

Head 37 — DEPARTMENT OF HEALTH

Controlling officer: the Director of Health will account for expenditure under this Head.

Estimate 2026–27	\$15,707.7m
Establishment ceiling 2026–27 (notional annual mid-point salary value) representing an estimated 6 874 non-directorate posts as at 31 March 2026 reducing by 142 posts to 6 732 posts as at 31 March 2027	\$4,280.2m
In addition, there will be an estimated 69 directorate posts as at 31 March 2026 reducing by one post to 68 posts as at 31 March 2027.	
Commitment balance	\$5,435.2m

Controlling Officer's Report

Programmes

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

Detail

Programme (1): Statutory Functions

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)	1,558.1	1,986.4	1,877.5 (–5.5%)	2,019.2 (+7.5%)
				(or +1.7% on 2025–26 Original)

Aim

- 2 The aim is to exercise statutory authority to ensure a high standard of public health protection.

Brief Description

- 3 The work involves:
- reforming the regulatory and approval regimes for drugs and medical devices through establishing the Hong Kong Centre for Medical Products Regulation;
 - ensuring the safety, quality and efficacy of pharmaceutical products through product registration and licensing control;
 - providing with secretariat staff and other resources to the various boards and councils responsible for the registration and regulation of healthcare professionals and supporting the implementation of legislative amendments of various Ordinances;
 - regulation of private healthcare facilities;
 - enforcement of relevant provisions of the Prevention and Control of Disease Ordinance (Cap. 599) and implementation of the International Health Regulations through port health measures;
 - providing services in forensic medicine and operating public mortuaries;

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- promoting and protecting the health of radiation workers and minimising public exposure to radiation hazards;
 - enforcing laws on tobacco control; and
 - enforcing the law prohibiting commercial sale and supply of alcohol to minors.
- 4 The key performance measures in respect of statutory functions are:

Targets

	Target	2024 (Actual)	2025 (Actual)	2026 (Plan)
free pratique to be granted within 30 minutes of receiving application (%).....	>95	99	99	>95
registration of pharmaceutical products within five months (% of applications).....	>90	100	100	>90
inspection of licensed retail drug premises at an average of twice a year per premises (%).....	100	100	100	100
proportion of workers getting radiation dose <20mSv a year (%).....	100	100	100	100
processing of registration application from healthcare professionals within ten working days (%).....	>90	100	100	>90
investigation upon receipt of complaint against healthcare professionals within 14 working days (%).....	>90	100	100	>90
inspections of private hospitals licensed under the Private Healthcare Facilities Ordinance (Cap. 633) at an average of twice a year (%).....	100	100	100	100
inspections of day procedure centres licensed under the Private Healthcare Facilities Ordinance at an average of once a year (%).....	100	100	100	100

Indicators

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
registration applications of pharmaceutical products processed.....	3 100	2 800	2 700
inspection of licensed retail drug premises.....	9 600	9 500	9 350
licences, notices and permits processed for irradiating apparatus/radioactive substances.....	18 200	18 600	18 600
registration applications from healthcare professionals processed.....	8 100	8 900	9 400
no. of inspections of private healthcare facilities licensed under the Private Healthcare Facilities Ordinance.....	416	452	956
no. of inspections conducted for smoking, commercial sale and supply of alcohol to minors and related offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B).....	34 000	34 000	34 000

Matters Requiring Special Attention in 2026–27

- 5 During 2026–27, the Department will:
- set up the Hong Kong Centre for Medical Products Regulation and begin to implement primary evaluation for new drug registration in phases, as well as prepare for the statutory regulation of medical devices;
 - support the healthcare-related statutory boards and councils in implementing the enhanced regulatory functions introduced in the latest legislative amendments for doctors, dentists, nurses and allied health professionals;
 - formulate, review and conduct risk-based assessment for the practice of healthcare professions not subject to statutory registration from time to time;

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- support the implementation of the relevant initiatives in the Chinese Medicine Development Blueprint (the Blueprint), including enhancement of the development of Chinese medicines through the Government Chinese Medicines Testing Institute, and support of the Chinese Medicine Council of Hong Kong to carry out relevant actions in the Blueprint;
- continue to implement the regulatory regime under the Private Healthcare Facilities Ordinance (Cap. 633);
- continue to support the Health Bureau on private hospital development;
- continue to enforce the law prohibiting commercial sale and supply of alcohol to minors; and
- implement the new phase of tobacco control measures and strengthen the enforcement of the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600).

