Controlling officer: the Director of Health will account for expenditure under this Head.	
Estimate 2003–04	\$3,220.9m
Establishment ceiling 2003–04 (notional annual mid-point salary value) representing an estimated 6 354 non-directorate posts as at 31 March 2003 reducing by 999 posts to 5 355 posts as at 31 March 2004	\$1,942.9m
In addition there will be an estimated 58 directorate posts as at 31 March 2003 and as at 31 March 2004.	
Capital Account commitment balance	\$57.0m

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 Health, Welfare and Food).
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 Health, Welfare and Food).

Detail

Programme (1): Statutory Functions

	2001–02	2002–03	2002–03	2003–04
	(Actual)	(Approved)	(Revised)	(Estimate)
Financial provision (\$m)	187.4	227.6 (+21.5%)	213.7 (-6.1%)	227.7 (+6.6%)

Aim

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

Brief Description

- 3 The work involves:
- preventing the importation of quarantinable diseases and their spread in Hong Kong;
- ensuring the safety, quality and efficacy of pharmaceutical products through product registration and licensing control:
- promoting/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; and
- providing services in forensic medicine and operating public mortuaries.
- 4 The Department of Health achieved its targets in 2002.
- **5** The key performance measures in respect of statutory functions are:

Targets				
		2001	2002	2003
	Target	(Actual)	(Actual)	(Plan)
maintaining importation and spread of				
quarantinable diseases (namely yellow				
fever and plague) at zero level	Yes	Yes	Yes	Yes
registration of pharmaceutical products	0.0	0.0	00	0.0
within 5 months (% of applications)	>90	99	99	>90
inspection of licensed retail drug premises at an average of twice a year per				
premises	Yes	Yes	Yes	Yes
proportion of workers getting radiation	103	103	103	165
dose <20mSv a year (%)	100	100	100	100
processing of registration application from				
healthcare professionals within 10				
working days (%)	>90	95	95	>90
investigation upon receipt of complaint				
against healthcare professionals within	. 00	0.7	0.7	. 00
14 working days (%)	>90	95	95	>90
inspections of licensed institutions registered under the Hospitals, Nursing				
Homes and Maternity Homes				
Registration Ordinance not less than				
once a year	Yes	Yes	Yes	Yes
•				
Indicators				
		2001	2002	2003
		(Actual)	(Actual)	(Estimate)
registration applications of pharmaceutical produc	rts			
processed		4 000	3 800	3 800
inspection of licensed retail drug premises		6 600	6 500	6 500
licences, notices and permits processed for irradia	nting			
substances/apparatus		7 800	8 100	8 100
registration applications from healthcare profession				
processed		11 700	6 200	4 000
complaints against healthcare professionals handl		408	537	550
number of inspections of licensed institutions regiunder the Hospitals, Nursing Homes and Mater				
Homes Registration Ordinance		95	100	95
Tomes registration ordinance	• • • • • • • • • • • • • • • • • • • •	73	100)3

Matters Requiring Special Attention in 2003-04

6 During 2003–04, the department will support the Chinese Medicine Council of Hong Kong to implement regulatory measures for Chinese medicine.

Programme (2): Disease Prevention

	2001–02 (Actual)	2002–03 (Approved)	2002–03 (Revised)	2003–04 (Estimate)
Financial provision (\$m)				
Government sector	1,102.5	1,201.9	1,126.1	1,257.6
		(+9.0%)	(-6.3%)	(+11.7%)
Subvented sector	36.6	37.9	37.3	36.4
		(+3.6%)	(-1.6%)	(-2.4%)
Total	1,139.1	1,239.8	1,163.4	1,294.0
		(+8.8%)	(-6.2%)	(+11.2%)

Aim

7 The aim is to prevent and control diseases and reduce avoidable diseases and premature deaths.

Brief Description

 $\bf 8$ 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 and counselling services;
- reducing preventable death and ill-health among pregnant women, infants and children;
- providing promotive and preventive health care 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 infections and other screening activities;
- treating patients with sexually-transmitted diseases and controlling the spread of such diseases;
- · providing integrated health care service to the elderly; and
- providing woman health service.
- **9** The department subvents the family planning services provided by the Family Planning Association of Hong Kong.
 - 10 The department achieved its targets in 2002.
 - 11 The key performance measures in respect of disease prevention are:

