

LCQ10: The Government's anti-epidemic efforts

Following is a question by Dr the Hon Priscilla Leung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 13):

Question:

In January last year, the Government established a Steering Committee cum Command Centre on anti-epidemic efforts led by the Chief Executive, and set up under it an expert advisory group and four workgroups. Furthermore, the Centre for Health Protection (CHP) of the Department of Health (DH) held an epidemic briefing almost every day for the past year. In this connection, will the Government inform this Council:

(1) of the respective numbers of meetings held last year by two of the aforesaid workgroups, namely (i) the Workgroup on Public Participation, which was led by the Secretary for Home Affairs, and (ii) the Workgroup on Communications, which was led by the Secretary for Constitutional and Mainland Affairs; among such meetings, the respective numbers of those chaired by the Secretaries themselves; the respective tasks carried out so far by the two Workgroups;

(2) given that the epidemic has been brought under control on the Mainland, whether the Government will invite experts on public health and epidemiology (e.g. Professor Zhong Nanshan) from the Mainland to join the expert advisory group to draw on collective wisdom; if so, of the candidates; if not, the reasons for that;

(3) of the respective numbers of occasions last year on which (i) the Director of Health, as well as (ii) the Controller, (iii) the Head of Communicable Disease Branch and (iv) other personnel of CHP attended the epidemic briefings and other press conferences; and

(4) as it has been reported that the Head of Communicable Disease Branch has been attending the epidemic briefings almost every day for over 11 consecutive months, while the Controller of CHP took leave for more than one month within the period, whether DH has reviewed if the division of labour among its personnel is appropriate; if DH has, of the outcome; if not, the reasons for that?

Reply:

President,

In consultation with relevant policy bureaux, including the Home Affairs Bureau and Civil Service Bureau, my consolidated reply to the various parts

of the question raised by Dr the Hon Priscilla Leung is as follows:

(1) The Workgroup on Public Participation (the Workgroup) led by the Secretary for Home Affairs (SHA) is committed to supporting the work of the Steering Committee cum Command Centre. The Workgroup has been encouraging the community to take part in activities to fight the virus in collaboration with various sectors on different platforms and aspects, with special attention paid to the elderly, the underprivileged, and the diligent frontline staff fighting the virus. The Workgroup has conducted 12 meetings so far, all of which were chaired by SHA. The Workgroup conducted the meetings in a more frequent manner in the early stage to formulate the work directions; while during the subsequent implementation stage, communication has been mostly by emails and other means to meet the actual needs and reduce social contact. The Workgroup has promoted and publicised anti-epidemic messages at multiple levels, and provided or encouraged different sectors in the community to provide material assistance at the onset of the epidemic. Its work includes strengthening community publicity and participation, co-ordinating the distribution of donated materials, and mobilising volunteers to assist in anti-epidemic work, targeting at individual sectors and the district level.

The Workgroup has focused its efforts in the anti-epidemic work for the property management sector, which includes, among others, overseeing the implementation of the Anti-epidemic Support Scheme for Property Management Sector under the Anti-epidemic Fund by the Property Management Services Authority, with the aim to expedite approval of applications, strengthen publicity and enhance transparency. The Workgroup has also organised activities with the transport sector to distribute materials, and worked with the cultural, legal and other professional sectors to encourage members of the public to face the epidemic positively through music, videos and social media platforms.

On the work at the district level, the Workgroup has directed the Home Affairs Department (HAD) and District Offices (DOs) to provide free cleaning services for old buildings in need, particularly those "three-nil buildings", through different arrangements subject to the actual circumstances, and called for the tenants to join hands to fight the virus by maintaining environmental hygiene. From December 2019 to December 2020, about 3 300 sessions of cleaning services were provided for over 1 900 "three-nil buildings" by the HAD and DOs. Moreover, the HAD has also strengthened the publicity work in rural areas, and cleaned hygiene blackspots in rural villages and distributed anti-epidemic supplies with the aid of the Heung Yee Kuk and rural committees.

As regards community publicity and participation, the Workgroup has launched all-round promotion of anti-epidemic information, and successfully mobilised various sectors in the community by soliciting the support from major charitable organisations, associations, district organisations and community organisations for promoting city-wide participation in fighting the virus. It is noted that hundreds of anti-epidemic activities were carried out by various organisations to distribute face masks and other anti-epidemic supplies to members of the public. In addition, in order to enhance the

interaction with young people, the Home Affairs Bureau (HAB) and the Youth Development Commission have made a series of COVID-19 Q&A with Young People videos to answer the enquiries from young people and shared information on combating the epidemic, injecting positive energy into society.

