

# CS inspects HKDSE Examination centre on anti-epidemic precautionary measures

The Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, today (April 22) visited Queen Elizabeth School to inspect the preparatory work of an examination centre for holding the Hong Kong Diploma of Secondary Education (HKDSE) Examination and to learn about the anti-epidemic precautionary measures in setting up venues and examination arrangements.

Accompanied by the Under Secretary for Education, Dr Choi Yuk-lin, Mr Cheung received a briefing by Principal Eric Chan on anti-epidemic precautionary measures before candidates and examination personnel enter examination centres, such as requiring all candidates and examination personnel to wear masks, make health declarations, check body temperature, disinfect the soles of their shoes and clean hands with alcohol-based sanitiser.

He then visited the school hall to understand the preparation required for an examination centre, such as disinfection and widening the distance between candidates' seats to 1.8 metres as far as possible. He was also briefed on the arrangements for candidates during the sessional break and the use of washrooms, and how these arrangements help ensure that social distancing is maintained among candidates.

Mr Cheung was pleased to know that the Education Bureau had earlier distributed masks to candidates and made available about 200,000 handy bottles of alcohol-based sanitiser for candidates at the examination centres. The bureau has also set down fallback dates, should the HKDSE Examination need to be halted during the examination period if the epidemic situation worsens.

He expressed his heartfelt gratitude to colleagues of the Education Bureau, relevant government departments and the Hong Kong Examinations and Assessment Authority, principals, teachers and other school staff for the additional work they have done to protect the health and safety of candidates by stepping up anti-epidemic precautionary measures at examination centres.

"There are over 50 000 candidates, 21 000 examination personnel and about 400 examination centres in the HKDSE Examination this year. The Government will accord top priority to the health of candidates and examination personnel, and spare no effort in ensuring that anti-epidemic precautionary measures are well implemented at all examination centres," Mr Cheung stressed.

"The HKDSE Examination this year will take place during the epidemic which could make candidates stressful. I encourage candidates to tackle the examinations positively and optimistically. I also remind candidates to

heighten their anti-epidemic awareness and strictly follow examination arrangements to ensure that the HKDSE Examination can be completed in a safe environment," he said.

He appealed to all employers to allow their staff to follow flexible working hours so as to divert passenger flows on public transport during the morning peak hours between 7 and 8 am, thus enabling candidates to reach examination centres on time (most examinations begin at 8:30am). This is especially important on the examination days of the four core subjects (covering the vast majority of candidates), namely April 27 to 29, May 2, 4 and 5.

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## LCQ7: Information security measures of the Government

Following is a question by the Hon Yung Hoi-yan and a written reply by the Secretary for Innovation and Technology, Mr Nicholas W Yang, in the Legislative Council today (April 22):

Question:

On the 22nd of February this year, a newspaper reported the content of a report on the anti-epidemic work of Hong Kong, which had purportedly been prepared by the Chief Executive's Office and submitted to the Central Authorities. Given that this type of documents should be highly confidential in nature, some members of the public are worried that there are serious loopholes in the Government's information security measures. In this connection, will the Government inform this Council:

(1) of the number of incidents, uncovered since January 2015 by the Government, of suspected violations of the relevant laws or codes on information security by some people that resulted in the leakage of information, and set out one by one in a table such incidents' causes (e.g. intrusion into its information systems by hackers, and negligence or deliberate divulgence by some people) and their impacts, as well as the follow-up measures taken by the Government and the effectiveness of such measures;

(2) of the government departments and post titles of the officers responsible for conducting investigations into the incidents mentioned in (1), the details of the investigation work and the follow-up actions, as well as the circumstances under which the investigation results will be made public; and

(3) whether it will, in the light of information leakage incidents, conduct a comprehensive review on the existing measures and mechanism on information

security; if so, of the details; if not, the reasons for that?

Reply:

President,

The Government all along attaches great importance to information and cyber security. The Office of the Government Chief Information Officer (OGCIO) together with the Security Bureau have formulated a set of comprehensive Government IT Security Policy and Guidelines (Policy and Guidelines), covering management framework, policies and technical measures for bureaux and departments (B/Ds) to follow and use in order to properly protect information systems and prevent leakage of information to unauthorised persons. In doing so, OGCIO made reference to international best practices, such as the International Organisation for Standardisation (ISO)/International Electrotechnical Commission (IEC) 27001 standard. In addition, OGCIO regularly audits the compliance of B/Ds to ensure that their information systems and network facilities meet the security requirements.

