

Health Care
and Promotion Fund:
2014-15 Annual Report

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Health Care and Promotion Fund (HCPF)

The HCPF was established in 1995 to provide financial support for activities related to health promotion, preventive care and related research; and patients in need of treatment not available in Hong Kong, particularly in respect of rare diseases. Since its establishment, the HCPF has funded over 270 projects with a total funding support of \$76.75 million. The abstracts and the approved funding of all approved HCPF projects are available at the HCPF website (<http://rfs.fhb.gov.hk>).

Following the setting up of the Samaritan Fund in 2007, the HCPF ceased to provide funding for the patients with rare diseases who were in need of financial support. At present, the primary focus of the HCPF is health promotion and disease prevention.

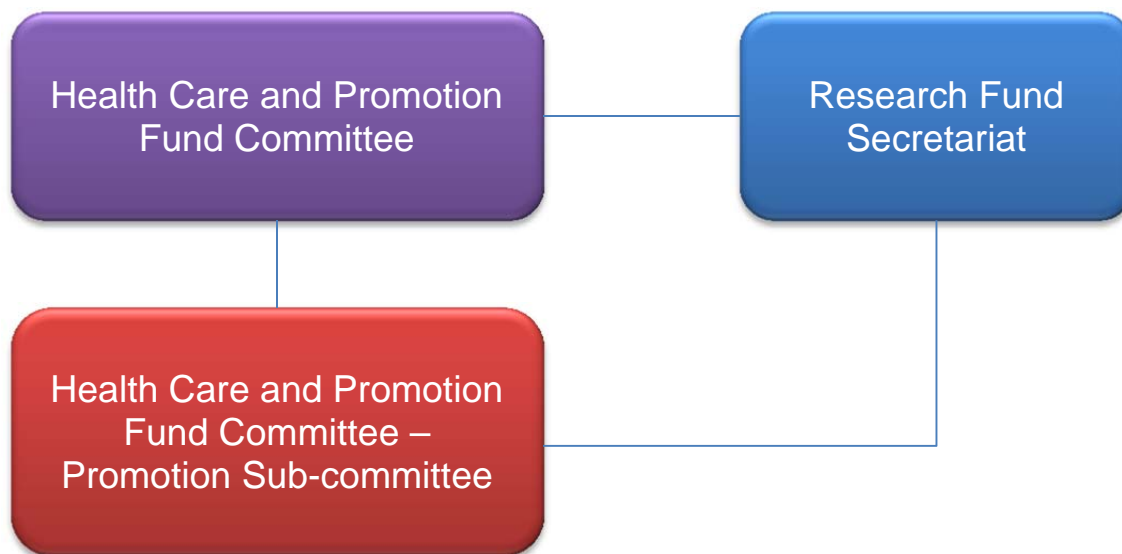
Funding applications for HCPF are invited annually (HCPF Open Call) from local public bodies and non-governmental organizations (NGOs) in accordance with the HCPF thematic priorities which are updated from time to time taking into advice from the Non-Communicable Disease Division and Primary Care Office of the Department of Health and the Hospital Authority. At present, HCPF funding are provided to support the following types of projects -

- (a) Non-Research Health Promotion (NRHP) Projects (funding ceiling: \$300,000 per project) – which aim to help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices; and
- (b) Seed Funding Scheme (SFS) Projects (introduced in 2007; funding ceiling: \$500,000 per project) – which aim to facilitate mobilization of local resources to promote health in the community and encourage partnership between public bodies, private organizations and NGOs.

Where necessary, consideration will be given to extending a funded NRHP project subject to a total amount of funding not exceeding \$500,000.

In addition, HCPF Health Promotion Symposia are organized from time to time to provide a platform for experts and community partners to share their knowledge and experiences in health promotion, network with leaders in various sectors, and in particular, to showcase in particular, recognise and showcase the outstanding projects funded under the HCPF. The last Health Promotion Symposium was held in 2011.

Governance



Chaired by the Secretary for Food and Health, the HCPF Committee was set up to provide strategic steer for funding health care and promotion projects and oversee the administration of the HCPF, including the processing of funding applications received under the HCPF Open Calls. Its terms of reference are as follows –

- (a) to develop the procedures for inviting applications for health projects, preventive care, research or other related activities and the criteria for vetting them;
- (b) to approve applications and allocate funds for health promotion projects, preventive care, research or other related activities;
- (c) to monitor the progress and evaluate the outcome of approved health promotion projects, preventive care, research or other related activities; and
- (d) to supervise the management and investment of the Fund.

