Controlling officer: the Director of Health will account for expenditure under this Head.	
Estimate 2017–18	\$8,780.8m
Establishment ceiling 2017–18 (notional annual mid-point salary value) representing an estimated 6 258 non-directorate posts as at 31 March 2017 rising by 130 posts to 6 388 posts as at 31 March 2018.	\$3,137.5m
In addition, there will be an estimated 63 directorate posts as at 31 March 2017 and as at 31 March 2018.	
Commitment balance	\$46.3m

Controlling Officer's Report

Programmes

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

Detail

Programme (1): Statutory Functions

	2015–16	2016–17	2016–17	2017–18
	(Actual)	(Original)	(Revised)	(Estimate)
Financial provision (\$m)	750.2	870.9	891.0 (+2.3%)	937.8 (+5.3%)

(or +7.7% on 2016–17 Original)

Aim

2 The aim is to enforce legislation to ensure a high standard of public health protection.

Brief Description

- **3** The work involves:
- preventing spread of infectious diseases;
- ensuring the safety, quality and efficacy of pharmaceutical products through product registration and licensing control;
- promoting and protecting the health of radiation workers and minimising public exposure to radiation hazards;
- providing secretariat support to the various boards and councils responsible for the registration and regulation of healthcare professionals and healthcare institutions;
- licensing of healthcare institutions;
- · providing services in forensic medicine and operating public mortuaries; and
- · enforcing laws on tobacco control.

4 The key performance measures in respect of statutory functions are:

Targets

8				
	Target	2015 (Actual)	2016 (Actual)	2017 (Plan)
free pratique to be granted within		(((=)
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	96	99	>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	100	100	100	100
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	. 70	100	100	- 70
against healthcare professionals within				
14 working days (%)	>90	100	100	>90
inspections of private hospitals (including				
maternity homes) registered under the				
Hospitals, Nursing Homes and				
Maternity Homes Registration				
Ordinance (Cap. 165) not less than twice a year (%)	100	100	100	100
inspections of nursing homes registered	100	100	100	100
under the Hospitals, Nursing Homes				
and Maternity Homes Registration				
Ordinance not less than once a				
year (%)	100	100	100	100
Indicators				
Indicators		2015	2016	2017
		(Actual)	(Actual)	(Estimate)
		(1100001)	(1101441)	(Listinute)
registration applications of pharmaceutical produ		2 000	2 200	2 000
processed		3 800 9 200	3 200 9 200	3 000
inspection of licensed retail drug premiseslicences, notices and permits processed for irradia		9 200	9 200	9 100
apparatus/radioactive substances	ating	13 200	14 200	14 200
registration applications from healthcare professi	onals	13 200	14 200	14 200
processed		5 500	5 500	5 700
no. of inspections of private hospitals (including	maternity			
homes) registered under the Hospitals, Nursing				
and Maternity Homes Registration Ordinance		107	123	120
no. of inspections of nursing homes registered un	der the			
Hospitals, Nursing Homes and Maternity Hom		1.70	1.00	105
Registration Ordinance		150	160	125

Matters Requiring Special Attention in 2017–18

- 5 During 2017–18, the Department will:
- take forward the legislative proposal to prohibit commercial sale and supply of alcohol to minors,
- strengthen the support to the Medical Council of Hong Kong in handling complaints and conducting inquiries,
- set up a testing centre of Chinese medicines at a temporary location to conduct research on reference standards and testing methods of Chinese medicines,
- continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), and
- continue to support the Food and Health Bureau in the review of the regulation of private healthcare institutions and support private hospital development.

Programme (2): Disease Prevention						
	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)		
Financial provision (\$m)						
Government sector	3,010.2	3,750.6	3,383.2 (-9.8%)	4,561.4 (+34.8%)		
				(or +21.6% on 2016–17 Original)		
Subvented sector	87.1	94.6	96.4 (+1.9%)	98.6 (+2.3%)		
				(or +4.2% on 2016–17 Original)		
Total	3,097.3	3,845.2	3,479.6 (-9.5%)	4,660.0 (+33.9%)		
				(or +21.2% on 2016–17 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 a wide range of health services and activities covering different age groups and targeted at various communicable and non-communicable diseases. The work involves:
 - providing genetic screening, diagnostic and counselling services;
 - reducing preventable death and ill-health among pregnant women, infants and children;
 - providing promotive and preventive healthcare to primary and secondary school students;
 - improving the oral health of primary school children;
 - maintaining the surveillance and control of 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 and controlling the spread of such diseases;
 - providing integrated healthcare service to the elderly;
 - providing woman health service;
 - promoting and implementing the Elderly Health Care Voucher Scheme; and
 - co-ordinating primary care development in Hong Kong and implementing policies and initiatives aiming to enhance primary care.
- **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".