During the epidemic, the Government has received about 7.7 million face masks in donations and the Workgroup was tasked to distribute those materials to members of the public in need. The HAD has passed on the majority of the face masks to the underprivileged, the elderly, low income families/persons and patients' organisations, etc., through various channels, and has given away some of the donated masks through the Education Bureau to students in need.

In addition, to provide operational and administrative support for relevant government departments/non-governmental organisations, HAB has recruited more than one thousand volunteers from the community through different networks to provide volunteer services.

The Workgroup on Communications under the Steering Committee cum Command Centre has rolled out initiatives in a speedy and flexible manner by mainly making use of instant messaging to achieve the aim of "conveying the latest and accurate messages to all members of the public and relevant stakeholders speedily and effectively". Efforts include making prompt clarifications and rebuttals of inaccurate information. Completed and ongoing initiatives of the Workgroup on Communications include:

In February 2020, a "COVID-19 Thematic Website" and an "Interactive Map Dashboard" were set up to provide members of the public with the latest epidemic information on a one-stop basis. The website also contains anti-epidemic messages in ethnic minority languages for ethnic minorities' reference. Besides, the Government has made extensive use of online and social media platforms to convey messages to audiences of different ages and from different walks of life. Such platforms include "GovHK Notifications", news.gov.hk, Facebook page, Instagram, YouTube, WeChat, Weibo, Twitter and Telegram accounts. For effective dissemination of information, the Government has been adopting diversified forms of communication, such as information charts, video clips and animations that are simple and easy to understand to enhance access by the public.

In response to inaccurate remarks on the internet, the Government has made prompt clarifications through press releases and social media posts to avoid the public from being misled.

In view of the latest epidemic developments, the Government produces and broadcasts television and radio announcements in the public interest (APIs) containing different health information in a timely manner, and uploads them to the webpages and social media platforms. The APIs are also broadcast on major transport carriers and at government venues and shopping malls. In addition, the Government has produced a number of posters and promotional flyers, published advertisements in newspapers, and displayed large-scale promotional banners at various government venues and major thoroughfares to

deliver the latest epidemic information and related health advice, engaging the public in fighting the virus together.

To address concerns outside Hong Kong, Principal Officials of the Government accept interviews by foreign and Mainland media from time to time to explain the latest epidemic situation and our measures in response to the outbreak in Hong Kong. The Government also disseminates updated information on the epidemic situation here to the consulates-general in Hong Kong, foreign chambers of commerce, statutory organisations and bodies, policy research institutions and think tanks, foreign and Mainland guests invited to visit Hong Kong before, foreign journalists, as well as overseas and Mainland Economic and Trade Offices. The relevant news are also promoted via social media posts, complemented with advertisements and search engine marketing. Moreover, the Government collaborates with the media to promote the positive message highlighting our resolute and effective anti-epidemic measures, and closely monitors reports in overseas media about Hong Kong's fight against the pandemic in order to clarify and refute any negative or biased reports in a timely manner.

(2) The Expert Advisory Panel appointed by the Chief Executive consists of Professor Gabriel Leung, Professor Keiji Fukuda, Professor Yuen Kwok-yung and Professor David Hui Shu-cheong. They are experienced in the fields of public health, infectious diseases and clinical experience, and are very familiar with the overall situation as well as the problems and needs in fighting the epidemic locally. In the past year, they provided valuable professional advice for the Government, which effectively assisted the Government in handling the epidemic based on scientific justifications. Apart from appointing local experts to the Expert Advisory Panel, the Government also values exchanges with Mainland experts. For instance, the Chief Secretary for Administration led a delegation of expert advisors and government officials to attend a meeting with Mainland officials and experts on the COVID-19 epidemic situation on December 22, 2020. The meeting exchanged views on the analysis and assessment of the pandemic, strategies and various prevention and control measures for fighting the epidemic. Mainland and Hong Kong experts have also agreed to establish mechanism to exchange views more closely on the overall epidemic situation and joint epidemic prevention and control efforts. The Government will continue to formulate appropriate measures for fighting the epidemic in Hong Kong catering for the actual local situations, based on scientific justifications, taking into account the advice of local, Mainland and global experts.