Our consolidated reply to the questions is set out below –

Since January 2015, OGCIO has received a total of 19 information security incident reports that might involve leakage of information possessed by the government. A breakdown of the incidents is as below –

Type of information security incidents	2015	2016	2017	2018	2019	2020
Cyber attack compromising information systems	1	1	–	1	–	–
Abuse of information systems or operational faults	–	2	1	2	1	–
Loss or theft of mobile devices or removable media	1	1	4	2	1	1
Total <sup>1</sup> <sub>4</sub>	2	4	5	5	2	1

In accordance with the prevailing guidelines, the data involved in the above incidents had been backed up and duly encrypted. The operation of the departments was not affected.

The government has established a set of response mechanism and measures to deal with information security incidents and requires all departments to follow strictly. According to this requirement, when a security incident has occurred, the concerned department must report it to the Government Information Security Incident Response Office, submit an incident report and promptly conduct an investigation as well as rectify the problem. For those incidents involving personal data, we have also reported to the Office of the Privacy Commissioner for Personal Data, notified all affected persons and provided them with the appropriate advice on information security. If

criminal conduct may be involved, the relevant department must report such incidents to the police for investigation. In addition, public officers must strictly follow the relevant regulations, including the Official Secrets Ordinance, the Security Regulations and the Civil Service Code.

The OGCI0 will review and update the prevailing Policy and Guidelines from time to time. In August 2019, OGCI0 launched a new round of review and update which is expected to be completed within this year. The review will continue to make reference to the latest international standards and industry best practices, and examine and update the existing Policy and Guidelines in the light of latest developments in information and cyber security, so as to safeguard government information systems and data security more effectively.

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## **LCQ6: Anti-epidemic gears of Police**

Following is a question by the Hon Dennis Kwok and a written reply by the Secretary for Security, Mr John Lee, in the Legislative Council today (April 22):

Question:

It has been reported that in a number of recent operations to transport patients confirmed to have been infected with the Coronavirus Disease 2019 or persons who might have been infected to hospitals and quarantine centres, despite the fact that healthcare personnel (including doctors, nurses and ambulancemen) faced a higher risk of infection than police officers, the former only wore blue isolation gowns which were of lower protection specifications while the latter wore "Tyvek" isolation gowns which were of higher protection specifications. Some members of the public have queried that such situation has reflected the Government's serious mismatch of resources and reckless disregard for the safety of patients and healthcare personnel. In this connection, will the Government inform this Council:

(1) of the current quantities of personal protective equipment (PPE) of the various types of specifications stocked by the Police, with a breakdown by the unit which is in possession of the stock; the unit costs and total value of such equipment;

(2) whether it has formulated guidelines setting out, in respect of PPE of each type of specifications, the circumstances under which such PPE may be used by police officers; if so, of the details; if not, the reasons for that; and

(3) as some healthcare personnel have pointed out that the current stock of PPE in public hospitals is only sufficient for one-month consumption, whether the Government has any mechanism to re-allocate such PPE in the Police's

possession to frontline healthcare personnel for use; if so, of the details; if not, the reasons for that?

Reply:

President,

Under section 10 of the Police Force Ordinance (Cap 232) and section 10 of the Prevention and Control of Disease Ordinance (Cap 599), the Police have a duty to assist the Department of Health (DH) in implementing anti-epidemic measures and fighting against the virus. Since the outbreak of the COVID-19 epidemic, the Police have been working steadfastly, directly taking part in various anti-epidemic efforts, and actively supporting the work of other government departments in the concerted fight against the virus. The anti-epidemic work carried out by the Police includes:

(a) maintaining law and order at all entrances and exits of the designated quarantine centres, restricting in-and-out people flow and preventing people from fleeing the quarantine centres;

(b) manning border control points (BCPs) to assist in the execution of quarantine orders and to ensure the smooth operation of the BCPs;

(c) conducting spot checks on persons under mandatory home quarantine. Where a person escapes or refuses to follow the instructions of DH personnel and poses threats to community health, the Police will intervene by taking law enforcement actions;

(d) assisting the DH in the execution of quarantine orders which include evacuating residents and sending them to quarantine centres when necessary; and

(e) participating in the law enforcement actions under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap 599F) and the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap 599G), following up on reports made by members of the public and inspecting various designated premises.

Separately, the Police have set up a 200-strength "Police Anti-coronavirus Contingent" comprising serving and retired police volunteers to support the Government's anti-epidemic measures.

