

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

**Controlling officer:** the Permanent Secretary for Health will account for expenditure under this Head.

<b>Estimate 2025–26</b> .....	<b>\$104,812.4m</b>
<b>Establishment ceiling 2025–26</b> (notional annual mid-point salary value) representing an estimated 230 non-directorate posts as at 31 March 2025 rising by three posts to 233 posts as at 31 March 2026.....	<b>\$194.9m</b>
In addition, there will be an estimated 15 directorate posts as at 31 March 2025 and as at 31 March 2026.	
<b>Commitment balance</b> .....	<b>\$3,727.1m</b>

### Controlling Officer's Report

#### Programmes

<b>Programme (1) Director of Bureau's Office</b>	This programme contributes to Policy Area 27: Intra-Governmental Services (Secretary for Health).
<b>Programme (2) Health</b>	These programmes contribute to Policy Area 15: Health (Secretary for Health).
<b>Programme (3) Subvention: Hospital Authority</b>	
<b>Programme (4) Subvention: Prince Philip Dental Hospital</b>	

#### Detail

##### Programme (1): Director of Bureau's Office

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)	21.4	26.3	25.0 (–4.9%)	<b>24.9</b> (–0.4%)
				(or –5.3% on 2024–25 Original)

#### *Aim*

- 2 The aim is to ensure the smooth operation of the Office of the Secretary for Health.

#### *Brief Description*

3 The Office of the Secretary for Health is responsible for providing support to the Secretary for Health in undertaking political work. This includes the support provided by the Under Secretary and the Political Assistant. The Office is also responsible for providing administrative support to the Secretary for Health in carrying out his duties. The work includes the planning, co-ordination and implementation of all arrangements for the Secretary's public, media and community functions.

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### Programme (2): Health

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)				
Government sector	1,653.5	3,742.3	3,227.8 (–13.7%)	<b>4,085.3</b> (+26.6%)  (or +9.2% on 2024–25 Original)
Subvented sector	280.0	452.3	307.0 (–32.1%)	<b>299.2</b> (–2.5%)  (or –33.8% on 2024–25 Original)
Total	1,933.5	4,194.6	3,534.8 (–15.7%)	<b>4,384.5</b> (+24.0%)  (or +4.5% on 2024–25 Original)

### *Aim*

4 The aim is to formulate and oversee implementation of policies to protect and promote public health, to provide comprehensive and lifelong holistic healthcare to each citizen, and to ensure that no one is prevented, through lack of means, from obtaining adequate medical treatment.

### *Brief Description*

5 The Health Bureau formulates and co-ordinates policies and programmes to:

- protect and promote health;
- prevent and treat illness and disease; and
- minimise the impact of disability.

6 Generally, the effectiveness of the work of the Bureau is reflected in the extent to which the departments and subvented organisations delivering medical and healthcare services achieve the objectives of this programme. The aim has been broadly achieved in 2024–25.

### *Matters Requiring Special Attention in 2025–26*

7 During 2025–26, the Bureau will:

- continue to develop Hong Kong into an international health and medical innovation hub through strengthening the regulatory regime of medical products, enhancing Hong Kong’s clinical trial capability, and building international and cross-boundary collaboration platforms;
- oversee the establishment of the Hong Kong Centre for Medical Products Regulation and the roadmap towards “primary evaluation” for drugs and medical devices;
- work with the Greater Bay Area (GBA) International Clinical Trial Institute to establish the GBA Clinical Trial Collaboration Platform with Shenzhen and set up the Real-World Study and Application Centre;
- oversee the realignment of functions and responsibilities and transfer of services among the Hospital Authority, Department of Health and the Primary Healthcare Commission (PHCC);
- rationalise fees and charges of public healthcare services to enhance resource efficiency and reduce wastage;
- continue to take forward and implement policy initiatives to promote the development of primary healthcare having regard to the Primary Healthcare Blueprint, including enhancing the Chronic Disease Co-care Pilot Scheme, expanding the Elderly Health Care Voucher GBA Pilot Scheme, developing a community drug formulary and a community pharmacy programme, and gradually strengthening preventive care services for the underprivileged at the General Outpatient Clinics of the Hospital Authority;
- continue to take forward and enhance the development of District Health Centres (DHCs) and District Health Centre Expresses across the territory, and integrating the services of Woman Health Centres and Elderly Health Centres into DHC Network;

