

## 年齡無界限 健康齊共享

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(以下譯文節錄自陳醫生的發言)

1. 世界衛生組織認為世界各地能訂定和實施「積極健康樂頤年」(active ageing) 的政策，落實「健康」、「參與」、及「保障」的策略，則可提高人民生活質素，解決人口老化的問題。政策應涵蓋整个人生過程，在制訂政策時亦須顧及年長人士的權利、需要、選擇及能力。
2. 研究顯示糖尿病、心臟病等慢性病是在年幼時起端倪。故此及早預防非傳染疾病很重要。很多海外公共疾病管理案例顯示任何時候開始都不算太遲。
3. 衛生署重新劃定的功能包括：政府的醫務顧問、醫藥監管機構、健康倡導者、與及預防及控制疾病。在推行積極和健康老年生活的政策及計劃方面，衛生署發揮著一個策略性的作用。
4. 衛生署制訂及推行多種服務，在改善公眾（包括年長人士）健康、防止疾病蔓延方面，發揮著主導及催化的作用。
5. 衛生署亦為決策局及部門首長在制定政策過程中提供有實證(evidence-based) 的諮詢服務，與及倡議公眾健康應成為所有發展計劃的考慮因素。
6. 促進個人、家庭及社區健康及進行健康教育是衛生署的一項基本工作。一個例子是促進康健樂頤年及敬老。署方和很多機構合作，多方面糾正社會對年老的錯誤觀念。
7. 衛生署具備所需的基本設備及跨專業隊伍，為市民促進健康、防止疾病／殘疾、減低非傳染疾病及改善市民的體質。
8. 衛生署是公眾衛生服務的主要提供者。但私營服務提供者亦擔當重要角色。署方樂意和私營界別尋找更多合作的機會。衛生社會服務以及公營及私營界別的整合是為年長人士提供無縫照顧不可或缺的因素。

## Towards Health for All in a Society for All Ages

Dr Margaret Chan

Director of Health

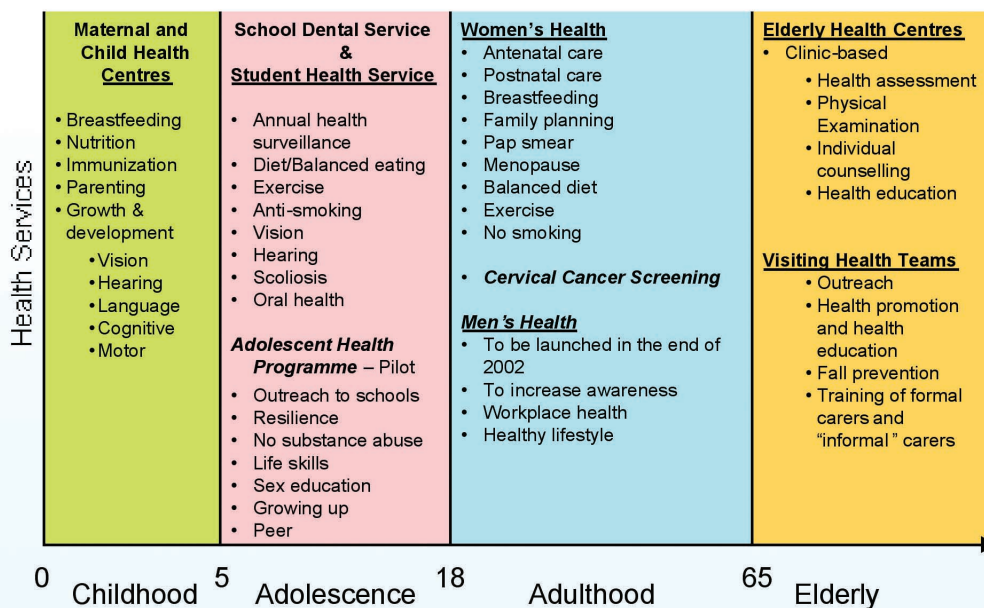
The Government of the Hong Kong Special Administrative Region

(The following is the written speech of Dr Chan)

1. Ageing of the population – is it a burden or an opportunity? Before I give my view, let me begin by telling you our situation in Hong Kong. A month ago, the Commissioner for Census and Statistics announced the Hong Kong Population Projections for 2002-2031. The picture for 2031, less than 30 years from now, shocked many people.
2. Most of the media reports highlighted the ageing of the population and its impact on the society in health and social security and so on. Indeed the proportion of the elderly will be double from 12% to 24%, and the median age will increase by 9 years, from 37 to 46.
3. This is caused by the continuing low birth rates and also the increase in life expectancy, which has continued over the last 2 decades and will continue for the next 3 decades. This increase in life expectancy will be for everybody, including those who are already in the older age group. For example, a woman who is 60 year old now can expect to live for 26 more years, i.e. until 86; but by 2031, a woman of the same age of 60 can expect to have 29 more years to live, i.e. until 89.
4. In terms of absolute numbers, the total number of the elderly will increase from some 750,000 to 2.1 million. This increase will be especially prominent for the older olds. In fact the number of those above 85 would be more than triple. In 2001 there were 808 centenarians. There will no doubt be many more by 2031. Living to a hundred will no longer be a wish, but a reality.
5. But the community's response to these projections did not quite match the triumph that we should be experiencing. Instead there was a great deal of concern for the burden to the future society.
6. Currently, the Elderly Dependency ratio is 1:6, but it will increase to 1:2.6. In other words, every 2.6 adults will need to take care of one elderly in 2031 whereas now there are 6 adults to share out the burden. To put it simply, a gloomy picture is being painted for the ageing of our population.

