source: *Primary Care Development in Hong Kong: Strategy Document (2010)*, Page 8 & page 57; & Department of Health)

Quality

The Medical Council of Hong Kong (MCHK) and the Chinese Medicine Council of Hong Kong (CMCHK) regulate professional standards and quality of health practice and services in Hong Kong, and provide information to the public about registered doctors and Chinese medicine practitioners. Achieving high quality care is focused on the health service clusters, professional standards, keeping up with modern technology and enhancing competence. As well, patients are increasingly engaged as equal partners in taking care of their health.

(Source: Department of Health)

Equity

All health reform discussions and recent recommendations continue to uphold Hong Kong's long established healthcare policy that no *one is denied adequate medical treatment due to lack of means.* Recent studies of four public specialist outpatient clinics suggest that public health care resources are appropriately targeted at the socially and economically underprivileged, and the poor not discriminated against or pushed to seek alternative sources of care. Others have pointed to some inequity in the well-off receiving private care and the poor receiving public care.

Monitoring progress

The Hospital Authority Annual Plans include key initiatives, plans and targets, and these are reported on under the Chief Executives' Progress Report on Strategic Priorities. It also reports annually on quality and risk management and sharing quality and safety practices across clusters.

(Source: Hospital Authority)

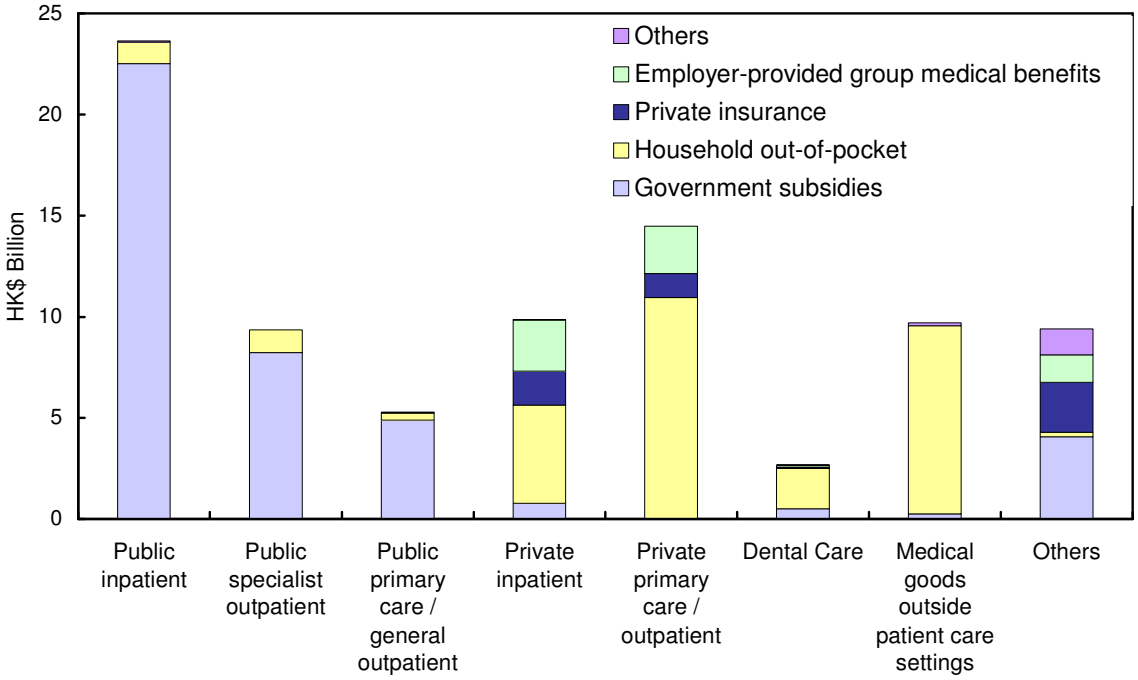
Other monitoring processes include the Chief Executive's Progress Report on Key Performance Indicators which focuses on key performance indicators on clinical services, human resource and financial management. The Department of Health similarly tabulates health status and health services annually on vital statistics, its inpatient and outpatient statistics, infectious diseases, new cancer cases, specialised services, family and elderly health services, special health services such as narcotics, pharmaceuticals, port health, radiation health, centres for health protection, dental services and legislation services.

