

## CHAPTER 8

## HEALTH

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### **I. Definitions, methodology and background**

#### *Definition*

- 1 We categorize the health service sector in Hong Kong according to the definition suggested by the Central Policy Unit (CPU), Hong Kong SAR Government, with minor modifications.
- 2 The sector includes:
  - (a) hospitals<sup>1</sup>;
  - (b) mental health treatment centres;
  - (c) rehabilitation (including patients' self-help) organizations;
  - (d) in-patient (including residential) nursing home services<sup>2</sup>;
  - (e) crisis prevention (including suicide prevention) services;
  - (f) public health and wellness education (including first aid training, family planning services, workplace safety, anti-smoking, drug prevention, AIDS education);
  - (g) alternative medicine (including traditional Chinese medicine treatment services, yoga clinics);
  - (h) auxiliary medical services;
  - (i) medical foundations<sup>3</sup>.

#### *Methodology*

- 3 Data for the present study are obtained from various sources. The sources include in-depth interviews, survey data, official reports and information from other academic studies.
- 4 A survey was carried out based on the population list provided by the CPU. The objective of the survey was to obtain data on the size, the composition and the service profile of health organizations in the Third Sector. A structured questionnaire was sent to the sampled organizations and was completed by organization representatives. The questionnaire included the following aspects, namely, nature of organization, history and legal form of organization, employment, governance, volunteers, service provision, expenditure, income and other issues of concern. The survey data were available to research team for analysis after cleaning and processing by the CPU.
- 5 In-depth interviews were carried out to draw detailed information from senior personnel in the sector. Having consulted with some key informants of the subject area<sup>4</sup>, a list of targeted health agencies and service organizations covered a wide range of service deliveries was drafted, which later became the sampling

frame for reference (see Appendix I). In order to improve the representativeness of the interview data, organizations were categorized according to their function. The research team then sent the interview guide (in Chinese) (see Appendix II), together with a formal invitation letter issued by the CPU (in Chinese) (see Appendix III), to the (head/director/officer in charge/senior member) of the targeted agencies or organization according to the list of interviewees.

- 6 Finally, 21 invitations were sent and follow-up calls were made to confirm the participation of the targeted agencies and organizations and to arrange the schedule of interviews. The response rate was 62% (with 13 of the 21 organizations agreeing to be interviewed, see Appendix I). Finally, 13 face-to-face in-depth interviews and one focus group interview of five patients' self-help organizations were conducted from October 6 to November 1, 2002. As a result, a total of 18 health agencies or organizations were interviewed. These organizations covered a wide range of service deliveries including rehabilitation, nursing home services, crisis prevention, public health education, auxiliary medical services, alternative medicine and self-help services. The respondents were all senior and experienced personnel in their organizations, who could provide us with their perspectives and views on the landscape and development of their field.
- 7 All interviews were conducted in a quiet environment. Tape recordings were made with the interviewees' consent while the main points were jotted down if the interviewees refused to be taped. Researchers then prepared summaries of each interview for further analysis.

### ***Background***

- 8 The history of the health sector can be briefly described as follows. The Government took a very limited role in providing health services to local Chinese at the beginning of the colony. Health services were mostly provided by foreign missionaries and traditional Chinese organizations, such as the Tung Wah Hospital. After World War II—and particularly after the eruption of the Chinese civil war—a gargantuan tide of refugees from mainland China flooded into Hong Kong. The Government concentrated its severely overstretched resources on communicable diseases and left other health services, such as the fight against tuberculosis, to voluntary organizations. In the 1970s, with more resources on hand, the Government was able to spend more on medical services to meet the growing demand. It recruited more professional staff and provided higher standards of service. But although the Government poured money into the building of new hospitals, facilities were still insufficient. Since it had a “small government” policy, the Hong Kong Government did not want to assume the entire responsibility of providing health services. In 1990, the quasi-governmental Hospital Authority was set up. All government hospitals were put under this independent statutory body. Though the Hospital Authority became the leading organization in providing medical services, other Third Sector organizations continued to contribute to the health sector. Patients' self-help organizations and medical foundations, which soared in the 1980s, were two examples. The involvement of the Third Sector in the health services is set

forth below:

*Non-intervention of the Government*

- 9 At the onset of the colony, the duties of the Colonial Surgeon, appointed in 1843, even did not include treating the indigenous Chinese. The Government involvement was mainly in the public health area. The first civil hospital, the Government Civil Hospital, was established in 1850. However, it provided only Western medical treatment and its daily charge was HK\$1, a very large sum in those days. As a result, only very well-off patients were able to afford treatment<sup>5</sup>. Medical services for the ordinary Chinese were left to voluntary agencies. Those were mainly foreign missionaries, in particular the Medical Missionary Society from Britain and America, and traditional organizations set up by the local Chinese, such as the Tung Wah Hospital.
- 10 Protestant missionaries began to arrive in Macau in the early 19<sup>th</sup> century. Among them were doctors who wanted to spread the gospel through treating patients. One of them was Dr. Benjamin Hobson of the London Missionary Society. In 1839, he was advised by the society to move from Macau to Hong Kong to establish a hospital. On June 1, 1843, the Medical Missionary Hospital of Hong Kong was opened in Wanchai<sup>6</sup>. It was the first hospital to provide Western medicine for the local Chinese. In the first two years Dr. Hobson treated 7,221 patients of whom over 1,200 were admitted to the wards. The London Missionary Society continued to establish new hospitals – including the Alice Memorial Hospital and the Nethersole Hospital-- in subsequent years. Later, other missionaries also established and operated hospitals. The United Christian Hospital, the Caritas Medical Centre and the Hong Kong Baptist Hospital were all established by religious groups.
- 11 Local Chinese traditional organizations also provided medical services. Many businessmen, workmen and others came to Hong Kong from the other parts of China seeking work in the newly established port. The new immigrants asked for, and was granted, the right to build a temple in which they could place the death tablets of deceased persons. As a result, the Kwong Fook I-ts'z (廣福義祠) was built.
- 12 While the I-ts'z was supposed to house only death tablets, often sick people awaiting death were also placed there. This showed that the medical services provided by the Government Civil Hospital and the Missionary Hospital were not well-received by the local Chinese. They needed a different kind of hospital, where there was no imposition of either Western medical practice or religious teaching.
- 13 In April 1869, the death of a man at the I-ts'z precipitated a scandal when a government investigation found deplorable conditions in the temple. In May 1869, Governor Richard MacDonnell proposed the establishment of a Chinese hospital subject to government regulation. The idea was well received by leaders of the Chinese community. They raised more than \$40,000 and, together with funds from the Government, the Tung Wah Hospital was opened in 1872. An ordinance passed in 1870 stipulated that all the members of its

