

Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

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

Estimate 2026–27 **\$107,612.1m**

Establishment ceiling 2026–27 (notional annual mid-point salary value) representing an estimated 233 non-directorate posts as at 31 March 2026 reducing by eight posts to 225 posts as at 31 March 2027 **\$190.2m**

In addition, there will be an estimated 15 directorate posts as at 31 March 2026 and 31 March 2027.

Commitment balance **\$3,624.3m**

Controlling Officer's Report

Programmes

Programme (1) Director of Bureau's Office This programme contributes to Policy Area 27: Intra-Governmental Services (Secretary for Health).

Programme (2) Health
Programme (3) Subvention: Hospital Authority These programmes contribute to Policy Area 15: Health (Secretary for Health).

Programme (4) Subvention: Prince Philip Dental Hospital

Detail

Programme (1): Director of Bureau's Office

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)	23.2	24.9	24.3 (–2.4%)	25.6 (+5.3%)
				(or +2.8% on 2025–26 Original)

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

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)				
Government sector	1,698.6	4,085.3	3,905.2 (–4.4%)	4,101.4 (+5.0%) (or +0.4% on 2025–26 Original)
Subvented sector	304.6	299.2	232.7 (–22.2%)	189.8 (–18.4%) (or –36.6% on 2025–26 Original)
Total	2,003.2	4,384.5	4,137.9 (–5.6%)	4,291.2 (+3.7%) (or –2.1% on 2025–26 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 2025–26.

Matters Requiring Special Attention in 2026–27

7 During 2026–27, the Bureau will:

- continue to develop Hong Kong into an international health and medical innovation hub through strengthening the regulatory regime of medical products, enhancing Hong Kong’s clinical trial capability, and building international and cross-boundary collaboration platforms;
- oversee the establishment of the Hong Kong Centre for Medical Products Regulation, implementation of primary evaluation for new drug registration in phases and preparation for the statutory regulation of medical devices;
- work with the Greater Bay Area (GBA) International Clinical Trial Institute to launch the first batch of projects under the GBA Clinical Trial Collaboration Platform with Shenzhen, establish the International Clinical Trials Academy and leverage the Real-World Study and Application Centre to build the GBA Real-World Data Platform to standardise real-world data in GBA;
- oversee the realignment of functions and responsibilities and transfer of services among the Hospital Authority, Department of Health and the Primary Healthcare Commission (PHCC);
- rationalise fees and charges of public healthcare services to enhance resource efficiency and reduce wastage;
- continue to take forward and implement policy initiatives to promote the development of primary healthcare having regard to the Primary Healthcare Blueprint, including enhancing the Chronic Disease Co-care Pilot Scheme, refining the Elderly Health Care Voucher (EHCV) Scheme (including the EHCV GBA Pilot Scheme), developing a community drug formulary and a community pharmacy programme, and gradually strengthening preventive care services for the underprivileged at the Family Medicine Outpatient Service of the Hospital Authority;
- continue to take forward and enhance the development of District Health Centres (DHCs) and District Health Centre Expresses across the territory, and integrating the services of Elderly Health Centres into DHC Network;

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- take forward the recommendations made by the Working Group on Oral Health and Dental Care in its final report; and oversee the implementation of oral health action plan, including launching of the Outreach Oral Health Programme for Pre-school Children and the enhanced Community Dental Support Programme;
- oversee the sponsorship scheme for training of dental hygienists and dental therapists to increase the manpower supply of dental care professionals for the development of primary dental services;
- continue to service the Advisory Committee on Mental Health and co-ordinate policy measures relating to mental health;
- continue to take forward the new phase of tobacco control measures;
- 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 efforts to promote breastfeeding and organ donation;
- continue to promote the development of Chinese medicine (CM) in Hong Kong following the release of the CM Development Blueprint in December 2025, further promote international research collaboration on herb-drug interaction, expand Government-subsidised Integrated Chinese-Western Medicine services, further enhance the role of CM in primary healthcare setting, enhance funding support to the CM sector through the Chinese Medicine Development Fund, and take forward more training programmes for nurturing CM talents;
- oversee the phased service commencement of The Chinese Medicine Hospital of Hong Kong (CMHHK);
- support the development of medical training in Hong Kong, including establishment of the new medical school;
- continue to monitor the demand and supply of healthcare professionals;
- oversee the regulatory framework of healthcare professions subject to statutory registration;
- continue to monitor the need of formulating a regulatory framework of healthcare professions not subject to statutory registration;
- continue to oversee the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions;
- continue to support the Institute for Medical Advancement and Clinical Excellence to develop evidence-based clinical protocols and explore the feasibility of devising service quality and efficiency standards for public and private healthcare sectors;
- continue to implement the regulatory regime for private healthcare facilities and facilitate private hospital development;
- continue to implement the Voluntary Health Insurance Scheme;
- 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 take forward and implement the five-year plan of eHealth+ to transform eHealth from a health record sharing system into a comprehensive healthcare information infrastructure that integrates multiple functions of healthcare data sharing, service delivery and care journey management;
- continue to implement cross-boundary health co-operation initiatives including overseeing the Pilot Scheme for Direct Cross-boundary Ambulance Transfer in GBA, and consider extending the Scheme subject to operation experience;
- continue to implement the Hong Kong Genome Project; and
- continue to manage the Health and Medical Research Fund.

