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CONTROLLING OFFICER'S REPLY

HHB190

(Question Serial No. 2202)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Given that the Department of Health 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, please advise on:

1. the detailed information on the phased implementation of “primary evaluation” for new drug registration, its recent progress, and whether the phase involving applications for registration of new drugs has been reached; if yes, the number of drugs for which applications have been submitted for registration, the treatment scope of these drugs, as well as the expenditure involved in the implementation; and
2. regarding the preparation for the statutory regulation of medical devices, the current stage of the preparation work and the anticipated timeline for introducing such regulation into the Legislative Council.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 26)

Reply:

As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the current approval and registration mechanism for drugs, and establish an internationally renowned regulatory authority for drugs and medical devices (medical products), i.e. the Hong Kong Centre for Medical Products Regulation (CMPR). To this end, the HKSAR Government set up the Preparatory Office for the CMPR under the Department of Health (DH) in June 2024. The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap towards adoption of “primary evaluation”, and has since enhanced the promotion to and communication with various stakeholders from the local community, the Chinese Mainland and overseas Chinese and Western medicines industries and medical device industries, as well as the scientific research and academic sectors, etc. The Preparatory Office is currently actively reviewing the restructuring and strengthening of technical regulation as well as the approval system. It will also consolidate and re-organise the functions and manpower of the

DH's existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the end of 2026, with the aim of aligning with the enhancement direction of approval and regulation to leverage the strengths and synergies of the regime.

1.

To enhance the drug regulatory regime and adopt the “primary evaluation” approach in the long run, the Pharmacy and Poisons Board of Hong Kong (Board) launched the “1+” mechanism on 1 November 2023, which has been extended to all new drugs since 1 November 2024. For new drugs that are supported by the required local clinical data and recognised by local experts, applicants can apply for registration in Hong Kong by submitting evidence of approval from 1 reference drug regulatory authority (instead of 2 in the past). Since the implementation of the “1+” mechanism (as at 28 February 2026), the DH has so far received more than 770 enquiries from 197 pharmaceutical companies, including scientific research and pharmaceutical institutes from the Mainland and overseas. To enhance the efficiency in approving applications for new drug registrations, a “stop-clock” mechanism has been put in place under the “1+” mechanism to enhance the transparency of the processing time. The target processing time for registration applications has been set at 150 working days, excluding the response time of the applicants. Under the “1+” mechanism, the Board has approved 19 new drugs, including 9 for the treatment of cancer, 2 for the treatment of haematology, 2 for the treatment of hypercalcemia, 2 for the treatment of anaemia caused by chronic kidney disease, 1 for the treatment of thyroid eye disease, 1 for the treatment of renal diseases, 1 for the treatment of chronic obstructive pulmonary disease and 1 for the treatment of type 2 diabetes mellitus. 7 of these new drugs have been listed in the Hospital Authority Drug Formulary, bringing new hope for treatment to patients and facilitating good drugs for use in Hong Kong.

The “primary evaluation” for new drug registration has come into effect on 31 March 2026 and is now open for applications. The initial phase covers applications for the registration of products containing registered chemical entities (Note 1) with extended applications (e.g. new indications, new strengths, new posology, new dosage forms, etc.). Subsequent phases will be rolled out based on the implementation situation to cover the applications for registration of products containing registered biological entities (Note 2) with extended applications and advanced therapy products. The “primary evaluation” mechanism will come into full implementation by 2030.

The Drug Office (DO) has re-deployed internal resources to assist in the preparation and implementation of “primary evaluation” for new drug registration. To support the developments in drug regulation (including the implementation of “primary evaluation” for new drug registration), the DO will create 13 additional posts in 2026-27, involving an expenditure of about \$29.1 million.

2.

The Government is making preparations for strengthening the statutory regulation of medical devices. A comprehensive review of the proposed regulatory framework is being conducted, having regard to the latest international regulatory trends in recent years. The Government is currently working out the proposed regulatory details. It will consult various

stakeholders, including those from the medical device industry, healthcare sector, etc., when appropriate in 2026, and submit a legislative proposal to the Legislative Council.

Note 1: Products containing chemical entities generally refer to drug products with active drug substances processed and extracted through chemical synthesis, semi-synthesis or from natural products, which are further processed into drug products with specific chemical structures.

Note 2: Products containing biological entities generally refer to products manufactured with starting materials such as micro-organisms, cells, animal or human tissues, bodily fluids, etc. by using biological technologies, e.g. protein preparations or monoclonal antibodies, etc.

- End -

CONTROLLING OFFICER'S REPLY

HHB191

(Question Serial No. 1699)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the Hong Kong Cancer Strategy (Strategy),

I. for the 36 “Expected Outcomes by 2025” set out in the Strategy report, what are their current achievement status (achieved/partially achieved/not yet achieved), implementation progress (completed or ongoing), planned work for the current year and the related expenditure (please set out the information respectively for each of the 36 expected outcomes);

II. whether the Department has plans to prepare a new edition of the Strategy report or update its work objectives; if yes, what are the details and whether public consultation will be considered; if not, what are the reasons?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 49)

Reply:

I. and II.

The Government attaches great importance to cancer prevention and control. In 2001, it established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to steer the direction of work covering cancer prevention and screening, surveillance, research and treatment.

The Government promulgated the Hong Kong Cancer Strategy (Strategy) in 2019 with a view to reducing the cancer burden of the local population and improving the quality of life and survivorship of cancer patients through setting work priorities and directions. The directions laid down in the Strategy include reducing risk factors leading to cancer and providing evidence-based screening; seeking early detection and diagnosis; offering timely and effective treatment; strengthening survivorship support to cancer survivors; providing palliative and end-of-life care; investing in technology; enhancing the collaboration among relevant bureaux, government departments, the Hospital Authority (HA), community organisations and civil society; as well as enhancing surveillance and research capabilities. The goal is to better prevent and control various cancers through these directions.

Chaired by the Secretary for Health, the CCC has been regularly reviewing the implementation progress of the Strategy. At the 20th meeting of the CCC held in June 2025, the CCC conducted a comprehensive review of the various outcomes. Preliminary evaluation showed that about 70% of the targets were met; aspects covered by the relevant work included enhancing the cancer surveillance system, expanding screening programmes, optimising diagnostic and treatment services, strengthening support to survivors and promoting cancer research, etc. As for the remaining around 30% of targets, given that some of the data is still being collected, a definitive evaluation of effectiveness will take place after further empirical data becomes available. To further enhance the basis of evaluation, the Department of Health (DH) has commenced the Population Health Survey 2025/26 in the third quarter of 2025 with results expected to be available by end-2026.

The Government will evaluate the overall effectiveness of the Strategy in a comprehensive manner by referencing various data sources, including the results of the abovementioned Population Health Survey, latest global advancements in cancer prevention and control, as well as the actual experience gained from the Strategy's implementation. Based on the analysis, the Government will review the applicability of the current Strategy and set future work priorities and directions, with a view to enhancing Hong Kong's capabilities of cancer prevention and control in a sustained manner. Throughout the process of review and update, the Government will solicit multi-sectoral feedback and reference the best international practices.

The resources and manpower involved in implementing the Strategy are subsumed into the overall provision of the relevant government authorities (including the Health Bureau, the DH and the HA) and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB192

(Question Serial No. 2267)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Child Assessment Centres (CACs) of the Department of Health (DH), please advise on:

1. the approved establishment, strength, vacancies and wastage rates of Medical and Health Officers and staff of other grades at the CACs of the DH, with breakdown by CAC, as well as the numbers of part-time contract doctors and staff of other grades over the past 5 years;
2. the number of new cases, the number of new cases receiving assessment services, the number of follow-ups receiving assessment services and the rate for completion of assessment of new cases within 6 months at the CACs of the DH over the past 5 years; and
3. in light of the Government's plan to integrate the Child Assessment Service into the Hong Kong Children's Hospital under the Hospital Authority (HA) within 2026 and to establish a new CAC at the Siu Sai Wan Health Integrated Building, the specific implementation arrangements for the plan, including whether the staffing establishment concerned will be deployed from the DH to the HA, and the target number of staff to be recruited after service integration.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 19)

Reply:

1.
The approved establishment of Medical and Health Officers and staff of other grades of the Child Assessment Service (CAS) from 2021-22 to 2025-26, as well as the strength and vacancies as at 1 February 2026 are set out at **Annex**.

The CAS provides services by adopting a team approach with flexible deployment of staff. Given that the team members will provide services at different CACs, a breakdown of the strength and wastage rates by CAC is not available.

As at 1 February 2026, a total of 5 contract senior doctors (including 3 part-time contract senior doctors) and 11 contract staff of other grades (including 1 part-time staff) were recruited by the CAS.

2.

The CAS has adopted a triage system under which all cases newly referred to the CAS will first be seen by nurses within 3 weeks after registration. Upon preliminary assessment by nurses, children with urgent and more serious conditions will be accorded with higher priority for assessment. The number of new case referrals received by the CAS, the rate for completion of assessment for new cases within 6 months, and the number of children assessed over the past 5 years are as follows:

	2021	2022	2023	2024	2025 (Provisional figures)
Number of new cases referred to the CAS	12 166	10 154	9 326	8 596	7 955
Number of attendances	35 378	28 802	32 830	32 452	32 176
Percentage of new cases with appointment time within 3 weeks (%)	100	100	100	100	100
Rate for completion of assessment for new cases within 6 months (%)	73	61	70	68	72
Number of children assessed by the CAS#	16 626	14 251	18 637	17 757	16 184

The figure includes both newly registered referral cases and follow-up cases.

3.

As announced by the Chief Executive in his 2024 Policy Address, to enhance the health of the people of Hong Kong, improve healthcare protection and quality, and capitalise on our healthcare professions' strengths, the Government is conducting a comprehensive review on the positioning and objectives of the healthcare system. The review covers the reform of the functions and division of work among the Hospital Authority (HA), the Department of Health (DH) and the Primary Healthcare Commission (PHC Commission). The DH will also strengthen its role as the Government's adviser and regulatory authority in respect of public health, focus on its functions in this aspect, and gradually transfer its specialist clinical services to the HA and the PHC Commission.

According to the abovementioned direction of consolidation, the DH is liaising with the HA on the detailed arrangements for integrating the CAS into the Hong Kong Children's Hospital under the HA, with a view to consolidating the public paediatrics services to facilitate collaboration among various specialties and streamline the procedure for service delivery. In this way, the children suspected of having developmental or behavioural problems can receive the necessary integrated multi-disciplinary assessment, treatment and rehabilitative

services in a timely manner, while the referral arrangements and services for patients can be further enhanced.

Regarding the plan to establish a new CAC at the Siu Sai Wan Health Integrated Building, the relevant works are currently in the final stage. The DH and the HA will conduct reviews on the service needs and announce the details of the integration of the CAS in due course.

Approved establishment, strength and vacancies of Medical and Health Officers and staff of other grades of the Child Assessment Service of the Department of Health

	2021-22			2022-23			2023-24			2024-25			2025-26		
Grade	Approved establishment	Strength*	Vacancies	Approved establishment	Strength*	Vacancies	Approved establishment	Strength*	Vacancies	Approved establishment	Strength*	Vacancies	Approved establishment	Strength*	Vacancies
Medical and Health Officers	25	15	10	25	14	11	25	14	11	25	14	11	26	13	13
Other grades@	158	146	12	158	138	20	158	135	23	158	132	26	164	121	43
Total:	183	161	22	183	152	31	183	149	34	183	146	37	190^	134	56

* The strength figures denote the figure as at the end date of the financial year or as at 1 February 2026, and exclude staff on terminal leave.

^ Including 7 additional time-limited posts for the Child Assessment Centre at Siu Sai Wan Health Integrated Building.

@ Other grades include registered nurses, allied health professionals, and executive, clerical and support staff.

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CONTROLLING OFFICER'S REPLY

HHB193

(Question Serial No. 2268)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the dental services of the Department of Health (DH):

1. the expenditure on various public dental services provided by the DH in the past 5 years and the estimated expenditure for 2026-27 (broken down by type of services);
2. the establishment, strength, vacancies and wastage rates of the Dental Officer grade and other dental care services personnel in the DH for the past 5 years (broken down by each dental clinic under the DH and school dental clinic);
3. the monthly service quotas, total number of registrants, and number of attendances for the DH's dental general public sessions so far since the implementation of the Online Registration System for Dental General Public Session?
4. the number of individuals receiving services and the number of attendances so far since the launch of the Community Dental Support Programme in May last year (broken down by scope of subsidised services)?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 20)

Reply:

1. and 4.

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups

with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The School Dental Care Service (SDCS) and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are services under the strategy of developing community-wide preventive primary oral health care, while the emergency dental service, the Healthy Teeth Collaboration (HTC), the Outreach Dental Care Programme for the Elderly (ODCP) and the Community Dental Support Programme (CDSP) are services under the strategy of providing essential dental care services targeting underprivileged groups. The public dental services provided by the Department of Health (DH), the expenditures involved and the numbers of beneficiaries are set out below:

(A) SDCS

The Government focuses particularly on nurturing good oral hygiene habits from an early age, including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. Currently, there are 8 designated school dental clinics. The numbers of students benefitting from these services are as follows:

Service Year ^{Note 1}	2021-22	2022-23	2023-24	2024-25	2025-26
Actual number of primary school students participating in the SDCS	326 200	313 500	313 700	307 600	294 400
Percentage of the total number of primary school students in Hong Kong	94%	94%	98%	97%	91%

Note 1: A service year refers to the period from 1 November of the current year to 31 October of the following year.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the SDCS are as follows:

SDCS	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	270.8	276.2	281.6	304.4	292.5	283.8

(B) Hospital Dental Service (HDS), emergency dental service and Special Oral Care Service (SOCS)

At present, dental care, particularly curative treatment, for the general public is mainly provided by private dentists. As for the emergency dental service (generally referred

to as General Public (GP) Sessions) offered by the DH to provide treatment for the public for emergency cases, it is only of limited supplementary nature rather than comprehensive dental services. The government dental clinics under the DH are established primarily to fulfil the Government's obligation under the civil service terms of appointment to provide dental benefits for civil servants/pensioners and their eligible dependents. The DH uses only a small fraction of the service capacity of the dental clinics to provide free emergency dental service to the general public through designated sessions each week in its 11 government dental clinics. The scope of services includes treatment of acute dental problems, prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients. The numbers of attendances for GP Sessions in 2021-22, 2022-23, 2023-24, 2024-25 and 2025-26 (as at 31 January 2026) are as follows:

GP Sessions	2021-22	2022-23	2023-24	2024-25	2025-26 (as at 31 January 2026)
Number of attendances	27 067	20 035	18 812	19 444	20 050

In addition, oral maxillofacial surgery and specialist dental treatment are provided by the DH's Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) ^{Note 2} in 7 public hospitals for hospital inpatients, patients with special oral health care needs and dental emergency needs. The numbers of attendances for the HDS in the past 5 calendar years (2021 to 2025) are as follows:

HDS	2021	2022	2023	2024	2025
Number of attendances	61 800	52 900	59 200	61 500	65 100

To improve the oral health of children with intellectual disability, the DH also provides the SOCS for pre-school children under 6 years old with intellectual disability for early intervention and prevention of common oral diseases in collaboration with the Hospital Authority (HA) since September 2019. The numbers of pre-school children receiving SOCS and children referred to the Hong Kong Children's Hospital in 2021-22, 2022-23, 2023-24, 2024-25 and 2025-26 (as at 31 January 2026) are as follows:

Service Year ^{Note 1}	2021-22	2022-23	2023-24	2024-25	2025-26 (as at 31 January 2026)
Number of pre-school children receiving SOCS	1 292	1 580	1 780	1 942	605
Number of children referred to the Hong Kong Children's Hospital	242	232	261	284	107

The expenditures on the HDS, emergency dental service and SOCS from 2021-22 to 2023-24 are absorbed within the DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available. The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the 3 services are as follows:

Service	Annual expenditure (\$ million)		
	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
HDS	88.5	77	N/A ^{Note 2}
Emergency dental service	9.2	9.2	11.5
SOCS	4.6	4.6	5.8

Note 1: A service year refers to the period from 1 November of the current year to 31 October of the following year.

Note 2: On 6 February 2026, the DH's HDS was integrated with the Oral and Maxillofacial Surgery Service under the HA, and the service was taken up by the HA.

(C) Dental Care Support for Adult Persons with Intellectual Disability

The DH has implemented a dental service programme, namely the HTC, since July 2018, which provides through NGOs free oral check-ups, dental treatments and oral health education service for adults aged 18 or above with intellectual disability. The HTC was further extended from 16 July 2024 to March 2027, with 900 additional quotas for new cases every year and its scope extended to cover persons aged 18 or above with autistic spectrum disorder. There are currently 8 participating NGOs, among which 2 are located on Hong Kong Island, 5 in Kowloon and the remaining 1 in the New Territories. From July 2018 to end-January 2026, about 7 600 adult persons with intellectual disability/autistic spectrum disorder/both intellectual disability and autistic spectrum disorder were registered for receiving services under the HTC.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the implementation of the HTC are as follows:

HTC	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	11.1	22.8	33.4	29.8	46.2	46.0

(D) Dental Care Support for Elderly Persons in Residential Care Homes for the Elderly (RCHEs) and Day Care Centres for the Elderly (DEs)

The ODCP has been implemented since October 2014 to provide free on-site oral check-ups for elderly persons and oral care training to caregivers of RCHEs, DEs and similar facilities in the 18 districts of Hong Kong through outreach dental teams set up by NGOs. Free dental treatment will be provided on-site or at a dental clinic if the elderly person is considered suitable for further curative treatments. The outreach dental teams will also design personalised oral care plans for the elderly persons to suit their oral care needs and self-care abilities. Since the implementation of the ODCP in October 2014 and up to end-January 2026, the number of attendances was about 481 000. A total of 25 outreach dental teams from 11 NGOs have currently been set up under the ODCP.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the implementation of the ODCP are as follows:

ODCP	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	41.6	48.6	55.8	67.1	61.3	64.4

(E) Dental Care Support for Adolescents

On 20 March 2025, the DH launched the three-year PDCC, which serves as an interface with the SDCS by providing partial subsidies to adolescents for private dental check-up services on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of \$200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The current co-payment for the subsidised services each time recommended by the Government is \$200. As at end-January 2026, there were 589 registered dentists whose application to participate in the PDCC has been accepted by the DH and a total of 1 002 service locations, and about 6 000 adolescents participating in the PDCC received services.

(F) Dental Care Support for Financially Disadvantaged Underprivileged Groups

Under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups ^{Note 3}, persons with special needs and high-risk groups who have difficulties in accessing dental care. The DH launched the CDSP on 26 May 2025 to provide subsidised dental services to underprivileged groups

with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental GP sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of NGOs and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

Note 3: The dental grants under the Comprehensive Social Security Assistance Scheme of the Social Welfare Department currently provide a dental service safety net for those who cannot support themselves financially. The dental grant allows its recipients to pay for dental services (including extraction, dentures, crowns, bridges, posts, posts and cores, dental scaling and polishing, dental filling and root canal treatment).

Currently, there are a total of 32 NGOs participating in the CDSP, providing over 80 dental service points covering all 18 districts in Hong Kong. As at end-January 2026, a total of about 7 700 people participated in the CDSP, with over 14 000 dental filling or extraction quotas used. As for the newly-added services, about 1 100 people received dental scaling services, while about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months. Furthermore, the DH has been maintaining close liaison with NGOs that provide support for the homeless, and it is anticipated that, over coming months, homeless individuals will receive services under the CDSP.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the PDCC and the CDSP are as follows:

Annual expenditure (\$ million)	2024-25 (Actual) ^{Note 4}	2025-26 (Revised estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note 4: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

Apart from the above public dental services provided by the DH, the Elderly Health Care Voucher Scheme (EHVS) subsidises eligible Hong Kong elderly persons aged 65 or above with an annual Elderly Health Care Voucher (EHCv) amount of \$2,000 (with an accumulation limit of \$8,000) to use private primary healthcare services, including dental services. The amount of EHCvs claimed by dentists/for dental (stomatology) services under the EHVS in the past 5 years are as follows:

Amount of EHCVs claimed (\$ million)					
	2021	2022	2023	2024	2025
Dentists in Hong Kong and dental/stomatology department of the medical institutions in the Greater Bay Area (GBA) ^{Note 5}	355.746	343.497	413.684	419.755	434.317

Note 5: The medical institutions in the GBA cover 2 service points operated by the University of Hong Kong-Shenzhen Hospital and 19 pilot medical institutions under the EHCV GBA Pilot Scheme which was launched in phases starting from 2024.

The expenditure related to the EHCV claim amount for dental services is subsumed under the overall provision for the EHVS and will not be separately identified. The estimated expenditure for 2026-27 on the EHVS is \$4.25 billion, which has already included the claim amount in respect of dental services.

2. The establishment, strength and vacancies of the Dental Officer grade and other dental care services personnel in the 11 government dental clinics with GP Sessions, 7 OMS&DCs and 8 school dental clinics under the DH are at Annex 1.

The DH does not maintain figures on the wastage rates of individual clinics. The overall wastage rates of the Dental Officer grade and other dental care services personnel are at Annex 2.

3. Following the passage of the Dentists Registration (Amendment) Bill 2024 by the Legislative Council in July 2024 and the introduction of new pathways for admitting qualified non-locally trained dentists, the actual manpower ratio of DH's active dentists (including qualified non-locally trained dentists employed on non-civil service contract terms) increased from 69% (as at 1 September 2024) to 81% in mid-May 2025. With improved manpower supply, the DH has increased the total service quotas of GP Sessions by about 30% starting from 1 June 2025.

The DH has launched the Online Registration System for Dental GP Session (ORDGP) since 30 December 2024. Members of the public in need can access the ORDGP via the "iAM Smart" and "eHealth" mobile applications or the DH's Dental GP Session website between 6:00 a.m. and 11:30 a.m. to register under their real name for GP Sessions on the next working day. Each person can only register once per day during the abovementioned registration period. To cater for the needs of the elderly, half of the quotas will be allocated on a priority basis to elderly people aged 65 or above. Elderly people who are not allocated a priority quota in the first round will join other registered persons for the allocation of the remaining quotas by computer ballot.

Furthermore, in order to make it more convenient for the general public in using the service, enhancement measures were introduced to the ORDGP on 26 June 2025, which included streamlining the registration process, adding an appointment cancellation function and introducing an automatic waiting list mechanism. Upon cancellation of

an appointment through the ORDGP by a person who has been successfully allocated a service quota, the ORDGP will automatically allocate the vacated quota to a candidate on the waiting list and notify him/her through Short Message Service (SMS). The DH will also take the initiative to contact all successful applicants on the day of the ballot to confirm that they have received the SMS notification. If it is known that individual successful applicants will not be able to attend the consultation on the day of appointment, the clinic will contact the waitlisted persons by telephone to fill the vacated quotas, so as to ensure that service resources are well-utilised.

The ORDGP has been operating smoothly since its launch. Members of the public, especially the elderly, no longer need to queue at dental clinics in person to compete for a service quota. The average utilisation rate of the GP Sessions is as high as 99%.

The numbers of monthly service quotas allocated for GP sessions at 11 government dental clinics, the total number of registrants and the number of attendances since the launch of the ORDGP are at Annex 3.

Establishment, strength and vacancies of Dental Officer grade and other dental care services personnel in the DH

2021-22 (as at 31 March 2022)

Clinic	Dental Officer			Dental Surgery Assistant			Dental Hygienist			Dental Technician			Dental Therapist		
	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies
11 Government Dental Clinics with GP Sessions	51	47	4	56	49	7	3	2	1	0	0	0	0	0	0
7 OMS&DCs	32	29	3	32	30	2	0	0	0	7	8	-1	0	0	0
8 School Dental Clinics	32	29	3	42	38	4	0	0	0	0	0	0	269	226	43

2022-23 (as at 31 March 2023)

Clinic	Dental Officer			Dental Surgery Assistant			Dental Hygienist			Dental Technician			Dental Therapist		
	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies
11 Government Dental Clinics with GP Sessions	55	44	11	59	53	6	3	2	1	0	0	0	0	0	0
7 OMS&DCs	32	26	6	32	30	2	0	0	0	7	7	0	0	0	0
8 School Dental Clinics	32	30	2	42	37	5	0	0	0	0	0	0	269	216	53

2023-24 (as at 31 March 2024)

Clinic	Dental Officer			Dental Surgery Assistant			Dental Hygienist			Dental Technician			Dental Therapist		
	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies
11 Government Dental Clinics with GP Sessions	55	45	10	59	48	11	3	2	1	0	0	0	0	0	0
7 OMS&DCs	32	27	5	32	29	3	0	0	0	7	7	0	0	0	0
8 School Dental Clinics	32	25	7	42	37	5	0	0	0	0	0	0	269	215	54

2024-25 (as at 31 March 2025)

Clinic	Dental Officer			Dental Surgery Assistant			Dental Hygienist			Dental Technician			Dental Therapist		
	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies
11 Government Dental Clinics with GP Sessions	55	46	9	61	51	10	5	2	3	0	0	0	0	0	0
7 OMS&DCs	32	26	6	32	32	0	0	0	0	7	7	0	0	0	0
8 School Dental Clinics	32	30	2	42	41	1	0	0	0	0	0	0	269	216	53

2025-26 (as at 1 February 2026) ^{Note}

Clinic	Dental Officer			Dental Surgery Assistant			Dental Hygienist			Dental Therapist		
	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies	Establishment	Strength	Vacancies
11 Government Dental Clinics with GP Sessions	55	41	14	61	49	12	5	3	2	0	0	0
8 School Dental Clinics	32	36	-4	42	41	1	0	0	0	269	217	52

Note: There are no Dental Technician posts in the above government dental clinics with GP Sessions and school dental clinics. Following the integration of the HDS under the DH with the Oral and Maxillofacial Surgery Service under the HA on 6 February 2026 and the taking up of the service by the HA, the relevant grade has been removed from the above table.

Wastage rates of Dental Officer grade and other dental care services personnel in the DH ^{Note 1}

Grade	2021-22	2022-23	2023-24	2024-25	2025-26 (as at 1 February 2026)
	Wastage rate (%)	Wastage rate (%)	Wastage rate (%)	Wastage rate (%)	Wastage rate (%)
Dental Officer	12.1%	12.9%	13.1%	9.3%	9.2% ^{Note 2}
Dental Surgery Assistant	7.9%	7.3%	7.3%	5.7%	5.7% ^{Note 2}
Dental Hygienist	22.2%	11.1%	12.5%	0%	0%
Dental Technician	8.2%	6.4%	4.4%	7.1%	7.9% ^{Note 2}
Dental Therapist	9.2%	9.2%	5.9%	6.8%	6.8%

Notes:

Note 1. The wastage rate is calculated by dividing the total attrition figure (including different categories of wastage such as retirement and resignation) by the strength of the grade on the end date of the financial year or as at 1 February 2026.

Note 2. The DH's HDS was integrated with the Oral and Maxillofacial Surgery Service under the HA on 6 February 2026, and the service was taken up by the HA. In 2025-26, the wastage rates in respect of the Dental Officer, Dental Surgery Assistant and Dental Technician grades had excluded those who had left service due to service integration and subsequently joined the HA.

Annex 3

	Number of monthly service quotas of dental clinics with GP Sessions, total number of registrants and the number of attendances since the launch of the ORDGP on 30 December 2024													
	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026
Monthly service quotas	88	1 581	1 644	1 728	1 501	1 665	2 194	2 249	2 005	2 028	2 105	2 084	2 173	2 213
Total number of registrants	686	10 284	7 604	7 864	6 672	7 621	6 447	6 735	6 364	5 356	5 088	4 851	4 207	4 131
Number of attendances	62	1 559	1 641	1 721	1 494	1 657	2 187	2 227	2 001	2 013	2 087	2 074	2 156	2 154

- End -

CONTROLLING OFFICER'S REPLY

HHB194

(Question Serial No. 2831)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) implemented by the Government since 2024, please advise on:

1. the number of voucher claim transactions and the amount claimed at each pilot medical institution each year, broken down by service type;
2. the number of voucher claim transactions and the amount claimed for dental or stomatological services and Chinese Medicine services at each pilot medical institution each year;
3. the respective numbers of voucher claim transactions with an amount exceeding \$500, \$1,000, \$2,000, \$4,000, \$6,000 and \$8,000, broken down by pilot medical institution and service type; and
4. the number of complaints received by the Department of Health (DH) concerning the pilot medical institutions, the number of cases found to be substantiated, the pilot medical institutions involved, the nature of the complaints and the follow-up actions taken by the DH.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 1)

Reply:

1.
The numbers of voucher claim transactions and the amounts of Elderly Health Care Vouchers (EHCVs) claimed at each of the pilot medical institution under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) in 2024 and 2025, broken down by service type (preventive care, follow-up/monitoring of long-term conditions, management of acute episodic conditions and rehabilitative care), are tabulated below:

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Year	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
			Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	2024	572	762	599	562	229	269	2	1	1 402	1,594
		2025	1 529	2,537	2 158	1,760	239	208	5	1	3 931	4,505
	Peking University Shenzhen Hospital (since 28 August 2025)	2024	N/A									
		2025	4	11	160	65	112	59	12	4	288	139
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	2024	N/A									
		2025	77	46	76	34	106	35	0	0	259	115
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	2024	2 266	362	4 180	7,082	87	200	2 370	7,620	8 903	15,264
		2025	5 479	877	11 653	18,987	32	12	5 714	16,649	22 878	36,525
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	2024	69	65	93	199	17	56	31	132	210	452
		2025	87	106	150	275	21	45	70	264	328	689
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	2024	158	191	1 254	500	305	103	148	137	1 865	931
		2025	254	183	2 489	889	748	253	282	173	3 773	1,498
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	2024	17	24	188	56	33	13	8	2	246	95
		2025	43	39	371	131	44	10	11	3	469	183
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	2024	N/A									
		2025	24	9	667	323	64	26	89	48	844	406
	Guangdong Clifford Hospital (since 9 July 2025)	2024	N/A									
		2025	2 094	837	1 081	388	618	135	186	101	3 979	1,461

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Year	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
			Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	2024	289	305	969	450	505	125	289	115	2 052	995
		2025	410	563	1 960	881	752	191	532	182	3 654	1,818
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	2024	N/A									
		2025	179	221	2 256	772	937	274	298	86	3 670	1,353
Dongguan	Dongguan Tungwah Hospital (since 6 September 2024)	2024	313	221	335	174	125	45	17	11	790	451
		2025	951	562	846	346	192	76	22	9	2 011	992
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	2024	N/A									
		2025	139	147	1 023	387	403	137	198	97	1 763	769
	Zhuhai People's Hospital (since 26 June 2025)	2024	N/A									
		2025	194	71	993	359	65	22	5	1	1 257	453
Foshan	The First People's Hospital of Foshan (since 17 July 2025)	2024	N/A									
		2025	48	79	597	181	76	35	31	22	752	317
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	2024	N/A									
		2025	28	46	268	104	27	11	16	6	339	166
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	2024	N/A									
		2025	9	2	117	49	21	6	12	4	159	62
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	2024	N/A									
		2025	39	46	361	96	133	44	63	17	596	204
Zhaoqing	The First People's Hospital of Zhaoqing (since 28 August 2025)	2024	N/A									
		2025	83	31	151	55	138	55	62	16	434	157

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Year	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
			Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed (Note) (HKD \$'000)
Total			15 355	8,344	34 995	35,105	6 029	2,444	10 473	25,700	66 852	71,593

Note: Breakdown figures may not add up to the total due to rounding.

2.
The numbers of voucher claim transactions and the amounts of vouchers claimed in respect of EHCVs used by eligible Hong Kong elderly persons for dental or stomatological services and Chinese Medicine services at the pilot medical institutions under the Pilot Scheme in 2024 and 2025 by type of medical institution are tabulated below:

GBA Mainland cities	Pilot Medical Institutions	2024				2025			
		Dental or Stomatological Services		Chinese Medicine Services		Dental or Stomatological Services		Chinese Medicine Services	
		Number of voucher claims	Amount of vouchers claimed Note 1	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed Note 1	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)
			(HKD \$'000)				(HKD \$'000)		
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	329	262	N/A		509	362	N/A	
	Peking University Shenzhen Hospital (since 28 August 2025)	N/A				15	27	24	10
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	N/A				11	4	12	4
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	8 903	15,264	N/A		22 878	36,525	N/A	
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care	210	452	N/A		328	689	N/A	

GBA Mainland cities	Pilot Medical Institutions	2024				2025			
		Dental or Stomatological Services		Chinese Medicine Services		Dental or Stomatological Services		Chinese Medicine Services	
		Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)
	Center (Shenzhen) (since 14 August 2024)								
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	192	180	265	108	334	220	500	180
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University Note 2 (since 6 September 2024)	N/A		26	6	0	0	32	10
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	N/A				29	10	N/A Note 3	
	Guangdong Clifford Hospital (since 9 July 2025)	N/A				304	200	595	201
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	179	100	246	78	186	128	339	106
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	N/A				177	94	514	147
Dongguan	Dongguan Tungwah	134	104	51	18	196	167	152	60

GBA Mainland cities	Pilot Medical Institutions	2024				2025			
		Dental or Stomatological Services		Chinese Medicine Services		Dental or Stomatological Services		Chinese Medicine Services	
		Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)	Number of voucher claims	Amount of vouchers claimed Note 1 (HKD \$'000)
	Hospital (since 6 September 2024)								
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	N/A				181	127	89	34
	Zhuhai People's Hospital (since 26 June 2025)	N/A				77	46	132	46
Foshan	The First People's Hospital of Foshan (since 17 July 2025)	N/A				24	20	60	17
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	N/A				36	43	44	14
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	N/A				0	0	54	17
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	N/A				14	5	56	18
Zhaoqing	The First People's Hospital of Zhaoqing (since 28 August 2025)	N/A				35	22	52	15
Total:		9 947	16,362	588	210	25 334	38,688	2 655	880

Note 1: Breakdown figures may not add up to the total due to rounding.

Note 2: The Nansha Division of the First Affiliated Hospital, Sun Yat-sen University commenced its dental/stomatological services in July 2025.

Note 3: The Guangdong Provincial Hospital of Chinese Medicine is a medical institution that mainly provides Chinese medicine services and does not have a single dedicated department for Chinese medicine. As at 31 December 2025, the total number of voucher claim transactions and the total amount of vouchers claimed in respect of EHCVs used by eligible Hong Kong elderly persons at the Hospital was 844 and about HK\$406,000 respectively.

3.

As at 31 December 2025, the numbers of voucher claim transactions at all medical institutions enrolled in the Pilot Scheme, broken down by amount per claim transaction (in increments of \$500), are tabulated below.