7. But the Director-General of the World Health Organisation (WHO), Dr Gro Harlem Brundtland said: "population ageing is first and foremost a success story for public health policies as well as social and economic development....."
8. The WHO argues that countries can afford to get old if governments and civil society establish "active ageing" policies and programmes that optimizes opportunities for health, participation, and security in order to enhance quality of life as people age. The policies and programmes should be based on the rights, needs, preferences and capacities of older people and they should adopt a life course approach.
9. Throughout the life course, interventions are introduced to promote health and prevent diseases and disabilities. Research has shown that chronic conditions like diabetes and heart diseases, begin in early childhood. Therefore it is important to act early in order to reduce the risks of non-communicable diseases, or NCDs. Experience from many public health intervention programmes overseas has shown that it is never too late to start.

## Life Course Approach to Health Promotion and Diseases & Disabilities Prevention



10. Using the WHO recommendation as a benchmark, let us examine what we have done in Hong Kong to help people remain healthy and active? Put it in another way, how do we fare in terms of preparedness for taking on the challenges of an ageing population?
11. On political commitment, in 1997, the Chief Executive announced in his annual policy address, the policy on Care for the Elderly.
12. A high power Elderly Commission was established in 1997, with members drawn from many sectors including the elderly. The terms of reference or scope of work include:
  - to advise Government on the formulation of a comprehensive policy for the elderly including matters relating to the care, housing, financial security, health and medical, psychological, employment and recreational needs of the elderly;
  - to co-ordinate the planning and development of various programmes and services for the elderly, and to recommend priorities for implementation having regard to manpower, financial and other resources; and
  - to monitor the implementation of policies and programmes affecting the elderly, and to make recommendations to Government to ensure that the agreed objectives are met
13. The Secretary of Health and Welfare, in his consultation document entitled "Life-long Investment in Health", proposed some important strategic directions for our health care reform. These proposals will have major influence on our policies and programmes on health for all in an ageless society.

### **Strategic Directions**

- (a) Strengthen preventive care
- (b) Re-organize primary medical care
- (c) Develop a community -focused, patient-centred and knowledge-based integrated health care service
- (d) Improve public/private interface
- (e) Facilitate dental care, and
- (f) Promote Chinese medicine

14. As for the Department of Health, our redefined roles cover: advisor, regulator, health advocacy and promotion, and disease prevention and control. The Department of Health holds a very strategic position in contributing towards the policies and programmes on active and healthy ageing. I shall elaborate in greater details.
15. The Department of Health, as the Government's public health agency, holds a central and catalytic role in the planning and implementation of a wide range of actions to improve the health of the population, including that of the elderly, to safeguard the population from risks to health.
16. The Department of Health is gearing up to provide evidence-based advice to other policy secretaries and departments in policy formulation and programme planning. We also advocate putting health on the agenda of all development programmes.
17. Health promotion and education, at personal, family and community levels, is a core function of the Department of Health. For example, in promoting healthy ageing and respect for elders, we work with many organisations and through various means to correct misconceptions /myths and to provide facts and evidence about ageing.
18. The Department of Health has programmes, supported by infrastructure and multi-disciplinary teams, to promote health and prevent diseases and disabilities throughout the lifespan, to reduce NCDs and improve the functional capacity of people.
19. Clearly, the Department of Health is the major provider of many public health functions and services. The private sector does have an important part to play and the Department is willing to work with them to identify further areas for collaboration.
20. So far, I have highlighted the high level political and policy commitment of the Chief Executive and the Secretary of Health and Welfare, and the contribution of the Elderly Commission on active and healthy ageing. I have explained in some details the work of my Department in refocusing on health maintenance for all ages throughout the entire life course. Health maintenance is a strategic direction. It minimizes sufferings and maximizes health and functional capacity to facilitate active participation of the elders in society's affairs. Health maintenance makes good economic sense.

21. Time does not allow me to discuss the contributions towards health maintenance of other important players like the Hospital Authority, the Social Welfare Department, and some non-government organisations. But I would like to make one point: better interface and collaboration between the health and social services, between the public and private sectors is critical to ensure seamless care to our elderly.
22. In conclusion, the Hong Kong community, the Government, the families and individuals, working together in a proactive manner, have ensured that the policies and programmes for active ageing are in place to enhance the health, participation and security of older citizens. A great deal has been accomplished and much more needs to be done. Overall, we have done well, in terms of the WHO benchmark, and we are well-positioned to take on the challenges of an ageing population and could even turn them into investment opportunities for enhanced productivity for the community.