Health financing

In 2008-09, expenditures on health services were paid for by the government (48.9%), which funds them from general taxation revenues even though its tax regime is among the lowest among industrialised countries, out-of-pocket payments (35.4%), employer-provided group medical benefits and private insurance (13.9%). Most health care is provided by the Hospital Authority. OOP payments are the main source of financing in the private sector. There is no compulsory insurance, and for those with insurance, cover varies remarkably.

(Source: Food and Health Bureau)

Figure 4. Total health expenditure in 2008/09 by financing source and function



(Source: Hong Kong's Domestic Health Accounts (Ref. 7), Food and Health Bureau)

The subsidy level of public healthcare ranged from 85% to 98% for different services in 2010/2011. Inpatients pay a fixed per day fee of HK$100, SOPC fees are $100 for first attendance and $60 for subsequent attendances plus prescribed medicines at HK$10 per drug item, and GOPC fees are HK$45, including medicines. Medicines not listed in the Hospital Authority's Drug Formulary have to be purchased at cost by the patients.

(Source: Hospital Authority)

The DOH services and health centers are highly subsidised or free. Welfare recipients are exempted from paying public fees, and there is a waiver mechanism for low-income earners, chronically ill patients and elderly patients in economic hardship. A charitable fund jointly financed by the government and donations provides financial assistance to needy patients who require designated Privately Purchase Medical Items or new technologies in the course of medical treatment which are not covered in hospital maintenance or out-patient consultation fees in public hospitals and clinics.

(Source: Food and Health Bureau)

Currently there is no legal provision specifying the requirements on fees charged by private health services providers. Fees of private hospitals range widely from an average of hundreds a day for an inpatient bed in a general ward to more than three thousand for a first class ward.

(Source: Department of Health)

Demands and constraints on the service delivery model

The need for change in the healthcare delivery system in order to sustain high quality, universal, public health services is acknowledged if not entirely embraced by Hong Kong's public, various policy levels and other relevant stakeholders. That these changes are needed is partly due to rising health costs and the epidemiological transition, and include:

- A shift of emphasis to services with high demand;
- Prevention and early intervention services to keep people healthy;
- Fostering partnerships with primary care agencies to cater for less complex yet common illnesses; and,
- A more efficient and effective use of resources by providers and users to sustain universal coverage policies.

The Hong Kong government proposes reforms to improve health and address evolving challenges. These reforms focus on improving the primary care system, improvements to the healthcare safety net, promote greater public-private partnership and developing a territory-wide electronic health record system. The government is also taking forward various healthcare reform initiatives, including conducting a strategic review on manpower supply and professional development, developing detailed proposals for a voluntary, government regulated health insurance scheme (Health Protection Scheme), and facilitating healthcare service development.

(Source: Food and Health Bureau)

B. Traditional Chinese medicine services delivery

(Source for Section B: Food and Health Bureau, Department of Health & Chinese Medicine Council of Hong Kong)

Traditional Chinese medicine practice

Chinese medicine is an integral part of the Chinese culture and makes a significant contribution to the health of the Hong Kong public. It is used for prevention and treatment of diseases as well as health maintenance in Hong Kong. The most commonly used traditional medicine in Hong Kong is traditional Chinese medicine (including acupuncture, herbal medicines, manual therapies), with 22% of medical consultations being provided by traditional Chinese medicine practitioners. Traditional Chinese medicine practitioners play a vital role as the principal alternative primary care provider in Hong Kong outside the mainstream western medicine system. It is not uncommon though to see the use of both western and Chinese medicine complimenting each other. Traditional Chinese medicines consist of medicinal plants, mineral materials, and animal materials. Chiropractic treatment, which is not part of traditional Chinese medicine though, is also practised in Hong Kong, which is a legacy of British culture.

Approximately 42% of Hong Kong residents use traditional Chinese medicine as a second or alternative option when they have a health problem. Use of traditional medicine tends to be favoured by women, older people, and people with higher education levels. Chinese herbal medicines are widely available in soft drinks and are also commonly consumed in soups and tonics, including by children.