Range of Amount per Claim Transaction	Number of Voucher Claims
\$500 or below	35 574
\$501 to \$1,000	9 742
\$1,001 to \$1,500	5 522
\$1,501 to \$2,000	4 203
\$2,001 to \$2,500	3 258
\$2,501 to \$3,000	1 713
\$3,001 to \$3,500	1 902
\$3,501 to \$4,000	1 479
\$4,001 to \$4,500	906
\$4,501 to \$5,000	558
\$5,001 to \$5,500	537
\$5,501 to \$6,000	325
\$6,001 to \$6,500	240
\$6,501 to \$7,000	230
\$7,001 to \$7,500	173
\$7,501 to \$8,000	266
Over \$8,000 (Note)	224
Total:	66 852

Note: Due to the shared use of vouchers between spouses under the Elderly Health Care Voucher Scheme (EHVS) starting from 28 July 2023 and the \$500 reward under the Elderly Health Care Voucher Pilot Reward Scheme launched on 13 November in the same year is not subject to the accumulation limit, the maximum voucher amount per claim transaction may exceed \$8,000.

The Department of Health (DH) does not maintain a further breakdown of the range of amount per claim transaction and the number of claim transactions by service type at each pilot medical institution.

4.

To ensure the proper use of public money, the DH adopts a robust monitoring mechanism for checking and auditing voucher claims under the EHVS. The existing monitoring mechanism, which includes measures such as routine checking, monitoring and investigating in respect of aberrant transactions, as well as auditing voucher claims, is also applicable to the University of Hong Kong-Shenzhen Hospital and medical institutions participating in the Pilot Scheme. The DH has also established a mechanism with the health authority of

Guangdong Province, through which the health authority of Guangdong Province will provide assistance to the DH when necessary, with a view to enhancing its monitoring capabilities. The Government will continue to maintain close contact with the health authority of Guangdong Province to ensure the smooth implementation of the monitoring mechanism in the pilot medical institutions. The DH provides channels such as telephone hotline and email in respect of the EHVS to Hong Kong elderly persons for making enquiries or complaints on the use of EHCVs and medical institutions under the Pilot Scheme. Based on the nature of complaints, the DH will strictly deal with all suspected cases of violating the EHVS rules and take appropriate follow-up measures.

As at 31 December 2025, the DH received a total of 6 complaints against medical institutions under the Pilot Scheme in relation to operational procedures and service charges. As at 28 February 2026, the DH completed the follow-up investigations of 4 cases, in which non-compliance with the terms and conditions of the EHVS Agreement or voucher claims showing aberrant patterns by the pilot medical institutions concerned were not found. The remaining 2 cases are still under investigation.

- End -

CONTROLLING OFFICER'S REPLY

HHB195

(Question Serial No. 2835)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Hospital Authority (HA) and the Department of Health (DH) have been actively recruiting non-locally trained medical practitioners to work in Hong Kong in recent years.

1. Please set out, since the passage of the Medical Registration (Amendment) Bill 2021, the number of applications from non-locally trained medical practitioners for special registration and limited registration received and approved, the medical institutions employing such practitioners, the number of such practitioners that have already acquired specialist qualifications and, among the applications, the number of medical practitioners applying for special registration that are bridging from limited registration.

2. Further to the above question, how many of the medical practitioners granted special registration are holders of Hong Kong permanent identity card?

3. Please set out the respective numbers of medical practitioners employed by the HA and the DH through special registration and limited registration so far, broken down by the specialist qualifications and the ranks held by the medical practitioners employed.

4. Please set out the number of medical practitioners granted special registration, broken down by the country of the institution awarding the applicant the recognised medical qualification.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 16)

Reply:

1. According to the information provided by the Medical Council of Hong Kong (MCHK), the numbers of special registration (SR) and limited registration (LR) applications received and approved, the employing institutions and the number of applicants who have acquired specialist qualifications in respect of non-locally trained doctors as at 31 December 2025 are set out at Annex.

2. The number of doctors with SR in effect as at 31 December 2025 is 154, of whom 153 are holders of Hong Kong permanent identity card.

3. Among the SR doctors employed by the Hospital Authority (HA), 3 are Consultants, 10 are Associate Consultants, and the rest are Residents; as for the LR doctors, 1 is Consultant,

13 are Associate Consultants, and the rest are Residents. Among the non-locally trained doctors employed by the HA, 16 were on the Specialist Register of the MCHK as at 31 December 2025. Their relevant specialties are set out as follows:

Specialty	Number of doctors	
	LR	SR
Anaesthesiology	0	5
Emergency Medicine	0	2
Paediatrics	1	1
Radiology	0	2
Gastroenterology and Hepatology	0	1
Neurosurgery	0	1
Obstetrics and Gynaecology	0	1
Ophthalmology	1	0
Vascular Surgery	0	1
Total	2	14

Apart from the 16 doctors mentioned above, some non-locally trained doctors are holding specialist qualifications acquired from other places. The HA will assist them to apply to the Hong Kong Academy of Medicine for certification of specialist qualification if necessary and provide them with appropriate specialist training opportunities.

In addition, the numbers of doctors employed by the Department of Health (DH) through SR and LR so far are set out at Annex. These doctors are at the rank of Medical and Health Officer or equivalent, and are not specialists registered with the MCHK.

4. The number of doctors that have been granted special registration, broken down by the country of the institution that awarded the applicant the recognised medical qualification, is set out at Annex.

Number of applications for SR and LR received and approved each year
(SR figures from the first application^{Note (1)} in 2022 to 31 December 2025)

	2022				2023				2024				2025			
	SR			LR	SR			LR	SR			LR	SR			LR
	Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total	
Number of applications (Figures from 1 January to 31 December of that year ^{Note (2)})																
- Number of applicants	4	8	12	62	40	1	41	139	64	4	68	235	55	4	59	246
- Number of approved applicants Note (2)	4	6	10 Note (3)	62	38	3	41 Note (4)	139	64	4	68 Note (5)	235	52	4	56 Note (6)	245
- Number of rejected applicants	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	1
Number of registrations (Number of applicants with registration in effect as at 31 December of that year ^{Note (7)})																
- Number of applicants with registration in effect	4	6	10	129	33	9	42	184	93	13	106	315	137	17	154	367
Employing Institutions																
- The University of Hong Kong	0	2	2	19	3	3	6	33	4	5	9	27	6	5	11	23
- The Chinese University of Hong Kong	0	4	4	32	0	6	6	41	2	7	9	51	3	8	11	38
- HA	4	0	4	46	30	0	30	89	79	1	80	200	121	4	125	254
- DH	0	0	0	20	0	0	0	14	8	0	8	16	7	0	7	15
- Clinics exempted from the provisions of section 7 of the Medical Clinics	N/A			10	N/A			7	N/A			7	N/A			5

	2022				2023				2024				2025			
	SR			LR	SR			LR	SR			LR	SR			LR
	Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total	
Ordinance																
- Medical clinics registered under the Medical Clinics Ordinance (Cap. 343)	N/A			2	N/A			0	N/A			0	N/A			0
- Public or private hospitals/ medical institutions which are registered with the health administrative department of the local people's government in the Mainland/ the Health Bureau of Macao Special Administrative Region (SAR)	N/A			N/A	N/A			N/A	N/A			14 Note (8)	N/A			32 Note(8)
Total	4	6	10	129	33	9	42	184	93	13	106	315	137	17	154	367
Countries/regions where the medical qualifications were obtained																
- China (Except Hong Kong SAR) ^{Note (9)}	0	1	1	28	1	1	2	61	9	1	10	128	13	2	15	164
- Australia	0	0	0	6	4	0	4	6	15	0	15	15	28	0	28	16
- Canada	0	0	0	5	0	1	1	6	2	2	4	5	2	2	4	5
- India	0	0	0	7	0	0	0	6	0	0	0	7	0	0	0	7
- Ireland	0	0	0	6	0	0	0	6	0	0	0	13	0	0	0	17

	2022				2023				2024				2025			
	SR			LR	SR			LR	SR			LR	SR			LR
	Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total	
- Malaysia	0	0	0	3	0	0	0	6	0	0	0	15	0	0	0	18
- New Zealand	0	0	0	1	0	0	0	2	0	0	0	2	0	0	0	1
- The Philippines	0	0	0	5	0	0	0	8	0	0	0	13	0	0	0	10
- Singapore	0	0	0	2	0	0	0	3	0	0	0	2	0	0	0	1
- South Africa	0	0	0	5	1	1	2	4	2	1	3	3	2	2	4	0
- United Kingdom	4	3	7	42	26	4	30	55	63	6	69	72	90	8	98	86
- United States	0	2	2	5	1	2	3	4	2	2	4	8	2	2	4	6
- Others	0	0	0	14 Note (10)	0	0	0	17 Note (11)	0	1 Note (12)	1	32 Note (13)	0	1 Note (12)	1	36 Note(14)
Total	4	6	10	129	33	9	42	184	93	13	106	315	137	17	154	367
Specialist qualifications acquired ^{Note (15)}																
- Anaesthesiology	1	0	1	2	2	0	2	1	4	0	4	1	5	0	5	0
- Clinical Oncology	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0
- Emergency Medicine	0	1	1	0	0	1	1	0	0	1	1	0	2	1	3	0
- Family Medicine	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0
- Gastroenterology & Hepatology	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0
- General Surgery	1	0	1	1	1	0	1	1	0	0	0	1	0	0	0	0
- Geriatric Medicine	0	1	1	0	0	1	1	0	0	1	1	0	0	1	1	0
- Intensive Care	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0
- Medical Oncology	0	0	0	1	0	1	1	0	0	1	1	0	0	1	1	0
- Nephrology	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
- Neurosurgery	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0
- Obstetrics and Gynaecology	0	0	0	2	0	0	0	1	0	0	0	1	1	0	1	1
- Ophthalmology	0	1	1	1	0	1	1	2	0	1	1	2	0	2	2	1
- Otorhinolaryngology	0	0	0	1	0	1	1	0	0	1	1	0	0	1	1	0
- Paediatrics	0	0	0	2	0	0	0	3	0	1	1	2	0	2	2	1
- Pathology	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1

	2022				2023				2024				2025			
	SR			LR	SR			LR	SR			LR	SR			LR
	Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total		Holding recognised medical qualifications	Bridging from LR	Total	
- Public Health Medicine	0	0	0	1	0	0	0	1	0	2	2	0	0	2	2	0
- Radiology	0	1	1	2	1	2	3	0	1	3	4	1	1	3	4	0
- Rheumatology	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1
- Urology	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	0
- Vascular Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
Total	3	6	9	17	5	9	14	13	10	13	23	11	14	16	30	5

Note 1: The first SR application was received in March 2022.

Note 2: Excluding the number of applicants applying for renewal.

Note 3: Among the 12 SR applications, 2 applications were approved in 2023.

Note 4: Among the 41 SR applications, 2 applications were approved in 2024. In addition, 2 applications from 2022 were approved in 2023.

Note 5: Among the 68 SR applications, 1 application was not approved and 1 application was approved in 2025. 2 applications from 2023 were approved in 2024.

Note 6: Among the 59 SR applications, 1 application was not approved and 1 application was withdrawn. In addition, 2 applications were approved in 2026. 1 application from 2024 was approved in 2025.

Note 7: Including the applications approved and renewed on or before 1 January of that year.

Note 8: It refers to doctors attending to the medical needs of patients(s) during the direct point-to-point cross-boundary ambulance transfer service between Hong Kong SAR and the Mainland/Macao SAR according to Promulgation No. 13 on LR under the Medical Registration Ordinance (Cap. 161).

Note 9: Including the Chinese Mainland, the Macao SAR and the Taiwan region.

Note 10: Regarding the 14 doctors with LR, the countries/regions involved are: Argentina (1), Belgium (1), the Republic of Costa Rica (1), the Czech Republic (2), Dubai (1), Egypt (1), France (1), Germany (1), Japan (1), Myanmar (1), the Netherlands (1), Sri Lanka (1) and Turkey (1).

Note 11: Regarding the 17 doctors with LR, the countries/regions involved are: Argentina (1), the Republic of Armenia (1), the Czech Republic (2), France (1), Germany (1), Italy (1), Japan (1), Myanmar (1), the Netherlands (1), Poland (1), Russia (2), Saudi Arabia (1), Sri Lanka (1), Thailand (1) and Turkey (1).

Note 12: The doctor with SR obtained the medical qualification in the Czech Republic.

Note 13: Regarding the 32 doctors with LR, the countries/regions involved are: Argentina (1), Colombia (1), the Czech Republic (2), France (1), Germany (2), Hungary (1), Indonesia (2), Italy (1), Japan (1), Myanmar (1), the Netherlands (2), Nigeria (1), Pakistan (1), Poland (2), Russia (3), Saudi Arabia (2), Sri Lanka (2), Thailand (3) and Turkey (3).

Note 14: Regarding the 36 doctors with LR, the countries/regions involved are: Argentina (1), Colombia (1), the Republic of Costa Rica (1), the Czech Republic (2), France (1), Germany (2), Hungary (2), Indonesia (2), Italy (3), Japan (1), Myanmar (3), the Netherlands (2), Pakistan (2), Poland (2), Russia (2), Saudi Arabia (1), South Korea (2), Sri Lanka (1), Syria (1), Thailand (3) and Turkey (1).

Note 15: It refers to the number of specialists whose names are included in the Specialist Register of the MCHK as at 31 December of that year and their relevant specialties.

- End -

CONTROLLING OFFICER'S REPLY**HHB196****(Question Serial No. 2836)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the refinement of the Elderly Health Care Voucher Scheme (EHVS), please advise on:

1. the number of eligible beneficiaries under the EHVS and the total expenditure on the scheme in each of the past 3 years, as well as the estimated expenditure for 2026-27;
2. the number of voucher accounts with a zero balance on 31 December in each of the past 3 years;
3. the number of voucher claim transactions, the amount claimed and the average, median as well as the maximum and minimum amount claimed per transaction in the past 3 years, broken down by type of healthcare service provider;
4. the number of healthcare service providers enrolled under the EHVS and their participation rates, broken down by type of healthcare service provider; and
5. the respective numbers of complaints received, with investigation completed and found to be substantiated by the Department of Health in relation to Elderly Health Care Vouchers (broken down by type of healthcare service provider and nature of complaint) and, among them, the number of healthcare service providers or voucher recipients disqualified from the EHVS and the number of cases with prosecution instigated in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 18)

Reply:

1. and 2.

The number of elderly persons eligible for the Elderly Health Care Voucher Scheme (EHVS) and the number of elderly persons with a zero-balance Elderly Health Care Voucher (EHCV) account by the end of the year over the past 3 years are tabulated below:

	2023	2024	2025
Number of eligible elderly persons (i.e. elderly persons aged 65 or above)*	1 638 000	1 702 000	1 783 000
Number of elderly persons with a zero-balance EHCV account by the end of the year	313 000	353 000	380 000

* According to the information from the Hong Kong Population Projections 2022-2046 of the Census and Statistics Department

The actual/estimated expenditures on the EHVS for the financial years from 2023-24 to 2026-27 are as follows:

Year	Actual/estimated expenditure on the EHVS (\$ billion)
2023-24	3.33 (Actual)
2024-25	3.42 (Actual)
2025-26	3.68 (Revised estimate)
2026-27	4.25 (Estimate)

3.

The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average, median, maximum and minimum amounts per claim transaction under the EHVS (including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)) by types of healthcare service provider/medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 3 years:

Number of Voucher Claim Transactions

	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong			
Medical Practitioners	2 325 617	2 444 952	2 364 586
Chinese Medicine Practitioners	1 965 635	2 160 315	2 282 291
Dentists	331 342	331 567	332 806
Occupational Therapists	4 232	3 003	3 322
Physiotherapists	45 673	43 341	42 277
Medical Laboratory Technologists	15 441	14 503	15 275
Radiographers	22 659	23 285	23 374
Nurses	11 196	10 800	12 587
Chiropractors	10 331	8 724	8 339
Optometrists	230 239	175 563	199 203
Audiologists ^{Note 2}	784	1 636	1 937
Clinical Psychologists ^{Note 2}	2	-	4
Dietitians ^{Note 2}	609	1 356	1 080
Speech Therapists ^{Note 2}	5	7	42
Sub-total (Hong Kong):	4 963 765	5 219 052	5 287 123
Medical institutions in the GBA^{Note 3}	38 462	77 918	153 051
Total:	5 002 227	5 296 970	5 440 174

Amount of Vouchers Claimed (in HK\$'000)

	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong			
Medical Practitioners	1,270,495	1,363,308	1,371,198
Chinese Medicine Practitioners	1,140,988	1,227,911	1,369,438
Dentists	413,222	402,347	394,346
Occupational Therapists	4,455	3,404	2,454
Physiotherapists	22,726	23,083	23,880
Medical Laboratory Technologists	14,712	13,353	12,870
Radiographers	29,503	34,556	35,804
Nurses	11,168	10,427	11,039
Chiropractors	5,955	5,467	5,383
Optometrists	352,743	255,505	298,434
Audiologists ^{Note 2}	2,693	5,040	5,473
Clinical Psychologists ^{Note 2}	4	-	12
Dietitians ^{Note 2}	829	1,110	1,391
Speech Therapists ^{Note 2}	5	7	55
Sub-total (Hong Kong):	3,269,498	3,345,518	3,531,777
Medical institutions in the GBA^{Note 3}	11,883	39,339	82,186
Total:	3,281,381	3,384,857	3,613,963

Average Amount of Vouchers per Claim Transaction (HK\$)

	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong			
Medical Practitioners	546	558	580
Chinese Medicine Practitioners	580	568	600
Dentists	1,247	1,213	1,185
Occupational Therapists	1,053	1,134	739
Physiotherapists	498	533	565
Medical Laboratory Technologists	953	921	843
Radiographers	1,302	1,484	1,532
Nurses	997	965	877
Chiropractors	576	627	646
Optometrists	1,532	1,455	1,498
Audiologists ^{Note 2}	3,435	3,081	2,826
Clinical Psychologists ^{Note 2}	2,000	N/A	3,000
Dietitians ^{Note 2}	1,361	819	1,288
Speech Therapists ^{Note 2}	1,000	1,000	1,310
Medical institutions in the GBA^{Notes 3 and 4}	309	505	537

Median Amount of Vouchers per Claim Transaction (HK\$)

	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong			
Medical Practitioners	400	410	430
Chinese Medicine Practitioners	320	324	340
Dentists	835	800	800
Occupational Therapists	300	300	150
Physiotherapists	320	350	380
Medical Laboratory Technologists	720	700	620
Radiographers	800	900	910
Nurses	500	490	390
Chiropractors	560	600	620
Optometrists	1,880	1,748	1,820
Audiologists ^{Note 2}	2,121	1,905	1,618
Clinical Psychologists ^{Note 2}	1,800	N/A	2,900
Dietitians ^{Note 2}	1,105	310	380
Speech Therapists ^{Note 2}	1,200	1,000	1,300
Medical institutions in the GBA ^{Notes 3 and 4}	114	186	170

Range of Maximum and Minimum Voucher Amounts per Claim Transaction (HK\$)

	Range of Maximum Voucher Amounts per Claim Transaction (HK\$) ^{Note 5}		
	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong			
Medical Practitioners	>8,000	>8,000	>8,000
Chinese Medicine Practitioners	>8,000	>8,000	>8,000
Dentists	>8,000	>8,000	>8,000
Occupational Therapists	7,751 – 8,000	7,751 – 8,000	6,251 – 6,500
Physiotherapists	>8,000	>8,000	>8,000
Medical Laboratory Technologists	7,751 – 8,000	7,751 – 8,000	>8,000
Radiographers	>8,000	>8,000	>8,000
Nurses	>8,000	>8,000	>8,000
Chiropractors	6,001 – 6,250	7,751 – 8,000	6,251 – 6,500
Optometrists	1,751 – 2,000	1,751 – 2,000	1,751 – 2,000
Audiologists ^{Note 2}	>8,000	>8,000	>8,000
Clinical Psychologists ^{Note 2}	1,751 – 2,000	N/A	4,251 – 4,500
Dietitians ^{Note 2}	7,751 – 8,000	4,751 – 5,000	7,751 – 8,000
Speech Therapists ^{Note 2}	1,251 – 1,500	1,751 – 2,000	6,501 – 6,750
Medical institutions in the GBA ^{Notes 3 and 4}	7,251 – 7,500	>8,000	>8,000

	Range of Minimum Voucher Amounts per Claim Transaction (HK\$)		
	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong			
Medical Practitioners	1 – 250	1 – 250	1 – 250
Chinese Medicine Practitioners	1 – 250	1 – 250	1 – 250
Dentists	1 – 250	1 – 250	1 – 250
Occupational Therapists	1 – 250	1 – 250	1 – 250
Physiotherapists	1 – 250	1 – 250	1 – 250
Medical Laboratory Technologists	1 – 250	1 – 250	1 – 250
Radiographers	1 – 250	1 – 250	1 – 250
Nurses	1 – 250	1 – 250	1 – 250
Chiropractors	1 – 250	1 – 250	1 – 250
Optometrists	1 – 250	1 – 250	1 – 250
Audiologists ^{Note 2}	1 – 250	1 – 250	1 – 250
Clinical Psychologists ^{Note 2}	1,751 – 2,000	N/A	1,501 – 1,750
Dietitians ^{Note 2}	1 – 250	1 – 250	1 – 250
Speech Therapists ^{Note 2}	501 – 750	1 – 250	1 – 250
Medical institutions in the GBA ^{Notes 3 and 4}	1 - 250	1 - 250	1 - 250

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (AR Scheme) (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: Including the University of Hong Kong-Shenzhen Hospital and its offsite medical institution, i.e. Huawei Li Zhi Yuan Community Health Service Center, as well as the 19 pilot medical institutions under the Pilot Scheme.

Note 4: Under the existing EHVS, registered private healthcare professionals in Hong Kong may enrol in the scheme as healthcare service providers on an individual basis, while medical institutions in the GBA participate in the scheme on a hospital/medical institution basis. Eligible elderly persons may use EHCVs to pay for the fee of outpatient healthcare services, such as physical examination, continuous preventive healthcare and chronic disease management, etc., provided by the designated departments at medical institutions in the GBA, and the statistics on the related healthcare services are compiled on the basis of services as provided by the respective designated departments, rather than individual healthcare professions. As such, any direct comparison between the average and median amounts of vouchers per claim transaction for healthcare service providers in Hong Kong and those of medical institutions in the GBA is not appropriate. Nor do the figures reflect the levels of primary healthcare service charges of either region.

Note 5: Due to the shared use of vouchers between spouses under the EHVS starting from 28 July 2023 and the \$500 reward under the Pilot Reward Scheme launched on 13 November in

the same year (see Note 1 above) is not subject to the accumulation limit, the maximum voucher amount per claim transaction may exceed \$8,000.

4.

The table below shows the number and participation rate of healthcare service providers in Hong Kong enrolled in the EHVS as at the end of 2025, by types of profession:

Healthcare Service Providers	Number (Participation Rate ^{Note 1})
Medical Practitioners	3 533 (56%)
Chinese Medicine Practitioners	4 752 (62%)
Dentists	1 444 (67%)
Occupational Therapists	155 (9%)
Physiotherapists	759 (28%)
Medical Laboratory Technologists	56 (4%)
Radiographers	76 (6%)
Nurses	509 (2%)
Chiropractors	177 (61%)
Optometrists	954 (89%)
Audiologists ^{Note 2}	43 (62%)
Clinical Psychologists ^{Note 2}	14 (3%)
Dietitians ^{Note 2}	58 (35%)
Speech Therapists ^{Note 2}	41 (13%)
Total:	12 571

Note 1: In calculating the EHVS participation rate of the first 10 types of healthcare service providers (i.e. medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists), those healthcare professionals practising in the public sector or are economically inactive (e.g. not practising in Hong Kong) have been excluded.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the AR Scheme (namely audiologists, clinical psychologists, dietitians and speech therapists). In calculating the percentage of participating healthcare service providers of these 4 professions under the EHVS, the numbers of registrants on the registers of the relevant healthcare professional bodies accredited under the AR Scheme of the Government have been used.

5.

To ensure the proper use of public money, the Department of Health (DH) adopts a robust monitoring mechanism for checking and auditing voucher claims under the EHVS. The relevant measures and procedures include routine checking, monitoring and investigating in respect of aberrant transactions, and investigation into complaints. The DH adopts a risk-based approach to check voucher claims, targeting healthcare service providers who have records of non-compliance with the terms and conditions of the EHVS Agreement and those whose voucher claims show aberrant patterns.

The table below shows the number of complaints (including media reports and relevant intelligence) against healthcare service providers enrolled in the EHVS received by the DH from 2023 to 2025:

	2023	2024	2025	Total
Number of complaints against healthcare service providers enrolled in the EHVS received by the DH	54	88	97	239

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against Chinese medicine practitioners, medical practitioners, optometrists and dentists. The DH would conduct investigation into every complaint received and take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement was found, including issuing advisory/warning letters to the relevant healthcare service providers, withholding reimbursements or recovering paid reimbursements, disqualifying healthcare service providers from participating in the EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate.

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2025, investigation of 128 cases was completed, of which 28 were found to be substantiated or partially substantiated. The DH has disqualified 3 healthcare service providers from participating in the EHVS and has referred 12 cases to the Police for follow-up (of which the investigation of 3 cases was completed with no prosecutions made and 9 cases are still under investigation).

- End -

CONTROLLING OFFICER'S REPLY

HHB197

(Question Serial No. 2841)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government launched the Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) in November 2023, and announced in the Budget this year that the Pilot Reward Scheme is extended for 2 years until end-2028. Please advise on:

1. the number of elderly persons being allotted a \$500 reward each year since the launch of the Pilot Reward Scheme (with a breakdown by age group) and the expenditure involved;
2. the total number of voucher claim transactions categorised as designated primary healthcare services in each of the past 5 years and, among them, the respective numbers of transactions involving medical practitioners, Chinese medicine practitioners, dentists, the Chronic Disease Co-care Pilot Scheme, District Health Centres / District Health Centre Expresses, The University of Hong Kong - Shenzhen Hospital and its Health Centre, and the Elderly Health Care Voucher Greater Bay Area Pilot Scheme, as well as the amounts of the transactions concerned;
3. the total amount of rewards that have automatically lapsed due to expiry each year since the launch of the Pilot Reward Scheme.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 21)

Reply:

(1)

The Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) on 13 November 2023 to further incentivise elderly persons by offering rewards to them to make better use of Elderly Health Care Vouchers (EHCVs) for continuous preventive healthcare and chronic disease management services, etc., with a view to optimising the use of resources to promote primary healthcare and support the healthcare needs of elderly persons, as well as to achieve the original policy objective of the Elderly Health Care Voucher Scheme (EHVS) and tie in with the directions set out in the Primary Healthcare Blueprint.

As at end-December 2025, the number of persons who obtained the reward and the amount of rewards involved under the Pilot Reward Scheme are as follows:

	2024 Reward*	2025 Reward*
Number of persons who obtained the \$500 reward [Percentage among eligible persons %]	788 975 [46%]**	813 789 [46%]**
Amount of rewards involved (HK\$)	394,487,500	406,894,500

*An eligible elderly person can be allotted the reward once each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date.

**According to the information from the Hong Kong Population Projections 2022-2046 of the Census and Statistics Department, the numbers of elderly persons eligible for EHCVs (i.e. elderly persons aged 65 or above) in 2024 and 2025 were 1 702 000 and 1 783 000 respectively.

The Department of Health (DH) does not maintain a breakdown of the number of elderly persons who obtained the reward by age group.

(2)

The statistics on EHCVs used on designated primary healthcare services (Note 1) since the launch of the Pilot Reward Scheme, broken down by type of healthcare services, are tabulated below:

Type of Healthcare Services	2023 (13.11.2023 - 31.12.2023)		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Medical Practitioners (Note 2)	75 101	57,847	827 915	634,520	906 266	704,359
Chinese Medicine Practitioners (Note 2)	195 096	155,442	2 001 532	1,151,438	2 192 450	1,327,482
Dentists (Note 2)	31 538	34,237	285 239	308,333	296 073	321,650
Chronic Disease Co-care Pilot Scheme (CDCC Pilot Scheme)	1 003	187	16 600	3,199	29 815	5,660
District Health Centres (DHCs)/DHC Expresses	371	50	3 628	472	3 473	434
Sub-total (Hong Kong):	303 109	247,763	3 134 914	2,097,962	3 428 077	2,359,585
The University of Hong Kong - Shenzhen Hospital and its Community Health Centre	4 519	1,320	54 272	16,789	97 905	29,273

Type of Healthcare Services	2023 (13.11.2023 - 31.12.2023)		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)	N/A (Note 3)		10 917	10,773	38 376	32,223
Total:	307 628	249,083	3 200 103	2,125,524	3 564 358	2,421,081

Note 1: The designated primary healthcare services under the Pilot Reward Scheme include:

- (1) services on preventive and follow-up/monitoring of long-term conditions, such as health assessment, body check, screening, vaccination, chronic disease management, dental examination, scaling, extraction and filling, provided by medical practitioners, Chinese medicine practitioners and dentists enrolled in the EHVS;
- (2) screening services for hypertension and diabetes mellitus, etc. as well as services in the treatment phase under the CDCC Pilot Scheme;
- (3) personalised services and the Community Rehabilitation Programme provided by DHCs/DHC Expresses, as well as service fees for dedicated nurse clinics;
- (4) outpatient services on preventive and follow-up/monitoring of long-term conditions (e.g. designated primary healthcare services such as health checks and outpatient services on preventive and follow-up/monitoring of long-term conditions) provided at the designated Outpatient Medical Centers and Huawei Li Zhi Yuan Community Health Center of The University of Hong Kong - Shenzhen Hospital as well as the designated departments of the pilot medical institutions under the Pilot Scheme; and
- (5) administration fees / co-payment fees for services on preventive and follow-up/monitoring of long-term conditions provided under the Community Dental Support Programme.

The DH does not maintain breakdown statistics on the relevant designated primary healthcare services received by elderly persons prior to the launch of the Pilot Reward Scheme.

Note 2: Excluding the data on voucher claims under the service types “CDCC Pilot Scheme” or DHCs/DHC Expresses.

Note 3: The Pilot Scheme has been launched in phases since June 2024.

(3)

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of \$1,000 or more on designated primary healthcare services such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a \$500 reward in their EHCV accounts through the eHealth System (Subsidies), which can be used on the same designated primary healthcare purposes. No

further registration is needed. In other words, for elderly persons who have met the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from \$2,000 to \$2,500. An eligible elderly person can be allotted the reward once each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date. For the rewards allotted in 2024, the unused amount of expired rewards was about \$50 million, while the rewards allotted in 2025 are still valid until end-2026.

- End -

CONTROLLING OFFICER'S REPLY

HHB198

(Question Serial No. 1763)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding community dental support, will the Government inform this Committee of:

1. the respective number of beneficiaries and expenditure of the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) and the Community Dental Support Programme (CDSP) for each year since their inception;
2. the number of service quotas provided and beneficiaries served annually under the CDSP since its launch, broken down by district;
3. the number of beneficiaries under the CDSP for each year since its launch, broken down by age;
4. the number of beneficiaries under the CDSP for each year since its launch, broken down by whether health care vouchers were used; and
5. the number of beneficiaries under the CDSP for each year since its launch, broken down by financial status (i.e. recipients of Old Age Living Allowance, Comprehensive Social Security Assistance and Working Family Allowance, and those not receiving any allowances)?

Asked by: Hon CHAN Man-yee, Grace (LegCo internal reference no.: 32)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for

underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

Primary Dental Co-care Pilot Scheme for Adolescents (PDCC)

On 20 March 2025, the Department of Health (DH) launched the three-year Primary Dental Co-care Pilot Scheme for Adolescents (PDCC). As part of the strategy of developing community-wide preventive primary oral healthcare, the PDCC serves as an interface with the School Dental Care Service by providing partial subsidies to adolescents for private dental check-up services on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) holding a valid Hong Kong Identity Card and have enrolled in the Electronic Health System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of \$200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The current co-payment for the subsidised services each time recommended by the Government is \$200.

The scope of subsidised services includes:

- i) Dental check-up;
- ii) Oral health risk assessment;
- iii) Dental scaling;
- iv) Personalised self-care advice on oral care;
- v) Fluoride application as risk-based follow-up; and
- vi) Check-up report.

As at end-January 2026, there were 589 registered dentists whose application to participate in the PDCC has been accepted by the DH and a total of 1 002 service locations, and about 6 000 adolescents participating in the PDCC received services.

The Government will continuously monitor the service utilisation rate of the PDCC and gather feedback from service users as well as the data on their oral health conditions to review the effectiveness of the PDCC in due course.

Community Dental Support Programme (CDSP)

The Community Dental Support Programme (CDSP) is one of the services under the strategy of providing essential dental care services targeting underprivileged groups. Under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups, persons with special needs and high-risk groups who have difficulties in accessing dental care. The DH launched the CDSP on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental general public sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of non-governmental organisations (NGOs) and social welfare organisations serving underprivileged

groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

An applicant for the CDSP must meet all of the following criteria:

- i) is a holder of a valid Hong Kong Identity Card or a valid Certificate of Exemption; and
- ii) be a current beneficiary/recipient of:
 - (1) Old Age Living Allowance (OALA) administered by the Social Welfare Department (SWD); or
 - (2) Community Care Service Voucher Scheme for the Elderly (CCSV) administered by the SWD with Co-payment Category II; or
 - (3) Integrated Home Care Services (Frail Case), Enhanced Home and Community Care Services and Home Support Services subvented by the SWD while paying Level 1 or 2 fee charged/with Co-payment Category I or II; or
 - (4) Medical Fee Waiver (full waiving and partial waiving) of the Hospital Authority (HA) provided to HA patients; or
 - (5) Homeless certified and referred by registered social workers in designated NGOs; and
- iii) has joined the Electronic Health System (eHealth).

The funding model of CDSP is based on a cost-sharing principle. In addition to government subsidies, participants are also responsible for a portion of the service costs, encouraging them to manage their own health. Participants are required to pay part of the fees to the NGO providing the service.

Currently, there are a total of 32 NGOs participating in the CDSP, providing over 80 dental service points covering all 18 districts in Hong Kong. As at end-January 2026, a total of about 7 700 people participated in the CDSP, with over 14 000 dental filling or extraction quotas used. As for the newly-added services, about 1 100 people received dental scaling services, while about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months.

To promote the enhanced CDSP, the DH placed advertisements at various MTR stations in the first quarter of 2026 and promoted the CDSP through newspapers and the Internet. In view of the expansion of the beneficiary list under the CDSP to cover the homeless, the DH also, in collaboration with the organisations under the SWD that provide social welfare support services for street sleepers, held meetings to brief registered social workers on the programme details and explore service arrangements. The DH has been maintaining close liaison with NGOs that provide support for the homeless, and it is anticipated that, over coming months, homeless individuals will receive services under the CDSP.