In consultation with the Financial Services and the Treasury Bureau and the Food and Health Bureau, my reply to the various parts of the question is as follows:

(1) Since the epidemic outbreak, the Police have received masks and other personal protective equipment (PPE) from the Government Logistics Department (GLD) according to the Government's principles of distributing protective gears and having regard to actual needs. The Police also procure masks from the market and distributes them to its personnel for use. The Police review

the consumption and stock of masks every week before applying to the GLD for further supply. The Police will continue to review its operational needs carefully, and supplement the provision of PPE from the GLD as appropriate. The Police will strictly comply with the Government's existing standards for PPE distribution, and provide PPE to its personnel in accordance with the "use where necessary" principle.

Given the sharp increase in global demand for anti-epidemic items, the Hong Kong Special Administrative Region (HKSAR) Government faces keen competition in its procurement. To avoid undermining the bargaining power of GLD and other departments in the procurement of anti-epidemic items, the HKSAR Government considers it inappropriate at this stage to disclose specific information about the quantity of anti-epidemic items used by individual departments and their stock level.

(2) The Police attach great importance to the operational efficacy of officers on duty and the associated risks they may encounter, and has been taking corresponding measures to provide them with the most suitable protective equipment. The Police will take into account the guidelines and recommendations made by the Centre for Health Protection of the DH and equip frontline officers with suitable PPE to ensure that they can perform duties safely and effectively, having regard to officers' operational needs, their work nature and the risk of infection.

Meanwhile, the Police have a set of guidelines for handling infectious diseases, which cover a host of formation-based and personal protective measures, as well as the correct procedures for using PPE.

(3) With the development of the epidemic, government departments' demand for protective items has significantly increased. Having taken into account recommendations from experts and the stock level, the Government has set priorities for the use of protective items. At present, for protective items procured by the Government, priority will be accorded to meeting the needs of frontline staff involved in quarantine work (including healthcare staff and port health staff of the DH and frontline staff implementing quarantine orders) and the maintenance of essential public services.

As the epidemic progresses, since January this year, the Hospital Authority (HA) has expedited the procurement procedures for protective equipment, and increased the stockpiling target from three months to six months. With the Government's coordination, some of the protective equipment ordered earlier by the HA has arrived gradually. With the exception of N95 respirators, the current supply of various protective equipment is more stable than that at the initial stage of the epidemic. Based on the average consumption, the stock of various protective equipment is estimated to last for over two months. The HA will continue to expedite procurement procedures to ensure that frontline healthcare staff have enough protective equipment when providing services.

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## LCQ21: Using Chinese medicine to prevent and treat Coronavirus Disease 2019

Following is a question by the Hon Chan Han-pan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 22):

Question:

In 2003, there was an outbreak of the Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong. At that time, the Hospital Authority (HA) set up a Chinese Medicine Expert Panel on SARS Exploratory Treatment, whose members comprised local and Mainland experts in Chinese medicine. The Panel gave advice on the use of Chinese medicine in treating SARS patients and formulated protocols of prophylaxis Chinese medicine for use by HA for its frontline staff. Regarding the use of Chinese medicine in preventing and treating the Coronavirus Disease 2019 (COVID-19), will the Government inform this Council:

(1) whether it will set up a Chinese medicine expert panel on COVID-19 exploratory treatment to study the feasibility of using Chinese medicine and adopting an integrated Western medicine/Chinese medicine approach in preventing and treating the disease; if so, of the details and timetable; if not, the reasons for that;

(2) whether it will invite Chinese medicine practitioners to join the anti-epidemic front line, so as to relieve the work pressure currently borne by healthcare personnel of the public healthcare system; if so, of the details and timetable; if not, the reasons for that; and

(3) whether it will send Chinese medicine practitioners to the various quarantine facilities to help quarantined persons strengthen their bodies by Chinese medicine treatment under the Chinese medicine approach of "curing the illness while it is still obscure", in the hope that those quarantined persons who have been infected will not develop the disease or, should they develop the disease, their conditions will be mitigated; if so, of the details and timetable; if not, the reasons for that?

Reply:

President,

In consultation with the Department of Health (DH) and the Hospital Authority (HA), my consolidated reply to the three parts of the question is

as follows:

The Government raised the response level under the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance to the Emergency Level on January 25, 2020. A "containment" strategy and a series of specific measures have been adopted by the Hong Kong Special Administrative Region (HKSAR) Government to achieve "early identification, early isolation and early treatment of the infected", with a view to effectively preventing the spreading of the disease in Hong Kong through isolation, quarantine and sanitisation. These measures have been proven effective in curbing local transmission since the outbreak began and Hong Kong, at present, can still continue the "containment" strategy for epidemic control.