Targets

3	Target	2001 (Actual)	2002 (Actual)	2003 (Plan)
achieving a high menticipation note of new	C	,	,	,
achieving a high participation rate of new born babies attending maternal and				
child health centres (%)	>90	95	95	>90
contributing to achieving low infant	//0)5)3	<i>></i> 70
mortality rate (IMR) and maternal				
mortality rate (MMR)				
IMR per 1 000 live births	<6	2.7	3	<6
MMR per 100 000 live births	<6	2.0	2	<6
School Dental Care Service participation				
rate (%)	>80	88	88	>80
investigating reports of outbreaks of				
communicable diseases within 24 hours				
(%)	100	100	100	100
coverage rate of immunisation programme				
for school children (%)	>95	99	99	>95
Indicators				
2				••••
		2001	2002	2003
		(Actual)	(Actual)	(Estimate)
attendances at maternal and child health centres				
child health service		780 000	720 000	720 000
maternal health service		157 000	156 000	156 000
family planning service		300 000	300 000	300 000
attendances at family planning clinics operated by F				
Planning Association		204 300	205 000	205 000
school children participating in the Student Health S	ervice			
primary school students		453 000	449 000	449 000
secondary school students		296 500	310 000	310 000
primary school children participating in the School I				
Care Service		438 600	438 000	438 000
doses of vaccines given to school children		399 000	432 000	470 000
attendances at social hygiene clinics		325 000	311 000	312 000
number of enrolment in elderly health centres		42 700	42 700	42 700
number of attendances for health assessment and me		220.000	220.000	220.000
consultation at elderly health centres		220 000	220 000	220 000
attendances at health education activities organised l		<i>E(</i> 0,000	5 (0,000	5 60 000
elderly health centres and visiting health teams		560 000	560 000	560 000
number of enrolment for woman health service		17 100 34 600	20 000 37 000	20 500 40 000
number of attendances for woman health service		2 411 000	2 411 000	2 411 000
number of laboratory tests relating to public health	•••••	Z 411 UUU	Z 411 UUU	411 UUU

Matters Requiring Special Attention in 2003-04

- 12 During 2003–04, the department will:
- plan to launch a cervical cancer screening programme; and
- implement a parenting programme.

Programme (3): Health Promotion

	2001–02 (Actual)	2002–03 (Approved)	2002–03 (Revised)	2003–04 (Estimate)
Financial provision (\$m)				
Government sector	101.0	187.5	164.4	239.9
		(+85.6%)	(-12.3%)	(+45.9%)
Subvented sector	26.1	26.1	25.7	25.2
		(0.0%)	(-1.5%)	(-1.9%)
Total	127.1	213.6	190.1	265.1
		(+68.1%)	(-11.0%)	(+39.5%)

Aim

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

Brief Description

- 14 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.
- 15 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 initiatives against smoking.
 - 16 The department achieved its targets in 2002.
 - 17 The key performance measures in respect of health promotion are:

Target

	Target	2001 (Actual)	2002 (Actual)	2003 (Plan)
training of health promoters (annual total)	1 000	1 041	1 047	1 000
Indicators				
		2001 (Actual)	2002 (Actual)	2003 (Estimate)
production of health education materials (annual n	umber of			
titles)		600	600	580
attendances at health education activities		$600\ 000$	678 000	600 000
AIDS counselling attendances		3 100	3 200	3 200
utilisation of the AIDS telephone enquiry service. number of publicity/educational activities delivere		17 382	19 700	20 000
number of secondary schools joining the Adolesce		260	260	260
Programme		_	167	169

Matters Requiring Special Attention in 2003-04

- **18** During 2003–04, the department will:
- enhance its public health promotion programmes to instil a healthy lifestyle concept in the community;
- support the Healthy Ageing Campaign; and
- set up outreaching teams to promote psychosocial health among secondary school students.