founding Board of Directors had to be of Chinese origin. The Tung Wah Hospital became the first “Chinese hospital.” Patients there were treated by practitioners of traditional medicine.

- 14 The Tung Wah Hospital was quite successful in its first 20 years. In fact, in time the Hospital Committee came to be regarded as the “representatives” of local Chinese by the Government. However, the hospital faced a crisis in 1894 when bubonic plague struck Hong Kong. The Government criticized the hospital’s handling of plague cases, including failure to make the proper diagnosis. The confrontation between the Government and the Tung Wah Hospital Committee led to reforms in late 1896, when Western medicine was introduced into the hospital. More public health regulations were imposed on the hospital. The hospital slowly lost its autonomy and became integrated into the government medical system<sup>7</sup>. However, other hospitals modelled after Tung Wah later emerged and now form the Tung Wah Group of Hospitals. Today, the Yan Chai Hospital and the Pok Oi Hospital, together with the Tung Wah Hospital Group, continue the traditional methods of treating patients.
- 15 The social situation changed significantly after World War II. The influx of refugees from the Chinese civil war forced the Government to concentrate its limited resources on communicable diseases, particularly small-pox and cholera, leaving other health services to be provided by voluntary organizations. These included the fight against tuberculosis, family planning and community-based health projects.

***Standard up-grading and increased involvement of the Government***

- 16 Gradually, the Government felt the need to do forward planning for medical services. In 1957, it proposed numerical targets for hospital beds and clinics based on demographic projections. In 1964, the Government published a White Paper<sup>8</sup>, the first consolidated and publicly available document detailing the Government’s development plans. The thrust was to build more hospitals, to expand the subvented sector and to increase the bed-to-population ratio. A decade later, these objectives were largely achieved. Further forward planning under the Medical Development Advisory Committee produced the second White Paper in 1974<sup>9</sup>.
- 17 In the 1970s, Hong Kong became one of Asia's fastest developing economies, with a flourishing manufacturing and industrial sector. With more resources in hand, the Government decided to spend more on medical services, raising standards and providing better services<sup>10</sup>. Gradually, the Government began replacing voluntary organizations in the provision of services. They became only auxiliary players.
- 18 However, the Government still did not want to assume the entire responsibility of providing health services. The establishment of the Hospital Authority demonstrated the Government predilection. All government hospitals were put under the HA and their personnel detached from the civil service. In this new situation, voluntary organizations continued their pioneer work in providing services to respond to the emergence of new health needs. Patients’ self-help

organizations and medical foundations are examples of the pioneering work of the Third Sector, which received only limited support from the Government. On the other hand, the Government would sometimes cooperate with the voluntary organizations to provide services, as in the case of AIDS control.

*Development of the Third Sector as a response to emerging health care needs*

- 19 Tuberculosis became a major health problem in Hong Kong in the 1940s, with a worrying number of deaths. In 1948, for example, 108.9 people per 100,000 died of tuberculosis. The previous year, the first public service for tuberculosis was established at the Harcourt Health Centre followed by a few subsidiary clinics around Hong Kong. Initially, those centres only provided limited facilities, such as provision of vitamins, tinned food, milk powder and rice<sup>11</sup>. Then voluntary organizations came to help. Mr. Jehangir H. Ruttonjee started his campaign against tuberculosis in the late 1940s. He called on a number of close and influential friends and convinced them of the need to fight tuberculosis. They formed the Hong Kong Anti-Tuberculosis Association in 1948<sup>12</sup>. The former naval hospital in Wanchai was converted into Ruttonjee Sanatorium in February 1949, mainly for the treatment of tuberculosis. As more resources became available, the Government gradually assumed the main responsibility for treatment and prevention of the disease. Following a gradual decrease in the number of tuberculosis patients, the Government changed Ruttonjee into a general hospital.
- 20 Another important health service initiated by voluntary organizations was family planning. The Family Planning Association of Hong Kong<sup>13</sup> which was founded in 1936, provided birth control services. During the 1950s, large families and child labour were common in Hong Kong. Information on birth control was greatly needed. The association was popular as it provided free contraceptives. In the 1970s, the Government gradually incorporated the association's birth control clinics into its Maternal and Child Health Centres. Nowadays, the association has become a partner of the Government in promoting knowledge of reproductive and sexual health and providing comprehensive care for women.
- 21 Voluntary health organizations also supplied new concepts of medical treatment. As Hong Kong began to industrialize, new industrial towns such as Kwun Tong were set up. At the end of the 1960s, Kwun Tong was still an isolated industrial zone at the eastern edge of the urban area with a population of 300,000. There was a desperate need for a new hospital. In 1973, the United Christian Hospital was established<sup>14</sup>. The new hospital was built around the concept of community-based health care. It attempted to break away from the traditional "ivory tower" image of a hospital and to create an organization where the needs of individual people and their community were the primary concern. It insisted on the importance of volunteer workers from the community. It also stressed the importance of keeping a healthy person healthy and not to wait until sickness struck<sup>15</sup>. The concept of community-based health care is now firmly established in the medical field<sup>16</sup>.

