

Government launches consultation on proposed regulation of basketball betting activities

Having considered the proposal submitted by the Hong Kong Jockey Club (HKJC), views from the Betting and Lotteries Commission (BLC), and other related issues concerning illegal basketball gambling, the Government today (April 2) launched a consultation on the proposed regulation of basketball betting activities.

In recent years, quite some members of the public have expressed concerns about the problem of illegal basketball betting in Hong Kong. According to the latest assessment of the HKJC, the turnover of illegal basketball betting reached \$70 billion to \$90 billion in 2024. To combat illegal betting activities in an effective manner, the Government announced in the 2025-26 Budget that it will explore regulating basketball betting activities.

The Government proposes establishing a regulatory regime for basketball betting by modelling on the existing regime for football betting. Through amending the Betting Duty Ordinance (Cap. 108), the Secretary for Home and Youth Affairs will be granted the power to issue a licence for basketball betting to the HKJC and to impose licensing conditions to minimise the negative impact of gambling on the public, especially on young people.

Mirroring the regulatory regime on football betting, major licensing conditions of the proposed regulation of basketball betting activities are as follows-

- (1) A fixed duration shall be set on the licensing period;
- (2) The Government shall impose restrictions on the number of bet types and classes of competitions;
- (3) The licensed operator shall not accept bets on basketball matches involving Hong Kong teams and/or matches that take places in Hong Kong, to promote a betting-free and healthy environment for the sport in Hong Kong;
- (4) The licensed operator shall not accept bets from juveniles;
- (5) The licensed operator shall not accept credit betting; and
- (6) The licensed operator shall display notices reminding the public of the seriousness of the problems caused by excessive gambling, and provide information on the services available for those with gambling disorder.

A spokesman for the Home and Youth Affairs Bureau (HYAB) said, "As a matter of policy, the Government does not encourage gambling. The Government adopts a multipronged strategy to address gambling-related issues, combining regulation of gambling activities through legislation, law enforcement against illegal gambling, public education and publicity on the harms of gambling addiction, and provision of counselling and support services to

people in need.

"There is, however, undeniably an actual and persistent demand for gambling in Hong Kong which, if left unregulated, would likely give rise to illegal gambling activities and associated social problems and other criminal activities. As such, the Government adopts a pragmatic approach by allowing only a limited number of authorised gambling outlets, which includes authorising the HKJC to conduct horse race betting, Mark Six Lottery and football betting in accordance with the Betting Duty Ordinance (Cap. 108)."

Please refer to the website of the HYAB (www.hyab.gov.hk/file_manager/en/documents/policy_responsibilities/consultation_paper.pdf) for the consultation document on the regulatory regime for basketball betting and details of submissions. Members of the public may submit their views by post to 13/F, West Wing, Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong (Attention: Home Affairs Division, Home and Youth Affairs Bureau) (date of the stamp chop will be taken as the submission date), by fax to 2591 6002 or by email to ha@hyab.gov.hk on or before May 2.

Furthermore, having consulted the BLC, the Government has decided to renew the licence for football betting of the HKJC Football Betting Limited for five years with effect from July 18, 2025. The conditions under the existing regime will remain largely the same, including the prohibition on accepting bets from juveniles, the prohibition on accepting credit betting, requirements to display warnings about the seriousness of excessive gambling and provide information on the services available for those with gambling disorder, and more. The licensing authority will continue to request the licensed operator not to accept bets on football matches involving Hong Kong teams and/or matches that take places in Hong Kong, to promote a betting-free and healthy environment for the sport in Hong Kong. Moreover, restrictions shall be imposed on the number of bet types and classes of competitions that the licensed operator may offer.

LCQ6: Regulation of use of electronic screen products by children and adolescents

Following is a question by the Hon Luk Chung-hung and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (April 2):

Question:

It has been reported that obsessive use of mobile phones by infants and

young children will bring them such harms as social deprivation, sleep deprivation, attention fragmentation and addiction, which are detrimental to the development of their physical movement, fine motor, language, cognitive and social skills. Earlier on, legislation was enacted in Australia to prohibit the use of social media platforms by children and adolescents under the age of 16. The Guidelines (Trial) on Early Childhood Development Services issued by the National Health Commission has also pointed out that infants and young children aged 0 to 3 should not be exposed to any form of products with display screens. In this connection, will the Government inform this Council:

(1) whether the Government will draw on the experience of our country, Australia and other regions to enact legislation restricting or prohibiting the use of electronic screen products by infants and young children aged 0 to 3;

(2) whether the Government will consider devising relevant guidelines on the use of computers and the Internet by primary and secondary school students and adolescents; and

(3) as there are views that parents should, through such means as parent-child exchanges, help their infants and young children acquire the abilities to engage in interpersonal exchanges, express emotions and consider other people's feelings, whether the Government will consider promoting to society the importance for children to stay away from electronic screen products, as well as providing parents with consultation channels in order to help them establish a correct concept of family education?

