

## LCQ5: Land Sharing Pilot Scheme

Following is a question by the Hon Kwong Chun-yu and a written reply by the Secretary for Development, Mr Michael Wong, in the Legislative Council today (May 8):

Question:

The Chief Executive has proposed in the 2018 Policy Address the Land Sharing Pilot Scheme (LSPS), which seeks to unlock privately owned agricultural lots in the New Territories for both public and private housing development in the short-to-medium term. The Government is currently formulating the details of LSPS. According to the Government's initial thinking, "land sharing" applications will be put before the Land and Development Advisory Committee (LDAC) for advice and then submitted to the Chief Executive in Council (CE-in-Council) for final vetting and approval. In addition, applicants must comply with all applicable statutory procedures and land administration regimes, including submitting rezoning or planning applications to the Town Planning Board (TPB). In this connection, will the Government inform this Council:

(1) whether CE-in-Council will, apart from conducting final vetting and approval for "land sharing" applications, conduct preliminary vetting and approval for such applications; if so, at which stage; if such preliminary vetting and approval is to be conducted prior to TPB's vetting and approval of the relevant matters, how the Government ensures that such a scenario will not subject TPB to the pressure of giving its green light; and

(2) given that LDAC will provide advice to the Government on "land sharing" applications, but there are public opinions querying that some LDAC members have a close relationship with real estate developers or own agricultural lots,

(i) whether the Government will make public the records on declaration of interests by LDAC members; and

(ii) of the measures, other than the existing declaration of interests system, put in place by the Government which may prevent LDAC members from having a conflict of interests in handling the relevant applications?

Reply:

President,

The Chief Executive outlined the Land Sharing Pilot Scheme (LSPS) in the 2018 Policy Address which seeks to unlock the development potential of privately owned agricultural lots in the New Territories for both public and private housing development through public-private partnership. We will adopt a set of criteria and procedures based on fairness and high transparency in handling applications under the LSPS and selecting suitable projects. The Government is in the process of drawing up more specific criteria and other

implementation details of the LSPS, including the basic requirements which must be fulfilled by the applications, work flow in vetting applications including alignment with existing statutory procedures and land administration regime, as well as the relevant advisory set-up for the LSPS and its operational arrangements (including the mechanism for declaration of interest and disclosure arrangement). We will later brief the relevant panel of the Legislative Council and professional sectors on the proposed arrangements and listen to their views, and submit the proposed arrangements to the Chief Executive in Council for approval, with a view to inviting applications in the second half of 2019.

My reply to various parts of the question is as follows:

(1) The Government has stated clearly on previous occasions that all applications under the LSPS have to comply with the applicable statutory procedures and requirements under the land administration regime, including submitting applications to the Town Planning Board (TPB) in relation to changes in land uses or increasing development intensity in accordance with the Town Planning Ordinance (Cap. 131), and paying to the Government land premium at full market value in respect of the private housing and ancillary commercial facilities. Under this guiding principle, the TPB will continue to perform effectively its functions in handling the planning aspect of the applications concerned.

(2) As an advisory body to the Government, the Land and Development Advisory Committee (LDAC) is tasked to advise the Government on land and development matters. At present, the non-official members of the LDAC comprise representatives from trade and professional organisations, as well as persons from other fields such as social services, legal services, academia, etc. LDAC members must make declarations in accordance with the established declaration of interest system. The declarations so made are not open for public inspection at present. The mechanism of the Committee is largely in line with that applicable to other government advisory bodies. As mentioned above, when formulating the details of the LSPS, we will consider the relevant advisory mechanism as well as the appropriate declaration of interest and disclosure arrangements.