Programme (4): Curative Care

	2001–02 (Actual)	2002–03 (Approved)	2002–03 (Revised)	2003–04 (Estimate)
Financial provision (\$m)				
Government sector	1,111.3	1,178.5	1,110.3	736.0
		(+6.0%)	(-5.8%)	(-33.7%)
Subvented sector	3.1	3.2	3.2	3.1
		(+3.2%)	(0.0%)	(-3.1%)
Total	1,114.4	1,181.7	1,113.5	739.1
		(+6.0%)	(-5.8%)	(-33.6%)

Aim

19 The aim is to provide general and specialised out-patient treatment for various illnesses.

Brief Description

- 20 A network of general out-patient clinics provide primary medical care to the community while specialised out-patient 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 in-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.
 - 21 The department generally achieved its targets in 2002.
 - 22 The key performance measures in respect of curative care are:

Targets

	Target	2001 (Actual)	2002 (Actual)	2003 (Plan)
waiting time for patients in general out- patient clinics episodic illnesses (% of cases to be seen within 60 minutes of appointment time)	>99	>99	>99	>99
advance appointment for chronic diseases (% of cases to be seen within 30 minutes of appointment				
time) coverage rate of tuberculosis vaccination	>99	>99	>99	>99
(BCG) at birth (%)cure rate of tuberculosis patients under	>99	99	99	>99
supervised treatment (%)appointment time for new dermatology	>85	89	88	>85
cases within 12 weeks (% of cases)	>90	83	80	>90
Indicators				
		2001 (Actual)	2002 (Actual)	2003 (Estimate)
attendances at general out-patient clinics		4 770 000 47 800	4 480 000† 47 900	2 230 000† 47 900
TB and Chest		961 000	908 000	908 000
Dermatology		104 000	125 000	126 000
HIV/AIDS		8 800	8 900	9 200
dental treatment cases in-patients including emergency cases (attender)	dances)	58 000	63 000	63 000
dental clinics emergency treatment (attendan		44 000	44 000	44 000
special needs group (no. of patients)		11 100	11 000	11 000

Decrease in attendances is mainly due to the transfer of five general out-patient clinics to the Hospital Authority from September 2001 to March 2002, and the transfer of the remaining 59 general out-patient clinics scheduled for July 2003.

Matters Requiring Special Attention in 2003-04

23 During 2003–04, the department will transfer the remaining 59 general out-patient clinics to the Hospital Authority (HA). The transfer is scheduled for July 2003.

Programme (5): Rehabilitation

	2001–02	2002–03	2002–03	2003–04
	(Actual)	(Approved)	(Revised)	(Estimate)
Financial provision (\$m)	69.9	78.3 (+12.0%)	72.5 (-7.4%)	80.7 (+11.3%)

Aim

24 The aim is to provide comprehensive assessment for children with developmental disabilities.

Brief Description

- 25 The department currently runs six child assessment centres which are responsible for:
- · providing comprehensive assessment for children with disabilities or other developmental problems;
- · providing therapy for children and counselling for parents; and
- referring children to rehabilitation services.
- **26** The department achieved its targets in 2002.
- 27 The key performance measures in respect of rehabilitation are:

Targets

	Target	2001 (Actual)	2002 (Actual)	2003 (Plan)
appointment time for new cases in child assessment centres within 3 weeks (%) completion time for assessment of new cases in child assessment centres within	>90	99	99	>90
6 months (%)	>90	98	94	>90
Indicator				
		2001 (Actual)	2002 (Actual)	2003 (Estimate)
attendances at child assessment centres		27 400	28 600	29 500

Matters Requiring Special Attention in 2003-04

28 In 2003–04, one new child assessment centre located in Fanling will commence operation to provide assessment for children with developmental disabilities.