(3) and (4) Since the outbreak of COVID-19, the Government has been closely monitoring the development of the epidemic situation. Guided by the three key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice, we have implemented decisive and appropriate measures to safeguard the public's health.

With respect to information dissemination, the Centre for Health Protection of the Department of Health (DH) issues press releases daily to provide the latest information on COVID-19. The Government also makes use of

different channels, including press conferences and media briefings etc., to disseminate information on the epidemic to the media and the public. In 2020, the Government held over 300 press conferences and media briefings on COVID-19.

The DH is the main government department responsible for combating COVID-19. In response to the development of the epidemic and operational needs of anti-epidemic efforts, the Department has timely deployed manpower to cope with the epidemic. Colleagues of the DH have assumed professional roles in different positions to take forward the various anti-epidemic work.

LCQ17: Cancer treatment

Following is a question by the Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 13):

Question:

Some patient groups have relayed that it may take as long as five years for a new drug to go through the process from submission of an application for its registration in Hong Kong to the Pharmacy and Poisons Board (the Board), approval given for its registration, its being listed by the Hospital Authority (HA) on HA's Drug Formulary (HADF) as a Self-financed Item (SFI) with safety net coverage, to its being reclassified as a General Drug or a Special Drug on HADF. As a result, quite a number of patients with cancers are unable to receive in time treatments which make use of new drugs. Regarding cancer treatment, will the Government inform this Council:

(1) of the respective dates on which the various SFIs and Special Drugs under the category of "Malignant Disease and Immunosuppression" in HADF were (i) given approval for registration by the Board, (ii) listed as SFI, and (iii) reclassified as a Special Drug (if applicable);

(2) whether it has reviewed if the time taken for a new drug to go through the process from approval for its registration being given by the Board to its being listed as a Special Drug is reasonable and meets the public expectation; if it has reviewed and the outcome is in the negative, whether it will make improvements;

(3) since some patients with cancers have relayed that they cannot afford the expensive drugs used for cancer therapies, such as chemotherapy, targeted therapy, hormonal therapy and immunotherapy, whether the Government will consider further relaxing the threshold for applying for the Samaritan Fund and Community Care Fund Medical Assistance Programmes; if so, of the details; if not, the reasons for that;

(4) as some patient groups have indicated that tumour treating fields therapy and cell therapy are not covered by the Medical Assistance Programmes of the two aforesaid funds, of the Government's measures to assist patients receiving these two therapies in obtaining the support needed; whether it will expand the clinical application of these two therapies in public hospitals; if so, of the details and timetable; if not, the reasons for that; and

(5) given that Hong Kong currently adopts a "secondary review" approach in vetting and approving applications for registration of pharmaceutical products containing new chemicals or biological entities, under which applicants are required to submit to the Board documentary proof of registration and certificates of free sale issued by the drug regulatory authorities of two or above of the recognised countries, whether the Government will study the relaxation of the relevant registration requirements by allowing applicants to submit the relevant documents issued by the drug regulatory authority of only one of the advanced countries, with a view to expediting the registration process; if so, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Department of Health (DH) and the Hospital Authority (HA), I provide a reply to the various parts of the question raised by Hon Elizabeth Quat as follows:

(1)&(2) The Government and the HA strive to provide all patients (including cancer patients) with sustainable, affordable and optimal treatments and care. The HA has put in place mechanisms to provide support for patients in various aspects, including clinical diagnosis and assessment, multi-disciplinary specialist care and rehabilitation services, introduction of new drugs, as well as drug subsidies.

On drug management, drugs listed on the HA Drug Formulary (HADF) are intended for corporate-wide use by the HA, the coverage of which is driven by clinical service needs. The HA has put in place a mechanism for regular evaluation of new drugs and review of drugs currently listed on the HADF with the support of expert panels. The process follows an evidence-based approach, taking into account the safety, efficacy and cost-effectiveness of the drugs. Other factors for consideration include international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs, as well as views of professionals and patient groups. Under the existing mechanism, clinicians would submit new drug applications, based on service needs, to the Drug Advisory Committee (DAC) for consideration of listing on the HADF. The DAC would review new drug applications every three months.

Besides, under the existing HADF mechanism, doctors may use non-HADF

drugs under exceptional situations in order to manage urgent cases or meet the clinical needs of individual patients. To ensure that patients are provided with timely and appropriate clinical care, clinicians would prescribe appropriate drug treatments based on their professional judgment, taking into consideration the clinical conditions of individual patients.

