Controlling officer: the Director of Health will account for expenditure under this Head.	
Estimate 2009–10	\$4,120.7m
Establishment ceiling 2009–10 (notional annual mid-point salary value) representing an estimated 5 275 non-directorate posts as at 31 March 2009 rising by 172 posts to 5 447 posts as at 31 March 2010	\$1,938.3m
In addition, there will be an estimated 57 directorate posts as at 31 March 2009 and as at 31 March 2010.	
Commitment balance	\$514.7m

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

	2007–08	2008–09	2008–09	2009–10
	(Actual)	(Original)	(Revised)	(Estimate)
Financial provision (\$m)	333.9	359.8	359.9 (—)	373.8 (+3.9%)

(or +3.9% on 2008–09 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 international spread of infectious diseases;
- 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;
- · 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

	Target	2007 (Actual)	2008 (Actual)	2009 (Plan)
free pratique to be granted within				
30 minutes of receiving application (%)@	>95	98	98	>95
registration of pharmaceutical products within five months (% of applications)	>90	97	97	>90
inspection of licensed retail drug premises at an average of twice a year per				
premises (%)	100	98	100	100
proportion of workers getting radiation dose <20mSv a year (%)	100	100	100	100
processing of registration application from healthcare professionals within				
ten working days (%)investigation upon receipt of complaint	>90	98	100	>90
against healthcare professionals within 14 working days (%)	>90	97	99	>90
inspections of licensed institutions	770	71	,,	270
registered under the Hospitals, Nursing Homes and Maternity				
Homes Registration Ordinance not less than once a year (%)	100	100	100	100

[@] Revised description of previous target "Radio pratique to be granted within 30 minutes of receiving application".

Indicators

	2007	2008	2009
	(Actual)	(Actual)	(Estimate)
registration applications of pharmaceutical products			
processed	3 800	3 990	4 200
inspection of licensed retail drug premises	7 200	7 600	7 800
licences, notices and permits processed for irradiating			
substances/apparatus	9 900	10 300	10 300
registration applications from healthcare professionals			
processed	3 040	3 500	3 500
no. of inspections of licensed institutions registered under			
the Hospitals, Nursing Homes and Maternity Homes			
Registration Ordinance	141	158	162
2			

Matters Requiring Special Attention in 2009-10

5 During 2009–10, the Department will carry out enforcement duties under the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance.

Programme (2): Disease Prevention

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	2009–10 (Estimate)
Financial provision (\$m)				
Government sector	1,212.2	1,325.8	1,403.5 (+5.9%)	1,904.9 (+35.7%)

(or +43.7% on 2008–09 Original)

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	2009–10 (Estimate)
Subvented sector	32.7	34.0	36.1 (+6.2%)	39.1 (+8.3%)
				(or +15.0% on 2008–09 Original)
Total	1,244.9	1,359.8	1,439.6 (+5.9%)	1,944.0 (+35.0%)
				(or +43.0% on 2008–09 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 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.
- **8** The Department subvents the family planning services provided by the Family Planning Association of Hong Kong.
- **9** A lower participation rate of new born babies attending maternal and child health centres was recorded in both 2007 and 2008 because there was an increase in the number of local deliveries of babies whose parents were not Hong Kong residents and who had left Hong Kong after birth, without attending the maternal and child health centres for service.
 - 10 The key performance measures in respect of disease prevention are:

Targets

	Target	2007 (Actual)	2008 (Actual)	2009 (Plan)
achieving a high participation rate of new				
born babies attending maternal and				
child health centres (%)	>90	83	78	80
contributing to achieving low infant				
mortality rate (IMR) and maternal mortality rate (MMR)				
IMR per 1 000 live births	<6	1.8	1.7	<6
MMR per 100 000 live births	<6	1.5	1.4	<6
School Dental Care Service participation		1.0	2	10
rate (%)	>90	94	95	>90
investigating reports of outbreaks of				
communicable diseases within	400	400	400	100
24 hours (%)	100	100	100	100
coverage rate of immunisation	. 05	00	00	. 05
programme for school children (%)	>95	99	99	>95