Programme (3): Subvention: Hospital Authority

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)	98,796.4	100,164.4	100,168.9 (—)	103,059.1 (+2.9%)
				(or +2.9% on 2025–26 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.

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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 96 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 75 family medicine clinics (formerly known as general outpatient clinics) as at 31 December 2025.

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.

11 The Hospital Authority generally achieved its performance targets in 2025–26. The volume of patient care activities across the full range of services in 2025–26 is comparable to the level in 2024–25.

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

Targets

	As at 31 March 2025 (Actual)	As at 31 March 2026 (Revised Estimate)	As at 31 March 2027 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	24 478	24 831	25 059
mentally ill	3 710	3 710	3 732
mentally handicapped	675	675	675
infirmary.....	1 961	1 950	1 905
overall.....	30 824	31 166	31 371
<i>ambulatory and outreach services</i>			
<i>accident and emergency (A&E) services</i>			
<i>percentage of A&E patient attendances seen</i>			
<i>within target waiting time</i>			
triage I (critical cases – 0 minute) (%).....	100	100	100
triage II (emergency cases – 15 minutes) (%).....	97	95	95
triage III (urgent cases – 30 minutes) (%)	79	90	90
<i>specialist outpatient services</i>			
<i>median waiting time for first appointment at</i>			
<i>specialist outpatient clinics</i>			
priority 1 cases	<1 week	2 weeks	2 weeks
priority 2 cases	5 weeks	8 weeks	8 weeks
<i>rehabilitation and geriatric services</i>			
no. of geriatric day places	787	824	844
<i>psychiatric services</i>			
no. of psychiatric day places	909	910	910

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Indicators

	2024–25 (Actual)	2025–26 (Revised Estimate)	2026–27 (Estimate)
<i>Delivery of services</i>			
inpatient services			
overall			
no. of patient days	8 773 115	8 780 000	8 852 000
bed occupancy rate (%).....	87	87	87
no. of discharges and deaths	1 152 078	1 153 030	1 164 630
general (acute and convalescent)			
no. of patient days	7 149 251	7 155 000	7 228 000
bed occupancy rate (%).....	90	90	90
no. of discharges and deaths	1 128 072	1 129 000	1 140 600
average length of stay (days)§	6.3	6.3	6.3
mentally ill			
no. of patient days	1 005 879	1 005 000	1 006 000
bed occupancy rate (%).....	76	76	76
no. of discharges and deaths	19 964	20 000	20 000
average length of stay (days)§	54	54	54
mentally handicapped			
no. of patient days	165 421	165 000	165 000
bed occupancy rate (%).....	68	68	68
infirmary			
no. of patient days	452 564	455 000	453 000
bed occupancy rate (%).....	84	84	84
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths	863 855	929 900	990 100
A&E services			
no. of A&E attendances	2 024 269	2 024 000	2 024 000
no. of A&E first attendances			
triage I	26 311	26 300	26 300
triage II.....	56 287	56 200	56 200
triage III	798 811	798 800	798 800
specialist outpatient services			
no. of specialist outpatient (clinical) first			
attendances	907 233	926 000	962 000
no. of specialist outpatient (clinical) follow-up			
attendances	7 781 520	7 867 000	7 990 000
total no. of specialist outpatient (clinical)			
attendances	8 688 753	8 793 000	8 952 000
family medicine outpatient services#			
no. of family medicine clinic attendances#.....	6 249 089	6 413 000	6 591 000
no. of family medicine specialist clinic			
attendances	375 437	392 000	406 000
total no. of family medicine outpatient			
attendances	6 624 526	6 805 000	6 997 000
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day			
attendances	110 418	126 400	135 600
no. of community nurse attendancesλ.....	949 199	763 000	771 000
no. of allied health (community) attendances	37 255	37 500	37 500
no. of allied health (outpatient) attendances	3 611 278	3 729 000	3 771 000
geriatric services			
no. of geriatric outreach attendancesλ.....	801 455	1 035 900	1 055 800
no. of geriatric elderly persons assessed for			
infirmary care service	1 630	1 630	1 630
no. of geriatric day attendances.....	181 978	186 600	194 200

