

Head 37 — DEPARTMENT OF HEALTH

Controlling officer: the Director of Health will account for expenditure under this Head.

Estimate 2025–26	\$15,700.9m
Establishment ceiling 2025–26 (notional annual mid-point salary value) representing an estimated 6 931 non-directorate posts as at 31 March 2025 reducing by 40 posts to 6 891 posts as at 31 March 2026.....	\$4,325.5m
In addition, there will be an estimated 70 directorate posts as at 31 March 2025 reducing by one post to 69 posts as at 31 March 2026.	
Commitment balance	\$5,486.0m

Controlling Officer's Report

Programmes

<p>Programme (1) Statutory Functions Programme (2) Disease Prevention Programme (3) Health Promotion Programme (4) Curative Care Programme (5) Rehabilitation</p>	<p>These programmes contribute to Policy Area 15: Health (Secretary for Health).</p>
<p>Programme (6) Treatment of Drug Abusers</p>	<p>This programme contributes to Policy Area 9: Internal Security (Secretary for Security).</p>
<p>Programme (7) Medical and Dental Treatment for Civil Servants</p>	<p>This programme contributes to Policy Area 26: Central Management of the Civil Service (Secretary for the Civil Service).</p>
<p>Programme (8) Personnel Management of Civil Servants Working in Hospital Authority</p>	<p>This programme contributes to Policy Area 15: Health (Secretary for Health).</p>

Detail

Programme (1): Statutory Functions

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)	1,413.6	1,848.1	1,713.1 (–7.3%)	1,986.4 (+16.0%)
				(or +7.5% on 2024–25 Original)

Aim

- 2 The aim is to exercise statutory authority to ensure a high standard of public health protection.

Brief Description

- 3 The work involves:
- reforming the regulatory and approval regimes for drugs and medical devices through establishing the Hong Kong Centre for Medical Products Regulation;
 - ensuring the safety, quality and efficacy of pharmaceutical products through product registration and licensing control;
 - supporting the functioning of the various boards and councils responsible for the registration and regulation of healthcare professionals and supporting the implementation of legislative amendments of various Ordinances;
 - regulation of private healthcare facilities;
 - preventing and controlling importation and spread of infectious diseases through port health measures;
 - providing services in forensic medicine and operating public mortuaries;

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- promoting and protecting the health of radiation workers and minimising public exposure to radiation hazards;
 - enforcing laws on tobacco control; and
 - enforcing the law prohibiting commercial sale and supply of alcohol to minors.
- 4 The key performance measures in respect of statutory functions are:

Targets

	Target	2023 (Actual)	2024 (Actual)	2025 (Plan)
free pratique to be granted within 30 minutes of receiving application (%).....	>95	99	99	>95
registration of pharmaceutical products within five months (% of applications).....	>90	100	100	>90
inspection of licensed retail drug premises at an average of twice a year per premises (%).....	100	100	100	100
proportion of workers getting radiation dose <20mSv a year (%).....	100	100	100	100
processing of registration application from healthcare professionals within ten working days (%).....	>90	100	100	>90
investigation upon receipt of complaint against healthcare professionals within 14 working days (%).....	>90	100	100	>90
inspections of private hospitals licensed under the Private Healthcare Facilities Ordinance (Cap. 633) at an average of twice a year (%).....	100	100	100	100
inspections of day procedure centres licensed under the Private Healthcare Facilities Ordinance at an average of once a year (%).....	100	100	100	100

Indicators

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
registration applications of pharmaceutical products processed.....	3 300	3 100	2 800
inspection of licensed retail drug premises.....	9 590	9 600	9 500
licences, notices and permits processed for irradiating apparatus/radioactive substances.....	18 000	18 200	18 000
registration applications from healthcare professionals processed.....	7 300	8 100	10 000
no. of inspections of private healthcare facilities licensed under the Private Healthcare Facilities Ordinance.....	435	416	410
no. of inspections conducted for smoking, commercial sale and supply of alcohol to minors and related offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B).....	34 000	34 000	34 000

Matters Requiring Special Attention in 2025–26

- 5 During 2025–26, the Department will:
- devise the timetable for establishing the Hong Kong Centre for Medical Products Regulation and the roadmap towards “primary evaluation”;
 - support the healthcare-related statutory boards and councils in implementing the enhanced regulatory functions introduced in the latest legislative amendments for doctors, dentists and nurses;
 - continue to implement a sponsorship scheme for training of dental hygienists and dental therapists to increase the manpower supply of dental care professionals for the development of primary dental services;

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- commence relocation of the Government Chinese Medicines Testing Institute to the permanent premises upon its completion to conduct research on reference standards and testing methods of Chinese medicines;
- take forward the regulatory regimes for clinics and small practice clinics, and continue to undertake statutory enforcement work of the Private Healthcare Facilities Ordinance (Cap. 633);
- continue to support the Health Bureau on private hospital development;
- continue to enforce the law prohibiting commercial sale and supply of alcohol to minors; and
- take forward the next phase of tobacco control measures and strengthen the enforcement of the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600).

