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

Purpose

This paper reports the evaluation results of the three-year Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women (the Pilot Scheme) under the Community Care Fund (CCF) launched in December 2017 and completed in December 2020.

Background

2. The Government has been implementing the territory-wide Cervical Screening Programme in collaboration with healthcare professionals in the public and private sectors and non-governmental organisations (NGOs), to facilitate and encourage women to receive regular cervical cancer screening. To encourage the uptake of such screening among low-income women, the Commission on Poverty (CoP) approved a budget of $78.61 million under the CCF at its meeting in May 2017 to launch the Pilot Scheme from 13 December 2017 for three years.

3. Women aged 25 to 64 who have ever had sex are recommended to have regular cervical cancer screenings every three years after two annual consecutive normal screens. Women aged 65 or above who have ever had sex and have never received a screening should also be screened. Women who are beneficiaries of one of the following forms of assistance are eligible to join the Pilot Scheme –

(a) Comprehensive Social Security Assistance Scheme (CSSA) or Level 0 voucher under the Pilot Scheme on Residential Care Service Voucher for the Elderly;

(b) Waiver of medical charges under the medical fee waiving mechanism of public hospitals and clinics;

(c) Old Age Living Allowance;

(d) Working Family Allowance Scheme (formerly known as Low-income Working Family Allowance);

(e) Work Incentive Transport Subsidy Scheme; or

(f) Having household member(s) granted subsidy/remission under the School Textbook Assistance Scheme or the Kindergarten and Child Care Centre Fee Remission Scheme.

4. Women in receipt of CSSA, Level 0 voucher under the Pilot Scheme on Residential Care Service Voucher for the Elderly or waiver of medical charges under the medical fee waiving mechanism of public hospitals and clinics (i.e. beneficiaries of paras. 3(a) and (b) above) are fully subsidised and will receive free services; whereas the other eligible women (i.e. beneficiaries of paras. 3(c) to (f) above) are partially subsidised and have to pay $100 per visit to the service providers under the Pilot Scheme. Fees charged under the Pilot Scheme is in line with the prevailing government practices in providing subsidised cervical screening services at the Maternal and Child Health Centres (MCHCs) under the Department of Health (DH).

5. The initial estimated number of beneficiaries was up to 66 990, including about 19 300 fully subsidised and 47 690 partially subsidised cases, with an aim to bringing the cervical screening coverage rate to 80% among the target population[1].

Implementation of Pilot Scheme

6. In this Pilot Scheme, DH was the implementing department and had served as the overall administrator and coordinator. Eligible women were subsidised to undergo cervical cancer screening tests at 10 service centres of three NGOs, namely the Centre of Research and Promotion of Women's Health of the Chinese University of Hong Kong, the Family Planning Association of Hong Kong and the United Christian Nethersole Community Health Service. The service agreements engaged with these three service providers outlined the details and scope of services, including reaching out to target communities, such as through collaborating and liasing with community women groups or NGOs and recruiting eligible low-income women to enroll to the Pilot Scheme, verifying applicants' eligibility, providing cervical cancer screening and preventive education, the use of Cervical Screening Information System (CSIS), etc. Nevertheless, no minimal enrolment target was set in the service agreements in view of the uncertainty on the reception of the Pilot Scheme from eligible women.

7. By close of the Pilot Scheme, a total of 930 cervical cancer screenings were completed. Among which, 345 (37%) are fully subsidised and the remaining 585 (63%) are partially subsidised. A breakdown of the number of screenings by age group and type of subsidy received is at the **Appendix**. The provisions for the Pilot Scheme was $78.61 million (including $3.74 million for administrative fee). The disbursements involved were about $0.53 million (and a related administrative fee of about $1.92 million). The remaining balance was about $76.16 million.

[1] Based on the assumption that the cervical screening coverage rate for low-income women is the same as those of the general female population, i.e. 55.4% as derived from the Behavioural Risk Factor Survey 2016 result, with 80% being the ideal coverage rate in developed countries.

Evaluation of Pilot Scheme

8. DH captured statistics of screening results from the computerised registry, CSIS, for monitoring and evaluating the screening performance among participants. DH also monitored the enrolment and outreach efforts carried out by service providers through monthly reporting. Upon completion of the Pilot Scheme, an evaluation of the effectiveness of the Pilot Scheme was conducted. The details are set out in the ensuing paragraphs.

(a) Participation rate

(i) Promotional activities and education

9. A series of promotional activities were conducted by DH, which included conducting a press conference and a briefing for 14 local NGOs and women's groups, distribution of promotional materials (including around 8 300 posters, 57 300 leaflets and 400 DVDs of the Pilot Scheme) to relevant local healthcare providers, government departments, district councils and NGOs and setting up of a dedicated webpage. Having reviewed the experience of the implementation of the Pilot Scheme during the first year, DH, in consultation with the Food and Health Bureau, had worked out with the three service providers in April 2019 various enhancement measures in order to step up publicity efforts and facilitate participation. The service providers subsequently engaged district offices and community groups (such as NGOs providing foodbank services) for promotion and outreach activities, developed sets of QR codes to facilitate peer promotion of the Pilot Scheme by social media, distributed souvenirs such as cool towels and water-proof bags to participants through the service providers as additional incentives for joining the Pilot Scheme, etc. Also, message was broadcasted via radio programmes for ethnic minorities (EM) as well as video clips and promotional materials targeting EM groups in six EM languages were made available on the dedicated website and for distribution as appropriate.