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- take forward the recommendations made by the Working Group on Oral Health and Dental Care in its final report; and oversee the launching of the Primary Dental Co-care Pilot Scheme for Adolescents and Community Dental Support Programme;
- continue to oversee the implementation of the “Outreach Dental Care Programme for the Elderly” and the “Healthy Teeth Collaboration” programme;
- continue to service the Advisory Committee on Mental Health and co-ordinate policy measures relating to mental health;
- take forward the next phase of tobacco control measures;
- continue to oversee the implementation of the action plans on prevention and control of cancer and other non-communicable diseases, viral hepatitis and antimicrobial resistance;
- continue to oversee the implementation of health promotion and preventive programmes;
- continue efforts to promote breastfeeding and organ donation;
- further promote the development of Chinese medicine (CM) in Hong Kong, including releasing the CM Development Blueprint, promoting international research collaboration on herb-drug interaction, expanding Government-subsidised Integrated Chinese-Western Medicine services, further enhancing the role of CM in primary healthcare setting, enhancing funding support to the CM sector through the Chinese Medicine Development Fund, and taking forward more training programmes for nurturing CM talents;
- continue to prepare for the service commencement of The Chinese Medicine Hospital of Hong Kong (CMHHK) in 2025;
- support the work of the Task Group on New Medical School and other work relating to the development of medical training in Hong Kong;
- continue to monitor the demand and supply of healthcare professionals;
- continue to pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders;
- continue to oversee the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions;
- oversee the establishment of the Institute for Medical Advancement and Clinical Excellence for developing evidence-based clinical protocols and exploring the feasibility of devising service quality and efficiency standards for public and private healthcare sectors;
- continue the phased implementation of the regulatory regime for private healthcare facilities and facilitate private hospital development;
- continue to implement the Voluntary Health Insurance Scheme;
- continue to oversee the smooth and timely implementation of capital works projects under the First Hospital Development Plan (HDP), and the planning of those under the Second HDP;
- continue to take forward and implement the five-year plan of eHealth+ to transform eHealth from a health record sharing system into a comprehensive healthcare information infrastructure that integrates multiple functions of healthcare data sharing, service delivery and care journey management;
- continue to implement cross-boundary health co-operation initiatives including overseeing the Pilot Scheme for Direct Cross-boundary Ambulance Transfer in GBA, and consider extending the Scheme subject to operation experience;
- continue to implement the Hong Kong Genome Project; and
- continue to manage the Health and Medical Research Fund.

### Programme (3): Subvention: Hospital Authority

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	<b>2025–26 (Estimate)</b>
Financial provision (\$m)	93,832.7	95,407.1	97,327.9 (+2.0%)	<b>100,164.4</b> (+2.9%)
				(or +5.0% on 2024–25 Original)

### *Aim*

8 The Hospital Authority advises the Government on the needs of the public for hospital services and resources required to meet those needs, and provides adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available.

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### *Brief Description*

9 The Bureau subvents the Hospital Authority to provide public medical services. The Hospital Authority is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance (Cap. 113) to manage all public hospitals in Hong Kong. The Authority, with over 93 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 74 general outpatient clinics as at 31 December 2024.

10 The Hospital Authority manages and develops the public medical service system in ways which are conducive to achieving the following objectives:

- to use hospital beds and clinics, staff, equipment and other resources efficiently to provide medical services of the highest standard within the resources available;
- to improve the efficiency of medical services by developing appropriate management structure, systems and performance measures;
- to attract, motivate and retain staff;
- to encourage public participation in the operation of the public medical service system; and
- to ensure accountability to the public for the management and control of the public medical service system.