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## **LCQ22: Combating money laundering and terrorist financing activities**

Following is a question by the Hon Kenneth Leung and a written reply by the Acting Secretary for Financial Services and the Treasury, Mr Joseph Chan, in the Legislative Council today (May 8):

Question:

Hong Kong is a member of the Financial Action Task Force (FATF). On FATF's request, the Government examined the threats and vulnerabilities in respect of money laundering and terrorist financing that the relevant sectors in Hong Kong and the city as a whole were facing, as well as published a Hong Kong Money Laundering and Terrorist Financing Risk Assessment Report in April last year. The Government has indicated that it has taken follow-up actions in the light of the assessment outcome (follow-up actions). In this connection, will the Government inform this Council:

(1) of the number of reports received in each of the past five years by the authorities from financial institutions about suspicious transactions involving money laundering and terrorist financing, and the total amount of the funds involved; among such cases, of the to-date numbers of (i) cases in respect of which the authorities have taken law enforcement actions, and (ii) persons arrested, prosecuted and convicted respectively;

(2) of (i) the progress and achievements, as well as (ii) the manpower and resources deployed, since the authorities' taking the follow-up actions; and

(3) whether the authorities, when implementing measures to combat money laundering and terrorist financing activities, have maintained communication with the stakeholders of affected financial institutions and designated non-financial businesses and professions, so as to understanding the business environment they are facing and their practical needs, as well as to adjust the relevant measures on a regular basis; if so, of the details; if not, the reasons for that?

Reply:

President,

(1) Under sections 25A of the Drug Trafficking (Recovery of Proceeds) Ordinance and the Organized and Serious Crimes Ordinance, as well as section 12 of the United Nations (Anti-Terrorism Measures) Ordinance, when a person knows or suspects that any property is proceeds of drug trafficking or an indictable offence, or terrorist property; or was used in connection with drug trafficking, an indictable offence or terrorist act; or is intended to be used in drug trafficking, an indictable offence or terrorist act, he or she should report his or her knowledge or suspicion to the Joint Financial Intelligence Unit (JFIU) administrated jointly by the Hong Kong Police Force and the Customs and Excise Department as soon as practicable.

The number of suspicious transaction reports (STRs) received by the JFIU in the past five years is as follows:

Year	2014	2015	2016	2017	2018
STRs	37 188	42 555	76 590	92 115	73 889

The number of persons prosecuted and convicted for money laundering in the past five years is as follows:

Year	2014	2015	2016	2017	2018
Persons prosecuted	212	149	121	133	143
Persons convicted	143	121	100	83	79

(2) Over the years, Hong Kong has established a robust anti-money laundering and counter-terrorist Financing (AML/CTF) regime. The Government makes regular efforts to enhance the regime, having regard to developments in international standards and changes in security landscape. Taking last year as an example, Hong Kong's AML/CTF regime was further strengthened with the commencement of several pieces of legislation. These include the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) (Amendment) Ordinance 2018, which extends the statutory customer due diligence and record-keeping requirements to designated non-financial businesses and professions and introduces a licensing regime in respect of trust or company service providers; the Companies (Amendment) Ordinance 2018, which requires locally incorporated companies to maintain beneficial ownership information for inspection by law enforcement agencies where needed; the Cross-boundary Movement of Physical Currency and Bearer Negotiable Instruments Ordinance, which establishes a declaration and disclosure system to detect the movement of large quantities of physical currency and bearer negotiable instruments into or out of Hong Kong; the United Nations (Anti-Terrorism Measures) (Amendment) Ordinance 2018, which implements the relevant United Nations Security Council (UNSC) resolutions on prohibiting travelling, organising, facilitating or financing travel for the purpose of terrorist acts or terrorist training and prohibiting any person from dealing with properties of a terrorist or terrorist associate; and the United Nations Sanctions (Amendment) Ordinance 2018, which enables regulations made under the Ordinance to impose sanctions directly against persons designated by the UNSC, as well as the relevant regulation to implement the latest UNSC resolutions against the Democratic People's Republic of Korea.

The manpower and other resources involved in the above work are absorbed by the relevant bureaux/departments from within their existing resources. The Government does not maintain a separate breakdown.