Programme (2): Disease Prevention

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)				
Government sector	7,302.6	8,152.1	7,144.4 (–12.4%)	8,386.0 (+17.4%) (or +2.9% on 2024–25 Original)
Subvented sector	115.9	125.7	126.2 (+0.4%)	128.0 (+1.4%) (or +1.8% on 2024–25 Original)
Total	7,418.5	8,277.8	7,270.6 (–12.2%)	8,514.0 (+17.1%) (or +2.9% on 2024–25 Original)

Aim

- 6 The aim is to prevent and control diseases, and reduce preventable diseases and premature deaths.

Brief Description

7 This aim is achieved through formulating and co-ordinating public health strategies and actions for preventing various communicable and non-communicable diseases. The work involves:

- reducing preventable death and ill-health among pregnant women, infants and children;
- providing preventive healthcare to primary and secondary school students;
- improving the oral health of primary school children;
- maintaining the surveillance and control of communicable diseases and non-communicable diseases;
- providing laboratory services for the diagnosis and surveillance of various diseases including infections, and for other screening activities;
- treating patients with sexually-transmitted diseases, contact tracing and controlling the spread of such diseases;
- providing integrated healthcare service to the elderly; and
- promoting and implementing the Elderly Health Care Voucher (EHCV) Scheme.

8 The Department subvents the family planning services provided by the Family Planning Association of Hong Kong and the outreach dental service provided by other non-governmental organisations under the “Outreach Dental Care Programme for the Elderly”.

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9 The key performance measures in respect of disease prevention are:

Targets

	Target	2023 (Actual)	2024 (Actual)	2025 (Plan)
achieving a high participation rate of new born babies of local mothers attending maternal and child health centres (%)....	>90	93Δ	90	>90
contributing to achieving low infant mortality rate (IMR) and maternal mortality rate (MMR)				
IMR per 1 000 live births	<6.0	1.6	1.8	<6.0
MMR per 100 000 live births	<6.0	3.0	2.8	<6.0
School Dental Care Service participation rate (%).....	>90	94	98	>90
investigating reports of outbreaks of communicable diseases within 24 hours (%).....	100	100	100	100
coverage rate of immunisation programme for school children (%)	>95	96Δ	96	>95
coverage rate of human papillomavirus vaccination programme for Primary 5 and 6 female students (%)	70	92Δ	92	>70

Δ These figures have been updated after the finalisation of the 2024–25 Estimates.

Indicators

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
attendances at maternal and child health centres			
child health service.....	325 000	345 000	325 000
maternal health service	92 000	95 000	92 000
family planning service	14 000	15 000	14 000
cervical screening service.....	53 000	63 000	63 000
attendances at family planning clinics operated by Family Planning Association.....	106 000	104 000	104 000
school children participating in the Student Health Service			
primary school students	312 000	311 000	301 000
secondary school students	149 000	275 000	275 000
primary school children participating in the School Dental Care Service	313 500	313 700	306 300
no. of training activities on infection control	85	85	85
no. of attendances to training activities on infection control	10 800	10 200	8 400
doses of vaccines given to school children.....	210 000	202 000	176 000 [^]
attendances at social hygiene clinics	61 000	62 000	61 000
no. of enrolment in elderly health centres	35 000	32 000	32 000
no. of attendances for health assessment and medical consultation at elderly health centres	143 000	125 000	125 000
attendances at health education activities organised by elderly health centres and visiting health teams.....	338 000	353 000	353 000
no. of enrolment for woman health service	11 000	9 000	2 000 [#]
no. of attendances for woman health service.....	22 000	21 000	5 000 [#]
no. of specimens tested by the public health laboratory	2 765 000	3 030 000	3 000 000

[^] In view of the updated recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection, students born on or after July 2018 received second dose of Measles, Mumps, Rubella & Varicella Vaccine (MMRV) at 18 months old instead of in Primary 1 since 2020. Therefore, the number of students who required vaccination in primary school has reduced correspondingly in 2025.

[#] As recommended by the Primary Healthcare Blueprint, the woman health services under the Department will be gradually integrated into the district health network of the Primary Healthcare Commission. As three Woman Health Centres and four Maternal and Child Health Centres under the Department had ceased to accept new appointments for woman health services starting from 24 January 2025, the estimate number of enrolment and attendance for woman health service under the Department in 2025 only accounts for those who have already made new case appointments before the aforesaid date or have paid annual fee and are still within the service period of the Department's woman health service.

