

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

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

<b>Estimate 2024–25</b> .....	<b>\$99,862.3m</b>
<b>Establishment ceiling 2024–25</b> (notional annual mid-point salary value) representing an estimated 227 non-directorate posts as at 31 March 2024 rising by three posts to 230 posts as at 31 March 2025 .....	<b>\$184.9m</b>
In addition, there will be an estimated 15 directorate posts as at 31 March 2024 and as at 31 March 2025.	
<b>Commitment balance</b> .....	<b>\$4,277.3m</b>

### Controlling Officer's Report

#### Programmes

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

#### Detail

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

	2022–23 (Actual)	2023–24 (Original)	2023–24 (Revised)	2024–25 (Estimate)
Financial provision (\$m)	16.2#	27.0	24.6 (–8.9%)	26.3 (+6.9%)
				(or –2.6% on 2023–24 Original)

# For comparison purpose, the figure includes relevant provisions for the Director of Bureau's Office which have been transferred from Head 139 — Government Secretariat: Environment and Ecology Bureau (Food Branch) due to re-organisation of the Government Secretariat with effect from 1 July 2022.

#### Aim

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

#### Brief Description

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

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### Programme (2): Health

	2022–23 (Actual)	2023–24 (Original)	2023–24 (Revised)	2024–25 (Estimate)
Financial provision (\$m)				
Government sector	16,838.0	2,946.0	2,818.3 (–4.3%)	<b>3,742.3</b> (+32.8%)  (or +27.0% on 2023–24 Original)
Subvented sector	109.0	324.0	324.0 (—)	<b>452.3</b> (+39.6%)  (or +39.6% on 2023–24 Original)
Total	16,947.0	3,270.0	3,142.3 (–3.9%)	<b>4,194.6</b> (+33.5%)  (or +28.3% on 2023–24 Original)

### *Aim*

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

### *Brief Description*

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

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

6 Generally, the effectiveness of the work of the Bureau is reflected in the extent to which the departments and subvented organisations delivering medical and healthcare services achieve the objectives of this programme. The aim has been broadly achieved in 2023–24.

### *Matters Requiring Special Attention in 2024–25*

7 During 2024–25, the Bureau will:

- continue to take forward and implement policy initiatives to promote the development of primary healthcare having regard to the Primary Healthcare Blueprint, including implementing the three-year Chronic Disease Co-care Pilot Scheme, enhancing the Elderly Health Care Voucher Scheme, and preparing for the establishment of the Primary Healthcare Commission;
- continue to take forward and enhance the development of District Health Centres (DHCs) and District Health Centre Expresses across the territory;
- further promote the development of Chinese medicine (CM) in Hong Kong, including formulation of a comprehensive blueprint in collaboration with the CM sector, enhancing funding support to the CM sector through the Chinese Medicine Development Fund, strengthening government-subsidised Integrated Chinese-Western Medicine services, and taking forward training programmes for nurturing CM talents;
- continue to take forward the review of dental care services provided or subsidised by the Government;
- continue to develop the Chinese Medicine Hospital (CMH) located at Tseung Kwan O and to prepare its service commencement in 2025 in collaboration with the Hong Kong Baptist University, the contractor for the operation of the CMH selected through tendering, and HKBU Chinese Medicine Hospital Company Limited, the operator which is a company limited by guarantee incorporated by the contractor for the operation, management and maintenance of the CMH;
- oversee the setting up of a preparatory office for the Hong Kong Centre for Medical Products Regulation and enhancements to the regulatory regime with the long-term objective of registering drugs and medical devices under the “primary evaluation” approach;

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- oversee the setting up of cross-boundary ambulance service with other cities in the Guangdong-Hong Kong-Macao Greater Bay Area with a view to enabling direct point-to-point hospital transfer of patients;
- continue to service the Advisory Committee on Mental Health and pursue recommendations of the Mental Health Review Report;
- 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 regulatory regime for private healthcare facilities and facilitate private hospital development;
- continue to implement the Hong Kong Genome Project;
- continue to oversee the smooth and timely implementation of capital works projects under the First Hospital Development Plan (HDP), and the planning of those under the Second HDP;
- continue to 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 “Outreach Dental Care Programme for the Elderly” and the “Healthy Teeth Collaboration” programme;
- take forward to develop and roll out eHealth+ to build a comprehensive healthcare information infrastructure over the next five years aiming to develop a personalised eHealth account for every resident to manage their digital health data, and to integrate the healthcare service processes in both public and private sectors;
- continue efforts to promote breastfeeding and organ donation and to deter smoking; and
- continue to manage the Health and Medical Research Fund.