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

Targets

9				
	Torget	2015	2016	2017
	Target	(Actual)	(Actual)	(Plan)
achieving a high participation rate of new				
born babies of local mothers attending				
maternal and child health centres (%)	>90	93	92	>90
contributing to achieving low infant				
mortality rate (IMR) and maternal				
mortality rate (MMR)				
IMR per 1 000 live births	< 6.0	1.5Δ	1.5	<6.0
MMR per 100 000 live births	< 6.0	1.6Δ	0.0	<6.0
School Dental Care Service participation	> 00	0.6	0.6	. 00
rate (%)	>90	96	96	>90
investigating reports of outbreaks of communicable diseases within				
	100	100	100	100
24 hours (%)coverage rate of immunisation programme	100	100	100	100
for school children (%)	>95	99	98	>95
for school children (70)	- 75))	70	- 73
Indicators				
		2015	• • • •	***
		2015	2016	2017
		(Actual)	(Actual)	(Estimate)
attendances at maternal and child health centre	es			
child health service		615 000	610 000	610 000
maternal health service		181 000	178 000	178 000
family planning service		110 000	104 000	104 000
cervical screening service		97 000	102 000	102 000
attendances at family planning clinics operated	d by Family	110.000	106000	101000
Planning Association		110 000	106 000	106 000
school children participating in the Student He		212 000	221 000	221 000
primary school students		312 000	321 000	331 000
secondary school students the So		324 000	308 000	293 000
primary school children participating in the Sc		315 600	325 200	336 200
no. of training activities on infection control		83	323 200 85	330 200 85
no. of attendances to training activities on infe		8 080	8 400	8 400
doses of vaccines given to school children		165 000	164 000	164 000
attendances at social hygiene clinics		86 600	81 800	81 800
no. of enrolment in elderly health centres		42 400	44 200	44 700
no. of attendances for health assessment and m				
consultation at elderly health centres		170 000	178 000	180 000
attendances at health education activities organ				
elderly health centres and visiting health tea	ıms	$491~000\Delta$	491 000	491 000
no. of enrolment for woman health service		16 800	15 500	15 500
no. of attendances for woman health service		26 100	24 800	24 800
no. of laboratory tests relating to public health		5 760 000∆	6 060 000	6 060 000

 $[\]Delta$ $\,$ The figure has been updated after the finalisation of the 2016–17 Estimates.

Matters Requiring Special Attention in 2017–18

- 10 During 2017–18, the Department will:
- continue to promote and implement the Elderly Health Care Voucher Scheme, which would be enhanced in 2017 by lowering the eligibility age from 70 to 65;
- enhance protection of elders against invasive pneumococcal disease;
- implement a pilot public-private partnership programme to test a new mode of smoking cessation service supported by family physicians;
- continue to enhance the elderly health service;
- continue to implement the pilot colorectal cancer screening programme for persons at specific ages;
- continue the effort for promotion of breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children";

- continue to enhance the preparedness for public health emergencies;
- continue to support the Government's initiative to develop an Electronic Health Record infrastructure for Hong Kong; and
- strengthen the work in combating public health threats from antimicrobial resistance.