11 The Hospital Authority generally achieved its performance targets in 2024–25, with full service resumption of public healthcare services. The volume of patient care activities across the full range of services in 2024–25 is higher than the level in 2023–24.

12 The key activity data in respect of the Hospital Authority are:

### *Targets*

	As at 31 March 2024 (Actual)	As at 31 March 2025 (Revised Estimate)	As at 31 March 2026 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent) .....	24 325	24 478	<b>24 820</b>
mentally ill .....	3 710	3 710	<b>3 710</b>
mentally handicapped .....	675	675	<b>675</b>
infirmary.....	1 961	1 961	<b>1 961</b>
overall.....	30 671	30 824	<b>31 166</b>
<i>ambulatory and outreach services</i>			
<i>accident and emergency (A&amp;E) services</i>			
<i>percentage of A&amp;E patient attendances seen</i>			
<i>within target waiting time</i>			
triage I (critical cases – 0 minute) (%).....	100	100	<b>100</b>
triage II (emergency cases – 15 minutes) (%).....	96	95	<b>95</b>
triage III (urgent cases – 30 minutes) (%) ....	71	90	<b>90</b>
<i>specialist outpatient services</i>			
<i>median waiting time for first appointment at</i>			
<i>specialist outpatient clinics</i>			
priority 1 cases .....	<1 week	2 weeks	<b>2 weeks</b>
priority 2 cases .....	5 weeks	8 weeks	<b>8 weeks</b>
<i>rehabilitation and geriatric services</i>			
no. of geriatric day places .....	787	787	<b>824</b>
<i>psychiatric services</i>			
no. of psychiatric day places .....	909	909	<b>910</b>

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### *Indicators*

	2023–24 (Actual)	2024–25 (Revised Estimate)	2025–26 (Estimate)
<i>Delivery of services</i>			
<i>inpatient services</i>			
overall			
no. of patient days .....	8 750 456	9 151 000	<b>9 221 000</b>
bed occupancy rate (%).....	88	88	<b>88</b>
no. of discharges and deaths .....	1 146 494	1 275 510	<b>1 288 810</b>
general (acute and convalescent)			
no. of patient days .....	7 137 219	7 492 000	<b>7 562 000</b>
bed occupancy rate (%).....	91	91	<b>91</b>
no. of discharges and deaths .....	1 123 107	1 251 200	<b>1 264 500</b>
average length of stay (days)§ .....	6.3	6.3	<b>6.3</b>
mentally ill			
no. of patient days .....	995 316	1 017 000	<b>1 017 000</b>
bed occupancy rate (%).....	76	76	<b>76</b>
no. of discharges and deaths .....	19 161	19 900	<b>19 900</b>
average length of stay (days)§ .....	55	55	<b>55</b>
mentally handicapped			
no. of patient days .....	166 121	166 000	<b>166 000</b>
bed occupancy rate (%).....	67	67	<b>67</b>
infirmary			
no. of patient days .....	451 800	476 000	<b>476 000</b>
bed occupancy rate (%).....	84	84	<b>84</b>
<i>ambulatory and outreach services</i>			
day inpatient services			
no. of discharges and deaths .....	809 505	852 300	<b>914 700</b>
A&E services			
no. of A&E attendances .....	2 142 830	2 237 000	<b>2 237 000</b>
no. of A&E first attendances			
triage I .....	28 138	29 800	<b>29 800</b>
triage II.....	56 566	57 600	<b>57 600</b>
triage III .....	820 353	822 500	<b>822 500</b>
specialist outpatient services			
no. of specialist outpatient (clinical) first attendances .....	878 903	913 000	<b>924 000</b>
no. of specialist outpatient (clinical) follow-up attendances .....	7 489 204	7 701 000	<b>7 743 000</b>
total no. of specialist outpatient (clinical) attendances .....	8 368 107	8 614 000	<b>8 667 000</b>
primary care services			
no. of general outpatient attendances.....	6 008 083	6 341 000	<b>6 403 000</b>
no. of family medicine specialist clinic attendances .....	351 698	375 800	<b>387 800</b>
total no. of primary care attendances .....	6 359 781	6 716 800	<b>6 790 800</b>
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances .....	100 987	122 200	<b>126 000</b>
no. of community nurse attendances.....	916 504	961 000	<b>969 000</b>
no. of allied health (community) attendances .....	32 268	35 900	<b>35 900</b>
no. of allied health (outpatient) attendances .....	3 301 186	3 488 000	<b>3 542 000</b>
geriatric services			
no. of geriatric outreach attendances.....	785 239	817 600	<b>842 100</b>
no. of geriatric elderly persons assessed for infirmary care service .....	1 767	1 760	<b>1 760</b>
no. of geriatric day attendances.....	168 425	178 900	<b>182 100</b>