As part of the healthcare system in Hong Kong, Chinese medicine (CM), in partnership with other healthcare professions, would jointly participate in the work on the prevention and control of the Coronavirus Disease 2019 (COVID-19). In this regard, the DH has been in liaison with Chinese medicine practitioners (CMPs), CMP associations, the Schools of CM of three local universities and CM clinics operated by non-governmental organisations (NGOs). Over the past three months or so, the DH issued letters to local CMPs on multiple occasions in light of the latest situation to provide the latter with updates on the epidemic, including how suspected cases are defined and to be handled as proposed by the Centre for Health Protection (CHP). To enhance the CMPs' understanding and participation in the disease prevention and control work, the CHP organised forums on COVID-19 on January 16, 2020 and January 20, 2020 and invited CMPs to attend. To further encourage the involvement of CMPs in the prevention and control of COVID-19, the CHP has also published and regularly updated the "Prevention of COVID-19 – Infection Control Measures for Chinese Medicine Clinics (Interim)" for the reference of CMPs.

The HA has been closely monitoring the development of the COVID-19 epidemic. In order to explore ways to involve CMPs in the disease prevention and control work, the HA invited CM experts from the Schools of CM of three local universities to set up a CM expert group in early February. Together with the CM Chiefs of Services of the Chinese Medicine Clinics cum Training and Research Centres (CM Clinics) (known as the Chinese Medicine Centres for Training and Research before March 1, this year), which are operating on a tripartite collaboration model in the 18 districts, they have collected information and literature on COVID-19 published by Mainland experts for multiple rounds of discussion and given advice on CMPs' involvement. The expert group has formulated relevant prevention protocols with the use of CM and provided the same to the CM Clinics for clinical reference. The HA has also encouraged the 18 CM Clinics to provide corresponding services for the public in response to the development of the epidemic, with a view to further leveraging on the strengths of CM in combating the epidemic.

To enhance the role of the CM sector in our anti-epidemic efforts, particularly in relation to prevention and rehabilitation treatment, and to raise the capability of CMPs in areas such as clinical work, disease



prevention/control and infection control, the HKSAR Government has included "Novel Coronavirus Epidemic Related Projects" in the Chinese Medicine Development Fund (CMDf) as a priority area open for application from February 27, 2020 for the sector to undertake related training, research and promotion projects. Through this initiative, we hope to raise the capability of CMPs in the areas of clinical work, prevention and control of epidemic and infectious disease, infection control, etc., facilitate relevant researches, as well as provide resources to the sector to encourage it to promote to the public through different channels correct information on disease prevention using CM. Moreover, the CMDf also launched the "CM Clinic Improvement Funding Scheme" on March 9, 2020 to subsidise the CM sector to improve facilities in CM clinics. Those project relating to enhancement of infection control facilities will be given priority consideration to safeguard the health of staff and patients of CM clinics and to provide quality CM services to the public. Details of these projects are available on the CMDf's website ([www.cmdevfund.hk](http://www.cmdevfund.hk)).

We are aware that the CM sector would like to enhance the involvement and role of CMPs in the anti-epidemic work. Since the beginning of the outbreak, the HA has taken an open attitude in combating COVID-19. In early February, the HA proactively contacted Mainland and local CM experts and set up the expert group to formulate preventive protocols within a short period of time. With full support and facilitation of the Food and Health Bureau and in consultation with the experts, the HA is planning to offer rehabilitation programme in some of the 18 CM Clinics for discharged COVID-19 patients on a trial basis, and is actively discussing the details with stakeholders with a view to launching the programme as soon as possible in April. We hope the sector could encourage relevant CM organisations and CMPs to proactively support and participate in the programme, thereby enabling CMPs to assume a more active role in the treatment phase of our anti-epidemic work. We are pleased to learn that some NGOs have made similar arrangements for providing services for discharged COVID-19 patients. The CM sector is encouraged to join the fight against the disease by drawing from the experience of these NGOs and providing appropriate CM services.

We appreciate that CMPs wish to participate in the front-line treatment of COVID-19 patients. The existing quarantine facilities are mainly used for the quarantine of asymptomatic close contacts of confirmed cases. Persons under quarantine in quarantine centres are under 24-hour medical surveillance by healthcare staff of the DH. Those found with relevant symptoms will be sent to hospital immediately to ensure prompt and proper isolation treatment for prevention of spreading of the virus.