A breakdown of the number of service recipients under the CDSP by 18 districts, age and the category of beneficiary/recipient is set out at the Annex. The DH does not maintain

information on whether service users of the CDSP have settled the administration fee/co-payment fee by using Elderly Health Care Vouchers.

The Government will continuously monitor the service utilisation rate of the CDSP and the distribution of service points across districts, as well as to gather feedback from service users and the data on their oral health conditions to review the operational arrangements and effectiveness of the CDSP in due course. Subject to the needs and resources available, improvements to the arrangements will be explored.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the CDSP and the PDCC are as follows:

Annual Expenditure (\$ million)	2024-25 (Actual) ^{Note}	2025-26 (Revised Estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

**Table 1: Distribution of the Number of Service Recipients by Age and by 18 Districts
(As at end-January 2026)**

District	Aged 59 or below	Between 60 and 64	Between 65 and 69	Between 70 and 74	Aged 75 or above	Number of service recipients
Central and Western	2	0	20	27	63	112
Eastern	25	2	79	119	253	478
Southern	2	0	20	21	17	60
Wan Chai	3	0	47	52	95	197
Islands	3	2	40	48	84	177
Kowloon City	11	6	108	112	172	409
Kwun Tong	9	9	175	213	397	803
Sham Shui Po	12	4	118	165	220	519
Wong Tai Sin	0	0	8	14	14	36
Yau Tsim Mong	17	2	149	196	342	706
Kwai Tsing	41	10	217	258	534	1 060
North	1	5	51	56	71	184
Sai Kung	0	1	76	69	111	257
Sha Tin	11	10	224	320	465	1 030
Tai Po	1	0	96	93	99	289
Tsuen Wan	8	5	95	111	269	488
Tuen Mun	14	2	80	90	135	321
Yuen Long	14	9	207	181	206	617
Total	174	67	1 810	2 145	3 547	7 743

**Table 2: Distribution of the Number of Service Recipients
by Category of Beneficiary/Recipient
(As at end-January 2026)**

District	A	B	C	D	E	F	G	H	I	Number of service recipients
Central and Western	60	45	6	0	0	1	0	0	0	112
Eastern	253	178	42	3	0	1	1	0	0	478
Southern	17	38	3	1	0	1	0	0	0	60
Wan Chai	95	92	6	0	4	0	0	0	0	197
Islands	74	81	21	0	1	0	0	0	0	177
Kowloon City	167	213	23	3	0	2	1	0	0	409
Kwun Tong	390	367	35	10	1	0	0	0	0	803
Sham Shui Po	211	261	44	2	0	0	1	0	0	519
Wong Tai Sin	12	22	2	0	0	0	0	0	0	36
Yau Tsim Mong	332	325	43	2	1	0	3	0	0	706
Kwai Tsing	496	437	124	2	0	0	1	0	0	1 060
North	72	104	4	4	0	0	0	0	0	184
Sai Kung	109	144	4	0	0	0	0	0	0	257
Sha Tin	441	521	68	0	0	0	0	0	0	1 030
Tai Po	94	189	5	0	0	0	1	0	0	289
Tsuen Wan	251	196	39	1	0	0	1	0	0	488
Tuen Mun	130	167	19	5	0	0	0	0	0	321
Yuen Long	203	378	32	3	1	0	0	0	0	617
Total	3 407	3 758	520	36	8	5	9	0	0	7 743

- A:** Aged 75 or above and currently receiving the OALA administered by the SWD
- B:** Aged between 65 and 74 and currently receiving the OALA administered by the SWD
- C:** Obtained a full waiver of medical service fees under the HA's Medical Fee Waiving Mechanism
- D:** Obtained a partial waiver of medical service fees under the HA's Medical Fee Waiving Mechanism
- E:** Integrated Home Care Services, Enhanced Home and Community Care Services and Home Support Services with Co-payment Category I
- F:** Integrated Home Care Services, Enhanced Home and Community Care Services and Home Support Services with Co-payment Category II
- G:** CCSV administered by the SWD with Co-payment Category II
- H:** Homeless persons admitted to temporary shelters or urban hostels for single persons
- I:** Homeless persons receiving services from the Integrated Services Teams for Street Sleepers or Care and Support Networking Team

- End -

CONTROLLING OFFICER'S REPLY

HHB199

(Question Serial No. 1878)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government's provision for 2026-27 is \$141.7 million (7.5%) higher than the revised estimate for 2025-26, which is mainly due to the additional provision for setting up the Hong Kong Centre for Medical Products Regulation (CMPR). In this connection, will the Government please advise this Committee on the following:

1. given that the Government of the Hong Kong Special Administrative Region established a Preparatory Office for the CMPR under the Department of Health in June 2024, the details of the actual financial provision for the Preparatory Office in 2024-25 and 2025-26 respectively, as well as the estimates for the current year;
2. the details of the current staff establishment and salary expenditure in respect of the Preparatory Office, as well as the staff establishment and estimated salary expenditure required for the CMPR upon its establishment in the future; and
3. the Government's anticipated timeframe for the establishment of the CMPR in end-2026, and the current progress of the relevant work?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 17)

Reply:

1, 2 and 3

As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the current approval and registration mechanism for drugs and establish an internationally renowned regulatory authority of drugs and medical devices (medical products), i.e. the Hong Kong Centre for Medical Products Regulation (CMPR). To this end, the HKSAR Government set up the Preparatory Office for the CMPR under the Department of Health (DH) in June 2024. The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and has since enhanced the promotion to and communication with various stakeholders from the local community, the Chinese Mainland and overseas Chinese and Western medicines industries and medical device industries, as well as the scientific research and academic sectors, etc. The Preparatory Office is currently

actively reviewing the restructuring and strengthening of technical regulation as well as the approval system. It will also consolidate and re-organise the functions and manpower of the DH's existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the end of 2026, with the aim of aligning with the enhancement direction of approval and regulation to leverage the strengths and synergies of the regime.

The Preparatory Office's actual expenditure in 2024-25 was \$8.97 million, while the revised estimate for 2025-26 and the estimated expenditure for 2026-27 are \$29.19 million and \$60.83 million respectively.

The current staff establishment of the Preparatory Office is 10, and its salary expenditure in terms of notional annual mid-point salary value amounts to \$17.98 million. The said re-organisation involves the redeployment of about 460 DH staff members, as well as the internal re-shuffling and re-allocation of the work and resources of relevant service units. At this stage, the salary expenditure involved cannot be precisely estimated. The DH will continue reviewing the consolidation of the various functions of the CMPR, as well as the manpower and resources required.

- End -

CONTROLLING OFFICER'S REPLY

HHB200

(Question Serial No. 1879)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2026-27 that the Government will continue to enhance the Elderly Health Care Voucher Scheme (EHVS), including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), and will also extend the Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) for 2 years until end-2028. In this connection, will the Government please inform this Committee of:

1. the number of voucher claim transactions and the amount claimed under the EHVS in the past 5 years, broken down by the type of healthcare service providers enrolled in the EHVS in tabular form;
2. the actual expenditure on the EHVS in the past 5 years and the estimated expenditure for the current year;
3. the number of people who have been allotted the reward and the total allotment amount since the implementation of the Pilot Reward Scheme, as well as the estimated provision earmarked for the extension of the Pilot Reward Scheme for 2 years until end-2028; and
4. with the extension of the Pilot Scheme to 9 cities in the Greater Bay Area, the numbers of claims and the amounts claimed at the medical institutions under the Pilot Scheme so far, broken down by service type in tabular form?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 19)

Reply:

1. The number of voucher claim transactions and the amount of vouchers claimed under the Elderly Health Care Voucher Scheme (EHVS) by types of healthcare service provider / medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 5 years are tabulated below:

Type of Healthcare Service Provider	2021		2022		2023 ^{Note 1}		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Medical Practitioners	1 917 943	1,027,990	1 954 032	1,059,052	2 325 617	1,270,495	2 444 952	1,363,308	2 364 586	1,371,198
Chinese Medicine Practitioners	1 542 578	788,617	1 647 630	854,324	1 965 635	1,140,988	2 160 315	1,227,911	2 282 291	1,369,438
Dentists	308 343	355,444	288 532	343,327	331 342	413,222	331 567	402,347	332 806	394,346
Occupational Therapists	7 224	7,503	4 177	4,518	4 232	4,455	3 003	3,404	3 322	2,454
Physiotherapists	48 107	19,238	37 603	17,743	45 673	22,726	43 341	23,083	42 277	23,880
Medical Laboratory Technologists	20 033	20,552	14 593	13,393	15 441	14,712	14 503	13,353	15 275	12,870
Radiographers	19 373	22,603	20 761	24,635	22 659	29,503	23 285	34,556	23 374	35,804
Nurses	11 295	11,049	9 376	9,878	11 196	11,168	10 800	10,427	12 587	11,039
Chiropractors	9 357	5,760	8 841	5,080	10 331	5,955	8 724	5,467	8 339	5,383
Optometrists	196 046	284,753	161 156	233,912	230 239	352,743	175 563	255,505	199 203	298,434
Audiologists ^{Note 2}	-	-	-	-	784	2,693	1 636	5,040	1 937	5,473
Clinical Psychologists ^{Note 2}	-	-	-	-	2	4	-	-	4	12
Dietitians ^{Note 2}	-	-	-	-	609	829	1 356	1,110	1 080	1,391
Speech Therapists ^{Note 2}	-	-	-	-	5	5	7	7	42	55
Sub-total (Hong Kong)	4 080 299	2,543,509	4 146 701	2,565,862	4 963 765	3,269,498	5 219 052	3,345,518	5 287 123	3,531,777
Medical Institutions in the GBA^{Note 3}	35 953	12,103	32 356	10,949	38 462	11,883	77 918	39,339	153 051	82,186
Total	4 116 252	2,555,612	4 179 057	2,576,811	5 002 227	3,281,381	5 296 970	3,384,857	5 440 174	3,613,963

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: Including the University of Hong Kong-Shenzhen Hospital and its offsite medical institution, i.e. Huawei Li Zhi Yuan Community Health Service Center, as well as the 19 pilot medical institutions under the Elderly Health Care Voucher GBA Pilot Scheme.

2. The actual/estimated expenditures on the EHVS for the financial years from 2021-22 to 2026-27 are as follows:

Year	Actual/estimated expenditure on the EHVS (\$ billion)
2021-22	2.55 (Actual)
2022-23	2.79 (Actual)
2023-24	3.33 (Actual)
2024-25	3.42 (Actual)
2025-26	3.68 (Revised estimate)
2026-27	4.25 (Estimate)

3. The Government launched the three-year Pilot Reward Scheme on 13 November 2023 to further incentivise elderly persons by offering rewards to them to make better use of Elderly Health Care Vouchers (EHCVs) for continuous preventive healthcare and chronic disease management services, etc., with a view to optimising the use of resources to promote primary healthcare and support the healthcare needs of elderly persons, as well as to achieve the original policy objective of the EHVS and tie in with the directions set out in the Primary Healthcare Blueprint.

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of \$1,000 or more on designated primary healthcare services such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a \$500 reward in their EHCV accounts through the eHealth System (Subsidies), which can be used on the same designated primary healthcare purposes. No further registration is needed. In other words, for elderly persons who have met the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from \$2,000 to \$2,500.

During the period between 13 November 2023 and 31 December 2025, the number of voucher claim transactions used on the designated primary healthcare services was 7 072 089, accounting for 63% of the total voucher claim transactions during the same period, whereas that for the period between January 2023 and mid-November 2023, i.e. prior to the launch of the Pilot Reward Scheme, was 48%. The data shows that the Pilot Reward Scheme is effective in incentivising elderly persons to use preventive primary healthcare services, and has the effect of encouraging them to use the designated primary healthcare services.

As at end-December 2025, the number of persons who obtained the reward and the amount of rewards involved under the Pilot Reward Scheme are as follows:

	2024 Reward*	2025 Reward*
Number of persons who obtained the \$500 reward [Percentage among eligible persons %]	788 975 [46%]**	813 789 [46%]**
Amount of rewards involved (HK\$)	394,487,500	406,894,500

*An eligible elderly person can be allotted the reward once each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date.

**According to the information from the Hong Kong Population Projections 2022-2046 of the Census and Statistics Department, the numbers of elderly persons eligible for EHCVs (i.e. elderly persons aged 65 or above) in 2024 and 2025 were 1 702 000 and 1 783 000 respectively.

To encourage elderly persons to use preventive healthcare and chronic disease management services, including those provided under the Primary Healthcare Co-care Network, the Government announced in February 2026 to extend the Pilot Reward Scheme by 2 years until end-2028, involving an estimated additional expenditure of about \$1 billion.

4. As at 31 December 2025, the number of voucher claim transactions and the amount of vouchers claimed at each of the pilot medical institutions under the Pilot Scheme, broken down by service type (preventive care, follow-up/monitoring of long-term conditions, management of acute episodic conditions, and rehabilitative care), are tabulated below.

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	2 101	3,299	2 757	2,322	468	477	7	1	5 333	6,099
	Peking University Shenzhen Hospital (since 28 August 2025)	4	11	160	65	112	59	12	4	288	139
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	77	46	76	34	106	35	0	0	259	115
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	7 745	1,239	15 833	26,069	119	212	8 084	24,269	31 781	51,789
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center	156	171	243	474	38	100	101	396	538	1,141

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)
	(Shenzhen) (since 14 August 2024)										
	Sub-total of Shenzhen:	10 083	4,767	19 069	28,963	843	883	8 204	24,670	38 199	59,283
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	412	374	3 743	1,389	1 053	356	430	310	5 638	2,429
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	60	63	559	188	77	23	19	4	715	278
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	24	9	667	323	64	26	89	48	844	406
	Guangdong Clifford Hospital (since 9 July 2025)	2 094	837	1 081	388	618	135	186	101	3 979	1,461
	Sub-total of Guangzhou:	2 590	1,282	6 050	2,288	1 812	539	724	464	11 176	4,574
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	699	868	2 929	1,331	1 257	317	821	297	5 706	2,813
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	179	221	2 256	772	937	274	298	86	3 670	1,353
	Sub-total of Zhongshan:	878	1,089	5 185	2,103	2 194	590	1 119	383	9 376	4,166
Dongguan	Dongguan	1 264	783	1 181	520	317	121	39	19	2 801	1,443

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)
	Tungwah Hospital (since 6 September 2024)										
	Sub-total of Dongguan:	1 264	783	1 181	520	317	121	39	19	2 801	1,443
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	139	147	1 023	387	403	137	198	97	1 763	769
	Zhuhai People's Hospital (since 26 June 2025)	194	71	993	359	65	22	5	1	1 257	453
	Sub-total of Zhuhai:	333	218	2 016	746	468	159	203	99	3 020	1,222
Foshan	The First People's Hospital of Foshan (since 17 July 2025)	48	79	597	181	76	35	31	22	752	317
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	28	46	268	104	27	11	16	6	339	166
	Sub-total of Foshan:	76	124	865	285	103	46	47	28	1 091	483
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	9	2	117	49	21	6	12	4	159	62
	Sub-total of Huizhou:	9	2	117	49	21	6	12	4	159	62
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	39	46	361	96	133	44	63	17	596	204
	Sub-total of Jiangmen:	39	46	361	96	133	44	63	17	596	204
Zhaoqing	The First People's Hospital of	83	31	151	55	138	55	62	16	434	157

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed* (HK\$'000)
	Zhaoqing (since 28 August 2025)										
	Sub-total of Zhaoqing:	83	31	151	55	138	55	62	16	434	157
Total:		15 355	8,344	34 995	35,105	6 029	2,444	10 473	25,700	66 852	71,593

**Breakdown figures may not add up to the total due to rounding.*

- End -

CONTROLLING OFFICER'S REPLY

HHB201

(Question Serial No. 1880)

Head: (37) Department of Health

Subhead (No. & title): (700) General non-recurrent

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government mentioned in the Matters Requiring Special Attention in 2026-27 that it will continue to implement the Coronavirus Disease 2019 (COVID-19) Vaccination Programme. The approved commitment for the procurement and administration of COVID-19 vaccines is \$14,472,600,000, with the current balance at \$5,416,135,000. Given that from 1 March this year, the COVID-19 Vaccination Programme will administer booster doses to eligible persons according to the updated recommendations for high-risk priority groups, will the Government please inform this Committee of the following:

1. the respective quantities of COVID-19 vaccines procured, administered, disposed of and remaining, as well as the non-recurrent expenditure involved, broken down by vaccine type, in the past 3 years;
2. the respective numbers of initial doses and additional booster doses administered, uptake rates, and financial expenditures involved for the different high-risk priority groups under the COVID-19 Vaccination Programme in the past 3 years; and
3. given that from 1 March 2026, the LP.8.1 COVID-19 vaccine will be extended and offered free of charge to eligible individuals aged 6 months and older, the quantity of COVID-19 vaccines to be procured by the Government and the estimated expenditure this year, and whether the procurement has been carried out in accordance with the updated recommendations; if yes, the details with a breakdown by vaccine type?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 20)

Reply:

The Government has been procuring sufficient quantity of COVID-19 vaccines with reference to vaccination data, recommendations made by the World Health Organization (WHO) and the Scientific Committee on Vaccine Preventable Diseases and Scientific Committee on Emerging and Zoonotic Diseases (also known as the Joint Scientific Committee (JSC)) under the Centre for Health Protection (CHP) of the Department of Health (DH), demographic data and the supply terms of vaccine suppliers. Since the commencement of the COVID-19 Vaccination Programme (the Vaccination Programme), the vaccines have been distributed from warehouse to various vaccination venues according to the “first-expired, first-out” principle. However, the public demand for vaccines varies with a number of factors, such

as the number of persons infected and changes in the epidemic situation. The Government will continue to formulate policies on vaccine supply based on scientific evidence.

(1)

The number of each type of vaccine doses procured and administered under the Vaccination Programme in the past 3 years is tabulated below by financial year:

Number of vaccine doses procured

	Financial Year		
	2023-24	2024-25	2025-26 (as at 28 February 2026)
	Number of vaccine doses procured ('000)		
- Comirnaty ancestral strain ^{Note 1} (Fosun/BioNTech)	9.60	-	-
- Comirnaty XBB.1.5 ^{Note 2} (Fosun/BioNTech)	115.20	31.68	-
- Spikevax XBB.1.5 (Moderna)	100.00	-	-
- Comirnaty JN.1 ^{Note 2} (Fosun/BioNTech)	-	115.20	-
- Spikevax JN.1 (Moderna)	-	110.00	-
- Spikevax LP.8.1 ^{Note 3} (Moderna)	-	-	44.50
Total	224.80	256.88	44.50

Number of vaccine doses administered

	Financial Year		
	2023-24	2024-25	2025-26 (as at 28 February 2026)
	Number of vaccine doses administered ('000)		
- CoronaVac ^{Note 4} (Sinovac)	98.75	16.38	-
- Comirnaty ancestral strain ^{Note 2} (Fosun/BioNTech)	6.06	-	-
- Comirnaty original/BA.4-5 bivalent ^{Note 4} (Fosun/BioNTech)	90.11	-	-
- Comirnaty XBB.1.5 ^{Note 2} (Fosun/BioNTech)	62.84	40.68	-
- Spikevax XBB.1.5 (Moderna)	65.27	9.56	-
- Comirnaty JN.1 ^{Note 2} (Fosun/BioNTech)	-	19.45	15.19
- Spikevax JN.1 (Moderna)	-	17.99	68.95
- Spikevax LP.8.1 ^{Note 3} (Moderna)	-	-	0.04
Total	323.03	104.06	84.18

- Note 1: Only the Comirnaty (ancestral strain) paediatric formulation was procured in 2023-24. The Comirnaty (ancestral strain) adult formulation and the Comirnaty (ancestral strain) toddler formulation were procured before 2023-24.
- Note 2: Including the adult formulation, the paediatric formulation and the toddler formulation.
- Note 3: The procured Spikevax LP.8.1 vaccine includes formulations for infants and children aged 6 months to 11 years, and individuals aged 12 and above. The Government has started to provide the relevant vaccines to infants and children aged 6 months to 11 years, and individuals aged 12 and above, since 18 December 2025 and 1 March 2026 respectively.
- Note 4: Procured before 2023-24.

Since the implementation of the Vaccination Programme until now (as at 28 February 2026), about 1.41 million doses of the Comirnaty (ancestral strain) vaccine (about 11.3% of the procurement total), 1.18 million doses of the Comirnaty bivalent vaccine (about 62.1% of the procurement total), 290 000 doses of the CoronaVac (Sinovac) vaccine (about 3.1% of the procurement total), 56 000 doses of the Comirnaty JN.1 vaccine (about 48.6% of the procurement total), about 13 000 doses of the Spikevax JN.1 vaccine (about 11.8% of the procurement total), and 7 000 doses of the Comirnaty XBB.1.5 vaccine (about 4.8% of the procurement total) had to be disposed of due to expiration in warehouse. This was attributable to, among other factors, the diminished need for old formulations of vaccines resulting from the use of new vaccine strains as recommended by the WHO and the JSC in response to virus mutation. Overall, the number of vaccines requiring disposal due to expiration in warehouse only accounted for about 12.2% of the total vaccines procured, which is in line with the standard stipulated by the WHO-led COVID-19 vaccine Global Access (COVAX) Facility for the wastage rate of COVID-19 vaccines. The Government will continue to review the local arrangements of vaccine procurement and make reference to overseas experiences to adopt various feasible measures to make the best use of the procured vaccines.

As at 28 February 2026, approximately 42 500 unexpired doses of the Spikevax LP.8.1 vaccine (formulations for individuals aged 12 and above, and infants and children aged 6 months to 11 years) remained in the warehouse.

The non-recurrent expenditure on vaccine procurement and administration under the Vaccination Programme in the past 3 years is tabulated below by financial year, with a breakdown by expenditure item:

	Financial Year		
	2023-24	2024-25	2025-26
	Actual/Estimated Expenditure (\$ million)		
Procurement of vaccine doses (including transport and storage costs)	79.2 (Actual)	85.0 (Actual)	28.8 (Revised Estimate)
Injection and administrative costs	112.9 (Actual)	33.5 (Actual)	12.1 (Revised Estimate)

(2)

As the vast majority of the public had past COVID-19 infection, the Government has, according to the recommendation of the JSC, simplified the arrangements for initial

vaccination, which replaced the previous three-dose definition for initial vaccination, since 19 August 2024. Under the new arrangement, in general, persons aged 5 or above (regardless of their history of infection with COVID-19) are considered to have completed initial vaccination by receiving 1 dose of mRNA COVID-19 vaccine. Persons aged 6 months to 4 years who have been infected with COVID-19 are considered to have completed initial vaccination by receiving 1 dose of mRNA COVID-19 vaccine.

The numbers of initial doses, as well as booster doses for priority groups administered under the Vaccination Programme in the past 3 years are tabulated below:

		Financial Year		
		2023-24 ^{Note 6}	2024-25	2025-26 (as at 28 February 2026)
		Number of vaccine doses administered ('000)		
Priority groups receiving booster doses ^{Note 5}	Individuals aged 50 or above (including the elderly living in residential care homes)	271.58	96.11	78.51
	Persons aged 6 months or above with immunocompromising conditions	0.80	0.26	0.19
	Persons aged 18 to 49 years with underlying comorbidities	3.11	2.57	2.46
	Pregnant women	0.23	0.13	0.07
	Healthcare workers	4.56	1.65	1.00
	Sub-total of booster doses	280.28	100.72	82.23
	Initial doses	21.29	3.37	1.95

Note 5: With effect from 20 April 2023, only citizens in priority groups may continue to receive the booster dose for free.

Note 6: Only includes the number of booster doses administered between 20 April 2023 and 31 March 2024.

The above classification of priority groups for COVID-19 vaccine booster doses was applicable for the period from 20 April 2023 to 28 February 2026. The calculation of COVID-19 vaccine uptake rate differs from that of other vaccines as it should take into account whether individuals in the relevant groups have recently been infected with COVID-19 virus and the date of infection. Under the current Vaccination Programme, individuals in priority groups who have completed their initial vaccination can receive booster doses for free at least 180 days after the last dose or COVID-19 infection (whichever is later), regardless of the number of doses received previously. Since there is currently no comprehensive data on COVID-19 infections within the relevant groups, the vaccine uptake rate for these groups is not available.

Expenditure on the procurement and administration of COVID-19 vaccines over the past 3 years is set out in the reply to question (1) above.

(3)

Acting on JSC's earlier recommendations on the use of JN.1 lineage or LP.8.1 lineage COVID-19 vaccines and the updated recommendations for high-risk priority groups, the Government has, as at 1 March 2026, procured 44 500 doses of the Spikevax LP.8.1 vaccine in 2025-26, including formulations for individuals aged 12 and above and for infants and children aged 6 months to 11 years. The Government has started to provide the relevant vaccines to infants and children aged 6 months to 11 years, and individuals aged 12 and above, since 18 December 2025 and 1 March 2026 respectively. The revised estimate for vaccine procurement (including transport and storage costs) in 2025-26 is \$28.8 million.

- End -

CONTROLLING OFFICER'S REPLY

HHB202

(Question Serial No. 1881)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

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. 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. Will the Government advise this Committee on: the details of the posts proposed to be created and the total expenditure involved, as well as the details of the posts proposed to be deleted and the total savings in expenditure, and also the main purposes and details of the increase of \$1,147,441,000 over the revised estimate for 2025-26?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 21)

Reply:

In 2026-27, the Department of Health (DH) will create 41 new posts and delete 184 posts, resulting in a net decrease of 143 posts. The new posts proposed to be created are mainly for supporting the setting up of the Hong Kong Centre for Medical Products Regulation (CMPR), the commencement of implementation of primary evaluation for new drug registration in phases, as well as the preparation for the statutory regulation of medical devices. These posts comprise mainly Scientific Officer (Medical), Pharmacist, Electronics Engineer, Physicist, Chemist, Medical and Health Officer and Executive Officer grades. The DH will delete an equivalent number of posts of other grades to offset the new posts created.

Besides, to tie in with the Government's Productivity Enhancement Programme and the objective of enhancement in manpower utilisation, the civil service establishment will be reduced by 2% each year in 2026-27 and 2027-28. The DH will, having reviewed factors such as overall service demand, operational requirements and vacancy situation, delete posts comprising mainly the Clerical and Secretarial, Workman II, Enrolled Nurse, Motor Driver, Artisan and Librarian grades in 2026-27.

Upon the abovementioned net deletion of 143 posts, the net expenditure on emoluments involved in terms of notional annual mid-point salary value is about \$13.65 million.

The estimate for 2026-27 is \$1.1474 billion (or 7.9%) higher than the revised estimate for 2025-26, and is mainly for:

- (1) preparing for setting up the CMPR and strengthening support for the operation of the permanent Government Chinese Medicines Testing Institute building;
- (2) meeting the funding requirement for the Elderly Health Care Voucher (EHCV) Scheme, including the extension of the EHCV Pilot Reward Scheme for 2 years until end 2028;
- (3) enhancing public dental services, including the additional provision for launching Primary Dental Co-care Pilot Scheme for Adolescents, Community Dental Support Programme, and Outreach Oral Health Programme for Pre-School Children; and
- (4) meeting the increasing demand for the payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons.

- End -

CONTROLLING OFFICER'S REPLY

HHB203

(Question Serial No. 1882)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government mentioned in the Matters Requiring Special Attention in 2026-27 that it will continue to implement the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) for those aged between 13 to 17. To date, what are the number of adolescents participating in the PDCC and the total amount of government subsidies involved, broken down by the scope of subsidised services; the current number of registered dentists participating in the PDCC and the number of service locations; and the financial provision earmarked by the Government for the PDCC in 2026-27? Given that the PDCC lasts for 3 years, has the Government assessed its current effectiveness and whether it will consider regularising the PDCC in the future to promote the life-long habit of regular oral check-ups among adolescents for the prevention of dental diseases?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 22)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

On 20 March 2025, the Department of Health (DH) launched the three-year Primary Dental Co-care Pilot Scheme for Adolescents (PDCC). As part of the strategy of developing

community-wide preventive primary oral healthcare, the PDCC serves as an interface with the School Dental Care Service by providing partial subsidies to adolescents for private dental check-up services on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of \$200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The current co-payment for the subsidised services each time recommended by the Government is \$200.

The scope of subsidised services includes:

- i) Dental check-up;
- ii) Oral health risk assessment;
- iii) Dental scaling;
- iv) Personalised self-care advice on oral care;
- v) Fluoride application as risk-based follow-up; and
- vi) Check-up report.

Dentists shall provide services within the scope of the one-off subsidised services, having regard to the oral health risk assessment results and the needs of the participants. No breakdown of figures by items within the scope of services is available. As at end-January 2026, about 6 000 adolescents participating in the PDCC received services. A breakdown of the number of healthcare service locations and dentists participating in the PDCC by the 18 districts across Hong Kong is at Annex.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the implementation of the PDCC and the Community Dental Support Programme (CDSP) are as follows:

Annual Expenditure (\$ million)	2024-25 (Actual) ^{Note}	2025-26 (Revised Estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

The Government will continuously monitor the service utilisation rates of the 2 programmes and gather feedback from service users as well as the data on their oral health conditions to review the effectiveness of the PDCC and the CDSP in due course.

**Numbers of Service Locations and Dentists under
the Primary Dental Co-care Pilot Scheme for Adolescents across 18 Districts
(as at end-January 2026)**

District	Number of Healthcare Service Locations	Number of Dentists
<i>Hong Kong Island and Islands</i>		
Central and Western	87	66
Southern	16	13
Wan Chai	88	54
Eastern	67	41
Islands	6	5
<i>Kowloon</i>		
Kowloon City	38	26
Wong Tai Sin	28	18
Kwun Tong	69	40
Yau Tsim Mong	178	89
Sham Shui Po	43	24
<i>New Territories</i>		
Tsuen Wan	43	25
Kwai Tsing	44	25
Tuen Mun	40	20
Yuen Long	63	45
Sha Tin	74	42
Tai Po	35	19
North	25	14
Sai Kung	58	23
Total	1 002	589

- End -

CONTROLLING OFFICER'S REPLY

HHB204

(Question Serial No. 2247)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health mentioned in the Matters Requiring Special Attention in 2026-27 that it will implement the new phase of tobacco control measures and strengthen the enforcement of the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. In this connection, will the Government please advise this Committee on:

1. the staff establishment and estimated expenditure of the Tobacco and Alcohol Control Office (TACO) in the past 3 years; and given that the new phase of tobacco control measures came into effect on 1 January 2026, whether the staff establishment of the TACO would be adjusted in response to the increase in workload, as well as the estimated provision earmarked for the current year; if yes, the details; if not, the reasons;
2. the respective numbers of complaints/referrals received, inspections conducted, warning letters issued, fixed penalty notices issued (with the total amount of fines involved), and summonses issued by the TACO for smoking-related offences under the Smoking (Public Health) Ordinance, the Fixed Penalty (Smoking Offences) Ordinance and the Import and Export Ordinance in the past 3 years;
3. given that the new phase of tobacco control measures came into effect on 1 January 2026, the enforcement situation so far; if enforcement has been carried out, the details; and
4. the current overall smoking prevalence in Hong Kong; as well as the smoking prevalence among men and women in Hong Kong and the respective average numbers of cigarettes smoked per day in the past 3 years in tabular form by age group (namely, i) 15-19; ii) 20-29; iii) 30-39; iv) 40-49; v) 50-59 and 60 or above)?

Asked by: Hon CHAN Pui-leung (LegCo internal reference no.: 18)

Reply:

1.

The expenditure on as well as the provision/revised estimate and estimate for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH), broken down by type of initiatives, and the approved

establishment of the TACO from 2023-24 to 2026-27, are at **Annex 1 and Annex 2** respectively. The TACO will continue to closely monitor the market situation and continue law enforcement efforts to crack down on all activities in violation of the Smoking (Public Health) Ordinance and the Import and Export Ordinance. The TACO will also enhance efficiency in various respects. For example, it makes good use of technology and has introduced smart tools for issuing fixed penalty notices (FPNs). Through an electronic system, the offenders' Hong Kong Identity Cards can be scanned, and information such as the offenders' personal details, the time and location of incident, details of the enforcement officers, etc. will be instantly imported. The FPNs can be printed out on the spot using portable printers and the data will be automatically synchronised with the backend system, saving processing time and manpower needs in the back office. In addition, the TACO has strengthened co-operation with various departments in relation to prosecution work, with a view to maximising efficiency in the prosecution process. The TACO will make good use of the existing resources, flexibly deploy manpower as appropriate and at the same time, provide appropriate training and support to frontline staff in order to implement the new phase of tobacco control measures.

2.

The TACO is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue FPNs to smoking offenders without warning. Apart from smoking offences, the TACO will also take enforcement actions for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints/referrals received, inspections conducted, warning letters issued, FPNs issued and prosecutions instituted by the TACO for the period from 2023 to 2025 for smoking and/or other offences are at **Annex 3**.

3.

According to the Tobacco Control Legislation (Amendment) Ordinance 2025, the fixed penalty for smoking offences has been increased from \$1,500 to \$3,000 since 1 January 2026. From 1 January 2026 to 28 February 2026, the TACO conducted a total of over 7 000 inspections and issued 1 291 FPNs for smoking offences. Among the FPNs issued, 16 of them were issued within the newly extended statutory no smoking areas and the newly designated queuing areas where smoking is prohibited.

4.

The Census and Statistics Department (C&SD) conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The C&SD conducted 2 rounds of THS on the pattern of smoking over the past few years, and the result of the survey conducted in 2023 showed that the prevalence of daily conventional cigarette smokers aged 15 or above was 9.1%. A breakdown of the smoking prevalence and average daily consumption of conventional cigarettes (by age group and sex) is set out at **Annex 4**. The latest THS in this respect was conducted in 2025 and the result will be published in due course.

