



Right to Health

There were no recommendations made on the Hong Kong Special Administrative Region, China (HKSAR) in the Second UPR Cycle.

Framework in HKSAR

The Food and Health Bureau is responsible for forming policies and allocating resources for the running of Hong Kong's health services. While the Department of Health is the HKSAR government's health adviser and agency to execute healthcare policies and statutory functions.

The right to health has been enshrined in international human rights treaties such as International Covenant on Economic, Social and Cultural Rights (ICESCR) and Convention on the Rights of the Child (CRC), which are applicable to HKSAR. Despite the requirement under Article 39 of the Basic Law for ICESCR to be implemented through the laws of HKSAR, neither ICESCR nor CRC has been incorporated into domestic legislation.

Challenges

- Health policies in HKSAR focus narrowly on the healthcare system. There is no city-wide health strategy, targets or indicators, leading to inadequate protection of the right to health and concern about achieving Sustainable Development Goal (SDG) 3 targets about good health and well-being.
- There is insufficient data on health inequalities in HKSAR, making it difficult for civil society to monitor the progress of protecting and promoting Article 12 of ICESCR and SDG 3.
- Certain groups face structural barriers in accessing primary health care, such as opening hours, language barriers and discrimination, violating Article 2 of ICESCR on equal access to rights enshrined therein and raising concern over the achievement of SDG 10.2 on promoting the social, economic and political of all.

Cases, facts and comments

- Health policies are conventionally focused on a downstream approach, such as increasing hospitals and healthcare manpower, rather than addressing upstream factors. For example, there is no legislation for maximum or standard working hours.
- Air pollution killed 11,858 people prematurely from 2013 to 2017. Air quality in HKSAR has never met WHO Air Quality Guidelines.
- Health and demographic data are segregated between the Hospital Authority/ the Department of Health and the Census & Statistics Department. For example, there is no official health statistics disaggregated by ethnicity, which makes health inequalities difficult to assess.
- HKSAR maintains very limited data about SDG3 targets. There is no central databank about SDGs.
- A civil society survey found that Government clinics, which have limited quotas in the evening, are difficult to access for the working poor, who often have long working hours and lack paid sick leave. 80% of the working poor did not know about the waiver policy of public hospitals.
- Patients who do not speak Cantonese, English, or Mandarin are unable to book clinic appointments as the system only allows recorded phone reservation. Asylum seekers and refugees do not have the right to work and have to apply for a fee waiver for every medical appointment, but not all medical staff are informed of the procedure.



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Recommendations

- HKSAR should immediately adopt the “Health in All Policies” framework of the World Health Organization (WHO) in policymaking to incorporate health impact assessments across sectors and levels of government.
- HKSAR should establish a city-wide health strategy, with stepwise indicators and benchmarks to achieve better health for all in line with the 2030 Agenda for Sustainable Development (including communicable diseases and promoting mental health and well-beings), within two years.
- HKSAR should commission an independent study to assess the state of health inequalities in HKSAR and set up a Commission on Social Determinants of Health, within one year.
- HKSAR should ensure equal access to primary health care for low-income workers, local ethnic minorities, asylum seekers, refugees, migrant domestic workers and other vulnerable groups, considering their needs and characteristics in health services planning.
- HKSAR should immediately conduct environmental and health impact assessments for all infrastructure, especially space where vulnerable groups use, including living and outdoor activities space for children and elderly, as well as outdoor working environment.
- HKSAR should amend the Air Pollution Control Ordinance to set Air Quality Objectives (AQOs) that are no less stringent than those in the Air Quality Guidelines of the WHO and make all relevant bureaus accountable for non-compliance with AQOs within one year.
- HKSAR should incorporate health impacts on all government policies, with particular reference to air quality, immediately. HKSAR should commission an independent study on the impact of air quality, with particular reference to health equality issues, in line with WHO recommendations, within one year.

Questions to ask in advance

- *Has the HKSAR Government implemented the “Health In All Policies” approach recommended by the WHO in policymaking? If so, how effective is it? If not, will it consider doing so?*
- *How does the HKSAR Government determine the health needs of ethnic minorities and whether health inequalities exist? Has it maintained health statistics disaggregated by ethnicity? If not, will it consider doing so?*
- *What measures will the HKSAR Government take in order to achieve SDGs 3.8 and 10.2, about ensuring universal access to health care for all, including the working poor and ethnic minorities and promoting the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status?*
- *What is the time frame for HKSAR to maintain and publish data to monitor the progress of achieving SDG targets, including SDG 3 targets about good health and well-being?*
- *When will HKSAR set AQOs in line with the WHO Air Quality Guidelines?*

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