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	2023–24 (Actual)	2024–25 (Revised Estimate)	2025–26 (Estimate)
psychiatric services			
no. of psychiatric outreach attendances .....	330 549	360 600	<b>361 200</b>
no. of psychiatric day attendances .....	194 070	239 100	<b>239 200</b>
no. of psychogeriatric outreach attendances .....	113 386	116 200	<b>116 200</b>
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population $\Delta$ .....	2.7	2.7	<b>2.7</b>
unplanned readmission rate within 28 days for general inpatients (%).....	10.9	10.9	<b>10.9</b>
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	53.1	53.4	<b>52.8</b>
ambulatory and outreach.....	46.9	46.6	<b>47.2</b>
cost of services for persons aged 65 or above			
share of cost of services (%) .....	54.4	54.6	<b>54.6</b>
cost of services per 1 000 population (\$m).....	30.4	30.5	<b>30.9</b>
unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent) .....	6,920	6,910	<b>7,180</b>
mentally ill .....	3,580	3,740	<b>3,870</b>
mentally handicapped .....	2,430	2,530	<b>2,610</b>
infirmary .....	2,310	2,270	<b>2,350</b>
ambulatory and outreach services			
cost per A&E attendance (\$).....	2,070	2,030	<b>2,100</b>
cost per specialist outpatient attendance (\$) .....	1,610	1,630	<b>1,690</b>
cost per general outpatient attendance (\$).....	730	665	<b>705</b>
cost per family medicine specialist clinic attendance (\$) .....	1,450	1,550	<b>1,590</b>
cost per community nurse attendance (\$) .....	765	760	<b>785</b>
cost per psychiatric outreach attendance (\$) .....	1,990	2,010	<b>2,080</b>
cost per geriatric day attendance (\$) .....	2,670	2,630	<b>2,700</b>
fee waivers			
total amount of waived fees (\$m) .....	1,158.4	1,265.9	<b>1,312.2</b>
percentage of Comprehensive Social Security Assistance fee waiver (%)¶.....	14.0	14.4	<b>14.3</b>
percentage of Old Age Living Allowance fee waiver (%)¶.....	15.2	16.2	<b>16.5</b>
percentage of other fee waiver (%)¶.....	6.8	7.0	<b>7.0</b>
<i>Manpower (no. of full time equivalent staff as at 31 March)@</i>			
Medical			
doctor .....	6 807	7 140	<b>7 430</b>
specialist.....	3 526	3 630	<b>3 740</b>
non-specialist .....	3 281	3 510	<b>3 690</b>
intern .....	530	522	<b>572</b>
dentist.....	13	13	<b>13</b>
medical total.....	7 350	7 675	<b>8 015</b>
Nursing			
nurse.....	27 904	28 580	<b>29 570</b>
trainee.....	961	1 000	<b>1 050</b>
nursing total .....	28 865	29 580	<b>30 620</b>

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	2023–24 (Actual)	2024–25 (Revised Estimate)	2025–26 (Estimate)
allied health.....	9 497	10 050	<b>10 300</b>
others.....	45 073	45 920	<b>46 840</b>
total .....	90 785	93 225	<b>95 775</b>

§ Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

Δ Refers to the age-standardised hospital death rate covering inpatient and day inpatient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the “standard” population in mid-2001.

¶ Refers to the amount waived as percentage to total charge.