Programme (2): Disease Prevention

Financial provision (\$m)	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Government sector#	7,304.3	8,325.6	7,737.7 (–7.1%)	8,232.3 (+6.4%) (or –1.1% on 2025–26 Original)
Subvented sector#	58.5	58.6	56.0 (–4.4%)	58.6 (+4.6%) (or same as 2025–26 Original)
Total#	7,362.8	8,384.2	7,793.7 (–7.0%)	8,290.9 (+6.4%) (or –1.1% on 2025–26 Original)

For comparison purpose, the figures for 2024–25 (Actual) and 2025–26 (Original) among Programmes (2), (3) and (4) have been adjusted to accord the functions of the Department with the overall direction of the healthcare reform.

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 formulating and co-ordinating public health strategies and actions for preventing various communicable and non-communicable diseases. The work involves:

- reducing preventable death and ill-health among pregnant women, infants and children;
- providing annual health assessment for primary and secondary school students;
- developing preventive oral health care for different age groups and special groups in need, including Outreach Oral Health Programme for Pre-school children, School Dental Care Service for primary school children, and the Outreach Dental Care Programme for the Elderly;
- maintaining the surveillance and control of communicable diseases and non-communicable diseases;
- providing laboratory services for the diagnosis and surveillance of various diseases including infections, and for other screening activities;
- providing integrated healthcare service to the elderly; and
- implementing the Elderly Health Care Voucher (EHCV) Scheme to continue the promotion of primary healthcare.

8 The Department subvents the outreach dental service provided by non-governmental organisations under the “Outreach Dental Care Programme for the Elderly”.

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

Targets

	Target	2024 (Actual)	2025 (Actual)	2026 (Plan)
achieving a high participation rate of new born babies of local mothers attending maternal and child health centres (%)....	>90	90	87	>90
contributing to achieving low infant mortality rate (IMR) and maternal mortality rate (MMR)				
IMR per 1 000 live births	<6.0	1.7Δ	1.8	<6.0
MMR per 100 000 live births	<6.0	5.4Δ	0.0	<6.0
School Dental Care Service participation rate (%).....	>90	98	97	>90
investigating reports of outbreaks of communicable diseases within 24 hours (%).....	100	100	100	100
coverage rate of immunisation programme for school children (%)	>95	96	97	>95
coverage rate of human papillomavirus vaccination programme for Primary 5 and 6 female students (%).....	70	92	92	>70

Δ These figures have been updated after the finalisation of the 2025–26 Estimates.

Indicators

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
attendances at maternal and child health centres			
child health service.....	345 000	319 000	319 000
maternal health service	95 000	74 000	53 000δ
family planning service	15 000	14 000	14 000
cervical screening service.....	63 000	64 000	64 000
school children participating in the Student Health Service...			
annual health assessment of primary school studentsλ.....	311 000	305 000	300 000
annual health assessment of secondary school studentsλ.....	275 000	275 000	235 000
primary school children participating in the School Dental Care Service	313 700	307 600	294 400
no. of training activities on infection control	85	85	85
no. of attendances to training activities on infection control	10 200	10 200	8 400
doses of vaccines given to school children.....	202 000	177 000	162 000^
no. of enrolment in elderly health centres	32 000	34 000	31 000¶
no. of attendances for health assessment and medical consultation at elderly health centres	125 000	120 000	115 000¶
attendances at health education activities organised by elderly health centres and visiting health teams.....	353 000	356 000	350 000¶
no. of enrolment for woman health service	9 000	1 500	0#
no. of attendances for woman health service.....	21 000	4 200	50#
no. of specimens tested by the public health laboratory	3 030 000	2 932 000	2 932 000
AIDS counselling attendancesε	1 960	2 250	—
utilisation of the AIDS telephone enquiry servicesε.....	9 560	10 620	—

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	2024 (Actual)	2025 (Actual)	2026 (Estimate)
no. of attendances for HIV/viral hepatitis prevention services provided by the Special Preventive Programme@	4 200	5 360	5 720
utilisation of HIV testing and enquiry services@.....	12 120	13 960	13 500