Reply:

President,

The Government attaches great importance to the physical and mental health of children and adolescents, and provides comprehensive health promotion and medical services by deploying substantial resources in education, public health and medical systems. In particular, we are concerned about the impact of excessive use of the Internet and electronic screen products on their physical and mental development. The Department of Health (DH) set up an Advisory Group on Health Effects of Use of Internet and Electronic Screen Products (Advisory Group) as early as 2013 comprising of members from the Education Bureau (EDB), the Social Welfare Department and relevant Colleges of the Hong Kong Academy of Medicine, etc, and published the Report of Advisory Group on Health Effects of Use of Internet and Electronic Screen Products in 2014 with recommendations for children, adolescents, parents and teachers on healthy use of the Internet and electronic screen products.

In consultation with the EDB, the DH and the Primary Healthcare Commission (PHC Commission), the reply to the question raised by the Hon Luk Chung-hung is as follows:

(1) and (3) The Mainland and other regions in the world have provided guidelines and recommended the time for infants and young children to use electronic screen products, instead of restricting or prohibiting the use of electronic screen products by infants and young children by legislation. The Australian Government enacted legislation last year to prohibit the use of social media platforms by children and adolescents under the age of 16, but has not restricted or prohibited the use of electronic screen products. Regulating the use of electronic screen products by way of legislation requires consideration of a number of factors, including public acceptance, how to regulate, how to enforce and feasibility of enforcement. The Government does not have any relevant legislative plans at present.

With reference to international guidelines, the DH updated the relevant health advice on the use of electronic screen products in 2018 and suggested that infants and young children aged below 2 should avoid exposure to electronic screen products, except for interactive video-chat under parents' guidance; and that children aged between 2 and 5 should limit their daily screen time to within one hour, and that such screen activities should be interactive and educative, and should be carried out under the guidance of parents. These recommendations are similar to the guidelines of the Mainland, Singapore, the United States and Australia. The DH will continue to keep in view international experience and the local situation, and review the relevant recommendations in a timely manner.

As a matter of fact, the period before the age of 6 is the prime time for the development of infants and young children. Parents should seize the time to carry out more parent-child communication activities to enhance healthy and all-round development of children, which is particularly important for their future development in learning, thinking and socialising. The DH provides information on childcare and parenting through the Maternal and Child Health Centres, including the abovementioned health advice on the use of electronic screen products. In addition, the DH also promotes relevant health advice on the use of electronic screen products through [thematic webpages](#), social media, public seminars, online and on-site parent seminars at schools and parent workshops, etc.

(2) Regarding the use of the Internet and electronic screen products by primary and secondary school students and adolescents, taken into account overseas scientific information and the local context, the Advisory Group recommended that primary school students aged between 6 and 12 should limit the recreational screen time to less than two hours a day, while secondary school students aged 12 to 18 should learn good time management and take regular breaks if prolonged screen time for study purpose is unavoidable. They should also remember the 20-20-20 rule: take a 20-second break to view something at least 20 feet away for every 20 minutes.

The DH has been providing free annual health assessment for primary and secondary school students, including growth monitoring, vision and hearing assessments, to continuously monitor various health indicators of all students in Hong Kong. Students found to have health problems will be referred for further assessment and treatment. According to the latest

statistics, due to the COVID-19 epidemic, the overall time spent by primary and secondary school students on the Internet and electronic screen products for recreational purposes has increased by more than 10 percentage points as compared with that before the epidemic. The DH will hold a press conference this afternoon and release the "Student Health Service Annual Health Report for 2023/24 School Year", summarising the key findings of the annual health assessment service provided to all primary and secondary school students in Hong Kong during the year, including the time in using the Internet and electronic screen products.