***Continuing pioneer works from the Third Sector: self-help movement with accumulation of social capital***

- 22 Personal health is not only the business of professionals. Even patients have a role to play. Self-help organizations became an important part of the health sector. Self-help organizations can be defined as groups made up of individuals who pursue the common goal of furthering their own welfare and interests. These organizations not only provide meaningful social, educational and leisure activities, but also promote a spirit of mutual help among people with a disability<sup>17</sup>. The oldest self-help organization was formed in 1964 by a group of people with visual impairment<sup>18</sup>. In 1989, it was estimated that the number of self-help organizations was less than 30. However, ten years later the number had soared to more than 200, involving more than 30,000 persons.<sup>19</sup> These organizations provided services not only to patients but also to those who had already recovered or the parents or other relatives of patients. The Community Rehabilitation Network of the Hong Kong Society for Rehabilitation is the major organization in facilitating the development of patients' self-help organizations<sup>20</sup>. Nowadays, the Government has formally recognized the important role of self-help organizations in helping the rehabilitation of the patients<sup>21</sup>.
- 23 Another type of voluntary organization which has developed rapidly in the last ten years is the medical foundation. Foundations are tax-exempt organizations that facilitate fund-raising to finance the provision of services. Generally, the members of the foundation include doctors, nurses, social workers, clinical psychologists, parents or relatives of patients and concerned individuals in a particular area, such as cancer. Their activities include medical, psychological, financial, social, informational, educational, developmental, as well as research. A typical example is the Hong Kong Cancer Foundation, which has various services for patients and the public<sup>22</sup>. The setting up of a medical foundation is generally decided by professionals rather than by the Government.
- 24 However, the Government sometimes took a leading role in combating a disease, such as the deadly infective disease HIV/AIDS, which aroused international as well as local concern in the 1980s. Voluntary organizations, with help from the Government, have taken an active part in prevention work and in public education<sup>23</sup>. They encourage the public to adopt a non-discriminatory attitude towards people with HIV/AIDS, formulate guidelines for personnel serving clients with AIDS and provide training for non-professional staff so that AIDS sufferers would receive the greatest help.

***The quasi-governmental Hospital Authority***

- 25 The establishment of the Hospital Authority was a milestone in the history of Hong Kong's medical services. Despite the Government pouring resources into building new hospitals throughout the 1960s and 1970s the facilities were still not enough to meet demand. At that time, Government institutions had about 50% of hospital beds and subvented hospitals 38% while the rest were in private hospitals. Yet, whenever subvented beds were full, patients would be directed to the nearest Government hospitals which, being the carer of last resort, were

forced to accept them. Government hospitals were so crowded that camp beds were erected in the corridors. On the other hand, subvented hospitals run by voluntary organizations were left free to manage things in their own way and were able to avoid overcrowding. There was little or no cooperation with the Government.

- 26 There was growing pressure for change at the beginning of 1980s. Several Unofficial Legislative Councillors proposed the concept of a “Hospital Authority” in 1983 and the Government commissioned consultants to explore the idea<sup>24</sup>.
- 27 The Government finally accepted the proposal by Scott & Co<sup>25</sup>. The Hospital Authority was established on December 1, 1990 as a quasi-governmental organization under the Hospital Authority Ordinance. It has an independent Board of Directors but is accountable to the Government through the Secretary for Health and Welfare (now the Secretary for Health, Welfare and Food), who is responsible for the formulation of health policies and for monitoring the performance of the authority. Though the Hospital Authority is largely funded by the Government, it is intended to retain operational autonomy. The subvented and the government hospitals were brought together within an integrated effort accountable to the Government so that they could fulfil complementary roles in caring for the community. Differences in employment conditions between the Government and subvented hospitals were eliminated.
- 28 The Hospital Authority has initiated many managerial and structural reforms in the organization of public hospitals, moving away from the former bureaucratic structure towards a more transparent and service-oriented management culture and has won praise for improvements in quality and productive efficiency<sup>26</sup>. However, the Hospital Authority is under pressure as the Government faces huge budget deficits. Hospital charge increases have been proposed. Patients even have to pay for emergency room services. How to support a high-quality health care system with falling financial support will be a challenge for the Hospital Authority.
- 29 Nowadays, the Hospital Authority is the dominant force in providing medical services. It provided about 83% of the 35,100 hospital beds in Hong Kong in 2000<sup>27</sup>. Together with the Department of Health, the public sector covers health services from primary to tertiary areas. Voluntary organizations in the health sector face the challenge of how to position themselves.

## **II. Current situation of the health sector**

- 30 This section will focus on quantifying the current situation of the health sector. The sources of data mostly come from survey findings, in-depth interviews and the annual reports of various government departments and organizations. These data outline the landscape of the sector.

### ***Description of the landscape of the health sector***

- 31 Most organizations in this sector, such as hospitals, provide direct services (e.g.

healing and health education) to the public. Other organizations might play supplementary roles, such as raising funds (medical foundations), or providing consultancy and professional support (e.g. the Community Rehabilitation Network).