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

	2022–23 (Actual)	2023–24 (Original)	2023–24 (Revised)	<b>2024–25 (Estimate)</b>
Financial provision (\$m)	96,481.6	90,885.7	93,378.0 (+2.7%)	<b>95,407.1</b> (+2.2%)
				(or +5.0% on 2023–24 Original)

### *Aim*

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

### *Brief Description*

9 The Bureau subvents the Hospital Authority to provide public medical services. The Hospital Authority is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance (Cap. 113) to manage all public hospitals in Hong Kong. The Authority, with over 90 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 74 general outpatient clinics as at 31 December 2023.

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

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

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11 The Hospital Authority generally achieved its performance targets in 2023–24. With the subsiding of local COVID-19 epidemic situation and cessation of anti-epidemic measures in early 2023, the Hospital Authority has been gradually resuming provision of all of its public healthcare services to tie in with the Government’s normalcy measures.

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

### *Targets*

	As at 31 March 2023 (Actual)	As at 31 March 2024 (Revised Estimate)	As at 31 March 2025 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent) .....	24 257	24 325	<b>24 478</b>
mentally ill .....	3 675	3 710	<b>3 710</b>
mentally handicapped .....	675	675	<b>675</b>
infirmary.....	1 961	1 961	<b>1 961</b>
overall.....	30 568	30 671	<b>30 824</b>
<i>ambulatory and outreach services</i>			
<i>accident and emergency (A&amp;E) services</i>			
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) (%).....	97	95	<b>95</b>
triage III (urgent cases – 30 minutes) (%) ....	74	90	<b>90</b>
<i>specialist outpatient services</i>			
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>
<i>rehabilitation and geriatric services</i>			
no. of geriatric day places .....	757	787	<b>787</b>
<i>psychiatric services</i>			
no. of psychiatric day places .....	909	909	<b>909</b>

### *Indicators*

	2022–23 (Actual)	2023–24 (Revised Estimate)	2024–25 (Estimate)
<i>Delivery of services</i>			
<i>inpatient services</i>			
overall			
no. of patient days .....	7 975 641	8 933 000	<b>9 006 000</b>
bed occupancy rate (%).....	82	82	<b>82</b>
no. of discharges and deaths .....	994 539	1 257 770	<b>1 268 670</b>
general (acute and convalescent)			
no. of patient days .....	6 498 776	7 326 000	<b>7 379 000</b>
bed occupancy rate (%).....	85	85	<b>85</b>
no. of discharges and deaths .....	974 192	1 235 900	<b>1 246 400</b>
average length of stay (days)§ .....	6.7	6.7	<b>6.7</b>
mentally ill			
no. of patient days .....	868 536	947 000	<b>967 000</b>
bed occupancy rate (%).....	66	66	<b>66</b>
no. of discharges and deaths .....	16 577	18 000	<b>18 400</b>
average length of stay (days)§ .....	60	60	<b>60</b>
mentally handicapped			
no. of patient days .....	168 371	186 000	<b>186 000</b>
bed occupancy rate (%).....	68	68	<b>68</b>
infirmary			
no. of patient days .....	439 958	474 000	<b>474 000</b>
bed occupancy rate (%).....	81	81	<b>81</b>