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Matters Requiring Special Attention in 2025–26

10 During 2025–26, the Department will:

- integrate services provided by the Woman Health Centres and Elderly Health Centres to the District Health Centres in phases starting from 2025 in accordance with the Primary Healthcare Blueprint;
- launch the Primary Dental Co-care Pilot Scheme for Adolescents;
- enhance the EHCV Scheme including the EHCV Greater Bay Area Pilot Scheme;
- continue to implement the free human papillomavirus vaccination programme for school girls;
- provide a one-off human papillomavirus vaccination catch-up service for girls born in 2004–2008;
- formulate risk-based screening programmes for prevalent cancers;
- continue to support the Steering Committee on Prevention and Control of Viral Hepatitis, promulgate the Hong Kong Viral Hepatitis Action Plan 2025–2030, and co-ordinate and monitor its implementation;
- continue to implement “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong” and Hong Kong Cancer Strategy through enhanced health promotion and education activities and strengthened surveillance systems;
- continue to strengthen the Department’s information technology systems and infrastructure, Clinical Information Management System and data analytics in support of enhanced service delivery, disease prevention and control, and the Government’s eHealth+ Programme;
- continue to enhance the preparedness for public health emergencies;
- continue the work in combatting public health threats from antimicrobial resistance;
- continue to implement the Coronavirus Disease 2019 (COVID-19) vaccination programme; and
- continue to enhance the seasonal influenza vaccination arrangements for better protection of high risk groups.

Programme (3): Health Promotion

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)				
Government sector	359.8	435.4	417.8 (–4.0%)	434.2 (+3.9%) (or –0.3% on 2024–25 Original)
Subvented sector	87.5	100.7	102.6 (+1.9%)	115.2 (+12.3%) (or +14.4% on 2024–25 Original)
Total	447.3	536.1	520.4 (–2.9%)	549.4 (+5.6%) (or +2.5% on 2024–25 Original)

Aim

11 The aim is to promote health and increase health awareness in the community and among specific target groups.

Brief Description

12 This aim is achieved through a wide range of health promotion activities to empower individuals and communities to control over their health by adopting a life-course approach. The work is discharged by the Department’s various units in collaboration with other governmental agencies, healthcare providers, educators, community sectors, groups and interested agencies.

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13 The Department subvents the first aid training and service provided by the Hong Kong St. John Ambulance and the first aid training provided by the Hong Kong Red Cross. It also subvents the Hong Kong Council on Smoking and Health (COSH) in providing a focal point for promotional initiatives in support of tobacco control. The Department also provides community-based smoking cessation programmes and promotes smoking prevention in collaboration with non-governmental organisations.

14 The key performance measures in respect of health promotion are:

Target

	Target	2023 (Actual)	2024 (Actual)	2025 (Plan)
training of health promoters (annual total)	>2 000	2 350	2 890	>2 000

Indicators

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
production of health education materials (annual no. of titles).....	740	1 040	1 040
attendances at health education activities	917 000	992 000	992 000
AIDS counselling attendances.....	1 300	1 960	1 850
utilisation of the AIDS telephone enquiry service.....	10 200	9 560	9 000
no. of publicity/educational activities delivered by COSH	432	433	432
no. of secondary schools joining the Adolescent Health Programme ^α	280	310	—
no. of schools joining the Whole School Health Programme ^β	—	—	750

α Indicator removed as from 2025.

β New indicator as from 2025. The new indicator replaces the indicator “no. of secondary schools joining the Adolescent Health Programme”. Starting from 2024/25 school year, the Adolescent Health Programme has been merged with the Whole School Health Programme to provide comprehensive support for schools to adopt the health promoting school model.

Matters Requiring Special Attention in 2025–26

15 During 2025–26, the Department will:

- strengthen its role as the public health authority and devise health promotion strategies by adopting a life-course framework;
- continue to implement a mental health promotion and public education initiative;
- continue to promote the health promoting school model in Hong Kong through the Whole School Health Programme; and
- continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation.

Programme (4): Curative Care

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)				
Government sector	1,134.0	1,198.2	1,173.4 (–2.1%)	1,290.2 (+10.0%)
				(or +7.7% on 2024–25 Original)

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	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Subvented sector	32.7	34.8	11.0 (–68.4%)	4.1 (–62.7%)
				(or –88.2% on 2024–25 Original)
Total	1,166.7	1,233.0	1,184.4 (–3.9%)	1,294.3 (+9.3%)
				(or +5.0% on 2024–25 Original)

Aim

16 The aim is to provide specialised outpatient treatment for various illnesses.

Brief Description

17 Specialised outpatient clinics provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Dental service is provided to hospital patients, emergency cases and groups with special oral healthcare needs. The Department subvents two Chinese Medicine Clinics run by the Tung Wah Group of Hospitals.