- 32 According to figures from the Hospital Authority, there were 43 hospitals and health care institutions, 47 specialist outpatient clinics and 13 general outpatient clinics under its management in 2002.
- 33 The number of self-help organizations had also been rising, with 165 self-help organizations representing 25 categories of patients, according to a study of self-help organizations in Hong Kong conducted in 1999<sup>28</sup>. At the time, members of all patients' self-help organizations exceeded 25,000. About 38% of these were small groups, with between five and 37 members. Medium-sized groups with between 38 and 146 members accounted for about 28%. The remaining 34% had 147 to 2,240 members. Most patients' self-help organizations were recently established. About 37% of organizations were less than three years old while only about 9% had been established for more than seven years.
- 34 The survey data on the founding year of organizations presented a similar picture about the historical development of this sector. According to the survey, 64.5% of the responding organizations were founded in the transition period from 1986 to 1997 (See Table 2.1). This corresponds to the development of the self-help organizations in the community during that period.

Table 2.1: Year of formation of the organizations (survey)

Period	%
1841-1911	6.5
1912-1945	3.2
1946-1975	9.7
1976-1985	3.2
1986-1997	64.5
1998 onwards	9.7
<u>Blank/Missing</u>	3.2
Total	100

(n = 31)

### ***Role in economy***

#### Source of income

- 35 Subvention was still an important source of income for most organizations in this sector. Subvention from government bodies (such as the Hospital Authority), the Hong Kong Jockey Club Charities Trust, the Lottery Fund, the Hong Kong Community Chest and various foundations were the major sources of funding for this sector. Due to the non-availability of comprehensive data, only the following expenditure situations on various funding sources are cited. Though they might not represent the whole picture, they represented a significant portion of the funding sources for the health sector. For the year 2001-02, recurrent expenditure of the Hospital Authority was \$29.88 billion<sup>29</sup>. Through the Department of Health, government subvention to voluntary health institutions in

2001-02 was \$261.7 million<sup>30</sup>. Subvention from the Hong Kong Jockey Club Charities Trust (health and medical) was \$30.4 million (included funding to 6 organizations for recurrent expenditure and five organizations for projects)<sup>31</sup>. Besides, some organizations might obtain funding from the Social Welfare Department for health promotion or health care works. The budget subvention for rehabilitation and medical social welfare services by the Social Welfare Department was \$2.14 billion, which was 29% of the total subvention in 2001-02<sup>32</sup>.

- 36 Apart from government subvention and various charity funds, organizations in this sector attempted to diversify their source of income to maintain their daily functions and for further development. All organizations interviewed received their income from more than one source. Service charges, sale of products, membership fees and public donations were common fund-raising methods (See Table 2.2).

Table 2.2: Income structure of organizations interviewed (in-depth interviews)

Case	Source of income
H01	Community Chest, Jockey Club, Project funds
H02	Subvention from Hospital Authority
H03	Identity not disclosed
H04	Subvention from Hospital Authority, Social Welfare Department, service charge
H05	Identity not disclosed
H06	Service / training course charge
H07	Lottery Fund, Jockey Club
H08	Subvention from Social Welfare Department
H09	Membership fee, service charge
H10	Subvention from Hospital Authority and Social Welfare Department
H11	Subvention from Department of Health, service charge
H12	Project funds

#### Employment and expenditure

- 37 On the aspect of employment, 49,692 full-time and 98 part-time staff were employed by the Hospital Authority in 2000-01. Of that, 23,724 were medical personnel<sup>33</sup>. The public hospitals in our study employed 17,409 persons<sup>34,35</sup>. Actually, organizations in this sector varied a lot in the size of their staff. As shown in Table 2.3, the number of those employed varied from two to as many as 1,500 and this correlated with the size of organizations interviewed and the scope of their functions.

Table 2.3: Number of staff of the organizations interviewed (in-depth interviews)

Number of staff (full-time staff)	Number of organization	%
<10	5	41.7
100-500	4	33.3
501-1,500	3	25.0
Total	12	100.0

Table 2.3 suggests that most organizations interviewed relied on full-time staff. But this is contradicted by the data in table 2.4. The survey data showed that

over 40% of the responding organizations did not have any full-time staff. In fact, most of them (61.3%) were running on a limited budget of less than \$500,000 per annum (Table 2.5).

Table 2.4: Number of employed staff (from survey finding)

Number of staff	Full-time (%)	Part-time (%)
0	41.9	41.9
1-10	19.4	19.4
11-20	0	6.4
21-50	3.2	25.9
101-500	9.7	0
501-1000	6.5	0
Over 1000	3.2	0
Blank	16.1	32.3
Total	100	100

(n = 31)

Table 2.5: Recurrent expenditure in the past year (HK\$ per annum) (from survey finding)

	%
Less than \$100,000	41.9
\$100,000 – 250,000	16.1
\$250,001 – 500,000	3.2
\$500,001 – 750,000	6.5
\$1 – 2 million	3.2
\$2 – 5million	3.2
\$5 – 10 million	3.2
Over \$20 million	16.4
Blank	6.5
Total	100

(n = 31)

- 38 As a result of the large variety of funding channels, it is difficult for the current study to create an overview of the contribution to the economy of this sector. Information on medical foundations, which are vital funding sources for health care services, was lacking. If that information could be obtained, the health sector's role in the economy could be more clearly discerned.