As a matter of fact, home and school are both the major places where children learn and establish healthy habits. Collaboration between home and school is the key to helping children develop good use of the Internet and electronic screen products. The EDB provides the "Information Literacy for Hong Kong Students" Learning Framework for schools to strengthen the relevant information literacy learning elements in primary and secondary curricula with a view to fostering students' ability and attitude to use information and communication technology effectively such that they are able to use the Internet and electronic devices properly and healthily.

In the meantime, to cultivate healthy lifestyle among children and adolescents from an early age, the DH has launched the Whole School Health Programme (WSHP) to assist schools in systematically reviewing and formulating measures to promote physical activity, healthy eating, mental health and social well-being. It is announced in "The Chief Executive's 2024 Policy Address" that the WSHP will be extended to cover all primary and secondary schools in Hong Kong, and that health reports will be compiled for each participating school to recommend targeted school-based health promotion measures with a view to further promoting students' physical and mental health. Besides, the PHC Commission is actively promoting the Life Course Preventive Care Plan and formulating a personalised preventive care plan to address the health needs of citizens (including school children) across different life stages, such as making recommendations on daily screen time based on the school children's age groups.

Thank you, President.

[Inspection of aquatic products imported from Japan](#)

In response to the Japanese Government's plan to discharge nuclear-contaminated water at the Fukushima Nuclear Power Station, the Director of Food and Environmental Hygiene issued a Food Safety Order which prohibits all aquatic products, sea salt and seaweeds originating from the 10 metropolis/prefectures, namely Tokyo, Fukushima, Ibaraki, Miyagi, Chiba,

Gunma, Tochigi, Niigata, Nagano and Saitama, from being imported into and supplied in Hong Kong.

For other Japanese aquatic products, sea salt and seaweeds that are not prohibited from being imported into Hong Kong, the Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department is conducting comprehensive radiological tests to verify that the radiation levels of these products do not exceed the guideline levels before they are allowed to be supplied in the market.

As the discharge of nuclear-contaminated water is unprecedented and will continue for 30 years or more, the Government will closely monitor the situation and continue to implement the enhanced testing arrangements. Should anomalies be detected, the Government does not preclude further tightening the scope of the import ban.

From noon on April 1 to noon today (April 2), the CFS conducted tests on the radiological levels of 251 food samples imported from Japan, which were of the "aquatic and related products, seaweeds and sea salt" category. No sample was found to have exceeded the safety limit. Details can be found on the CFS's thematic website titled "Control Measures on Foods Imported from Japan" (www.cfs.gov.hk/english/programme/programme_rafs/programme_rafs_fc_01_30_Nuclear_Event_and_Food_Safety.html).

In parallel, the Agriculture, Fisheries and Conservation Department (AFCD) has also tested 50 samples of local catch for radiological levels. All the samples passed the tests. Details can be found on the AFCD's website (www.afcd.gov.hk/english/fisheries/Radiological_testing/Radiological_Test.html).

The Hong Kong Observatory (HKO) has also enhanced the environmental monitoring of the local waters. No anomaly has been detected so far. For details, please refer to the HKO's website (www.hko.gov.hk/en/radiation/monitoring/seawater.html).

From August 24, 2023, to noon today, the CFS and the AFCD have conducted tests on the radiological levels of 126 620 samples of food imported from Japan (including 83 239 samples of aquatic and related products, seaweeds and sea salt) and 29 180 samples of local catch respectively. All the samples passed the tests.

[LCQ21: Implementation situation of the](#)

Primary Healthcare Blueprint

Following is a question by the Hon Yim Kong and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (April 2):

Question:

The Government released the Primary Healthcare Blueprint (the Blueprint) on December 19, 2022 to formulate the direction of development and strategies for strengthening Hong Kong's primary healthcare system to address the challenges brought about by an ageing population and the increasing prevalence of chronic disease, with a view to improving the overall health of the public and enhancing their quality of life. Regarding the implementation situation of the Blueprint, will the Government inform this Council:

(1) of the current progress of the authorities in fully implementing the initiative to set up District Health Centres in the 18 districts across the territory;

(2) given that the Government plans to make use of the platform of the Electronic Health Record Sharing System (eHealth) to develop a personalised eHealth account for all members of the public in Hong Kong, whether the Government will introduce support services, such as setting up offline manned support windows, for some elderly people who are unable to use the eHealth mobile application, so as to effectively enabling every member of the public to receive appropriate healthcare services; and