18 The key performance measures in respect of curative care are:

Targets

	Target	2023 (Actual)	2024 (Actual)	2025 (Plan)
coverage rate of TB vaccination (BCG) at birth (%).....	>99	>99	>99	>99
cure rate of TB patients under supervised treatment (%).....	>85	>85	>85	>85
appointment time for new cases with serious dermatoses within eight weeks (% of cases).....	>90	100	100	>90

Indicators

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
BCG vaccinations given to new born babies.....	33 000 Δ	36 400	34 000
attendances at specialised outpatient clinics			
TB and Chest.....	468 000	469 600	468 000
Dermatology.....	163 000	170 000	170 000
HIV/AIDS.....	15 400	18 100	18 000
dental treatment cases			
hospital patients (attendances).....	59 200	61 500	— γ
dental clinics emergency treatment (attendances).....	21 700	21 300	21 300
special needs group (no. of patients).....	7 500	6 800	— γ

Δ This figure has been updated after the finalisation of the 2024–25 Estimates.

γ The hospital dental services of the Department will migrate to the Hospital Authority (HA) in 2025 (i.e. merging the Department's Oral Maxillofacial Surgery and Dental Clinics with the HA's Oral Maxillofacial Surgery and Dental Clinics). Hence, the number of attendance of hospital patients and the number of patients of the special needs group in 2025 cannot be ascertained.

Matters Requiring Special Attention in 2025–26

19 During 2025–26, the Department will:

- plan for transferring the specialised clinical services to the HA in accordance with the 2024 Policy Address initiative of deepening the reform of the healthcare system;
- migrate the hospital dental services provided by the Department to the HA (i.e. merging the Department's Oral Maxillofacial Surgery and Dental Clinics with the HA's Oral Maxillofacial Surgery and Dental Clinics);

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- collaborate with non-governmental organisations to launch the Community Dental Support Programme for enhancing dental services for underprivileged groups;
- continue to implement the enhanced three-year programme (known as Healthy Teeth Collaboration) in collaboration with non-governmental organisations with an extended scope of special care dental services to cover not only adult persons with intellectual disabilities but also Autistic Spectrum Disorder; and
- continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency.

Programme (5): Rehabilitation

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)	159.0	178.2	157.7 (–11.5%)	202.3 (+28.3%)
				(or +13.5% on 2024–25 Original)

Aim

- 20** The aim is to provide comprehensive assessment for children with developmental problems and disabilities.

Brief Description

- 21** The Department runs child assessment centres which are responsible for:

- providing comprehensive physical, psychological and social assessment for children with developmental anomalies;
- formulating rehabilitation plan after developmental diagnosis;
- assisting to arrange appropriate pre-school and school placements for training, remedial and special education where necessary; and
- providing interim support to these children and their parents through counselling, talks and support groups.

- 22** The key performance measures in respect of rehabilitation are:

Targets

	Target	2023 (Actual)	2024 (Actual)	2025 (Plan)
appointment time for new cases in child assessment centres within three weeks (%).....	>90	100	100	>90
completion time for assessment of new cases in child assessment centres within six months (%).....	>90	70	68	>70

Indicator

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
attendances at child assessment centres.....	32 800	32 500	32 000

Matters Requiring Special Attention in 2025–26

- 23** During 2025–26, the Department will plan for transferring the Child Assessment Service to the HA in accordance with the 2024 Policy Address initiative of deepening the reform of the healthcare system.

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Programme (6): Treatment of Drug Abusers

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)				
Government sector	57.1	47.7	46.1 (–3.4%)	52.8 (+14.5%) (or +10.7% on 2024–25 Original)
Subvented sector	141.5	161.6	158.1 (–2.2%)	166.5 (+5.3%) (or +3.0% on 2024–25 Original)
Total	198.6	209.3	204.2 (–2.4%)	219.3 (+7.4%) (or +4.8% on 2024–25 Original)

Aim

24 The aim is to contribute to the Government’s overall strategy for the control of drug abuse.

Brief Description

25 This aim is achieved by providing treatment services to drug abusers through the methadone clinic service and by subventing residential treatment and rehabilitation programmes operated by voluntary agencies, namely, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Caritas Hong Kong and the Hong Kong Christian Service.