(3) In implementing AML/CTF measures, the Government maintains close communication with relevant industries and stakeholders to hear their views and ensure that the measures are practicable and implementable. The amendment of the Anti-Money Laundering and Counter-Terrorist Financing Ordinance last year is a case in point. In addition to prior consultation on the legislative proposals, the Government and the regulatory bodies concerned organised a good number of seminars and workshops for the sectors after enactment of the amendment Ordinance. Sector-specific guidelines were also issued to assist the affected sectors to comply with the legal requirements.

## LCQ10: Implementation of five-day work week by Leisure and Cultural Services Department

Following is a question by the Hon Ho Kai-ming and a written reply by the Secretary for Home Affairs, Mr Lau Kong-wah, in the Legislative Council today (May 8):

Question:

As at September 30 last year, around 75% of civil servants were working on a five-day work week (FDWW) pattern. Some trade union representatives have relayed that a relatively large number of staff members of the Leisure and Cultural Services Department (LCSD) are not arranged to work on a FDWW pattern. In this connection, will the Government inform this Council:

(1) of the (i) staffing establishment and (ii) strength of civil servants under LCSD in each of the past three years and, among such civil servants, the number and percentage of those who worked on a FDWW pattern (together with a breakdown by grade and rank); and

(2) whether LCSD will arrange all of its staff members to work on a FDWW pattern as soon as possible; if so, of the details; if not, whether the authorities will review the four basic principles with which the various policy bureaux/government departments have to comply in implementing FDWW?

Reply:

President,

My reply to Hon Ho Kai-ming's question is as follows:

(1) According to the statistics provided by the Leisure and Cultural Services Department (LCSD), the establishment, strength and number of civil servants working on a five-day week (FDW) basis as at September 30, 2016 and September 30, 2018 with breakdown by grade are set out in the table below:

Grades	(Number of civil servants as at September 30, 2016)			(Number of civil servants as at September 30, 2018)		
	Establishment	Strength	Number of officers on FDW	Establishment	Strength	Number of officers on FDW

Directorate grades	12	6	6 (0.1%)	12	11	11 (0.1%)
Departmental grades (Note 1)	3 567	3 512	2 355 (26.9%)	3 723	3 596	2 366 (26%)
General and common grades (Note 2)	4 647	4 403	2 314 (26.4%)	4 805	4 580	2 402 (26.3%)
Model Scale 1 grades (Note 3)	1 214	846	491 (5.6%)	1 213	930	507 (5.6%)
Total:	9 440	8 767	5 166 (58.9%)	9 753	9 117	5 286 (58%)

Figures in brackets denote the percentage of the total number of serving civil servants in the LCSD

Note 1: Departmental grades include Amenities Assistant, Cultural Services Assistant, Curator, Leisure Services Manager, Librarian, Manager (Cultural Services), Music Officer and Technical Officer (Cultural Services).

Note 2: General and common grades include Accounting Officer, Administrative Officer, Analyst/Programmer, Architect, Artisan, Building Services Engineer, Building Services Inspector, Calligraphist, Clerical Assistant, Clerical Officer, Clerk of Works, Computer Operator, Confidential Assistant, Executive Officer, Information Officer, Laboratory Technician, Maintenance Surveyor, Management Services Officer, Motor Driver, Office Assistant, Official Languages Officer, Personal Secretary, Photographer, Quantity Surveyor, Senior Artisan, Special Driver, Statistical Officer, Statistician, Structural Engineer, Supplies Assistant, Supplies Officer, Supplies Supervisor, Survey Officer, Technical Officer, Training Officer, Transport Services Officer, Treasury Accountant, Typist, Veterinary Laboratory Technician, Veterinary Officer and Works Supervisor.

Note 3: Model Scale 1 grades include Supplies Attendant, Workman I and Workman II.

(2) The LCSD will continue exploring possible options for wider implementation of FDW subject to the four basic principles (i.e. no additional staffing resources; no reduction in conditioned hours of service of individual staff; no reduction in emergency services; and continued provision of essential counter services on Saturdays/Sundays). In the past two years (i.e. starting from October 1, 2016), some parks and sports grounds of the LCSD had, after completion of trials, successfully migrated to work on FDW. For those venues where FDW cannot be implemented due to operational reasons, the LCSD will arrange the staff to work five days a week as far as practicable during overhaul of the venues or seasonal suspension of service.

