

## Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU (HEALTH BRANCH)

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

**Estimate 2022–23** ..... **\$114,249.5m**

**Establishment ceiling 2022–23** (notional annual mid-point salary value) representing an estimated 213 non-directorate posts as at 31 March 2022 reducing by three posts to 210 posts as at 31 March 2023 ..... **\$157.5m**

In addition, there will be an estimated 13 directorate posts as at 31 March 2022 and as at 31 March 2023.

**Commitment balance**..... **\$4,851.5m**

### Controlling Officer's Report

#### Programmes

<p><b>Programme (1) Health</b></p> <p><b>Programme (2) Subvention: Hospital Authority</b></p> <p><b>Programme (3) Subvention: Prince Philip Dental Hospital</b></p>	<p>These programmes contribute to Policy Area 15: Health (Secretary for Food and Health).</p>
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#### Detail

##### Programme (1): Health

	2020–21 (Actual)	2021–22 (Original)	2021–22 (Revised)	2022–23 (Estimate)
Financial provision (\$m)				
Government sector	811.2	2,038.7	3,180.7 (+56.0%)	<b>21,587.1</b> (+578.7%)  (or +958.9% on 2021–22 Original)
Subvented sector	100.0	256.0	165.0 (–35.5%)	<b>379.0</b> (+129.7%)  (or +48.0% on 2021–22 Original)
Total	911.2	2,294.7	3,345.7 (+45.8%)	<b>21,966.1</b> (+556.5%)  (or +857.3% on 2021–22 Original)

#### Aim

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

#### Brief Description

- 3** The Health Branch of the Food and Health Bureau formulates and co-ordinates policies and programmes to:
- protect and promote health;
  - prevent and treat illness and disease; and
  - minimise the impact of disability.

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4 Generally, the effectiveness of the work of the Branch is reflected in the extent to which the departments and subvented organisations delivering medical and healthcare services achieve the objectives of this programme. The aim has been broadly achieved in 2021–22.

### *Matters Requiring Special Attention in 2022–23*

5 During 2022–23, the Branch will:

- continue to formulate and implement policy initiatives on the development of primary healthcare services, including formulation of a blueprint for the sustainable development of primary healthcare services, setting up of District Health Centres (DHCs), as well as implementation of the “DHC Express” Scheme;
- continue to promote the development of Chinese medicine (CM) in Hong Kong, including through the provision of funding support to the CM and CM drug sector through the Chinese Medicine Development Fund (CMDf); the provision of subsidised outpatient CM services at the 18 district-based Chinese Medicine Clinics cum Training and Research Centres; and the further development of inpatient Integrated Chinese-Western Medicine treatment services in selected Hospital Authority hospitals;
- continue to develop the Chinese Medicine Hospital (CMH) located at Tseung Kwan O and work closely with the Hong Kong Baptist University, the contractor for the operation of the CMH selected through tendering to prepare the service commencement in mid-2025;
- continue to service the Advisory Committee on Mental Health and pursue recommendations of the Mental Health Review Report;
- continue to combat the Coronavirus Disease 2019 epidemic;
- continue to implement the Voluntary Health Insurance Scheme;
- continue to oversee the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions;
- continue the phased implementation of the new regulatory regime for private healthcare facilities and facilitate private hospital development;
- oversee the implementation of the new regulatory regime for Advanced Therapy Products;
- continue to implement the Hong Kong Genome Project (HKGP);
- continue to oversee the smooth and timely implementation of capital works projects under the First Ten-year Hospital Development Plan (HDP), and the planning of those under the Second Ten-year HDP;
- continue to monitor the demand and supply of healthcare professionals;
- continue to pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders;
- continue to oversee the implementation of the action plans on prevention and control of cancer and other non-communicable diseases, viral hepatitis and antimicrobial resistance;
- continue to oversee the implementation of health promotion and preventive programmes;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme, the “Outreach Dental Care Programme for the Elderly” and the “Healthy Teeth Collaboration” programme;
- continue to oversee the implementation and enhancement of the second stage of the Electronic Health Record Sharing System;
- continue efforts to promote breastfeeding and organ donation and to deter smoking; and
- continue to manage the Health and Medical Research Fund (HMRF).