@ The human resources management system in the Hospital Authority was enhanced to enable auto-calculation of working hours for all temporary part-time (TPT) staff starting from January 2024 to reflect the manpower situation more precisely. With the system enhancement, the full time equivalent for all TPT staff is calculated based on their actual working hours instead of the estimated working hours in the past. The system enhancement would mainly affect the manpower figures for nursing trainees who are all TPT staff.

### *Matters Requiring Special Attention in 2025–26*

13 In 2025–26, the Hospital Authority will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government’s direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of healthcare professionals.

14 The Hospital Authority will also:

- implement the reform on governance and management;
- review the hospital fees and charges to encourage prudent use of services and to support the patients most in need;
- continue the review and planning of Second HDP projects;
- open a total of around 330 additional hospital beds to meet the growing demand;
- continue to enhance capacity for endoscopic, surgical and operating theatre services, including increasing service capacity for cataract surgeries;
- enhance hospital dental services through integration of Oral & Maxillofacial Surgery services of Department of Health into those of the Hospital Authority.
- augment the workforce by attracting and retaining staff through various measures;
- strengthen centralised procurement of drugs and medical devices;
- integrate paediatric services at Hong Kong Children’s Hospital;
- set up the first stroke centre and the second chest pain centre;
- formulate a directory for inherited and rare diseases and promote precision medicine;
- enhance the triage and referral arrangements for specialist outpatient services, the treatment and management of major chronic illnesses and continue to strengthen mental health and community geriatric assessment services;
- continue to enhance access to accident & emergency, diagnostic imaging and outpatient services as well as improve pharmacy services;
- continue to implement the Public-Private Partnership programmes; and
- having regard to the Primary Healthcare Blueprint, enhance the primary healthcare services at General Outpatient Clinics for the underprivileged, including introducing chronic disease screening services and strengthening nurse clinic services in consultation with the PHCC.

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### Programme (4): Subvention: Prince Philip Dental Hospital

	2023–24 (Actual)	2024–25 (Original)	2024–25 (Revised)	2025–26 (Estimate)
Financial provision (\$m)	225.5	234.3	237.8 (+1.5%)	<b>238.6</b> (+0.3%)
				(or +1.8% on 2024–25 Original)

#### *Aim*

15 The aim is to provide facilities for the training of dentists, dental care professionals and other ancillary dental workers.

#### *Brief Description*

16 The Bureau subvents the Prince Philip Dental Hospital (PPDH). The PPDH is a statutory body established in 1981 under the Prince Philip Dental Hospital Ordinance (Cap. 1081). It is a purpose-built teaching hospital to provide clinical training facilities for undergraduate and postgraduate students of the Faculty of Dentistry of the University of Hong Kong. It also runs courses for dental care professionals and other ancillary dental workers at various diploma level.

17 In the 2023/24 academic year, the PPDH generally achieved its overall performance targets in terms of the number of students attending the undergraduate and postgraduate courses and the various diploma courses.

18 The key performance measures are:

#### *Indicators*

	<i>Academic Year</i>		
	2023/24 (Actual)	2024/25 (Revised Estimate)	2025/26 (Estimate)
no. of training places			
undergraduate.....	486	501	<b>516</b>
research postgraduate.....	170	191	<b>207</b>
taught postgraduate#.....	40	30	<b>27</b>
student dental technician.....	36	26	<b>31</b>
student dental surgery assistant.....	40	39	<b>45</b>
student dental hygienist.....	75	94	<b>124</b>
student dental therapist.....	16	20	<b>30</b>
total.....	863	901	<b>980</b>
capacity utilisation rate (%)Φ			
undergraduate.....	98	98	<b>99</b>
research postgraduate.....	100	100	<b>100</b>
taught postgraduate.....	100	100	<b>100</b>
student dental technician.....	90	65	<b>78</b>
student dental surgery assistant.....	103 <sup>^</sup>	98	<b>100</b>
student dental hygienist.....	95	90	<b>95</b>
student dental therapist.....	100	100	<b>100</b>
completion rate (%)			
undergraduate.....	100	100	<b>100</b>
research postgraduate.....	100	100	<b>100</b>
taught postgraduate.....	100	100	<b>100</b>
student dental technician.....	81	92	<b>94</b>
student dental surgery assistant.....	75	90	<b>91</b>
student dental hygienist.....	88	94	<b>97</b>
student dental therapist.....	100	100	<b>100</b>

# The indicator covers only University Grants Committee funded taught postgraduate programmes.

Φ This refers to the number of students enrolled in courses as a percentage of the total number of training places offered.