26 The key performance measures in respect of treatment of drug abusers are:

Targets

	Target	2023 (Actual)	2024 (Actual)	2025 (Plan)
average attendance rate of patients registered with methadone clinics (%)...	>70	74	75	>70
completion rate of SARDA’s inpatient treatment courses				
detoxification (%).....	>70	85	86	>70
rehabilitation (%).....	>60	85	86	>60

Indicators

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
patients registered with methadone clinics.....	4 100	3 700	3 700
average daily attendances at methadone clinics	3 000	2 700	2 700
patients admitted for residential treatment	900	870	920
bed-days occupied at residential treatment and rehabilitation centres	75 400	76 600	78 300

Matters Requiring Special Attention in 2025–26

27 During 2025–26, the Department will continue to provide treatment services to drug abusers.

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Programme (7): Medical and Dental Treatment for Civil Servants

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)	2,319.1	2,914.7	2,541.4 (–12.8%)	2,923.7 (+15.0%)
				(or +0.3% on 2024–25 Original)

Aim

28 The aim is to provide medical and dental services to serving and retired civil servants and other eligible persons.

Brief Description

29 The work involves:

- providing medical services to eligible persons at non-public clinics;
- providing dental treatment services to eligible persons at dental clinics; and
- effecting payment for medical fees and hospital charges incurred by eligible persons in authorised cases.

30 The key performance measures in respect of medical and dental treatment for eligible persons are:

Targets

	Target	2023 (Actual)	2024 (Actual)	2025 (Plan)
appointment time for new dental cases within six months (%)	>90	—	— ^Λ	— ^Λ
processing of applications for reimbursement of medical expenses within four weeks (%)	>90	97	95	>90

^Λ Target removed as from 2024 after review. With greater facilitation provided to new registration by civil service eligible persons for dental services since January 2024, there was a drastic increase in the number of new registrants in 2024. At the same time, new registrants have been given the choice of receiving first-time dental service from private dental organisations under a pilot scheme. In February 2025, another pilot scheme has also been launched, and some new registrants will similarly be given the choice of receiving their first-time dental service at a designated institution in Shenzhen. Since the choice of having an earlier first-time appointment with dental organisations outside the Department or waiting for first-time appointment at government dental clinics rests with the new registrants, the percentage of new dental cases having their first-time appointment with the Department within six months no longer reflects its performance. This target was hence removed from 2024, and replaced by new indicators to show the number of new eligible registrants and dental services provided to them.

Indicators

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
attendances at non-public clinics.....	245 000	249 000	249 000
attendances at dental clinics	530 300	502 100	537 100
no. of new dental case eligible registrants [¶]	2 800 ^ψ	48 300 ^Φ	18 300^Φ
attendances of new dental cases received dental service [¶]	3 000	29 000 [@]	13 200[@]

[¶] New indicator as from 2025.

^ψ New dental registration made through telephone-booking.

^Φ New dental registration made through e-registration form.

[@] The figure includes first-time dental services provided by government dental clinics or arranged under pilot scheme(s) by the Department for new registrants registered in that year or earlier.

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Matters Requiring Special Attention in 2025–26

31 During 2025–26, the Department will:

- continue to provide medical and dental services to civil servants and other eligible persons;
- continue to implement the Pilot Scheme on Dental Services (Dental Scaling), the Pilot Scheme on Dental Services in Shenzhen and the Seasonal Influenza Vaccination Pilot Scheme; and
- establish a new families clinic and a new dental clinic in Tseung Kwan O.

Programme (8): Personnel Management of Civil Servants Working in Hospital Authority

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)	11.0	11.3	11.4 (+0.9%)	11.5 (+0.9%)
				(or +1.8% on 2024–25 Original)

Aim

32 The aim is to discharge the personnel management responsibility for the civil servants working in the HA to maintain their morale and efficiency to facilitate the smooth operation of all public hospitals in a mixed staff situation, and to look after the interests of these civil servants.

Brief Description

33 On 1 April 1999, the Department took over from the former Hospital Services Department the role of ensuring an effective liaison with the HA in respect of the personnel management of the public hospital staff who chose to retain their civil servant status.