(3) given that there are views that the various proposed initiatives put forward in the Blueprint, while aimed at benefiting members of the public, will also increase the demand for healthcare service providers in Hong Kong, and according to the Healthcare Manpower Projection 2023 published by the Health Bureau last year, there is a persistent manpower shortage of doctors in the long term in Hong Kong, with a projected shortfall of 1 570 and 1 200 doctors in 2030 and 2040 respectively, whether the Government has considered incorporating artificial intelligence technologies to alleviate the manpower shortage of healthcare service providers, so that the initiatives proposed in the Blueprint can be effectively implemented?

Reply:

President,

In the face of the pressure brought by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. The Government is progressively taking forward various recommendations of the Primary Healthcare Blueprint over the short, medium and long term, with the vision of improving the overall health status of the population, providing

coherent and comprehensive healthcare services, and establishing a sustainable healthcare system.

In consultation with the Primary Healthcare Commission (PHC Commission) and the Hospital Authority (HA), the replies to the respective parts of the question raised by the Hon Yim Kong are as follows:

(1) The PHC Commission was established in July 2024 to oversee primary healthcare service delivery, standard setting and quality assurance under one roof. The PHC Commission is actively implementing policy initiatives to promote the development of primary healthcare in accordance with the Primary Healthcare Blueprint, including continuing to take forward the plan to set up District Health Centres (DHCs) in various districts of Hong Kong. As primary healthcare resource hubs, DHCs/DHC Expresses (DHCEs) provide comprehensive, coherent and people-oriented multidisciplinary primary healthcare services including chronic disease screening and management, family doctor pairing, health promotion, health risk factors assessment and community rehabilitation.

The Government set up 7 DHCs and 11 smaller interim DHCEs in rented properties across the city in 2022, thereby attaining the interim goal of covering all 18 districts of Hong Kong. The Government will upgrade the three DHCEs in the Central and Western District, Eastern District, and Yau Tsim Mong District to DHCs within 2025. In April 2024, the Health Bureau launched a tender exercise for the operation of the Central and Western DHC and three women's health service points named Women Wellness Satellites in Chai Wan, Lam Tin, and Tuen Mun. A three-year operation service contract was subsequently awarded in January 2025. The Central and Western DHC is expected to commence operation in the third quarter of this year. In July 2024, the Health Bureau conducted tender exercises for the operation of the Eastern and Yau Tsim Mong DHCs. The operation service contracts for these two DHCs are expected to be awarded this year.

In addition, the funding proposals for the construction projects of Wan Chai, Kwun Tong, Sai Kung, and North District DHCs were approved by the Finance Committee of the Legislative Council (LegCo) in January and October 2021, and in April and July 2024 respectively. These projects will be completed gradually in the next few years. To achieve the long-term development goal of having DHCs in all 18 districts as early as possible, the Government is actively taking forward the plan to establish DHCs in the remaining four districts and will seek LegCo's funding approval in due course. Before the remaining DHCs are set up, the Government will continue to subsidise non-governmental organisations to operate DHCEs in those districts. The services provided by DHCEs will be migrated as appropriate to DHCs in respective districts at a later stage. The PHC Commission will, together with various operators, draw up and implement transition plans for upgrading DHCEs to DHCs to ensure a smooth transition of services.

(2) The Government has all along been committed to promoting the digital transformation of the healthcare system, introducing innovative technologies to improve the efficiency and quality of healthcare services, and including smart healthcare as part of the Smart City Blueprint for Hong Kong. Moreover,

as proposed in the Primary Healthcare Blueprint , the Government will make good use of the survey results and patient/user health records of the Department of Health (DH), the HA, eHealth and DHCs, with a view to facilitating the overall health surveillance including evidence-based primary healthcare policy formulation and service planning.

Under the development of eHealth+, eHealth will serve as the core platform in supporting primary healthcare development, and gradually integrate the primary healthcare services provided by the DH, the HA and the PHC Commission, especially the co-ordination of data sharing, care journey management, service delivery, and health surveillance.

