

## Interest rate of third interest payment for series of retail green bonds due 2026

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority, as representative of the Hong Kong Special Administrative Region Government, announced today (March 26) the relevant per annum interest rate for the third interest payment of the series of retail green bonds due 2026 (Issue Number: 03GR2610R; Stock Code: 4273) (the Retail Green Bonds) issued under the Government Sustainable Bond Programme (previously known as the Government Green Bond Programme).

According to the Issue Circular dated September 18, 2023, for the Retail Green Bonds, the third interest payment of the Retail Green Bonds is scheduled to be made on April 10, 2025, and the relevant interest rate is scheduled to be determined and announced on March 26, 2025, as the higher of the prevailing Floating Rate and Fixed Rate.

On March 26, 2025, the Floating Rate and Fixed Rate are as follows:

Floating Rate: +1.63 per cent (Annex)

Fixed Rate: +4.75 per cent

Based on the Floating Rate and Fixed Rate set out above, the relevant interest rate for the third interest payment is determined and announced as 4.75 per cent per annum.

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## LCQ5: Design of subsidised sale flats

Following is a question by the Hon Leung Man-kwong and a reply by the Secretary for Housing, Ms Winnie Ho, in the Legislative Council today (March 26):

Question:

It has been reported that some prospective owners of Home Ownership Scheme (HOS) flats were informed only after taking possession of their flats that the kitchens and toilets in their flats were prefabricated components, of which the partitioning could not be altered, and they decided to forfeit the deposit they had paid as their flats had become much less practical. There are views that the layout and design of HOS flats fail to meet the needs of the public, resulting in quite a number of owners abandoning their

brand-new furniture such as pedestal toilets, lavatory basins and zinc basins. In this connection, will the Government inform this Council:

(1) of the number of applications received by the Housing Department (HD) in the past three years for altering the partitioning of subsidised sale flats and, among them, the respective numbers of applications involving alterations to kitchens and toilets;

(2) given that the subsidised sale flats of the Hong Kong Housing Society provide open kitchen units for buyers to choose from, whether the Hong Kong Housing Authority has considered increasing the supply of such units; if not, of the reasons for that; and

(3) whether the HD is aware of the wastage caused by tenants and owners of public housing units abandoning the original furniture of the units, such as, among others, countertops in kitchens, taps and zinc basins, after taking possession of their flats; if so, whether the HD will conduct a review of the indoor installations of public housing units, so as to minimize such abandonment; if not, the reasons for that?

Reply:

President,

I would like to thank the Hon Leung Man-kwong for his concern about the construction methods, flat design and indoor provisions of the Home Ownership Scheme (HOS) flats categorised under Subsidised Sale Flats (SSF) of the Hong Kong Housing Authority (HA). My reply to the question raised by the Hon Leung Man-kwong is as follows:

Since its establishment in 1973, the HA has all along been committed to enhancing the housing ladder, assisting low- to middle-income families to achieve home ownership through the sale of SSF, with a view to promoting upward mobility.

In terms of design, the HA has been adopting a simple yet practical approach. The flats are designed according to basic design principles emphasising simplicity, sustainability and safety with provisions that comply with the requirements of the Buildings Ordinance and other relevant regulations. With the constraint of flat size, we understand that residents have to design the layout and partitions in a more flexible manner, so as to meet the needs of different family members. For example, families with elderly members or children will have vastly different needs. Therefore, SSF are partition-free, providing maximum flexibility for users to opt for layouts which suit their own needs at best.

As for construction, as early as the 1980s, the HA has adopted off-site prefabrication technology and has had most building components prefabricated in factories and then delivered to sites for installation. Not only does this technology minimise on-site construction processes, but it also enhances site safety and environmental protection. This further boosts construction efficiency and sustains the sale of SSF at a low price.

Subject to actual conditions of the site, the HA uses different prefabricated components, including precast facades, semi-precast slabs, or volumetric precast bathrooms and kitchens as building parts. For example, since 2002, i.e. more than two decades ago, the HA has been applying volumetric precast bathrooms and kitchens in public rental housing projects, and the use of volumetric precast bathrooms and kitchens were subsequently applied to HOS. So far, 22 relevant projects have been completed with a total provision of as many as 80 000 units. We noticed that for projects adopting volumetric precast bathrooms and kitchens, the required remedial works related to bathrooms and kitchens, such as water seepage, amount to at least 50 per cent less compared to traditional on-site construction projects, as reflected in the rectification list submitted by owners after flat in-take. The technology of these volumetric precast bathrooms and kitchens has been further developed and it laid the ground for Modular Integrated Construction (MiC), which is well-known to us these days. As this technology is satisfactory in terms of effectiveness and it can further enhance the overall construction quality, the HA has further extended the use of MiC to the construction of entire flats in suitable projects, in addition to bathrooms and kitchens. In March last year, the Development Bureau and the Department of Housing and Urban-Rural Development of Guangdong Province signed the Letter of Intent on Strengthening Guangdong-Hong Kong Cooperation in Construction and Related Engineering Sectors to deepen the collaboration of construction areas between Guangdong and Hong Kong, including the development of MiC as a new quality productive force to contribute to the high-quality national development, making MiC a strategic industry that expands to the international arena.