### ***Role in society***

#### Users

- 39 The number of beds provided by hospitals under the Hospital Authority was 29,022 in December 2001. That meant the Hospital Authority covered most in-patients service in the territory. The Hospital Authority also provides some primary medical services in 13 primary care clinics providing nearly one million general outpatient attendances. In 2001-02, inpatient and day patient discharges and deaths were over 1.2 million<sup>36</sup>.
- 40 On the other hand, as can be seen from the in-depth interviews, the number of people served by this sector represented a large spectrum of the public, ranging

from professionals and students to the public at large. The number of users for the services also varied, not just by the size of the organizations, but also by their functions (Table 2.6).

Table 2.6 : Nature and number of users of services (in-depth interviews)

Case	Targeted users	Average number of users (per year)
H01	Public	10,000 – 11,000
H02	Unspecified	2,000
H03	Members + trained professionals	About 190,000
H04	Multiple	Unspecified
H05	Unspecified	Unspecified
H06	Public	10,000 – 20,000
H07	Unspecified	Unspecified
H08	Unspecified	600
H09	Members	20
H10	Multiple	Unspecified
H11	Public	>10,000
H12	Students	About 100 school talks

- 41 As many organizations in this sector were self-help organizations, the users of their services were also their members. The finding of the survey supported this assertion. About half of the responding organizations claimed that their target users were their members and members of the Hong Kong public while only about one-third serves primarily the Hong Kong public at large. (Table 2.7).

Table 2.7: Nature of target users (from survey finding)

	%
Members only	9.7
Primarily members and some members of the public in Hong Kong	51.6
Primarily the public at large in Hong Kong	32.3
Only the public at large in Hong Kong	3.2
Blank	3.2
Total	100

(n = 31)

#### Volunteers

- 42 The findings of the survey showed two interesting phenomena about volunteers in this sector. Firstly, the health organizations depended heavily on volunteers' work, with 87.1% of the responding health organizations claiming that they mobilized volunteers for their work compared to only 62.2% of the whole sample of the survey. Secondly, as compared to other sectors, the organizations in health sector had a larger proportion of volunteers recruited from their own members (Table 2.8). The "members" of these organizations had two roles: service recipient and service provider, which was a prominent feature of the self-help movement.

Table 2.8: Nature of volunteers (from survey finding)

% as organization member	% among health organizations	% among all organizations
0%	20.7	13.6
1 - 25%	24.1	24.6
26 – 50%	0	5.6
51- 75 %	6.9	6.3
76 – 100%	37.9	34.7
Blank	10.3	15.2
Total	100.0	100.0
	(n = 29)	(n = 427)

- 43 Some health organizations, especially the self-help organizations, found it difficult to mobilize volunteers though they depended heavily on them. Just as with welfare organizations, the role of volunteers in these health organizations was quite ambiguous. Some organizations, recognizing that volunteers were an important source of human capital, had registered their volunteers. They could provide concrete data on volunteer development. However, other organizations regarded volunteers only as providing short-term assistance and did not have well-documented data on the number of volunteers who participated in their activities. Besides, mobilization of volunteers also depended on the nature of the work or the events concerned, which varied among organizations. Data from in-depth interviews also indicated that the health organizations had relied heavily on volunteers as shown in Table 2.9.

Table 2.9: Number of volunteers mobilized by organizations interviewed (in-depth interviews)

Number of volunteers (registered)	Number of organizations	%
100-500	6	67.7
2,000	1	11.1
16,000-30,000	2	22.2
Total	9	100.0

### **III. Links among the Government, the market and the Third Sector**

- 44 Though the Hospital Authority has its own statute, it is largely funded by and accountable to the Government. Many of its decisions are viewed as Government decisions. A recent example was the revamp on medical fees for using the Hospital Authority's facilities, which was announced by the Secretary for Health, Welfare and Food<sup>37</sup>. The quasi-governmental status of the Hospital Authority creates a complex relationship between itself and the other health service providers.
- 45 The Hospital Authority and the Department of Health are the dominant players in the provision of health services. For-profit organizations, such as private hospitals, clinics and doctors, need to directly compete with them. With committed resources from the Government, the Hospital Authority now provides high quality and inexpensive services to the public. The for-profit organizations complain vigorously about this "unfair" competition. There is evidence that the

Hospital Authority's improved services have slowed down the growth of private expenditures in medical services<sup>38</sup>. The public and private sectors also put pressure on each other in several ways, such as by competing for staff. Lack of co-ordination between them produced segregation in the delivery of health care services.

- 46 Non-profit organizations face a similar difficulty. They need to provide inexpensive, high-quality services while at the same time seeking stable funding sources, such as through the provision of new services.
- 47 Using the classification of the relationship between government and the Third Sector in Gidron, Kramer and Salamon (1992)<sup>39</sup>, the relationship between the Hong Kong Government and the health organizations can be best described as from a Third-Sector-Dominant Model turning to a Dual Model. In the Third-Sector-Dominant Model, the voluntary organizations play the dominant role both in financing and actual delivery of the services. Although the Government's scope of involvement is very wide, still some voluntary organizations like the self-help organizations and medical foundations raise money and deliver services by themselves. Government involvements are limited in these areas.

#### **IV. Major issues facing the sector**

- 48 The major concerns of the interviewees in the health sector were the lack of recognition of the contribution of the voluntary organizations and the training of volunteers. Many interviewees felt that the Government did not respect their expert opinions and did not fully consult them in the policy making process. As a result, they felt, their priorities were not on the Government's agenda. Another concern was the training of volunteers. Because many services needed professional skills, the volunteers needed a lot of training. Sometimes experienced volunteers were difficult to keep and this frequently created manpower shortages.