The Government is building a one-stop Strategic Health Service Operation Platform (SHSOP) by phases to support and standardise the workflow and documentation, both clinically and administratively, of all Government-subsidised healthcare programmes and related public and private healthcare services. For example, at present, citizens participating in the Chronic Disease Co-Care Pilot Scheme can manage their family doctor pairing at DHCs and arrange allied health and laboratory services via eHealth. Citizens can also manage related services and records through the one-stop eHealth mobile application (eHealth App), including making service appointments at DHCs and accessing laboratory reports under the Scheme. In the future, the Government will gradually incorporate more primary healthcare services and schemes, including the Elderly Health Service, the Vaccination Subsidy Scheme, and the Elderly Health Care Voucher Scheme, into the SHSOP. The Government will also continue enhancing the functionality of the eHealth App to assist citizens to consolidate the longitudinal electronic health records of citizens spread across a multiple of healthcare processes into their personal eHealth accounts, so as to enable healthcare providers authorised by citizens to respond to their health needs more effectively, thus improving clinical outcomes and saving costs of the care process.

To address the problem of the digital divide among members of the public (particularly the elderly), the Government has been facilitating better understanding and use of eHealth through various consultation forums and online/offline channels (such as social media, production of promotional videos and leaflets, publicity campaigns, mobile registration teams, collaborations with community partners such as Care Teams and elderly centres, and hotline services). Besides, the Government has set up an eHealth App User Advisory Group comprising representatives from patient groups for the elderly. The Group meets regularly to offer advice on the development and design of the eHealth App functions, to ensure that relevant developments could cater for the diverse needs of users across all age groups.

(3) With the implementation of the Primary Healthcare Blueprint, the HA has been actively promoting the application of artificial intelligence (AI) technologies to enhance clinical quality in recent years. The HA has already implemented a number of AI projects. For example, AI technology has been introduced in 18 Accident and Emergency Departments by the HA to assist doctors in identifying abnormal chest X-rays rapidly, detecting hip fracture cases, and analysing brain computed tomography scans, with a view to accelerating the processing of high-risk cases. Additionally, the HA has

developed an AI system on medication safety, which can automatically flag hepatitis B virus-positive cases, supporting healthcare professionals in managing medical conditions more accurately. The HA is also actively developing AI solutions to assist patients and doctors in managing chronic diseases, including assessing diabetic macular disease and diabetic retinopathy, combining clinical data to predict the risk of deterioration of a patient's condition, and assisting healthcare professionals to monitor the progress of patients' joint movement rehabilitation through "HA Go". The Hospital Command Centre also leverages AI technology to predict resource needs, assist in bed allocation, and arrange non-emergency ambulance transportation services, with a view to improving resource allocation and enhance operational efficiency.

Furthermore, the HA is actively exploring the application of generative AI technologies to enhance work efficiency. Since March this year, a system that assists doctors in drafting medical reports has been piloted in six public hospitals which helps to reduce the paperwork burden on doctors. The HA is also actively exploring other applications, such as digitising paper-based medical reports and developing an internal large language model platform for staff. This platform can assist staff to refine documents, draft emails, and search records, further improving administrative efficiency.

Owner of chain retail store convicted of engaging in commercial practice involving misleading omission for selling clothes

An owner of a chain retail store was convicted of undertaking a commercial practice involving a misleading omission to consumers, in contravention of the Trade Descriptions Ordinance (TDO), and was fined \$30,000 at the Shatin Magistrates' Courts today (April 2). A total of 63 pieces of clothes involved in the case were also confiscated.

Customs earlier received information alleging that clothes with suspected false descriptions of the country of origin were put on sale in a chain retail store. Customs officers then test-purchased the clothes from three branches of the store located in Sha Tin and Tseung Kwan O. It was found that the clothes bore two country of origin labels, namely "made in korea" and "MADE IN CHINA". Customs subsequently took enforcement action against the three branches and seized a total of 63 pieces of clothes, with a value of \$9,000, which bore dual places of origin.

Under the TDO, any trader who engages in a commercial practice that

omits or hides material information or provides material information in a manner that is unclear, unintelligible, ambiguous or untimely, and as a result causes, or is likely to cause, an average consumer to make a transactional decision, commits an offence of misleading omissions. The maximum penalty upon conviction is a fine of \$500,000 and imprisonment for five years.

Members of the public may report any suspected violations of the TD0 to Customs' 24-hour hotline 182 8080 or its dedicated crime-reporting email account (crimereport@customs.gov.hk) or online form (eform.cefs.gov.hk/form/ced002).