Evaluation of new drugs is an on-going process driven by evolving medical evidence, the latest clinical development and market dynamics. Moreover, a drug may have different therapeutic applications and may fall into more than one category on the HADF. Hence, the HA does not maintain information regarding the dates on which the drugs were listed in respective categories. At present, the HADF covers 132 drugs for treatment of various types of cancer. The number of new cancer drugs reviewed by the DAC and listed on the HADF, and their percentage share in the total number of new drugs listed on the HADF in the past three years are shown in the table below:

Year	2018-19	2019-20	2020-21*
Number of new cancer drugs listed on the HADF	9	8	11
Percentage share in the total number of new drugs listed on the HADF	41%	26%	44%

* As of December 31, 2020

As of December 2020, the Samaritan Fund (SF) covered 51 self-financed drugs, among which 22 are for treating cancers, while the Community Care Fund (CCF) Medical Assistance Programmes covered 34 cancer drugs. The types of cancer treated by these subsidised drugs under the above-mentioned Funds include lung cancer, breast cancer, prostate cancer, colorectal cancer, liver cancer, leukaemia, multiple myeloma, lymphoma and neuroblastoma, etc. The number of cancer drugs introduced into the SF and the CCF Medical Assistance Programmes in the past three years are shown in the table below:

Year	2018-19	2019-20	2020-21*
Number of cancer drugs introduced to the SF**	2	5	3
Number of cancer drugs introduced to the CCF Medical Assistance Programmes	9	3	11

* As of December 31, 2020

** Including new drugs repositioned from the CCF Medical Assistance Programmes to the SF, as well as new drugs originally covered by the SF or the CCF Medical Assistance Programmes and subsequently introduced to the other source of funding for different therapeutic application.

Since the implementation of the HADF, the HA has continued to refine its review mechanism in the light of medical technology development and rising public expectations. The HA will pay close attention to the latest scientific and clinical evidence of drugs and update the HADF as necessary, with a view to ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy.

(3) At present, the HA includes drugs that are proven to be safe and of significant benefits in the HADF and the safety net of the SF under the established mechanism, while the CCF has rolled out medical assistance programmes for cancer drugs which have yet to accumulate further medical scientific evidence and ultra-expensive drugs (including those for treating uncommon disorders) respectively to facilitate early drug treatment of patients. Meanwhile, to alleviate the financial burden on cancer patients, the HA has been in close liaison with pharmaceutical companies on the setting up of risk sharing programmes for specific cancer drugs. Under the programmes, the HA, patients and pharmaceutical companies will contribute to the drug costs in specific proportions within a defined period, or the drug treatment costs to be borne by patients will be capped. The aim is to facilitate patients' early access to drug treatments and provide the patients with sustainable, affordable and optimal drug treatments in the long term.

The HA understands the strong aspiration of some patients for listing certain drugs on the HADF and including them in the scope of subsidy under the safety net. To provide more timely support for patients with financial needs, the HA has increased the frequency of the relevant prioritisation exercise for including drugs in the safety net from once a year to twice a year. Moreover, the Commission on Poverty (CoP) has agreed to streamline the approval process for introducing new drugs to the CCF Medical Assistance Programmes, thereby providing more timely support to patients in need.

In addition, the Government and the HA have, since early 2019, relaxed the means test mechanism for the SF and the CCF Medical Assistance Programmes, including modifying the calculation of annual disposable financial resources (ADFR) in drug subsidy application by counting only 50 per cent of the patients' household net assets, thereby offering asset protection to their families; and refining the definition of "household" adopted in financial assessment to cover only core family members living under the same roof and having direct financial connection with the patient concerned. After reviewing the effectiveness of the measures, we plan to further refine the means test mechanism for drug subsidy with a view to easing the financial burden of patients requiring long-term medication. Specific measures include:

- (i) modifying the calculation of the ADFR for recurrent applications, including deducting the drug expenses paid by the patient for the last treatment course (See Note 1) and calculating only 80 per cent of the patient's household disposable income;
- (ii) including more allowable deduction items in the calculation of the ADFR (including school fees on tertiary education for full-time students aged 25 or below, and maintenance payments), and adjusting the calculation of income

(See Note 2) for all applications; and
(iii) extending the validity period of the financial assessment of recurrent applicants (See Note 3).