- δ The antenatal service provided by the Department in collaboration with the Hospital Authority (HA) is planned to be taken over by HA in 2026–27.
- λ Indicators renamed from “school children participating in the Student Health Service - primary school students” and “school children participating in the Student Health Service - secondary school students” to “school children participating in the Student Health Service - annual health assessment of primary school students” and “school children participating in the Student Health Service - annual health assessment of secondary school students” for 2026 onwards.
- ^ In view of the updated recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection, students born on or after July 2018 received second dose of Measles, Mumps, Rubella & Varicella Vaccine (MMRV) at 18 months old instead of in Primary 1 since 2020. Therefore, the number of students who required vaccination in primary school has reduced correspondingly in 2025 and 2026.
- ¶ Services provided by the Elderly Health Centres are planned to be integrated into the district health network of the Primary Healthcare Commission (PHCC) in phases starting from late 2026.
- # In accordance with the Primary Healthcare Blueprint, the integration of woman health services under the Department into the district health network of the PHCC has started in 2025 and will complete by Q1 2026.
- ε Indicators originally under Programme (3) and removed for 2026 onwards.
- @ New indicator for 2026 onwards. The new indicators replace the indicators “AIDS counselling attendances” and “utilisation of the AIDS telephone enquiry service” (originally under Programme (3)) to better reflect the extended scope of services provided by the Special Preventive Programme and the enhanced accessibility options on HIV enquiry services available to the public.

Matters Requiring Special Attention in 2026–27

10 During 2026–27, the Department will:

- integrate services of the Elderly Health Centres into the district health network in phases starting from late 2026 in accordance with the Primary Healthcare Blueprint;
- continue to implement the Primary Dental Co-care Pilot Scheme for Adolescents aged between 13 to 17;
- continue to enhance the EHCV Scheme including the EHCV Greater Bay Area Pilot Scheme. Also, the Government will extend the EHCV Pilot Reward Scheme for two years until end 2028;
- continue to implement the free human papillomavirus vaccination programme for school girls;
- provide a one-off human papillomavirus vaccination catch-up service for girls born in 2004–2008;
- formulate evidence-based screening programmes for prevalent cancers;
- continue to support the Steering Committee on Prevention and Control of Viral Hepatitis, promulgate the Hong Kong Viral Hepatitis Action Plan 2025–2030, and co-ordinate and monitor its implementation;
- continue to implement “Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong” and Hong Kong Cancer Strategy through enhanced health promotion and education activities and strengthened surveillance systems;
- continue to strengthen the Department’s information technology systems and infrastructure, Clinical Information Management System and data analytics in support of enhanced service delivery, disease prevention and control, and the Government’s eHealth+ Programme;
- continue to enhance the preparedness for public health emergencies;
- continue the work in combatting public health threats from antimicrobial resistance;
- continue to implement the Coronavirus Disease 2019 (COVID-19) vaccination programme; and
- continue to enhance the seasonal influenza vaccination arrangements for better protection of high risk groups.

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Programme (3): Health Promotion

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)				
Government sector#	327.9	408.9	403.8 (–1.2%)	403.6 (—) (or –1.3% on 2025–26 Original)
Subvented sector#	168.8	184.6	173.3 (–6.1%)	180.8 (+4.3%) (or –2.1% on 2025–26 Original)
Total#	496.7	593.5	577.1 (–2.8%)	584.4 (+1.3%) (or –1.5% on 2025–26 Original)

For comparison purpose, the figures for 2024–25 (Actual) and 2025–26 (Original) among Programmes (2) and (3) have been adjusted to accord the functions of the Department with the overall direction of the healthcare reform.

Aim

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

Brief Description

12 This aim is achieved through a wide range of health promotion activities to empower individuals and communities to control over their health by adopting a life-course approach. The work is discharged by the Department's various units in collaboration with other governmental agencies, healthcare providers, educators, community sectors, groups and interested agencies.

13 The Department subvents the family planning and pre-pregnancy health services provided to the public by the Family Planning Association of Hong Kong, the first aid training and service provided by the Hong Kong St. John Ambulance and the first aid training provided by the Hong Kong Red Cross. It also subvents the Hong Kong Council on Smoking and Health (COSH) in providing a focal point for promotional initiatives in support of tobacco control. The Department also provides community-based smoking cessation programmes and promotes smoking prevention in collaboration with non-governmental organisations.

14 The key performance measures in respect of health promotion are:

Target

	Target	2024 (Actual)	2025 (Actual)	2026 (Plan)
training of health promoters (annual total)	>2 000	2 890	2 800	>2 000

Indicators

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
production of health education materials (annual no. of titles).....	1 040	1 120	1 050
attendances at health education activities.....	992 000	1 001 000	969 000
attendances at family planning and pre-pregnancy health services provided by Family Planning Association of Hong KongΦ	104 000	93 000	93 000
no. of publicity/educational activities delivered by COSH	433	432	432

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	2024 (Actual)	2025 (Actual)	2026 (Estimate)
no. of secondary schools joining the Adolescent Health Programme ^α	310	—	—
no. of schools joining the Whole School Health Programme ^β	—	808	900

- Φ Indicator originally under Programme (2) and renamed from “attendances at family planning clinics operated by Family Planning Association” to “attendances at family planning and pre-pregnancy health services provided by Family Planning Association of Hong Kong” for 2026 onwards.
- α Indicator removed for 2025 onwards.
- β New indicator for 2025 onwards. The new indicator replaces the indicator “no. of secondary schools joining the Adolescent Health Programme”. Starting from 2024/25 school year, the Adolescent Health Programme has been merged with the Whole School Health Programme to provide comprehensive support for schools to adopt the health promoting school model.

