

OPINION

South China Morning Post Best to think twice about loans as rise in interest rates looms

For well over a year Hong Kong's top finance officials have warned borrowers to be mindful of how much they can afford to repay, especially for a long-term commitment such as a home mortgage. Their advice seems not that far off being vindicated by an interest rate rise, despite a low local inflation rate. It is an example of how monetary policy in the city is divorced from local economic reality.

Hong Kong's economy reflects what happens with the mainland. The coronavirus pandemic has basically sent consumption and retail sales into a slump. Inflation is therefore not an issue. But official interest rates move in lockstep with the open market rate fixed by the United States Federal Reserve to maintain the local dollar peg to the US dollar.

The Fed is expected this week to raise its rate for the third time since April. This is after a flood of liquidity led to surging inflation in the rest of world and a rash of interest rate rises.

The European Central Bank is the latest to follow suit. The 50-basis point rise in its benchmark rate – the first for 11 years – came as the Reserve Bank of Australia announced a 100-basis point rise. Analysts expect the Fed to announce a 75-basis point rise, a total increase of 2 per cent in three months.

It is anticipated that Hong Kong's commercial banks will soon follow. So far they have resisted because there has been enough money in the financial system to sustain low rates, but every time the Hong Kong Monetary Authority – the city's de facto central bank – steps in to defend the Hong Kong dollar against an outflow of capital seeking higher returns elsewhere, it drains money from the system. Market expectations are that by the end of August, or September, real interest rates at local commercial banks will rise.

China is now the last major economy maintaining a loose monetary stance rather than raising rates. It can be expected to continue doing so to support economic recovery.

Its central bank will, understandably, keep a close eye on the US Fed's attempt to strike a balance between controlling inflation and stabilising the economy. And the rest of the world will pay close attention to Beijing's monetary policies, given concerns about the pressure on global energy and food prices from the Ukraine war.

Meanwhile, Hongkongers must resist being lured into a false sense of security by low inflation and, for the time being, low interest rates when they take out loans. They should pay heed to top finance officials urging prudence. Financial Secretary Paul Chan Mo-po, for example, has used his blog or media appearances as a platform to remind residents to exercise caution. In other words, they should assess what they can afford in the long haul because rates will rise.

MTR Corp needs to learn from tragedy

The thought of someone having died alone when the help or comfort of loved ones was at hand among passing crowds, if only they had known, is unimaginably sad. For a Hong Kong family it is an ordeal about which they feel compelled to go public. People clearly empathise with them. The circumstances prompted the MTR Corporation, the city's rail operator, to apologise and launch an investigation. This was after a man, aged 66, was found dead in a toilet at Hung Hom station 4½ hours after his family reported him missing in a bathroom.

Our first thoughts have to be with his 62-year-old widow and family. On the couple's arrival at Hung Hom at about 5pm, on their way to see friends at Yuen Long, the man, surnamed Hui, said he would use the toilet. In view of his wife's walking difficulties, he told her to go ahead and wait for him at Long Ping. After she did not hear from him by phone or text, the family alerted police at about 5.50pm and 10 minutes later reported him missing in a toilet to station staff.

"For two hours MTR staff said they had checked all the toilets and found no trace of him," a son said. The family decided to check other stations, but at 10.30pm a cleaner found Hui in one of the unisex toilets at Hung Hom for those with disabilities. It may never be satisfactorily explained how a diligent search could have failed to find him. The family and a district councillor question whether the MTR Corp was negligent in handling a missing-person report. According to another of Hui's sons, a doctor did not state the cause of death but said he would still be alive if he had been found earlier. The son said there would be an inquest.

Toilets are fixtures on the latest MTR lines. How to make them as safe as possible seems to be partly a question of better surveillance within the bounds of privacy, using the latest technology. In that regard it is good to hear that in each of its 90 toilets for those with disabilities, the MTR will install motion detectors to alert station staff should a person not move over a period of time.

There are, surely, other lessons about a duty of care to be learned from this human tragedy, which may well have been preventable. It is to be hoped that the investigation articulates them and the MTR Corp lives up to its promise to take suggested improvements seriously.



LETTERS

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New rule should end nightmare of airport arrivals

I read the news regarding the changes to the health declaration routine for the airport with interest ("Hong Kong may adopt colour codes for infected patients and quarantined arrivals within weeks; new airport declaration rule coming", July 24)

After spending six weeks in Thailand – where life is pretty much back to normal and the government seems to be doing a remarkably good job of protecting both its people's health and their livelihoods with its Covid-19 management – we arrived back in "Asia's World City" last week, and entered another universe.

The arrivals process at the airport appeared to have been taken over by the Department of Health, with zero consideration for the well-being of arriving passengers. During the process, which lasted three-and-a-half hours, we passed through a lengthy maze of walkways between different stations, with no provision for drinking water and poor air-conditioning. Worst of all, at two stages we waited for close to an hour in tightly packed pens and queues, with zero recognition of any kind of social distancing.

Having suffered the torture of the existing system, I would appreciate any improvement.

Requiring all travellers to submit their health declaration electronically

before their arrival is aimed at hastening the on-arrival quarantine procedures. But if one still has to take the train and walk through a maze of the Department of Health's making, do a PCR and an RAT test and pick up a quarantine order before taking the train back to normal arrivals, it can hardly be defined as an "express channel" as mentioned in the press release.

And having completed these health declaration forms online just last week, I recall they required seat numbers. How many people will be able to provide that information until they have checked in?

As long as the Department of Health is left to organise such matters, we stand no chance of returning to anything like normal travel.