34 The key performance measure is:

Indicator

	2023 (Actual)	2024 (Actual)	2025 (Estimate)
no. of civil servants working in the HA managed as at 1 April	389	306	233

Matters Requiring Special Attention in 2025–26

35 During 2025–26, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

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ANALYSIS OF FINANCIAL PROVISION

Programme	2023–24 (Actual) (\$m)	2024–25 (Original) (\$m)	2024–25 (Revised) (\$m)	2025–26 (Estimate) (\$m)
(1) Statutory Functions	1,413.6	1,848.1	1,713.1	1,986.4
(2) Disease Prevention	7,418.5	8,277.8	7,270.6	8,514.0
(3) Health Promotion	447.3	536.1	520.4	549.4
(4) Curative Care	1,166.7	1,233.0	1,184.4	1,294.3
(5) Rehabilitation	159.0	178.2	157.7	202.3
(6) Treatment of Drug Abusers.....	198.6	209.3	204.2	219.3
(7) Medical and Dental Treatment for Civil Servants.....	2,319.1	2,914.7	2,541.4	2,923.7
(8) Personnel Management of Civil Servants Working in Hospital Authority	11.0	11.3	11.4	11.5
	13,133.8	15,208.5	13,603.2 (–10.6%)	15,700.9 (+15.4%)
				(or +3.2% on 2024–25 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2025–26 is \$273.3 million (16.0%) higher than the revised estimate for 2024–25. This is mainly due to the increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of 19 posts in 2025–26.

Programme (2)

Provision for 2025–26 is \$1,243.4 million (17.1%) higher than the revised estimate for 2024–25. This is mainly due to the additional provision for meeting funding requirement for the EHCV Scheme and other operating expenses, partly offset by the decreased provision for personal emoluments as a result of a net decrease of 23 posts in 2025–26.

Programme (3)

Provision for 2025–26 is \$29.0 million (5.6%) higher than the revised estimate for 2024–25. This is mainly due to the increased provision for operating expenses.

Programme (4)

Provision for 2025–26 is \$109.9 million (9.3%) higher than the revised estimate for 2024–25. This is mainly due to the increased provision for operating expenses, partly offset by the decreased provision for personal emoluments as a result of a net decrease of 42 posts in 2025–26.

Programme (5)

Provision for 2025–26 is \$44.6 million (28.3%) higher than the revised estimate for 2024–25. This is mainly due to the increased provision for operating expenses and the increased provision for personal emoluments as a result of a net increase of seven posts in 2025–26.

Programme (6)

Provision for 2025–26 is \$15.1 million (7.4%) higher than the revised estimate for 2024–25. This is mainly due to the increased provision for operating expenses.

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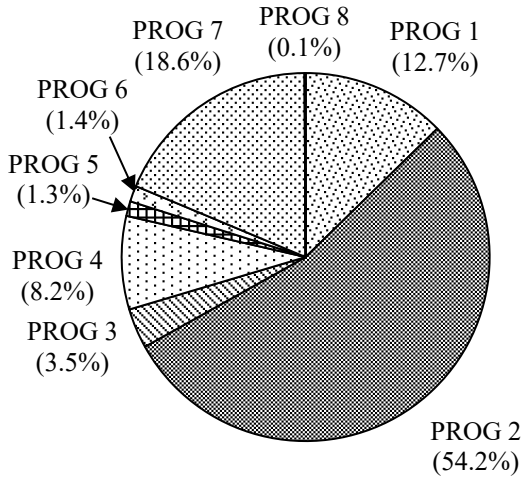
Programme (7)

Provision for 2025–26 is \$382.3 million (15.0%) higher than the revised estimate for 2024–25. This is mainly due to the additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, the additional provision for enhancing the medical and dental services for civil service eligible persons and the increased cash flow requirement for procurement of equipment, partly offset by the decreased provision for personal emoluments as a result of a net decrease of two posts in 2025–26.

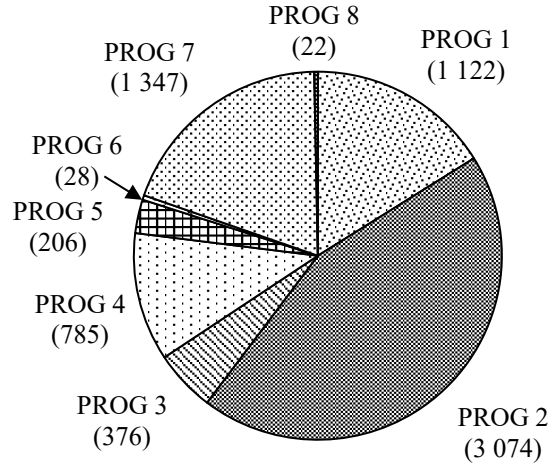
Programme (8)

Provision for 2025–26 is \$0.1 million (0.9%) higher than the revised estimate for 2024–25. This is mainly due to the increased provision for operating expenses.