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## LCQ12: Highly drug-resistant pathogens

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 8):

Question:

It has been reported that the number of sickness cases caused by the infection of *Candida auris*, a species of fungi, is increasing in different places around the world. Given that such fungus is highly drug-resistant, and almost half of the patients concerned will die within 90 days, the Centers for Disease Control and Prevention of the United States have added this pathogen to the list of "urgent threats". In this connection, will the Government inform this Council:

(1) whether it knows the number of sickness cases confirmed to have been caused by the infection of *Candida auris* in each of the past five years; the treatments received by and the recovery situation of the patients concerned;

(2) given the extremely high fatality rate of sickness cases caused by the infection of *Candida auris*, whether the Government will require that (i) all such infection cases be notified under the Prevention and Control of Disease Ordinance (Cap 599), and (ii) the patients concerned be isolated for receiving treatment; if so, of the details; if not, the reasons for that;

(3) whether the Government (i) conducted epidemiological studies on *Candida auris*, (ii) formulated measures to prevent the spread of such fungus in medical wards and the community, and (iii) introduced special drugs for treating the patients concerned, in the past five years; if so, of the details; if not, the reasons for that; and

(4) whether it will review the guidelines on the prescription of antibiotics for patients with a view to reducing the abusive use of antibiotics and avoiding the emergence of highly drug-resistant pathogens; if so, of the details; if not, the reasons for that?

Reply:

President,

The Government attaches great importance to the work on antimicrobial resistance (AMR). The High Level Steering Committee on Antimicrobial Resistance (HLSC), chaired by the Secretary for Food and Health, formulated a holistic strategy and action plan under a "One Health" framework. It has taken into account the recommendations put forward by the experts of HLSC's Expert Committee on Antimicrobial Resistance and considerations from the

perspectives of human health, animal health and environmental well-being. In consultation with the Department of Health (DH) and the Hospital Authority (HA), the reply to various parts of the question raised by Dr the Hon Chiang Lai-wan is as follows:

(1) There were no confirmed cases of *Candida auris* recorded by the HA in the past five years. In general, Echinocandin antifungal drugs, such as Anidulafungin or Micafungin, are the most effective medication for *Candida auris*. Doctors in public hospitals adjust the relevant treatment plans according to the antifungal susceptibility results. The actual time needed for treatment varies depending on patients' conditions and their clinical response to medication. For example, in the case of Candidemia, doctors determine the treatment duration having regard to the recovery progress of the patient concerned and whether the *Candida auris* in the bloodstream can be cleared. Such treatment usually takes about two to four weeks.

(2) The Government will consider a number of factors in determining whether a particular disease should be listed as a statutory notifiable infectious disease under the Prevention and Control of Disease Ordinance (Cap 599). These factors include the epidemiological trend and severity of the disease, the potential risk of outbreak of the disease, the availability of reliable diagnostic methods, the availability of effective personal or public health intervention and other better surveillance methods, the surveillance and reporting requirements of the World Health Organization, international practices, the possibility of the disease being used as a biological weapon, etc. The DH keeps in view the evolution of infectious diseases and reviews the list of statutory notifiable infectious diseases from time to time, in order to strengthen disease surveillance and implement effective preventive and control measures on public health to prevent the spread of infectious diseases in Hong Kong.

According to the DH's records, there have been no reports of *Candida auris* outbreaks in Hong Kong so far. At present, *Candida auris* is not a notifiable infectious disease in most countries, including Australia, Canada, Japan, New Zealand, Singapore and the United Kingdom, etc. The DH will continue to closely monitor the epidemiological situation and the latest development of *Candida auris*, and will review the relevant surveillance measures in a timely manner.

(3) As mentioned above, since there have been no reports of *Candida auris* outbreaks in Hong Kong so far, the DH has not conducted any epidemiological studies on the disease. The current relevant epidemiological data reflect overseas situations only. The DH will continue to closely monitor the epidemiological situation and the latest development of the disease.

