



TARGET 9

Improve availability
of affordable basic
technologies and
essential medicines to
treat major NCD

A PREAMBLE

Without effective medicines and essential diagnostic and monitoring equipment made available at health facilities to treat non-communicable diseases (NCD), patients will suffer short- and long-term adverse effects from their disease. Sustainable healthcare financing, health policies that safeguard equitable access, adequate and reliable procurement systems for basic health technologies and essential NCD medicines, training of healthcare workers, and evidence-based treatment guidelines and protocols are all necessary for effective management of NCD¹¹⁹.

B LOCAL SITUATION

- Hong Kong has a dual track healthcare system under which the public and private healthcare sectors complement each other. The public sector is the predominant provider of secondary and tertiary healthcare services. Around 88% of in-patient services are provided in public hospitals. Patients receive medical treatment and rehabilitation services in specialist clinics and through outreaching services. The public healthcare system provides the Hong Kong population with equitable access to healthcare services at highly subsidised rates. Basic technologies and essential medicines are available and affordable in all public facilities. As the safety net for all, the public sector focuses its services on lower-income and under-privileged groups and illnesses that incur high cost, advanced

technology and multi-disciplinary professional team work, amongst other priorities. The private sector complements the public healthcare system by offering choice to those who can afford and are willing to pay for healthcare services with personalised choices and better amenities¹²⁰.

- Primary medical care¹²¹ is predominantly provided by the private sector, by solo practitioners or group practices, in the form of out-patient curative care with some preventive elements. The public sector on the other hand is responsible for general health promotion and education, disease prevention and control, as well as preventive healthcare services for specific populations such as pregnant women, infants and children, students, with partial coverage for women and the elderly through services offered by the Department of Health (DH). The Hospital Authority (HA) provides primary curative care through general out-patient clinics (GOPCs) mainly to low-income, chronically-ill and poor elders¹²².
- To uphold the Government's policy that no one will be denied adequate medical care due to lack of means, the HA puts in place a medical fee waiver mechanism to provide assistance to needy patients. Recipients of Comprehensive Social Security Assistance (CSSA) are waived from payment of their public healthcare expenses. For non-CSSA patients who cannot afford the medical fees and charges due to, for example, serious or chronic illnesses, HA has a mechanism in place for them to seek financial assistance from medical social workers stationed in public

¹¹⁹ Policy briefs - Global NCD target: Improve access to technologies and medicines to treat NCDs. Geneva: World Health Organization, 2016. Available at: <http://www.who.int/beat-ncds/take-action/policy-brief-improve-medicine-access.pdf?ua=1>

¹²⁰ Information extracted from page 26 of the Consultation Document on Voluntary Health Insurance Scheme. (Available at: http://www.vhis.gov.hk/doc/en/full_consultation_document/consultation_full_eng.pdf)

¹²¹ Primary medical care refers to the medical part of primary healthcare which is the first contact of patients with their consulting doctors.

¹²² Information extracted from page 19 of the Consultation Document on Healthcare Reform – Your Health Your Life. (Available at: http://www.fhb.gov.hk/beStrong/files/consultation/Condochealth_full_eng.pdf)

hospitals. The applicants' eligibility for waiver is assessed based on both financial and non-financial criteria¹²³.