^ The utilisation rate exceeds 100 per cent as the number of students admitted exceeds the original quota by one.



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### *Matters Requiring Special Attention in 2025–26*

19 During 2025–26, PPDH will increase its capacity for clinical training as well as training places of dental care professionals and continue strengthening its clinic services for recruiting patients for clinical training.

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### ANALYSIS OF FINANCIAL PROVISION

	2023–24 (Actual) (\$m)	2024–25 (Original) (\$m)	2024–25 (Revised) (\$m)	2025–26 (Estimate) (\$m)
<b>Programme</b>				
(1) Director of Bureau’s Office .....	21.4	26.3	25.0	24.9
(2) Health.....	1,933.5	4,194.6	3,534.8	4,384.5
(3) Subvention: Hospital Authority .....	93,832.7	95,407.1	97,327.9	100,164.4
(4) Subvention: Prince Philip Dental Hospital.....	225.5	234.3	237.8	238.6
	96,013.1	99,862.3	101,125.5 (+1.3%)	104,812.4 (+3.6%)
				(or +5.0% on 2024–25 Original)

#### Analysis of Financial and Staffing Provision

##### Programme (1)

Provision for 2025–26 is \$0.1 million (0.4%) lower than the revised estimate for 2024–25. This is mainly due to the decreased requirement for operating expenses.