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	2024–25 (Actual)	2025–26 (Revised Estimate)	2026–27 (Estimate)
psychiatric services			
no. of psychiatric outreach attendances	365 149	369 900	369 900
no. of psychiatric day attendances	234 197	242 600	242 600
no. of psychogeriatric outreach attendances	115 253	116 900	116 900
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population Δ	2.5	2.5	2.5
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.....	52.3	51.5	50.8
ambulatory and outreach.....	47.7	48.5	49.2
cost of services for persons aged 65 or above			
share of cost of services (%)	55.0	55.5	55.5
cost of services per 1 000 population (\$m).....	30.3	30.4	30.6
unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent)	7,060	7,290	7,460
mentally ill	3,670	3,830	3,930
mentally handicapped	2,530	2,600	2,650
infirmary	2,300	2,330	2,380
ambulatory and outreach services			
cost per A&E attendance (\$).....	2,150	2,200	2,260
cost per specialist outpatient attendance (\$)	1,630	1,660	1,710
cost per family medicine clinic attendance (\$)#	670	675	705
cost per family medicine specialist clinic attendance (\$)	1,420	1,430	1,510
cost per community nurse attendance (\$) λ	775	795	810
cost per psychiatric outreach attendance (\$)	1,980	2,020	2,060
cost per geriatric day attendance (\$)	2,540	2,560	2,620
fee waivers			
total amount of waived fees (\$m) \wedge	1,185.7	1,854.0	4,032.0
percentage of Comprehensive Social Security Assistance fee waiver (%) \parallel	13.7	13.5	13.8
percentage of Old Age Living Allowance fee waiver (%) \parallel	15.9	17.3	18.3
percentage of other fee waiver (%) \parallel \wedge	6.6	8.8	10.7
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
Medical			
doctor	7 177	7 450	7 700
specialist.....	3 598	3 750	3 840
non-specialist	3 579	3 700	3 860
intern	524	564	606
dentist.....	15	40	40
medical total.....	7 716	8 054	8 346
Nursing			
nurse.....	28 547	29 670	31 030
trainee.....	1 137	1 050	1 100
nursing total	29 684	30 720	32 130

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	2024–25 (Actual)	2025–26 (Revised Estimate)	2026–27 (Estimate)
allied health.....	9 855	10 250	10 440
others.....	47 141	48 350	49 150
total	94 396	97 374	100 066

- § Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.
- # Family Medicine Clinic (formerly known as General Out-patient Clinic) and Family Medicine Specialist Clinic services have been unified under the name of “Family Medicine Outpatient Services” (these services were previously grouped under primary care services) with effect from 11 October 2025.
- λ Starting from 2025–26, one-home-one-nurse service model has been implemented for integration of Community Nursing Service and Community Geriatric Assessment Service to enhance service efficiency and continuity of care. The number of community nurse attendances, number of geriatric outreach attendances and cost per community nurse attendance figures before and after 2025–26 are not comparable.
- 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.
- ^ The revised estimate for 2025–26 and estimate for 2026–27 on waived fees are projected based on limited data available in the month of January 2026 after enhanced medical fee waiver mechanism takes effect. The actual amount of waived fees may be higher when further waivers granted are taken into account.
- ¶ Refers to the amount waived as percentage to total charge.