Matters Requiring Special Attention in 2026–27

15 During 2026–27, the Department will:

- strengthen its role as the public health authority and devise health promotion strategies by adopting a life-course framework;
- continue to implement a mental health promotion and public education initiative;
- continue to promote the health promoting school model in Hong Kong through the Whole School Health Programme; and
- continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation.

Programme (4): Curative Care

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)				
Government sector [#]	1,304.2	1,375.9	1,269.0 (–7.8%)	1,306.0 (+2.9%) (or –5.1% on 2025–26 Original)
Subvented sector	11.0	4.1	4.1 (—)	4.2 (+2.4%) (or +2.4% on 2025–26 Original)
Total [#]	1,315.2	1,380.0	1,273.1 (–7.7%)	1,310.2 (+2.9%) (or –5.1% on 2025–26 Original)

[#] For comparison purpose, the figures for 2024–25 (Actual) and 2025–26 (Original) among Programmes (2) and (4) have been adjusted to accord the functions of the Department with the overall direction of the healthcare reform.

Aim

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

Brief Description

17 Specialised outpatient clinics provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Essential 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. The Department is also responsible for treating, monitoring and controlling of sexually transmitted infections.

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18 The key performance measures in respect of curative care are:

Targets

	Target	2024 (Actual)	2025 (Actual)	2026 (Plan)
coverage rate of TB vaccination (BCG) at birth (%)	>99	>99	>99	>99
cure rate of TB patients under supervised treatment (%).....	>85	>85	>85	>85
appointment time for new cases with serious dermatoses within eight weeks (% of cases).....	>90	100	100	>90

Indicators

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
BCG vaccinations given to new born babies.....	36 500 Δ	31 400	31 400
attendances at specialised outpatient clinics			
TB and Chest	469 600	410 700	388 200
Dermatology	170 000	170 000	170 000
HIV/AIDS.....	16 030 $\#$	17 470 $\#$	17 770 $\#$
dental treatment cases			
hospital patients (attendances).....	61 500	65 100	— γ
attendances at General Public Sessions of dental clinics (for emergency treatment) \S	21 300	25 200	25 200
special needs group (no. of patients)	6 800	6 800	— γ
attendances of patients with sexually transmitted infections at Social Hygiene Clinics $@$	62 000	58 000	58 000

Δ These figures have been updated after the finalisation of the 2025-26 Estimates.

$\#$ The figures in 2025–26 Estimates covered visits to all Special Preventive Programme clinics. Visits to Therapeutic Prevention Clinic and The Commons are now included in indicator “no. of attendances for HIV/viral hepatitis prevention services provided by the Special Preventive Programme” under Programme (2).

γ The hospital dental services of the Department migrated to HA within 2025–26. Hence, the number of attendance of hospital patients and the number of patients of the special needs group in 2026 cannot be ascertained.

\S Indicator renamed from “dental treatment cases - dental clinics emergency treatment (attendances)” to “dental treatment cases - attendances at General Public Sessions of dental clinics (for emergency treatment)” for 2026 onwards.

$@$ Indicator originally under Programme (2) and renamed from “attendances at social hygiene clinics: to “attendances of patients with sexually transmitted infections at Social Hygiene Clinics” for 2026 onwards to specifically delineate that the type of attendance stipulated in Social Hygiene Clinics is patients with sexually transmitted infections.

Matters Requiring Special Attention in 2026–27

19 During 2026–27, the Department will:

- plan for transferring the specialised clinical services to the HA in accordance with the 2024 Policy Address initiative of deepening the reform of the healthcare system;
- continue to implement the Community Dental Support Programme for enhancing dental services for underprivileged groups with financial difficulties;
- continue to implement the enhanced three-year Healthy Teeth Collaboration programme with an extended scope of special care dental services to cover adult persons with intellectual disabilities and Autistic Spectrum Disorder; and
- continue to provide dental service to patients with special oral healthcare needs or emergency.