#### ***Funding***

- 49 Voluntary organizations had a great variety of funding sources. They included: (i) Government (Hospital Authority, Department of Health or Social Welfare Department) subvention; (ii) Government project grants; (iii) Public funds (the Hong Kong Community Chest, the Hong Kong Jockey Club Charities Trust, etc.); (iv) Levy; (v) Flag sale; (vi) Public fund-raising; (vii) Fund from members of patient organizations or volunteers; (viii) Assistance from other voluntary organizations; (ix) Fee charging.
- 50 Government funding was the foremost source for some organizations. However, they were not treated as a partner. For example, they were given very little notice before the department (or Hospital Authority) decided that the subvention would be decreased. (Case H04)
- 51 Government project grants such as Health Promotion Funds and AIDS Trust Fund (ATF) were also a major source for some organizations. However,

because the grants were generally short-term and unstable, it created problems for long-term planning.

*“Our budget is not planned in advance, it totally depends on how much funds we get during the year...The short-term funding policy of the ATF shows that the government is not sincere in supporting the NGOs.” (Case H12)*

52 Public funds such as the Hong Kong Community Chest and the Hong Kong Jockey Club Charities Trust were major sources for some organizations. Medical foundations could be another source of public funds. However, because of the economic environment, grants from these public funds were also declining.

53 One statutory interviewee was financed by levy. Though it was not affected by cuts of government funding, it still needed to prepare for shortages resulting from the economic downturn.

*“[Funding] is not controlled by us or the Government... Our budget is to be approved by the Government and has to follow the principle of balanced budget...The pressure of Enhanced Productivity Programme and expenditure streamline comes from ourselves.” (Case H06)*

54 Flag sales provided additional sources for some voluntary organizations, as is the case in the welfare sector. However, because of the Social Welfare Department’s policy, they faced similar problems as the voluntary organizations in the welfare sector.

55 Some agencies might also raise funds through their parent charitable or religious organizations, providing them with an extra source of funding.

*“Some pioneer projects which are not supported by the Hospital Authority, we can seek financial help from our parent organization” (Case H13)*

56 Some organizations took public fund-raising as their major source of income. However, lack of expertise was a principal concern of such organizations.

57 Some patients’ self-help organizations were given assistance from the Community Rehabilitation Network (CRN) of the Hong Kong Society for Rehabilitation. The CRN provided professional social workers and facilities like a meeting place to them.

58 Some organizations also tried the “for-profit” route to raise funds. Nursing homes were one of the pioneer areas to be self-financed. Organizations such as Haven of Hope Christian Service and Chi Lin Nunnery Social Service opened self-financing elderly nursing homes. Some primary clinical services of the Family Planning Association of Hong Kong were also able to generate profit to finance other branches of services. The Hong Kong Red Cross held higher priced training courses for private companies. These organizations were quite confident of their competitiveness with the private sector because of their brand names and lower prices.

- 59 The in-depth interviews revealed that there was a great diversity in sources of funding among the organizations. Those which were highly dependent on government funding felt the pressure directly when Government expenditure was cut. Most organizations have tried different ways to raise funds, including running “for-profit” businesses. Some small organizations, such as patients’ self-help organizations with limited budgets, depended on other organizations for help.

### ***Management/Staffing***

- 60 Subvention cuts and their impact on staffing in the field was not uniform. This was because the sources of funding varied from the Hospital Authority, the Department of Health and the Social Welfare Department. Those that relied more on the Social Welfare Department were most affected because of the Lump-Sum Grant policy. Those relying on the Department of Health and the Hospital Authority were only required to observe the Enhanced Productivity Programme.
- 61 Groups subvented by the Social Welfare Department had more difficulties than those receiving money from the Department of Health and the Hospital Authority. Some interviewees believed that their clients were disadvantaged persons who could not afford higher service charges. The way to tackle funding cuts, they felt, was by lowering the employment terms of new staff. Groups that foresaw the funding cuts changed their pay scale before the Lump Sum Grant policy was implemented. They had more time for planning and re-engineering. The impact of the policy on staffing was better absorbed for them.

*“We prepared for funding cut before Lump Sum Grant. Started employment with contract based (but renewable contract) and some position had been de-linked from the civil service pay-scale...For some position, the wage is barred on the mid-point but bonus can be offered when an employee performs well...If the financial control is well done, some of the staff can be paid more than before.”*  
(Case H08)

### ***Volunteers***

- 62 Volunteers play an important role in the health sector. Case H01, Case H07 and all five self-help organizations attending the focus group meeting said that their volunteers played an essential role in the delivery of services. Two professional associations suggested that volunteers were the core of the organization.
- 63 Recruiting and maintaining registered volunteers to provide services raised important issues. One informant suggested that,

*“although volunteers were not professionals, their attitude towards the clients were less cool-headed than the professionals, they were more warm-hearted. Because of this, the clients felt that the society cared for them. However, the volunteers needed training. The organization could offer training courses for 100-120 volunteers every year. However, the turnover rate was as high as 32%.*

*It created wastage of training resources although recruitment was not a problem.” (Case H07)*

- 64 The situation was different for self-help organizations. They had difficulty to recruit devoted volunteers to take up the work as well as seats on the board of directors.

*“It depends on what sort of works you demand, visiting, holding activities, you may recruit ordinary volunteers, and the critical problem is how to recruit devoted members to act on the board of directors.” “I had been working here for 15 years. I cannot find another person to replace me.” “We urged someone into the board who took up the job, but did not work for long because of the pressure in life.” (Health focus group)*

- 65 These self-help organizations were established with the help of the Community Rehabilitation Network (CRN).

*“The CRN have social workers to look after us at the beginning, but then they become more like a provider of information than care-takers of the self-help organizations. Of course if there is a need, they will offer help.” (Health focus group)*

- 66 However, CRN still played an important role in the recruitment of new volunteers.