Programme (3): Health Promotion

Financial provision (\$m)	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Government sector	269.7	317.2	305.5 (-3.7%)	314.6 (+3.0%)
				(or -0.8% on 2016–17 Original)
Subvented sector	96.8	99.0	100.3 (+1.3%)	94.0 (-6.3%)
				(or -5.1% on 2016–17 Original)
Total	366.5	416.2	405.8 (-2.5%)	408.6 (+0.7%)
				(or -1.8% on 2016–17 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. The work is discharged by the Department's various units in collaboration with other community groups and interested agencies.
- 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	2015 (Actual)	2016 (Actual)	2017 (Plan)
training of health promoters (annual total)	>2 000	2 350	2 350	>2 000
Indicators				
		2015	2016	2017
		(Actual)	(Actual)	(Estimate)
production of health education materials (annual r	no. of			
titles)		720	720	720
attendances at health education activities		912 000	912 000	912 000
AIDS counselling attendances		2 900	2 830	2 830
utilisation of the AIDS telephone enquiry service.		18 400	18 400	18 400
no. of publicity/educational activities delivered by no. of secondary schools joining the Adolescent F		432	423	420
Programme		320	320	310

Matters Requiring Special Attention in 2017–18

- 15 During 2017–18, the Department will:
- launch a pilot scheme of Accredited Registers Scheme for Healthcare Professions who are currently not subject to statutory regulation;
- continue to carry out a territory-wide education and promotion campaign to raise public awareness on mental health;
- continue to drive public health promotion programmes to instil a healthy lifestyle concept in the community, with emphasis on healthy eating and physical activity; and
- continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation.

Programme (4): Curative Care

Financial provision (\$m)	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Government sector	974.6	925.0	910.7 (-1.5%)	939.6 (+3.2%)
				(or +1.6% on 2016–17 Original)
Subvented sector	3.3	3.4	3.4 (—)	3.5 (+2.9%)
				(or +2.9% on 2016–17 Original)
Total	977.9	928.4	914.1 (-1.5%)	943.1 (+3.2%)
				(or +1.6% on 2016–17 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	2015 (Actual)	2016 (Actual)	2017 (Plan)
coverage rate of TB vaccination (BCG) at birth (%)	>99	>99	>98	>99
cure rate of TB patients under supervised treatment (%)	>85	86	87	>85
cases within 12 weeks (% of cases)	>90	43	31	31

Indicators

111111111111111111111111111111111111111			
	2015 (Actual)	2016 (Actual)	2017 (Estimate)
BCG vaccinations given to new born babiesattendances at specialised outpatient clinics	60 000	59 700	59 700
TB and Chest.	671 200	685 000	685 000
Dermatology	248 100	244 200	244 200
HIV/AIDS	17 500	17 700	18 000
dental treatment cases			
hospital patients (attendances)	55 600	58 000	58 000
dental clinics emergency treatment (attendances)	40 500	40 000	40 000
special needs group (no. of patients)	10 600	11 400	11 400

Matters Requiring Special Attention in 2017–18

19 During 2017–18, the Department will continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency.

Programme (5): Rehabilitation

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Financial provision (\$m)	111.8	129.6	132.1 (+1.9%)	131.8 (-0.2%)
				(or +1.7% on 2016–17 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 parents and the children through counselling, talks and support groups.
- 22 The key performance measures in respect of rehabilitation are:

Targets

	Target	2015 (Actual)	2016 (Actual)	2017 (Plan)
appointment time for new cases in child assessment centres within three weeks (%)	>90	99	100	>90
within six months (%)	>90	71	61	>70
Indicator				
		2015 (Actual)	2016 (Actual)	2017 (Estimate)
attendances at child assessment centres		37 400	37 200	37 200

Matters Requiring Special Attention in 2017–18

23 During 2017–18, the Department will continue to provide comprehensive assessment services to children with developmental problems and disabilities, and interim support and educational activities to these children, their families and the public.

Programme (6): Treatment of Drug Abusers

			Abusers	1 rogramme (v). Treatment of Drug
2017–18 (Estimate)	2016–17 (Revised)	2016–17 (Original)	2015–16 (Actual)	
				Financial provision (\$m)
44.5 (+8.3%)	41.1 (-3.3%)	42.5	56.3	Government sector
(or +4.7% on 2016–17 Original)				
123.5 (+2.2%)	120.9 (+1.6%)	119.0	117.1	Subvented sector
(or +3.8% on 2016–17 Original)				
168.0 (+3.7%)	162.0 (+0.3%)	161.5	173.4	Total
(or +4.0% on 2016–17 Original)				