##### Programme (2)

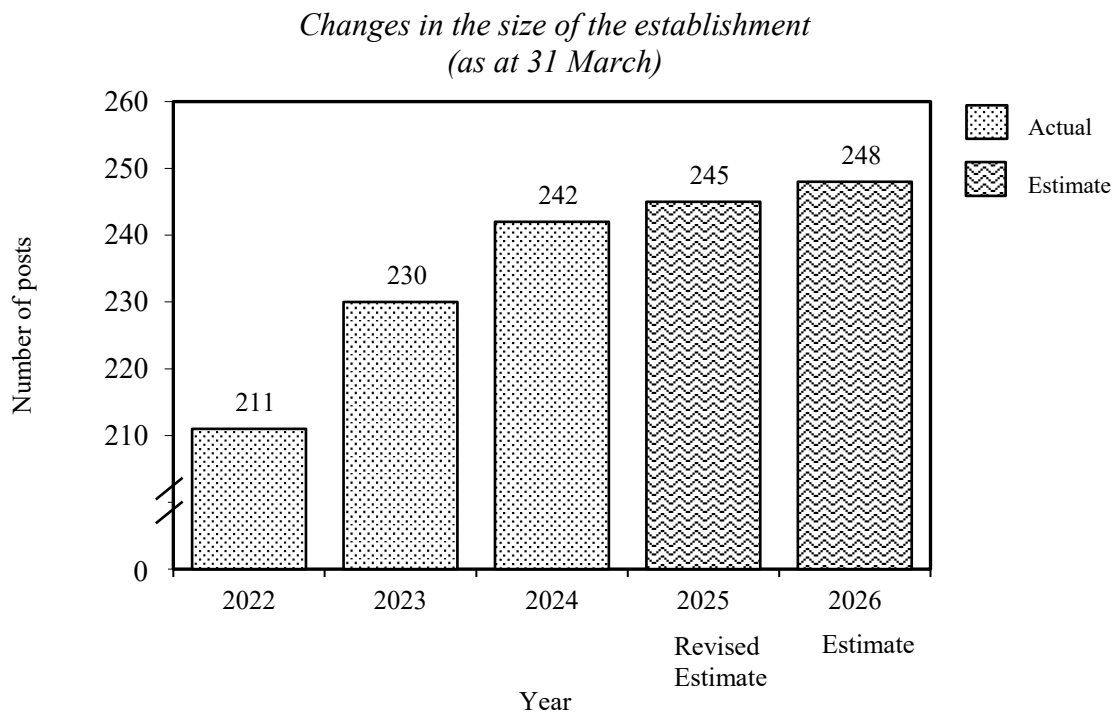
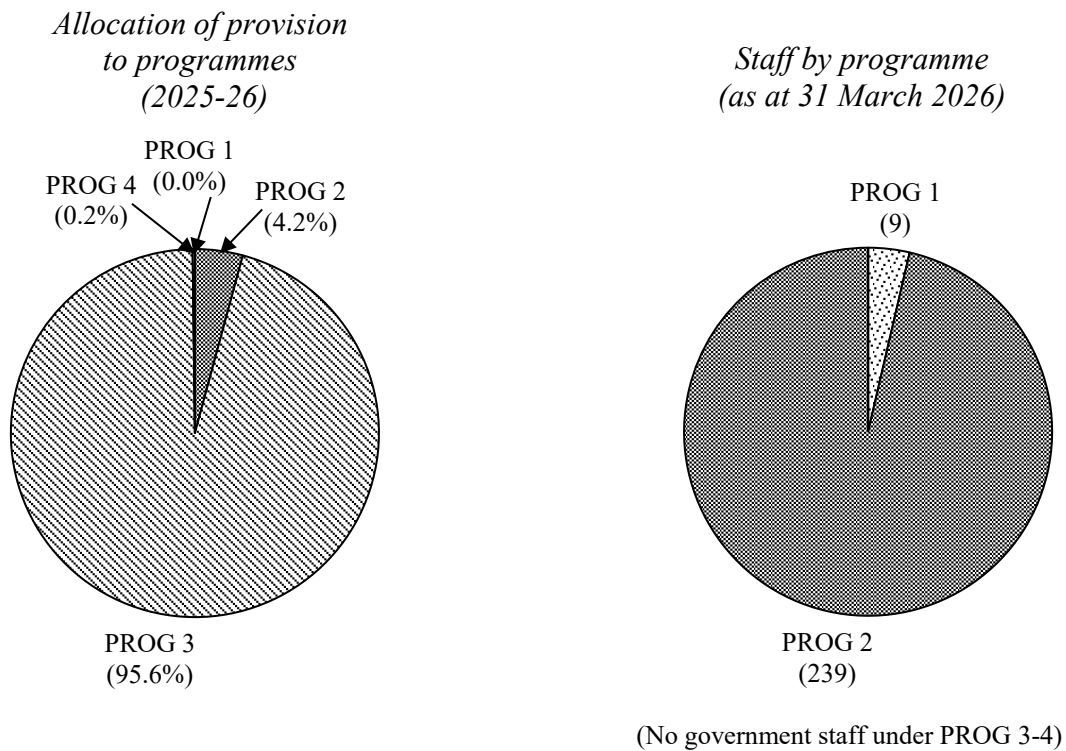
Provision for 2025–26 is \$849.7 million (24.0%) higher than the revised estimate for 2024–25. This is mainly due to the increased provision for primary healthcare development, CMHHK and the increased cash flow requirement for the general non-recurrent item on Health and Medical Research Fund. There will be a net increase of three posts in 2025–26.

##### Programme (3)

Provision for 2025–26 is \$2,836.5 million (2.9%) higher than the revised estimate for 2024–25. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care.

##### Programme (4)

Provision for 2025–26 is \$0.8 million (0.3%) higher than the revised estimate for 2024–25. This is mainly due to the additional provision for increasing training places of dental care professionals and improvements in facilities, partly offset by the lapse of time-limited provision in 2025–26.