The DH has been providing guidelines and advice on personal and environmental hygiene and isolation precautions to promote infection prevention and control in the community and healthcare settings, and also regularly organising training for relevant stakeholders to update their knowledge of infectious diseases and infection control. In principle, the infection control measures for *Candida auris* are the same as those for most



multi-drug resistant organisms. The main measures include taking standard and contact precautions, maintaining hand and environmental hygiene, and promoting the proper use of personal protective equipment. At the same time, the HA has also formulated guidelines on *Candida auris* and the necessary infection control measures.

Generally speaking, *Candida auris* is more drug-resistant than other candida. The drug category for treating the disease, however, is basically no different from the antifungal drugs generally used for treating serious fungal infections. All these drugs have been registered and are available in the local market. At present, the following special drugs for treating *Candida auris* are available in HA Drug Formulary: Echinocandin antifungal drugs (Anidulafungin, Caspofungin and Micafungin) and Lipid formulation amphotericin B antifungal drugs.

(4) To tackle the increasingly serious AMR problem, the HLSC launched the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022) in 2017, which sets out the following six key areas of work:

- (i) Strengthen knowledge through surveillance and research;
- (ii) Optimise use of antimicrobials in humans and animals;
- (iii) Reduce incidence of infection through effective sanitation, hygiene and preventive measures;
- (iv) Improve awareness and understanding of AMR through effective communication, education and training;
- (v) Promote research on AMR; and
- (vi) Strengthen partnerships and foster engagement of relevant stakeholders.

The departments and organisations concerned have been taking actions according to the timetable set out in the Action Plan. To minimise abuse of antimicrobials through the promotion of their judicious use, the Advisory Group on Antibiotic Stewardship in Primary Care of the DH rolled out in 2017 the Antibiotic Stewardship Programme in Primary Care, providing doctors with evidence-based antibiotic prescription guidance for common infections in the community. The departments and organisations concerned will update the guidance notes in a timely manner based on local epidemiology and international best practices in order to optimise the use of antibiotics. For instance, the Interhospital Multi-disciplinary Programme on Antimicrobial ChemoTherapy, which provides guidelines on the use of antibiotics, was updated to the fifth edition in November 2017.

On public education, the DH has disseminated through different media a collection of health information, including the Guidance Notes on Antibiotic Use provided on social networks and the medication tips for patients regarding common communicable diseases, so as to enhance the public's understanding of AMR and help lower patients' expectation on prescription of antimicrobials.

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## LCQ4: Prices for private healthcare services

Following is a question by the Hon Tommy Cheung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 8):

Question:

In 2016, the Government rolled out, in collaboration with the Hong Kong Private Hospitals Association, a pilot programme for enhancing price transparency of private hospitals through a number of measures (the pilot programme). In November last year, this Council enacted the Private Healthcare Facilities Ordinance (Cap. 633), which contains provisions for regulating price transparency of private healthcare facilities ("PHFs"), but the relevant subsidiary legislation has yet to be made. In this connection, will the Government inform this Council:

(1) whether it will, prior to the implementation of Cap. 633, enhance the pilot programme, such as requiring the various private hospitals to adopt a uniform format for publicising on their websites information on prices for healthcare services, so as to facilitate comparisons to be made by members of the public; if so, of the details; if not, the reasons for that;

(2) as it is stipulated in section 61 of Cap. 633 that the licensee of a PHF must make available to the public, in the way prescribed by regulations, information about the prices of chargeable items and services provided in the facility as prescribed by regulations, of the timetable for and progress of enacting the relevant regulations; whether it will expedite the implementation of the relevant provisions; if so, of the details; if not, the reasons for that;

(3) as some members of the public are worried that the Voluntary Health Insurance Scheme (VHIS) which has been implemented since last month will push up the prices for private healthcare services, whether the Government will (i) step up the regulation of the prices for private healthcare services, and (ii) require PHFs to provide healthcare services at packaged prices for members of the public who have joined VHIS to choose; if so, of the details; if not, the reasons for that; and

(4) whether it will consider enacting legislation to empower the Director of Health to vet and approve the prices for different classes of wards in private hospitals, so as to ensure that such prices are set at reasonable levels; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the questions raised by the Hon Tommy Cheung is as follows.