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	2022–23 (Actual)	2023–24 (Revised Estimate)	2024–25 (Estimate)
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths .....	731 487	795 700	<b>801 600</b>
A&E services			
no. of A&E attendances .....	1 741 091	2 203 000	<b>2 203 000</b>
no. of A&E first attendances			
triage I .....	26 825	28 000	<b>28 000</b>
triage II .....	50 852	52 800	<b>52 800</b>
triage III .....	673 998	748 600	<b>748 600</b>
specialist outpatient services			
no. of specialist outpatient (clinical) first attendances .....	829 584	885 000	<b>891 000</b>
no. of specialist outpatient (clinical) follow-up attendances .....	7 214 160	7 353 000	<b>7 369 000</b>
total no. of specialist outpatient (clinical) attendances .....	8 043 744	8 238 000	<b>8 260 000</b>
primary care services			
no. of general outpatient attendances .....	4 995 348	6 327 000	<b>6 329 000</b>
no. of family medicine specialist clinic attendances .....	322 262	348 300	<b>361 300</b>
total no. of primary care attendances .....	5 317 610	6 675 300	<b>6 690 300</b>
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances .....	64 514	116 400	<b>118 200</b>
no. of community nurse attendances .....	869 158	950 000	<b>953 000</b>
no. of allied health (community) attendances .....	27 058	34 200	<b>35 000</b>
no. of allied health (outpatient) attendances .....	3 009 437	3 202 000	<b>3 236 000</b>
geriatric services			
no. of geriatric outreach attendances .....	770 143	787 300	<b>800 100</b>
no. of geriatric elderly persons assessed for infirmary care service .....	1 880	1 880	<b>1 880</b>
no. of geriatric day attendances .....	89 271	170 300	<b>173 400</b>
psychiatric services			
no. of psychiatric outreach attendances .....	272 345	339 300	<b>351 900</b>
no. of psychiatric day attendances .....	79 620	237 100	<b>237 100</b>
no. of psychogeriatric outreach attendances .....	99 835	114 700	<b>114 700</b>
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population $\Delta$ .....	2.8	2.8	<b>2.8</b>
unplanned readmission rate within 28 days for general inpatients (%) .....	10.8	10.8	<b>10.8</b>
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient .....	54.2	54.0	<b>54.0</b>
ambulatory and outreach .....	45.8	46.0	<b>46.0</b>
cost of services for persons aged 65 or above			
share of cost of services (%) .....	54.1	54.5	<b>54.5</b>
cost of services per 1 000 population (\$m) .....	30.9	30.9	<b>31.3</b>
unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent) .....	7,390	6,920	<b>7,140</b>
mentally ill .....	3,870	3,740	<b>3,830</b>
mentally handicapped .....	2,420	2,300	<b>2,360</b>
infirmary .....	2,320	2,220	<b>2,300</b>

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	2022–23 (Actual)	2023–24 (Revised Estimate)	2024–25 (Estimate)
ambulatory and outreach services			
cost per A&E attendance (\$)	2,430	2,020	2,080
cost per specialist outpatient attendance (\$)	1,620	1,660	1,720
cost per general outpatient attendance (\$)	690	680	695
cost per family medicine specialist clinic attendance (\$)	1,410	1,440	1,570
cost per community nurse attendance (\$)	760	730	750
cost per psychiatric outreach attendance (\$)	2,220	1,930	2,050
cost per geriatric day attendance (\$)	3,480	2,520	2,590
fee waivers			
total amount of waived fees (\$m)	1,112.0	1,164.3	1,293.6
percentage of Comprehensive Social Security Assistance fee waiver (%)¶	14.1	14.5	14.7
percentage of Old Age Living Allowance (OALA) fee waiver (%)¶	13.7Φ	14.7	13.6
percentage of other fee waiver (%)¶	9.9	7.7	7.8
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
Medical			
doctor	6 542	6 780	7 040
specialist	3 453	3 500	3 570
non-specialist	3 089	3 280	3 470
intern	499	535	535
dentist	14	14	14
medical total	7 055	7 329	7 589
Nursing			
nurse	27 572	27 680	28 020
trainee	2 027	2 100	2 200
nursing total	29 599	29 780	30 220
allied health	9 131	9 600	9 930
others	44 255	45 780	46 450
total	90 040	92 489	94 189

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

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

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

Φ As announced in the 2021 Policy Address, the merging of Normal and Higher OALA would be effective from 1 September 2022. Against this background, 2022–23 (Actual) covers Higher OALA recipients aged 75 or above before the merger and all eligible OALA recipients aged 75 or above upon the merger.

### ***Matters Requiring Special Attention in 2024–25***

**13** In 2024–25, the Hospital Authority will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government’s direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of healthcare professionals.

**14** The Hospital Authority will also:

- open a total of around 150 additional hospital beds to meet the growing demand;
- 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 surgical, endoscopic, diagnostic imaging and outpatient services as well as increase the number of operating theatre sessions and improve pharmacy services;
- continue to enhance community services such as community geriatric assessment services with adoption of telehealth in selected scenarios and community psychiatric services; and
- continue to make use of investment returns generated from the \$10 billion Hospital Authority Public-Private Partnership (PPP) Fund to operate clinical PPP programmes.