Providers of traditional Chinese medicine services

In Hong Kong, most traditional Chinese medicine practitioners are in private practice and operate their own clinics. Others are employed by Chinese pharmacies ie the Chinese herbal medicines retailers or by hospitals or charity institutions that provide free services. The Government has committed to setting up 18 public Chinese medicine clinics (CMCs) by phases. Currently, 16 CMCs are operated in a tripartite mode with the Hospital Authority (HA) collaborating with a non-government organisation and a local university in running each clinic. A total of 806 385 consultations were made in these 16 CMCs in 2011.

Chinese medicine practitioners

There are 9 230 traditional Chinese medicine practitioners, including 6 414 who are registered with the Chinese Medicine Council of Hong Kong (CMCHK). Of these 9 230, 2 746 are listed Chinese medicine practitioners who have been included in a list maintained by the CMCHK under the transitional arrangements and 70 are Chinese medicine practitioners who are with limited registration and are employed by education institutes and HA to perform research and teaching. There are three public, government funded universities which offer degree courses on Chinese traditional medicine/pharmacy in Hong Kong. Undergraduate degree course of training in Chinese medicine of the three local universities and master degree course of the Chinese University of Hong Kong are recognized by the Chinese Medicine Practitioners Board of the CMCHK as eligible for sitting the licensing examination. In order to practise traditional Chinese medicine in Hong Kong, practitioners must complete a recognized training programme, pass the Chinese Medicine Practitioners Licensing Examination, and apply for a Registration Certificate and a Practicing Certificate. The number of traditional Chinese medicine graduates attending the Chinese Medicine Practitioners Licensing Examination from 2007 to 2011 is shown in Figure 4.

Figure 4. Chinese TM Graduates by degree level (2007-2011)

Year	Bachelors	Masters
2007	242	8
2008	267	5
2009	201	6
2010	156	6
2011	117	6

Currently, the public CMCs under the HA are required to employ new graduates of degree courses in Chinese medicine as junior Chinese Medicine Practitioners (CMPs) and provide them up to three years of training. To cater for the future development of the Chinese medicine specialty, the HA will arrange for CMPs to receive specialist training in Chinese medicine hospitals in the Mainland China.

Trade of Traditional Chinese medicines

Hong Kong is becoming an international centre for trading of Chinese medicines. Ninety percent of the more than 2000 Chinese medicine materials are imported, largely from Mainland China (80%). After processing, 90% of medicines are then exported. The total cost of exported herbal medicinal materials reached $856.7 million Hong Kong dollars in 2010.

In Hong Kong (2012) there are 4,371 Chinese herbal medicines retailers; 847 Chinese herbal medicines wholesalers; 295 manufacturers of proprietary Chinese medicines; and 1,108 wholesalers of proprietary Chinese medicines. Most (96%) of Chinese medicine practitioners provide traditional Chinese medicine prescriptions to their patients after consultation.

Implementation of traditional Chinese medicine services

In 1997 the Chinese Medicine Division (CMD) was established within the Department of Health. CMD is responsible for the enforcement of Chinese Medicine Ordinance (Cap 549), which was passed by the Legislative Council in July 1999. The Ordinance provides for the regulation of the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese medicines. Apart from providing executive and professional support to the CMCHK, a statutory body established in September 1999 under the Chinese Medicine Ordinance, CMD also serves public health functions which include providing professional input for investigation and response management of adverse events related to use of Chinese medicines, communicating and collaborating with stakeholders in Chinese medicine field for prevention and control of disease; providing public education on Chinese medicine; and developing standards for the commonly used Chinese Materia Medica (www.cmd.gov.hk). On 20 April 2012, the CMD was designated as the World Health Organization Collaboration Centre in Traditional Chinese Medicine. The Chinese Medicine Services in the HA focuses on promoting and developing evidence-based Chinese medicine practice through research, training, quality assurance and integration of complementary medicine with Western Medicines. The role of traditional Chinese medicine is enshrined in Article 138 of the Basic Law which states that "the Government of the Hong Kong Special Administrative Region shall, on its own, formulate policies to develop western and traditional Chinese medicine and to improve medical and health services. Community organizations and individuals may provide various medical and health services in accordance with law." The enactment of the Chinese Medicine Ordinance in July 1999 established a statutory framework to recognize the professional status of Chinese medicine practitioners, to assess their professional qualifications, to monitor their standards of practice, and to regulate the use, manufacture, and sale of Chinese medicines.