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)	2026-27 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>	<u>143.2</u>
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>	<u>170.8</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>				
TACO	83.7	81.9	86.7	84.6
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.6	27.8	27.2	27.0
<i>Sub-total</i>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>	<u>111.6</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations</u>				
Subvention to Tung Wah Group of Hospitals	10.2	15.3	16.5	16.5
Subvention to Pok Oi Hospital	14.8	19.5	19.2	19.2
Subvention to Lok Sin Tong	3.6	2.7	3.6	4.0
Subvention to United Christian Nethersole Community Health Service	6.1	8.5	13.5	13.5
Subvention to Life Education Activity Programme	2.9	3.0	3.0	3.0
Subvention to Christian Family Service Centre	3.5	4.2	-	-
Subvention to The University of Hong Kong	-	-	3.0	3.0
<i>Sub-total</i>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>	<u>59.2</u>
Total	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>	<u>314.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	No. of Staff from 2023-24 to 2024-25	No. of Staff in 2025-26 and 2026-27
<u>Head, TACO</u>		
Consultant	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/Senior Foreman/Foreman	125	125
Senior Hospital Administrator/Hospital Administrator	-	13
Senior Executive Officer/Executive Officer	13	-
<i>Sub-total</i>	<u>147</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>		
Senior Executive Officer/Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>
Total	<u>183</u>	<u>183</u>

Numbers of Complaints/Referrals Received, Inspections Conducted, Warning Letters Issued, FPNs Issued, and Prosecutions Instituted by TACO for Smoking and Other Offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2023	2024	2025
Complaints/referrals received		20 116	29 205	30 709
Inspections conducted		28 817	30 162	35 668
Warning letters issued (for smoking offences) (Note 1)		10	10	2
FPNs issued (for smoking offences) (Note 2)		10 261	13 488	10 357
Prosecutions instituted	for smoking offences	48	64	37
	for other offences (Note 3)	657	871	2 741

Notes:

- 1 In general, the TACO will take enforcement actions to prosecute smoking offences without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 Prior to the introduction of the new phase of tobacco control measures, the TACO stepped up inspections in public areas. These inspections were primarily aimed at promoting the new tobacco control measures, with a focus on education and encouragement of compliance with the law rather than taking strict enforcement actions. As a result, there was a decrease in the number of FPNs issued.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc. The TACO has strengthened co-operation with other departments to enhance efficiency in the prosecution process and speed up the processing of backlog cases, resulting in an increase in the number of prosecutions instituted in 2025.

Prevalence of Daily Cigarette Smokers by Age Group and Sex in 2023*

Age group	Male	Female	Overall
15 - 19	#	#	#
20 - 29	9.3%	1.7%	5.5%
30 - 39	16.2%	3.6%	9.7%
40 - 49	21.9%	5.0%	12.6%
50 - 59	23.5%	4.1%	12.7%
≥ 60	15.3%	0.9%	7.7%
Overall	16.4%	2.7%	9.1%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.3% were daily cigarette smokers based on the survey conducted in 2023.

The figures are not released due to the large sampling error.

Source: Thematic Household Survey Report No. 79, Census and Statistics Department

Average Daily Consumption of Cigarettes (Number of Sticks of Cigarettes) by Age Group and Sex in 2023

Age group	
Aged 15-19	#
Aged 20-29	11.2
Aged 30-39	11.5
Aged 40-49	11.8
Aged 50-59	12.6
Aged ≥60	12.5
Sex	
Male	12.6
Female	9.3
Overall	12.1

The figures are not released due to the large sampling error.

Source: Thematic Household Survey Report No. 79, Census and Statistics Department

- End -

CONTROLLING OFFICER'S REPLY**HHB205****(Question Serial No. 1740)**Head: (37) Department of HealthSubhead (No. & title): (000) Operational expensesProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

It is mentioned in the Budget that during 2026-27, the Department of Health will 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 (GCMTI), and support of the Chinese Medicine Council of Hong Kong to carry out relevant actions in the Blueprint. In this connection, will the Government please inform this Committee of:

- (1) the staff establishment (including ranks and number of posts) and operational expenses of the GCMTI in the past 3 years;
- (2) the estimated expenditure on the GCMTI for 2026-27;
- (3) the research projects carried out by the GCMTI and their results in the past 3 years;
- (4) the current application of the reference standards and testing methods of the GCMTI by the Chinese medicine (CM) industry, as well as the measures that the Department has in place to encourage the industry to make use of the reference standards and testing methods of the GCMTI to further enhance the capabilities in quality control and identification of CM; and
- (5) the measures that the Government had in place in the past 3 years and to be put in place in 2026-27 to promote the international application of Hong Kong's CM standards and testing technologies?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 21)

Reply:

(1)

The financial provision and the approved establishment in respect of the Government Chinese Medicines Testing Institute (GCMTI) in the past 3 years are set out below.

Financial Year	Financial Provision (\$ million)
2023-24	63
2024-25	60.6
2025-26	111.4

<u>Rank</u>	<u>Number of Posts in 2023-24</u>	<u>Number of Posts in 2024-25</u>	<u>Number of Posts in 2025-26</u>
Senior Chemist	1	1	2
Senior Pharmacist	0	0	2
Chemist	4	4	6
Pharmacist	1	1	2
Scientific Officer (Medical)	14	14	17
Science Laboratory Technologist	1	1	1
Science Laboratory Technician I	3	3	5
Science Laboratory Technician II	3	3	5
Laboratory Attendant	1	1	2
Chief Executive Officer	0	0	1
Senior Executive Officer	1	1	1
Executive Officer II	1	1	1
Clerical Officer	0	0	1
Assistant Clerical Officer	1	1	2
Total:	31	31	48

As the permanent GCMTI building (Permanent Building) commenced services in phases in December 2025, the GCMTI received approval for strengthening manpower in 2025-26 for operational needs following the completion of the Permanent Building.

As the GCMTI is a part of the Chinese Medicine Regulatory Office (CMRO) of the Department of Health (DH), its operating expenditure and research project expenses are subsumed into the overall expenditure of the CMRO. Therefore, the operational expenses of the GCMTI cannot be separately identified.

(2)

The financial provision for the GCMTI in 2026-27 is \$209.9 million.

(3)

Set up by the DH in 2017, the GCMTI is dedicated to establishing internationally recognised reference standards for Chinese medicines (CMs) and their testing methods.

One of the key activities of the GCMTI is to take forward the project on the Hong Kong Chinese Materia Medica Standards (HKCMMS). So far, reference standards for a total of 357 Chinese Materia Medica (CMM) have been established and released.

Moreover, the DH set up the GCMTI Advisory Committee in 2017 as a platform for stakeholders to advise on the long-term development strategies, measures and specific research proposals of the GCMTI. Supported by the Committee, the GCMTI has completed 7 projects in the past 3 years with another 9 projects underway, details of which are set out in the **Annex**.

(4)

The GCMTI has been making its research results and all published volumes of the HKCMMS publicly available by uploading them to the webpage of the DH's CMRO for reference and application by the CMs industry, relevant stakeholders and members of the public. As at end-February 2026, the GCMTI has organised about 123 training and educational activities of various types, such as sharing sessions/workshops. The cumulative number of attendances is over 6 600, with participants comprising CM practitioners, members of the CMs industry, laboratory personnel, staff members of the CM Clinics cum Training and Research Centres operated under tripartite collaboration model of the Hospital Authority, and undergraduates in Pharmacy in CMs, etc. The testing methods developed and research results achieved by the GCMTI were explained and shared through the activities, and training was also offered.

At present, the reference standards and testing methods of the GCMTI are widely adopted by the CMs industry. Over the years, the HKCMMS has become an essential reference for wholesalers and retailers of Chinese herbal medicines as well as manufacturers of proprietary Chinese medicines (pCms) in selecting or procuring CMM. Also, manufacturers of pCms, holders of Certificate for Manufacturer (Good manufacturing practice in respect of pCms) and applicants for registration of pCms can set the quality standards of their products based on these reference standards. At the same time, these standards and methods provide a scientific foundation for CMs education and research, and serve as a reference for laboratories in preparing for ISO/IEC 17025 accreditation.

The DH will continue to dedicate efforts to promotion and training. It will make use of the new International Collaboration and Training Centre (ICTC) and the Training and Technology Transfer Laboratory at the Permanent Building to consistently organise a series of technology exchanges as well as training and technology transfer activities to actively promote the HKCMMS and testing methods developed by the GCMTI, with the aim of transforming the research results into practical application by the industry through on-site training and technology transfer, so as to further promote the overall development of the CMs industry and the relevant application.

Furthermore, to ensure the practicality of quality assessment standards, the GCMTI will actively maintain communication with industry experts and relevant stakeholders to extensively collect feedback and suggestions, and closely keep in view the market demand and updates on technological developments. This will help further strengthen the capabilities in quality control and identification of CMs, and advance the continuous development of the CMs industry.

(5)

The GCMTI has all along been making efforts to serve its role as the Country's gateway to international markets through various international platforms, acting as a bridge to link and closely connect the Country with the rest of the world, thereby facilitating the international application of CMs reference standards and testing methods.

In the past 3 years, the GCMTI actively facilitated exchanges and co-operation with professional organisations from the Greater Bay Area (GBA), the Mainland and overseas as well as international institutions to expand its international connections, which included consistently fulfilling its responsibilities as the Collaborating Centre for Traditional Medicine

since its appointment by the World Health Organization (WHO) in 2012, and actively participating in the work of the WHO International Regulatory Cooperation for Herbal Medicines and the Western Pacific Regional Forum for the Harmonization of Herbal Medicines, to promote the international harmonisation of CMs standards and testing methods. In addition, the GCMTI promotes the exchange and application of CMs reference standards and testing methods under various co-operative frameworks, such as the Co-operation Arrangement with the Guangzhou Municipal Market Regulatory Administration, the Co-operation Arrangement on Research for Quality Testing and Standards of Chinese Medicines, and the Co-operation Agreement on Research of Chinese Medicines Standards and on Chinese Medicines Herbarium.

The DH has been actively promoting the international application of the HKCMMS over the years. As a reference framework, the HKCMMS is widely applied in multiple fields and recognised by the international community. The standards therein are not only cited by overseas authoritative institutions, but also frequently published in articles on CMs research in international journals, demonstrating their global influence and practical value. Specifically, the 357 monographs published under the HKCMMS have been cited as references in over 400 international journal articles. This has played a critical role in promoting the standardisation of CMs and internationalisation of CMs testing technologies, reflecting Hong Kong's expertise in this field.

In the coming year, the GCMTI will further deepen co-operation with multiple institutions related to CMs testing in the Mainland and GBA in the field of CM quality, which includes conducting a series of research projects related to CMs quality and continuously organising GBA conferences on testing technologies of CMs, in order to promote the HKCMMS as well as the dissemination and application of the latest CMs testing technologies. The GCMTI will also fully utilise such facilities as the ICTC at the Permanent Building to organise more international conferences, technology exchanges and professional training sessions to support Hong Kong's drive for CM to go global.

Completed and Ongoing Research and Thematic Projects of the DH's GCMTI**(i) Projects completed between 2023-24 and 2025-26**

Research/Thematic Projects	Commencement Date	Completion Date	Achievements
Analysis of Chemical Markers of CMM in Baifeng Wan	December 2021	June 2023	Published a total of 12 analytical methods for the 8 CMM in Baifeng Wan
Building of the Digitalised CMs Information Platform (Phase II)	March 2022	December 2023	Built the Digital Herbarium for CMs (DHCM) platform and public website featuring commonly used CMM, 3-dimensional (3D) images, virtual reality tours and special topics on knowledge related to CMs, etc. The website currently features 230 commonly used CMM, with more to be added from time to time.
Identification of Tiny Seed and Fruit Types of CMM	April 2022	May 2024	Published 30 monographs on tiny seed and fruit types of CMM with corresponding identification key
Pilot Study on the Analysis of Chemical Markers in Compound CM Granules	January 2024	September 2024	Provided reliable information in related fields for future research and application, and determined the feasibility of new studies
Study on the Identification of Ziziphi Spinosae Semen and its Commonly Confused Species by DNA Method	June 2023	December 2024	Developed a testing method using PCR-restriction fragment length polymorphism (PCR-RFLP) technology for quickly and effectively distinguishing Ziziphi Spinosae Semen from its commonly confused species

Analysis of Chemical Markers in pCms Containing Psoraleae and Ginseng	July 2023	December 2024	Developed a set of highly versatile testing methods for the analysis of chemical markers that can extensively test different formulations and dosage forms of pCms categorised as nourishing and Yang invigorating
Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II) – Survey on Hong Kong’s CMM Market and Traditional Knowledge	May 2023	March 2025	Conducted literature reviews, online surveys, questionnaires, interviews and on-site surveys to gather information on the CMM (including decoction pieces) available in Hong Kong’s CMM market, as well as application knowledge of regional medicines inherited in the local context

(ii) Ongoing projects

- Collection of specimens of Daodi medicinal materials of China and South Eastern Asia herbal medicines for the CMs Herbarium of the GCMTI
- Collection of specimens of Western herbal medicines and Lingnan herbal medicines for the CMs Herbarium of the GCMTI
- Building of 3D CMM Images for the DHCM
- Establishment of reference DNA sequence library for CMM (Phase II)
- Macroscopic and Microscopic Identification of Cortex type of Decoction Pieces Commonly Found in Hong Kong
- Study on the Identification of Radix or Rhizoma Podophylli emodis and its Confused Species by DNA Method
- Analysis of Chemical Markers in Compound CM Granules
- Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II) – Collection of Medicinal Plant Specimens of Hong Kong (Winter and Spring)
- Survey of CMM Resources under the Fourth National Survey of CMM Resources (Phase II) – Collection of Medicinal Plant Specimens of Hong Kong (Summer, Autumn and Year-round)

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CONTROLLING OFFICER'S REPLY

HHB206

(Question Serial No. 1741)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

One aspect of work undertaken by the Department of Health is to ensure the safety, quality and efficacy of pharmaceutical products through product registration and licensing control. In this connection, will the Government please advise this Committee on:

(1) the establishment of and the expenditure on the personnel currently responsible for vetting and approving the registration applications of proprietary Chinese medicines (pCms) or providing assistance for the trade concerning their registration;

(2) the following information regarding the registration applications of pCms received by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong: (i) the number of applications, (ii) the number of cases issued with "Certificate of registration of pCms", (iii) the number of cases not issued with the Certificate, (iv) the average vetting and approval time, and (v) the main reasons for the rejection of registration applications in each of the past 5 years;

(3) in light of the Notice Concerning Streamlining the Approval for Marketing and Registration of Hong Kong and Macao Marketed Oral Traditional Proprietary Chinese Medicines in the Mainland promulgated by the National Medical Products Administration in January 2025 and the Notice Related to Streamlining the Registration and Approval for Hong Kong or Macao Registered Traditional Proprietary Chinese Medicines for External Use promulgated by the Guangdong Provincial Medical Products Administration in August 2021 to streamline the vetting and approval procedures for Hong Kong pCms to be registered in the Mainland, whether the Government is aware of the following information regarding applications submitted by registration holders of traditional pCms for oral and external use for registration and market launch in the Mainland under the above measures since August 2021: (i) the number of applications, (ii) the number of applications approved, and (iii) the number of types of pCms involved in the approved applications;

(4) whether the Government will deploy additional resources and manpower in 2026-27 to expedite the vetting and approval of the registration applications of pCms or provide assistance for the trade concerning their registration; and

(5) the measures that the Government had in place over the past 3 years and to be put in place in 2026-27 to disseminate the latest Chinese medicine regulatory information to the public and to guide the public in selecting suitable registered pCms, as well as the actual and estimated expenditure involved?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 22)

Reply:

As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the current approval and registration mechanism for drugs (including Chinese and Western medicines) and establish an internationally renowned regulatory authority of drugs and medical devices (medical products), i.e. the "Hong Kong Centre for Medical Products Regulation" (CMPR). To this end, the HKSAR Government set up the "Preparatory Office for the CMPR" under the Department of Health (DH) in June 2024. The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and has since enhanced promotion and communication with various local, the Chinese Mainland and overseas stakeholders in the Chinese medicines industry, the Western medicines industry, the medical device industry, and the scientific research and academic sectors, etc.. The Preparatory Office is currently actively reviewing the restructuring and strengthening of technical regulation and approval system. It will also consolidate and re-organise the functions and manpower of the DH's existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the end of 2026, with the aim of aligning with the enhancement direction of approval and regulation to leverage the strengths and synergies of the regime.

(1)

The Chinese Medicine Council of Hong Kong (the Council) is a statutory body established under the Chinese Medicine Ordinance (Cap. 549) implementing regulatory measures for Chinese medicine. The manpower for the registration of proprietary Chinese medicines (pCms) in the Council Secretariat cannot be separately identified as the staff members discharging such duties are also responsible for other matters related to Chinese medicines.

At the same time, the Chinese Medicine Regulatory Office (CMRO) of the DH provides professional support to the Council, which includes handling matters related to the registration of pCms, licensing of Chinese medicines traders, import and export control, Certificate for Clinical Trial and Medicinal Test of pCms and Certificate for Manufacturer (Good manufacturing practice in respect of pCms) (GMP). The Chinese Medicines Management Division of the CMRO is responsible for such work, and its approved establishment for the registration of pCms as broken down by rank is set out below:

<u>Rank</u>	<u>No. of posts</u>
Senior Pharmacist	2
Pharmacist	2
Scientific Officer (Medical)	10
Clerical Officer	3

The expenditure involved is absorbed within the overall provision for the CMRO and cannot be separately identified.

(2)

Regarding the registration applications of pCms, applicants should submit all the required documents in respect to the classification category of the pCms to the Chinese Medicines Committee (the Committee) under the Chinese Medicines Board. The DH provides professional support to the Committee, conducting evaluation for each application and submitting the evaluation results to the Committee for review and approval. After the Committee has reviewed the application and confirmed that the pCms registration requirements have been met, the pCms will be registered once the applicant settles the prescribed fee for certificate issuance.

During the period from 2021 to 2025, the numbers of new pCms registration applications accepted by the Chinese Medicines Board under the Council were 120, 113, 292, 69 and 59 respectively.

Among the cases processed so far, a total of 5 643 cases have been issued with “Certificate of registration of pCms” over the past 5 years, while 490 applications were rejected due to failure to submit the documents, information, samples or other materials as required by the Chinese Medicines Board for approval decision on pCms registration application, and/or failure to meet the safety, quality and efficacy requirements set out by the Chinese Medicines Board, or applicants’ voluntary withdrawal of their applications. Additionally, there were 147 cases involving Certificate holders who failed to respond or submit renewal applications, or whose renewal applications were not approved by the Chinese Medicines Board. The statistics by year are set out in the table below.

	Number of cases (by year)					Total
	2021	2022	2023	2024	2025	
“Certificate of registration of pCms” issued (Note 1)(Note 2)	800	810	835	888	2 310	5 643
“Certificate of registration of pCms” not issued (Note 1)(Note 2)	234	149	131	75	48	637
Failure to submit the documents, information, samples and/or other materials as required by the Chinese Medicines Board for approval decision on pCms registration application; and/or failure to meet the safety, quality and efficacy requirements set out by the Chinese Medicines Board for pCms registration	103	75	57	19	11	265

Voluntary withdrawal of new application by the applicant	98	45	44	23	15	225
Renewal renounced by the holder of “Certificate of registration of pCms” or renewal application not approved by the Chinese Medicines Board	33	29	30	33	22	147

As mentioned above, the vetting and approval process upon receipt of pCms registration applications generally includes work procedures such as evaluation by the DH, requests for applicants’ supplementary or additional submission of required documents or information, and vetting and approval by the Committee. As the time required for applicants to submit supplementary documents varies according to the uniqueness and complexity of individual cases, the DH does not maintain records on the average approval time for new applications.

The DH has rolled out a tiered and streamlined mechanism on a pilot basis to process pCms registration applications since 1 January 2026 to expedite the processing of the applications under new tiers and assist applicants with planning their business and resources more effectively, so as to align with the policy of developing Hong Kong into an international health and medical innovation hub. In addition to the existing tier of “Urgent Public Health Demand”, two new tiers, namely “Innovative Drugs” and “Designated Priority Products” will be introduced with specified target processing times. Under the tiered and streamlined mechanism, applicants may select and quickly bring suitable pCms products to the Hong Kong market. The DH will process the relevant applications according to the tiers of the pCms concerned. For new applications under the tiers “Urgent Public Health Demand”, “Innovative Drugs” and “Designated Priority Products”, the target processing times are to complete the evaluation and submit the application to the Committee for review and approval within 30, 120 and 150 working days respectively. So far, all new applications submitted under the tiered and streamlined mechanism have met the respective target processing times.

(3)

The National Medical Products Administration (NMPA) announced the Work Plan for Regulatory Innovation and Development of Pharmaceutical and Medical Device in the Guangdong-Hong Kong-Macao Greater Bay Area in November 2020, entrusting the Guangdong Provincial Medical Products Administration (GDMPA) with the assessment as well as vetting and approval for the import of pCms for external use marketed in Hong Kong and Macao. The GDMPA announced the relevant vetting and approval procedural arrangements and policies on 27 August 2021, allowing traditional pCms for external use which have been approved for market launch and use in Hong Kong and Macao for over 5 years to submit their registration applications to the GDMPA through the streamlined registration and vetting and approval measures. With successful experience under the existing co-operation framework, the NMPA announced on 21 January 2025 to further extend the streamlined vetting and approval measures to traditional pCms for oral use to further facilitate the access of Hong Kong and Macao pCms products to the Mainland market. Traditional pCms products for external or oral use approved for market launch in the Mainland will be announced on the NMPA’s official website.

According to the information on the NMPA’s official website, during the period from August 2021 to 28 February 2026, a total of 18 pCms for external use from Hong Kong and Macao were approved for market launch in the Mainland through the streamlined procedure.

Among them, 17 have been registered in Hong Kong, of which 16 are Hong Kong products. In addition, 1 pCms for oral use registered in Hong Kong has been approved for market launch in the Mainland through the streamlined procedure.

As regards the numbers of applications concerned, they are not disclosed on the NMPA official website.

(4)

The DH has earmarked about \$5.03 million for 2026-27 to recruit additional manpower to expedite the assessment of pCms registration applications or assist the trade with their registration of pCms.

(5)

Over the past 3 years, the DH has actively taken forward the public education efforts on Chinese medicine through various channels (such as organising online thematic talks and roving exhibitions across all 18 districts, as well as promotion on social media, etc.) to disseminate knowledge on Chinese medicine and the latest information on the regulation of Chinese medicine to the public. The DH will also release radio and television announcements to guide the public in selecting appropriate registered pCms in 2026-27.

The related health promotion efforts form part of the various Chinese medicine regulatory initiatives undertaken by the CMRO of the DH, thus the expenditure involved is absorbed within the overall provision for the CMRO and cannot be separately identified.

[Note 1: Including new applications for “Certificate of registration of pCms”, cases in which “Notice of confirmation of transitional registration of pCms” is converted to “Certificate of registration of pCms”, and renewal cases for issued “Certificate of registration of pCms”.]

[Note 2: The actual processing time for a pCms registration application is subject to the completeness of information submitted by the applicant, the complexity of different types of applications, and the current caseload of the Council Secretariat. Depending on the submission time and circumstances of each case, the application as well as vetting and approval procedures may not be completed within the same year.]

- End -

CONTROLLING OFFICER'S REPLY

HHB207

(Question Serial No. 2300)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Budget, one aspect of work undertaken by the Department of Health is the regulation of private healthcare facilities. It is however reported that at present, quite a number of premises in the community boast that they can provide customers with such services as “bone manipulating” and pain relief, and some members of the public have been injured as a result of receiving the services provided by persons suspected to be non-healthcare professionals at such premises. In this connection, will the Government inform this Committee of:

- (1) the staff establishment, actual expenditure and estimated expenditure involved in the Government's regulation of private healthcare facilities in the past 3 years and for 2026-27 respectively;
- (2) the number of complaints received by the Government in relation to the above premises and the follow-up situation in each of the past 5 years, as well as the number of cases among them involving unlicensed medical practice and the respective numbers of persons prosecuted and convicted;
- (3) the measures the Government has in place to regulate the above premises, as well as whether it has taken the initiative to inspect such premises in prevention of illegal medical practices at such premises; if yes, the number of inspections carried out and the result in each of the past 5 years; and
- (4) the publicity and education measures that the Government had in place over the past 3 years and to be put in place in 2026-27 to prevent members of the public from inadvertently falling into the trap of illegal medical practice, as well as the actual expenditure and the estimated expenditure involved in the relevant work?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 20)

Reply:

The Government is committed to maintaining the quality of healthcare services in Hong Kong in order to meet the needs of practice of healthcare professions and protect patient safety, and takes rigorous enforcement action against illegal provision of healthcare services. At the same time, the Government safeguards public health and upholds the reputation of healthcare professions by regulating other arrangements related to healthcare services (including

premises providing healthcare services and medical advertisements) and carrying out public education and publicity work.

Regulation of healthcare professions

The Government attaches great importance to the quality of healthcare services provided by healthcare professionals. In particular, there are 13 healthcare professions that are subject to statutory registration ^{Note}. The statutory boards and councils of relevant healthcare professions set out practical operational guidelines for their respective professions by issuing codes of practice or provide guideline on professional conduct, and will take disciplinary action against any healthcare professional breaching the codes of practice or the law.

To safeguard the lives and safety of the public, the current relevant legislation prohibits practice without registration and/or unlawful use of the title of a registered healthcare professional. The Government has zero tolerance for the illegal provision of healthcare services and encourages members of the public to report to the Police on any person suspected of providing healthcare services illegally. Upon receipt of a complaint, the Government will definitely take resolute enforcement action, and the Department of Health (DH) will work with the statutory boards and councils of relevant healthcare professions to provide professional support to the Police. The numbers of persons prosecuted and convicted in relation to practising without registration and/or unlawful use of the title of a registered healthcare professional under the Medical Registration Ordinance (Cap. 161), the Chinese Medicine Ordinance (Cap. 549) and the Dentists Registration Ordinance (Cap. 156) during the period from 2021 to 2025 are as follows:

Section 28 of the Medical Registration Ordinance (Cap. 161)

	Year in which the cases concluded				
	2021	2022	2023	2024	2025
Number of persons prosecuted	4	0	5	5	0
Number of persons convicted	4	0	4	5	0

Section 108 of the Chinese Medicine Ordinance (Cap. 549)

	Year in which the cases concluded				
	2021	2022	2023	2024	2025
Number of persons prosecuted	2	1	7	2	3
Number of persons convicted	2	1	6	2	3

Section 3 of the Dentists Registration Ordinance (Cap. 156)

	Year in which the cases concluded				
	2021	2022	2023	2024	2025
Number of persons prosecuted	1	5	4	7	3
Number of persons convicted	1	5	3	7	3

Regulation of premises providing healthcare services

Apart from regulating healthcare service providers, the Government is implementing the regulation of private healthcare facilities (PHFs) in phases. The Private Healthcare Facilities Ordinance (Cap. 633) aims to regulate the PHF premises where registered medical practitioners and/or dentists practise, covering hospitals, day procedure centres, clinics and health services establishments. Operators are required to obtain a licence or letter of exemption in order to operate the relevant PHFs. Since the daily operation of the practising premises of those healthcare professions may likely involve high-risk issues such as blood handling, the Government adopts a risk-based principle to further impose the most stringent regulatory regime through legislation against relevant premises, in addition to regulation by the specific pieces of legislation on healthcare professions. Members of the public can verify a licensed or exempted PHF by scanning the QR code on the licence or letter of exemption through the Licence Scanner function of the eHealth mobile application.

To address public concern about the use of titles or descriptions by illegal practitioners which may mislead the public into believing that medical services are provided at their premises, the Government will implement section 92 of the Private Healthcare Facilities Ordinance (Cap. 633) to prohibit premises other than a permitted facility (i.e. neither a licensed hospital/day procedure centre/clinic, nor a small practice clinic holding a letter of exemption) from bearing a specified title or description. The Government will consult the Legislative Council in the first half of 2026 for a more comprehensive coverage of such titles or descriptions.

From 2023-24 to 2026-27, a staff establishment of over 170 posts in the DH has been involved in the regulation of PHFs each year. The actual expenditure in 2023-24 was \$190.3 million, the actual expenditure in 2024-25 was \$217.9 million, the revised estimate for 2025-26 is \$191.3 million, and the estimated expenditure for 2026-27 is \$216.6 million.

Regulation of medical advertisements

To prevent the public from seeking improper treatment of certain conditions, the Undesirable Medical Advertisements Ordinance (Cap. 231) prohibits/restricts the publication of advertisements that will likely lead to the use of any medicine, surgical appliance or treatment for the purpose of preventing or treating diseases or conditions specified in the Ordinance. These include any disease of the musculo-skeletal system, including rheumatism, arthritis and sciatica. The DH has put in place an established mechanism for screening advertisements. Appropriate actions will be taken in accordance with the law if any of their contents are found suspected of contravening the Ordinance.

From 2021 to 2025, the DH reviewed a total of over 200 000 advertisements published across various media in Hong Kong, including newspapers, magazines, leaflets, signs and posters, as well as radio, television and internet advertisements, and issued over 2 200 warning letters concerning advertisements that contravene the Undesirable Medical Advertisements Ordinance (Cap. 231), including those from premises claiming to provide “bone manipulating” service.

Public education and publicity

The DH will continue to enhance public education and publicity, urging members of the public to check the professional qualifications of service providers before receiving healthcare services (including browsing the webpages of the statutory boards and councils of relevant healthcare professions (www.dh.gov.hk/english/main/main_rhp/main_rhp.html) to check the list of registered practitioners, and requesting service providers to produce relevant certificate) and only to consult healthcare professionals that are subject to regulation. The expenditure involved in the related publicity and education work is absorbed within the DH's overall provision and cannot be separately identified.

Note: Medical practitioners, dentists, dental hygienists, nurses, midwives, Chinese medicine practitioners, pharmacists, medical laboratory technologists, occupational therapists, optometrists, radiographers, physiotherapists, chiropractors

- End -

CONTROLLING OFFICER'S REPLY

HHB208

(Question Serial No. 2301)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget that in 2026-27, the Department of Health (DH) will 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). In this connection, will the Government please advise this Committee on:

(1) the respective numbers of complaints received, inspections conducted, and warning letters, fixed penalty notices (FPNs) and summonses issued by the DH's Tobacco and Alcohol Control Office (TACO) in relation to smoking in the past 3 years and among them, the respective numbers of complaints received, inspections conducted and enforcement action in relation to alternative smoking products;

(2) the respective numbers of inspections conducted and FPNs/ summonses issued by the TACO for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in the past 3 years;

(3) given that 3 of the amendments relating to smoking offences under the Tobacco Control Legislation (Amendment) Ordinance 2025 came into effect on 1 January this year, the respective numbers of complaints received, inspections conducted, and warning letters, FPNs and summonses issued by the TACO in relation to smoking since the implementation of these 3 new tobacco control measures and, among them, the number of violations of the 3 new tobacco control measures and the follow-up actions taken by the DH;

(4) the staff establishment and actual expenditure of the TACO in the past 3 years;

(5) the staff establishment and estimated expenditure of the TACO for 2026-27; and

(6) whether the Government has made good use of technology to enhance the efficiency of tobacco control work; if yes, the details?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 40)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO will also take enforcement actions for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints/referrals received, inspections conducted, warning letters issued, FPNs issued and prosecutions instituted by the TACO for the period from 2023 to 2025 for smoking and/or other offences are at **Annex 1**.

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes of ASPs, including electronic smoking products, heated tobacco products and herbal cigarettes in accordance with the Smoking (Public Health) Ordinance (Cap. 371) and the Import and Export Ordinance (Cap. 60). The Customs and Excise Department is responsible for intercepting illegally-imported ASPs at import level with intercepted cases referred to the TACO for follow-up and prosecution, and the TACO is also responsible for market surveillance and instituting prosecution.

From 30 April 2022 to 31 December 2025, the TACO instituted a total of 3 929 prosecutions against offenders in relation to cases of illegally importing ASPs, of which 2 097 cases were convicted by court. The fines ranged from \$300 to \$60,000, and the highest sentence was 6 months' imprisonment. In addition, the TACO issued 25 summonses to offenders who allegedly sold or possessed ASPs for commercial purposes, of which offenders in all cases were convicted by court and sentenced to 2 months' imprisonment at most.

(2)

The numbers of inspections conducted and FPNs/summonses issued by the TACO from 2023 to 2025 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas (NSAs) are at **Annex 2**.

(3)

The Tobacco Control Legislation (Amendment) Ordinance 2025 was passed by the Legislative Council in September last year and gazetted by the Government in the same month. Among the measures targeting smoking offences, 3 of them came into effect on 1 January 2026, including extension of statutory NSAs to public places that lie within 3 metres outside the entrances/exits exclusively used for specified premises, prohibition of smoking while queuing, and increase of the fixed penalty for smoking offences from \$1,500 to \$3,000.

From 1 January to 28 February 2026, the TACO conducted a total of over 7 000 inspections and issued 1 291 FPNs for smoking offences. Among the FPNs issued, 16 of them were

issued within the newly extended statutory NSAs and the newly designated queuing areas where smoking is prohibited.

(4) and (5)

The expenditure on/provision for, as well as the revised estimate and estimate for tobacco control initiatives taken forward by the TACO, and the approved establishment of the TACO from 2023-24 to 2026-27, are at **Annex 3 and Annex 4** respectively.

(6)

The TACO has equipped frontline staff with body-worn video cameras since 20 August 2025 to assist them in carrying out their duties more effectively and to safeguard the safety of the public and TACO personnel. The frontline TACO officers have also introduced the usage of smart tools for issuing FPNs since 30 October 2025 to streamline procedures, improve data accuracy and enhance enforcement efficiency. When issuing FPNs to offenders, TACO officers are able to scan offenders' Hong Kong Identity (HKID) Cards using an electronic system, which will instantly import the offenders' personal details into the FPN. The system will also automatically record the time, location and details of the enforcement officers. Officers will print the FPNs on the spot using portable printers and issue them to the offenders. The data will be automatically synchronised with the backend system, saving processing time and manpower needs in the back office while improving overall efficiency.

Numbers of Complaints/Referrals Received, Inspections Conducted, Warning Letters Issued, FPNs Issued, and Prosecutions Instituted by TACO for Smoking and Other Offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2023	2024	2025
Complaints/referrals received		20 116	29 205	30 709
Inspections conducted		28 817	30 162	35 668
Warning letters issued (for smoking offences) ^(Note 1)		10	10	2
FPNs issued (for smoking offences) ^(Note 2)		10 261	13 488	10 357
Prosecutions instituted	for smoking offences	48	64	37
	for other offences ^(Note 3)	657	871	2 741

Notes:

- 1 In general, the TACO will take enforcement actions to prosecute smoking offences without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 Prior to the introduction of the new phase of tobacco control measures, the TACO stepped up inspections in public areas. These inspections were primarily aimed at promoting the new tobacco control measures, with a focus on education and encouragement of compliance with the law rather than taking strict enforcement actions. As a result, there was a decrease in the number of FPNs issued.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

Number of Inspections Conducted and FPNs/Summonses Issued by TACO from 2023 to 2025 for Smoking Offences in Food Premises, Shops and Shopping Malls, Public Transport Facilities, Bus Interchanges and Other Statutory No Smoking Areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2023	2024	2025
Inspections conducted ^(Note)	27 371	26 031	32 618
- Food premises	1 897	1 921	2 547
- Shops and shopping malls	5 823	4 965	6 768
- Public transport facilities	3 448	3 876	5 194
- Bus interchanges	309	428	441
- Other statutory no smoking areas	15 894	14 841	17 668
FPNs issued ^(Note)	10 261	13 488	10 357
- Food premises	421	630	471
- Shops and shopping malls	2 417	3 138	3 089
- Public transport facilities	2 493	3 130	2 130
- Bus interchanges	109	226	138
- Other statutory no smoking areas	4 821	6 364	4 529
Summonses issued ^(Note)	48	64	37
- Food premises	1	1	5
- Shops and shopping malls	6	14	3
- Public transport facilities	8	14	9
- Bus interchanges	0	3	1
- Other statutory no smoking areas	33	32	19

Note: The TACO does not have separate figures on enforcement at indoor workplace and public transport carriers.