Matters Requiring Special Attention in 2026–27

13 In 2026–27, 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:

- implement the reform on governance and management;
- carry through the Hospital Authority fees and charges reform to optimise use of healthcare resources, reduce wastage and misuse, and to enhance healthcare protection for the patients most in need;
- open a total of around 200 additional hospital beds to meet the growing demand; and continue the review and planning of Second HDP projects;
- continue to enhance diagnostic imaging, surgical and operating theatre services, as well as enhance access to outpatient services, enhance ophthalmic services and improve pharmacy services;
- continue the establishment of Stroke Centres and Integrated Cardiovascular Diseases Centres;
- strengthen support on diagnosis, treatment and disease management for cancer patients;
- augment the workforce by attracting and retaining staff through various measures;
- continue to implement the Public-Private Partnership programmes;
- enhance hospital dental services through integration of Oral & Maxillofacial Surgery services of Department of Health into those of the Hospital Authority;
- having regard to the Primary Healthcare Blueprint, enhance the primary healthcare services at Family Medicine Outpatient Service for the underprivileged, including introducing women’s health and chronic disease screening services and strengthening nurse clinic services in consultation with the PHCC; and
- plan to take over the antenatal service from the Department of Health in 2026–27.

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Programme (4): Subvention: Prince Philip Dental Hospital

	2024–25 (Actual)	2025–26 (Original)	2025–26 (Revised)	2026–27 (Estimate)
Financial provision (\$m)	237.7	238.6	238.6 (—)	236.2 (–1.0%)
				(or –1.0% on 2025–26 Original)

Aim

15 The aim is to provide facilities for the training of dentists, dental care professionals and other 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 dental care professionals and other ancillary dental workers at various diploma level.

17 In the 2024/25 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 various diploma courses.

18 The key performance measures are:

Indicators

	<i>Academic Year</i>		
	2024/25 (Actual)	2025/26 (Revised Estimate)	2026/27 (Estimate)
no. of training places			
undergraduate.....	499	516	528
research postgraduate.....	183	210	232
taught postgraduate#.....	30	27	28
student dental technician.....	26	29	29
student dental surgery assistant.....	39	37	41
student dental hygienist.....	94	99	123
student dental therapist.....	20	23	40
total.....	891	941	1 021
capacity utilisation rate (%)Φ			
undergraduate.....	98	99	100
research postgraduate.....	100	100	100
taught postgraduate.....	100	100	100
student dental technician.....	65	73	73
student dental surgery assistant.....	98	82	91
student dental hygienist.....	90	76	82
student dental therapist.....	100	77	100
completion rate (%)			
undergraduate.....	100	100	100
research postgraduate.....	100	100	100
taught postgraduate.....	100	100	100
student dental technician.....	100	97	97
student dental surgery assistant.....	90	78	85
student dental hygienist.....	85	95	95
student dental therapist.....	90	100	100
no. of patients attended Oral Diagnosis Clinic^.....	9 136	10 050	11 050

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.

^ New indicator for 2026/27 onwards. Oral Diagnosis Clinic (ODC) offers initial oral examinations to the members of the public to assess their oral conditions for designated teaching purposes. ODC will provide the patients with consultation and/or emergency treatment for the pain arising from the acute oral conditions on a need basis. Financial year is adopted in the counting of patient attendance.

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Matters Requiring Special Attention in 2026–27

19 During 2026–27, PPDH will increase training places of dental care professionals and continue strengthening its clinic services for recruiting patients for clinical training and supporting the implementation of the Dental Internship Programme.

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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) Director of Bureau's Office	23.2	24.9	24.3	25.6
(2) Health.....	2,003.2	4,384.5	4,137.9	4,291.2
(3) Subvention: Hospital Authority	98,796.4	100,164.4	100,168.9	103,059.1
(4) Subvention: Prince Philip Dental Hospital.....	237.7	238.6	238.6	236.2
	101,060.5	104,812.4	104,569.7 (-0.2%)	107,612.1 (+2.9%)
				(or +2.7% on 2025–26 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2026–27 is \$1.3 million (5.3%) higher than the revised estimate for 2025–26. This is mainly due to the increased requirement for operating expenses.