According to the guideline under the Prevention and Control of Disease Ordinance (Cap. 599), all confirmed patients should be sent to public hospitals with infection control and isolation facilities for isolation and provided with treatments according to established clinical procedures. In light of the rapidly changing development of the epidemic, the HA's Task Force on Clinical Management on Infection has formulated treatment plans and relevant hospitals are working closely with the HA on contingency work. Engaging CMPs in in-patient treatment at this stage will require not only

detailed discussions and co-ordination among CMPs and Western medical practitioners, but also an understanding of the interactions between CM and Western medicine and the safety of their integrated use. Given the various existing constraints, treatment plans for isolated patients are still formulated mainly by the task force using Western medicine. Therefore, we are of the view that it is not the right time to change the current treatment plans and arrangements.

We will continue to explore the possibility of enhancing CMPs' involvement in anti-epidemic work in respect of in-patient care and clinical treatment. For example, they can be actively mobilised to provide appropriate services for discharged COVID-19 patients and implement complementary preventive measures so that CM can be better utilised in the control and prevention of diseases. The establishment of the CM Hospital will also significantly enhance the role of CM in in-patient treatments and give full play to the strengths of CM.

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## LCQ9: Live poultry trade

Following is a question by the Hon Steven Ho and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 22):

Question:

Under the existing policy, the Government will not issue new licences for fresh provision shops with permission for selling live poultry nor grant new tenancies for live poultry stalls in public markets, and the existing licences/tenancies may be succeeded only by the immediate family members of the licensees/tenants. As a result, the numbers of these two types of live poultry retailers will only be dwindling. Furthermore, the Government will not issue new chicken farm licences, and quite a number of chicken farms affected by development projects have no choice but to cease operation as no suitable relocation sites can be identified. The above situations have left the live poultry trade of Hong Kong hardly any room for sustainable development, and caused inconvenience to those members of the public who want to buy live chickens. In this connection, will the Government inform this Council:

(1) of the respective numbers of (i) licences for fresh provision shops with permission for selling live poultry and (ii) live poultry stalls in public markets, in each of the past three years, with a tabulated breakdown by District Council district; the existing measures in place to assist these two types of retailers who are affected by redevelopment projects or market closures in relocating to other places for continued operation, and the number of successful relocation cases in the past three years under the

assistance from such measures;

(2) whether the Government will (i) consider increasing the numbers of the two types of live poultry retailers, and (ii) examine the distribution of such retailers in various districts, so as to ensure that members of the public can purchase live poultry conveniently;

(3) given that the Government plans to relax the restrictions on the relocation of chicken farms under the Public Health (Animals and Birds) (Licensing of Livestock Keeping) Regulation (Cap. 139 sub. leg. L), so as to facilitate the relocation of chicken farms affected by government land development projects for continued operation, of the progress and timetable of the relevant legislative amendment exercise;

(4) as it is learnt that there are quite a number of development projects at present which have affected/will affect the existing chicken farms, of the existing measures in place to assist in the relocation of such farms, and the number of successful relocation cases in the past three years under the assistance from such measures; and

(5) of the measures in place to help maintain reasonable numbers of chicken farms and live poultry retailers, and whether it will formulate a policy for maintaining the sustainable development of the live poultry trade?

Reply:

President,

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

(1) and (2) The Government launched the Voluntary Surrender Scheme and the Buyout Scheme in 2004-05 and 2008 respectively for the live poultry trade to reduce the numbers of poultry farms and live poultry stalls in Hong Kong and to minimise human infection of Avian Influenza (AI) through live poultry. As a result, the number of local poultry farms dropped from 192 in 2004 to 29 at present, while that of live poultry retailers dropped from over 800 to 128. To keep the risk of AI under control, the Government has since contained the size of the live poultry trade at the current level.