Traditional Chinese medicine, acupuncture and herbal medicines are partially covered by private health insurance.

Quality and safety of traditional Chinese medicines

Chinese medicines are regulated as prescription medicines, non-prescription medicines, or herbal medicines under the Chinese Medicine Ordinance. The commonly used herbal medicines are classified in two schedules under the Ordinance according to whether they require a prescription from a registered Chinese medicine practitioner or not. Chinese medicines products can be sold with medicinal claims or health claims subject to compliance with the relevant regulations in force.

As a Special Administrative Region of China, Hong Kong does not have its own Pharmacopoeia. It uses the *Pharmacopoeia of the People's Republic of China*; the *United States Pharmacopoeia - National Formulary*, and the *Japanese Pharmacopoeia* but these are not legally binding. Hong Kong has developed its own *Chinese Materia Medica Standards*, a series of monographs, for reference by the trade (www.cmd.gov.hk). It is envisaged that development of the standard of a total of 200 Chinese herbs will be completed in 2012. This will be conducive to the further development of Chinese medicines.

All medicines available in Hong Kong must first be registered with the statutory Pharmacy and Poisons Board. Likewise, under the Chinese Medicines Ordinance, products that fall within the definition of proprietary Chinese medicine (pCm) must register the products with the Chinese Medicines Board under the CMCHK. In order to be registered, all pCms must meet the registration requirements prescribed by the Board regarding their safety, efficacy and quality. Currently, about 9,500 proprietary Chinese medicines have been registered.

Under the Chinese Medicines Ordinance, pCm manufacturers may apply to the Chinese Medicines Board for a certificate, certifying that the manufacturer follows the requirements of good practices in manufacture and quality control of pCm. At present, compliance with Good Manufacturing Practices (GMP) requirement is voluntary. To facilitate the trade in meeting the GMP requirements, the Chinese Medicines Board has promulgated a GMP Guidelines in 2003. As stated in the Policy Address 2010-11, the Government will soon work out a timetable for mandatory compliance with the GMP for the manufacture of pCm. Consultations are now being conducted to gather views from the trade on its implementation and timetable.

Moreover, in order to ensure the quality of pCm products, enforcement authorities conduct periodic inspections at the manufacturing plants or laboratories. Herbal medicines are subject to the same regulatory requirements as conventional medicines with regard to proving safety. It is imperative for traditional Chinese medicines to demonstrate no harmful effects or adverse reports of traditional use. A post-market surveillance system is also in place to monitor the safety of traditional Chinese medicines.