The Government and the HA will continue to closely monitor the operation of the safety net and will explore from time to time the scope of further enhancement for providing sustainable and optimal care to patients.

(4) The HA has established Coordinating Committees and the Central Technology Office (CTO) to closely monitor the clinical services and medical technology development in public hospitals, and keeps on upgrading medical devices and introducing appropriate treatment options in a timely manner having regard to international guidelines and scientific research data, with a view to enhancing the detection, diagnosis and management of different diseases. The HA has been keeping abreast of the latest international development in treating glioblastoma. In 2019, the CTO conducted a technology assessment on the safety and efficacy of tumor treating fields therapy for glioblastoma. The Coordinating Committee concerned also plans to launch a pilot programme in 2021-22 to subsidise certain eligible patients with glioblastoma to receive tumor treating fields therapy with the aim of accumulating local experience and further examining the efficacy of the treatment.

The HA has also kept in view the development in Chimeric Antigen Receptor-T cell (also known as "CAR-T cell") therapy, and will introduce the treatment into public hospitals under the existing mechanism. The HA is drawing up the service details with a view to commencing implementation in 2021.

The HA will continue to keep abreast of the latest development of clinical and scientific evidence, review and enhance the relevant mechanisms and healthcare services so as to enhance its support for patients suffering from different diseases.

(5) Under the Pharmacy and Poisons Ordinance (Chapter. 138) (the Ordinance), pharmaceutical products shall meet the criteria of safety, efficacy and quality for registration with the Pharmacy and Poisons Board of Hong Kong (the Board) before they can be sold or distributed in Hong Kong. For pharmaceutical products containing new chemical or biological entity (i.e. contain active ingredients which have not been registered in Hong Kong), applications should be submitted to the Board for approval. In such case, legislative amendments are required in order to incorporate the new chemical or biological entity into the relevant schedules of legislation and to impose necessary sales control.

For registration of pharmaceutical products containing new chemical or biological entity, a "secondary review" approach is adopted in Hong Kong, i.e. the approval of the product should make reference to the reviews conducted by drug regulatory authorities of two or more designated reference countries (See Note 4). When applying for registration of a pharmaceutical product containing new chemical or biological entity in Hong Kong, the applicant should provide supporting documents as set out in the "Guidance

Notes on Registration of Pharmaceutical Products/Substances", including expert evaluation reports on the safety, efficacy and quality of the new product, and documentary proof of registration of the product (such as free sale certificates) issued by the drug regulatory authorities of two or more designated reference countries.

In order to facilitate timely registration of new pharmaceutical products for the treatment of patients in Hong Kong, the Government has introduced various measures in the past few years to expedite the registration of pharmaceutical products containing new chemical or biological entity. This included the amendment to the Ordinance in 2015 so that the legislative amendments relating to new entities could be made via the negative vetting procedure so as to expedite the time required for registration of new pharmaceutical products in Hong Kong. To further expedite the processing of application for registration, the Board implemented the Enhanced Procedures for Registration of New Drugs (Enhanced Procedures) in 2018. Upon receipt of an application for registration of a new pharmaceutical product by a pharmaceutical company, or when a new pharmaceutical product is covered under "Expanded Access Programme" of the HA, or other relevant drug programmes subsidised by the Government, the Board will initiate the legislative procedures with a view to shortening the time required for registration of the pharmaceutical product. The time required for processing application for registration of pharmaceutical products is generally shortened by two to three months after the implementation of the Enhanced Procedures.

Moreover, the DH has attached importance on service efficiency and has pledged that no less than 90 per cent of applications for pharmaceutical product registration would be processed within five months upon the submission of all required documents by the applicants. According to the Board's information, the DH fulfilled the above performance pledge in the past five years, with about 95 per cent of applications processed within five months on average per year. The DH will continue to maintain close communication and liaison with the pharmaceutical industry, and review and enhance the registration mechanism of pharmaceutical products as appropriate.

Note 1: The expenses at public hospitals/clinics on the drug under application of the last 12 months.

Note 2: Double pay, year-end payment, bonus and gratuity, as well as monthly payout amount of reverse mortgage/policy reverse mortgage will be excluded from the calculation of income.

Note 3: The validity period of the financial assessment of the first application will be extended from 12 months to 18 months on the condition that the patient contribution is not more than \$2,000. In addition, the HA will waive the requirement to submit financial documents if the patient has been referred second application within one to two months after the first application.