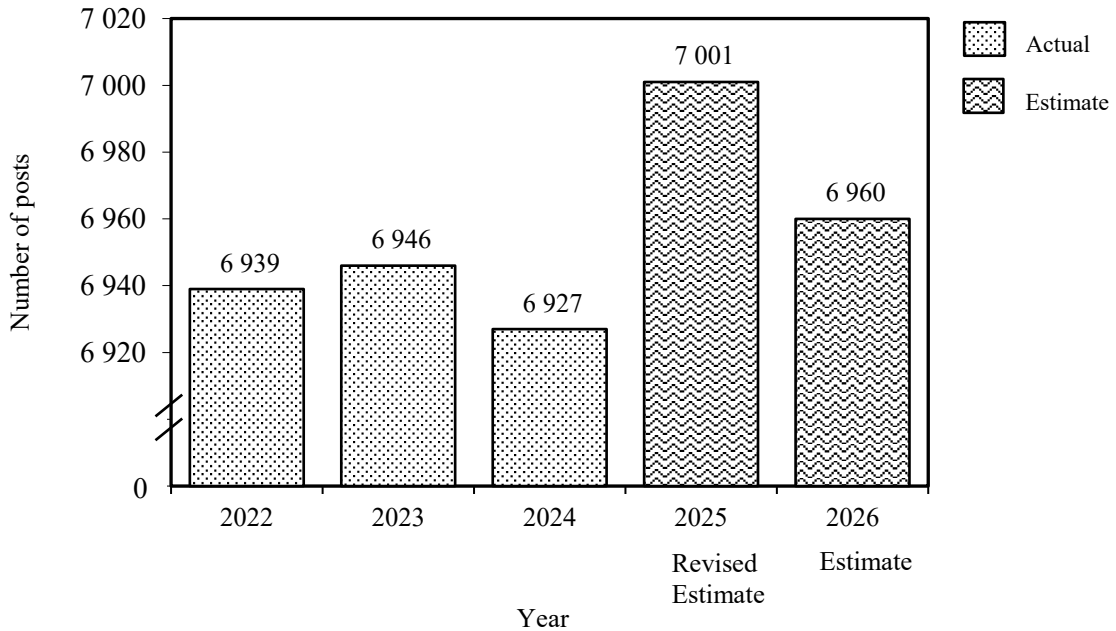
Allocation of provision to programmes (2025-26)



Staff by programme (as at 31 March 2026)



Changes in the size of the establishment (as at 31 March)



Head 37 — DEPARTMENT OF HEALTH

Sub-head (Code)		Actual expenditure 2023–24	Approved estimate 2024–25	Revised estimate 2024–25	Estimate 2025–26
	\$'000	\$'000	\$'000	\$'000	\$'000
Operating Account					
Recurrent					
000	Operational expenses	12,856,466	14,788,510	13,382,701	15,424,626
003	Recoverable salaries and allowances (General)..... 199,000				
	<i>Deduct</i> reimbursements <i>Cr. 199,000</i>	—	—	—	—
	Total, Recurrent.....	<u>12,856,466</u>	<u>14,788,510</u>	<u>13,382,701</u>	<u>15,424,626</u>
Non-Recurrent					
700	General non-recurrent	230,428	328,440	157,322	184,649
	Total, Non-Recurrent.....	<u>230,428</u>	<u>328,440</u>	<u>157,322</u>	<u>184,649</u>
	Total, Operating Account	<u>13,086,894</u>	<u>15,116,950</u>	<u>13,540,023</u>	<u>15,609,275</u>
Capital Account					
Plant, Equipment and Works					
603	Plant, vehicles and equipment.....	—	—	—	11,460
661	Minor plant, vehicles and equipment (block vote).....	43,161	81,262	52,103	73,829
	Total, Plant, Equipment and Works.....	<u>43,161</u>	<u>81,262</u>	<u>52,103</u>	<u>85,289</u>
Subventions					
974	Subvented institutions - maintenance, repairs, and minor improvements (block vote)	2,702	9,266	9,717	5,447
975	Subvented institutions - minor plant, vehicles and equipment (block vote).....	1,059	977	1,321	868
	Total, Subventions	<u>3,761</u>	<u>10,243</u>	<u>11,038</u>	<u>6,315</u>
	Total, Capital Account.....	<u>46,922</u>	<u>91,505</u>	<u>63,141</u>	<u>91,604</u>
	Total Expenditure	<u><u>13,133,816</u></u>	<u><u>15,208,455</u></u>	<u><u>13,603,164</u></u>	<u><u>15,700,879</u></u>

Head 37 — DEPARTMENT OF HEALTH

Details of Expenditure by Subhead

The estimate of the amount required in 2025–26 for the salaries and expenses of the Department of Health is \$15,700,879,000. This represents an increase of \$2,097,715,000 over the revised estimate for 2024–25 and \$2,567,063,000 over the actual expenditure in 2023–24.