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

	2022–23 (Actual)	2023–24 (Original)	2023–24 (Revised)	2024–25 (Estimate)
Financial provision (\$m)	223.2	220.2	225.6 (+2.5%)	234.3 (+3.9%)
				(or +6.4% on 2023–24 Original)

#### Aim

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

#### Brief Description

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

17 In the 2022/23 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.

18 The key performance measures are:

#### Indicators

	Academic Year		
	2022/23 (Actual)	2023/24 (Revised Estimate)	2024/25 (Estimate)
no. of training places			
undergraduate.....	467	486	503
research postgraduate.....	123	170	173
taught postgraduate#.....	46	40	30
student dental technician.....	35	36	36
student dental surgery assistant.....	37	40	40
student dental hygienist.....	63	75	101
student dental therapist.....	10	16	20
total.....	781	863	902
capacity utilisation rate (%)Φ			
undergraduate.....	98	98	99
research postgraduate.....	100	100	100
taught postgraduate.....	92	100	100
student dental technician.....	88	90	90
student dental surgery assistant.....	103^	103^	100
student dental hygienist.....	93	95	96
student dental therapist.....	83	100	100
completion rate (%)			
undergraduate.....	100	100	100
research postgraduate.....	100	100	100
taught postgraduate.....	100	100	100
student dental technician.....	94	94	94
student dental surgery assistant.....	70	75	80
student dental hygienist.....	92	95	95
student dental therapist.....	100	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.

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

#### Matters Requiring Special Attention in 2024–25

19 During 2024–25, PPDH will increase its capacity for clinical training as well as training places of ancillary dental workers and strengthen its clinic services for recruiting patients for clinical training.

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### ANALYSIS OF FINANCIAL PROVISION

Programme	2022–23 (Actual) (\$m)	2023–24 (Original) (\$m)	2023–24 (Revised) (\$m)	2024–25 (Estimate) (\$m)
(1) Director of Bureau's Office .....	16.2	27.0	24.6	26.3
(2) Health.....	16,947.0	3,270.0	3,142.3	4,194.6
(3) Subvention: Hospital Authority .....	96,481.6	90,885.7	93,378.0	95,407.1
(4) Subvention: Prince Philip Dental Hospital.....	223.2	220.2	225.6	234.3
	113,668.0‡	94,402.9	96,770.5 (+2.5%)	99,862.3 (+3.2%)
				(or +5.8% on 2023–24 Original)

‡ For comparison purpose, the figure has been adjusted to reflect the provisions for the relevant programme under this Head due to the re-organisation of the Government Secretariat with effect from 1 July 2022.

#### Analysis of Financial and Staffing Provision

##### Programme (1)

Provision for 2024–25 is \$1.7 million (6.9%) higher than the revised estimate for 2023–24. This is mainly due to the increased requirement for operating expenses.

##### Programme (2)

Provision for 2024–25 is \$1,052.3 million (33.5%) higher than the revised estimate for 2023–24. This is mainly due to the increased provision for primary healthcare development, and the increased cash flow requirement for the general non-recurrent items on Hong Kong Genome Project and Health and Medical Research Fund. There will be an increase of three posts in 2024–25.