Indicators
111ulculoi s

	2007 (Actual)	2008 (Actual)	2009 (Estimate)
attendances at maternal and child health centres			
child health service	600 000	586 000	586 000
maternal health service	168 000	167 000	167 000
family planning service	160 000	158 000	158 000
cervical screening service	100 000	102 000	102 000
attendances at family planning clinics operated by Family			
Planning Association	138 000	125 500	125 500
school children participating in the Student Health Service			
primary school students	370 000	371 000	351 000
secondary school students	378 000	381 000	386 000
primary school children participating in the School Dental			
Care Service	387 000	366 000	346 000
no. of training activities on infection control	72β	69	69
no. of attendances to training activities on infection control	6 100β	8 890	8 890
doses of vaccines given to school children	315 000	294 000	210 000
attendances at social hygiene clinics	128 000	110 000	110 000
no. of enrolment in elderly health centres	38 000	38 000	38 500
no. of attendances for health assessment and medical			
consultation at elderly health centres	182 000	176 000	178 000
attendances at health education activities organised by			
elderly health centres and visiting health teams	450 000	429 000	430 000
no. of enrolment for woman health service	20 000	18 400	20 000
no. of attendances for woman health service	37 000	34 700	37 000
no. of laboratory tests relating to public health	2 340 000	2 405 000	2 405 000

 $[\]beta$ The figure has been updated after the preparation of the 2008–09 Estimates.

Matters Requiring Special Attention in 2009-10

- 11 During 2009–10, the Department will:
- continue to enhance the preparedness for influenza pandemic and other public health emergencies;
- continue to implement the three-year pilot scheme to provide health care vouchers for elderly (aged 70 or above) as a partial subsidy for their use of private primary health care services;
- include the Pneumococcal Conjugate Vaccine in the Childhood Immunisation Programme; and
- set up an Electronic Health Record (eHR) Management Team to support the Government's initiative to develop an eHR infrastructure for Hong Kong.

Programme (3): Health Promotion

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	2009–10 (Estimate)
Financial provision (\$m)				
Government sector	178.4	219.8	219.0 (-0.4%)	228.9 (+4.5%)
				(or +4.1% on 2008–09 Original)
Subvented sector	21.9	24.0	26.8 (+11.7%)	30.2 (+12.7%)
				(or +25.8% on 2008–09 Original)
Total	200.3	243.8	245.8 (+0.8%)	259.1 (+5.4%)
				(or +6.3% on 2008–09 Original)

Aim

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

Brief Description

- 13 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.
- 14 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. Starting from January 2009, the Department launches a pilot community-based smoking cessation programme in collaboration with the Tung Wah Group of Hospitals.
 - 15 The key performance measures in respect of health promotion are:

Target

	Target	2007 (Actual)	2008 (Actual)	2009 (Plan)
training of health promoters (annual total)	>1 500	2 090	2 130	>1 500
Indicators				
		2007	2008	2009
		(Actual)	(Actual)	(Estimate)
production of health education materials (annual				
no. of titles)		750	730	710
attendances at health education activities		1 040 000	985 000	985 000
AIDS counselling attendances		3 700	2 720	2 720
utilisation of the AIDS telephone enquiry service		17 000	14 700	14 700
no. of publicity/educational activities delivered by	y COSH	340	340	340
no. of secondary schools joining the Adolescent I	Health			
Programme		340	340	330

Matters Requiring Special Attention in 2009–10

- **16** During 2009–10, the Department will:
- enhance its public health promotion programmes to instil a healthy lifestyle concept in the community, with continued emphasis on healthy eating;
- strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation; and
- step up publicity efforts to promote organ donation and registration with the Central Organ Donation Register in collaboration with relevant organisations.

Programme (4): Curative Care

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	2009–10 (Estimate)
Financial provision (\$m)				
Government sector	561.6	585.1	581.8 (-0.6%)	621.5 (+6.8%)
				(or +6.2% on 2008–09 Original)
Subvented sector	2.7	2.8	2.8 (—)	2.9 (+3.6%)
				(or +3.6% on 2008–09 Original)
Total	564.3	587.9	584.6 (-0.6%)	624.4 (+6.8%)
				(or ±6.2% on

(or +6.2% on 2008–09 Original)

Aim

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

Brief Description

- 18 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.
- 19 The Department achieved its targets in 2008, except for the appointment time for new dermatology cases. This is mainly because a number of experienced doctors had left the service in the year.
 - **20** The key performance measures in respect of curative care are:

Targets

	Target	2007 (Actual)	2008 (Actual)	2009 (Plan)
coverage rate of tuberculosis vaccination (BCG) at birth (%)cure rate of tuberculosis patients under	>99	>99	>99	>99
supervised treatment (%)appointment time for new dermatology	>85	88	87	>85
cases within 12 weeks (% of cases)	>90	73	65	70
Indicators				
		2007 (Actual)	2008 (Actual)	2009 (Estimate)
BCG vaccinations given to new born babies attendances at specialised outpatient clinics		70 300Δ	78 000	78 000
TB and Chest		790 000 246 000 13 300	762 000 246 000 12 500	762 000 246 000 12 500
dental treatment cases hospital patients (attendances) dental clinics emergency treatment (attenda special needs group (no. of patients)	ances)	52 400 42 400 9 800	54 200 40 300 9 300	54 200 40 300 9 300

 $[\]Delta$ The figure has been updated after the preparation of the 2008–09 Estimates.

Matters Requiring Special Attention in 2009-10

21 During 2009–10, 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

	2007–08	2008–09	2008–09	2009–10
	(Actual)	(Original)	(Revised)	(Estimate)
Financial provision (\$m)	75.2	75.9	78.3 (+3.2%)	82.4 (+5.2%)

(or +8.6% on 2008–09 Original)

Aim

22 The aim is to provide comprehensive assessment for children with developmental problems and disabilities.

Brief Description

- 23 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.
- 24 The key performance measures in respect of rehabilitation are:

Targets

	Target	2007 (Actual)	2008 (Actual)	2009 (Plan)
appointment time for new cases in child assessment centres within three weeks (%)	>90	99	99	>90
cases in child assessment centres within six months (%)	>90	94	94	>90
Indicator				
		2007 (Actual)	2008 (Actual)	2009 (Estimate)
attendances at child assessment centres		27 000	25 700	25 700

Matters Requiring Special Attention in 2009-10

25 During 2009–10, 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

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	2009–10 (Estimate)
Financial provision (\$m)				
Government sector	35.9	35.6	35.7 (+0.3%)	36.8 (+3.1%)
				(or +3.4% on 2008–09 Original)
Subvented sector	82.9	89.0	90.0 (+1.1%)	93.5 (+3.9%)
				(or +5.1% on 2008–09 Original)
Total	118.8	124.6	125.7 (+0.9%)	130.3 (+3.7%)
				(or +4.6% on 2008–09 Original)

Aim

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

Brief Description

- 27 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.
- **28** To facilitate better management and control of government subvention, the Department has engaged SARDA in discussion with a view to entering into a Funding and Service Agreement within 2008–09.

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

Targets

	Target	2007 (Actual)	2008 (Actual)	2009 (Plan)
average attendance rate of patients registered with methadone clinics (%) completion rate of SARDA's inpatient	>70	76	76	>70
treatment courses detoxification (%)	>70	82	82	>70
rehabilitation (%)	>60	73	70	>60
Indicators				
		2007 (Actual)	2008 (Actual)	2009 (Estimate)
patients registered with methadone clinics		8 200	8 200	8 200
average daily attendances at methadone clinics		6 200	6 200	6 200
patients admitted for residential treatmentbed-days occupied at residential treatment and ref		1 600	1 600	1 600
centres		114 000	114 000	114 000

Matters Requiring Special Attention in 2009-10

30 During 2009–10, the Department will continue to provide treatment services to drug abusers.

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

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	2009–10 (Estimate)
Financial provision (\$m)	528.8	581.7	592.6 (+1.9%)	699.8 (+18.1%)
				(or +20.3% on

2008–09 Original)

Aim

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

Brief Description

- **32** 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.
- 33 The key performance measures in respect of medical and dental treatment for eligible persons are:

Target

	Target	2007 (Actual)	2008 (Actual)	2009 (Plan)
appointment time for new dental cases within six months (%)	>90	92	87	>90
Indicators				
		2007 (Actual)	2008 (Actual)	2009 (Estimate)
attendances at non-public clinicsattendances at dental clinics		166 000 622 000	168 000 588 000	176 000 634 000

Matters Requiring Special Attention in 2009-10

- **34** During 2009–10, the Department will:
- continue to provide medical and dental services for civil servants and other eligible persons; and
- establish a new families clinic in the New Territories.