Programme (6): Treatment of Drug Abusers

	2001–02 (Actual)	2002–03 (Approved)	2002–03 (Revised)	2003–04 (Estimate)
Financial provision (\$m)				
Government sector	34.6	34.7	34.3	35.2
		(+0.3%)	(-1.2%)	(+2.6%)
Subvented sector	82.1	94.1	89.4	90.3
		(+14.6%)	(-5.0%)	(+1.0%)
Total	116.7	128.8 (+10.4%)	123.7 (-4.0%)	125.5 (+1.5%)

Aim

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

Brief Description

- 30 This aim is achieved by providing voluntary 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.
 - **31** The department achieved its targets in 2002.
 - 32 The key performance measures in respect of treatment of drug abusers are:

Targets

	Target	2001 (Actual)	2002 (Actual)	2003 (Plan)
average attendance rate of patients registered with methadone clinics (%) completion rate of SARDA's in-patient treatment courses	70	70	73	73
detoxification (%)	70	75	75	75
rehabilitation (%)	60	69	69	69
1CHa0111tation (70)	00	09	09	0)
Indicators				
		2001 (Actual)	2002 (Actual)	2003 (Estimate)
patients registered with methadone clinics		9 300	9 800	9 800
average daily attendances at methadone clinics		6 500	7 100	7 100
patients admitted for residential treatment		2 400	2 400	2 400
bed-days occupied at residential treatment and reh		2 100	2 100	2 .00
centres		108 000	108 000	108 000

Matters Requiring Special Attention in 2003-04

33 During 2003–04, the support services for the methadone treatment programme will continue to be strengthened.

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

	2001–02	2002–03	2002–03	2003–04
	(Actual)	(Approved)	(Revised)	(Estimate)
Financial provision (\$m)	579.7	600.1 (+3.5%)	583.5 (-2.8%)	477.8 (-18.1%)

Aim

34 The aim is to provide medical and dental services for serving and retired civil servants and their eligible dependants.

Brief Description

- **35** The work involves:
- providing medical services to eligible persons at general and specialised out-patient clinics and 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.
- **36** The department's overall performance under the programme was satisfactory in 2002.
- 37 The key performance measures in respect of medical and dental treatment for civil servants are:

Target

	Target	2001 (Actual)	2002 (Actual)	2003 (Plan)
appointment time for new dental cases within 6 months (%)	>90	99	99	>90

Indicators

	2001 (Actual)	2002 (Actual)	2003 (Estimate)
attendances at general out-patient clinics	920 000	830 000†	415 000†
attendances at specialised out-patient clinics	24 300	27 400	28 000
attendances at non-public clinics	196 000	187 000	187 000
attendances at dental clinics	668 000	673 000	673 000

[†] Decrease in attendances is mainly due to the transfer of five general out-patient clinics to HA from September 2001 to March 2002, and the transfer of the remaining 59 general out-patient clinics scheduled for July 2003.

Matters Requiring Special Attention in 2003-04

38 During 2003–04, the department will transfer the remaining 59 general out-patient clinics to HA. The transfer is scheduled for July 2003.

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

	2001–02	2002–03	2002–03	2003–04
	(Actual)	(Approved)	(Revised)	(Estimate)
Financial provision (\$m)	11.1	11.3 (+1.8%)	11.2 (-0.9%)	11.0 (-1.8%)

Aim

39 The aim is to discharge the personnel management responsibility for the civil servants working in 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

- **40** With effect from 1 April 1999, the department took over from the former Hospital Services Department the role of ensuring an effective liaison with HA in respect of the personnel management of the public hospital staff who chose to retain their civil servant status.
 - **41** The key performance measures are:

Indicator

	2001	2002	2003
	(Actual)	(Actual)	(Estimate)
number of civil servants working in HA managed as at			
1 April	4 905	4 242	4 050

Matters Requiring Special Attention in 2003-04

42 The number of civil servants working in HA is expected to increase subsequent to the transfer of the remaining 59 general out-patient clinics to HA scheduled for July 2003.