### **Programme (2): Subvention: Hospital Authority**

	2020–21 (Actual)	2021–22 (Original)	2021–22 (Revised)	2022–23 (Estimate)
Financial provision (\$m)	78,944.2	82,401.4	82,975.6 (+0.7%)	92,063.3 (+11.0%)
				(or +11.7% on 2021–22 Original)

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### *Aim*

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

### *Brief Description*

7 The Branch subvents the Hospital Authority to provide public medical services. The Hospital Authority is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance (Cap. 113) to manage all public hospitals in Hong Kong. The Authority, with over 89 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 73 general outpatient clinics as at 31 December 2021.

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

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

9 In the past years, the Hospital Authority generally achieved its performance targets. Nevertheless, with the emergence of Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, the Hospital Authority has been adjusting its services in response to the epidemic along with tightening up infection control measures. The Hospital Authority will continue to closely monitor the epidemic situation, support the Government's overall infectious disease prevention strategy and suitably adjust the scale of service provision when necessary. Subject to the development of the Coronavirus Disease 2019, it is expected that a gradual pick-up would continue in 2022–23.

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

### *Targets*

	As at 31 March 2021 (Actual)	As at 31 March 2022 (Revised Estimate)	As at 31 March 2023 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent) .....	23 525	23 843	<b>24 257</b>
mentally ill .....	3 647	3 675	<b>3 675</b>
mentally handicapped .....	677	675	<b>675</b>
infirmary.....	2 001	1 981	<b>1 961</b>
overall.....	29 850	30 174	<b>30 568</b>
<i>ambulatory and outreach services</i>			
accident and emergency (A&E) services			
percentage of A&E patient attendances seen			
within target waiting time			
triage I (critical cases – 0 minute) (%).....	100	100	<b>100</b>
triage II (emergency cases –			
15 minutes) (%).....	98	95	<b>95</b>
triage III (urgent cases – 30 minutes) (%) ....	80	90	<b>90</b>
specialist outpatient services			
median waiting time for first appointment at			
specialist outpatient clinics			
priority 1 cases .....	< 1 week	2 weeks	<b>2 weeks</b>
priority 2 cases .....	5 weeks	8 weeks	<b>8 weeks</b>
rehabilitation and geriatric services			
no. of geriatric day places .....	703	703	<b>727</b>
psychiatric services			
no. of psychiatric day places .....	889	899	<b>909</b>

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## Indicators

	2020–21 (Actual)	2021–22 (Revised Estimate)	2022–23 (Estimate)
<i>Delivery of services</i>			
inpatient services			
overall			
no. of patient days .....	7 526 207	8 253 000	8 769 000
bed occupancy rate (%) .....	79	79	79
no. of discharges and deaths .....	961 912	1 137 470	1 239 270
general (acute and convalescent)			
no. of patient days .....	6 001 201	6 677 000	7 165 000
bed occupancy rate (%) .....	81	81	81
no. of discharges and deaths .....	940 092	1 116 200	1 217 700
average length of stay (days)§ .....	6.4	6.4	6.4
mentally ill			
no. of patient days .....	896 713	925 000	947 000
bed occupancy rate (%) .....	69	69	69
no. of discharges and deaths .....	16 597	17 600	18 000
average length of stay (days)§ .....	57	57	57
mentally handicapped			
no. of patient days .....	179 343	180 000	186 000
bed occupancy rate (%) .....	72	72	72
infirmary			
no. of patient days .....	448 950	471 000	471 000
bed occupancy rate (%) .....	82	82	82
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths .....	675 649	739 100	780 500
A&E services			
no. of A&E attendances .....	1 640 453	2 088 000	2 203 000
no. of A&E first attendances			
triage I .....	22 928	22 900	22 900
triage II .....	48 726	48 700	48 700
triage III .....	608 311	748 600	748 600
specialist outpatient servicesΨ			
no. of specialist outpatient (clinical) first attendances .....	742 556	837 000	877 000
no. of specialist outpatient (clinical) follow-up attendances .....	6 731 110	7 256 000	7 274 000
total no. of specialist outpatient (clinical) attendances .....	7 473 666	8 093 000	8 151 000
primary care services			
no. of general outpatient attendances .....	5 568 280	6 273 000	6 275 000
no. of family medicine specialist clinic attendances .....	313 065	318 300	332 600
total no. of primary care attendances .....	5 881 345	6 591 300	6 607 600
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances .....	33 429	82 800	119 300
no. of community nurse attendances .....	900 059	903 000	939 000
no. of allied health (community) attendances .....	26 307	33 400	36 800
no. of allied health (outpatient) attendances .....	2 512 370	3 032 000	3 129 000
geriatric services			
no. of geriatric outreach attendances .....	732 985	747 000	768 600
no. of geriatric elderly persons assessed for infirmary care service .....	1 629	1 730	1 850
no. of geriatric day attendances .....	37 525	128 100	158 800
psychiatric services			
no. of psychiatric outreach attendances .....	158 826	282 900	326 700
no. of psychiatric day attendances .....	45 285	152 200	236 200
no. of psychogeriatric outreach attendances .....	67 983	100 600	114 600