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

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	2009–10 (Estimate)
Financial provision (\$m)	9.2	10.7	8.5 (-20.6%)	6.9 (-18.8%)
				(or –35.5% on 2008–09 Original)

Aim

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

Brief Description

- **36** Since 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.
- 37 With the number of civil servants working in the HA decreasing over the years, the Department has all along been reviewing the staffing requirement of its Hospital Staff Division (HSD) supporting this programme. Over the years, HSD has been gradually assigned additional duties in support of other programmes. However, such re-allocation of staffing resources has not been reflected in previous reports. The redistribution of work and staff redeployment was formalised in September 2008 and is reflected in this year's report.
 - **38** The key performance measures are:

Indicator

	2007	2008	2009
	(Actual)	(Actual)	(Estimate)
no. of civil servants working in the HA managed as at 1 April	3 331	3 128	2 924

Matters Requiring Special Attention in 2009-10

39 During 2009–10, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

ANALYSIS OF FINANCIAL PROVISION

Pro	gramme	2007–08 (Actual) (\$m)	2008–09 (Original) (\$m)	2008–09 (Revised) (\$m)	2009–10 (Estimate) (\$m)
(1)	Statutory Functions	333.9	359.8	359.9	373.8
(2)	Disease Prevention	1,244.9	1,359.8	1,439.6	1,944.0
(3)	Health Promotion	200.3	243.8	245.8	259.1
(4)	Curative Care	564.3	587.9	584.6	624.4
(5)	Rehabilitation	75.2	75.9	78.3	82.4
(6) (7)	Treatment of Drug Abusers Medical and Dental Treatment for	118.8	124.6	125.7	130.3
(8)	Civil Servants Personnel Management of Civil Servants Working in Hospital	528.8	581.7	592.6	699.8
	Authority	9.2	10.7	8.5	6.9
		3,075.4	3,344.2	3,435.0 (+2.7%)	4,120.7 (+20.0%)

(or +23.2% on 2008–09 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2009–10 is \$13.9 million (3.9%) higher than the revised estimate for 2008–09. This is mainly due to additional provision for preparing for the transition from an administrative control of medical devices to a statutory regime, strengthening the enforcement of the Smoking (Public Health) Ordinance, full year provision for posts created in 2008–09, and the net increase of 80 posts in 2009–10 to meet operational needs.

Programme (2)

Provision for 2009–10 is \$504.4 million (35.0%) higher than the revised estimate for 2008–09. This is mainly due to additional provision for including the Pneumococcal Conjugate Vaccination in the Childhood Immunisation Programme, providing and subsidising influenza vaccination to children aged from six months to less than six years old, setting up an Electronic Health Record (eHR) Management Team for developing and maintaining the Department's eHR Repository and the Interface Gateway to support the implementation of territory-wide eHR sharing, full year provision for posts created in 2008–09, increase in cash flow requirement for implementing the Health Care Voucher Pilot Scheme, and the net increase of 12 posts in 2009–10 to meet operational needs.

Programme (3)

Provision for 2009–10 is \$13.3 million (5.4%) higher than the revised estimate for 2008–09. This is mainly due to additional provision for enhancing health promotion to improve population health, full year provision for the pilot community-based smoking cessation programme and for posts created in 2008–09, and the net increase of ten posts in 2009–10 to meet operational needs.

Programme (4)

Provision for 2009–10 is \$39.8 million (6.8%) higher than the revised estimate for 2008–09. This is mainly due to increased drug expenditure, full year provision for posts created in 2008–09 and increase in cash flow requirement for procurement of equipment.

Programme (5)

Provision for 2009–10 is \$4.1 million (5.2%) higher than the revised estimate for 2008–09. This is mainly due to increased operating expenses and increase in cash flow requirement for replacement of plant and equipment.

Programme (6)

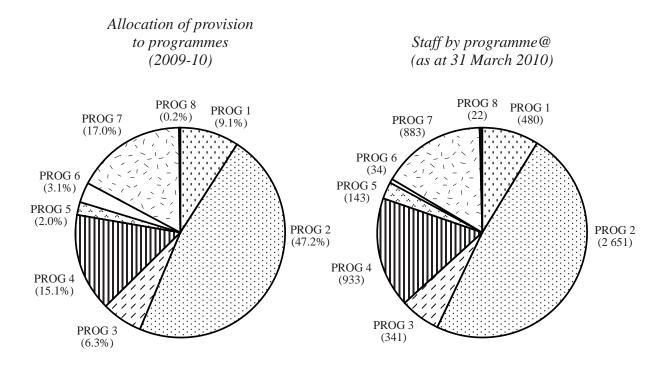
Provision for 2009–10 is \$4.6 million (3.7%) higher than the revised estimate for 2008–09. The increase is mainly due to increased requirement for repair and renovation work in subvented institutions.