A Promotion Sub-Committee (PSC) is set up under the HCPF Committee to assess funding applications and make recommendations on individual applications, including the amount of funding support required from the HCPF. It also monitors approved projects and evaluates completed projects against stated objectives.

The membership of the HCPF Committee and its PSC is at *Appendix A*. Their operation is supported by the Research Fund Secretariat of the Research Office under the Food and Health Bureau.

Highlights of 2014-15

2014 HCPF Open Call

The 2014 HCPF Open Call was issued in April 2014 and by the closing date of 31 July 2014, a total of 101 funding applications were received. In accordance with the updated thematic priorities (*Appendix B*) and the established assessment criteria, 15 NRHP projects and 7 SFS projects received funding support under the HCPF at a total commitment of \$6.92 million.

During the year, the PSC held 5 sessions to assess funding applications received in the 2014 HCPF Open Call and to evaluate the final reports under 12 completed projects.

NRHP Projects

Of the 238 NRHP projects funded under the HCPF, 211 projects have been completed, including 11 projects completed during the year. The project areas include smoking prevention programmes in the youth, training food labelling for mothers and their children, mental health ambassadors programme in secondary schools, healthy diet among the elderly, managing hypertension and diabetes and promoting healthy lifestyle in ethnic minorities.

SFS Projects

Of the 33 SFS projects funded under the HCPF, 20 projects have been completed, including 3 projects completed during the year. The project areas include promotion

of smoking cessation at smoking hotspots, combating childhood obesity, healthy living in the district, reducing stigma towards persons in recovery of mental illness, building partnership for better parenting, healthy workplace, alcohol prevention programmes in primary schools, mobile application on diabetes, awareness of sarcopenia and designing healthy meals for the elderly.

Financial Position

The cash balance of the HCPF as at 31 March 2015 is \$36.87 million, with an uncommitted funding balance of \$28.41 million (i.e. funding available for new projects). The audited financial accounts for the HCPF for the 2014-15 financial year ended 31 March 2015 is at **Appendix C**.

**Membership of the
Health Care and Promotion Fund Committee
and its Promotion Sub-committee
(as at 31 March 2015)**

(A) Health Care and Promotion Fund Committee

Chairman

Secretary for Food and Health (or Permanent Secretary for Health)

Members

Dr CHAN Wai-man

Ms Mabel CHAU Man-ki, MH

Dr Eugenie LEUNG Yeuk-sin

Mr James LEUNG Wing-yee

Dr Andrew SIU Man-hong

Mr TSE Hung-sum

Dr Gene TSOI Wai-wang

Ms Deborah WAN Lai-yau, BBS, JP

Mr WONG Cheuk-kin

Director of Health (or representative)

Chief Executive of Hospital Authority (or representative)

Deputy Secretary for Food and Health (Health)²

Secretary

Head of Research Office
Food and Health Bureau

(B) Promotion Sub-committee members

Co-Chairs

Ms Mabel CHAU Man-ki

Dr Andrew SIU Man-hong

Dr Joyce TANG Shao-fen

Ms Deborah WAN Lai-yau

Members

Dr Felix CHAN Hon-wai[#]

Mr Leslie CHAN Kwok-pan

Dr CHAN Wai-chi

Dr CHAN Wai-man

Prof Gladys CHEING Lai-ying

Dr Regina CHING Cheuk-tuen

Dr CHOW Chun-bong

Dr CHOW Yuk-yin

Mr KWOK Lit-tung

Ms Ruby KWOK

Mr LAI Chi-tong

Dr Andrew LAM Kwok-cheung

Dr Zarina LAM

Dr Eugenie LEUNG

Appendix A

Mr James LEUNG Wing-yee

Prof Alice LOKE YUEN Jean-tak

Dr Lobo LOUIE Hung-tak

Mrs Cynthia LUK HO Kam-wan

Prof David MAN Wai-kwong

Ms Cycbie MOK Ching-man

Dr Roger NG Man-kin

Dr Sammy NG Ping-sum

Dr Kathleen SO Pik-han

Dr Stanley TAM Kui-fu

Prof Agnes TIWARI Fung-yee

Mr TSE Hung-sum

Dr WAN Wai-yee

Dr WONG Chun-por

Prof Martin WONG Chi-sang

Dr William WONG Chi-wai

Dr Kitty WU

Ms Sania YAU Sau-wai

Mr Silva YEUNG Tak-wah

Ms Lisa YIP Sau-wah

Dr Patrick YUNG Shu-hang

Secretary
Consultant (Research Office)
Food and Health Bureau

Co-opted PSC member.