(1) and (2) In October 2016, the Government together with the Hong Kong Private Hospitals Association rolled out a Pilot Programme for Enhancing Price Transparency for Private Hospitals (the Pilot Programme). All private hospitals in Hong Kong have participated in the Pilot Programme and implemented three price transparency measures on a voluntary basis, namely publicising the fee schedules of major chargeable items, publicising the historical bill sizes statistics of 30 common treatments/procedures, and providing budget estimates for patients receiving 30 common and non-emergency treatments/procedures.

A number of improvements have been made to the Pilot Programme since introduction with a view to providing the public with more user-friendly price information. According to the current proposal under the Pilot Programme, private hospitals have to publish the price information of specified items with respect to all room classes and day/outpatient services. Private hospitals should also publish historical bill sizes statistics of 30 common treatments/procedures in a standardised format, which covers annual number of discharges, average length of stay, as well as the actual billing data for the 50th percentile and 90th percentile of each specified treatment/procedure. In addition, private hospitals have to provide budget estimate on a pilot basis according to the specified format recommended by the Department of Health. All private hospitals have uploaded relevant information to their dedicated webpages as requested under the Pilot Programme. The Department of Health has set up a dedicated website on the Pilot Programme ([www.orphf.gov.hk/Public](http://www.orphf.gov.hk/Public)) to facilitate public access to relevant information.

The Private Healthcare Facilities Ordinance (Cap. 633) was gazetted on November 30, 2018. The Ordinance stipulates the price transparency measures which the licensees of private healthcare facilities (including private hospitals) have to comply with, and empowers the Secretary for Food and Health to make regulations to provide for relevant matters. The Government is now working on the details of the proposed regulations in consultation with stakeholders, taking into account the experience gained from the Pilot Programme. The Government's target is to submit the relevant regulations to the Legislative Council for scrutiny in late 2019/early 2020.

(3) and (4) The Government is committed to enhancing price transparency of private healthcare facilities, so that the public could be better informed of price information before making decisions in meeting their medical needs, and make necessary financial arrangements in advance. Nonetheless, as private medical service by its very nature is no different from other business transactions between consenting parties where prices are determined by market force, the Government will not regulate the price level or price structure of services provided by private healthcare facilities. Allowing the market to determine prices on its own also encourages competition in terms of service quality and efficiency among healthcare services providers.

In addition to enhancing the price transparency of private healthcare facilities, the Government will continue to encourage private hospitals to provide more services at packaged charges. The provision of services at packaged charges will enhance price certainty and facilitate patients to make financial arrangements in advance. The Gleneagles Hong Kong Hospital, as well as the CUHK Medical Centre which will soon commence service, provide a certain percentage of services at packaged charges according to the relevant Service Deeds. The Government also encourages existing private hospitals undergoing expansion/redevelopment projects and new private hospitals to be developed mainly on private land to consider accepting special requirements, such as provision of services at packaged charges, as a means to enhancing the quality of private healthcare services which cater for public needs.

The Voluntary Health Insurance Scheme (VHIS) aims to regulate indemnity hospital insurance plans offered to individuals and enhance the quality and transparency of such plans. Certified Plans must meet the minimum benefit standard prescribed by VHIS. For example, the basic protection of Certified Plans should adopt standardised policy terms and conditions, as well as basic benefit coverage and benefit amounts. VHIS does not mandate private healthcare facilities to provide consumers of Certified Plans with healthcare services at packaged charges. Nonetheless, in order to facilitate consumers to prepare for their budget, upon receipt of the estimated charges provided for non-emergency surgical procedures, the insurers should provide consumers with claimable amount estimates of the procedures concerned for consumers' reference.