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Programme (5): Rehabilitation

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)	166.2	202.3	184.2 (–8.9%)	193.0 (+4.8%)
				(or –4.6% on 2025–26 Original)

Aim

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

Brief Description

21 The Department runs child assessment centres which are responsible for:

- providing comprehensive physical, psychological and social assessment for children with developmental anomalies;
- formulating rehabilitation plan after developmental diagnosis;
- assisting to arrange appropriate pre-school and school placements for training, remedial and special education where necessary; and
- providing interim support to these children and their parents through counselling, talks and support groups.

22 The key performance measures in respect of rehabilitation are:

Targets

	Target	2024 (Actual)	2025 (Actual)	2026 (Plan)
appointment time for new cases in child assessment centres within three weeks (%).....	>90	100	100	>90
completion time for assessment of new cases in child assessment centres within six months (%).....	>90	68	72	>70

Indicator

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
attendances at child assessment centres.....	32 500	32 200	32 200

Matters Requiring Special Attention in 2026–27

23 During 2026–27, the Department will plan for transferring the Child Assessment Service to the HA in accordance with the 2024 Policy Address initiative of deepening the reform of the healthcare system.

Programme (6): Treatment of Drug Abusers

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)				
Government sector	55.5	52.8	50.4 (–4.5%)	52.7 (+4.6%)
				(or –0.2% on 2025–26 Original)

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	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Subvented sector	154.5	166.5	162.3 (–2.5%)	165.9 (+2.2%)
				(or –0.4% on 2025–26 Original)
Total	210.0	219.3	212.7 (–3.0%)	218.6 (+2.8%)
				(or –0.3% on 2025–26 Original)

Aim

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

Brief Description

25 This aim is achieved by providing treatment services to drug abusers through the methadone clinic service and by subventing residential treatment and rehabilitation programmes operated by voluntary agencies, namely, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Caritas Hong Kong and the Hong Kong Christian Service.

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

Targets

	Target	2024 (Actual)	2025 (Actual)	2026 (Plan)
average attendance rate of patients registered with methadone clinics (%).....	>70	75	74	>70
completion rate of SARDA’s inpatient treatment courses				
detoxification (%).....	>70	86	90	>70
rehabilitation (%).....	>60	86	79	>60

Indicators

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
patients registered with methadone clinics.....	3 700	3 300	3 300
average daily attendances at methadone clinics.....	2 700	2 500	2 500
patients admitted for residential treatment.....	870	810	810
bed-days occupied at residential treatment and rehabilitation centres.....	76 600	84 000	84 000

Matters Requiring Special Attention in 2026–27

27 During 2026–27, the Department will continue to provide treatment services to drug abusers.

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

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)	2,547.4	2,923.7	2,630.5 (–10.0%)	3,079.9 (+17.1%)
				(or +5.3% on 2025–26 Original)

Aim

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

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Brief Description

29 The work involves:

- providing medical services to eligible persons at non-public clinics;
- providing dental treatment services to eligible persons at dental clinics; and
- effecting payment for medical fees and hospital charges incurred by eligible persons in authorised cases.

30 The key performance measures in respect of medical and dental treatment for eligible persons are:

Target

	Target	2024 (Actual)	2025 (Actual)	2026 (Plan)
processing of applications for reimbursement of medical expenses within four weeks (%)	>90	95	94	>90

Indicators

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
attendances at non-public clinics.....	249 000	277 000	281 000
attendances at dental clinics	502 100	528 400	528 400
no. of new dental case eligible registrants.....	48 300	16 300 ^η	16 300
attendances of new dental cases received dental services@ ..	29 000	7 200 ^τ	7 200

^η There was an influx of new dental registrants in 2024 after the launch of the e-Registration form in January 2024. The growth in the number of new dental registrants gradually stabilised in 2025.

[@] The figures include first-time dental services provided by government dental clinics or arranged under pilot scheme(s) by the Department for new registrants registered in that year or earlier.

^τ Many new registrants already received their first-time dental services provided by government dental clinics or arranged under the local pilot scheme by the Department in 2024.

Matters Requiring Special Attention in 2026–27

31 During 2026–27, the Department will:

- continue to provide medical and dental services to civil servants and other eligible persons; and
- continue to implement the Pilot Scheme on Dental Services (Dental Scaling), the Pilot Scheme on Dental Services in Shenzhen and the Seasonal Influenza Vaccination Pilot Scheme.

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

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)	11.7	11.5	11.5 (—)	11.5 (—)

(or same as
2025–26 Original)

Aim

32 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

33 On 1 April 1999, the Department took over from the former Hospital Services Department the role of ensuring an effective liaison with the HA in respect of the personnel management of the public hospital staff who chose to retain their civil servant status.