Thematic Priorities of the Health Care and Promotion Fund for 2014

I. Tobacco control

While smoking is well known to cause many fatal diseases and cancers, continuous effort is required to put “what we know” into “what we do”. Measures to prevent and reduce tobacco exposure include:

- Motivating smokers, in particular middle-aged men and women, to cease smoking and empowering them to forego cigarettes during the times of day when they face their toughest smoking triggers and peers; and
- Exhorting youth, women or high-stress career workers to abstain from tobacco use and connecting them with proven evidence of its damage to health.

II. Lifestyle, nutrition and physical activity

Adopting a healthy lifestyle, healthy diet and regular physical exercise are fundamental for preventing many chronic diseases. Community involvement to complement government initiatives in fostering active living, healthy eating, tackling overweight/obesity and promoting a healthy workplace will benefit specific groups by:

- Enabling optimal young child feeding practices such as increasing consumption of fruits & vegetables and reducing intake of sugar-sweetened snacks & beverages;
- Enhancing the availability of affordable healthy food and beverages to families and decision makers of schools;
- Empowering the younger generation to adopt healthy lifestyle practices such as avoiding unhealthy habits, excessive screen time activities including internet addiction, high-risk sexual activities, alcohol and drug misuse, and maintaining balanced diet and healthy body mass index;

- Increasing the public's awareness and knowledge of balanced diet by taking the food pyramid as reference and to increase fruit and vegetables consumption and reduce salt consumption in their diet;
- Motivating employers to create a safe and healthy working environment that supports the working population, who are in general at risk of lifestyle-related diseases. Actions include modification of the physical environment, enhancement of organisational policies and provision of personal health skills to the workforce; and
- Increasing physical activity participation and reducing sedentary lifestyle in the general population.

III. Mental well-being

Good mental health is an integral part of good overall health. Mental well-being promotion incorporates any action taken to maximise mental health and well-being among population and individuals by addressing the potentially modifiable determinants of mental health. Childhood, adolescence and old age are critical life stages that require careful attention. Family, school, workplace and community are all important settings for mental well-being promotion. Actions are required to maintain and enhance mental well-being by:

- Building mentally friendly policies, practices and atmospheres that reduce/relieve stress experienced by individuals;
- Promoting social values that respect difference and diversity;
- Raising public awareness and understanding of the ways to mental well-being as well as mental health literacy (e.g. common mental disorders, dementia);
- Reducing stigma against people with and recovering from mental disorders;
- Building relevant knowledge and personal skills that are targeted at the whole population, and tailored for different life stages and different settings (e.g. school, workplace), according to the specific needs, risks and protective factors;
- Empowering parents, carers and teachers to understand, promote and respond to issues related to the mental health and well-being of children and adolescents; and
- Encouraging active and healthy ageing.

IV. Injury prevention

Injury causes significant mortality and morbidity in the community. Emphasis is placed on injury prevention which covers domestic injury, sports injury, falls and

drowning/near drowning by:

- Encouraging community stakeholders to take the lead in coordinating actions to prevent or reduce injuries;
- Identifying environmental and behavioural risk factors of vulnerable populations; and
- Facilitating effective communication of injury data, development and implementation of prevention programmes that involve more extensive collaboration amongst public and private sectors, academics, professional groups and non-governmental organisations.

V. Reducing alcohol-related problems

Alcohol consumption is a risk factor for many health and societal problems. Special attention is paid to the increasing trend of underage drinking and alcohol-related harms. Effective measures are through:

- Engaging important stakeholder groups such as doctors, celebrities, educational institutions, parents, to denounce the use or promotion of alcohol;
- Increasing awareness and knowledge of immediate and long-term harmful effects of alcohol consumption, in particular the carcinogenic effects of alcohol, as well as diseases associated with alcoholism such as liver cirrhosis, stroke, coronary heart disease and hypertension; plus alcohol-related harm to others such as traffic accidents, domestic violence and sexual assault;
- Helping young adults make informed decisions about alcohol use at the point of purchase or consumption;
- Preventing binge drinking, in particular among young adults;
- Enabling young people to resist peer pressure to drink and critically appraise misleading marketing tactics deployed by alcohol industry; and
- Empowering parents to communicate with their children on alcohol-related issues.