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	2020–21 (Actual)	2021–22 (Revised Estimate)	2022–23 (Estimate)
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population $\Delta$ .....	2.7	2.7	2.7
unplanned readmission rate within 28 days for general inpatients (%).....	11.0	11.0	11.0
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	54.0	54.2	54.5
ambulatory and outreach.....	46.0	45.8	45.5
cost of services for persons aged 65 or above			
share of cost of services (%) .....	50.2	51.5	51.5
cost of services per 1 000 population (\$m) .....	29.2	29.2	29.3
unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent) .....	7,240	6,640	6,620
mentally ill .....	3,560	3,520	3,620
mentally handicapped .....	2,140	2,150	2,190
infirmary .....	2,070	1,960	2,020
ambulatory and outreach services			
cost per A&E attendance (\$) .....	2,590	1,880	1,790
cost per specialist outpatient attendance (\$) .....	1,660	1,540	1,610
cost per general outpatient attendance (\$).....	620	555	580
cost per family medicine specialist clinic attendance (\$) .....	1,370	1,400	1,430
cost per community nurse attendance (\$) .....	700	715	735
cost per psychiatric outreach attendance (\$) .....	3,310	1,940	1,770
cost per geriatric day attendance (\$) .....	5,310	2,400	2,430
fee waivers			
total amount of waived fees (\$m) .....	992.8	1,080.0	1,170.2
percentage of Comprehensive Social Security Assistance fee waiver (%) $\Psi$ .....	15.7	15.5	15.1
percentage of Higher Old Age Living Allowance (OALA) fee waiver (%) $\Psi$ .....	12.1 $\Phi$	11.6 $\Phi$	12.0 $\Phi$
percentage of other fee waiver (%) $\Psi$ .....	7.7	7.6	7.5
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
Medical			
doctor .....	6 457	6 540	6 630
specialist.....	3 418	3 380	3 370
non-specialist .....	3 039	3 160	3 260
intern .....	436	445	541
dentist.....	13	13	13
medical total.....	6 906	6 998	7 184
Nursing			
nurse.....	28 189	28 790	29 340
trainee.....	1 547	1 100	1 200
nursing total .....	29 736	29 890	30 540
allied health.....	8 886	9 150	9 480
others .....	43 162	45 160	46 450
total .....	88 690	91 198	93 654

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

$\Psi$  The number of attendances includes consultations provided by honorary doctors, e.g. under the collaboration model between the Hospital Authority and the CUHK Medical Centre commencing 2021–22.

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

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

Φ For 2020–21 (Actual) and 2021–22 (Revised Estimate), the medical fee waivers cover recipients of Higher OALA aged 75 or above. As announced in the 2021 Policy Address, the Normal and Higher OALA will be merged in the second half of 2022. As such, 2022–23 (Estimate) covers Higher OALA recipients aged 75 or above before merging but includes all OALA recipients aged 75 or above upon the merger.

### *Matters Requiring Special Attention in 2022–23*

11 In 2022–23, the Hospital Authority will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government's direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of healthcare professionals.