Programme (2)

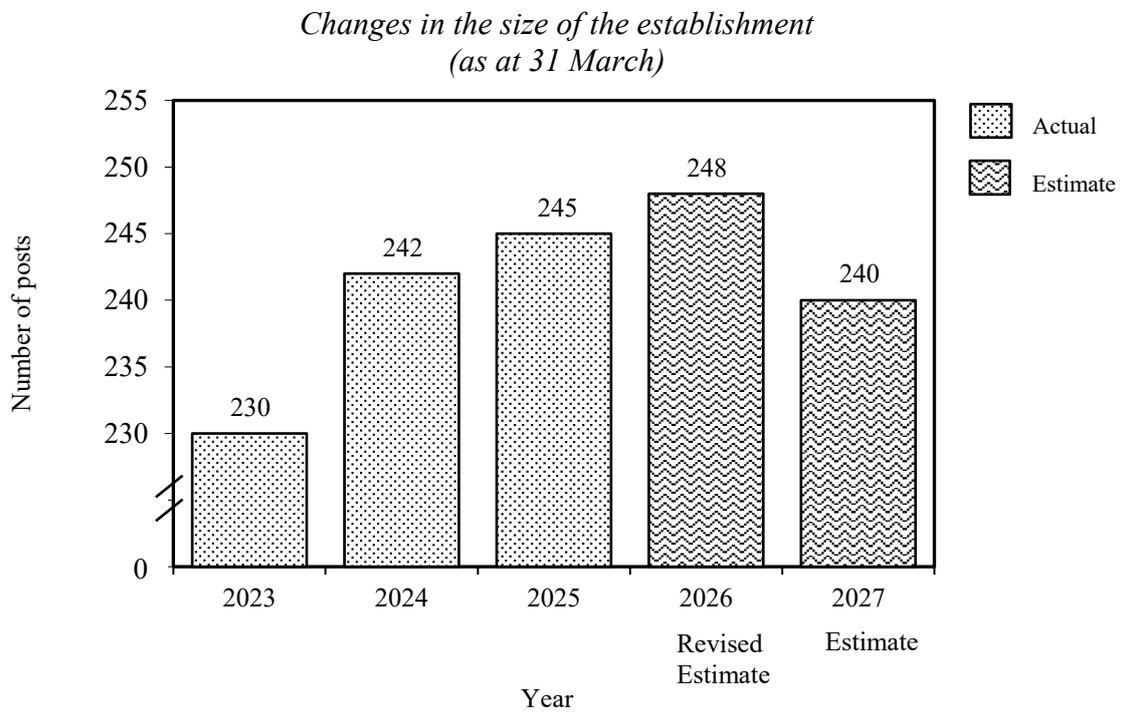
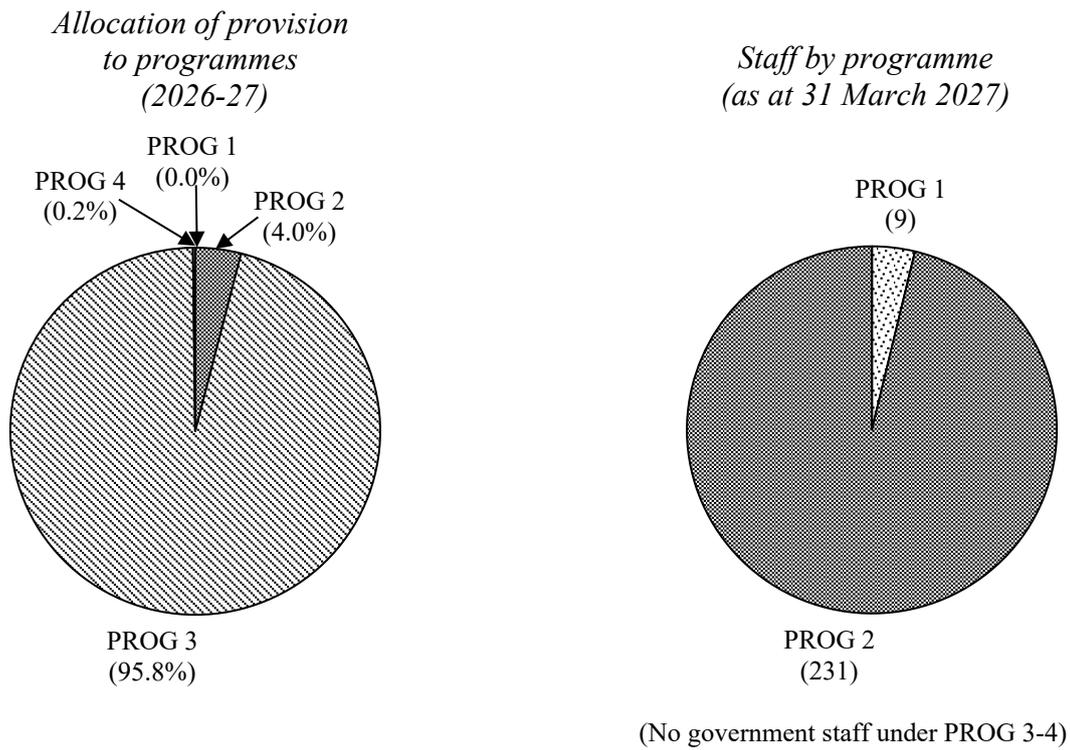
Provision for 2026–27 is \$153.3 million (3.7%) higher than the revised estimate for 2025–26. This is mainly due to the increased cash flow requirement for the general non-recurrent item on Chinese Medicine Development Fund and the increased requirement for operating expenses. There will be a net decrease of eight posts in 2026–27.