VI. Promoting family doctor model of care

The family doctor model of care, which emphasises continuity of care, holistic care and preventive care, is essential to primary care initiatives for better health. Awareness and understanding of this model needs to be further promoted in the community so that patients will be more receptive to the care of their family doctor and reduce doctor-shopping behaviour. The required activities include:

- Promoting the benefits of having a family doctor as the first point of contact in the healthcare system for continuous, comprehensive, coordinated and person-centred care; and
- Empowering the public to improve their own health and that of their family members by establishing a long term partnership with their family doctors and adopting a preventive approach in improving health.

VII. Empowering the community in the management of chronic diseases

Chronic diseases are common in the community and rise in prevalence as the local population ages. According to the two reference frameworks for diabetes mellitus and hypertension care developed by the Task Force on Conceptual Model and Preventive Protocols, of Health and Medical Development Advisory Committee, the community should be empowered so that patients and their carers are made aware of their own roles in disease prevention and management. The required activities include:

- Equipping patients with diabetes mellitus and hypertension with the necessary knowledge and skills to properly manage these two chronic diseases and prevent complications and actively partner with their family doctors and allied health professionals in managing their diseases; and
- Promoting to the general public the benefits and importance of supporting their family members, neighbours and friends with diabetes mellitus and hypertension in managing their health conditions.

VIII. Cancer prevention

Cancer is a major public health problem in Hong Kong. There is an increasing trend in the number of new cancer cases and registered cancer deaths as a result of ageing population and population growth over the past few decades. It is estimated that the number of new cases of colorectal cancer, prostate cancers and female breast cancers will further increase. Primary prevention is of the utmost importance in reducing cancer risk. In some cancer cases without symptoms, identification through screening may lead to early treatment and better health outcome. The required activities include:

- Raising public awareness and changing behaviour for primary prevention of cancer and related risk factors, such as unhealthy diet, physical inactivity, obesity, smoking and consumption of alcohol;

Appendix B

- Promoting cancer awareness and enable the public to recognise early warning symptoms of cancer for early detection, so as to seek prompt medical attention;
- Enhancing public's understanding about the potential pros and cons of screening tests for cancers, in particular for breast, colorectal and prostate cancers in order to make an informed choice; and
- Facilitating underprivileged women such as new immigrants, women from low income families and ethnic minority groups to receive regular cervical screening to prevent cervical cancer.

Audited Accounts

Health Care and Promotion Fund

For the year ended 31 March 2015

Independent Auditor's Report

To the Health Care and Promotion Fund Committee

Health Care and Promotion Fund

For the year ended 31 March 2015

We have audited the accounts of the Health Care and Promotion Fund (the "Fund") funded by the Hong Kong Special Administrative Region ("HKSAR") Government set out on pages 3 to 7, which comprise the balance sheet as at 31 March 2015, and the statement of income and expenditure and statement of changes in fund for the year then ended, and a summary of significant accounting policies and other explanatory information.

Health Care and Promotion Fund Committee's responsibility for the accounts

The Health Care and Promotion Fund Committee ("HCPF Committee") is responsible for the preparation of these accounts in accordance with the accounting policies of the Fund as set out in Note 2 to the accounts, and for such internal control as HCPF Committee determines is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these accounts based on our audit. We conducted our audit in accordance with Hong Kong Standards on Auditing issued by the Hong Kong Institute of Certified Public Accountants. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the accounts are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the accounts. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the accounts, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the accounts in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the accounts.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independent Auditor's Report

To the Health Care and Promotion Fund Committee

Health Care and Promotion Fund

For the year ended 31 March 2015

Opinion

In our opinion, the accounts of the Fund for the year ended 31 March 2015 have been properly prepared, in all material respects, in accordance with the accounting policies of the Fund as set out in Note 2 to the accounts.

Basis of accounting

Without modifying our opinion, we draw attention to Note 2 to the accounts which describes the basis of accounting. As a result, the accounts may not be suitable for another purpose.

Use of this report

This report is intended for HCPF Committee to table at the Legislative Council or other related parties of the HKSAR Government (if necessary), and should not be used for any other purpose.