ANALYSIS OF FINANCIAL PROVISION

		2001–02	2002–03	2002–03	2003-04
_		(Actual)	(Approved)	(Revised)	(Estimate)
Prog	gramme	(\$m)	(\$m)	(\$m)	(\$m)
(1)	Statutory Functions	187.4	227.6	213.7	227.7
(2)	Disease Prevention	1,139.1	1,239.8	1,163.4	1,294.0
(3)	Health Promotion	127.1	213.6	190.1	265.1
(4)	Curative Care	1,114.4	1,181.7	1,113.5	739.1
(5)	Rehabilitation	69.9	78.3	72.5	80.7
(6)	Treatment of Drug Abusers	116.7	128.8	123.7	125.5
(7)	Medical and Dental Treatment for Civil				
	Servants	579.7	600.1	583.5	477.8
(8)	Personnel Management of Civil Servants				
	Working in Hospital Authority	11.1	11.3	11.2	11.0
		3,345.4	3,681.2	3,471.6	3,220.9
		3,343.4	(+10.0%)	(-5.7%)	(-7.2%)

Note: For comparison purpose, the actual expenses for 2001–02 have excluded the expenditure of \$121.0 million previously attributable to subventing the Prince Philip Dental Hospital which was transferred to Head 177—Subventions: Non-Departmental Public Bodies with effect from 1 April 2002.

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2003–04 is \$14.0 million (6.6%) higher than the revised estimate for 2002–03. This is mainly due to salary increment for staff and additional provision for replacement of a launch for Port Health Services, partly offset by full-year effect of 2002 salary reduction and net deletion of two permanent posts.

Programme (2)

Provision for 2003–04 is \$130.6 million (11.2%) higher than the revised estimate for 2002–03. This is mainly due to redeployment of some permanent staff from general out-patient clinics to fill vacancies, salary increment for staff, full-year provision for operating the Fanling Primary Health Care Centre and implementing a parenting programme and an enhanced cervical cancer screening programme, partly offset by full-year effect of 2002 salary reduction and deletion of 57 permanent posts.

Programme (3)

Provision for 2003–04 is \$75.0 million (39.5%) higher than the revised estimate for 2002–03. This is mainly due to redeployment of some permanent staff from general out-patient clinics to fill vacancies, salary increment for staff, full-year provision for setting up outreaching teams to promote psychosocial health among secondary school students and enhancing other health promotional activities, partly offset by full-year effect of 2002 salary reduction and deletion of 13 permanent posts.

Programme (4)

Provision for 2003–04 is \$374.4 million (33.6%) lower than the revised estimate for 2002–03. This is mainly due to transfer of 59 general out-patient clinics to HA, full-year effect of 2002 salary reduction and deletion of 770 permanent posts, partly offset by salary increment for staff and full-year provision for operating the Fanling Primary Health Care Centre.

Programme (5)

Provision for 2003–04 is \$8.2 million (11.3%) higher than the revised estimate for 2002–03. This is mainly due to redeployment of some permanent staff from general out-patient clinics to fill vacancies, full-year provision for commissioning of a new child assessment centre at the Fanling Primary Health Care Centre, partly offset by deletion of one permanent post.

Programme (6)

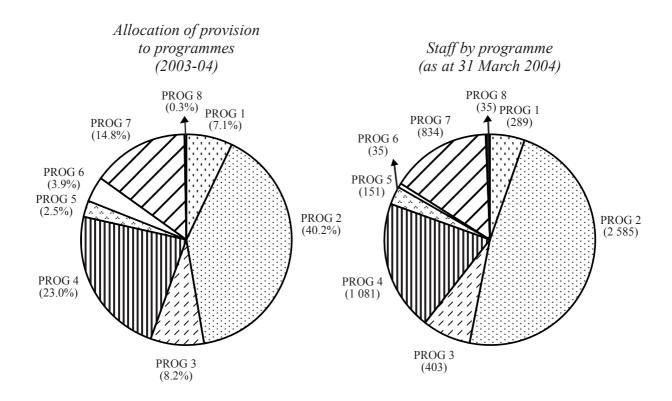
Provision for 2003–04 is \$1.8 million (1.5%) higher than the revised estimate for 2002–03. This is mainly due to full-year provision for operating a new residential treatment centre for young drug abusers, partly offset by full-year effect of 2002 salary reduction.