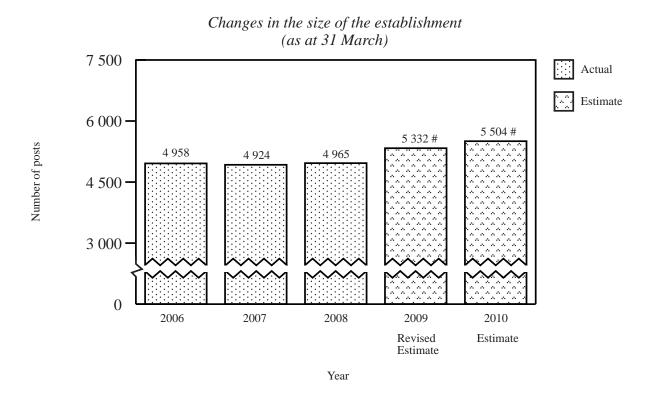
Programme (7)

Provision for 2009–10 is \$107.2 million (18.1%) higher than the revised estimate for 2008–09. This is mainly due to additional provision to meet the increasing demand for payment and reimbursement of medical fees and hospital charges, increase in cash flow requirement for procurement of specialist equipment, and the net increase of 82 posts in 2009–10 to meet operational needs.

Programme (8)

Provision for 2009-10 is \$1.6 million (18.8%) lower than the revised estimate for 2008-09. This is mainly due to the net decrease of 12 posts in 2009-10.





- @ Excludes 17 posts to accommodate general grades officers working in general outpatient clinics of the Hospital Authority.
- # Includes 17 posts to accommodate gereral grades officers working in general outpatient clinics of the Hospital Authority

Sub- head (Code)		Actual expenditure 2007–08	Approved estimate 2008–09	Revised estimate 2008–09	Estimate 2009–10
	\$'000	\$'000	\$'000	\$'000	\$'000
	Operating Account				
	Recurrent				
000 003	Operational expenses	3,001,695	3,259,369	3,358,319	3,855,697
	(General)	_	_	_	_
	Total, Recurrent	3,001,695	3,259,369	3,358,319	3,855,697
	Non-Recurrent				
700	General non-recurrent	48,193	33,497	53,475	176,747
	Total, Non-Recurrent	48,193	33,497	53,475	176,747
	Total, Operating Account	3,049,888	3,292,866	3,411,794	4,032,444
	Capital Account				
	Plant, Equipment and Works				
603 661	Plant, vehicles and equipment	4,744	14,510	2,636	21,060
	vote)	20,320	34,791	19,042	60,460
	Total, Plant, Equipment and Works	25,064	49,301	21,678	81,520
	Subventions				
974 975	Subvented institutions - maintenance, repairs, and minor improvements (block vote) Subvented institutions - minor plant, vehicles	483	1,280	801	5,228
913	and equipment (block vote)	_	764	764	1,498
	Total, Subventions	483	2,044	1,565	6,726
	Total, Capital Account	25,547	51,345	23,243	88,246
	Total Expenditure	3,075,435	3,344,211	3,435,037	4,120,690

Details of Expenditure by Subhead

The estimate of the amount required in 2009–10 for the salaries and expenses of the Department of Health is \$4,120,690,000. This represents an increase of \$685,653,000 over the revised estimate for 2008–09 and of \$1,045,255,000 over actual expenditure in 2007–08.

Operating Account

Recurrent

- **2** Provision of \$3,855,697,000 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 \$497,378,000 (14.8%) over the revised estimate for 2008–09 is mainly due to additional provision for including the Pneumococcal Conjugate Vaccination in the Childhood Immunisation Programme.
- **3** The establishment as at 31 March 2009 will be 5 332 permanent posts, including 17 posts to accommodate general grades officers working in general outpatient clinics of the Hospital Authority (HA). It is expected that there will be a net increase of 172 permanent posts in 2009–10. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2009–10, but the notional annual mid-point salary value of all such posts must not exceed \$1,938,314,000.
 - 4 An analysis of the financial provision under Subhead 000 Operational expenses is as follows:

	2007–08 (Actual) (\$'000)	2008–09 (Original) (\$'000)	2008–09 (Revised) (\$'000)	2009–10 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	1,823,437	1,968,757	2,013,981	2,155,535
- Allowances	13,000	17,191	16,357	18,174
- Job-related allowances	1,275	1,572	1,420	1,662
Personnel Related Expenses				
- Mandatory Provident Fund				
contribution	766	780	2,620	6,899
- Civil Service Provident Fund				
contribution	972	3,247	3,304	4,284
Departmental Expenses				
- Temporary staff	268,607	252,600	256,771	241,477
- Specialist supplies and equipment	257,683	289,644	299,023	517,971
- General departmental expenses	364,134	411,977	409,932	478,951
Other Charges				
- Contracting out of dental prostheses	4,452	5,100	5,100	5,100
- Payment and reimbursement of medical				
fees and hospital charges	124,889	158,300	158,300	219,200
- Supply, repair and renewal of prostheses				
and surgical appliances	2,724	2,450	2,450	2,450
- Vaccination reimbursements	_	_	35,000	45,000
Subventions				
- Subvented institutions	139,756	147,751	154,061	158,994
	2.001.605	2.250.260	2.250.210	2.055.605
	3,001,695	3,259,369	3,358,319	3,855,697

5 Gross provision of \$1,156,000,000 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 2009–10. 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 \$60,460,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents an increase of \$41,418,000 (217.5%) over the revised estimate for 2008–09. This is mainly due to increased requirement for replacement of plant and equipment.

Subventions

- 7 Provision of \$5,228,000 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 increase of \$4,427,000 (552.7%) over the revised estimate for 2008–09 is mainly due to increased requirement for repair and renovation works.
- **8** Provision of \$1,498,000 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 \$150,000 but not exceeding \$2,000,000 each. The increase of \$734,000 (96.1%) over the revised estimate for 2008–09 is mainly due to the increased requirement for replacement of equipment.

Commitments

Sub- head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2008	Revised estimated expenditure for 2008–09	Balance
			\$'000	\$'000	\$'000	\$'000
Opera	ting A	ccount				
700		General non-recurrent				
	481	Antiviral Stockpile for Influenza Pandemic	254,000	237,450	11,961	4,589
	717	Consultancy service to review and improve the Regulatory System on Drug Control	500	302	_	198
	718	Conditioning of radioactive waste	9,800	8,896	400	504
	725	Implementation of statutory requirements under the Chinese Medicine Ordinance	9,200	5,363	1,000	2,837
	726	Conducting a population health survey	9,000	2,428	2,428	4,144
	728	Studies on Chinese medicinal herbs	46,600	34,670	8,765	3,165
	731	Acquisition of data entry service and procurement of specimens of Chinese herbal medicines for regulation of Chinese medicines in Hong Kong	975	44	440	491
	887	Health Care Voucher Pilot Scheme	505,330	_	27,600	477,730
	007	Trouble Care voucher Frior Scheme	835,405	289,153	52,594	493,658
Capit	al Acco	unt				
603		Plant, vehicles and equipment				
	857	Replacement of Conventional X-ray Machine (General X-ray machine and Film Processors) with Digital X-ray, Digital Radiography, Computed Radiography, Picture Archiving and Communication and Radiology Information Systems at Tung Chung Chest X-ray Unit	5,000	_	_	5,000
	858	Replacement of Immunoassay Analyser System at the Core Laboratory of Clinical Pathology Laboratory Centre at Lek Yuen Health Centre	2,380	_	_	2,380
	859	Acquisition of an Array Comparative Genomic Hybridisation System at Cytogenetic Laboratory	2,200	_	_	2,200
	860	Acquisition of a Cone Beam Digital 3-Dimensional X-ray Unit at Pamela Youde Nethersole Eastern Hospital	3,430	_	_	3,430

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

Sub- head (Code)	Item (Code)	Ambit	Approved commitment **3000**	Accumulated expenditure to 31.3.2008 \$'000	Revised estimated expenditure for 2008–09	Balance \$'000
Capit	al Acco	ount—Cont'd.				
603		Plant, vehicles and equipment—Cont'd.				
	879	Acquisition of one set of General Chemistry Analyser System for Clinical Pathology Laboratory Centre	8,050	_	_	8,050
			21,060			21,060
		Total	856,465	289,153	52,594	514,718