The numbers of (i) licences for fresh provision shops with permission for selling live poultry and (ii) live poultry stalls in public markets in each of the past three years (as at year end), broken down by District Council district:

District / Year	Fresh provision shops with permission for selling live poultry			Live poultry stalls in public markets		
	2017	2018	2019	2017	2018	2019

Central and Western	2	2	2	7	7	7
Wan Chai	3	3	2	7	7	7
Eastern	2	2	2	6	6	6
Southern	0	0	0	1	1	1
Islands	1	1	1	0	0	0
Yau Tsim Mong	9	9	9	6	6	6
Sham Shui Po	2	2	2	11	11	11
Kowloon City	1	1	1	5	5	5
Wong Tai Sin	3	3	3	4	4	4
Kwun Tong	4	4	4	4	4	4
Kwai Tsing	1	1	1	2	2	2
Tsuen Wan	0	0	0	9	9	9
Tuen Mun	1	1	1	4	4	4
Yuen Long	4	4	4	5	5	5
North	0	0	0	5	5	5
Tai Po	2	2	2	5	5	5
Sha Tin	7	7	7	4	4	4
Sai Kung	3	3	3	0	0	0
Total	45	45	44	85	85	85

The consultancy study subsequently commissioned by the Government on the way forward of the live poultry trade in Hong Kong was completed in mid-2017. Taking into account the study's recommendation and the views collected during the public consultation conducted afterwards, the Government agreed to the broad direction of the recommendation, i.e. to maintain the status quo of continuing the sale of live poultry at retail level. We have no plan to increase the number of live poultry retail outlets for the time being.

To control and prevent AI, relocation of existing fresh provision shops selling live poultry is generally not permissible. And according to the current public market tenancy conditions, tenants are generally only allowed to operate live chicken retail business at the stalls leased to them. However, if the fresh provision shops have to be relocated for continued operation due to reasons of force majeure (e.g. relocation of business premises necessitated by demolition) which are to the satisfaction of the Food and Environmental Hygiene Department (FEHD), FEHD will consider the cases on individual merits. In addition, as for existing market stall tenants (including live poultry market stall tenants) who are affected by the redevelopment plans or closure of FEHD's public markets, FEHD will provide

assistance as appropriate, such as arranging them to bid for other public market stalls to continue their business and providing relocation allowance etc. In the past three years, a total of six fresh provision shops were issued licences to continue selling live poultry after relocation, and four live poultry market stalls were relocated to other public markets for continued operation due to consolidation of the public markets in which they were originally located.

(3) and (4) Under the existing provisions of the Public Health (Animals and Birds) (Licensing of Livestock Keeping) Regulation (Cap. 139L), it is difficult for existing chicken farms to find any other premises in the Livestock Waste Control Areas which can satisfy the relevant conditions for relocation. To further minimise AI risk, we have amended the Regulation to relax the existing statutory requirements for premises used for keeping chickens, so as to facilitate the enhancement of biosecurity at chicken farms and the relocation of chicken farms affected by Government development projects to other suitable sites for continued operation. The Amendment Regulation, which was gazetted on March 13 and tabled at the Legislative Council for scrutiny on March 18, is expected to come into force on July 1 this year.

In the past three years, no chicken farms were required to be relocated due to being affected by Government development projects (see Note 1). Chicken farmers who need assistance in relocating their farms could apply to the Agriculture, Fisheries and Conservation Department (AFCD) for low-interest loans under the Kadoorie Agricultural Aid Loan Fund and the J. E. Joseph Trust Fund as development and working capital. AFCD will also provide appropriate support to cater for the needs of individual farmers.

(5) As mentioned above, taking into account the consultancy study's recommendation and the views collected during the public consultation conducted afterwards, the Government agreed to the broad direction of the study's recommendation, i.e. to maintain the status quo. We believe that the above arrangements for chicken farm relocation and live poultry retail outlets have already struck a proper balance between containing AI risk and maintaining a stable supply of live poultry in Hong Kong.

The Government has been supporting the sustainable development of the livestock industry without prejudice to public health and AI control. In this connection, the Government set up a Sustainable Agricultural Development Fund (SADF) of \$500 million in 2016 to provide financial support for the modernisation and sustainable development of local agriculture. Livestock farmers may also make use of and benefit from the SADF for strengthening their farm biosecurity, enhancing value-added or mitigating the possible nuisance that the farms may cause to the environment. In 2019, AFCD approved about \$15 million from the SADF to local universities for applied technology projects on improving poultry health and production in Hong Kong. In addition, the Farm Improvement Scheme set up under the SADF provides direct grants to farmers for acquisition of small farming equipment and materials to help them modernise their farming equipment and facilities, thereby enhancing their productivity and operating efficiency as well as farm biosecurity.

Note 1: According to the existing information of the Development Bureau, there are two chicken farms fell within the later phase of the Yuen Long South Development (i.e. the second and the remaining phases). The relevant timetable for relocation will be confirmed during the detailed study of the said development project.