*“The volunteer training courses of the CRN help to recruit fresh volunteer to the self-help organizations.” (Health focus group)*

- 67 Though most of the interviewed groups did not rely on volunteers for core services, training and organizing of volunteers were actively promoted among them.

*“The Government should make an account of local voluntary works, like how many volunteers and how much productivity created in terms of percentage of GDP... The Red Cross has a registration instruction to all members who involve in 40 hours of voluntary work per year. Voluntary working hours are counted... We oppose the idea that volunteers are free labour; you have to cultivate them with meaning of volunteering and professionalism, and give them leadership training.” (Case H04)*

- 68 Based on the above information, many organizations had limited amount of funding, thus, their work was highly dependent on volunteers. Because much of the work required professional knowledge and experience, recruiting and maintaining the volunteers became a major issue for these organizations.

### ***Government policies***

- 69 The organizations’ opinions on Government policies could be grouped into the following areas: (i) the importance of Third Sector organizations; (ii) the volunteers’ works; (iii) taking a leading role; and (iv) the status of alternative

medicine.

- 70 The Government should recognize the importance of the Third Sector and establish a communication channel between itself and the organizations. Consultation should be arranged before the Government sets its agenda;

*“More communication with NGOs and listen more to outside voices in the policy making process... We know the present accountable Ministers are willing to listen more, although there may be compromises at the end but the process of communication is very valuable.” (Case H11)*

*“The Government should understand the difference between occupational rehabilitation and other rehabilitation. The problem should be under the policy sphere of Health not Labour.” (Case H01)*

- 71 It should also encourage district collaboration and facilitate district networking;

*“The Government should invest more in social networking, and it requires manpower to coordinate different NGOs and departments...in our experience, networking the different units in a community took a long time and should be carried out by a neutral party. There will be political concerns when someone wants to start a co-operational programme. You need to explain the spirit behind the programme and gain confidence of different parties... Better communication between government departments, between government and local communities will help.” (Case H06)*

- 72 One way to facilitate the voluntary organizations is to grant low-rent premises for all voluntary organizations but it is complained that this is often not readily available.

- 73 As for according recognition to the value of volunteer work, the Government should,

*“introduce formal recognition to volunteers. Although organizations have to recruit their own volunteers, the Government should promote the idea of voluntarism... Better way to do is to make volunteer work an item of qualification for university admission. Then citizens may do volunteer works when they are young.” (Case H08)*

- 74 It should also promote networking by providing meeting places for volunteers;

*“The idea of Community Investment and Inclusion Fund is good so that NGOs can be funded to conduct services that may not have immediate measurable result... If voluntarism is promoted by the Government, it will only become public-relation programme which is very short-term and with little effect. NGOs can arrange service-based networking centre... Promotion of networking involves facilitating the meeting places for volunteers and necessary expenditure.” (Case H03)*

- 75 It could provide stipend to the volunteers for the transportation and facilitate

more collaboration between the voluntary organizations and private sector and mobilize the private companies and their employees.

- 76 The Government should take the leading role in certain areas, like workers' health or suicide prevention;

*"We hope that there would be a central suicide committee, formed jointly by government, organizations and academics, so that Hong Kong can have an evidence-based strategy [towards suicide prevention]...The Government has to promote the awareness of suicide prevention." (Case H07)*

- 77 The Government should recognize the status of alternative medicine;

*"Proper recognition of the profession is a way to attract overseas trained chiropractors coming back to Hong Kong. And the Government should provide local training... it will lead to better assessment to the health system." (Case H09)*

- 78 We can summarize the suggestions by our interviewees as follows: (i) the Government should recognize the importance of Third Sector organizations and facilitate their work; (ii) it should also recognize and promote voluntary works; (iii) it should take a leading role in certain areas; (iv) it should recognize the status of alternative medicine.

### ***Public awareness***

- 79 Some organizations such as one in the suicide prevention area found no problems of public awareness as the Government and the media promoted their services.

*"In the beginning, volunteers were recruited by newspaper advertisement, now we have become well-known, advertisement is not necessary. People will call us and register." (Case H07)*

- 80 However some small groups, like the patients' self-help organizations, found that their services were not fully recognized by the public. They suggested that the Government and the Hospital Authority should help to educate the public about their services.

*"The society has no understanding of self-help organizations, our aims and activities are not clear to the public and we did not do large-scale promotion and advertising. Better packaging is needed." "The public should learn that self-help organization is a concept of primary care." "If some public venues such as public library etc, allow us to set up pamphlet distribution counters, it may enhance the publicity of the organizations" (Health focus group)*

### ***Ethics***

- 81 The accountability systems of our interviewees varied as their funding sources were diversified. Those that received subventions from the Social Welfare Department would be obliged to adhere to the Service Performance Monitoring

System. Those that accept funds from other Government departments would need to be accountable to the respective departments. Those receiving funding from the public would report on their work through releasing newsletters or annual reports to the public and the donors.