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)	2026-27 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>	<u>143.2</u>
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>	<u>170.8</u>
<u>(a) General Health education and Promotion of Smoking Cessation</u>				
TACO	83.7	81.9	86.7	84.6
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.6	27.8	27.2	27.0
<u>Sub-total</u>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>	<u>111.6</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations</u>				
Subvention to Tung Wah Group of Hospitals	10.2	15.3	16.5	16.5
Subvention to Pok Oi Hospital	14.8	19.5	19.2	19.2
Subvention to Lok Sin Tong	3.6	2.7	3.6	4.0
Subvention to United Christian Nethersole Community Health Service	6.1	8.5	13.5	13.5
Subvention to Life Education Activity Programme	2.9	3.0	3.0	3.0
Subvention to Christian Family Service Centre	3.5	4.2	-	-
Subvention to The University of Hong Kong	-	-	3.0	3.0
<u>Sub-total</u>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>	<u>59.2</u>
Total	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>	<u>314.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	Number of Staff from 2023-24 to 2024-25	Number of Staff in 2025-26 and 2026-27
<u>Head, TACO</u>		
Consultant	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/Senior Foreman/Foreman	125	125
Senior Hospital Administrator/Hospital Administrator	-	13
Senior Executive Officer/Executive Officer	13	-
<i>Sub-total</i>	<u>147</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>		
Senior Executive Officer/Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>
Total	<u>183</u>	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB209

(Question Serial No. 2938)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget that the Health Bureau will continue to refine the Elderly Health Care Voucher Scheme (EHVS), including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) in 2026-27. In this connection, will the Government inform this Committee of:

(1) the actual expenditure on implementing the EHVS and the number of elderly beneficiaries over the past 5 years, as well as the estimated expenditure for 2026-27;

(2) the number of voucher claim transactions, the amount claimed and the average, median as well as the maximum and minimum amount claimed per transaction under the EHVS (including the Pilot Scheme) over the past 5 years, broken down by type of healthcare service;

(3) the number of healthcare service providers in Hong Kong enrolled under the EHVS and their participation rates in the scheme as at present, broken down by type of healthcare service;

(4) the number of eligible Hong Kong elderly persons using Elderly Health Care Vouchers (EHCVs) at various medical institutions under the Pilot Scheme since its launch in 2024, the total number of voucher claim transactions and the total amount claimed;

(5) the respective numbers of complaints against the abuse of EHCVs received, investigations conducted and prosecutions instigated (by type of healthcare service provider) by the Department of Health (DH), the main complaints involved in these cases, and the number of healthcare service providers disqualified from the EHVS by the DH due to the abuse of EHCVs over the past 3 years; and

(6) the major measures taken by the Government to promote the EHVS and the publicity expenditure involved over the past 3 years?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 9)

Reply:

(1)

The number of elderly persons who had ever used their Elderly Health Care Vouchers (EHCVs) over the past 5 years are tabulated below:

	2021	2022	2023	2024	2025
Cumulative number of elderly persons who had ever used their EHCVs as at the end of the year	1 424 000	1 492 000	1 610 000	1 714 000	1 829 000

The actual/estimated expenditure on the Elderly Health Care Voucher Scheme (EHVS) from 2021-22 to 2026-27 are as follows:

Year	Actual/estimated expenditure on the EHVS (\$ billion)
2021-22	2.55 (Actual)
2022-23	2.79 (Actual)
2023-24	3.33 (Actual)
2024-25	3.42 (Actual)
2025-26	3.68 (Revised estimate)
2026-27	4.25 (Estimate)

(2)

The tables below show the number of voucher claim transactions, the amount of vouchers claimed and the average, median, maximum and minimum amounts per claim transaction under the EHVS (including the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)) by types of healthcare service provider / medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 5 years:

Number of Voucher Claim Transactions

	2021	2022	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong					
Medical Practitioners	1 917 943	1 954 032	2 325 617	2 444 952	2 364 586
Chinese Medicine Practitioners	1 542 578	1 647 630	1 965 635	2 160 315	2 282 291
Dentists	308 343	288 532	331 342	331 567	332 806
Occupational Therapists	7 224	4 177	4 232	3 003	3 322
Physiotherapists	48 107	37 603	45 673	43 341	42 277
Medical Laboratory Technologists	20 033	14 593	15 441	14 503	15 275
Radiographers	19 373	20 761	22 659	23 285	23 374
Nurses	11 295	9 376	11 196	10 800	12 587
Chiropractors	9 357	8 841	10 331	8 724	8 339
Optometrists	196 046	161 156	230 239	175 563	199 203
Audiologists ^{Note 2}	-	-	784	1 636	1 937

	2021	2022	2023 ^{Note 1}	2024	2025
Clinical Psychologists ^{Note 2}	-	-	2	-	4
Dietitians ^{Note 2}	-	-	609	1 356	1 080
Speech Therapists ^{Note 2}	-	-	5	7	42
Sub-total (Hong Kong):	4 080 299	4 146 701	4 963 765	5 219 052	5 287 123
Medical institutions in the GBA^{Note 3}	35 953	32 356	38 462	77 918	153 051
Total:	4 116 252	4 179 057	5 002 227	5 296 970	5 440 174

Amount of Vouchers Claimed (in HK\$'000)

	2021	2022	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong					
Medical Practitioners	1,027,990	1,059,052	1,270,495	1,363,308	1,371,198
Chinese Medicine Practitioners	788,617	854,324	1,140,988	1,227,911	1,369,438
Dentists	355,444	343,327	413,222	402,347	394,346
Occupational Therapists	7,503	4,518	4,455	3,404	2,454
Physiotherapists	19,238	17,743	22,726	23,083	23,880
Medical Laboratory Technologists	20,552	13,393	14,712	13,353	12,870
Radiographers	22,603	24,635	29,503	34,556	35,804
Nurses	11,049	9,878	11,168	10,427	11,039
Chiropractors	5,760	5,080	5,955	5,467	5,383
Optometrists	284,753	233,912	352,743	255,505	298,434
Audiologists ^{Note 2}	-	-	2,693	5,040	5,473
Clinical Psychologists ^{Note 2}	-	-	4	-	12
Dietitians ^{Note 2}	-	-	829	1,110	1,391
Speech Therapists ^{Note 2}	-	-	5	7	55
Sub-total (Hong Kong):	2,543,509	2,565,862	3,269,498	3,345,518	3,531,777
Medical institutions in the GBA^{Note 3}	12,103	10,949	11,883	39,339	82,186
Total:	2,555,612	2,576,811	3,281,381	3,384,857	3,613,963

Average Amount of Vouchers per Claim Transaction (HK\$)

	2021	2022	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong					
Medical Practitioners	536	542	546	558	580
Chinese Medicine Practitioners	511	519	580	568	600
Dentists	1,153	1,190	1,247	1,213	1,185
Occupational Therapists	1,039	1,082	1,053	1,134	739
Physiotherapists	400	472	498	533	565
Medical Laboratory Technologists	1,026	918	953	921	843

	2021	2022	2023 ^{Note 1}	2024	2025
Radiographers	1,167	1,187	1,302	1,484	1,532
Nurses	978	1,054	997	965	877
Chiropractors	616	575	576	627	646
Optometrists	1,452	1,451	1,532	1,455	1,498
Audiologists ^{Note 2}	N/A	N/A	3,435	3,081	2,826
Clinical Psychologists ^{Note 2}	N/A	N/A	2,000	N/A	3,000
Dietitians ^{Note 2}	N/A	N/A	1,361	819	1,288
Speech Therapists ^{Note 2}	N/A	N/A	1,000	1,000	1,310
Medical institutions in the GBA Notes 3 and 4	337	338	309	505	537

Median Amount of Vouchers per Claim Transaction (HK\$)

	2021	2022	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong					
Medical Practitioners	370	380	400	410	430
Chinese Medicine Practitioners	290	310	320	324	340
Dentists	800	800	835	800	800
Occupational Therapists	300	350	300	300	150
Physiotherapists	300	330	320	350	380
Medical Laboratory Technologists	722	680	720	700	620
Radiographers	660	720	800	900	910
Nurses	500	525	500	490	390
Chiropractors	560	560	560	600	620
Optometrists	1,680	1,700	1,880	1,748	1,820
Audiologists ^{Note 2}	N/A	N/A	2,121	1,905	1,618
Clinical Psychologists ^{Note 2}	N/A	N/A	1,800	N/A	2,900
Dietitians ^{Note 2}	N/A	N/A	1,105	310	380
Speech Therapists ^{Note 2}	N/A	N/A	1,200	1,000	1,300
Medical institutions in the GBA Notes 3 and 4	122	123	114	186	170

Range of Maximum and Minimum Voucher Amounts per Claim Transaction (HK\$)

	Range of Maximum Voucher Amounts per Claim Transaction (HK\$) ^{Note 5}				
	2021	2022	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong					
Medical Practitioners	7,751 – 8,000	7,751 – 8,000	>8,000	>8,000	>8,000
Chinese Medicine Practitioners	7,751 – 8,000	7,751 – 8,000	>8,000	>8,000	>8,000
Dentists	7,751 – 8,000	7,751 – 8,000	>8,000	>8,000	>8,000

	Range of Maximum Voucher Amounts per Claim Transaction (HK\$) ^{Note 5}				
	2021	2022	2023 ^{Note 1}	2024	2025
Occupational Therapists	7,751 – 8,000	7,501 – 7,750	7,751 – 8,000	7,751 – 8,000	6,251 – 6,500
Physiotherapists	7,751 – 8,000	7,751 – 8,000	>8,000	>8,000	>8,000
Medical Laboratory Technologists	7,751 – 8,000	7,751 – 8,000	7,751 – 8,000	7,751 – 8,000	>8,000
Radiographers	7,751 – 8,000	7,751 – 8,000	>8,000	>8,000	>8,000
Nurses	7,751 – 8,000	7,751 – 8,000	>8,000	>8,000	>8,000
Chiropractors	6,501 – 6,750	6,501 – 6,750	6,001 – 6,250	7,751 – 8,000	6,251 – 6,500
Optometrists	1,751 – 2,000	1,751 – 2,000	1,751 – 2,000	1,751 – 2,000	1,751 – 2,000
Audiologists ^{Note 2}	N/A	N/A	>8,000	>8,000	>8,000
Clinical Psychologists ^{Note 2}	N/A	N/A	1,751 – 2,000	N/A	4,251 – 4,500
Dietitians ^{Note 2}	N/A	N/A	7,751 – 8,000	4,751 – 5,000	7,751 – 8,000
Speech Therapists ^{Note 2}	N/A	N/A	1,251 – 1,500	1,751 – 2,000	6,501 – 6,750
Medical institutions in the GBA ^{Notes 3 and 4}	7,251 – 7,500	7,751 – 8,000	7,251 – 7,500	>8,000	>8,000

	Range of Minimum Voucher Amounts per Claim Transaction (HK\$)				
	2021	2022	2023 ^{Note 1}	2024	2025
Healthcare service providers in Hong Kong					
Medical Practitioners	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Chinese Medicine Practitioners	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Dentists	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Occupational Therapists	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Physiotherapists	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Medical Laboratory Technologists	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Radiographers	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Nurses	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Chiropractors	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Optometrists	1 – 250	1 – 250	1 – 250	1 – 250	1 – 250
Audiologists ^{Note 2}	N/A	N/A	1 – 250	1 – 250	1 – 250
Clinical Psychologists ^{Note 2}	N/A	N/A	1,751 – 2,000	N/A	1,501 – 1,750
Dietitians ^{Note 2}	N/A	N/A	1 – 250	1 – 250	1 – 250
Speech Therapists ^{Note 2}	N/A	N/A	501 – 750	1 – 250	1 – 250

	Range of Minimum Voucher Amounts per Claim Transaction (HK\$)				
	2021	2022	2023 ^{Note 1}	2024	2025
Medical institutions in the GBA ^{Notes 3 and 4}	1 - 250	1 - 250	1 - 250	1 - 250	1 - 250

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) was launched under the EHVS on 13 November 2023.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (AR Scheme) (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: Including the University of Hong Kong-Shenzhen Hospital and its offsite medical institution, i.e. the Huawei Li Zhi Yuan Community Health Service Center, as well as the 19 pilot medical institutions under the Pilot Scheme.

Note 4: Under the existing EHVS, private healthcare professionals in Hong Kong may enrol in the scheme as healthcare service providers on an individual basis, while medical institutions in the GBA participate in the scheme on a hospital/medical institution basis. Eligible elderly persons may use EHCVs to pay for the fee of outpatient healthcare services, such as physical examination, continuous preventive healthcare and chronic disease management, etc., provided by the designated departments at medical institutions in the GBA, and the statistics on the related healthcare services are compiled on the basis of services as provided by the respective designated departments, rather than individual healthcare professions. As such, any direct comparison between the average and median amounts of vouchers per claim transaction for healthcare service providers in Hong Kong and those of medical institutions in the GBA is not appropriate. Nor do the figures reflect the levels of primary healthcare service charges of either region.

Note 5: Due to the shared use of vouchers between spouses under the EHVS starting from 28 July 2023 and the \$500 reward under the Pilot Reward Scheme launched on 13 November in the same year (see Note 1 above) is not subject to the accumulation limit, the maximum voucher amount per claim transaction may exceed \$8,000.

(3)

The table below shows the number and participation rate of healthcare service providers in Hong Kong enrolled in the EHVS as at the end of 2025, by types of profession:

Healthcare Service Providers	Number (Participation Rate ^{Note 1})
Medical Practitioners	3 533 (56%)
Chinese Medicine Practitioners	4 752 (62%)
Dentists	1 444 (67%)
Occupational Therapists	155 (9%)
Physiotherapists	759 (28%)
Medical Laboratory Technologists	56 (4%)
Radiographers	76 (6%)
Nurses	509 (2%)
Chiropractors	177 (61%)
Optometrists	954 (89%)

Healthcare Service Providers	Number (Participation Rate^{Note 1})
Audiologists ^{Note 2}	43 (62%)
Clinical Psychologists ^{Note 2}	14 (3%)
Dietitians ^{Note 2}	58 (35%)
Speech Therapists ^{Note 2}	41 (13%)
Total:	12 571

Note 1: In calculating the EHVS participation rate of the first 10 types of healthcare service providers (i.e. medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists), those healthcare professionals practising in the public sector or are economically inactive (e.g. not practising in Hong Kong) have been excluded.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the AR Scheme (namely audiologists, clinical psychologists, dietitians and speech therapists). In calculating the percentage of participating healthcare service providers of these 4 professions under the EHVS, the numbers of registrants on the registers of the relevant healthcare professional bodies accredited under the AR Scheme of the Government have been used.

(4)

The table below shows the number of eligible Hong Kong elderly persons using EHCVs at various medical institutions, the total number of voucher claim transactions and the total amount claimed under the Pilot Scheme as at 31 December 2025:

GBA Mainland cities	Pilot Medical Institutions	Number of voucher claim transactions	Amount of vouchers claimed^{Note 1} (HKD\$'000)	Number of elderly persons who used EHCVs^{Note 2}
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	5 333	6,099	3 140
	Peking University Shenzhen Hospital (since 28 August 2025)	288	139	127
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	259	115	88
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	31 781	51,789	18 401
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	538	1,141	355

GBA Mainland cities	Pilot Medical Institutions	Number of voucher claim transactions	Amount of vouchers claimed ^{Note 1} (HKD\$'000)	Number of elderly persons who used EHCVs ^{Note 2}
	Sub-total of Shenzhen:	38 199	59,283	N/A
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	5 638	2,429	1 187
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	715	278	184
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	844	406	386
	Guangdong Clifford Hospital (since 9 July 2025)	3 979	1,461	757
	Sub-total of Guangzhou:	11 176	4,574	N/A
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	5 706	2,813	1 405
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	3 670	1,353	1 226
	Sub-total of Zhongshan:	9 376	4,166	N/A
Dongguan	Dongguan Tungwah Hospital (since 6 September 2024)	2 801	1,443	667
	Sub-total of Dongguan:	2 801	1,443	667
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	1 763	769	626
	Zhuhai People's Hospital (since 26 June 2025)	1 257	453	358
	Sub-total of Zhuhai:	3 020	1,222	N/A
Foshan	The First People's Hospital of Foshan (since 17 July 2025)	752	317	247
	The Eighth Affiliated Hospital of Southern Medical University	339	166	139

GBA Mainland cities	Pilot Medical Institutions	Number of voucher claim transactions	Amount of vouchers claimed ^{Note 1} (HKD\$'000)	Number of elderly persons who used EHCVs ^{Note 2}
	(since 17 July 2025)			
	Sub-total of Foshan:	1 091	483	N/A
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	159	62	75
	Sub-total of Huizhou:	159	62	75
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	596	204	191
	Sub-total of Jiangmen:	596	204	191
Zhaoqing	The First People's Hospital of Zhaoqing (since 28 August 2025)	434	157	150
	Sub-total of Zhaoqing:	434	157	150
	Total:	66 852	71,593	N/A

Note 1: Breakdown figures may not add up to the total due to rounding.

Note 2: An elderly person might have received services at more than 1 pilot medical institution.

(5)

To ensure the proper use of public money, the Department of Health (DH) adopts a robust monitoring mechanism for checking and auditing voucher claims under the EHVS. The relevant measures and procedures include routine checking, monitoring and investigating in respect of aberrant transactions, and investigation into complaints. The DH adopts a risk-based approach to check voucher claims, targeting healthcare service providers who have records of non-compliance with the terms and conditions of the EHVS Agreement and those whose voucher claims show aberrant patterns.

The table below shows the number of complaints (including media reports and relevant intelligence) against healthcare service providers enrolled in the EHVS received by the DH from 2023 to 2025:

	2023	2024	2025	Total
Number of complaints against healthcare service providers enrolled in the EHVS received by the DH	54	88	97	239

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against Chinese medicine practitioners, medical practitioners, optometrists and dentists. The DH would conduct investigation into every complaint received and take appropriate actions/measures when violation of the terms and conditions of the EHVS Agreement was found, including issuing advisory/warning letters to the relevant healthcare service providers, withholding reimbursements or recovering paid reimbursements, disqualifying healthcare service

providers from participating in the EHVS, and referring cases to the Police and the relevant professional regulatory boards/councils for follow-up as appropriate.

Among the complaint cases against healthcare service providers enrolled under the EHVS received by the DH in the past 3 years, as at end-December 2025, investigation of 128 cases was completed, of which 28 were found to be substantiated or partially substantiated. The DH has disqualified 3 healthcare service providers from participating in the EHVS and has referred 12 cases to the Police for follow-up (of which the investigation of 3 cases was completed with no prosecutions made and 9 cases are still under investigation).

(6)

The DH has promoted all along the EHVS through various publicity campaigns and public education activities, including disseminating the latest information on the scheme through the websites of the DH and the EHVS (hcv.gov.hk) as well as via social media; broadcasting television and radio Announcements in the Public Interest (APIs); displaying advertisements for the EHVS and points to note when using EHCVs on public transport and at shopping centres in public housing estates; broadcasting APIs and distributing leaflets and posters at elderly health centres, Home Affairs Enquiry Centres, etc.; and distributing leaflets at neighbourhood elderly centres, district elderly community centres, hospitals and clinics under the Hospital Authority, estate management offices, etc. The DH also mobilises its Visiting Health Teams to organise health talks for elderly persons and Senior Police Call members of the Hong Kong Police Force in various districts, with a view to promoting the EHVS together with the Pilot Scheme.

The EHVS is administered by the Health Care Voucher Division (HCVD) of the DH. The actual/estimated administrative expenses incurred by the HCVD for administrating the EHVS (including its publicity and promotion work) for the financial years from 2023-24 to 2025-26 are as follows:

Year	Administrative expense (\$ million)
2023-24	50.6 (Actual)
2024-25	51.9 (Actual)
2025-26	64.2 (Revised estimate)

The expenses involved in the above publicity and public education work cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

HHB210

(Question Serial No. 2944)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Budget, the establishment of the Department of Health (DH) as at 31 March 2026 is 6 943 posts. It is expected that there will be a net decrease of 143 posts in 2026-27. In this connection, will the Government please inform this Committee of the following:

- (1) the departments to which the 143 posts expected to be deleted belong and the ranks of those posts, the reasons for deleting such posts, and the total expenditure on emoluments involved;
- (2) regarding the provision of secretariat services by the DH to the Secretariat of the Medical Council of Hong Kong (MCHK), the civil service establishment (including the number of staff and their ranks) and the expenditures on emoluments and benefits involved over the past 5 years;
- (3) how the DH assesses the performance of civil servants working at the Secretariat of the MCHK; and
- (4) whether the DH has considered increasing the number of civil servants in the Secretariat of the MCHK to provide it with greater support in handling complaint cases; if yes, the details and the estimated expenditure involved?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 27)

Reply:

(1)

In 2026-27, the Department of Health (DH) will create 41 new posts and delete 184 posts, resulting in a net decrease of 143 posts. The new posts proposed to be created are mainly for supporting the setting up of the Hong Kong Centre for Medical Products Regulation (CMPR), the commencement of implementation of primary evaluation for new drug registration in phases, as well as the preparation for the statutory regulation of medical devices. These posts comprise mainly Scientific Officer (Medical), Pharmacist, Electronics Engineer, Physicist, Chemist, Medical and Health Officer and Executive Officer grades. The DH will delete an equivalent number of posts of other grades to offset the new posts created.

Besides, to tie in with the Government's Productivity Enhancement Programme and the objective of enhancement in manpower utilisation, the civil service establishment will be reduced by 2% each year in 2026-27 and 2027-28. The DH will, having reviewed factors such as overall service demand, operational requirements and vacancy situation, delete posts comprising mainly the Clerical and Secretarial, Workman II, Enrolled Nurse, Motor Driver, Artisan and Librarian grades in 2026-27.

Upon the abovementioned net deletion of 143 posts, the net expenditure on emoluments involved in terms of notional annual mid-point salary value is about \$13.65 million.

(2)

The DH has been providing manpower and other resources for setting up a secretariat for the Medical Council of Hong Kong (MCHK) to support it in performing its statutory functions. The Secretariat staff of the MCHK, mainly composed of the Executive Officer and Clerical Officer grades, assist the MCHK in the execution of its decisions and instructions, which include registration, organising Licensing Examinations, formulating Code of Professional Conduct, as well as handling complaints and conducting disciplinary inquiries. The civil service establishment and actual number of staff of the Secretariat of the MCHK in the past 5 years are tabulated below:

	As at 31 March 2022	As at 31 March 2023	As at 31 March 2024	As at 31 March 2025	As at 1 February 2026
Establishment ^{Note (1)}	27 ^{Note (2)}	28 ^{Note (2)}	28 ^{Note (2)}	30 ^{Note (3)}	30 ^{Note (3)}
Actual number of staff	25	25	25	27	29

Notes:

- (1) Including the posts that concurrently provide services for the secretariats of other boards/councils.
- (2) Including 7 time-limited posts.
- (3) Including 9 time-limited posts.

The expenditure on emoluments and benefits for the civil service staff of the Secretariat of the MCHK over the past 5 years is tabulated below:

Financial year	2021-22	2022-23	2023-24	2024-25	2025-26
Expenditure on emoluments and benefits (\$ million)	19.5	21.1	21.9	24.7	24.7

(3)

The Secretariat operates under the direct leadership of the MCHK and has a clear internal management framework, with supervisors at all levels responsible for monitoring and managing the performance of their subordinates in day-to-day operation. To enhance the performance management of the Secretariat's staff with a view to improving the comprehensiveness and objectivity of appraisals, the DH will refine the existing performance

appraisal arrangements and establish a formal mechanism to seek the views of the MCHK, its committees and/or inquiry panel on the performance of the Secretariat's staff. Supervisors will conduct overall appraisals in accordance with the established mechanisms of the performance appraisal system of the civil service, taking into account the said views as well as relevant information on performance gathered during their day-to-day supervision.

(4)

The work of the Secretariat of the MCHK (including handling complaints and arranging disciplinary hearings) is an internal execution mechanism through which the MCHK discharges its statutory functions, and is led and supervised directly by the MCHK. Regarding the overall performance of the Secretariat's administrative support, as well as its manpower and resource requirements, the DH has been maintaining close communication with the MCHK with a view to enhancing the Secretariat's effectiveness in supporting the MCHK in handling complaint cases and fulfilling other statutory functions.

To support the reform of the MCHK and enhance its complaint handling mechanism, the Government will introduce a bill to the Legislative Council in the first half of this year to amend the Medical Registration Ordinance (MRO). The Government will, in light of the actual operational needs arising from the amendment of the MRO, engage with the MCHK to explore ways to strengthen the Secretariat's support, with a view to implementing the MCHK's decisions and managing the Secretariat's administrative work more effectively under the MCHK's leadership.

- End -

CONTROLLING OFFICER'S REPLY

HHB211

(Question Serial No. 3248)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Budget that during 2026-27, the Department of Health will continue to implement the Community Dental Support Programme for enhancing dental services for underprivileged groups with financial difficulties. In this connection, will the Government please inform this Committee of:

- (1) the financial expenditure incurred by the provision of various public dental care services and the number of beneficiaries in the past 5 years; and
- (2) the estimated expenditure on providing the abovementioned dental care services for 2026-27?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.: 43)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The School Dental Care Service (SDCS) and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are services under the strategy of developing community-wide preventive primary oral health care, while the emergency dental service, the Healthy Teeth Collaboration (HTC), the Outreach Dental Care Programme for the Elderly (ODCP) and the

Community Dental Support Programme (CDSP) are services under the strategy of providing essential dental care services targeting underprivileged groups. The expenditures involved and the numbers of beneficiaries in respect of these public dental services provided by the Department of Health (DH) are set out below:

(A) SDCS

The Government focuses particularly on nurturing good oral hygiene habits from an early age, including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. Currently, there are 8 designated school dental clinics. The numbers of students benefitting from these services are as follows:

Service Year ^{Note 1}	2021-22	2022-23	2023-24	2024-25	2025-26
Actual number of primary school students participating in the SDCS	326 200	313 500	313 700	307 600	294 400
Percentage of the total number of primary school students in Hong Kong	94%	94%	98%	97%	91%

Note 1: A service year refers to the period from 1 November of the current year to 31 October of the following year.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the SDCS are as follows:

SDCS	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	270.8	276.2	281.6	304.4	292.5	283.8

(B) Hospital Dental Service (HDS), emergency dental service and Special Oral Care Service (SOCS)

At present, dental care, particularly curative treatment, for the general public is mainly provided by private dentists. As for the emergency dental service (generally referred to as General Public (GP) Sessions) offered by the DH to provide treatment for the public for emergency cases, it is only of limited supplementary nature rather than comprehensive dental services. The government dental clinics under the DH are established primarily to fulfil the Government's obligation under the civil service terms of appointment to provide dental benefits for civil servants/pensioners and their eligible dependents. The DH uses only a small fraction of the service capacity of the dental clinics to provide free emergency dental service to the general public through designated sessions each week in its 11 government dental clinics. The scope of services includes treatment of acute dental problems,

prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients. The numbers of attendances for GP Sessions in 2021-22, 2022-23, 2023-24, 2024-25 and 2025-26 (as at 31 January 2026) are as follows:

GP Sessions	2021-22	2022-23	2023-24	2024-25	2025-26 (as at 31 January 2026)
Number of attendances	27 067	20 035	18 812	19 444	20 050

In addition, oral maxillofacial surgery and specialist dental treatment are provided by the DH's Oral Maxillofacial Surgery and Dental Clinics ^{Note 2} in 7 public hospitals for hospital inpatients, patients with special oral health care needs and dental emergency needs. The numbers of attendances for the HDS in the past 5 calendar years (2021 to 2025) are as follows:

HDS	2021	2022	2023	2024	2025
Number of attendances	61 800	52 900	59 200	61 500	65 100

To improve the oral health of children with intellectual disability, the DH also provides the SOCS for pre-school children under 6 years old with intellectual disability for early intervention and prevention of common oral diseases in collaboration with the Hospital Authority (HA) since September 2019. The numbers of pre-school children receiving SOCS and children referred to the Hong Kong Children's Hospital in 2021-22, 2022-23, 2023-24, 2024-25 and 2025-26 (as at 31 January 2026) are as follows:

Service Year ^{Note 1}	2021-22	2022-23	2023-24	2024-25	2025-26 (as at 31 January 2026)
Number of pre-school children receiving SOCS	1 292	1 580	1 780	1 942	605
Number of children referred to the Hong Kong Children's Hospital	242	232	261	284	107

The expenditures on the HDS, emergency dental service and SOCS from 2021-22 to 2023-24 are absorbed within the DH's overall provision for dental services under Programme (4) and Programme (7) and there is no breakdown available. The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the 3 services are as follows:

Service	Annual expenditure (\$ million)		
	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
HDS	88.5	77	N/A ^{Note 2}
Emergency dental service	9.2	9.2	11.5
SOCS	4.6	4.6	5.8

Note 1: A service year refers to the period from 1 November of the current year to 31 October of the following year.

Note 2: On 6 February 2026, the DH's HDS was integrated with the Oral and Maxillofacial Surgery Service under the HA, and the service was taken up by the HA.

(C) Dental Care Support for Adult Persons with Intellectual Disability

The DH has implemented a dental service programme, namely the HTC, since July 2018, which provides through NGOs free oral check-ups, dental treatments and oral health education service for adults aged 18 or above with intellectual disability. The HTC was further extended from 16 July 2024 to March 2027, with 900 additional quotas for new cases every year and its scope extended to cover persons aged 18 or above with autistic spectrum disorder. There are currently 8 participating NGOs, among which 2 are located on Hong Kong Island, 5 in Kowloon and the remaining 1 in the New Territories. From July 2018 to end-January 2026, about 7 600 adult persons with intellectual disability/autistic spectrum disorder/both intellectual disability and autistic spectrum disorder were registered for receiving services under the HTC.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the implementation of the HTC are as follows:

HTC	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	11.1	22.8	33.4	29.8	46.2	46.0

(D) Dental Care Support for Elderly Persons in Residential Care Homes for the Elderly (RCHEs) and Day Care Centres for the Elderly (DEs)

The ODCP has been implemented since October 2014 to provide free on-site oral check-ups for elderly persons and oral care training to caregivers of RCHEs, DEs and similar facilities in the 18 districts of Hong Kong through outreach dental teams set up by NGOs. Free dental treatment will be provided on-site or at a dental clinic if the elderly person is considered suitable for further curative treatments. The outreach dental teams will also design personalised oral care plans for the elderly persons to suit their oral care needs and self-care abilities. Since the implementation of the ODCP in October 2014 and up to end-January

2026, the number of attendances was about 481 000. A total of 25 outreach dental teams from 11 NGOs have currently been set up under the ODCP.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the implementation of the ODCP are as follows:

ODCP	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	41.6	48.6	55.8	67.1	61.3	64.4

(E) Dental Care Support for Adolescents

On 20 March 2025, the DH launched the three-year PDCC, which serves as an interface with the SDCS by providing partial subsidies to adolescents for private dental check-up services on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of \$200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The current co-payment for the subsidised services each time recommended by the Government is \$200. As at end-January 2026, there were 589 registered dentists whose application to participate in the PDCC has been accepted by the DH and a total of 1 002 service locations, and about 6 000 adolescents participating in the PDCC received services.

(F) Dental Care Support for Financially Disadvantaged Underprivileged Groups

Under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups ^{Note 3}, persons with special needs and high-risk groups who have difficulties in accessing dental care. The DH launched the CDSP on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental GP sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of NGOs and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

Note 3: The dental grants under the Comprehensive Social Security Assistance Scheme of the Social Welfare Department currently provide a dental service safety net for those who cannot support themselves financially. The dental grant allows its recipients to pay for dental services (including extraction, dentures, crowns, bridges, posts, posts and cores, dental scaling and polishing, dental filling and root canal treatment).

Currently, there are a total of 32 NGOs participating in the CDSP, providing over 80 dental service points covering all 18 districts in Hong Kong. As at end-January 2026, a total of about 7 700 people participated in the CDSP, with over 14 000 dental filling or extraction quotas used. As for the newly-added services, about 1 100 people received dental scaling services, while about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months. Furthermore, the DH has been maintaining close liaison with NGOs that provide support for the homeless, and it is anticipated that, over coming months, homeless individuals will receive services under the CDSP.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the PDCC and the CDSP are as follows:

Annual expenditure (\$ million)	2024-25 (Actual) ^{Note 4}	2025-26 (Revised estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note 4: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

Apart from the above public dental services provided by the DH, the Elderly Health Care Voucher Scheme (EHVS) subsidises eligible Hong Kong elderly persons aged 65 or above with an annual Elderly Health Care Voucher (EHCV) amount of \$2,000 (with an accumulation limit of \$8,000) to use private primary healthcare services, including dental services. The amount of EHCVs claimed by dentists/for dental (stomatology) services under the EHVS in the past 5 years are as follows:

Amount of EHCVs claimed (\$ million)					
	2021	2022	2023	2024	2025
Dentists in Hong Kong and dental/stomatology department of the medical institutions in the Greater Bay Area (GBA) ^{Note 5}	355.746	343.497	413.684	419.755	434.317

Note 5: The medical institutions in the GBA cover 2 service points operated by the University of Hong Kong-Shenzhen Hospital and 19 pilot medical institutions under the EHCV GBA Pilot Scheme which was launched in phases starting from 2024.

The expenditure related to the EHCV claim amount for dental services is subsumed under the overall provision for the EHVS and will not be separately identified. The estimated

expenditure on the EHVS for 2026-27 is \$4.25 billion, which has already included the claim amount in respect of dental services.