10. The service providers also conducted around 300 sessions of health talks / workshops / promotional activities, in which around 30 promotional activities (e.g. carnival, health talks) were organised in collaboration with other local NGOs, reaching out to over 12 000 eligible low-income women.

11. Despite various promotional activities mentioned above, the overall enrolment remained low. In addition, the arrangement of outreach activities in the third year of the Pilot Scheme was also markedly impeded by the outbreak of the COVID-19 epidemic.

(ii) Barriers for participation

12. The three service providers had all reported difficulties in recruiting low-income women to the Pilot Scheme. On one hand, this is not unexpected and this phenomenon is generally consistent with local and overseas' experiences that participation in preventive health services, such as cervical cancer screening, are usually low among the hard-to-reach and underprivileged groups. Additionally,

service providers reported difficulties in specifically recruiting low-income female population due to perceived barriers and fear of potential stigmatisation following the disclosure of one's own socioeconomic status as belonging to the low-income group. The need to provide documentary proof on belonging to the low-income group in order to be eligible for the Pilot Scheme is considered to be a hurdle because local female residents, regardless of financial status, are entitled to cervical screening service at MCHCs at the same charges and they are not required to provide any documentary proof in relation to their income (except CSSA recipients).

(b) Quality of screening service provided by service providers

13. The quality of services delivered by the service providers were considered good as reflected by a negligible level (0.1%) of smear samples that were unsatisfactorily taken. Among 929 satisfactorily taken smear samples, 53 (5.7%) were tested abnormal[2]. Referrals for further management, if needed, were also made in a timely manner and in accordance with relevant guidelines. According to the telephone survey on 197 enrolled participants, about 180 of them were satisfied with service provided and 135 respondents expressed willingness to recommend the Pilot Scheme to their acquaintances. There was no report of complaint or complication/incident during the three-year of implementation. Site visits by DH confirmed that service providers had performed satisfactorily in terms of record keeping and processes for timely disbursement of funds.

Conclusion

14. This three-year Pilot Scheme was implemented during 13 December 2017 to 12 December 2020 as scheduled. Based on the available quality indicators like the rate of smear samples that were unsatisfactorily taken, rate of abnormal findings and feedback from clients, services delivered by the service providers were considered of good quality.

15. The Pilot Scheme provided an opportunity for the Government to explore a new way to reach out to the low-income groups to promote and provide cervical cancer screening. Given the low level of participation and the aforesaid intrinsic barriers for participation, this new mode of service delivery does not seem to be an effective means of driving cervical screening in the low-income / underprivileged groups although the quality of screening services provided by the service providers was good. Nevertheless, the Pilot Scheme offered valuable experience for DH to collaborate with NGOs to work together to improve the public health and address the health disparity between the low-income / underprivileged groups and other groups. As the women participating in the Pilot Scheme have also registered with the CSP, their screening results and date for next screening are stored in the computer system,

[2] Among them, 21 were Atypical Squamous Cells of Undetermined Significance (ASCUS) with high-risk HPV negative, 14 were ASCUS with high-risk HPV positive, 9 were Low-grade Squamous Intraepithelial Lesion, 3 were High-grade Squamous Intraepithelial Lesion, and the remaining 6 carried other abnormal result.

namely CSIS, of the CSP. Therefore, regardless of the effectiveness of the Pilot Scheme, the participants and their health care providers can check the women's records in the CSIS which will also send reminder letters, where appropriate, to those who need rescreening, thus facilitating the women to receive screening again from different service providers such as MCHCs and Woman Health Centres under DH, family doctors, general practitioners or NGOs.

16. At present, local female residents (including EM), regardless of financial status, are entitled to cervical cancer screening service at MCHCs under DH at the same charges, while some women such as CSSA recipients receive free services. DH will continue to work with other government departments (including the Social Welfare Department and Housing Department), District Health Centres (DHC), DHC Express and the NGOs providing relevant services to low-income women to promote the awareness of cervical cancer prevention among these women via different channels. DH will launch new publicity campaigns, as appropriate, via websites, television, radio, newspapers, magazines, social media, etc. to promote the CSP and advocate the adoption of primary and secondary (i.e. screening) preventive measures.

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Appendix

Number of screenings
Breakdown by age group and type of subsidy received by beneficiaries

Age group	No. of fully subsidised screenings	No. of partially subsidised screenings	Total no. of screenings (%)	
25-29	10	21	31	3.3%
30-34	26	76	102	11.0%
35-39	63	140	203	21.8%
40-44	77	134	211	22.7%
45-49	70	113	183	19.7%
50-54	40	48	88	9.5%
55-59	29	17	46	4.9%
60-64	20	8	28	3.0%
65 and above	10	28	38	4.1%
Total	345	585	930	100.0%

Notes:
1. Age refers to the age of the beneficiaries as at the date when the smear sample was taken after enrollment into the Pilot Scheme.
2. A total of 755 participants received subsidised screenings under the Pilot Scheme.