Regarding household decoration works, HOS flat owners or decoration workers engaged should consult building professionals on the alteration proposals before commencing works, in addition to heeding advice in the decoration guide and confirming compliance with the deed of mutual covenant of the building. Regarding the video clips recently circulated on the Internet about decoration works of new HOS flats, I would like to draw attention to the following situations. Generally speaking, decoration works which only involve the demolition or minor addition of non-structural walls in a flat, such as altering the position of the toilet door, are exempted from prior approval and consent. If the works involve alterations to non-structural walls inside a flat, depending on the nature and scale of the works, it may be necessary to notify the Independent Checking Unit (ICU) of the Housing Bureau prior to the commencement of the works and/or upon their completion according to the Minor Works Control System. If the works involve alteration to the structure of the building or fire safety, flat owners should seek advice from building professionals to ensure that the alteration works comply with the Buildings Ordinance and relevant regulations. For example, alterations to kitchen partitioning or decoration works for conversion into an open kitchen must first be approved by the ICU. In short, regardless of construction methods, such as MiC, volumetric precast bathrooms and kitchens or planar precast components, the design and construction should be carried out in accordance with the established quality control requirements of the HA, including fabrication testing, installation and

inspection procedures. Any restrictions on future modification works have no relation to the construction method used in the project, but the structural design itself. This principle has always been upheld and applicable to different SSF projects.

Regarding the design of SSF, HA's current kitchen designs aim to facilitate the habit of traditional families in cooking with open flames, and hence the kitchens are equipped with four fire-rated partition walls and fire-rated doors to comply with relevant provisions. We understand that as society constantly changes, people's living and dietary habits also evolve, and hence residents may have new demands for the design layouts of kitchens. For example, small families of singletons or two tend to prefer simpler cooking styles. Looking ahead, in view of these changes, we are actively exploring the feasibility of adopting an open kitchen design in smaller flats to keep abreast of the times. That said, the design of open kitchens requires addition of automatic sprinkler systems and other additional fire services installations. These fire services installations will also have to be inspected annually by registered fire services installations contractors. We will conduct a comprehensive study on the construction cost effectiveness and future maintenance as well as other issues.

Noting that most HOS owners carry out decoration works according to their own needs, we have decided to introduce design enhancements for HOS projects to be put up for sale starting from 2025, including removal of some provisions that many residents opined as unnecessary in resident surveys and have no relation to regulatory requirements, such as removal of kitchen cooking slab and drying rods in bathrooms to provide owners with greater flexibility in selecting preferable models.

Providing simple, decent and affordable HOS has all along been the vision of the HA. In the future, we will continue to strive for excellence by introducing new materials and technologies to suit the changes in society, and ensure success in every project that we are driving.

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## **LCQ21: Electronic Health Record Sharing System**

Following is a question by Reverend Canon the Hon Peter Douglas Koon and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (March 26):

Question:

Regarding the Electronic Health Record Sharing System (eHealth), will the Government inform this Council:

(1) of the number of healthcare providers registered with eHealth so far, together with a breakdown by type of institutions (i.e. public hospitals, public clinics, private hospitals, and private healthcare institutions (including clinics, residential care homes for the elderly and social welfare organisations providing healthcare services));

(2) of the number of healthcare personnel registered with eHealth so far, together with a breakdown by profession (i.e. doctors, dentists, Chinese medicine practitioners and other healthcare personnel);

(3) given that in the reply to my question on the Estimates of Expenditure 2024-2025, the Secretary for Health has indicated that as the health data contribution to eHealth by private healthcare institutions has remained extremely low, the Government has rolled out the eHealth Adoption Sponsorship Pilot Scheme to facilitate seamless data upload from the clinical management systems of private doctors to eHealth, and will progressively require all private healthcare institutions participating in all government-funded or subsidised health programmes to upload health records of the relevant service users onto eHealth, whether the Government has assessed the effectiveness of the aforesaid measures;

(4) as the Government indicated last year that it would consider amending the Electronic Health Record Sharing System Ordinance (Cap. 625) to require healthcare providers to deposit specified essential health data in the personalised eHealth accounts of members of the public and to streamline the consent process of eHealth, of the progress of the relevant legislative amendment exercise;

(5) as it is learnt that quite a number of members of the public, especially the elderly, choose to seek medical treatment on the Mainland at present, whether the Government will make more extensive use of electronic health records across the boundary, such as by enhancing the eHealth system to allow members of the public to upload their non-local health record information onto the eHealth for local healthcare professionals' reference, thereby achieving the data connectivity between two places; if so, of the details; if not, the reasons for that?