- The Government launched in 2009 the Elderly Health Care Voucher Scheme with aims to supplement existing public healthcare services (e.g. GOPCs and specialist out-patient clinics) by providing financial incentive for Hong Kong eligible elders to receive preventive and curative care from the private healthcare sector that best suits their needs, based on the family doctor concept¹²⁴. With effect from July 2017, Hong Kong identity card holders aged 65 and above can settle the fees of primary care services provided by service providers participating in the Elderly Health Care Voucher Scheme with an annual voucher amount of HKD2,000.
- In 2010, the Food and Health Bureau (FHB) issued the *"Primary Care Development in Hong Kong Strategy Document"*, which paved the way for the publication of the four landmark reference frameworks for preventive care in primary care settings¹²⁵, to support the tackling of NCD through primary care. The reference frameworks aim to:-
 - (a) facilitate the provision of continuing, comprehensive and evidence-based care in the community;
 - (b) empower patients and their carers; and
 - (c) raise public awareness of the importance of proper prevention and management of chronic diseases.
- The General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP programme) was launched by the HA in mid-2014 in three pilot districts with aims to provide choice to patients for receiving primary care services from the private sector, enhance patient access to primary care services, promote family doctor concept, help the HA manage demand for general out-patient service and foster the development of the territory-wide Electronic Health Record Sharing System (eHRSS)¹²⁶. Taking into account the initial positive feedback from medical professional bodies, patients, private doctors and staff as well as the strong community call, the Programme has been expanded by phases and will be rolled out to 18 districts by the end of 2018.
- In view of the above, it is considered that high levels of access by the general public have been made possible for basic technologies and essential medicines to manage NCD through universal coverage by a dual healthcare system engaging the public and private sectors. Despite the lack of specific data quantifying availability and affordability of quality, safe and efficacious essential NCD medicines in both public and private facilities, Target (9) relating to health system response, set out under the World Health Organization (WHO)'s global monitoring framework (GMF), is considered **achieved** in the local context.

¹²³ Source: <http://www.legco.gov.hk/yr16-17/english/panels/hs/papers/hs20170717cb2-1843-2-e.pdf>

¹²⁴ Source: http://www.hcv.gov.hk/eng/pub_background.htm

¹²⁵ The four landmark reference frameworks are:

- Hong Kong Reference Framework for Diabetes Care in Adults in Primary Care Settings
- Hong Kong Reference Framework for Hypertension Care in Adults in Primary Care Settings
- Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings
- Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings

¹²⁶ Source: <https://www3.ha.org.hk/ppp/homepage.aspx?lang=eng>



C LOCAL TARGET

No specific target on “improving availability of affordable basic technologies and essential medicines to treat major NCD” at the moment¹²⁷ due to lack of quantifiable indicator. Please refer to **Section E** for details.

D ACTIONS TO ACHIEVE TARGET

For Hong Kong to be able to achieve the ultimate target of “a 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancers, diabetes or chronic respiratory diseases by 2025” (i.e. Target 1), a healthcare system that can effectively manage NCD and prevent NCD deaths is most critical in the immediate-term, while behavioural risk factor reduction may take years to produce effect.

Specific action(s) to be taken, enhanced or explored to achieve target by 2025

- Continue to strengthen the health system at all levels, with emphasis on risk factor reduction, evidence-based screening for early detection and management of NCD using a locally relevant, effective and sustainable primary medical care approach. (FHB/DH)
- The Steering Committee on Primary Healthcare Development announced in the Chief Executive’s 2017 Policy Address will comprehensively review the existing planning of primary healthcare

services, develop a blueprint for the sustainable development of primary healthcare services for Hong Kong, devise service models to provide primary healthcare services via district-based medical-social collaboration in the community, and develop strategies to raise community awareness and exploit the use of big data to devise strategies that best fit the needs of the community. (FHB)

- Continue to support the long-term sustainable development of our dual track healthcare system to ensure equitable access to healthcare services. (FHB)
- On an ongoing basis, develop, update and promulgate use of the reference frameworks and evidence-based practices for preventive care in primary care settings to facilitate the provision of continuous, comprehensive and evidence-based care in the community. (DH)
- Regularly review and update drug lists and clinical protocols based on scientific and clinical evidence to ensure equitable access by patients to cost-effective drugs and therapies of proven safety and efficacy for treatment of major NCD in all public hospitals and clinics. (HA)

E LOCAL INDICATOR

Relevant local data source(s) for Indicator (19) set out under the WHO’s GMF¹²⁸ is NOT available. Currently, there is no systematic assessment of primary healthcare facilities in both public and private sectors in Hong Kong.

¹²⁷ The WHO sets a voluntary global target of ‘80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCD in both public and private facilities by 2025’.

¹²⁸ The WHO recommends an indicator for monitoring, namely
 - Indicator (19): Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private (primary healthcare) facilities (Expected frequency: every 5 years)