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34 The key performance measure is:

Indicator

	2024 (Actual)	2025 (Actual)	2026 (Estimate)
no. of civil servants working in the HA managed as at 1 April	306	231	182

Matters Requiring Special Attention in 2026–27

35 During 2026–27, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

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ANALYSIS OF FINANCIAL PROVISION

Programme	2024–25 (Actual) (\$m)	2025–26 (Original) (\$m)	2025–26 (Revised) (\$m)	2026–27 (Estimate) (\$m)
(1) Statutory Functions	1,558.1	1,986.4	1,877.5	2,019.2
(2) Disease Prevention	7,362.8	8,384.2	7,793.7	8,290.9
(3) Health Promotion	496.7	593.5	577.1	584.4
(4) Curative Care	1,315.2	1,380.0	1,273.1	1,310.2
(5) Rehabilitation	166.2	202.3	184.2	193.0
(6) Treatment of Drug Abusers.....	210.0	219.3	212.7	218.6
(7) Medical and Dental Treatment for Civil Servants.....	2,547.4	2,923.7	2,630.5	3,079.9
(8) Personnel Management of Civil Servants Working in Hospital Authority	11.7	11.5	11.5	11.5
	13,668.1	15,700.9	14,560.3 (-7.3%)	15,707.7 (+7.9%)
				(or comparable to 2025–26 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2026–27 is \$141.7 million (7.5%) higher than the revised estimate for 2025–26. This is mainly due to the additional provision for setting up the Hong Kong Centre for Medical Products Regulation. There will be a net increase of 16 posts in 2026–27.

Programme (2)

Provision for 2026–27 is \$497.2 million (6.4%) higher than the revised estimate for 2025–26. This is mainly due to the additional provision for meeting funding requirement for the EHCV Scheme, including the extension of the EHCV Pilot Reward Scheme. There will be a decrease of 93 posts in 2026–27.

Programme (3)

Provision for 2026–27 is \$7.3 million (1.3%) higher than the revised estimate for 2025–26. This is mainly due to the increased provision for subvented institutions and filling of vacancies. There will be a decrease of five posts in 2026–27.

Programme (4)

Provision for 2026–27 is \$37.1 million (2.9%) higher than the revised estimate for 2025–26. This is mainly due to the increased provision for departmental expenses. There will be a decrease of 51 posts in 2026–27.

Programme (5)

Provision for 2026–27 is \$8.8 million (4.8%) higher than the revised estimate for 2025–26. This is mainly due to the increased provision for filling of vacancies. There will be a decrease of eight posts in 2026–27.

Programme (6)

Provision for 2026–27 is \$5.9 million (2.8%) higher than the revised estimate for 2025–26. This is mainly due to the increased provision for subvented institutions and filling of vacancies. There will be a decrease of one post in 2026–27.

Head 37 — DEPARTMENT OF HEALTH

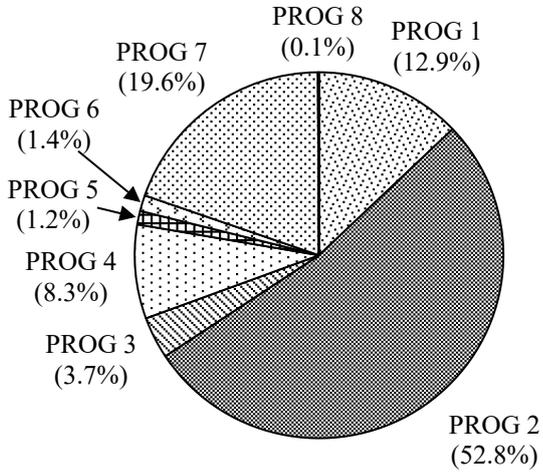
Programme (7)

Provision for 2026–27 is \$449.4 million (17.1%) higher than the revised estimate for 2025–26. This is mainly due to the additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, the additional provision for enhancing the medical and dental services for civil service eligible persons and the increased cash flow requirement for capital items. There will be a net decrease of one post in 2026–27.