Reply:

President,

eHealth is a city-wide electronic health record sharing system launched by the Government in 2016 that enables citizens to authorise healthcare providers (HCPs) in the public and private sectors to view and share their electronic health records (eHRs) for healthcare purposes. Building on the strengths of the infrastructure of eHealth, the Chief Executive announced in the 2023 Policy Address the initiative to roll out a five-year development plan of eHealth+ to transform eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service delivery and care journey management. eHealth+ aims to

facilitate care co-ordination, cross-sector collaboration, as well as health management and surveillance, thereby better serving our citizens in obtaining optimal healthcare services, and supporting the healthcare reform and various healthcare policies more effectively, such as primary healthcare and cross-boundary healthcare services. The Government is taking forward the eHealth+ plan in phases in accordance with the patient-centric principle and four strategic directions, namely, One Health Record, One Care Journey, One Digital Front Door to Empowering Tool and One Health Data Repository.

In consultation with the Hospital Authority (HA), the reply to the question raised by Reverend Canon the Hon Peter Douglas Koon is as follows:

(1) and (2) As of end-February 2025, eHealth has covered over 80 per cent of Hong Kong's population and the majority of public and private HCPs. The number of HCPs registered with eHealth by the type of organisation is tabulated as follows:

Type of HCP	Number of HCPs Registered with eHealth (on an Organisational Basis)	Number of Healthcare Service Locations Registered with eHealth
Public hospitals (i.e. hospitals under the HA)	1	43
Public clinics (e.g. clinics under the HA and the Department of Health)	11	390
Other public HCPs (e.g. District Health Centres)	20	217
Private hospitals	13	43
Other private HCPs (e.g. clinics, residential care homes for the elderly, and social welfare organisations providing healthcare services)	3 681	6 018
Total	3 726	6 711

Besides, as of end-February 2025, about 58 800 healthcare professionals (HCProfs) have registered with eHealth. The number of registered HCProfs by profession is tabulated as follows:

Type of HCPProf	Number of HCPProfs Registered with eHealth	Percentage of Registered HCPProfs
Doctor	13 190	82%
Dentist	1 731	60%
Chinese medicine practitioner	966	9%
Other HCPProfs (include nurse, pharmacist, and radiographer)	42 940	48%
Total	58 827	49%

(3) and (4) Under the strategic development direction of One Health Record, the Government seeks to consolidate the longitudinal eHRs of citizens that are spread across a multitude of healthcare processes into their personal eHealth accounts. A comprehensive eHR profile enables the HCPs authorised by citizens to respond to their health needs more effectively, thus enhancing clinical outcomes and saving costs of the care process. Nevertheless, while private HCPs have been actively using eHealth in supporting clinical processes as evidenced by the fact that nearly 60 per cent of eHR access by HCPs as of end-February 2025 were by private HCPs, more than 99 per cent of some 4.5 billion eHRs shared on eHealth are from public HCPs.

The Government has been taking a multi-pronged approach to encourage and facilitate the deposit of citizens' eHRs into eHealth by private HCPs, thereby assisting citizens in accessing, managing and using their own eHRs during the healthcare process more conveniently. Last year, the Government launched a platform enabling self-service data compliance testing to simplify the technical testing procedures, and provided dedicated technical support to healthcare institutions. The Government also rolled out the eHealth Adoption Sponsorship Pilot Scheme (the Pilot Scheme) by partnering with electronic medical record (eMR) solutions vendors and medical groups to co-fund system enhancements in achieving seamless eHR sharing between eHealth and eMR systems in the market. With the Government's endeavours, the eHRs deposited by private HCPs into eHealth in a year increased from 2.19 million in 2023 to 3.67 million in 2024. From July 2023 to February 2025, about 80 private HCPs (involving around 480 private doctors and 200 service locations) connected to eHealth and deposited more than 1.12 million eHRs through the Pilot Scheme.