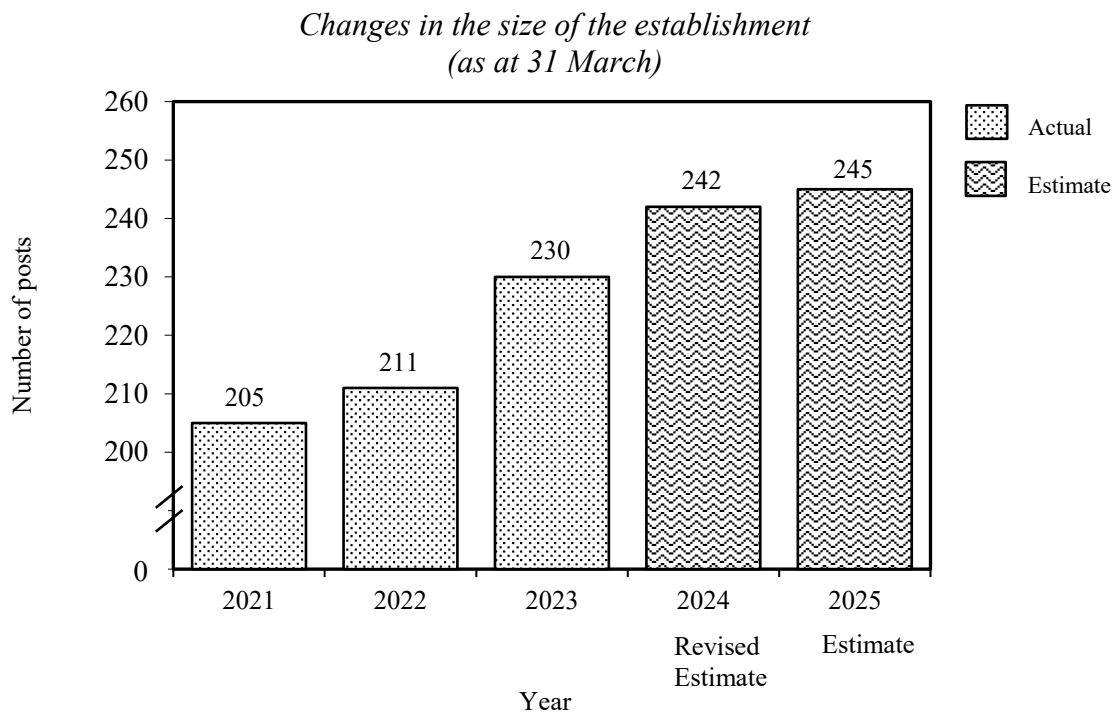
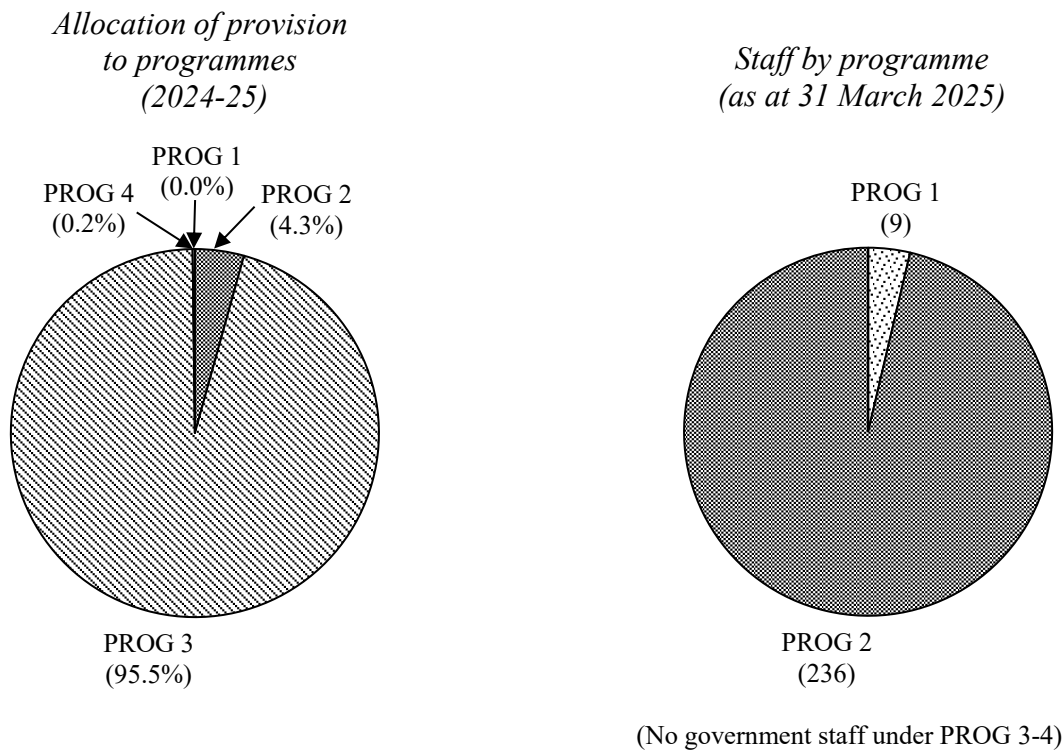
##### Programme (3)

Provision for 2024–25 is \$2,029.1 million (2.2%) higher than the revised estimate for 2023–24. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care.

##### Programme (4)

Provision for 2024–25 is \$8.7 million (3.9%) higher than the revised estimate for 2023–24. This is mainly due to the additional provision for increasing training places of ancillary dental workers and improvements in facilities, partly offset by the lapse of time-limited provision in 2024–25.