Aim

24 The aim is to contribute to 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	2015 (Actual)	2016 (Actual)	2017 (Plan)
average attendance rate of patients registered with methadone clinics (%) completion rate of SARDA's inpatient treatment courses	>70	75	74	>70
detoxification (%)	>70	78	81	>70
rehabilitation (%)	>60	69	66	>60
Indicators				
		2015 (Actual)	2016 (Actual)	2017 (Estimate)
patients registered with methadone clinics		6 700	6 200	6 200
average daily attendances at methadone clinics		5 000	4 600	4 600
patients admitted for residential treatmentbed-days occupied at residential treatment and rel	•••••	1 670	1 540	1 540
centres		98 600	98 200	98 000

Matters Requiring Special Attention in 2017–18

27 During 2017–18, the Department will continue to provide treatment services to drug abusers.

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

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Financial provision (\$m)	1,133.2	1,429.2	1,359.4 (-4.9%)	1,521.9 (+12.0%)
				(or +6.5% on 2016–17 Original)

Aim

28 The aim is to provide medical and dental services for 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	2015 (Actual)	2016 (Actual)	2017 (Plan)
appointment time for new dental cases within six months (%) processing of applications for	>90	93	96	>90
reimbursement of medical expenses within four weeks (%)	>90	99	99	>90
Indicators				
		2015 (Actual)	2016 (Actual)	2017 (Estimate)
attendances at non-public clinics		$253 \ 400 \ 719 \ 700\Delta$	273 000 739 800	293 000 744 800

 $[\]Delta$ The figure has been updated after the finalisation of the 2016–17 Estimates.

Matters Requiring Special Attention in 2017–18

31 During 2017–18, the Department will continue to provide medical and dental services for civil servants and other eligible persons.

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

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Financial provision (\$m)	8.8	9.1	9.5 (+4.4%)	9.6 (+1.1%)
				(or +5.5% on 2016–17 Original)

Aim

32 The aim is to discharge the personnel management responsibility for the civil servants working in the Hospital Authority (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

	2015 (Actual)	2016 (Actual)	2017 (Estimate)
no. of civil servants working in the HA managed as at			
1 April	1 715	1 533	1 365

Matters Requiring Special Attention in 2017–18

35 During 2017–18, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

ANALYSIS OF FINANCIAL PROVISION

		2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Prog	gramme	(\$m)	(\$m)	(\$m)	(\$m)
(1)	Statutory Functions	750.2	870.9	891.0	937.8
(2)	Disease Prevention	3,097.3	3,845.2	3,479.6	4,660.0
(3)	Health Promotion	366.5	416.2	405.8	408.6
(4)	Curative Care	977.9	928.4	914.1	943.1
(5)	Rehabilitation	111.8	129.6	132.1	131.8
(6)	Treatment of Drug Abusers	173.4	161.5	162.0	168.0
(7)	Medical and Dental Treatment for				
	Civil Servants	1,133.2	1,429.2	1,359.4	1,521.9
(8)	Personnel Management of Civil				
	Servants Working in Hospital				
	Authority	8.8	9.1	9.5	9.6
	-	6,619.1	7,790.1	7,353.5 (-5.6%)	8,780.8 (+19.4%)

(or +12.7% on 2016–17 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2017–18 is \$46.8 million (5.3%) higher than the revised estimate for 2016–17. This is mainly due to increased requirement for operating expenses and the net increase of 27 posts in 2017–18 to meet operational needs, offset by reduced cash flow requirement for procurement of equipment.

Programme (2)

Provision for 2017–18 is \$1,180.4 million (33.9%) higher than the revised estimate for 2016–17. This is mainly due to additional provision for meeting funding requirement for the Elderly Health Care Voucher Scheme, meeting claims under subsidised vaccination schemes, continuing the pilot colorectal cancer screening programme, and an increase of 35 posts in 2017–18 to meet operational needs, offset by reduced cash flow requirement for procurement of equipment.

Programme (3)

Provision for 2017–18 is \$2.8 million (0.7%) higher than the revised estimate for 2016–17. This is mainly due to increased requirement for operating expenses.

Programme (4)

Provision for 2017–18 is \$29.0 million (3.2%) higher than the revised estimate for 2016–17. This is mainly due to increased requirement for operating expenses, offset by reduced cash flow requirement for procurement of equipment.