Programme (3)

Provision for 2026–27 is \$2,890.2 million (2.9%) higher than the revised estimate for 2025–26. 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 2026–27 is \$2.4 million (1.0%) lower than the revised estimate for 2025–26. This is mainly due to the decreased cash flow requirement for equipment, maintenance, and minor improvement works, and decreased provision for operating expenses.



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Sub-head (Code)	Actual expenditure 2024–25	Approved estimate 2025–26	Revised estimate 2025–26	Estimate 2026–27	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	98,446,347	102,731,653	102,666,388	105,487,558
	Total, Recurrent.....	98,446,347	102,731,653	102,666,388	105,487,558
Non-Recurrent					
700	General non-recurrent	687,829	859,984	682,580	824,085
	Total, Non-Recurrent.....	687,829	859,984	682,580	824,085
	Total, Operating Account	99,134,176	103,591,637	103,348,968	106,311,643
Capital Account					
Subventions					
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	15,677	16,544	16,544	15,839
979	Hospital Authority - equipment and information systems (block vote).....	1,910,676	1,204,178	1,204,178	1,284,659
	Total, Subventions	1,926,353	1,220,722	1,220,722	1,300,498
	Total, Capital Account.....	1,926,353	1,220,722	1,220,722	1,300,498
	Total Expenditure	101,060,529	104,812,359	104,569,690	107,612,141

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Details of Expenditure by Subhead

The estimate of the amount required in 2026–27 for the salaries and expenses of the Health Bureau is \$107,612,141,000. This represents an increase of \$3,042,451,000 over the revised estimate for 2025–26 and \$6,551,612,000 over the actual expenditure in 2024–25.

Operating Account

Recurrent

2 Provision of \$105,487,558,000 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 2026 will be 248 posts. It is expected that there will be a net decrease of eight 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 \$190,177,000.

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	194,217	226,978	204,425	229,749
- Allowances	7,876	9,466	7,653	7,324
- Job-related allowances.....	12	10	16	17
Personnel Related Expenses				
- Mandatory Provident Fund contribution	448	509	403	296
- Civil Service Provident Fund contribution	16,771	18,403	19,120	24,539
Departmental Expenses				
- General departmental expenses	467,168	1,155,601	1,109,495	1,613,580
Other Charges				
- Primary healthcare development expenses.	547,073	2,028,458	2,028,458	1,502,152
Subventions				
- Hospital Authority	96,885,760	98,960,189	98,964,779	101,768,482
- Prince Philip Dental Hospital	222,069	222,039	222,039	220,419
- Hong Kong Genome Institute.....	104,953	110,000	110,000	121,000
	98,446,347	102,731,653	102,666,388	105,487,558

Capital Account

Subventions

5 Provision of \$15,839,000 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 \$1,284,659,000 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.

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Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2025	Revised estimated expenditure for 2025–26	Balance
			\$'000	\$'000	\$'000	\$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
802		Chinese Medicine Development Fund@	1,500,000	605,053	70,187	824,760
803		Hong Kong Genome Project	682,000	490,451	122,749	68,800
804		“DHC Express” Scheme.....	1,111,100	625,223	158,607	327,270
806		Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area	103,800	51,900	—	51,900
807		Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines ...	1,000,000	179,042	10,000	810,958
809		Preparation for service commencement of the Chinese Medicine Hospital.....	80,445	18,319	21,037	41,089
823		Health and Medical Research Fund	4,223,000	2,423,429	300,000	1,499,571
		Total	8,700,345	4,393,417	682,580	3,624,348

@ The approved commitment for the item was \$1,000 million. An increase in commitment of \$500 million is sought in the context of the Appropriation Bill 2026.