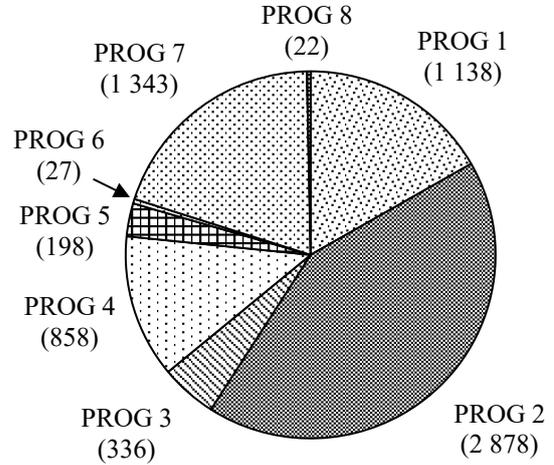
Programme (8)

Provision for 2026–27 is the same as the revised estimate for 2025–26.

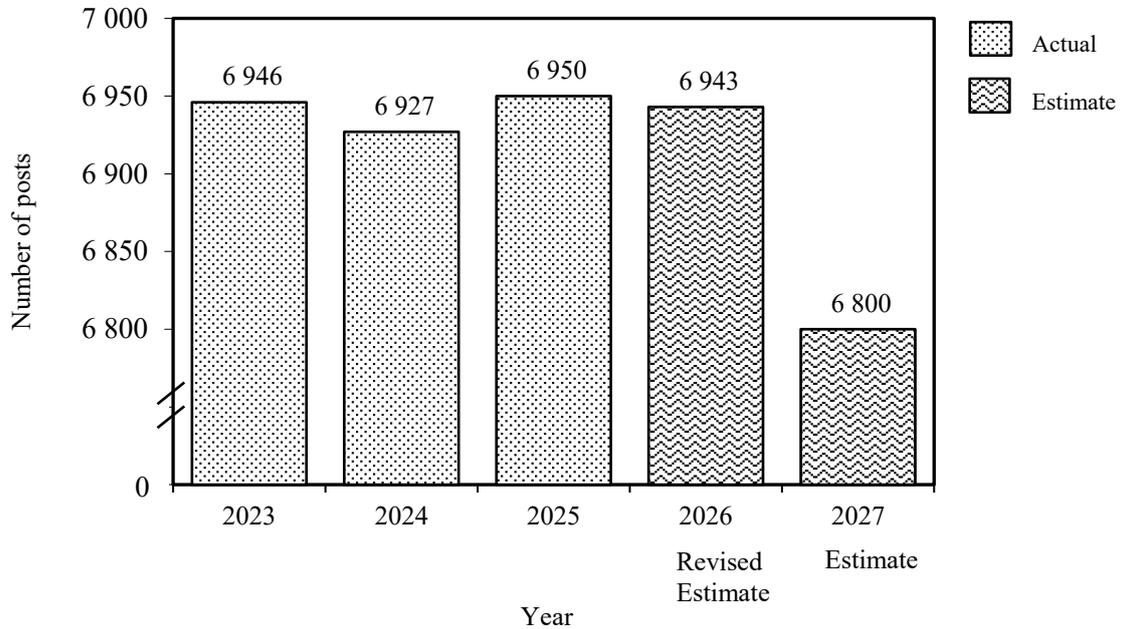
Allocation of provision to programmes (2026-27)



Staff by programme (as at 31 March 2027)



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



Head 37 — DEPARTMENT OF HEALTH

Sub-head (Code)		Actual expenditure 2024–25	Approved estimate 2025–26	Revised estimate 2025–26	Estimate 2026–27
	\$'000	\$'000	\$'000	\$'000	\$'000
Operating Account					
Recurrent					
000	Operational expenses	13,474,880	15,424,626	14,429,312	15,535,389
003	Recoverable salaries and allowances (General)..... 168,000				
	<i>Deduct</i> reimbursements <i>Cr. 168,000</i>	—	—	—	—
	Total, Recurrent.....	<u>13,474,880</u>	<u>15,424,626</u>	<u>14,429,312</u>	<u>15,535,389</u>
Non-Recurrent					
700	General non-recurrent	141,890	184,649	66,166	82,261
	Total, Non-Recurrent.....	<u>141,890</u>	<u>184,649</u>	<u>66,166</u>	<u>82,261</u>
	Total, Operating Account	<u>13,616,770</u>	<u>15,609,275</u>	<u>14,495,478</u>	<u>15,617,650</u>
Capital Account					
Plant, Equipment and Works					
603	Plant, vehicles and equipment.....	—	11,460	—	11,460
661	Minor plant, vehicles and equipment (block vote).....	48,067	73,829	57,665	67,765
	Total, Plant, Equipment and Works.....	<u>48,067</u>	<u>85,289</u>	<u>57,665</u>	<u>79,225</u>
Subventions					
974	Subvented institutions - maintenance, repairs, and minor improvements (block vote)	2,493	5,447	6,759	8,624
975	Subvented institutions - minor plant, vehicles and equipment (block vote).....	793	868	405	2,249
	Total, Subventions	<u>3,286</u>	<u>6,315</u>	<u>7,164</u>	<u>10,873</u>
	Total, Capital Account.....	<u>51,353</u>	<u>91,604</u>	<u>64,829</u>	<u>90,098</u>
	Total Expenditure	<u><u>13,668,123</u></u>	<u><u>15,700,879</u></u>	<u><u>14,560,307</u></u>	<u><u>15,707,748</u></u>