- End -

CONTROLLING OFFICER'S REPLY

HHB212

(Question Serial No. 0091)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Dental health is of paramount importance to human well-being, and the health of primary teeth in young children has a direct impact on the development of their permanent teeth, eating and speech functions, as well as their overall growth and development. In this connection, will the Government inform this Committee of:

1. the specific allocation arrangements for the financial and manpower resources dedicated to the oral health work for young children by the Government; and
2. the reasons why the relevant oral health programmes for young children have not been fully implemented in all kindergartens and child care centres in Hong Kong, and the problems and obstacles involved.

Asked by: Hon CHEUNG Pui-kong (LegCo internal reference no.: 11)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The Government attaches great importance to the nurturing of good oral hygiene habits from an early age. The DH has launched the “Bright Smiles Baby Programme” (Baby

Programme) since June 2023 for young children aged 0 to 3 receiving child care services or studying in Child Care Centres (CCCs). It aims to increase parents' knowledge on oral health and improve parents' skills in cleaning their children's teeth, thereby helping children establish good habits of oral hygiene, dietary and oral check-up as early as possible. The Baby Programme invites all standalone CCCs registered with the Social Welfare Department (SWD) (both aided and private/non-profit making) that offer classes for young children aged 0 to 2 to participate, under which free oral check-ups for assessing risk of tooth decay, application of topical fluoride for controlling tooth decay depending on the child's age and need, educational workshops for parents and caregivers, and pamphlets for the Baby Programme will be provided. For children with high risk of tooth decay, telephone follow-up for their parents will be arranged.

As at end-February 2026, the participation situation of the Baby Programme is as follows:

Participating CCCs	24*
Number of Outreach Visits	55
Attendances of Children Receiving Clinical Screenings and Oral Health Advice	About 1 720
Attendances of Parents Receiving Oral Health Advice or Related Oral Health Talks	Over 720
Parents Contacted for Telephone Follow-ups	Over 700

*The participation rate is 96% among 25 standalone CCCs with classes for young children aged 0 to 2 in Hong Kong.

The DH has expanded the target groups under the Baby Programme in phases since April 2025 to cover young children aged 0 to 3 using Maternal and Child Health Centre (MCHC) services. Currently, the Programme has covered 12 MCHCs, providing infants and young children aged under 3 and their parents with tooth decay risk assessments and oral health guidance and/or oral check-ups. Fluoride varnish for the prevention of tooth decay will also be applied where necessary.

As at end-February 2026, the implementation situation of the expanded Baby Programme is as follows:

Number of Outreach Visits	239
Attendances for those Receiving Tooth Decay Risk Assessments and Oral Health Guidance	About 4 340
Children Receiving Oral Check-ups	About 1 600
Children Receiving Fluoride Varnish for the Prevention of Tooth Decay	About 1 280

To further enhance the oral health of children, the DH will launch a new "Outreach Oral Health Programme for Pre-school Children (OOHP)" on 1 September 2026 to provide oral health services for pre-school children in all kindergartens in Hong Kong. As part of the strategy of developing community-wide preventive primary oral healthcare, the OOHP provides kindergarten students with free on-site oral screenings, oral health risk assessments and fluoride application as appropriate, as well as oral health reports for parents and individualised oral care advice. Additionally, participating organisations will conduct oral health talks for the teaching staff of kindergartens. The OOHP's service further strengthens

oral health protection for pre-school children by serving as an interface with the Baby Programme for young children aged 0 to 3 and the “School Dental Care Service” covering all primary school students in Hong Kong, thereby providing continuous oral health support for children from preschool through school age.

Furthermore, the DH implements various oral health promotion programmes and disseminates oral health information targeting different age groups to raise public awareness of oral hygiene and health, including the dissemination of oral health care information on children aged 0 to 6 through websites and MCHCs, and the production of a series of pamphlets on oral care for young children for distribution by healthcare personnel to parents during examination and development monitoring of new-born babies at MCHCs, aiming to teach parents on how to take care of their babies’ oral health as early as possible.

The DH has implemented the “Brighter Smiles for the New Generation” oral care activity at home and school targeting at children under 6 years old attending kindergartens and nurseries in Hong Kong. Provided with diverse learning and teaching materials such as cartoon animations and storybooks, teachers, parents and children can follow clear instructions while engaging in tooth brushing and practicing tooth-friendly diet at school and at home to prevent dental problems.

The participation situation of the “Brighter Smiles for the New Generation” in the 2024/25 school year is as follows:

Participating Kindergartens and Nurseries	626*
Number of Students Enrolled	About 101 000
Number of Students Having Completed the Activity	About 83 000

*The participation rate is 63.9% among 980 kindergartens and nurseries in Hong Kong.

The DH has also set up the “Brighter Smiles Playland” specifically designed for 4-year-old children, where local kindergartens and nurseries may apply for free visits for children to learn about a wealth of oral care knowledge in a fun way through interactive games and activities, such as singing nursery rhymes, brushing teeth on dental models, using different dental appliances in rotation and role-playing games, with a view to developing proper oral care habits.

The participation situation of the “Brighter Smiles Playland” in the 2024/25 school year is as follows:

Participating Kindergartens and Nurseries	743*
Participating Students	About 34 100

* The participation rate is 75.8% among 980 kindergartens and nurseries in Hong Kong.

In addition, the DH has collaborated with the Hospital Authority to provide free on-site dental check-ups and oral health education services for children under 6 with intellectual disabilities at Special CCCs under the SWD since the third quarter of 2019. If necessary, children will be referred to the Hong Kong Children’s Hospital for follow-up and provided with the required dental treatment under sedation or general anesthesia.

As at end-February 2026, the utilisation of dental services by Special CCCs is as follows:

Attendances of Children Receiving Dental Services	About 9 020
Attendances of Referrals to the Hong Kong Children's Hospital for Follow-up Treatment	About 1 520

The expenditure and manpower arrangements in respect of the oral health work for young children are absorbed within the overall provision and staff establishment of the Oral Health Promotion Division and the Special Oral Care Service under the DH. Relevant figures are therefore not available.

- End -

CONTROLLING OFFICER'S REPLY

HHB213

(Question Serial No. 0287)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government has always strictly enforced the law prohibiting commercial sale and supply of alcohol to minors under the Dutiable Commodities (Liquor) Regulations and consistently allocated public funds and resources to carry out relevant enforcement, publicity and education work. However, numerous members of the public have recently reported that some businesses have been circumventing regulation by covertly selling alcohol to minors through online second-hand platforms. In this connection, will the Government inform this Committee of the following:

1. The total expenditure involved in the Government's work in prohibiting the sale of alcohol to minors over the past 3 years, and the respective percentages of the expenditure incurred by enforcement inspections in respect of offline physical shops as well as the regulation and enforcement in respect of online platforms (including second-hand trading platforms). What were the respective numbers of cases of offline and online alcohol sale violations investigated and prosecuted by the Government? What were their respective conviction rates? Has the Government assessed whether the expenditure on online enforcement is commensurate with the effectiveness of the investigations and prosecutions?
2. What were the total expenditures on publicity and education work for prohibiting the sale of alcohol to minors respectively over the past 3 years? Has the Government assessed the actual effectiveness of the targeted publicity initiatives?
3. With regard to the problem of covert sale of alcohol to minors on online second-hand platforms, has the Government set up a dedicated enforcement programme targeting the illegal sale of alcohol on such platforms to strengthen the enforcement efforts against these sales? If yes, what are the details; if not, the reasons?
4. With regard to the current problem of illegal sale of alcohol to minors via online second-hand platforms, will the relevant enforcement, regulation, publicity and education work be stepped up? If yes, what are the details; if not, the reasons?

Asked by: Hon CHEUNG Pui-kong (LegCo internal reference no.: 18)

Reply:

1.

Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) (the Regulations), which has come into effect since 2018, prohibits any person, in the course of business, including face-to-face or remote distribution, from selling and supplying intoxicating liquor to minors. Upon receipt of intelligence or complaints, the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) will conduct investigations and take enforcement actions. Between 2023 and 2025, the TACO received a total of 76 complaints regarding the sale or supply of intoxicating liquor to minors in the course of business. No violation was found upon plainclothes inspection and follow-up investigation. Regarding the remote sale or supply of liquor to minors, no complaints were received in the past 3 years. With respect to the expenditure involved in the implementation of alcohol control work, as alcohol and tobacco control initiatives are undertaken concurrently, the relevant expenditure cannot be separately identified. The expenditure on/provision for and the revised estimate for tobacco and alcohol control initiatives taken forward by the TACO, broken down by type of initiatives, from 2023-24 to 2025-26 are at Annex.

2.

To raise public awareness of the Regulations, the Government has produced Announcements in the Public Interest (APIs) and other publicity materials. To facilitate stakeholders' compliance with the Regulations, the TACO publicised the above measures through various means, including advertising, developing guidelines on statutory requirements for businesses, and distributing publicity materials, etc. The TACO has uploaded detailed guidelines for businesses as well as a sample graphic and sound recording of the prescribed notice to its website to assist the industry in complying with the requirements. At the same time, during inspections of shops and retailers, the TACO introduced the legal requirements and distributed publicity materials to the vendors. The expenditure on the publicity and promotion work is part of the overall expenditure of the TACO, and hence cannot be separately identified.

3 and 4.

According to the Regulations, any person who sells or supplies liquor to others by remote distribution must display or broadcast a prescribed notice stating that, under the law of Hong Kong, intoxicating liquor must not be sold or supplied to minors in the course of business. In addition, prior to the sale or supply, the seller or supplier must receive an age declaration from the purchaser or recipient. Provided that there are no circumstances giving rise to reasonable suspicion that the declaration is false, such declaration may serve as a defence in the event of prosecution. The TACO conducts online inspections and follows up on cases where non-compliance with the above requirements are identified. Between 2023 and 2025, the TACO carried out a total of over 1 500 online inspections and issued more than 340 advisory letters, with the vast majority of websites co-operating upon receiving the advisory letters.

The DH will continue to take forward the relevant law enforcement work and adopt a multi-pronged approach, comprising publicity, education, promotion of alcohol screening, etc., to reduce alcohol-related harm.

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>			
TACO	83.7	81.9	86.7
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.6	27.8	27.2
<i>Sub-total</i>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations</u>			
Subvention to Tung Wah Group of Hospitals	10.2	15.3	16.5
Subvention to Pok Oi Hospital	14.8	19.5	19.2
Subvention to Lok Sin Tong	3.6	2.7	3.6
Subvention to United Christian Nethersole Community Health Service	6.1	8.5	13.5
Subvention to Life Education Activity Programme	2.9	3.0	3.0
Subvention to Christian Family Service Centre	3.5	4.2	-
Subvention to The University of Hong Kong	-	-	3.0
<i>Sub-total</i>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>
Total	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB214

(Question Serial No. 3091)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme), will the Government inform this Committee of the following:

1. the detailed breakdown of the Pilot Reward Scheme's data since its implementation;
 - (1) the total number of elderly persons who are eligible for and have successfully obtained the \$500 voucher reward;
 - (2) the number of elderly persons who have spent the entire reward amount obtained within the validity period and their corresponding proportion to the total number of persons rewarded, as well as the usage of different types of healthcare service by voucher recipients who have obtained the reward, broken down by type of healthcare service;
 - (3) the number of elderly persons who have failed to use the reward obtained within the validity period, resulting in the full lapse of the reward amount, and their corresponding proportion to the total number of persons rewarded, as well as the total amount of rewards lapsed in the respective years;
2. given that the Pilot Reward Scheme requires elderly persons to use health care vouchers for payment of designated primary healthcare services (including health assessment, body check, disease screening and chronic disease management) covered by the scheme and will be allotted the reward after accumulating voucher spending of \$1,000 within the year, will the Government advise on:
 - (1) whether it has a grasp of the fee ranges in the local private healthcare market for the designated primary healthcare services covered by the scheme; and
 - (2) whether reference has been made to the fee levels of relevant services when setting the accumulated spending threshold of \$1,000 to assess if it is commensurate with the affordability and actual usage needs of the elderly? If yes; the assessment results; if no, the reasons?

Asked by: Hon CHEUNG Pui-kong (LegCo internal reference no.: 36)

Reply:

1.

The Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) on 13 November 2023 to further incentivise elderly persons by offering rewards to them to make better use of Elderly Health Care Vouchers (EHCVs) for continuous preventive healthcare and chronic disease management services, etc., with a view to optimising the use of resources to promote primary healthcare and support the healthcare needs of elderly persons, as well as to achieve the original policy objective of the Elderly Health Care Voucher Scheme (EHVS) and tie in with the directions set out in the Primary Healthcare Blueprint (the Blueprint).

As at end-December 2025, the number of persons who obtained the reward and the amount of rewards involved under the Pilot Reward Scheme are as follows:

	2024 Reward*	2025 Reward*
Number of persons who obtained the \$500 reward [Percentage among eligible persons %]	788 975 [46%]**	813 789 [46%]**
Amount of rewards involved (HK\$)	394,487,500	406,894,500

*An eligible elderly person can be allotted the reward once each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date.

**According to the information from the Hong Kong Population Projections 2022-2046 of the Census and Statistics Department, the numbers of elderly persons eligible for EHCVs (i.e. elderly persons aged 65 or above) in 2024 and 2025 were 1 702 000 and 1 783 000 respectively.

At present, only the rewards allotted in 2024 have passed their expiry date, while the rewards allotted in 2025 are still valid until end-2026. According to the records maintained by the Department of Health (DH) on the usage of the 2024 reward, among the 788 975 elderly persons who had obtained the reward, 660 827 (about 83.8%) used up all of the reward of that year, while 45 136 (about 5.7%) used part of the reward of that year, and 83 012 (about 10.5%) never used the reward of that year. For the rewards allotted in 2024, the unused amount of expired rewards was about \$50 million.

The statistics on EHCVs used on designated primary healthcare services (Note 1) since the launch of the Pilot Reward Scheme, broken down by type of healthcare services, are tabulated below:

Type of Healthcare Services	2023 (13.11.2023 - 31.12.2023)		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Medical Practitioners (Note 2)	75 101	57,847	827 915	634,520	906 266	704,359

Type of Healthcare Services	2023 (13.11.2023 - 31.12.2023)		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Chinese Medicine Practitioners (Note 2)	195 096	155,442	2 001 532	1,151,438	2 192 450	1,327,482
Dentists (Note 2)	31 538	34,237	285 239	308,333	296 073	321,650
Chronic Disease Co-care Pilot Scheme (CDCC Pilot Scheme)	1 003	187	16 600	3,199	29 815	5,660
District Health Centres (DHCs)/DHC Expresses	371	50	3 628	472	3 473	434
Sub-total (Hong Kong):	303 109	247,763	3 134 914	2,097,962	3 428 077	2,359,585
The University of Hong Kong - Shenzhen Hospital and its Community Health Centre	4 519	1,320	54 272	16,789	97 905	29,273
Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)	N/A (Note 3)		10 917	10,773	38 376	32,223
Total:	307 628	249,083	3 200 103	2,125,524	3 564 358	2,421,081

Note 1: The designated primary healthcare services under the Pilot Reward Scheme include:

- (1) services on preventive and follow-up/monitoring of long-term conditions, such as health assessment, body check, screening, vaccination, chronic disease management, dental examination, scaling, extraction and filling, provided by medical practitioners, Chinese medicine practitioners and dentists enrolled in the EHVS;
- (2) screening services for hypertension and diabetes mellitus, etc. as well as services in the treatment phase under the CDCC Pilot Scheme;
- (3) personalised services and the Community Rehabilitation Programme provided by DHCs/DHC Expresses, as well as service fees for dedicated nurse clinics;
- (4) outpatient services on preventive and follow-up/monitoring of long-term conditions (e.g. designated primary healthcare services such as health checks and outpatient services on preventive and follow-up/monitoring of long-term conditions) provided at the designated Outpatient Medical Centers and Huawei Li Zhi Yuan Community Health Center of The University of Hong Kong - Shenzhen Hospital as well as the designated departments of the pilot medical institutions under the Pilot Scheme; and

- (5) administration fees/co-payment fees for service types on preventive and follow-up/monitoring of long-term conditions provided by the Community Dental Support Programme.

Note 2: Excluding the data on voucher claims under the service types “CDCC Pilot Scheme” or DHCs/DHC Expresses.

Note 3: The Pilot Scheme has been launched in phases since June 2024.

2.

The Government launched the EHVS in 2009 which aims at providing financial incentives, through offering partial subsidies, for elderly persons to choose private primary healthcare services, including outpatient healthcare services, health assessment and disease screening, etc., that best suit their health needs, so as to provide them with additional healthcare choices on top of the existing public primary healthcare services.

At present, EHCVs can be used for private primary healthcare services provided by 14 categories of locally registered healthcare professionals, including medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors, optometrists, audiologists, dietitians, clinical psychologists and speech therapists. As healthcare services provided to different patients by healthcare professionals vary in nature, the associated cost items and fee levels naturally differ. The DH regularly reminds participating healthcare service providers of the proper practices in making voucher claims, including not charging an elderly person who uses EHCVs at a higher rate (whether directly or indirectly) than the fees of equivalent healthcare services provided to a person who does not use any EHCVs/who is not an EHCV recipient, enhancing the transparency of service charges, clearly explaining the charges to patients before providing services, and allowing patients to choose from different healthcare plans which may have different service charges upon explanation by healthcare staff. Besides, registered healthcare professionals must abide by their codes of professional conduct and fulfil their professional obligations and ethics. The DH will also continue to enhance public education through different channels to remind elderly persons to ask healthcare service providers to advise on the service fees before giving consent to using EHCVs.

In accordance with the Blueprint, the Government’s direction for the EHVS enhancement would be towards designated or guided use of EHCVs for the elderly persons’ appropriate use of primary healthcare services, especially evidence-based and protocol-driven disease prevention or health management, and promotion of the “family doctor for all” initiative. To encourage elderly persons to use preventive healthcare and chronic disease management services, including those provided under the Primary Healthcare Co-care Network, the Government announced in February 2026 to extend the Pilot Reward Scheme by 2 years until end-2028. Elderly persons only need to accumulate the use of EHCVs of \$1,000 or more on designated primary healthcare services such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a \$500 reward in their EHCV accounts through the eHealth System (Subsidies), which can be used on the same designated primary healthcare purposes. No further registration is needed. In other words, for elderly persons who have met the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from \$2,000 to \$2,500. The Government will keep monitoring the implementation of the Pilot Reward Scheme and

evaluate its effectiveness in promoting the receipt of health assessment, disease screening and chronic disease management services by elderly persons, and conduct timely reviews.

- End -

CONTROLLING OFFICER'S REPLY

HHB215

(Question Serial No. 1396)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Department of Health's (DH) work in relation to the upgrade of information technology systems and the support for the eHealth+ Programme, will the Government advise on:

- (1) the target number of citizens expected to be served or to be benefited; and
- (2) with regard to the support for the eHealth+ Programme, the specific measures to be adopted by the DH in the current year to increase the programme's participation rate and whether there are specific indicators for the increase?

Asked by: Hon CHIU Duncan (LegCo internal reference no.: 25)

Reply:

The Department of Health (DH) has all along been committed to advancing information technology system upgrades and promoting the digital transformation of public health functions to enhance service efficiency and quality, as well as to strengthen disease prevention and control. Since 2019, the DH has established the Health Informatics and Technology Office, which is tasked with initiating, planning and implementing digital transformation projects. Between 2019-20 and 2025-26, the DH successfully implemented all the major information technology projects under the Strategic Plan to Re-engineer and Transform Public Services, including integrating the Clinical Information Management System (CIMS), implementing the information technology system for Dental Services, improving business support and enablement, and establishing a data governance structure and business analysis mechanism, etc. In 2026-27, the DH will continue to strengthen its information technology systems and facilities, such as optimising the online e-enrolment of the Student Health Service (SHS) and the School Dental Care Service to further enhance administrative effectiveness and provide convenience to members of the public in using such services.

On the other hand, the Government announced in the 2023 Policy Address the initiative to roll out a five-year development plan of eHealth+ to transform eHealth into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service delivery and care journey management. The Government is taking forward the eHealth+

development in phases in accordance with the patient-centric principle and 4 strategic directions, namely, “One Health Record”, “One Care Journey”, “One Digital Front Door to Empowering Tool”, and “One Health Data Repository”. To tie in with the development, the DH is committed to facilitating technical connectivity and data sharing between eHealth and the DH’s various information technology systems, with the aim of facilitating care coordination, cross-sector collaboration, as well as active health management and surveillance, thereby enabling citizens in obtaining optimal healthcare services.

To facilitate more service users to register with eHealth, the DH has introduced express registration in its regular service workflow (such as at Maternal and Child Health Centres (MCHCs)). Since the 2023/24 academic year, the DH has implemented a dedicated eHealth registration drive for students, enabling them to simultaneously register with eHealth when participating in the DH’s subsidised programmes or services through schools (such as the Seasonal Influenza Vaccination School Outreach Programme and SHS). Furthermore, adults who have not registered with eHealth are required to do so when participating in the seasonal influenza vaccination programmes. These measures have yielded significant results. As at February 2026, over 6.4 million citizens have registered with eHealth, accounting for over 86% of the Hong Kong population, among which the registration rate of persons aged under 16 surged from 28% to 72% over the past 3 years.

Under the strategic direction of “One Health Record”, the DH’s integrated CIMS has connected with eHealth. Health records of citizens from their use of DH services will be consolidated into their personal eHealth accounts so that they can access, manage and use their own records throughout their healthcare journeys. In particular, all records of vaccination received by children at MCHCs since 2007 and at primary schools across the city since 2013 have also been deposited to eHealth.

Under the strategic direction of “One Digital Front Door to Empowering Tool”, the eHealth App is positioned as a comprehensive health tool for the public, helping citizens manage their health records, access health information, monitor their personal health, and build a healthier lifestyle. Currently, apart from being able to view DH’s health records (including records from various subsidised healthcare programmes and the aforementioned vaccination records) of their own or their family members through the application, citizens are also able to make appointments for various DH services, such as Child Health Services at MCHCs, SHS, and Dental General Public Sessions. The new “e+Life” health challenge platform under eHealth has also been launched to complement the DH’s health promotion efforts, encouraging the general public to adopt a healthier lifestyle. In particular, the DH launched the regular “10 000 Steps a Day” walking challenge through the platform in March 2026 to encourage the public to cultivate the habit of regular physical activity.

The DH’s work on information technology system upgrades and support for eHealth+ will benefit relevant service users, with the estimated number of beneficiaries reaching 2.9 million each year.

- End -

CONTROLLING OFFICER'S REPLY

HHB216

(Question Serial No. 2241)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

According to the Budget, the Department of Health (DH) 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. Will the Government advise on:

- (1) the manpower from various professional fields (including biomedicine, pharmacy, laws and regulations, etc.) and the expenditure required for the preparation and implementation of the new mechanism in 2026-27, along with the budget for the procurement of relevant equipment; and
- (2) given that the DH will host the Global Harmonization Working Party annual meeting, the estimated expenditure on hosting this meeting, the estimated number of participating delegates from relevant regulatory authorities and industries worldwide, and how the Government will assess the meeting's contribution to enhancing Hong Kong's international influence in the field of medical device regulation?

Asked by: Hon CHIU Duncan (LegCo internal reference no.: 26)

Reply:

(1)

As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the current approval and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices (medical products), i.e. the Hong Kong Centre for Medical Products Regulation (CMPR). To this end, the HKSAR Government set up the Preparatory Office for the CMPR under the Department of Health (DH) in June 2024.

The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and has since enhanced the promotion to and communication with various stakeholders from the local community, the Chinese Mainland and overseas Chinese and Western medicines industry and medical device industry, as well

as the scientific research and academic sectors, etc. The Preparatory Office is currently actively reviewing the restructuring and strengthening of technical regulation as well as the approval system. It will also consolidate and re-organise the functions and manpower of the DH's existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the end of 2026, with the aim of aligning with the enhancement direction of approval and regulation to leverage the strengths and synergies of the regime. In addition, the Government is making preparations for legislating medical device regulation. A comprehensive review of the proposed regulatory framework is being conducted, having regard to the latest international regulatory trends in recent years. The Government is currently working out the proposed regulatory details. It will consult various stakeholders, including those from the medical device industry, healthcare sector, etc., when appropriate in 2026, and submit a legislative proposal to the Legislative Council.

The said re-organisation involves the redeployment of about 460 staff members, as well as the internal re-shuffling and re-allocation of the work and resources of relevant service units. Furthermore, the DH has earmarked \$115.1 million for 2026-27 to support the establishment of the CMPR and cover the additional operational expenses required.

(2)

Hong Kong has been proactively participating in the work of the Global Harmonization Working Party (GHWP) to advance the convergence and harmonisation of global medical device regulation in collaboration with member countries/regions worldwide, including drawing up and revising technical guidance documents, carrying out research projects, etc.

Hosted by Hong Kong, this year's GHWP annual meeting coincides with the organisation's 30th anniversary, which is particularly meaningful. The meeting will be held in December 2026 and it is anticipated that about 300 individuals, including delegates from regulatory authorities, experts, academics, industry representatives, etc., from the GHWP's member countries/regions will participate in the meeting. By hosting this meeting, Hong Kong will be able to strengthen exchanges and co-operation with the rest of the world in the field of medical device regulation, fulfil its roles as "super connector" and "super value-adder", and at the same time, consolidate and enhance its position as an international health and medical innovation hub. The Government has earmarked about \$5 million for hosting this meeting.

- End -

CONTROLLING OFFICER'S REPLY

HHB217

(Question Serial No. 0174)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), will the Government inform this Committee of:

1. the total and monthly average numbers of voucher claim transactions, the total and monthly average amounts claimed, as well as the total and monthly average numbers of attendances since the implementation of the Pilot Scheme, broken down by service point and medical institution;
2. the 5 most common reasons for using the services since the implementation of the Pilot Scheme, as well as the numbers of such cases and their respective percentages, broken down by service point and medical institution;
3. the total number of applications received for shared use of vouchers between spouses since the implementation of the Pilot Scheme, the average amount used, as well as the 3 most common types of service used and their respective percentages;
4. the cumulative number of complaints received since the implementation of the Pilot Scheme and the handling progress;
5. whether the Government has further studied the possibility of expanding the service points and scope of service in order to facilitate the retirement of the elderly in the Greater Bay Area; if yes, the details; if no, the reasons?

Asked by: Hon CHU Lap-wai (LegCo internal reference no.: 64)

Reply:

1.

As at 31 December 2025, the statistics on the voucher claims under Elderly Health Care Vouchers (EHCVs) used by eligible elderly persons at each of the pilot medical institutions under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) are tabulated below:

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Number of Months of Implementation Note 1	Number of claim transactions		Amount of Vouchers Claimed ^{Note 2} (HK\$'000)		Number of elderly persons who have used EHCVs at the Service Point ^{Note 3}
			Total	Average number of claim transactions per month	Total	Average amount of vouchers claimed per month	
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	16.58	5 333	322	6,099	368	3 140
	Peking University Shenzhen Hospital (since 28 August 2025)	4.13	288	70	139	34	127
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	4.13	259	63	115	28	88
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	16.58	31 781	1 917	51,789	3,123	18 401
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	16.58	538	32	1,141	69	355
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	18.10	5 638	311	2,429	134	1 187
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	15.83	715	45	278	18	184
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	5.03	844	168	406	81	386
	Guangdong Clifford Hospital (since 9 July 2025)	5.74	3 979	693	1,461	254	757
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated	17.45	5 706	327	2,813	161	1 405

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Number of Months of Implementation Note 1	Number of claim transactions		Amount of Vouchers Claimed ^{Note 2} (HK\$'000)		Number of elderly persons who have used EHCVs at the Service Point ^{Note 3}
			Total	Average number of claim transactions per month	Total	Average amount of vouchers claimed per month	
	Traditional Chinese and Western Medicine (since 18 July 2024)						
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	5.74	3 670	639	1,353	236	1 226
Dongguan	Dongguan Tungwah Hospital (since 6 September 2024)	15.83	2 801	177	1,443	91	667
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	6.17	1 763	286	769	125	626
	Zhuhai People's Hospital (since 26 June 2025)	6.17	1 257	204	453	73	358
Foshan	The First People's Hospital of Foshan (since 17 July 2025)	5.48	752	137	317	58	247
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	5.48	339	62	166	30	139
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	4.35	159	37	62	14	75
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	4.35	596	137	204	47	191
Zhaoqing	The First People's Hospital of Zhaoqing (since 28 August 2025)	4.13	434	105	157	38	150
Total		N/A	66 852	N/A	71,593	N/A	N/A

Note 1: The number of months of implementation is counted from the date the pilot medical institution started to accept the use of EHCVs up until 31 December 2025. Any period less than 1 month is calculated as a decimal.

Note 2: Breakdown figures may not add up to the total due to rounding.

Note 3: The Department of Health (DH) does not maintain statistics on the number of attendances. For the data in this column, an elderly person might have received services at more than 1 pilot medical institution.

2.

As at 31 December 2025, the number of voucher claim transactions and percentage, broken down by service type (preventive care, follow-up/monitoring of long-term conditions, management of acute episodic conditions, and rehabilitative care), at each of the pilot medical institutions under the Pilot Scheme are tabulated below:

GBA Mainland cities	Pilot Medical Institutions	Number of Voucher Claim Transactions and Percentage (by Service Type)			
		Preventive Care	Follow-up/ Monitoring of Long-term Conditions	Management of Acute Episodic Conditions	Rehabilitative Care
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	2 101 (39.40%)	2 757 (51.70%)	468 (8.78%)	7 (0.13%)
	Peking University Shenzhen Hospital (since 28 August 2025)	4 (1.39%)	160 (55.56%)	112 (38.89%)	12 (4.17%)
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	77 (29.73%)	76 (29.34%)	106 (40.93%)	0 (0.00%)
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	7 745 (24.37%)	15 833 (49.82%)	119 (0.37%)	8 084 (25.44%)
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	156 (29.00%)	243 (45.17%)	38 (7.06%)	101 (18.77%)
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	412 (7.31%)	3 743 (66.39%)	1 053 (18.68%)	430 (7.63%)
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	60 (8.39%)	559 (78.18%)	77 (10.77%)	19 (2.66%)
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	24 (2.84%)	667 (79.03%)	64 (7.58%)	89 (10.55%)
	Guangdong Clifford Hospital (since 9 July 2025)	2 094 (52.63%)	1 081 (27.17%)	618 (15.53%)	186 (4.67%)

GBA Mainland cities	Pilot Medical Institutions	Number of Voucher Claim Transactions and Percentage (by Service Type)			
		Preventive Care	Follow-up/ Monitoring of Long-term Conditions	Management of Acute Episodic Conditions	Rehabilitative Care
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	699 (12.25%)	2 929 (51.33%)	1 257 (22.03%)	821 (14.39%)
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	179 (4.88%)	2 256 (61.47%)	937 (25.53%)	298 (8.12%)
Dongguan	Dongguan Tungwah Hospital (since 6 September 2024)	1 264 (45.13%)	1 181 (42.16%)	317 (11.32%)	39 (1.39%)
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	139 (7.88%)	1 023 (58.03%)	403 (22.86%)	198 (11.23%)
	Zhuhai People's Hospital (since 26 June 2025)	194 (15.43%)	993 (79.00%)	65 (5.17%)	5 (0.40%)
Foshan	The First People's Hospital of Foshan (since 17 July 2025)	48 (6.38%)	597 (79.39%)	76 (10.11%)	31 (4.12%)
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	28 (8.26%)	268 (79.06%)	27 (7.96%)	16 (4.72%)
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	9 (5.66%)	117 (73.58%)	21 (13.21%)	12 (7.55%)
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	39 (6.54%)	361 (60.57%)	133 (22.32%)	63 (10.57%)
Zhaoqing	The First People's Hospital of Zhaoqing (since 28 August 2025)	83 (19.12%)	151 (34.79%)	138 (31.80%)	62 (14.29%)

3.

As at 31 December 2025, there have been a total of 3 984 voucher claim transactions involving the use of a spouse's EHCVs among all pilot medical institutions under the Pilot Scheme. The average amount of each claim transaction is HK\$2,854.

Among all the voucher claim transactions at all the pilot medical institutions, the top 3 categories of use are “follow-up/monitoring of long-term conditions” (52.35%), “preventive care” (22.97%) and “rehabilitative care” (15.67%) respectively. The DH does not maintain breakdown statistics on those involving the use of a spouse's EHCVs.

4.

To ensure the proper use of public money, the DH adopts a robust monitoring mechanism for checking and auditing voucher claims under the Elderly Health Care Voucher Scheme (EHVS). The existing monitoring mechanism, which includes measures such as routine checking, monitoring and investigating in respect of aberrant transactions, as well as auditing voucher claims, is also applicable to the University of Hong Kong-Shenzhen Hospital (HKU-SZH) and medical institutions participating in the Pilot Scheme. The DH has also established a mechanism with the health authority of Guangdong Province, through which the health authority of Guangdong Province will provide assistance to the DH when necessary, with a view to enhancing its monitoring capabilities. The Government will continue to maintain close contact with the health authority of Guangdong Province to ensure the smooth implementation of the monitoring mechanism in the pilot medical institutions. The DH provides channels such as telephone hotline and email in respect of the EHVS to Hong Kong elderly persons for making enquiries or complaints on the use of EHCVs and medical institutions under the Pilot Scheme. Based on the nature of complaints, the DH will strictly deal with all suspected cases of violating the EHVS rules and take appropriate follow-up measures.

As at 31 December 2025, the DH received a total of 6 complaints against medical institutions under the Pilot Scheme in relation to operational procedures and service charges. As at 28 February 2026, the DH completed the follow-up investigations of 4 cases, in which non-compliance with the terms and conditions of the EHVS Agreement or voucher claims showing aberrant patterns by the pilot medical institutions concerned were not found. The remaining 2 cases are still under investigation.

5.

The Government launched the Pilot Scheme in 2024. Since June of the same year, the coverage of EHCVs has been extended by phases to 7 integrated medical/dental institutions in the GBA, covering Guangzhou, Zhongshan, Dongguan and Shenzhen, including 2 designated dental institutions in Shenzhen for addressing the demand of elderly persons for dental services. In view of the positive responses from the local community, the Government announced the extension of the Pilot Scheme in May 2025 to include 12 additional medical institutions to cover all the 9 Mainland cities in the GBA, and the goal was achieved in August 2025. Together with the 2 existing service points operated by the HKU-SZH, eligible elderly persons can choose to use EHCVs at a total of 21 service points in the Mainland cities of the GBA, providing them with more convenience, flexibility and healthcare options; as well as sparing them the burden of lengthy journeys, thereby enhancing their sense of well-being.

As at end-February 2026, over 33 000 eligible elderly persons have used EHCVs to pay for the fees of outpatient healthcare services received at 19 pilot medical institutions under the Pilot Scheme, involving about 80 000 voucher claim transactions and a total claimed amount at approximately HK\$83.79 million.