12 The Hospital Authority will also:

- open a total of around 390 additional hospital beds to meet the growing demand;
- continue to combat the Coronavirus Disease 2019 epidemic;
- continue to enhance palliative care and to manage service demand arising from the ageing population by enhancing geriatric fragility fracture co-ordination services and restorative rehabilitative services;
- enhance the treatment and management of major chronic illnesses;
- augment the workforce by attracting and retaining staff through various measures;
- continue to enhance access to A&E, surgical, endoscopic, diagnostic imaging, specialist outpatient and general outpatient services as well as increase the number of operating theatre sessions and improve pharmacy services;
- continue to enhance mental health services for children and adolescents with mental health needs as well as enhance community psychiatric services; and
- continue to make use of investment returns generated from the \$10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Hospital Authority to operate clinical PPP programmes.

### **Programme (3): Subvention: Prince Philip Dental Hospital**

	2020–21 (Actual)	2021–22 (Original)	2021–22 (Revised)	2022–23 (Estimate)
Financial provision (\$m)	227.1	227.0	227.0 (—)	220.1 (–3.0%)
				(or –3.0% on 2021–22 Original)

### *Aim*

13 The aim is to provide facilities for the training of dentists and dental ancillary personnel.

### *Brief Description*

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

15 In the 2020/21 academic year, the PPDH generally achieved its overall performance targets in terms of the number of students attending the undergraduate and postgraduate courses and the diploma courses.

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16 The key performance measures are:

### *Indicators*

	<i>Academic Year</i>		
	2020/21 (Actual)	2021/22 (Revised Estimate)	2022/23 (Estimate)
no. of training places			
undergraduate.....	425	452	467
research postgraduate.....	82	104	114
taught postgraduate#.....	40	57	55
student dental technician.....	24	32	39
student dental surgery assistant.....	18	25	36
student dental hygienist.....	65	65	65
student dental therapist.....	10	12	12
total.....	664	747	788
capacity utilisation rate (%)Φ			
undergraduate.....	98	98	99
research postgraduate.....	100	100	100
taught postgraduate.....	100	95	92
student dental technician.....	60	80	98
student dental surgery assistant.....	50	69	100
student dental hygienist.....	96	96	96
student dental therapist.....	100	100	100
completion rate (%)			
undergraduate.....	100	100	100
research postgraduate.....	100	100	100
taught postgraduate.....	100	100	100
student dental technician.....	100	91	95
student dental surgery assistant.....	89	80	81
student dental hygienist.....	94	91	91
student dental therapist.....	90	100	100

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

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

### *Matters Requiring Special Attention in 2022–23*

17 During 2022–23, PPDH will continue improving its building infrastructure and facilities.

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### ANALYSIS OF FINANCIAL PROVISION

Programme	2020–21 (Actual) (\$m)	2021–22 (Original) (\$m)	2021–22 (Revised) (\$m)	2022–23 (Estimate) (\$m)
(1) Health.....	911.2	2,294.7	3,345.7	21,966.1
(2) Subvention: Hospital Authority .....	78,944.2	82,401.4	82,975.6	92,063.3
(3) Subvention: Prince Philip Dental Hospital.....	227.1	227.0	227.0	220.1
	80,082.5	84,923.1	86,548.3 (+1.9%)	114,249.5 (+32.0%)
				(or +34.5% on 2021–22 Original)

#### Analysis of Financial and Staffing Provision

##### Programme (1)

Provision for 2022–23 is \$18,620.4 million (556.5%) higher than the revised estimate for 2021–22. This is mainly due to the increased provision for supporting various anti-epidemic measures and primary healthcare development expenses, and the increased cash flow requirement for the general non-recurrent items on HKGP, CMDf, the Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines and HMRf. There will be a net decrease of three posts in 2022–23.

##### Programme (2)

Provision for 2022–23 is \$9,087.7 million (11.0%) higher than the revised estimate for 2021–22. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and improve the quality of clinical care as well as to combat the Coronavirus Disease 2019 epidemic.