Programme (5)

Provision for 2017–18 is \$0.3 million (0.2%) lower than the revised estimate for 2016–17. This is mainly due to reduced cash flow requirement for procurement of equipment, offset by increased requirement for operating expenses.

Programme (6)

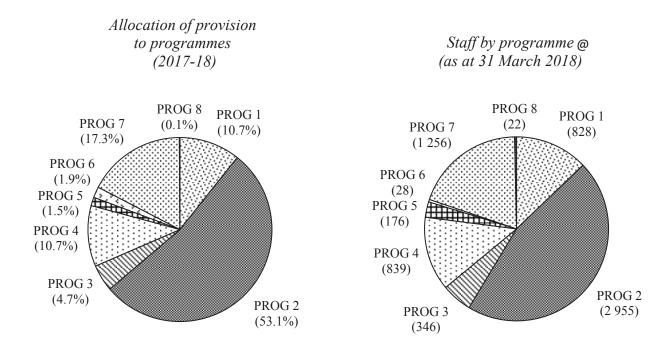
Provision for 2017–18 is \$6.0 million (3.7%) higher than the revised estimate for 2016–17. This is mainly due to increased requirement for operating expenses, offset by reduced cash flow requirement for procurement of equipment.

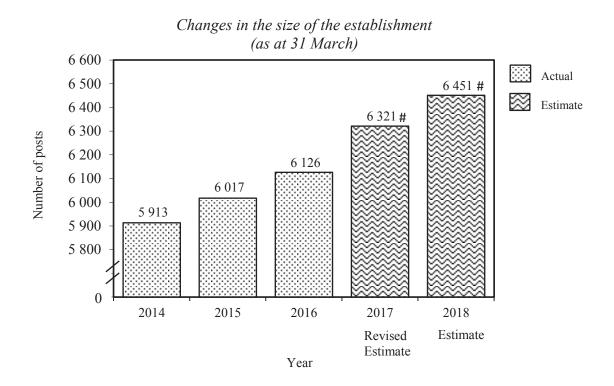
Programme (7)

Provision for 2017–18 is \$162.5 million (12.0%) higher than the revised estimate for 2016–17. This is mainly due to additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, enhancing the medical and dental services for civil service eligible persons, and an increase of 68 posts in 2017–18 to meet operational needs.

Programme (8)

Provision for 2017–18 is \$0.1 million (1.1%) higher than the revised estimate for 2016–17. This is mainly due to increased requirement for operating expenses.





- @ Excludes one post to accommodate a general grades officer working in a general outpatient clinic of the HA.
- # Includes one post to accommodate a general grades officer working in a general outpatient clinic of the HA.

Sub- head (Code)		Actual expenditure 2015–16	Approved estimate 2016–17	Revised estimate 2016–17	Estimate 2017–18
	\$'000	\$'000	\$'000	\$'000	\$'000
	Operating Account				
	Recurrent				
000 003	Operational expenses	6,570,311	7,605,660	7,182,937	8,669,365
	Deduct reimbursements <u>Cr. 819,000</u>	_	_	_	_
	Total, Recurrent	6,570,311	7,605,660	7,182,937	8,669,365
	Non-Recurrent				
700	General non-recurrent	174	535	535	477
	Total, Non-Recurrent	174	535	535	477
	Total, Operating Account	6,570,485	7,606,195	7,183,472	8,669,842
	Capital Account				
	Plant, Equipment and Works				
603	Plant, vehicles and equipment	13,045	28,908	15,527	22,788
661	Minor plant, vehicles and equipment (block vote)	33,477	150,058	150,058	83,914
	Total, Plant, Equipment and Works	46,522	178,966	165,585	106,702
	Subventions				
974	Subvented institutions - maintenance, repairs, and minor improvements (block vote)	2,043	1,982	1,982	1,674
975	Subvented institutions - minor plant, vehicles and equipment (block vote)	13	2,911	2,466	2,540
	Total, Subventions	2,056	4,893	4,448	4,214
	Total, Capital Account	48,578	183,859	170,033	110,916
	Total Expenditure	6,619,063	7,790,054	7,353,505	8,780,758

Details of Expenditure by Subhead

The estimate of the amount required in 2017–18 for the salaries and expenses of the Department of Health is \$8,780,758,000. This represents an increase of \$1,427,253,000 over the revised estimate for 2016–17 and \$2,161,695,000 over the actual expenditure in 2015–16.

