

**Community Care Fund Pilot Scheme on
Subsidised Cervical Cancer Screening and Preventive Education
for Eligible Low-income Women**

Purpose

This paper serves to inform Member of a Community Care Fund (CCF) Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women (hereafter referred to as the Pilot Scheme) which is scheduled to be launched in December 2017.

Background

2. In 2015, cervical cancer was the seventh most common form of cancer among women in Hong Kong. There were 500 new cases of cervical cancer, accounting for 3.3% of all new cancer cases in the female population. According to the data of the Department of Health (DH), cervical cancer was also the ninth leading cause of female cancer death in 2016. There were 151 deaths caused by cervical cancer, accounting for 2.6% of all cancer deaths in the female population.

3. Almost all cervical cancers are caused by persistent infection with one of the cancer-causing (or high-risk) human papillomavirus (HPV) types. HPV infection is usually found in persons who have ever been sexually active. Most people with HPV infection do not have any symptoms and will clear up the infection on their own. Some females with persistent high-risk HPV infection in their cervix will develop pre-cancerous cell changes. While the majority of these changes will regress to normal, some may progress to cancer over years.

4. The currently available HPV vaccines (also named as cervical cancer vaccines) protect against two to nine serotypes of HPV viruses, hence may not provide protection to all HPV viral types. Apart from vaccination, other protective measures are needed to prevent cervical cancer, such as safer sex and

avoiding smoking. In addition, even with HPV vaccination, regular cervical cancer screening is recommended for asymptomatic women who ever had sexual experience so as to detect and treat early pre-cancerous changes to prevent cervical cancer. Evidence shows that it is proven to be an effective means to reduce cervical cancer incidence and mortality.

5. It was announced in the 2017 Policy Address that the CCF would be invited to launch a pilot scheme for subsidising eligible low-income women to receive cervical cancer screening and preventive education.

Cervical Cancer Screening in Hong Kong

6. In March 2004, the Government launched the territory-wide Cervical Screening Programme (CSP), in collaboration with healthcare professionals in the public, private and non-governmental sectors, to facilitate and encourage women to receive regular cervical cancer screening. The programme encourages women aged 25 to 64 who ever had sexual experience to receive regular screening by cytology every three years after normal pap smear results for two consecutive years. For women aged 65 or above, screening may discontinue if their routine pap smears within the last 10 years are normal, while those who have never had a cervical screen should have the test. For women aged 21 to 24 who have risk factors for cervical cancer (such as multiple sex partners, smoking and weakened immunity), they should discuss with their doctors about the need for screening.

7. The major service providers under the CSP include the Department of Health (DH), non-governmental organisations (NGOs) and private healthcare service providers. The Maternal and Child Health Centres (MCHCs) of the DH provides subsidised cervical cancer screening to the public at HK\$100 per visit currently. Such fee is waived for women who are in receipt of the Comprehensive Social Security Assistance, holders of waivers of medical charges under the medical fee waiving mechanism of public hospitals and clinics, or Level 0 voucher holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly. The MCHCs conducts about 100 000 screening every year.

8. The DH regularly monitors the coverage of cervical cancer screening among Hong Kong women through the Behavioural Risk Factor Surveillance System. According to the findings of the Behavioural Risk Factor Survey in 2016, the percentages of women aged 25-64 who had ever had cervical cancer

screening and who had been screened over the past three years are 69.6% and 55.4% respectively, which were below the ideal coverage of 80% to 85% as in other developed countries. The Survey also revealed that cervical cancer screening coverage among low income women was generally low, when compared to those with higher household income.

The Pilot Scheme

9. The Commission on Poverty (CoP) approved, at its meeting on 29 May 2017, amongst other things, a sum of \$78.61 million under the CCF to launch the Pilot Scheme for three years starting from December 2017. The Pilot Scheme aims at reducing the risk of developing cervical cancer among low-income women by reaching out and encouraging them to receive cervical cancer screening and increasing their awareness towards cervical cancer.

10. The DH is the implementing agent of the Pilot Scheme, acting as the overall administrator and co-ordinator. Under the Pilot Scheme, a number of NGOs which are experienced service providers in the CSP will be engaged to reach out to eligible low-income women and invite them to participate in the Pilot Scheme. Subsidised cervical cancer screening and preventive education will be provided and participants' screening records will be stored in a computer system, namely the Cervical Screening Information System, under the CSP to enable continuity of care and issue of regular reminders when the next screening is due.

11. To raise the coverage of cervical cancer screening within the past three years among low-income women to 80%, the Pilot Scheme will provide subsidies to some 66 000 eligible women. Beneficiaries will be those women who are receiving the following –

- (i) Comprehensive Social Security Assistance or Level 0 voucher under the Pilot Scheme on Residential Care Service Voucher for the Elderly;
- (ii) waiver of medical charges under the medical fee waiving mechanism of public hospitals and clinics;
- (iii) Old Age Living Allowance (OALA);
- (iv) Low-Income Working Family Allowance ;
- (v) Work Incentive Transport Subsidy ; or
- (vi) having household member(s) granted subsidy/remission under the School Textbook Assistance Scheme or the Kindergarten and Child Care Centre Fee Remission Scheme.

Fees charged under the Pilot Scheme will be in line with the prevailing government practices in providing subsidised cervical screening services at the MCHCs, i.e. women in receipt of (i) and (ii) above will receive free services under the Pilot Scheme and other groups, namely (iii), (iv), (v), and (vi) above, will pay HK\$100 per visit to the service providers. OALA recipients who are holders of Certificate of Old Age Living Allowance Recipients (for Medical Waivers) will be exempted from payment.

Next Step

12. Active reaching-out to targeted groups by service providers is one of the key features of the Pilot Scheme. The DH, as the implementing agent of the Pilot Scheme, is launching a promotional campaign on prevention of cervical cancer in order to promote public awareness of cervical cancer screening. Publicity and health educational materials will also be produced to promote the Pilot Scheme. The DH has already met some women groups and NGOs serving low-income groups or ethnic minorities to enlist their support. A briefing for women groups and NGOs was held at 4:00pm, 4 December 2017 at Lek Yuen Community Hall, Lek Yuen Estate, Shatin to appeal for their assistance in disseminating the message to front-line service units and targeted groups in the community. Assistance of Government departments overseeing the above-mentioned assistance schemes will also be sought to promote the Pilot Scheme to the beneficiaries of the schemes.

13. The DH will closely monitor the implementation and evaluate the effectiveness of the Pilot Scheme so as to deliberate the mode of service provision beyond the three-year period. The outcome will be reported to the CCF Task Force under the CoP in due course.

14. Members are invited to note the contents of this paper.

**Food and Health Bureau
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