References

1. Census and Statistics Department, Hong Kong. 2011 Population Census - Main Table. Available on: http://www.census2011.gov.hk/en/main-table.html
2. Census and Statistics Department, Hong Kong. Hong Kong 2011 Population - Thematic Report : Household Income Distribution in Hong Kong. Available on: http://www.censtatd.gov.hk/hkstat/sub/sp170.jsp?productCode=B1120057
3. Census and Statistics Department, Hong Kong. Hong Kong Statistics: Population and Vital Events. Available on: http://www.censtatd.gov.hk/hong_kong_statistics/statistical_tables/index.jsp?charsetID=1&tableID=004&subjectID=1
4. Centre for Health Protection, Department of Health, Hong Kong. Major Health Indicators. Available on: http://www.chp.gov.hk/en/data/4/10/27/110.html
5. Centre for Health Protection, Department of Health, Hong Kong. Number of Deaths by Leading Causes of Death, 2001-2011. Available on: http://www.chp.gov.hk/en/data/4/10/27/380.html
6. Department of Health, Hong Kong. List of Publications, Pamphlets and other Information Materials. Available on: http://www.dh.gov.hk/english/pub_rec/pub_rec_lpoi/pub_rec_lpoi.html
7. Food and Health Bureau of Hong Kong. Domestic Health Accounts. Available on: http://www.fhb.gov.hk/statistics/en/dha/dha_summary_report.htm
8. Food and Health Bureau of Hong Kong. *Our Partner for Better Health: Primary Care Development in Hong Kong*. Hong Kong, FHB, 2010. Available on: http://www.fhb.gov.hk/download/press_and_publications/otherinfo/101231_primary_care/e_strategy_doc.pdf
9. Food and Health Bureau of Hong Kong. Your *Health Your Life: Health Care Reform Consultation Document*. Hong Kong, FHB, 2008. Available on: http://www.wpro.who.int/countries/hkg/HongKongconsulthealthreformCondochealth_full_eng.pdf
10. Health Care Study Group. *Development and Financing of Hong Kong's Future Health Care: Study Report*. Hong Kong, The Bauhinia Foundation Research Centre, 2007. Available on: http://www.bauhinia.org/publications/BFRC-HC-FR-EN.pdf
11. Hospital Authority, Hong Kong. *Chief Executive's Progress Report on Key Performance Indicators*. Monthly Reports on KPIs. HA, 2009.
12. Hospital Authority, Hong Kong. *Chief Executive's Progress Report on Service Priorities 2010*. HA, 2010. Available on: http://www.ha.org.hk/haho/ho/cad_bnc/HAB-P152.pdf
13. Hospital Authority, Hong Kong. *Helping People Stay Healthy: Strategic Service Plan 2009 – 2012*. HA, 2009. http://www.ha.org.hk/haho/ho/cc/v3/doc/SSP2009_2012_eng_v2.pdf
14. Hospital Authority, Hong Kong. *Hospital Authority Annual Plan 2011 – 2012: enHAncing Health*. HA, 2011. Available on: http://www.ha.org.hk/upload/publication_12/318.pdf
15. Hospital Authority, Hong Kong. Service Guides. Available on: http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10042&Lang=ENG&Dimension=100
16. Statistics and Workforce Planning Department. *Hospital Authority Statistical Report 2009 – 2010*. Hong Kong, HA, 2010. Available on: http://www.ha.org.hk/upload/publication_15/321.pdf
17. United Nations Development Programme. Sustainability and Equity: A Better Future for All. *Human Development Report 2011*. New York, UNDP, 2011.
18. World Health Organization. *Western Pacific Country Health Information Profiles (CHIPS): 2011 Revisions*. Manila, WHO WPRO, 2011.
19. Census and Statistics Department, Hong Kong. Hong Kong Statistics: Population Estimates. Available on: http://www.censtatd.gov.hk/showtableexcel2.jsp?tableID=002
20. Department of Health, Hong Kong. 2009 Health Manpower Survey on Doctors. Available on http://www.dh.gov.hk/english/statistics/statistics_hms/sumdr09.html

References for Traditional Medicine

- Chinese Medicine Council of Hong Kong. Development of Chinese Medicine in Hong Kong. Hong Kong, CMCHK. 2001. Available on: http://www.cmchk.org.hk/pcm/eng/idx_deve.htm
- Chinese Medicine Council of Hong Kong. Annual Report 2010. Hong Kong, CMCHK, 2010. Available on: http://www.cmchk.org.hk/pdf/statistics_table2_2010e.pdf; http://www.cmchk.org.hk/pdf/statistics_table5_2010e.pdf.

- Hospital Authority, Hong Kong. Introduction to Hospital Authority Chinese Medicine Service. Hong Kong, HA, 2008. Available on: http://www.ha.org.hk/chinesemedicine/intro.asp?lan=en.
- Division of Chinese Medicine. *A New Era of Chinese Medicine in Hong Kong*. Hong Kong, Department of Health, 2007. Available on: http://www.cmd.gov.hk/html/b5/health_info/doc/A_New_Era_of_Chinese_Medicine_in_Hong_Kong_(2007).pdf.
- Census and Statistics Department. The Chinese Medicine Sector in Hong Kong, 2010. *Hong Kong Monthly Digest of Statistics*, 2011. Hong Kong, Census and statistics Department, 2011. Available on: http://www.statistics.gov.hk/publication/feature_article/B71106FB2011XXXXB0100.pdf.
- World Health Organization. *Regional strategy for Traditional Medicine in the Western Pacific (2011-2020)*. Manila, WHO WPRO, 2012. Available on: http://www.wpro.who.int/publications/2012/regionalstrategyfortraditionalmedicine_2012.pdf
- World Health Organization. *The Second WHO Global Survey on National Policy and Regulation for Traditional and Complementary/ Alternative Medicine*. WHO, 2011 (Draft).