Note 4: There are a total of 32 reference countries, including Australia, Canada, European Union Member States, Japan, Switzerland and the United States.

LCQ9: Statistics on employees' salaries

Following is a question by the Hon Kwok Wai-keung and a written reply by the Secretary for Financial Services and the Treasury, Mr Christopher Hui, in the Legislative Council today (January 13):

Question:

Will the Government inform this Council of the following statistics in 2019 regarding the middle-level managerial and professional employees of the selected industry sections listed in the table below (using the first quarter of 2004 as the base period): (i) the Nominal Salary Index (A), (ii) the Real Salary Index (A), (iii) the Nominal Salary Index (B), (iv) the Real Salary Index (B), and (v) the number of employed persons?

Selected industry section	2019
Manufacturing, electricity and gas supply	(i)
	(ii)
	(iii)
	(iv)
	(v)
Building, construction and related trades	(i)
	(ii)
	(iii)
	(iv)
	(v)
Import/export, wholesale and retail trades	(i)
	(ii)
	(iii)
	(iv)
	(v)
Transportation, storage, communications and travel agencies	(i)
	(ii)
	(iii)
	(iv)
	(v)

Financing and insurance	(i)
	(ii)
	(iii)
	(iv)
	(v)
All of the above items	(i)
	(ii)
	(iii)
	(iv)
	(v)

Reply:

President,

The nominal salary indices (A) (NSI(A)), real salary indices (A) (RSI(A)), nominal salary indices (B) (NSI(B)), real salary indices (B) (RSI(B)), and number of employed persons (NEP) for middle-level managerial and professional employees in each of the selected industry sections in Hong Kong for 2019 are set out in Annex.

[LCQ8: Comprehensive Social Security Assistance](#)

Following is a question by the Hon Leung Che-cheung and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (January 13):

Question:

In vetting and approving applications for Comprehensive Social Security Assistance (CSSA) at present, the Social Welfare Department (SWD) considers in aggregate the income and assets of the applicants and their family members. If those elderly people who live with family members wish to apply for CSSA on their own, their family members are required to make a declaration that they do not provide any financial support to the applicants. In this connection, will the Government inform this Council:

(1) Among the applications from elderly people applying for CSSA on their own in each of the past four years (set out in a table), of (i) the number of them approved after the applicants provided the aforesaid declaration, and (ii) the respective numbers of them (a) approved and (b) rejected under the situation that the applicants were unable to provide the aforesaid

declaration;

(2) Of the justifications based on which SWD approved the applications mentioned in (1)(ii)(a), and the average time taken to complete the vetting and approval of such applications;

(3) As some applicants have indicated that they did not receive any reply from SWD about the application results until the fifth month after they had submitted their applications, whether SWD will make a performance pledge in respect of the time taken for vetting and approval of CSSA applications;

(4) Given that in order to cope with the epidemic, the Government made arrangements on several occasions last year for government personnel not providing emergency and essential public services to work from home, whether the time taken for vetting and approval of CSSA applications has been affected; if so, of the details; and

(5) Given that starting from February 2017, when elderly people who do not live with family members apply for CSSA on their own, their family members are no longer required to make the aforesaid declaration, whether the Government will consider extending this arrangement to those elderly people who live with family members applying for CSSA on their own; if not, of the reasons for that?

Reply:

President,

My reply to the Member's question is set out below:

(1), (2) and (5) The Comprehensive Social Security Assistance (CSSA) Scheme provides a safety net to help persons and families who cannot support themselves financially to meet their basic needs. The CSSA Scheme is non-contributory, but applicants have to pass a means test to ensure public resources are used on those who are genuinely in need.

Since families constitute the core units of our community, CSSA applicants (including elderly applicants) living with their family members are required to make their applications on a household basis. This requirement is based on the principle that family members living in the same household should render assistance and support to each other. When income-earners are able to support their family members who have no financial means, CSSA recipients should first utilise the economic resources of their family members to meet their basic needs. The Social Welfare Department (SWD) takes into account the resources and needs of all household members in determining the household's eligibility for CSSA. In other words, the SWD will assess the assets, income and required expenses of all household members.