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Sub-head (Code)	Actual expenditure 2022–23	Approved estimate 2023–24	Revised estimate 2023–24	Estimate 2024–25	
	\$'000	\$'000	\$'000	\$'000	
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	111,258,379	91,608,955	94,106,665	<b>96,666,995</b>
	Total, Recurrent.....	111,258,379	91,608,955	94,106,665	<b>96,666,995</b>
Non-Recurrent					
700	General non-recurrent .....	676,267	1,066,720	936,636	<b>1,268,940</b>
	Total, Non-Recurrent.....	676,267	1,066,720	936,636	<b>1,268,940</b>
	Total, Operating Account .....	111,934,646	92,675,675	95,043,301	<b>97,935,935</b>
<b>Capital Account</b>					
Subventions					
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	14,339	15,479	15,479	<b>15,697</b>
979	Hospital Authority - equipment and information systems (block vote).....	1,710,000	1,711,745	1,711,745	<b>1,910,676</b>
	Total, Subventions .....	1,724,339	1,727,224	1,727,224	<b>1,926,373</b>
	Total, Capital Account.....	1,724,339	1,727,224	1,727,224	<b>1,926,373</b>
	Total Expenditure .....	113,658,985	94,402,899	96,770,525	<b>99,862,308</b>

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### Details of Expenditure by Subhead

The estimate of the amount required in 2024–25 for the salaries and expenses of the Health Bureau is \$99,862,308,000. This represents an increase of \$3,091,783,000 over the revised estimate for 2023–24 and a decrease of \$13,796,677,000 against the actual expenditure in 2022–23.

#### *Operating Account*

##### Recurrent

**2** Provision of \$96,666,995,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Bureau.

**3** The establishment as at 31 March 2024 will be 242 posts. It is expected that there will be an increase of three posts in 2024–25. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2024–25, but the notional annual mid-point salary value of all such posts must not exceed \$184,948,000.

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

	2022–23 (Actual) (\$'000)	2023–24 (Original) (\$'000)	2023–24 (Revised) (\$'000)	<b>2024–25 (Estimate) (\$'000)</b>
Personal Emoluments				
- Salaries .....	183,017	229,946	186,028	<b>225,962</b>
- Allowances .....	9,186	9,652	6,758	<b>6,005</b>
- Job-related allowances.....	2	3	7	<b>8</b>
Personnel Related Expenses				
- Mandatory Provident Fund contribution .....	399	383	492	<b>576</b>
- Civil Service Provident Fund contribution .....	13,738	20,569	14,986	<b>17,732</b>
Departmental Expenses				
- General departmental expenses .....	15,580,172	1,091,187	1,110,056	<b>1,031,645</b>
Other Charges				
- Primary healthcare development expenses .....	382,437	769,554	802,967	<b>1,565,050</b>
Subventions				
- Hospital Authority .....	94,771,533	89,173,960	91,666,286	<b>93,496,453</b>
- Prince Philip Dental Hospital .....	208,942	204,748	210,132	<b>218,611</b>
- Hong Kong Genome Institute.....	108,953	108,953	108,953	<b>104,953</b>
	111,258,379	91,608,955	94,106,665	<b>96,666,995</b>

#### *Capital Account*

##### Subventions

**5** Provision of \$15,697,000 under *Subhead 899 Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over \$200,000 but not exceeding \$10 million for each project.

**6** Provision of \$1,910,676,000 under *Subhead 979 Hospital Authority - equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over \$200,000 each. The increase of \$198,931,000 (11.6%) over the revised estimate for 2023–24 is mainly due to the increased cash flow requirement in 2024–25.

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

### Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2023	Revised estimated expenditure for 2023–24	Balance
			\$'000	\$'000	\$'000	\$'000
<b><i>Operating Account</i></b>						
700		<i>General non-recurrent</i>				
	802	Chinese Medicine Development Fund .....	1,000,000	416,555	133,018	450,427
	803	Hong Kong Genome Project .....	682,000	119,730	215,000	347,270
	804	“DHC Express” Scheme@.....	1,111,100@	315,589	154,818	640,693
	807	Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines ...	1,000,000	113,310	184,400	702,290
	809	Preparation for service commencement of the Chinese Medicine Hospital.....	80,445	9,291	5,400	65,754
	823	Health and Medical Research Fund .....	4,223,000	1,908,141	244,000	2,070,859
		<b>Total .....</b>	<b>8,096,545</b>	<b>2,882,616</b>	<b>936,636</b>	<b>4,277,293</b>

@ The approved commitment for the item was \$596,200,000. An increase in commitment of \$514,900,000 is sought in the context of the Appropriation Bill 2024.