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Sub-head (Code)	Actual expenditure 2023–24	Approved estimate 2024–25	Revised estimate 2024–25	Estimate 2025–26	
	\$'000	\$'000	\$'000	\$'000	
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	93,514,851	96,666,995	98,483,426	<b>102,731,653</b>
	Total, Recurrent.....	93,514,851	96,666,995	98,483,426	<b>102,731,653</b>
Non-Recurrent					
700	General non-recurrent .....	771,071	1,268,940	715,709	<b>859,984</b>
	Total, Non-Recurrent.....	771,071	1,268,940	715,709	<b>859,984</b>
	Total, Operating Account .....	94,285,922	97,935,935	99,199,135	<b>103,591,637</b>
<b>Capital Account</b>					
Subventions					
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	15,395	15,697	15,697	<b>16,544</b>
979	Hospital Authority - equipment and information systems (block vote).....	1,711,745	1,910,676	1,910,676	<b>1,204,178</b>
	Total, Subventions .....	1,727,140	1,926,373	1,926,373	<b>1,220,722</b>
	Total, Capital Account.....	1,727,140	1,926,373	1,926,373	<b>1,220,722</b>
	Total Expenditure .....	96,013,062	99,862,308	101,125,508	<b>104,812,359</b>

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### Details of Expenditure by Subhead

The estimate of the amount required in 2025–26 for the salaries and expenses of the Health Bureau is \$104,812,359,000. This represents an increase of \$3,686,851,000 over the revised estimate for 2024–25 and \$8,799,297,000 over the actual expenditure in 2023–24.

#### *Operating Account*

##### Recurrent

**2** Provision of \$102,731,653,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Bureau.

**3** The establishment as at 31 March 2025 will be 245 posts. It is expected that there will be a net increase of three 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 \$194,930,000.

**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)	<b>2025–26 (Estimate) (\$'000)</b>
Personal Emoluments				
- Salaries .....	187,030	225,962	198,233	<b>226,978</b>
- Allowances .....	6,905	6,005	8,356	<b>9,466</b>
- Job-related allowances.....	12	8	11	<b>10</b>
Personnel Related Expenses				
- Mandatory Provident Fund contribution .....	479	576	442	<b>509</b>
- Civil Service Provident Fund contribution .....	15,124	17,732	17,151	<b>18,403</b>
Departmental Expenses				
- General departmental expenses .....	344,861	1,031,645	1,054,647	<b>1,155,601</b>
Other Charges				
- Primary healthcare development expenses.	520,425	1,565,050	1,460,355	<b>2,028,458</b>
Subventions				
- Hospital Authority .....	92,120,930	93,496,453	95,417,209	<b>98,960,189</b>
- Prince Philip Dental Hospital .....	210,132	218,611	222,069	<b>222,039</b>
- Hong Kong Genome Institute.....	108,953	104,953	104,953	<b>110,000</b>
	93,514,851	96,666,995	98,483,426	<b>102,731,653</b>

#### *Capital Account*

##### Subventions

**5** Provision of \$16,544,000 under *Subhead 899 Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over \$200,000 but not exceeding \$10 million for each project.

**6** Provision of \$1,204,178,000 under *Subhead 979 Hospital Authority - equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over \$200,000 each. The decrease of \$706,498,000 (37.0%) against the revised estimate for 2024–25 is mainly due to the decreased cash flow requirement in 2025–26.

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

### 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
<b><i>Operating Account</i></b>						
700		<i>General non-recurrent</i>				
	802	Chinese Medicine Development Fund .....	1,000,000	549,573	55,480	394,947
	803	Hong Kong Genome Project .....	682,000	290,794	201,961	189,245
	804	“DHC Express” Scheme.....	1,111,100	470,406	154,818	485,876
	807	Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines ...	1,000,000	167,390	43,850	788,760
	809	Preparation for service commencement of the Chinese Medicine Hospital.....	80,445	14,591	4,600	61,254
	823	Health and Medical Research Fund .....	4,223,000	2,160,933	255,000	1,807,067
		Total .....	<u>8,096,545</u>	<u>3,653,687</u>	<u>715,709</u>	<u>3,727,149</u>