Operating Account

Recurrent

- 2 Provision of \$8,669,365,000 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 \$1,486,428,000 (20.7%) over the revised estimate for 2016–17 is mainly due to the additional provision for meeting the estimated expenditure for the Elderly Health Care Voucher Scheme, claims under subsidised vaccination schemes, increased demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, and the net increase of 130 posts in 2017–18 to meet operational needs.
- 3 The establishment as at 31 March 2017 will be 6 321 posts, including one post to accommodate a general grade officer working in a general outpatient clinic of the Hospital Authority (HA). It is expected that there will be a net increase of 130 posts in 2017–18. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2017–18, but the notional annual mid-point salary value of all such posts must not exceed \$3,137,499,000.
 - 4 An analysis of the financial provision under Subhead 000 Operational expenses is as follows:

	2015–16 (Actual) (\$'000)	2016–17 (Original) (\$'000)	2016–17 (Revised) (\$'000)	2017–18 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	3,074,579 21,669 1,971	3,169,743 22,668 2,097	3,250,194 24,530 2,258	3,403,792 24,681 2,291
- Mandatory Provident Fund contribution Civil Service Provident Fund	12,043	9,012	13,209	10,341
contribution Departmental Expenses	109,980	139,447	130,849	175,180
- Temporary staff Specialist supplies and equipment General departmental expenses Other Charges	152,667 680,184 840,864	178,021 671,509 1,092,066	186,168 580,678 885,768	189,099 709,185 944,542
- Contracting out of dental prostheses - Payment and reimbursement of medical	8,737	8,600	8,778	9,000
fees and hospital charges Supply, repair and renewal of prostheses	409,964	620,000	580,000	633,400
and surgical appliances - Health Care Voucher Scheme - Vaccination reimbursements	4,424 914,488 36,410	7,434 1,290,400 83,629	4,600 1,135,766 63,629	4,620 2,135,000 112,908
Subventions	50,110	05,029	03,023	112,500
- Subvented institutions	302,331	311,034	316,510	315,326
	6,570,311	7,605,660	7,182,937	8,669,365

⁵ Gross provision of \$819 million under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in the 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 under the subhead during 2017–18. 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.

Capital Account

Plant, Equipment and Works

6 Provision of \$83,914,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents a decrease of \$66,144,000 (44.1%) against the revised estimate for 2016–17. This is mainly due to the decreased requirement for scheduled replacement of minor plant and equipment.

Subventions

- 7 Provision of \$1,674,000 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 minor improvements, costing over \$200,000 but not exceeding \$10 million for each project. The decrease of \$308,000 (15.5%) against the revised estimate for 2016–17 is mainly due to decrease in requirement for repair and renovation works.
- **8** Provision of \$2,540,000 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.

Commitments

Sub- head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2016	Revised estimated expenditure for 2016–17	Balance
			\$'000	\$'000	\$'000	\$'000
Opera	ting Ac	count				
700		General non-recurrent				
	718	Conditioning of radioactive waste	9,800	9,049	404	347
	728	Studies on Chinese medicinal herbs	46,600	44,164	110	2,326
	731	Acquisition of data entry service and procurement of specimens of Chinese herbal medicines for regulation of Chinese medicines in Hong Kong	975	894	21	60
			57,375	54,107	535	2,733
			-			
Capita	ıl Accou	int				
603		Plant, vehicles and equipment				
	852	Replacement of the whole body radioactivity counting system for Radiation Health Unit	2,200	1,422	_	778
	855	Replacement of a thermoluminescent dosimetry system for Radiation Monitoring Service	22,000	221	_	21,779
	862	Replacement of a set of conventional X-ray machine with digital X-ray system at Chai Wan Special Assessment Centre	9,857	50	1,777	8,030
	870	Replacement of a set of conventional X-ray machine with digital X-ray system at Shaukeiwan Chest X-ray Unit	6,500	_	_	6,500
	871	Replacement of a set of conventional X-ray machine with digital X-ray system at Yuen Chau Kok Chest X-ray Unit	6,500	_	_	6,500
			47,057	1,693	1,777	43,587
		Total	104,432	55,800	2,312	46,320