In future, the Government will continue to collaborate with the private healthcare sector to enhance the connectivity between eHealth and their eMR solutions. In particular, given the positive impacts of the Pilot Scheme, the Government has progressively expanded the Scheme to include more eMR solution vendors, medical groups and other sectors, including Chinese medicine. The Government will also launch the eHealth+ accreditation scheme in 2025 to enable citizens to easily identify if an HCP has the capability to deposit health records into their personal eHealth accounts and the extent of data involved, with a view to facilitating citizens in choosing suitable HCPs after making reference to such information, thereby ensuring that their

medical records will be deposited in their personal eHealth accounts.

Besides, the Government introduced the Electronic Health Record Sharing System (Amendment) Bill 2025 (the Amendment Bill) into the Legislative Council to provide a legal framework to assist citizens in building a more comprehensive eHR. Among other things, the Amendment Bill will streamline the consent mechanism such that once citizens agree to join eHealth, their HCPs will be able to deposit health data into their personal eHealth accounts. Meanwhile, citizens will continue to retain full control over their personal data and can grant individual HCPs access to their eHealth records at their own will. The Amendment Bill will also empower the Secretary for Health to require specified HCPs to deposit specified important health data into the personal eHealth accounts of citizens registered with eHealth with their consents, in order to assist citizens in accessing and controlling of their key health information.

The Government will continue to provide support and collaborate with the private healthcare sector to enable the majority of private HCPs to seamlessly connect with eHealth and will also consider providing additional assistance to healthcare institutions and HCProfs that are less prepared for digitalisation.

(5) With the ever-tighter economic and social integration between Hong Kong and the Mainland, Hong Kong citizens making use of healthcare services in the Mainland, especially in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), is becoming more common. To support citizens' cross-boundary healthcare needs, the Government has been working to enable citizens to self-carry their eHRs for cross-boundary uses via eHealth to enhance the continuity of care across the boundary. Among other things, the Government in 2024 introduced the "Cross-boundary Health Record" (CBHR) and "Personal Folder" functions in the eHealth mobile application (eHealth App) at the University of Hong Kong-Shenzhen Hospital (HKU-SZH) and seven medical institutions under the Elderly Health Care Voucher (EHCv) Greater Bay Area Pilot Scheme. The CBHR function enables eligible Hong Kong elderly persons using EHCv at specified healthcare institutions to apply for a copy of their eHRs in eHealth over the past three years through the eHealth App in advance. HCProfs of the specified healthcare institutions can then access and browse the relevant eHRs by scanning the QR codes presented by the elderly person at the time of consultation to assist in diagnoses and treatment. The "Personal Folder" function enables citizens to deposit eHRs obtained during consultations within and outside Hong Kong to their personal eHealth accounts on their own to facilitate storage and use of eHRs, including access by Hong Kong HCPs authorised by users through the eHealth system during follow-up care.

The feedback on relevant cross-boundary functions has been positive. The Government will continue to streamline the workflow and improve the user experience, and extend the relevant cross-boundary functions to more medical institutions under cross-boundary healthcare collaboration programmes in a progressive manner, as well as enhance the role of eHealth as the core system for cross-boundary health data sharing. The Government noted that citizens carrying their own eHRs for cross-boundary use each time is not the most



convenient, secure, and effective way for both citizens and HCPs. For example, given the more stringent technical requirements, it is difficult for citizens to self-upload high-resolution radiology images to their eHealth accounts. In accordance with the current legislation, HCPs outside Hong Kong are unable to register with eHealth. To support citizens' needs more effectively, the Government proposed in the Amendment Bill to empower the Commissioner for the Electronic Health Record to recognise individual HCPs and public health record systems outside Hong Kong, subject to sufficient protection of data privacy and system security as well as due compliance with specified requirements and conditions. This will enable citizens to use their eHRs across the boundary in a more convenient and secure manner. If an individual citizen uses services at a recognised HCP outside Hong Kong, he/she can choose to authorise the HCP to securely access his/her eHealth records and deposit the health records of the services received into his/her personal eHealth account, with a view to enhancing the quality and safety of cross-boundary healthcare services. HCPs outside Hong Kong can only access and deposit citizens' eHealth records when a registered citizen provides explicit consent when using its services. Under no other circumstances will eHealth records be transmitted across the boundary.

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## **Postal services to United Kingdom return to normal**

â€‹Hongkong Post announced today (March 26) that, as advised by the postal administration of the United Kingdom, mail delivery services previously impacted by the closure of Britain's Heathrow Airport due to a fire incident have returned to normal.

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## **Postal services to Romania subject to delay**

â€‹Hongkong Post announced today (March 26) that, as advised by the postal administration of Romania, due to the relocation of a mail processing centre, mail delivery services to the country are subject to delay.