Generally, the SWD's staff have to verify the financial ties between the persons who are applying for CSSA on an individual basis and the family members living with them, as well as the actual situation (including but not solely based on the declarations made by the applicants' family members living with them on whether they provide the applicants with financial

support). In fact, the SWD will refer special cases (for instance, where an elderly applicant has poor relationship with family members living with him/her) to appropriate social work service units for assistance. The SWD will also cautiously consider such special circumstances on a case-by-case basis and may, at its discretion, allow an elderly person in need to apply for CSSA on an individual basis. As the existing arrangements are working well, the Government does not intend to conduct an overhaul of the CSSA system. Meanwhile, the SWD does not maintain information on the number of applications approved or rejected on grounds that the applicants' family members have or have not made such declarations, or information on the time taken for approving the applications.

As regards singleton elderly persons not living with their family members, they can all along apply for CSSA on an individual basis. Since February 1, 2017, the SWD has abolished the arrangement for elderly persons living on their own to submit the relevant declarations. In other words, the family members of the elderly persons living on their own do not have to make declarations on whether they provide the elderly persons with financial support. Only the elderly applicants will be required to submit information.

(3) and (4) Since the outbreak of COVID-19 in the community, the Government has implemented a series of disease control measures in light of the pandemic situation, such as special work arrangement for civil servants and various arrangements to minimise social contact. To reduce the risk of community infection, the Social Security Field Units (SSFUs) of the SWD adjusted the arrangement for public services for a certain period in 2020. Nevertheless, special measures have been put in place to ensure that applications for CSSA and Social Security Allowance (SSA) (including Old Age Allowance, Old Age Living Allowance and Disability Allowance) are processed and allowances are disbursed to eligible applicants and existing recipients in a timely manner. These special measures include allowing applicants to submit applications via the drop boxes outside the SSFUs, or by post, fax or email. The SSFUs have also continued to arrange interviews with individual applicants as necessary in order to process their applications effectively. During this period, the SWD has made special arrangements and announced in mid-February 2020 that, in view of the latest situation of COVID-19, the Director of Social Welfare will consider disregarding absences from Hong Kong of applicants/recipients of the CSSA Scheme and SSA Scheme who could not satisfy the residence requirement or had exceeded the permissible limit of absence from Hong Kong under the respective schemes owing to the pandemic. These arrangements were made to protect the safety of the applicants/recipients so that they do not need to rush back to Hong Kong.

It is worth noting that while the Chief Executive announced on December 8, 2020 a new round of special work arrangements for civil servants which required them to work from home as far as possible, the Government has maintained emergency services and essential public services. This notwithstanding, the SSFUs have remained fully open to the public throughout this period of time.

Generally, if CSSA applicants or their guardians/appointees have provided all the necessary information, the application procedures can be

completed in four weeks. Even during the period when opening hours of the SSFUs were shortened in 2020, the SWD has continued to process CSSA applications in a timely manner with the aforementioned special measures.

Legislative amendments for streamlining procedures at Court of Appeal to take effect next Monday

The following is issued on behalf of the Judiciary:

Legislative amendments to streamline court procedures and facilitate processing of cases at the Court of Appeal will come into operation on January 18 (Monday).

Specifically, Part 2 of the Statute Law (Miscellaneous Provisions) Ordinance 2020 seeks to amend the High Court Ordinance (Cap. 4) as follows –

(a) amend section 34B(4) to extend the use of a 2-Judge bench of the Court of Appeal (i.e. "2-Judge CA") to determine:

(i) applications for leave to appeal to the Court of Final Appeal against the decisions made by the Court of Appeal (CA) consisting of less than 3 Justices of Appeal; and

(ii) appeals against the Court of First Instance (CFI)'s decisions to refuse to grant leave to apply for judicial review or to grant such leave on terms;

(b) amend section 34B(5) so that when the "2-Judge CA" in various types of proceedings cannot reach a unanimous decision, in addition to a party being allowed to apply to re-argue the case before a "3-Judge CA", the Court may also make such an order on its own motion; and

(c) amend sections 4(2) and 5(2) to clarify that an additional judge in the CFI or the CA has the power to dispose of cases on paper without physically "sitting" in court.

To implement the new arrangement for the use of 2-Judge CA to hear the leave applications, the Judiciary has updated "Practice Direction 2.1 – Application for leave to appeal to the Court of Final Appeal filed in the Court of Appeal in Civil cases" to reduce the sets of skeleton submissions required of parties. The updated Practice Direction will also take effect on January 18. It is available at the Judiciary website:

legalref.judiciary.hk/lrs/common/ju/newpds.jsp.