Certified Public Accountants
Hong Kong, 23 November 2015

Or Ming Chiu

Practising Certificate number: P04786

Health Care and Promotion Fund

Balance Sheet

As at 31 March 2015

	<i>Note</i>	2015 <i>HK\$</i>	2014 <i>HK\$</i>
Current Assets			
Interest receivable		1,392	749
Amount due from the Hospital Authority	3	35,196,192	37,607,761
Cash and cash equivalents		3,989,020	5,597,098
		<u>39,186,604</u>	<u>43,205,608</u>
Current Liabilities			
Accounts payable		2,310,437	3,521,337
Accrued charges		2,300	3,400
		<u>2,312,737</u>	<u>3,524,737</u>
Net Assets		<u><u>36,873,867</u></u>	<u><u>39,680,871</u></u>
Represented by:			
Accumulated fund		<u>36,873,867</u>	<u>39,680,871</u>
Total Equity		<u><u>36,873,867</u></u>	<u><u>39,680,871</u></u>

Approved and authorised for issue by the Health Care and Promotion Fund Committee on 23 November 2015.



Dr. Christina MAW Kit-chee

Secretary of Health Care and Promotion Fund Committee

Health Care and Promotion Fund

Statement of Income and Expenditure

For the year ended 31 March 2015

	<i>Note</i>	2015 <i>HK\$</i>	2014 <i>HK\$</i>
Income			
Interest income		<u>613,962</u>	<u>519,350</u>
Expenditure			
Grants		<u>3,402,618</u>	<u>5,911,074</u>
Administrative fees	4	<u>18,348</u>	<u>22,954</u>
		<u>3,420,966</u>	<u>5,934,028</u>
Deficit for the year		(2,807,004)	(5,414,678)
Other comprehensive income		<u>-</u>	<u>-</u>
Total comprehensive loss for the year		<u>(2,807,004)</u>	<u>(5,414,678)</u>

Health Care and Promotion Fund

Statement of Changes in Fund

For the year ended 31 March 2015

	2015 <i>HK\$</i>	2014 <i>HK\$</i>
Total fund at beginning of year	39,680,871	45,095,549
Total comprehensive loss	<u>(2,807,004)</u>	<u>(5,414,678)</u>
Total fund at end of year	<u><u>36,873,867</u></u>	<u><u>39,680,871</u></u>

Health Care and Promotion Fund

Notes to the Accounts

For the year ended 31 March 2015

1. GENERAL INFORMATION

The Health Care and Promotion Fund (the "Fund") was established by the Hong Kong Government in 1995 with an injection of HK\$80 million approved by the Finance Committee of the Legislative Council for the purpose of increasing health promotion and disease prevention. The objective of the Fund is to provide funding support to health promotion projects that empower people to adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices.

The Fund is managed by the Health Care and Promotion Fund Committee ("HCPF Committee"), which is chaired by the Secretary for Food and Health, and is advised by the Promotion Subcommittee. The Research Fund Secretariat is housed in the Research Office of the Food and Health Bureau ("FHB"), which is responsible to provide scientific, administrative and logistic support to the Fund. The Hospital Authority ("HA") acts as an agent for providing accounting services to the Fund which includes keeping the accounts of the Fund and investing the capital money not required immediately in accordance with the guidelines approved by the HCPF Committee.

2. PRINCIPAL ACCOUNTING POLICIES

(a) Basis of preparation

The principal accounting policies adopted in the preparation of the accounts of the Fund are set out below. The accounts have been prepared on an accrual basis and under the historical cost convention.

(b) Revenue recognition

Interest income from bank deposits is recognised on a time proportion basis using the effective interest method.

(c) Expenditure

(i) Grants are recognised on an accrual basis upon receiving of claims from grant applicants for reimbursements of expenses.

(ii) Administrative fees are recognised on an accrual basis. Audit fee of the Fund is borne by the FHB.

(d) Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, demand deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value, having been within three months of maturity when acquired.

(e) Accounts payable

Accounts payable are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, unless the effect of discounting would be insignificant, in which case they are stated at cost.

Health Care and Promotion Fund

Notes to the Accounts

For the year ended 31 March 2015

3. AMOUNT DUE FROM THE HOSPITAL AUTHORITY

The amount due from the Hospital Authority represents principal and accrued interest income of bank deposits held by the Hospital Authority for the Fund. The amount due is unsecured and has no fixed terms of repayment. Interest income accrued on these bank deposits is recognised as income in the Fund's statement of income and expenditure.

4. ADMINISTRATIVE FEES

	2015 <i>HK\$</i>	2014 <i>HK\$</i>
Publicity	14,831	20,061
Other administrative fees	<u>3,517</u>	<u>2,893</u>
	<u><u>18,348</u></u>	<u><u>22,954</u></u>