Since the launch of the Pilot Scheme, all pilot medical institutions have been operating smoothly. The DH has conducted inspections at all existing pilot medical institutions and

put in place related monitoring measures. No aberrant voucher claim has been found so far. The extension of the Pilot Scheme to full coverage of all the 9 Mainland cities in the GBA marks another milestone in policy innovation and cross-boundary medical collaboration. The Pilot Scheme is still in its initial operation period and more than half of the pilot medical institutions have operated for less than a year. The Government will continue to assess and monitor the operation and usage of EHCVs in the pilot medical institutions and review the effectiveness of the Pilot Scheme in due course before studying further arrangements.

- End -

CONTROLLING OFFICER'S REPLY

HHB218

(Question Serial No. 3250)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding Dental General Public Session, will the Government inform this Committee of:

1. the monthly figures for successful appointments, attendances, and the age distribution of users at each of the 11 clinics in service since the launch of the Online Registration System for Dental General Public Session (ORDGP);
2. the respective numbers and percentages of users accessing the ORDGP via the “eHealth” mobile application, the “iAM Smart” mobile application and the Department of Health’s Dental General Public Session website since the launch of the system;
3. whether the Government has assessed the effectiveness of the “Cancel Appointment” function; the number of cases that have benefited from vacated quotas; and whether the Government plans to further promote this practice so that valuable service quotas are well-utilised?

Asked by: Hon CHU Lap-wai (LegCo internal reference no.: 66)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained. At present, dental care, particularly curative treatment, for the general public is mainly provided by private dentists. As for the emergency dental service (generally referred to as General Public (GP) Sessions) offered by the Department of Health (DH) to provide treatment for the public for emergency cases, it is only of limited supplementary nature rather than comprehensive dental services. The government dental clinics under the DH are established primarily to fulfil the Government's obligation under the civil service terms of appointment to provide dental benefits for civil servants/pensioners and their eligible dependents. The DH uses only a small fraction of the service capacity of the dental clinics to provide free GP Sessions to the general public through designated sessions each week in its 11 government dental clinics. The scope of services includes treatment of acute dental diseases, prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients.

Following the passage of the Dentists Registration (Amendment) Bill 2024 by the Legislative Council in July 2024 and the introduction of new pathways for admitting qualified non-locally trained dentists, the actual manpower ratio of DH's active dentists (including qualified non-locally trained dentists employed on non-civil service contract terms) increased from 69% (as at 1 September 2024) to 81% in mid-May 2025. With improved manpower supply, the DH has increased the total service quotas of GP Sessions by about 30% starting from 1 June 2025.

The DH has launched the Online Registration System for Dental GP Session (ORDGP) since 30 December 2024. Members of the public in need can access the ORDGP via the "iAM Smart" and "eHealth" mobile applications or the DH's Dental GP Session website between 6:00 a.m. and 11:30 a.m. to register under their real name for GP Sessions on the next working day. Each person can only register once per day during the abovementioned registration period. To cater for the needs of the elderly, half of the quotas will be allocated on a priority basis to elderly people aged 65 or above. Elderly people who are not allocated a priority quota in the first round will join other registered persons for the allocation of the remaining quotas by computer ballot.

Furthermore, in order to make it more convenient for the general public in using the service, enhancement measures were introduced to the ORDGP on 26 June 2025, which included streamlining the registration process, adding an appointment cancellation function and introducing an automatic waiting list mechanism. Upon cancellation of an appointment through the ORDGP by a person who has been successfully allocated a service quota, the ORDGP will automatically allocate the vacated quota to a candidate on the waiting list and notify him/her through Short Message Service (SMS). The DH will also take the initiative to contact all successful applicants on the day of the ballot to confirm that they have received the SMS notification. If it is known that individual successful applicants will not be able to attend the consultation on the day of appointment, the clinic will contact the waitlisted persons by telephone to fill the vacated quotas, so as to ensure that service resources are well-utilised.

The ORDGP has been operating smoothly since its launch. Members of the public, especially the elderly, no longer need to queue at dental clinics in person to compete for a service quota. The average utilisation rate of the GP Sessions is as high as 99%.

At the same time, under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups, persons with special needs and high-risk groups who have difficulties in accessing dental care. The DH launched the Community Dental Support Programme (CDSP) on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental GP sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of non-governmental organisations and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

1. The numbers of monthly service quotas allocated for GP sessions at 11 government dental clinics and the breakdown of attendances by age group since the launch of the ORDGP on 30 December 2024 are set out at Annex 1 and Annex 2 respectively.
2. The ORDGP came into operation on 30 December 2024. At the initial stage, members of the public can access the ORDGP via the “eHealth” mobile application^{Note1} or the DH’s Dental GP Session website. To streamline the registration process, enhancement measures were introduced to the ORDGP on 26 June 2025, and members of the public may perform real-time identity authentication directly by logging in to the “iAM Smart” or “eHealth” mobile applications and make use of an auto-complete function to minimise the need for repeated entries.

From the implementation of the enhancement measures up to 31 January 2026, the number of accesses to the ORDGP through different platforms and the respective percentages are detailed as follows:

Platform Utilised to Access the ORDGP	Accesses (%)	
(a) Via the “eHealth” Mobile Application	3 590	(9.2%)
(b) Via the “iAM Smart” Mobile Application	5 210	(13.4%)
(c) Via the DH’s Dental GP Session Website	30 170	(77.4%)
Total	38 970	(100.0%)

3. Since the addition of an appointment cancellation function and the introduction of an automatic waiting list mechanism on 26 June 2025, as at 31 January 2026, about 1 080 waitlisted persons have benefited from the automatic distribution of vacated service quotas via the ORDGP, with an average of about 7.4 waitlisted persons successfully securing a vacated quota per registration day. This mechanism has effectively reduced resource wastage caused by no-shows, ensuring that the limited service quotas are better

utilised. The DH will continuously review the operation and effectiveness of the enhanced ORDGP, with a commitment to improving service accessibility for the public and ensuring the optimal use of resources.

Note1: Members of the public access the Dental GP Session website for registration via a link within the “eHealth” mobile application. As such, prior to the introduction of the enhancement measures on 26 June 2025, all registered members of the public (100%) accessed the ORDGP through the Dental GP Session website.

	Number of Monthly Service Quotas of Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026
Kowloon City Dental Clinic	-	252	252	294	210	210	387	360	304	304	360	332	359	332
Kwun Tong Dental Clinic	-	126	168	168	210	168	220	275	220	165	165	220	275	220
Kennedy Town Community Complex Dental Clinic	-	336	336	378	210	336	495	440	495	440	495	440	440	495
Fanling Health Centre Dental Clinic	25	100	100	100	125	100	140	140	105	175	105	140	175	140
Mona Fong Dental Clinic	-	84	84	84	84	84	88	110	66	66	110	88	66	88
Tai Po Wong Siu Ching Dental Clinic	-	84	84	84	84	84	132	165	99	99	165	132	99	132
Tsuen Wan Dental Clinic	42	336	336	336	294	378	352	352	352	396	352	352	352	396

Yan Oi Dental Clinic	-	63	84	84	105	84	108	135	108	81	81	108	135	108
Yuen Long Government Offices Dental Clinic	21	168	168	168	147	189	240	240	240	270	240	240	240	270
Tai O Dental Clinic	-	16	16	16	16	16	16	16	0 ^{Note}	16	16	16	16	16
Cheung Chau Dental Clinic	-	16	16	16	16	16	16	16	16	16	16	16	16	16
Total	88	1 581	1 644	1 728	1 501	1 665	2 194	2 249	2 005	2 028	2 105	2 084	2 173	2 213

Note: As the Black Rainstorm Warning Signal was issued by the Hong Kong Observatory on 14 August 2025, the relevant dental clinic was closed on that day.

Dental Clinics with GP Sessions	Age group	Number of Monthly Attendances at Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
		No. of attendances in Dec 2024 (%)	No. of attendances in Jan 2025 (%)	No. of attendances in Feb 2025 (%)	No. of attendances in Mar 2025 (%)	No. of attendances in Apr 2025 (%)	No. of attendances in May 2025 (%)	No. of attendances in Jun 2025 (%)	No. of attendances in Jul 2025 (%)	No. of attendances in Aug 2025 (%)	No. of attendances in Sept 2025 (%)	No. of attendances in Oct 2025 (%)	No. of attendances in Nov 2025 (%)	No. of attendances in Dec 2025 (%)	No. of attendances in Jan 2026 (%)
Kowloon City Dental Clinic	0-18	-	2 (0.8%)	2 (0.8%)	1 (0.3%)	1 (0.5%)	1 (0.5%)	4 (1.0%)	5 (1.4%)	5 (1.6%)	3 (1.0%)	8 (2.2%)	6 (1.8%)	5 (1.4%)	7 (2.3%)
	19-42	-	23 (9.3%)	21 (8.3%)	42 (14.3%)	17 (8.1%)	26 (12.4%)	63 (16.3%)	56 (15.9%)	41 (13.5%)	61 (20.1%)	67 (18.7%)	60 (18.2%)	76 (21.5%)	60 (19.4%)
	43-60	-	23 (9.3%)	36 (14.3%)	32 (10.9%)	33 (15.7%)	29 (13.8%)	64 (16.5%)	71 (20.1%)	77 (25.3%)	60 (19.7%)	76 (21.2%)	66 (20.0%)	82 (23.2%)	74 (23.9%)
	61 or above	-	200 (80.6%)	193 (76.6%)	219 (74.5%)	159 (75.7%)	154 (73.3%)	256 (66.1%)	221 (62.6%)	181 (59.5%)	180 (59.2%)	207 (57.8%)	198 (60.0%)	191 (54.0%)	169 (54.5%)
	Sub-total		248 (100.0%)	252 (100.0%)	294 (100.0%)	210 (100.0%)	210 (100.0%)	387 (100.0%)	353 (100.0%)	304 (100.0%)	304 (100.0%)	358 (100.0%)	330 (100.0%)	354 (100.0%)	310 (100.0%)
Kwun Tong Dental Clinic	0-18	-	0 (0.0%)	3 (1.8%)	4 (2.4%)	1 (0.5%)	1 (0.6%)	0 (0.0%)	1 (0.4%)	3 (1.4%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (0.4%)	2 (0.9%)
	19-42	-	9 (7.1%)	19 (11.3%)	19 (11.3%)	24 (11.4%)	19 (11.3%)	25 (11.4%)	34 (12.3%)	25 (11.4%)	26 (15.7%)	29 (17.5%)	33 (15.0%)	32 (11.6%)	34 (15.5%)
	43-60	-	14 (11.1%)	14 (8.3%)	16 (9.5%)	32 (15.2%)	31 (18.5%)	37 (16.9%)	42 (15.2%)	46 (20.9%)	16 (9.6%)	28 (16.9%)	39 (17.7%)	32 (11.6%)	42 (19.1%)
	61 or above	-	103 (81.7%)	132 (78.6%)	129 (76.8%)	154 (73.0%)	117 (69.6%)	157 (71.7%)	199 (72.1%)	146 (66.4%)	124 (74.7%)	109 (65.7%)	147 (66.8%)	210 (76.4%)	142 (64.5%)

Dental Clinics with GP Sessions	Age group	Number of Monthly Attendances at Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
		No. of attendances in Dec 2024 (%)	No. of attendances in Jan 2025 (%)	No. of attendances in Feb 2025 (%)	No. of attendances in Mar 2025 (%)	No. of attendances in Apr 2025 (%)	No. of attendances in May 2025 (%)	No. of attendances in Jun 2025 (%)	No. of attendances in Jul 2025 (%)	No. of attendances in Aug 2025 (%)	No. of attendances in Sept 2025 (%)	No. of attendances in Oct 2025 (%)	No. of attendances in Nov 2025 (%)	No. of attendances in Dec 2025 (%)	No. of attendances in Jan 2026 (%)
	Sub-total	-	126 (100.0%)	168 (100.0%)	168 (100.0%)	211 (100.0%)	168 (100.0%)	219 (100.0%)	276 (100.0%)	220 (100.0%)	166 (100.0%)	166 (100.0%)	220 (100.0%)	275 (100.0%)	220 (100.0%)
Kennedy Town Community Complex Dental Clinic	0-18	-	3 (0.9%)	3 (0.9%)	1 (0.3%)	3 (1.4%)	5 (1.5%)	2 (0.4%)	2 (0.5%)	3 (0.6%)	2 (0.5%)	2 (0.4%)	2 (0.5%)	0 (0.0%)	6 (1.2%)
	19-42	-	53 (15.9%)	72 (21.3%)	65 (17.1%)	45 (21.2%)	52 (15.3%)	111 (22.4%)	121 (27.6%)	136 (27.5%)	131 (29.8%)	154 (31.2%)	131 (29.8%)	146 (33.2%)	153 (31.7%)
	43-60	-	59 (17.7%)	74 (21.9%)	89 (23.4%)	44 (20.8%)	74 (21.8%)	147 (29.7%)	122 (27.9%)	151 (30.6%)	140 (31.9%)	162 (32.8%)	146 (33.2%)	147 (33.4%)	148 (30.7%)
	61 or above	-	219 (65.6%)	189 (55.9%)	225 (59.2%)	120 (56.6%)	208 (61.4%)	235 (47.5%)	193 (44.1%)	204 (41.3%)	166 (37.8%)	176 (35.6%)	161 (36.6%)	147 (33.4%)	175 (36.3%)
	Sub-total	-	334 (100.0%)	338 (100.0%)	380 (100.0%)	212 (100.0%)	339 (100.0%)	495 (100.0%)	438 (100.0%)	494 (100.0%)	439 (100.0%)	494 (100.0%)	440 (100.0%)	440 (100.0%)	482 (100.0%)
Fanling Health Centre Dental Clinic	0-18	0 (0.0%)	1 (1.0%)	1 (1.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	2 (1.4%)	2 (1.4%)	1 (0.9%)	1 (0.6%)	0 (0.0%)	1 (0.7%)	3 (1.7%)	3 (2.2%)
	19-42	3 (16.7%)	13 (12.9%)	12 (12.0%)	11 (11.0%)	19 (15.1%)	18 (18.0%)	21 (14.9%)	20 (14.4%)	18 (17.0%)	41 (23.7%)	21 (19.6%)	21 (15.0%)	38 (21.7%)	25 (18.1%)
	43-60	1 (5.6%)	11 (10.9%)	15 (15.0%)	9 (9.0%)	23 (18.3%)	12 (12.0%)	24 (17.0%)	22 (15.8%)	15 (14.2%)	32 (18.5%)	16 (15.0%)	41 (29.3%)	30 (17.1%)	30 (21.7%)
	61 or above	14 (77.8%)	76 (75.2%)	72 (72.0%)	80 (80.0%)	83 (65.9%)	70 (70.0%)	94 (66.7%)	95 (68.3%)	72 (67.9%)	99 (57.2%)	70 (65.4%)	77 (55.0%)	104 (59.4%)	80 (58.0%)

Dental Clinics with GP Sessions	Age group	Number of Monthly Attendances at Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
		No. of attendances in Dec 2024 (%)	No. of attendances in Jan 2025 (%)	No. of attendances in Feb 2025 (%)	No. of attendances in Mar 2025 (%)	No. of attendances in Apr 2025 (%)	No. of attendances in May 2025 (%)	No. of attendances in Jun 2025 (%)	No. of attendances in Jul 2025 (%)	No. of attendances in Aug 2025 (%)	No. of attendances in Sept 2025 (%)	No. of attendances in Oct 2025 (%)	No. of attendances in Nov 2025 (%)	No. of attendances in Dec 2025 (%)	No. of attendances in Jan 2026 (%)
	Sub-total	18 (100.0%)	101 (100.0%)	100 (100.0%)	100 (100.0%)	126 (100.0%)	100 (100.0%)	141 (100.0%)	139 (100.0%)	106 (100.0%)	173 (100.0%)	107 (100.0%)	140 (100.0%)	175 (100.0%)	138 (100.0%)
Mona Fong Dental Clinic	0-18	-	0 (0.0%)	0 (0.0%)	1 (1.2%)	1 (1.2%)	0 (0.0%)	0 (0.0%)	4 (3.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.5%)	0 (0.0%)
	19-42	-	15 (18.8%)	13 (15.5%)	19 (22.6%)	15 (18.1%)	19 (22.6%)	13 (14.8%)	22 (20.0%)	17 (25.8%)	13 (20.3%)	27 (24.5%)	21 (23.9%)	18 (27.3%)	19 (21.6%)
	43-60	-	10 (12.5%)	18 (21.4%)	12 (14.3%)	30 (36.1%)	26 (31.0%)	29 (33.0%)	35 (31.8%)	15 (22.7%)	23 (35.9%)	35 (31.8%)	19 (21.6%)	19 (28.8%)	23 (26.1%)
	61 or above	-	55 (68.8%)	53 (63.1%)	52 (61.9%)	37 (44.6%)	39 (46.4%)	46 (52.3%)	49 (44.5%)	34 (51.5%)	28 (43.8%)	48 (43.6%)	48 (54.5%)	28 (42.4%)	46 (52.3%)
	Sub-total	-	80 (100.0%)	84 (100.0%)	84 (100.0%)	83 (100.0%)	84 (100.0%)	88 (100.0%)	110 (100.0%)	66 (100.0%)	64 (100.0%)	110 (100.0%)	88 (100.0%)	66 (100.0%)	88 (100.0%)
Tai Po Wong Siu Ching Dental Clinic	0-18	-	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (1.5%)	4 (2.4%)	3 (3.0%)	0 (0.0%)	2 (1.2%)	2 (1.5%)	0 (0.0%)	4 (3.0%)
	19-42	-	5 (6.3%)	10 (11.9%)	9 (10.7%)	13 (15.5%)	12 (14.3%)	20 (15.2%)	29 (17.6%)	15 (15.2%)	18 (18.0%)	31 (18.8%)	16 (12.1%)	30 (30.3%)	20 (15.2%)
	43-60	-	8 (10.1%)	11 (13.1%)	12 (14.3%)	10 (11.9%)	17 (20.2%)	19 (14.4%)	33 (20.0%)	18 (18.2%)	11 (11.0%)	28 (17.0%)	18 (13.6%)	20 (20.2%)	21 (15.9%)
	61 or above	-	66 (83.5%)	63 (75.0%)	63 (75.0%)	61 (72.6%)	55 (65.5%)	91 (68.9%)	99 (60.0%)	63 (63.6%)	71 (71.0%)	104 (63.0%)	96 (72.7%)	49 (49.5%)	87 (65.9%)

Dental Clinics with GP Sessions	Age group	Number of Monthly Attendances at Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
		No. of attendances in Dec 2024 (%)	No. of attendances in Jan 2025 (%)	No. of attendances in Feb 2025 (%)	No. of attendances in Mar 2025 (%)	No. of attendances in Apr 2025 (%)	No. of attendances in May 2025 (%)	No. of attendances in Jun 2025 (%)	No. of attendances in Jul 2025 (%)	No. of attendances in Aug 2025 (%)	No. of attendances in Sept 2025 (%)	No. of attendances in Oct 2025 (%)	No. of attendances in Nov 2025 (%)	No. of attendances in Dec 2025 (%)	No. of attendances in Jan 2026 (%)
	Sub-total	-	79 (100.0%)	84 (100.0%)	84 (100.0%)	84 (100.0%)	84 (100.0%)	132 (100.0%)	165 (100.0%)	99 (100.0%)	100 (100.0%)	165 (100.0%)	132 (100.0%)	99 (100.0%)	132 (100.0%)
Tsuen Wan Dental Clinic	0-18	0 (0.0%)	0 (0.0%)	2 (0.6%)	2 (0.6%)	0 (0.0%)	1 (0.3%)	4 (1.1%)	2 (0.6%)	6 (1.7%)	5 (1.3%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	2 (0.5%)
	19-42	1 (3.6%)	37 (11.0%)	29 (8.6%)	37 (11.0%)	31 (10.5%)	42 (11.1%)	40 (11.4%)	52 (14.9%)	51 (14.5%)	55 (13.9%)	45 (12.8%)	37 (10.5%)	50 (14.2%)	57 (14.4%)
	43-60	4 (14.3%)	35 (10.4%)	37 (11.0%)	59 (17.6%)	48 (16.3%)	37 (9.8%)	63 (17.9%)	51 (14.6%)	58 (16.5%)	65 (16.4%)	51 (14.5%)	59 (16.8%)	60 (17.0%)	64 (16.2%)
	61 or above	23 (82.1%)	263 (78.5%)	268 (79.8%)	238 (70.8%)	215 (73.1%)	298 (78.8%)	245 (69.6%)	245 (70.0%)	237 (67.3%)	271 (68.4%)	254 (72.2%)	256 (72.7%)	242 (68.8%)	273 (68.9%)
	Sub-total	28 (100.0%)	335 (100.0%)	336 (100.0%)	336 (100.0%)	294 (100.0%)	378 (100.0%)	352 (100.0%)	350 (100.0%)	352 (100.0%)	396 (100.0%)	352 (100.0%)	352 (100.0%)	352 (100.0%)	396 (100.0%)
Yan Oi Dental Clinic	0-18	-	0 (0.0%)	1 (1.2%)	1 (1.2%)	1 (1.0%)	0 (0.0%)	0 (0.0%)	2 (1.5%)	1 (0.9%)	2 (2.5%)	1 (1.2%)	2 (1.9%)	5 (3.7%)	4 (3.7%)
	19-42	-	2 (3.2%)	7 (8.3%)	9 (10.7%)	15 (14.3%)	15 (17.9%)	17 (15.7%)	17 (12.6%)	17 (15.7%)	9 (11.1%)	12 (14.8%)	12 (11.1%)	17 (12.6%)	8 (7.4%)
	43-60	-	4 (6.3%)	13 (15.5%)	7 (8.3%)	10 (9.5%)	7 (8.3%)	12 (11.1%)	7 (5.2%)	13 (12.0%)	13 (16.0%)	16 (19.8%)	20 (18.5%)	20 (14.8%)	20 (18.5%)
	61 or above	-	57 (90.5%)	63 (75.0%)	67 (79.8%)	79 (75.2%)	62 (73.8%)	79 (73.1%)	109 (80.7%)	77 (71.3%)	57 (70.4%)	52 (64.2%)	74 (68.5%)	93 (68.9%)	76 (70.4%)

Dental Clinics with GP Sessions	Age group	Number of Monthly Attendances at Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
		No. of attendances in Dec 2024 (%)	No. of attendances in Jan 2025 (%)	No. of attendances in Feb 2025 (%)	No. of attendances in Mar 2025 (%)	No. of attendances in Apr 2025 (%)	No. of attendances in May 2025 (%)	No. of attendances in Jun 2025 (%)	No. of attendances in Jul 2025 (%)	No. of attendances in Aug 2025 (%)	No. of attendances in Sept 2025 (%)	No. of attendances in Oct 2025 (%)	No. of attendances in Nov 2025 (%)	No. of attendances in Dec 2025 (%)	No. of attendances in Jan 2026 (%)
	Sub-total	-	63 (100.0%)	84 (100.0%)	84 (100.0%)	105 (100.0%)	84 (100.0%)	108 (100.0%)	135 (100.0%)	108 (100.0%)	81 (100.0%)	81 (100.0%)	108 (100.0%)	135 (100.0%)	108 (100.0%)
Yuen Long Government Offices Dental Clinic	0-18	0 (0.0%)	0 (0.0%)	3 (1.8%)	1 (0.6%)	1 (0.7%)	1 (0.5%)	0 (0.0%)	3 (1.3%)	4 (1.7%)	3 (1.1%)	3 (1.3%)	1 (0.4%)	2 (0.8%)	2 (0.7%)
	19-42	3 (18.8%)	17 (10.3%)	11 (6.5%)	20 (11.9%)	17 (11.6%)	30 (15.9%)	41 (17.1%)	45 (18.8%)	40 (16.7%)	55 (20.3%)	41 (17.1%)	35 (14.6%)	51 (21.3%)	47 (17.5%)
	43-60	1 (6.3%)	16 (9.7%)	23 (13.6%)	24 (14.3%)	24 (16.3%)	28 (14.8%)	39 (16.3%)	40 (16.7%)	44 (18.3%)	57 (21.0%)	43 (17.9%)	45 (18.8%)	67 (27.9%)	61 (22.7%)
	61 or above	12 (75.0%)	132 (80.0%)	132 (78.1%)	123 (73.2%)	105 (71.4%)	130 (68.8%)	160 (66.7%)	152 (63.3%)	152 (63.3%)	156 (57.6%)	153 (63.8%)	159 (66.3%)	120 (50.0%)	159 (59.1%)
	Sub-total	16 (100.0%)	165 (100.0%)	169 (100.0%)	168 (100.0%)	147 (100.0%)	189 (100.0%)	240 (100.0%)	240 (100.0%)	240 (100.0%)	271 (100.0%)	240 (100.0%)	240 (100.0%)	240 (100.0%)	269 (100.0%)
Tai O Dental Clinic	0-18	-	1 (6.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	19-42	-	8 (53.3%)	3 (23.1%)	4 (30.8%)	5 (50.0%)	6 (40.0%)	2 (16.7%)	1 (12.5%)	0 (0.0%)	1 (8.3%)	3 (37.5%)	4 (33.3%)	4 (28.6%)	1 (20.0%)
	43-60	-	2 (13.3%)	5 (38.5%)	4 (30.8%)	2 (20.0%)	4 (26.7%)	2 (16.7%)	2 (25.0%)	0 (0.0%)	5 (41.7%)	2 (25.0%)	3 (25.0%)	6 (42.9%)	1 (20.0%)
	61 or above	-	4 (26.7%)	5 (38.5%)	5 (38.5%)	3 (30.0%)	5 (33.3%)	8 (66.7%)	5 (62.5%)	0 (0.0%)	6 (50.0%)	3 (37.5%)	5 (41.7%)	4 (28.6%)	3 (60.0%)

Dental Clinics with GP Sessions	Age group	Number of Monthly Attendances at Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
		No. of attendances in Dec 2024 (%)	No. of attendances in Jan 2025 (%)	No. of attendances in Feb 2025 (%)	No. of attendances in Mar 2025 (%)	No. of attendances in Apr 2025 (%)	No. of attendances in May 2025 (%)	No. of attendances in Jun 2025 (%)	No. of attendances in Jul 2025 (%)	No. of attendances in Aug 2025 (%)	No. of attendances in Sept 2025 (%)	No. of attendances in Oct 2025 (%)	No. of attendances in Nov 2025 (%)	No. of attendances in Dec 2025 (%)	No. of attendances in Jan 2026 (%)
	Sub-total	-	15 (100.0%)	13 (100.0%)	13 (100.0%)	10 (100.0%)	15 (100.0%)	12 (100.0%)	8 (100.0%)	0 ^{Note} (0.0%)	12 (100.0%)	8 (100.0%)	12 (100.0%)	14 (100.0%)	5 (100.0%)
Cheung Chau Dental Clinic	0-18	-	0 (0.0%)	1 (7.7%)	0 (0.0%)	1 (8.3%)	0 (0.0%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	19-42	-	2 (15.4%)	1 (7.7%)	2 (20.0%)	6 (50.0%)	1 (16.7%)	6 (46.2%)	2 (15.4%)	5 (41.7%)	1 (14.3%)	0 (0.0%)	2 (16.7%)	5 (83.3%)	1 (16.7%)
	43-60	-	5 (38.5%)	4 (30.8%)	4 (40.0%)	3 (25.0%)	1 (16.7%)	5 (38.5%)	5 (38.5%)	4 (33.3%)	3 (42.9%)	3 (50.0%)	7 (58.3%)	0 (0.0%)	2 (33.3%)
	61 or above	-	6 (46.2%)	7 (53.8%)	4 (40.0%)	2 (16.7%)	4 (66.7%)	1 (7.7%)	6 (46.2%)	3 (25.0%)	3 (42.9%)	3 (50.0%)	3 (25.0%)	1 (16.7%)	3 (50.0%)
	Sub-total	-	13 (100.0%)	13 (100.0%)	10 (100.0%)	12 (100.0%)	6 (100.0%)	13 (100.0%)	13 (100.0%)	12 (100.0%)	7 (100.0%)	6 (100.0%)	12 (100.0%)	6 (100.0%)	6 (100.0%)
All of the above 11 dental clinics	0-18	0 (0.0%)	7 (0.4%)	16 (1.0%)	11 (0.6%)	10 (0.7%)	9 (0.5%)	15 (0.7%)	25 (1.1%)	26 (1.3%)	16 (0.8%)	18 (0.9%)	15 (0.7%)	17 (0.8%)	30 (1.4%)
	19-42	7 (11.3%)	184 (11.8%)	198 (12.1%)	237 (13.8%)	207 (13.9%)	240 (14.5%)	359 (16.4%)	399 (17.9%)	365 (18.2%)	411 (20.4%)	430 (20.6%)	372 (17.9%)	467 (21.7%)	425 (19.7%)
	43-60	6 (9.7%)	187 (12.0%)	250 (15.2%)	268 (15.6%)	259 (17.3%)	266 (16.1%)	441 (20.2%)	430 (19.3%)	441 (22.0%)	425 (21.1%)	460 (22.0%)	463 (22.3%)	483 (22.4%)	486 (22.6%)
	61 or above	49 (79.0%)	1 181 (75.8%)	1 177 (71.7%)	1 205 (70.0%)	1 018 (68.1%)	1 142 (68.9%)	1 372 (62.7%)	1 373 (61.7%)	1 169 (58.4%)	1 161 (57.7%)	1 179 (56.5%)	1 224 (59.0%)	1 189 (55.1%)	1 213 (56.3%)

Dental Clinics with GP Sessions	Age group	Number of Monthly Attendances at Dental Clinics with GP Sessions Since the Launch of the ORDGP on 30 December 2024													
		No. of attendances in Dec 2024 (%)	No. of attendances in Jan 2025 (%)	No. of attendances in Feb 2025 (%)	No. of attendances in Mar 2025 (%)	No. of attendances in Apr 2025 (%)	No. of attendances in May 2025 (%)	No. of attendances in Jun 2025 (%)	No. of attendances in Jul 2025 (%)	No. of attendances in Aug 2025 (%)	No. of attendances in Sept 2025 (%)	No. of attendances in Oct 2025 (%)	No. of attendances in Nov 2025 (%)	No. of attendances in Dec 2025 (%)	No. of attendances in Jan 2026 (%)
	Total	62 (100.0%)	1 559 (100.0%)	1 641 (100.0%)	1 721 (100.0%)	1 494 (100.0%)	1 657 (100.0%)	2 187 (100.0%)	2 227 (100.0%)	2 001 (100.0%)	2 013 (100.0%)	2 087 (100.0%)	2 074 (100.0%)	2 156 (100.0%)	2 154 (100.0%)

Percentages may not add up to 100 due to rounding.

Note: As the Black Rainstorm Warning Signal was issued by the Hong Kong Observatory on 14 August 2025, the relevant dental clinic was closed on that day.

- End -

CONTROLLING OFFICER'S REPLY**HHB219****(Question Serial No. 0299)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

The substantial delay in the handling of individual complaint cases by the Medical Council of Hong Kong (MCHK) has not only drawn immense public attention but also undermined public confidence in the regulatory regime of the medical profession. In this connection, will the Government inform this Committee of the following:

- (1) whether the Government is aware of the financial position of the MCHK and its operational expenses in the recent 5 years; and
- (2) within the overall establishment of the Secretariat of MCHK, the manpower currently allocated for directly handling the investigation, follow-up and inquiry support work of complaint cases?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 10)Reply:

(1)

The Department of Health (DH) provides manpower and other resources for setting up a secretariat for the Medical Council of Hong Kong (MCHK) to support it in performing its statutory functions. The expenditure on emoluments and benefits for the civil service staff of the Secretariat of the MCHK over the past 5 years is tabulated below:

Financial year	2021-22	2022-23	2023-24	2024-25	2025-26
Expenditure on emoluments and benefits (\$ million)	19.5	21.1	21.9	24.7	24.7

Other operational expenses (such as office facilities) of the MCHK are subsumed under the overall expenditure of the Boards and Councils Office, and thus cannot be separately provided.

(2)

The Secretariat staff of the MCHK are mainly composed of the Executive Officer and Clerical Officer grades. As at 1 February 2026, the Secretariat of the MCHK had a total of 16 civil service posts (including 6 time-limited posts) which were directly responsible for the investigation, follow-up and inquiry support work of complaint cases. Some of these posts are concurrently responsible for other matters of the Secretariat.

- End -

CONTROLLING OFFICER'S REPLY

HHB220

(Question Serial No. 0319)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The new phase of tobacco control measures has been implemented since 1 January 2026. Regarding the work of the Tobacco and Alcohol Control Office (TACO) of the Department of Health, will the Government advise on:

- (1) the number of smokers along with the change in the smoking prevalence in Hong Kong over the past 3 years, broken down by age and gender;
- (2) the staff establishment and expenditure breakdown of the TACO regarding its enforcement work against smoking offences, 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) over the past 3 years;
- (3) with the implementation of the new tobacco control measures, the Government's target in respect of controlling smoking prevalence for the next 3 years; and
- (4) in tabular form, the number of enforcements in different premises and statutory no smoking areas and prosecutions instituted by the TACO in the past 3 years; and whether prosecutions have been instituted against the operators of the premises suspected of aiding or abetting smoking offences?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 22)

Reply:

(1)

The Census and Statistics Department conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. According to the survey completed in 2023, the smoking prevalence of Hong Kong (Note) was 9.1%. A breakdown of the smoking prevalence (by age group and sex) is set out at **Annex 1**. The latest THS in this respect was conducted in 2025 and the result will be published in due course.

Note: It was calculated in terms of daily conventional cigarette smokers aged 15 or above.

(2)

The expenditure on/provision and revised estimate for tobacco and alcohol control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the Department of Health, broken down by type of initiatives, and the approved establishment of the TACO from 2023-24 to 2025-26, are at **Annex 2 and Annex 3** respectively. As alcohol and tobacco control initiatives are undertaken concurrently, the relevant expenditure cannot be separately identified.

(3)

Over the years, the Government of the Hong Kong Special Administrative Region has been adopting a multi-pronged and progressive principle, comprising legislation, enforcement, taxation, publicity, education and strengthen smoking cessation services, in the implementation of tobacco control policies, so as to contain the proliferation of tobacco use and protect members of the public from the harmful effect of smoking products.