Head 37 — DEPARTMENT OF HEALTH

Details of Expenditure by Subhead

The estimate of the amount required in 2026–27 for the salaries and expenses of the Department of Health is \$15,707,748,000. This represents an increase of \$1,147,441,000 over the revised estimate for 2025–26 and \$2,039,625,000 over the actual expenditure in 2024–25.

Operating Account

Recurrent

2 Provision of \$15,535,389,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Department of Health, including recurrent subventions to institutions.

3 The establishment as at 31 March 2026 will be 6 943 posts. It is expected that there will be a net decrease of 143 posts in 2026–27. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2026–27, but the notional annual mid-point salary value of all such posts must not exceed \$4,280,219,000.

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

	2024–25 (Actual) (\$'000)	2025–26 (Original) (\$'000)	2025–26 (Revised) (\$'000)	2026–27 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	3,975,006	4,353,299	3,988,492	4,203,647
- Allowances.....	52,570	53,286	48,669	51,172
- Job-related allowances.....	3,074	3,475	3,680	3,615
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	15,802	10,943	15,054	8,879
- Civil Service Provident Fund contribution.....	334,059	399,398	353,489	412,334
Departmental Expenses				
- Temporary staff.....	451,730	551,608	580,763	691,937
- Specialist supplies and equipment.....	867,376	1,076,976	1,082,177	1,020,834
- General departmental expenses.....	2,180,574	2,308,241	2,309,354	2,148,905
Other Charges				
- Contracting out of dental prostheses.....	14,406	14,416	14,416	14,416
- Payment and reimbursement of medical fees and hospital charges.....	1,426,675	1,765,900	1,575,000	1,934,838
- Supply, repair and renewal of prostheses and surgical appliances.....	6,164	5,900	7,300	7,300
- Health Care Voucher Scheme.....	3,424,405	4,151,000	3,677,585	4,250,436
- Vaccination reimbursements.....	333,477	322,596	384,780	388,426
Subventions				
- Subvented institutions.....	389,562	407,588	388,553	398,650
	13,474,880	15,424,626	14,429,312	15,535,389

5 Gross provision of \$168 million under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in the Hospital Authority (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 in the HA under the subhead during 2026–27. 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 \$67,765,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents an increase of \$10,100,000 (17.5%) over the revised estimate for 2025–26. This is mainly due to increase in requirement for scheduled replacement of minor plant and equipment.

Head 37 — DEPARTMENT OF HEALTH

Subventions

7 Provision of \$8,624,000 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 other minor repair and improvement works, costing over \$200,000 but not exceeding \$10 million for each project. The increase of \$1,865,000 (27.6%) over the revised estimate for 2025–26 is mainly due to increase in requirement for repair and renovation works.

8 Provision of \$2,249,000 under *Subhead 975 Subvented institutions - minor plant, vehicles and equipment (block vote)* is for replacement and acquisition of miscellaneous items of plants, vehicles and equipment costing over \$200,000 but not exceeding \$10 million each. The increase of \$1,844,000 (455.3%) over the revised estimate for 2025–26 is mainly due to the increase in requirement for scheduled replacement of minor plant and equipment.

Head 37 — DEPARTMENT OF HEALTH

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2025 \$'000	Revised estimated expenditure for 2025–26 \$'000	Balance \$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	864	Procurement and Administration of Coronavirus Disease 2019 Vaccines ..	14,472,600	8,990,299	66,166	5,416,135
			<u>14,472,600</u>	<u>8,990,299</u>	<u>66,166</u>	<u>5,416,135</u>
<i>Capital Account</i>						
603		<i>Plant, vehicles and equipment</i>				
	865	Replacement of the Automated Chemical Pathology Analyzer System.....	19,100	—	—	19,100
			<u>19,100</u>	<u>—</u>	<u>—</u>	<u>19,100</u>
		Total	<u>14,491,700</u>	<u>8,990,299</u>	<u>66,166</u>	<u>5,435,235</u>