Operating Account

Recurrent

2 Provision of \$15,424,626,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Department of Health, including recurrent subventions to institutions. The increase of \$2,041,925,000 (15.3%) over the revised estimate for 2024–25 is mainly due to the additional provision for meeting the funding requirement for the Elderly Health Care Voucher Scheme and the increased demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons.

3 The establishment as at 31 March 2025 will be 7 001 posts. It is expected that there will be a net decrease of 41 posts in 2025–26. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2025–26, but the notional annual mid-point salary value of all such posts must not exceed \$4,325,518,000.

4 An analysis of the financial provision under *Subhead 000 Operational expenses* is as follows:

	2023–24 (Actual) (\$'000)	2024–25 (Original) (\$'000)	2024–25 (Revised) (\$'000)	2025–26 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	3,892,812	4,284,957	4,026,743	4,353,299
- Allowances.....	71,309	79,238	51,470	53,286
- Job-related allowances.....	15,792	2,781	3,347	3,475
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	16,885	10,971	16,316	10,943
- Civil Service Provident Fund contribution.....	298,961	373,320	331,197	399,398
Departmental Expenses				
- Temporary staff.....	339,348	470,265	451,193	551,608
- Specialist supplies and equipment.....	843,277	914,189	881,452	1,076,976
- General departmental expenses.....	2,061,901	2,198,380	2,002,854	2,308,241
Other Charges				
- Contracting out of dental prostheses.....	11,658	11,350	14,416	14,416
- Payment and reimbursement of medical fees and hospital charges.....	1,291,641	1,765,900	1,450,000	1,765,900
- Supply, repair and renewal of prostheses and surgical appliances.....	5,760	5,600	5,900	5,900
- Health Care Voucher Scheme.....	3,333,112	3,960,000	3,446,924	4,151,000
- Vaccination reimbursements.....	300,089	298,931	314,005	322,596
Subventions				
- Subvented institutions.....	373,921	412,628	386,884	407,588
	12,856,466	14,788,510	13,382,701	15,424,626

5 Gross provision of \$199 million under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in the Hospital Authority (HA). Expenditure under this subhead is reimbursed by the HA. Subject to certain conditions, the controlling officer may under delegated power create or delete both directorate and non-directorate posts in the HA under the subhead during 2025–26. Before exercising his delegated power, the controlling officer is required to seek the endorsement of the HA that the proposals and their financial implications are acceptable. In addition, the gross estimate under the subhead must not be exceeded without the prior approval of the Secretary for Financial Services and the Treasury.

Head 37 — DEPARTMENT OF HEALTH

Capital Account

Plant, Equipment and Works

6 Provision of \$73,829,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents an increase of \$21,726,000 (41.7%) over the revised estimate for 2024–25. This is mainly due to increase in requirement for scheduled replacement of minor plant and equipment.

Subventions

7 Provision of \$5,447,000 under *Subhead 974 Subvented institutions - maintenance, repairs and minor improvements (block vote)* is for the maintenance of buildings (including repairs, repainting, refurbishment and rewiring) and other minor repair and improvement works, costing over \$200,000 but not exceeding \$10 million for each project. The decrease of \$4,270,000 (43.9%) against the revised estimate for 2024–25 is mainly due to reduced requirement for repair and renovation works.

8 Provision of \$868,000 under *Subhead 975 Subvented institutions - minor plant, vehicles and equipment (block vote)* is for replacement and acquisition of miscellaneous items of plants, vehicles and equipment costing over \$200,000 but not exceeding \$10 million each. The decrease of \$453,000 (34.3%) against the revised estimate for 2024–25 is mainly due to the reduced requirement for scheduled replacement of minor plant and equipment.

Head 37 — DEPARTMENT OF HEALTH

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2024	Revised estimated expenditure for 2024–25	Balance
			\$'000	\$'000	\$'000	\$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	864	Procurement and Administration of Coronavirus Disease 2019 Vaccines ..	14,472,600	8,848,409	157,322	5,466,869
			<u>14,472,600</u>	<u>8,848,409</u>	<u>157,322</u>	<u>5,466,869</u>
<i>Capital Account</i>						
603		<i>Plant, vehicles and equipment</i>				
	865	Replacement of the Automated Chemical Pathology Analyzer System [□]	19,100 [□]	—	—	19,100
			<u>19,100</u>	<u>—</u>	<u>—</u>	<u>19,100</u>
		Total	<u>14,491,700</u>	<u>8,848,409</u>	<u>157,322</u>	<u>5,485,969</u>

□ This is a new item, funding for which is sought in the context of the Appropriation Bill 2025.