## V. **Recommendations and conclusion**

- 82 As mentioned in the previous sections, the Hospital Authority plays a dominant role in providing medical services and its opinions should give us a more comprehensive picture of Third Sector organizations in the health sector. However the Hospital Authority was not able to offer us an interview for the time being, hence our report only reflects part of the landscape of the Hong Kong health sector. Further research, if possible, should be conducted to gather information on the role of the Hospital Authority and its relationship with the Government and other voluntary organizations in the sector.
- 83 A clear trend of development in the health sector is the growth of a mixed economy. Public-private partnership is the term used by the Government and the Hospital Authority. But it involves a wider diversity of partnership. The current Hospital Authority-dominated ecology of the health sector is expected to change to allow more cross-sector collaboration, including partnership among the public, the Third Sector and private service providers, among Chinese, alternative and Western medicines, and among health and welfare service providers. This is facilitated by the growing awareness of the need for integrated service, community care and the change of facility-based funding formula to population-based funding formula by the Hospital Authority. Yet, our research shows that the voluntary sector, as one of the major partners, has not been actively involved in the process of policy formulation and service planning. The Government should recognize that Third Sector organizations' involvement in the decision-process not only can provide better quality services to the public but also do so in a more cost-effective way.
- 84 The Government should establish a communication channel between itself and the organizations. Consultation should be arranged when the Government sets its agenda. It should also take the leading role in certain areas, like workers' health or suicide prevention. In doing so, not just the works could be better coordinated, the public could also have higher awareness of the issues.
- 85 The major concerns of the Third Sector organizations in the health sector are the recognition of their contribution and the training of volunteers.
- 86 Because many health services require professional skills, training of volunteers is necessary. Sometimes experienced volunteers are difficult to retain and this frequently creates manpower shortages for the necessary services. The Government should promote the idea of voluntarism; offer networking by facilitating meeting places for volunteers; provide stipends to volunteers for transportation; facilitate more collaboration between the voluntary organizations and the private sector and mobilize private companies and their employees.

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- Mr. To Wing Wah,  
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## Appendix I

In the health sector, we held in-depth interviews with top-level executives of 13 voluntary organizations. Two of them did not want to be named. A focus group discussion was held on October 21, 2002. Executives of five patients' self-help organizations attended.

We have derived the field into 8 categories:

<b>Category</b>	<b>Voluntary organizations interviewed</b>
Hospitals	* H10 Haven of Hope Christian Service * H13 A public hospital (name not to be disclosed)
Elderly Care	* H08 Chi Lin Nunnery Social Service
Public Education	* H01 Hong Kong Workers' Health Centre * H06 Occupational Safety & Health Council * H11 Family Planning Association of Hong Kong * H12 Teen AIDS
Crisis Intervention	* H07 Suicide Prevention Services
Rehabilitation	* H02 An organization (name not to be disclosed) * H04 The Hong Kong Society for Rehabilitation
Alternative Medicine	* H05 Sin-Hua Herbalists' & Herb Dealers Promotion Society Ltd * H09 Chiropractic Doctors' Association of Hong Kong
Auxiliary Medical Services	* H03 Red Cross Hong Kong
Patients' Self-help Organizations	* Health focus group * Hong Kong Association for Cleft Lip and Palate * Alliance for Renal Patient's Mutual Help Association * Hong Kong Ankylosing Spondylitis Association * The Hong Kong Asthma Society * The Hong Kong Stroke Association

## Appendix II Interview Guide

### 中央政策組

### 香港第三部門概況研究

本次研究主要希望得知志願團體本身，以及第三部門現時面對的主要問題與機遇

#### 訪問問題大綱

1. 機構概況包括人手、經費來源(政府津助及其他來源的比例)、未來發展重點？
2. 現時的政府津助政策及社會服務趨勢對於貴機構的發展、人事有什麼影響？
3. 現時的政府津助政策及社會服務趨勢對於整個第三部門的影響？
4. 貴機構面對什麼競爭？競爭對於貴機構以及第三部門的影響？
5. 社會環境：除了資源問題影響貴機構的營運之外，政策、政治環境、社會氣氛、科技等，對第三部門有何影響？機遇？威脅？
6. 第三部門怎樣才可以獲得更多的社會認同？例如爭取法定地位、道德上的認同；現時流行講「創新」、「問責」、「資源增值」，你認為志願機構有冇需要迎合這些潮流？
7. 貴機構，以至第三部門整體而言，如何為香港累積社會資本？
8. 政府應該做或者不做什麼，以幫助第三部門的發展，令他們發揮最多的潛力？

### Appendix III

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敬啟者：

中央政策組現正展開一項有關香港非牟利組織整體情況的研究，旨在了解有關機構的運作情況及所面對的挑戰。冀能協助改善有關政策，藉以促進非牟利組織在本港社會發展上擔當更重要的角色。我們已委派陳志誠先生參與本項研究工作。

貴機構在業界中佔有舉足輕重的地位，對本港社會及經濟發展貢獻良多。貴機構的支持將是整個研究計劃成敗的關鍵，懇請撥冗參加一次專題小組討論或面談，有關詳情見附件。

如有任何疑問，請與本人（電話：2810 2378）或劉海先生聯絡（電話：2810 2362）。謹先多謝合作。

香港特別行政區政府  
中央政策組首席顧問  
(黃敏 代行)

二 四年八月十八日

- <sup>1</sup> There are two groups of hospitals in Hong Kong, public hospitals under the Hospital Authority and private hospitals (both non-profit and for-profit). The Hospital Authority is a quasi-governmental body. It is independently managed but accountable to the Government. Its funding largely comes from the Government though it has considerable financial autonomy. Hospitals under the authority were established either as governmental units or subvented units, with other voluntary organization's contribution. As the interest of this study is on the involvement of voluntary organizations, it is more appropriate only to take those subvented hospitals as the objects of our study. Non-profit private hospitals are also included in our population.
- <sup>2</sup> Some voluntary organizations providing nursing home services also offer other services for the elderly which belong to the category of welfare services.
- <sup>3</sup> The medical foundations not only offer grants but also provide direct services in medical, psychological, social, informational, educational, developmental, and research areas.
- <sup>4</sup> They are Dr. Amy Ho Po Ying, an academic expert in the field of health policy and Mr. Ng Heng Sau, an experienced administrator in this field.
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