We have lived in Hong Kong for almost 50 years and have always been strong supporters of the way the city functions, but when we were finally spat out at the end of the horrible experience last week, exhausted and stressed, we were seriously questioning the wisdom of choosing to live in Hong Kong.

Chief Executive John Lee Ka-chiu has said reopening Hong Kong to the

world was a priority. We hope he lives up to his bold statements.

Bob Rogers, Sai Kung

As cases trend higher, we must defend care homes

As the number of Covid-19 cases is on the increase in the city, it is important to pay attention to care homes, which have suffered devastating losses. It was observed during the fifth wave that most of the cases and deaths recorded were from care homes for the elderly.

Several appeals were made by these care homes concerning the lack of isolation spaces for recovered patients, and the lack of personal protective equipment for staff.

To reduce transmission of the virus within care homes, all necessary resources should be deployed to help prevent a surge in cases.

I believe building control regulations can be explored to see how the

environment can be manipulated to reduce transmission. Ventilation in these facilities should also be enhanced. Keeping this vulnerable population safe should be a priority.

Adeoti Joy, Causeway Bay

Triple-vaccinated but my wife and I can't come home

It is extraordinary that my wife and I cannot return to Hong Kong without meeting the outrageous quarantine requirements, despite both of us having been triple-vaccinated. I, a UK citizen, have been resident in Hong Kong for 46 years and my wife, who has a Hong Kong passport, is Chinese and was born in Shanghai.

We are prepared to accept social distancing, mask wearing, frequent testing and other reasonable restrictions but why can we not be quarantined in our own apartment with electronic tags and whatever other requirements are deemed appropriate? We know a number of people who are in the same position, but there must be many others.

It is surely time to allow us, and others, to return home to resume our lives in the place where we have spent most of our lives.

David Paterson, Mid-Levels

? MORE THAN A FACELIFT
The areas in Kowloon City known as "13 Streets" and "5 Streets" may be regenerated, but the Urban Renewal Authority warns the lack of facilities and undeveloped government land in the area will make redevelopment challenging. What do you think?

Political will needed to bring an end to hepatitis C

Aninda Rahman and Muhammad Radzi Abu Hassan say treatments have existed for years, and the returns on investment far exceed the costs

In 2013, a major medical breakthrough brought hope to sufferers of hepatitis C, a once tough-to-treat condition: the introduction of direct-acting antiviral drugs. For the first time, the infectious disease could be treated with a regime of pills, taken over a few months, with cure rates better than 95 per cent.

The advancement seemed poised to transform the lives of millions worldwide living with the hepatitis C virus, drastically reducing the death and chronic health problems it caused.

Unfortunately, while these groundbreaking drugs certainly improved the outlook for people living with the virus, public health institutions have yet to tap the drugs' full potential. Years after hepatitis C became almost fully curable, nearly 300,000 people continue to die of it each year – and today some 58 million people still live with the virus, most of whom don't even know they have it.

To make good on the promise of direct-acting antivirals and secure a future without this avoidable suffering, we should commit to scaling up hepatitis C virus testing and treatment programmes around the world.

Eliminating the global burden of this virus demands funding not only for diagnostics and drugs, but a decentralised, simplified testing and point-of-care treatment model, bringing care closer to patients. Drug users, men who have sex with men, sex workers, homeless people and others

disproportionately marginalised who lack consistent access to healthcare should also benefit from dedicated care strategies, including education and psychosocial support.

Investing in hepatitis C virus screening and treatment works – and there's plenty of evidence to prove it. An US\$8.1 million project funded by the global health agency Unitaid enabled the screening of 154,000 people for the virus, detecting and treating nearly 20,000 patients and saving over 1,600 lives in Malaysia. The return on investment was estimated to be US\$47.7 million.

In 2017, civil society organisations in Malaysia successfully advocated for the government to issue a compulsory licence to make generic sofosbuvir treatment available for about US\$300 per course, and the price of the direct-acting antivirals has further reduced.

In addition, last year, Malaysia's National Pharmaceutical Regulatory Agency granted a conditional registration for a safe, effective hepatitis C treatment, ravidasvir, developed through a public-private partnership including the Malaysian Ministry of Health, Drugs for Neglected Diseases initiative, Egyptian pharmaceutical company Pharco, Malaysian pharmaceutical company Pharmaniaga Berhad, and Medecins Sans Frontieres. Ravidasvir was conditionally approved for the treatment of chronic hepatitis C infections in adults in combination with sofosbuvir, as an

affordable, simple and efficacious public health tool for middle-income countries.

In Indonesia, international funding has supported advocacy and education efforts that have modelled the cost effectiveness of hepatitis C treatment. And in Pakistan, one recent study found that spending US\$3.87 billion on a programme to eliminate the virus by 2030 would yield a US\$9.1 billion return on investment by 2050.

As the Covid-19 pandemic has shown, health systems need robust funding to function properly, and health service integration delivers results. Just as flu shots were frequently administered alongside Covid-19 vaccines, so too should resources be put into combining targeted hepatitis C virus testing with sexually transmitted infections testing or primary care services. This can help create a "one-stop shop" for patients, reducing costs while strengthening health infrastructure.

As hepatitis C treatment advocates, we know that funding the fight against this disease is the only way to deliver the benefits of scientific progress to the communities ravaged by it. By investing in such highly cost-effective programmes to support vulnerable populations around the world, we can get closer not only to ending viral hepatitis, but also to tackling health inequities.

Aninda Rahman is an epidemiologist and the programme manager of the National Viral Hepatitis Control Programme under the Ministry of Health in Bangladesh. Dr Muhammad Radzi Abu Hassan is a clinical gastroenterologist, and was recently appointed as the deputy director general of health (research and technical support) of the Ministry of Health, Malaysia

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