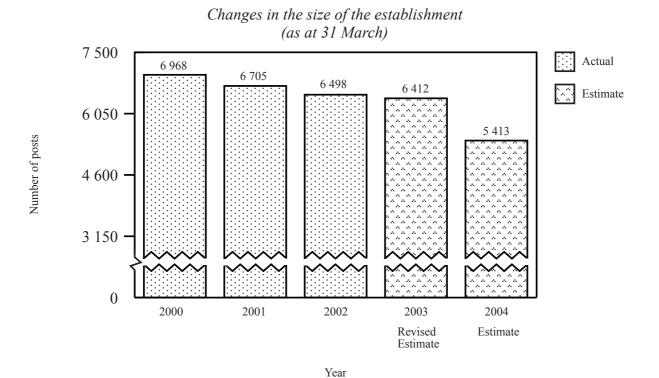
Programme (7)

Provision for 2003–04 is \$105.7 million (18.1%) lower than the revised estimate for 2002–03. This is mainly due to the transfer of 59 general out-patient clinics to HA, full-year effect of 2002 salary reduction, reduced provision for replacement of equipment and deletion of 156 permanent posts.

Programme (8)

Provision for 2003-04 is 0.2 million 1.8% lower than the revised estimate for 2002-03. This is mainly due to full-year effect of 2002 salary reduction.





Sub- head (Code)		Actual expenditure 2001–02	Approved estimate 2002–03	Revised estimate 2002–03	Estimate 2003–04
	\$'000	\$'000	\$'000	\$'000	\$'000
	Recurrent Account				
000 003	Operational expenses	3,130,625	3,445,024	3,265,050	3,172,440
	Deduct reimbursements	253,497	153,414	148,400	_
	Total, Recurrent Account	3,384,122	3,598,438	3,413,450	3,172,440
	Capital Account				
	I — Plant, Equipment and Works				
603 661	Plant, vehicles and equipment	28,122	18,585	11,485	19,608
001	vote)	30,336	34,584	26,881	7,841
	Total, Plant, Equipment and Works	58,458	53,169	38,366	27,449
	II — Other Non-Recurrent				
700	General other non-recurrent	8,766	21,705	12,674	15,606
	Total, Other Non-Recurrent	8,766	21,705	12,674	15,606
	III — Subventions				
913	Subvented institutions - general other non-recurrent	6,192	4,200	4,213	4,639
974	Subvented institutions - maintenance, repairs, and minor improvements (block vote)	3,588	2,589	1,734	725
	equipment	508	_	_	_
	Subvented institutions - minor plant, vehicles and equipment (block vote)	4,762	1,090	1,199	_
	Total, Subventions	15,050	7,879	7,146	5,364
	Total, Capital Account	82,274	82,753	58,186	48,419
	Total Expenditure	3,466,396	3,681,191	3,471,636	3,220,859

Details of Expenditure by Subhead

The estimate of the amount required in 2003–04 for the salaries and expenses of the Department of Health is \$3,220,859,000. This represents a decrease of \$250,777,000 against the revised estimate for 2002–03 and of \$245,537,000 against actual expenditure in 2001–02.

Recurrent Account

- **2** Provision of \$3,172,440,000 under *Subhead 000 Operational expenses* is for the salaries and allowances of staff of the Department of Health, its other operating expenses and recurrent subventions to institutions. The provision represents a decrease of \$241,010,000 (7.1%) against the revised estimate for 2002–03 (including recurrent subventions) which is mainly due to the transfer of the general out-patient clinics to the Hospital Authority (HA), partly offset by the full-year provision for operating the Fanling Primary Health Care Centre and strengthening various preventive services.
- **3** The establishment as at 31 March 2003 will be 6 412 permanent posts. It is expected that a net 999 permanent posts will be deleted in 2003–04. Subject to certain conditions, the controlling officer may under delegated powers create or delete non-directorate posts during 2003–04, but the notional annual mid-point salary value of all such posts must not exceed \$1,942,925,000, which will be reduced to \$1,681,226,000 by the end of 2003–04 upon the deletion of 902 posts arising from the transfer of the general out-patient clinics to HA.
 - 4 An analysis of financial provision under Subhead 000 Operational expenses is as follows:

	2001–02 (Actual)	2002–03 (Original	2002–03 (Revised	2003–04 (Estimate)
	(\$'000)	Estimate) (\$'000)	Estimate) (\$'000)	(\$'000)
Personal Emoluments				
- Salaries	2,399,538	2,472,527	2,372,500	2,178,824
- Allowances	25,677	33,869	25,000	21,720
- Job-related allowances	4,506	7,378	4,400	4,000
Personnel Related Expenses				
- Mandatory Provident Fund				
contribution			_	767
Departmental Expenses				
- Temporary staff	159,627	307,168	262,600	220,715
 Specialist supplies and equipment 	267,598	303,552	284,446	240,252
- General departmental expenses	243,883	288,880	284,454	325,797
Other Charges				
 Contracting out of dental prostheses Payment and reimbursement of medical 	4,897	6,100	6,100	5,100
fees and hospital charges Supply, repair and renewal of prostheses	23,099	23,100	23,100	23,100
and surgical appliances	1,800	2,450	2,450	2,450
Subventions				
- Subvented institutions				149,715
	3,130,625	3,445,024	3,265,050	3,172,440

5 Gross provision of \$1,562,075,000 under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in HA. Expenditure under this subhead is reimbursed by the Authority. Subject to certain conditions, the controlling officer may under delegated powers create or delete both directorate and non-directorate posts under the subhead during 2003–04. Before exercising her delegated powers, the controlling officer is required to seek the endorsement of 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 \$7,841,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents a decrease of \$19,040,000 (70.8%) against the revised estimate for 2002–03. This is mainly due to reduced requirement for equipment replacement.

Subventions

7 Provision of \$725,000 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 \$150,000 but not exceeding \$2,000,000 for each project. The decrease of \$1,009,000 (58.2%) against the revised estimate for 2002–03 is mainly due to reduced requirement for maintenance works in various subvented organisations.

Capital Account

Commitments

Sub- head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2002	Revised estimated expenditure for 2002–03	Balance
			\$'000	\$'000	\$'000	\$'000
603		Plant, vehicles and equipment				
	356	Replacement launch for Port Health Services	8,432	_	843	7,589
	358	Replacement of oral health promotion bus	3,000	_	600	2,400
	359	Replacement of mobile X-ray van AM5833	3,220	_	_	3,220
	360	Replacement of two sets of air-cooled chillers and the associated accessories at Yung Fung Shee				
	361	Memorial Centre	2,668	_	1,900	768
	262	accessories at Argyle Street Jockey Club School Dental Clinic	2,088	_	1,000	1,088
	362	Procurement of equipment for cervical screening	9,930	_	_	9,930
			29,338		4,343	24,995
700	717	General other non-recurrent Consultancy service to review and improve the Regulatory System on	500	170	51	270
	718 720	Drug Control	500 9,800	179 7,952	51 580	270 1,268
		Ordinance, Chapter 165	544	289		255
	723 725	Hong Kong Oral Health Survey 2001 Implementation of statutory requirements under the Chinese	1,488	105	365	1,018
		Medicine Ordinance	9,200	232	2,068	6,900
	726	Conducting a population health survey	9,000	_	774	8,226
	727	Setting up a Tobacco Control Office	5,000	1,802	220	2,978
	728 729	Studies on Chinese medicinal herbs Preparatory work for implementing an inspection system for reproductive	8,100	730	4,716	2,654
	730	technology centres in Hong Kong Development of a Cantonese oral language assessment scale for Hong	700	_	_	700
	731	Kong children	3,200	_	700	2,500
		Chinese medicines in Hong Kong	975	_	401	574
			48,507	11,289	9,875	27,343

Capital Account—Cont'd.

${\bf Commitments} - {\it Cont'd}.$

Sub- head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2002 \$'000	Revised estimated expenditure for 2002–03	Balance \$'000
913		Subvented institutions - general other				
	813	non-recurrent Promotion of smoking cessation support				
	010	services	2,000	490	700	810
	814	Smoking prevention promotion programme targeting at youth and				
	015	women	6,000	1,693	2,000	2,307
	815	Promotion of no-smoking in public and work places	6,000	2,976	1,500	1,524
			14,000	5,159	4,200	4,641
		Total	91,845	16,448	18,418	56,979