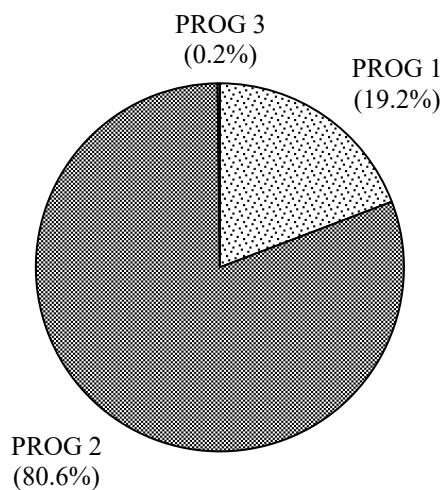
##### Programme (3)

Provision for 2022–23 is \$6.9 million (3.0%) lower than the revised estimate for 2021–22. The decrease is mainly due to the lapse of time-limited provision and reduced requirement in minor plant, equipment, maintenance, and improvement in 2022–23.

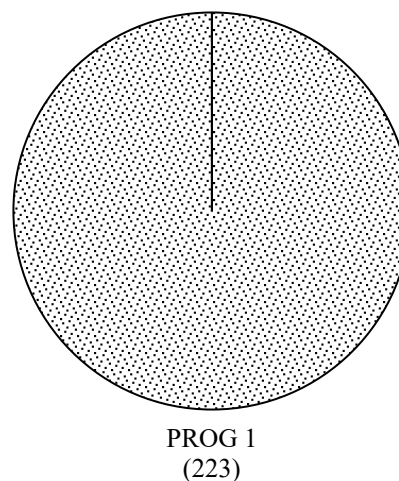


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*Allocation of provision  
to programmes  
(2022-23)*

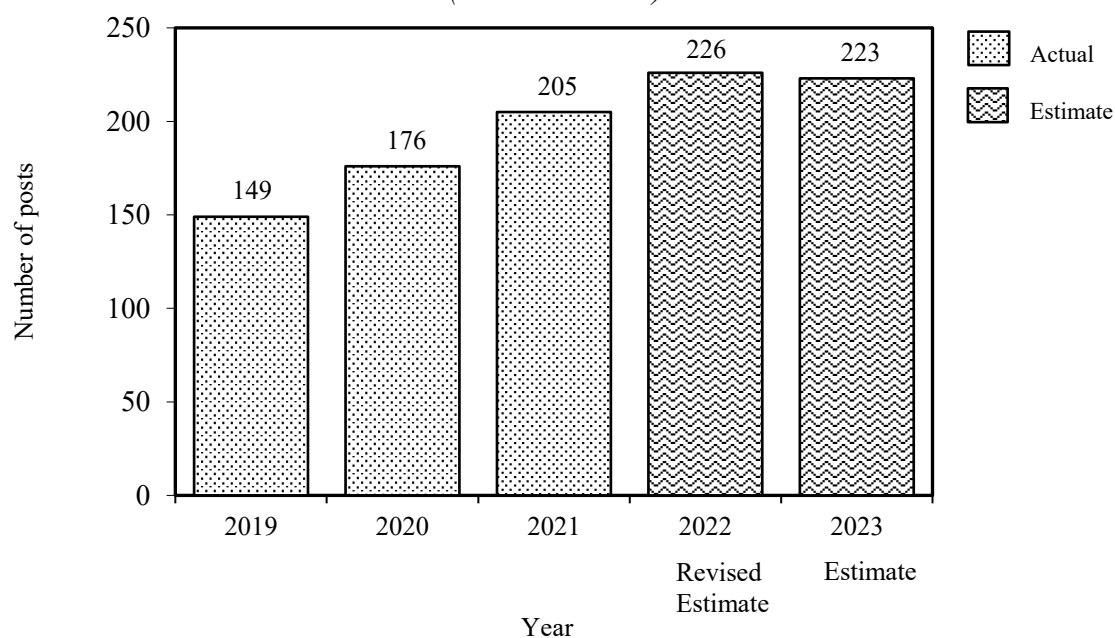


*Staff by programme  
(as at 31 March 2023)*



(No government staff under PROG 2-3)

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



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Sub-head (Code)		Actual expenditure 2020–21	Approved estimate 2021–22	Revised estimate 2021–22	Estimate 2022–23
		\$'000	\$'000	\$'000	\$'000
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	78,042,023	81,985,526	84,269,884	<b>111,375,834</b>
	Total, Recurrent.....	78,042,023	81,985,526	84,269,884	<b>111,375,834</b>
Non-Recurrent					
700	General non-recurrent .....	427,649	1,244,500	585,411	<b>1,149,254</b>
	Total, Non-Recurrent.....	427,649	1,244,500	585,411	<b>1,149,254</b>
	Total, Operating Account .....	78,469,672	83,230,026	84,855,295	<b>112,525,088</b>
<b>Capital Account</b>					
Subventions					
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	15,373	17,064	17,064	<b>14,377</b>
979	Hospital Authority - equipment and information systems (block vote).....	1,597,501	1,665,900	1,665,900	<b>1,710,000</b>
	Hong Kong Genome Institute - minor plant, vehicles, equipment, information systems, maintenance, and improvement (block vote).....	—	10,087	10,087	<b>—</b>
	Total, Subventions .....	1,612,874	1,693,051	1,693,051	<b>1,724,377</b>
	Total, Capital Account.....	1,612,874	1,693,051	1,693,051	<b>1,724,377</b>
	Total Expenditure .....	80,082,546	84,923,077	86,548,346	<b>114,249,465</b>

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### Details of Expenditure by Subhead

The estimate of the amount required in 2022–23 for the salaries and expenses of the Health Branch is \$114,249,465,000. This represents an increase of \$27,701,119,000 over the revised estimate for 2021–22 and \$34,166,919,000 over the actual expenditure in 2020–21.

#### *Operating Account*

##### Recurrent

2 Provision of \$111,375,834,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Branch. The increase of \$27,105,950,000 (32.2%) over the revised estimate for 2021–22 is mainly due to the additional provision for implementing various anti-epidemic measures.

3 The establishment as at 31 March 2022 will be 226 posts including one supernumerary post. It is expected that there will be a net decrease of three posts in 2022–23. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2022–23, but the notional annual mid-point salary value of all such posts must not exceed \$157,500,000.

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

	2020–21 (Actual) (\$'000)	2021–22 (Original) (\$'000)	2021–22 (Revised) (\$'000)	2022–23 (Estimate) (\$'000)
Personal Emoluments				
- Salaries .....	154,391	181,680	168,946	180,190
- Allowances .....	8,476	10,072	8,580	8,550
- Job-related allowances.....	—	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution .....	562	484	553	306
- Civil Service Provident Fund contribution .....	9,904	16,171	12,371	15,169
Departmental Expenses				
- General departmental expenses .....	182,683	351,141	2,249,651	19,762,899
Other Charges				
- Primary healthcare development expenses.	79,515	448,594	200,260	740,749
Subventions				
- Hospital Authority .....	77,294,796	80,683,581	81,309,720	90,353,320
- Prince Philip Dental Hospital .....	211,743	209,935	209,935	205,696
- Hong Kong Genome Institute.....	99,953	83,866	109,866	108,953
	<u>78,042,023</u>	<u>81,985,526</u>	<u>84,269,884</u>	<u>111,375,834</u>

#### *Capital Account*

##### Subventions

5 Provision of \$14,377,000 under *Subhead 899 Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over \$200,000 but not exceeding \$10 million for each project. The decrease of \$2,687,000 (15.7%) against the revised estimate for 2021–22 is mainly due to the reduced requirement in 2022–23.

6 Provision of \$1,710 million under *Subhead 979 Hospital Authority - equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over \$200,000 each.

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**Commitments**

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2021	Revised estimated expenditure for 2021–22	Balance
			\$'000	\$'000	\$'000	\$'000
<b><i>Operating Account</i></b>						
700		<i>General non-recurrent</i>				
	802	Chinese Medicine Development Fund .....	500,000	219,959	15,757	264,284
	803	Hong Kong Genome Project .....	682,000	—	45,078	636,922
	804	“DHC Express” Scheme.....	596,200	—	199,476	396,724
	807	Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines.....	1,000,000	—	34,100	965,900
	809	Preparation for service commencement of the Chinese Medicine Hospital.....	80,445	—	4,000	76,445
	823	Health and Medical Research Fund .....	4,223,000	1,424,779	287,000	2,511,221
		Total .....	7,081,645	1,644,738	585,411	4,851,496