The Health Bureau (HHB) announced the overall tobacco control strategy and measures over short-, medium- and long-term in June 2024. In September last year, the Legislative Council also passed the Tobacco Control Legislation (Amendment) Ordinance 2025 to roll out 10 short-term tobacco control measures, and a number of them have already been implemented in phases. These include the increase in penalties for illicit cigarettes and prohibition of provision of alternative smoking products (ASPs) and conventional smoking products to persons aged below 18, which came into effect immediately after being gazetted in the same month, and 3 amendments targeting smoking offences (Note) that came into effect on 1 January 2026. In addition, the ban on the possession of ASP substances in public places will also come into effect on 30 April this year. The Government plans to introduce the duty stamp regime and requirements concerning plain packaging for conventional smoking products at the same time next year. Upon full implementation of the duty stamp regime, the Government will start arranging for the introduction of the ban on flavoured conventional smoking products.

Upon the implementation of the short-term measures for a period of time, the HHB will review the effectiveness of the measures in reducing smoking prevalence and subsequently formulate the plan for rolling out medium- and long- term tobacco control measures, including strengthening measures to ensure retail outlets' compliance with various sales restrictions on tobacco products, prohibiting "smoking while walking" which is colloquially known as "locomotives", designating extensive no smoking areas (NSAs) on a trial basis with regard to circumstances in districts for continuous expansion of NSAs, as well as studying the feasibility of prohibition of the sale of tobacco products to persons born after a certain date, etc. The Government's target in respect of tobacco control is to continuously lower the smoking prevalence in Hong Kong, with a view to achieving the ultimate goal of Tobacco-free Hong Kong and safeguarding the health of the public.

Note: The amendments are extending the statutory no smoking areas, increasing the fixed penalty for smoking offences and prohibiting smoking while queuing.

(4)

The numbers of inspections conducted and fixed penalty notices/summonses issued by the TACO from 2023 to 2025 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other NSAs are at **Annex 4**. During the same period, the TACO issued 35, 61 and 48 summonses to persons suspected of aiding and abetting smoking offenders respectively.

Prevalence of Daily Cigarette Smokers by Age Group and Sex in 2023*

Age group	Male	Female	Overall
15 - 19	#	#	#
20 - 29	9.3%	1.7%	5.5%
30 - 39	16.2%	3.6%	9.7%
40 - 49	21.9%	5.0%	12.6%
50 - 59	23.5%	4.1%	12.7%
≥ 60	15.3%	0.9%	7.7%
Overall	16.4%	2.7%	9.1%

* As a percentage of all persons in the respective age group. For example, among all males aged 20 to 29, 9.1% were daily cigarette smokers based on the survey conducted in 2023.

The figures are not released due to the large sampling error.

Source: Thematic Household Survey Report No. 79, Census and Statistics Department

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>			
TACO	83.7	81.9	86.7
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.6	27.8	27.2
<i>Sub-total</i>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations</u>			
Subvention to Tung Wah Group of Hospitals	10.2	15.3	16.5
Subvention to Pok Oi Hospital	14.8	19.5	19.2
Subvention to Lok Sin Tong	3.6	2.7	3.6
Subvention to United Christian Nethersole Community Health Service	6.1	8.5	13.5
Subvention to Life Education Activity Programme	2.9	3.0	3.0
Subvention to Christian Family Service Centre	3.5	4.2	-
Subvention to The University of Hong Kong	-	-	3.0
<i>Sub-total</i>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>
Total	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	No. of Staff from 2023-24 to 2024-25	No. of Staff in 2025-26
<u>Head, TACO</u>		
Consultant	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/Senior Foreman/Foreman	125	125
Senior Hospital Administrator/Hospital Administrator	-	13
Senior Executive Officer/Executive Officer	13	-
<i>Sub-total</i>	<u>147</u>	<u>147</u>
<u>Health education and smoking cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>
<u>Administrative and general support</u>		
Senior Executive Officer/Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>
Total	<u>183</u>	<u>183</u>

Number of Inspections Conducted and Fixed Penalty Notices (FPNs)/Summonses Issued by TACO from 2023 to 2025 for Smoking Offences in Food Premises, Shops and Shopping Malls, Public Transport Facilities, Bus Interchanges and Other Statutory No Smoking Areas under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)

	2023	2024	2025
Inspections conducted ^(Note)	27 371	26 031	32 618
- Food premises	1 897	1 921	2 547
- Shops and shopping malls	5 823	4 965	6 768
- Public transport facilities	3 448	3 876	5 194
- Bus interchanges	309	428	441
- Other statutory no smoking areas	15 894	14 841	17 668
FPNs issued ^(Note)	10 261	13 488	10 357
- Food premises	421	630	471
- Shops and shopping malls	2 417	3 138	3 089
- Public transport facilities	2 493	3 130	2 130
- Bus interchanges	109	226	138
- Other statutory no smoking areas	4 821	6 364	4 529
Summonses issued ^(Note)	48	64	37
- Food premises	1	1	5
- Shops and shopping malls	6	14	3
- Public transport facilities	8	14	9
- Bus interchanges	0	3	1
- Other statutory no smoking areas	33	32	19

Note: The TACO does not have separate figures on enforcement at indoor workplace and public transport carriers.

- End -

CONTROLLING OFFICER'S REPLY

HHB221

(Question Serial No. 2296)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Government's multi-pronged and progressive approach to reducing the harms caused by smoking products to members of the public and society, will the Government advise this Committee on:

- (1) the subsidies to the Hong Kong Council on Smoking and Health for taking forward promotional initiatives in support of tobacco control, and to non-governmental organisations for implementing community-based smoking cessation programmes and promoting smoking cessation in the past 3 years; and
- (2) the Government's smoking cessation counselling services and the resources allocated in this respect over the past 3 years, and whether it has a grasp of how to assist smokers in smoking cessation; if yes, the details; if no, the reasons?

Asked by: Hon HO King-hong, Adrian Pedro (LegCo internal reference no.: 23)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the Department of Health (DH) collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

The DH subvents the COSH to carry out a series of smoke-free activities targeting different sectors and stakeholders, which include educational activities (e.g. school education theatre programmes, tailor-made programmes to equip teenagers with knowledge on the hazards of smoking, including the use of alternative smoking products), publicity and community involvement activities (e.g. production of Announcements in the Public Interest (APIs) on television and radio, district-based community involvement activities) and research programmes on tobacco control. The COSH is also dedicated to disseminating smoke-free messages to corporations, schools and all walks of life through different efforts such as

collaborating with district service organisations on promotional activities, smoking cessation competitions and smoking cessation counselling. It also implements the “Smoke-free Sportswear Day”, projects targeting corporations and industries with high smoking prevalence, the “Quit to Win” Smoke-free Community Campaign, the Smoke-free Women Project, the “Elderly Smoking Cessation Promotion Project” and the Smoke-free Elite Teens Programme, etc. on a regular basis, targeting young people, women and the elderly with the aim of spreading the smoke-free message to every corner of the society and uniting community efforts to promote smoking cessation and create a smoke-free environment.

In addition, the COSH launches publicity campaigns through the mass media and social media to convey messages about the hazards of smoking to different groups in the community. It also produces 1 to 2 television and radio APIs every year to promote the benefits of a smoke-free life and disseminate information on smoking cessation to encourage smokers to quit smoking. The COSH launched an API named “Let’s make Hong Kong Tobacco-free” in March 2025 and, by joining hands with various sectors of the community, shared information on smoking hazards and raised public awareness through special television programmes (e.g. “Support Tobacco Control”) to call for public participation in creating a smoke-free environment and encourage smokers to quit smoking.

Apart from the COSH, the DH collaborates with NGOs for publicity and education initiatives, including organising health promotional activities at schools. By using interactive teaching materials and setting up mobile classrooms, the programmes enlighten students in respect of the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up smoking due to peer pressure. The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses.

The DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and co-ordinates the provision of smoking cessation services in Hong Kong. The DH also arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patients, especially those with chronic disease, to quit smoking), and community-based cessation programmes operated by NGOs. The HA currently operates 71 “Smoking Counselling and Cessation Centres” throughout the territory, which are located in public hospitals and Family Medicine Clinics across Hong Kong Island, Kowloon and the New Territories. These centres provide services for the public during designated hours, among which 14 are full-time centres. A hotline is also available for members of the public to enquire about service details. There are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling service over the phone. The DH has been subventing 3 service providers to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, with a total of 4 000 service users each year. To strengthen Chinese medicine smoking cessation services, the DH has subvented 3 more Chinese medicine

smoking cessation service providers (from 1 to 4 in total) since 2025 to operate smoking cessation clinics with an emphasis on counselling and acupuncture.

To encourage smokers to try quitting, the DH distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for 1 week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and District Health Centre Expresses (DHC Expresses) during the Quit in June annual campaign starting from 2023. Since the Quit in June campaign in 2024, the DH has implemented the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme at designated Chinese medicine smoking cessation clinics. To encourage and help all healthcare professionals to provide support and treatment for smokers who are quitting, the DH organises online and face to face training courses, compiles the Practical Handbook for Smoking Cessation Treatments and a clinical guide on smoking cessation with Chinese medicine and acupuncture, and provides related resources, among other initiatives.

Smoking cessation services and counselling for smokers are currently available at all DHCs/DHC Expresses in the 18 districts across Hong Kong, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2023, 2024 and 2025, the quitlines operated by the DH and local universities handled 11 051, 10 875 and 9 636 enquiries respectively. During these 3 years, there were 27 715, 28 512 and 27 944 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditure/provision and revised estimate in respect of health promotion initiatives and smoking cessation services provided by the DH's Tobacco and Alcohol Control Office and its subvented organisations between 2023-24 and 2025-26 are at **Annex**. The expenditure on individual publicity and promotional activities cannot be separately identified.

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>
<u>(a) General health education and promotion of smoking cessation</u>			
TACO	83.7	81.9	86.7
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.6	27.8	27.2
<i>Sub-total</i>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations</u>			
Subvention to Tung Wah Group of Hospitals	10.2	15.3	16.5
Subvention to Pok Oi Hospital	14.8	19.5	19.2
Subvention to Lok Sin Tong	3.6	2.7	3.6
Subvention to United Christian Nethersole Community Health Service	6.1	8.5	13.5
Subvention to Life Education Activity Programme	2.9	3.0	3.0
Subvention to Christian Family Service Centre	3.5	4.2	-
Subvention to The University of Hong Kong	-	-	3.0
<i>Sub-total</i>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>
Total	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB222

(Question Serial No. 1178)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

In 2026-27, the new phase of tobacco control measures will be implemented alongside enhanced enforcement. The Department of Health (DH) will continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation. In this connection, please advise this Committee on the following:

1) Given that the statutory no smoking areas (NSAs) will be extended to public places that lie within 3 metres from exclusive access points of child care centres, residential care homes, schools, hospitals, specified clinics and health centres starting from this year, with the number increased by over 5 000, while the approved establishment of frontline law enforcement officers of the Tobacco and Alcohol Control Office is only 125, will additional staff be recruited to cope with the increase in NSAs? What is the expenditure involved?

2) Regarding publicity and education activities, an indicator under Programme (3) shows that the number of publicity/educational activities delivered by Hong Kong Council on Smoking and Health ranges from 432 to 433 annually between 2024 and 2026. Surveys have indicated that the number of female smokers is rising rather than falling. Will the DH organise any new publicity/education activities targeting this emerging trend? What are the manpower and estimated expenditure to be involved?

Asked by: Hon KAN Wai-mun, Carmen (LegCo internal reference no.: 26)

Reply:

1)

The Government gazetted the Tobacco Control Legislation (Amendment) Ordinance 2025 on 19 September 2025. Three amendments relating to smoking offences have come into effect on 1 January 2026, including extension of statutory No Smoking Areas to public places that lie within 3 metres outside the entrances/exits exclusively used for specified premises, prohibition of smoking while queuing, and increase of fixed penalty for smoking offences from \$1,500 to \$3,000.

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) will continue to closely monitor the market situation and continue law enforcement efforts to crack down on all activities in violation of the Smoking (Public Health) Ordinance and the Import

and Export Ordinance. The TACO will also enhance efficiency in various respects. For example, it makes good use of technology and has introduced smart tools for issuing fixed penalty notices (FPNs). Through an electronic system, the offenders' Hong Kong Identity Cards can be scanned, and information such as the offenders' personal details, the time and location of incident, details of the enforcement officers, etc. will be instantly imported. The FPNs can be printed out on the spot using portable printers and the data will be automatically synchronised with the backend system, saving processing time and manpower needs in the back office. In addition, the TACO has strengthened co-operation with various departments in relation to prosecution work, with a view to maximising efficiency in the prosecution process. The TACO will make good use of the existing resources, flexibly deploy manpower as appropriate and at the same time, provide appropriate training and support to frontline staff in order to implement the new phase of tobacco control measures.

2)

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

The DH subvents the COSH to carry out a series of smoke-free activities targeting different sectors and stakeholders, which include educational activities (e.g. school education theatre programmes, tailor-made programmes to equip teenagers with knowledge on the hazards of smoking, including the use of alternative smoking products), publicity and community involvement activities (e.g. production of Announcements in the Public Interest (APIs) on television and radio, district-based community involvement activities) and research programmes on tobacco control. The COSH is also dedicated to disseminating smoke-free messages to corporations, schools and all walks of life through different efforts such as collaborating with district service organisations on promotional activities, smoking cessation competitions and smoking cessation counselling. It also implements the "Smoke-free Sportswear Day", the "Quit to Win" Smoke-free Community Campaign, the Smoke-free Women Project, the "Elderly Smoking Cessation Promotion Project" and the Smoke-free Elite Teens Programme, etc. on a regular basis, targeting young people, women and the elderly with the aim of spreading the smoke-free message to every corner of the society and uniting community efforts to promote smoking cessation and create a smoke-free environment.

In addition, the COSH launches publicity campaigns through the mass media and social media to convey messages about the hazards of smoking to different groups in the community. It also produces 1 to 2 television and radio APIs every year to promote the benefits of a smoke-free life and disseminate information on smoking cessation to encourage smokers to quit smoking. The COSH launched an API named "Let's make Hong Kong Tobacco-free" in March 2025 and, by joining hands with various sectors of the community, shared information on smoking hazards and raised public awareness through special television programmes (e.g. "Support Tobacco Control") to call for public participation in creating a smoke-free environment and encourage smokers to quit smoking.

Apart from the COSH, the DH collaborates with NGOs for publicity and education initiatives, and carries out publicity work targeted at different groups, including students, ethnic minorities, new immigrants, women, the workplace, etc. For example, a mass media publicity campaign was launched in 2024 to highlight the impact of smoking on women's health, conveying the message that smoking causes premature ageing, infertility and various cancers, such as cervical cancer.

The Census and Statistics Department conducts Thematic Household Surveys from time to time to study the smoking prevalence in the population. According to the survey completed in 2023, the smoking prevalence of Hong Kong (Note) was 9.1%. The results of the surveys conducted in 2019, 2021 and 2023 showed that the smoking prevalence of females in Hong Kong was 3.2%, 3% and 2.7% respectively, reflecting that the smoking prevalence of females has remained at a low level and showed a downward trend.

Note: It was calculated in terms of daily conventional cigarette smokers aged 15 or above.

The expenditure on/provision for, as well as the revised estimate and estimate for tobacco control initiatives taken forward by the TACO, broken down by type of initiatives, and the approved establishment of the TACO from 2023-24 to 2026-27, are at **Annex 1 and Annex 2** respectively. The expenditure on and manpower of individual publicity and promotional activities cannot be separately identified.

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)	2026-27 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>	<u>143.2</u>
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>	<u>170.8</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>				
TACO	83.7	81.9	86.7	84.6
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.6	27.8	27.2	27.0
<i>Sub-total</i>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>	<u>111.6</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-governmental Organisations</u>				
Subvention to Tung Wah Group of Hospitals	10.2	15.3	16.5	16.5
Subvention to Pok Oi Hospital	14.8	19.5	19.2	19.2
Subvention to Lok Sin Tong	3.6	2.7	3.6	4.0
Subvention to United Christian Nethersole Community Health Service	6.1	8.5	13.5	13.5
Subvention to Life Education Activity Programme	2.9	3.0	3.0	3.0
Subvention to Christian Family Service Centre	3.5	4.2	-	-
Subvention to The University of Hong Kong	-	-	3.0	3.0
<i>Sub-total</i>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>	<u>59.2</u>
Total	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>	<u>314.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	No. of Staff from 2023-24 to 2024-25	No. of Staff in 2025-26 and 2026-27
<u>Head, TACO</u>		
Consultant	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/Senior Foreman/Foreman	125	125
Senior Hospital Administrator/Hospital Administrator	-	13
Senior Executive Officer/Executive Officer	13	-
<i>Sub-total</i>	<u>147</u>	<u>147</u>
<u>Health education and smoking cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>
<u>Administrative and general support</u>		
Senior Executive Officer/Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>
Total	<u>183</u>	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB223

(Question Serial No. 1006)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2026-27 under Programme (2) that the Health Bureau will continue to take forward the new phase of tobacco control measures. Regarding the enforcement of tobacco control legislation, will the Government inform this Committee of:

1. the numbers of (i) smoking-related complaints received, (ii) inspections conducted, (iii) warning letters/summonses/fixed penalty notices (FPNs) issued, with a breakdown by year (2023-24, 2024-25, 2025-26);
2. the respective numbers of FPNs issued in the past 3 years, with a breakdown by type of premises (restaurants/shops/indoor workplaces/public transport facilities/bus interchanges) and year;
3. the number of successful smoking cessation cases facilitated by the Health Bureau and its collaborating organisations in the past 3 years; and
4. whether the Bureau will allocate more resources in 2026-27 to strengthen tobacco control initiatives (such as providing smoking cessation services through District Health Centres, further extending statutory no smoking areas, strengthening publicity and education, etc.) in order to achieve the vision of a “Vibrant, Healthy and Tobacco-free Hong Kong”; if yes, please list the estimated expenditure and expected performance indicators by type of measure; if not, please elaborate on the considerations and alternatives?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 7)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO will also take enforcement actions for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking

product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints/referrals received, inspections conducted, warning letters issued, FPNs issued and prosecutions instituted by the TACO for the period from 2023 to 2025 for smoking and/or other offences are at **Annex 1**.

(2)

The numbers of inspections conducted and FPNs/summons issued by the TACO from 2023 to 2025 for smoking offences in food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no smoking areas are at **Annex 2**. The TACO does not have separate figures on enforcement at indoor workplace and public transport carriers.

(3)

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

The DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and co-ordinates the provision of smoking cessation services in Hong Kong. The DH also arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patients, especially those with chronic disease, to quit smoking), and community-based cessation programmes operated by NGOs. The HA currently operates 71 “Smoking Counselling and Cessation Centres” throughout the territory, which are located in public hospitals and Family Medicine Clinics across Hong Kong Island, Kowloon and the New Territories. These centres provide services for the public during designated hours, among which 14 are full-time centres. A hotline is also available for members of the public to enquire about service details. There are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling service over the phone. The DH has been subventing 3 service providers to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, with a total of 4 000 service users each year. To strengthen Chinese medicine smoking cessation services, the DH has subvented 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) since 2025 to operate smoking cessation clinics with an emphasis on counselling and acupuncture.

Smoking cessation services and counselling for smokers are currently available at all District Health Centres/District Health Centre Expresses in the 18 districts across Hong Kong, which

collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2023, 2024 and 2025, the quitlines operated by the DH and local universities handled 11 051, 10 875 and 9 636 enquiries respectively. During these 3 years, there were 27 715, 28 512 and 27 944 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

(4)

The TACO will continue to closely monitor the market situation and continue law enforcement efforts to crack down on all activities in violation of the Smoking (Public Health) Ordinance and the Import and Export Ordinance. The TACO will also enhance efficiency in various respects. For example, it makes good use of technology and has introduced smart tools for issuing FPNs. Through an electronic system, the offenders' Hong Kong Identity Cards can be scanned, and information such as the offenders' personal details, the time and location of incident, details of the enforcement officers, etc. will be instantly imported. The FPNs can be printed out on the spot using portable printers and the data will be automatically synchronised with the backend system, saving processing time and manpower needs in the back office. In addition, the TACO has strengthened co-operation with various departments in relation to prosecution work with a view to maximising efficiency in the prosecution process. The TACO will make good use of the existing resources, flexibly deploy manpower as appropriate and at the same time, provide appropriate training and support to frontline staff in order to implement the new phase of tobacco control measures. The Government will also continue to take forward the tobacco control process by adopting a progressive and multi-pronged approach and strengthening publicity, education and smoking cessation efforts, while exploring various medium- and long-term tobacco control measures, with a view to eliminating the social hazards posed by tobacco products in all aspects and moving towards a "Tobacco-free Hong Kong".

Numbers of Complaints/Referrals Received, Inspections Conducted, Warning Letters Issued, FPNs Issued, and Prosecutions Instituted by TACO for Smoking and Other Offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2023	2024	2025
Complaints/referrals received		20 116	29 205	30 709
Inspections conducted		28 817	30 162	35 668
Warning letters issued (for smoking offences) ^(Note 1)		10	10	2
FPNs issued (for smoking offences) ^(Note 2)		10 261	13 488	10 357
Prosecutions instituted	for smoking offences	48	64	37
	for other offences ^(Note 3)	657	871	2 741

Notes:

- 1 In general, the TACO will take enforcement actions for smoking offences without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 Prior to the introduction of the new phase of tobacco control measures, the TACO stepped up inspections in public areas. These inspections were primarily aimed at promoting the new tobacco control measures, with a focus on education and encouragement of compliance with the law rather than taking strict enforcement actions. As a result, there was a decrease in the number of FPNs issued.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc. The TACO has strengthened co-operation with other departments to enhance efficiency in the prosecution process and speed up the processing of backlog cases, resulting in an increase in the number of prosecutions instituted in 2025.

**Number of Inspections Conducted and FPNs/Summonses Issued by TACO from
2023 to 2025 for Smoking Offences in Food Premises, Shops and Shopping Malls,
Public Transport Facilities, Bus Interchanges and Other Statutory No Smoking Areas
under the Smoking (Public Health) Ordinance (Cap. 371)
and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)**

	2023	2024	2025
Inspections conducted ^(Note)	27 371	26 031	32 618
- Food premises	1 897	1 921	2 547
- Shops and shopping malls	5 823	4 965	6 768
- Public transport facilities	3 448	3 876	5 194
- Bus interchanges	309	428	441
- Other statutory no smoking areas	15 894	14 841	17 668
FPNs issued ^(Note)	10 261	13 488	10 357
- Food premises	421	630	471
- Shops and shopping malls	2 417	3 138	3 089
- Public transport facilities	2 493	3 130	2 130
- Bus interchanges	109	226	138
- Other statutory no smoking areas	4 821	6 364	4 529
Summonses issued ^(Note)	48	64	37
- Food premises	1	1	5
- Shops and shopping malls	6	14	3
- Public transport facilities	8	14	9
- Bus interchanges	0	3	1
- Other statutory no smoking areas	33	32	19

Note: The TACO does not have separate figures on enforcement at indoor workplace and public transport carriers.

- End -

CONTROLLING OFFICER'S REPLY

HHB224

(Question Serial No. 2886)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government has introduced 10 tobacco control measures with a view to moving towards a tobacco-free Hong Kong. As mentioned in the Matters Requiring Special Attention, a community approach will be adopted on smoking prevention and cessation. Will the Government advise this Committee on:

1. the number of callers to the integrated Smoking Cessation Hotline 1833 183 in the past 3 years in tabular form;
2. the number of individuals who sought free smoking cessation services from the Department of Health's Tobacco and Alcohol Control Office in the past 3 years in tabular form;
3. the numbers of individuals who successfully and unsuccessfully quit smoking after seeking smoking cessation services in the past 3 years in tabular form; and
4. the average amount involved for the services per smoking cessation case?

Asked by: Hon KOON Ho-ming, Peter Douglas (LegCo internal reference no.: 12)

Reply:

Over the years, the Government has been actively promoting a tobacco-free environment through publicity for smoking prevention and cessation services. To leverage community effort, the Department of Health (DH) collaborates with the Hong Kong Council on Smoking and Health, non-governmental organisations (NGOs) and healthcare professionals to promote smoking cessation, provide smoking cessation services and organise publicity programmes on smoking prevention.

The DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and co-ordinates the provision of smoking cessation services in Hong Kong. The DH also arranges referrals to various smoking cessation services in the territory, including those provided by public clinics under the Hospital Authority (HA) (helping patients, especially those with chronic disease, to quit smoking), and community-based cessation programmes operated by NGOs. The HA currently operates 71 "Smoking Counselling and Cessation Centres" throughout the territory, which are located in public hospitals and Family Medicine Clinics across Hong Kong Island, Kowloon and the New Territories. These centres provide

services for the public during designated hours, among which 14 are full-time centres. A hotline is also available for members of the public to enquire about service details. There are 5 smoking cessation clinics for civil servants operated by the DH. Furthermore, the DH also collaborates with NGOs to provide a range of community-based smoking cessation services including counselling, consultations by doctors (including free postal delivery of smoking cessation drugs) or Chinese medicine practitioners, and designated services for smokers from different ethnicities, immigrant smokers and workplace smokers. For young smokers, the DH collaborates with local universities to operate a hotline to provide them with dedicated counselling service over the phone. The DH has been subventing 3 service providers to operate smoking cessation clinics with a focus on counselling and pharmacotherapy, with a total of 4 000 service users each year. To strengthen Chinese medicine smoking cessation services, the DH has subvented 3 more Chinese medicine smoking cessation service providers (from 1 to 4 in total) since 2025 to operate smoking cessation clinics with an emphasis on counselling and acupuncture.

The DH has also launched publicity campaigns through mass media to spread the message that smoking brings risks of serious illnesses. To encourage smokers to try quitting, it distributes free trial packs of smoking cessation drugs (nicotine replacement therapy) for 1 week at community pharmacies, smoking cessation clinics, District Health Centres (DHCs) and District Health Centre Expresses (DHC Expresses) during the Quit in June annual campaign starting from 2023. Since the Quit in June campaign in 2024, the DH has implemented the Chinese Medicine Ear Points Patches for Smoking Cessation Trial Programme at designated Chinese medicine smoking cessation clinics. To encourage and help all healthcare professionals to provide support and treatment for smokers who are quitting, the DH organises online and face to face training courses, compiles the Practical Handbook for Smoking Cessation Treatments and a clinical guide on smoking cessation with Chinese medicine and acupuncture, and provides related resources, among other initiatives.

Smoking cessation services and counselling for smokers are currently available at all DHCs/ DHC Expresses in the 18 districts across Hong Kong, which collaborate with smoking cessation service providers in their respective districts to provide information or arrange referrals for smokers in need.

In 2023, 2024 and 2025, the quitlines operated by the DH and local universities handled 11 051, 10 875 and 9 636 enquiries respectively. During these 3 years, there were 27 715, 28 512 and 27 944 smokers receiving smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs.

Smokers who receive smoking cessation treatment receive 52-week follow-up services to assess their quit status. For smokers who receive smoking cessation services via quitlines, at cessation clinics under the HA and through community-based programmes operated by NGOs, their 52-week quit rates, which refer to the percentage of service users self-reporting to have stayed quit in the past 7 days, range from 20% to 60%, which are comparable to those in overseas countries. Discrepancies in the quit rates concerning different smoking cessation programmes are due to differences in terms of their target groups and treatment methods (which include counselling, pharmacotherapy, and Chinese medicine with acupuncture). To become a successful quitter, smokers are encouraged to choose the cessation service that best caters for their personal needs.

The expenditure/provision and revised estimate in respect of health promotion initiatives and smoking cessation services provided by the DH's Tobacco and Alcohol Control Office and its subvented organisations between 2023-24 and 2025-26 are at **Annex**. As smoking cessation services are part of the overall services (including health talks, hotline services, smoking cessation treatment, and publicity and promotional activities, etc.) provided by subvented organisations, the average amount involved for the services per smoking cessation case cannot be separately identified.

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>
<u>(a) General health education and promotion of smoking cessation</u>			
TACO	83.7	81.9	86.7
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.6	27.8	27.2
<i>Sub-total</i>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-Governmental Organisations</u>			
Subvention to Tung Wah Group of Hospitals	10.2	15.3	16.5
Subvention to Pok Oi Hospital	14.8	19.5	19.2
Subvention to Lok Sin Tong	3.6	2.7	3.6
Subvention to United Christian Nethersole Community Health Service	6.1	8.5	13.5
Subvention to Life Education Activity Programme	2.9	3.0	3.0
Subvention to Christian Family Service Centre	3.5	4.2	-
Subvention to The University of Hong Kong	-	-	3.0
<i>Sub-total</i>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>
Total	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB225

(Question Serial No. 1471)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

1. It is mentioned in Programme 2 that the financial provision for 2026-27 is 6.4% higher than the revised estimate for last year, and among the Matters Requiring Special Attention in 2026-27, it is mentioned that the services provided by the Elderly Health Centres will be integrated into the district health network in phases starting from late 2026 in accordance with the Primary Healthcare Blueprint. Will the Government please advise on the proportion of the provision concerned to be allocated to the rolling out of this initiative, as well as the implementation timeline for such initiative; and
2. whether specific services will be added or removed following the integration of services of the Elderly Health Centres into the district health network; if yes, the list of major changes as well as the change in service volume before and after the integration; and whether the Primary Healthcare Commission has any indicators to assess the service quality and effectiveness of the integration?

Asked by: Hon KWOK Fu-yung (LegCo internal reference no.: 26)

Reply:

The Elderly Health Service (EHS) of the Department of Health (DH) operates 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aiming to enhancing the primary healthcare services provided to elderly people living in the community, improving their self-care ability, encouraging healthy living and strengthening family support so as to minimise illness and disability. Currently, the EHCs provide integrated primary healthcare services to members aged 65 or above through a family medicine approach delivered by a multi-disciplinary team. To build a community support network, the VHTs reach out into the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving. Given that the DH serves as the health adviser of the Government, the EHS also provides professional advice on elderly health matters, and collect data from daily service operations to monitor the health status of the elderly and for research purposes. To strengthen primary healthcare services for the elderly, the Government will commence phased integration of DH's EHCs into the district health network starting in 2026-27.

To more effectively address the continuously increasing service demand, the Primary Healthcare Commission (PHC Commission) will adopt a new service model featuring standardised protocol-driven care pathway specifically designed for the elderly. Under this new model, the district health network will provide personalised health risk factor assessments and health education services to members aged 65 or above, and further enhance the accessibility through establishing additional service points and an overall increase in service capacity.

To ensure more elderly can receive appropriate care tailored to their varying health risks, the PHC Commission will collaborate with the Hospital Authority's Family Medicine Clinics and family doctors in the community to establish a more comprehensive long-term follow-up mechanism for chronic diseases among the elderly in the community, and expand the scope of health risk factor assessments. The scope will cover health risk factor assessments and intervention services for the elderly in areas such as cognition, mobility, nutrition, vision and hearing, psychological capacity and urinary issues to enhance the psychophysiological functions of the elderly, and provide participants with more convenient and comprehensive chronic disease prevention, screening, and management plans.

As the services integrate into the district health network, the number of service points will be increased and the scale and scope of services will be expanded accordingly so as to effectively address the demand of primary healthcare services among the elderly. The PHC Commission is working with the DH to develop an integration plan in a phased manner, ensuring smooth transition of services during the integration process. Details will be announced in 2026.

The PHC Commission is progressively enhancing the performance monitoring mechanism of the District Health Centres (DHCs) (including services related to elderly health) by regularly reviewing a number of quantitative and qualitatively related aspects, including service volume, operational effectiveness and health-related outcomes, to assess the performance of the DHCs, and to make timely recommendations to the operators for improvement. The PHC Commission will take into account the relevant assessment results when renewing the operating service contracts.

The expenditure incurred by the DH in supporting the integration of the EHCs into the district health network is absorbed within the DH's overall provision and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

HHB226

(Question Serial No. 1472)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

1. The relevant financial provision for this year is 4.8% higher than that of the previous year, while the indicator “attendances at child assessment centres” remains the same as that of the previous year. Would the Department please explain why, having regard to this indicator, the target percentage in respect of “appointment time for new cases within 3 weeks” is lower than the previous year’s percentage?

Asked by: Hon KWOK Fu-yung (LegCo internal reference no.: 27)

Reply:

Due to the difficulties in recruiting healthcare personnel, the revised estimate for 2025-26 (\$184.2 million) in respect of the Child Assessment Service (CAS) is \$18.1 million (8.9%) lower than the original estimate (\$202.3 million). As funding is earmarked for possible filling of vacancies, the provision for 2026-27 is \$8.8 million (4.8%) higher than the revised estimate for 2025-26.

The estimated number of attendances at Child Assessment Centres (CAC) for 2026 remains the same as that for 2025, and the target percentage in respect of “appointment time for new cases in CACs within 3 weeks” also remains the same as that for the previous year, i.e. >90%. In fact, in the past 5 years, all (100%) cases newly referred to the CAS were seen by nurses within 3 weeks after registration.

- End -

CONTROLLING OFFICER'S REPLY

HHB227

(Question Serial No. 1473)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

1. It is mentioned in the Programme that the total financial provision for 2026-27 is 2.9% higher than that of the previous year, but the indicators do not show any apparent increases in attendances for various services. Will the Department please elaborate on the main uses of the additional provision?
2. According to the indicators, the 2026 estimate for attendances at General Public Sessions of dental clinics remains unchanged compared to the previous year. Will the Department please elaborate on the changes in the budget dedicated to General Public Sessions compared to the previous year? On what basis is the service attendance figure for this year calculated, and is such estimate sufficient to meet the demand? If the demand exceeds the set quota, under what criteria will service quota be allocated?

Asked by: Hon KWOK Fu-yung (LegCo internal reference no.: 28)

Reply:

1. Under Programme (4), the 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 implementing the Community Dental Support Programme (CDSP).

The Department of Health (DH) launched the CDSP on 26 May 2025 to provide subsidised dental services (including oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction) to underprivileged groups with financial difficulties in a more targeted manner and encourage tooth retention where dentists consider suitable, with the aim of providing a service capacity of at least double that of the current quotas of dental general public sessions at government dental clinics (i.e. about 40 000 participants every year). Since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Newly-added service items include dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the CDSP and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are as follows:

Annual expenditure (\$ million)	2024-25 (Actual) ^{Note}	2025-26 (Revised estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

2. To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained. At present, dental care, particularly curative treatment, for the general public is mainly provided by private dentists. As for the emergency dental service (generally referred to as General Public (GP) Sessions) offered by the DH to provide treatment for the public for emergency cases, it is only of limited supplementary nature rather than comprehensive dental services. The government dental clinics under the DH are established primarily to fulfil the Government’s obligation under the civil service terms of appointment to provide dental benefits for civil servants/pensioners and their eligible dependents. The DH uses only a small fraction of the service capacity of the dental clinics to provide free emergency dental service to the general public through designated sessions each week in its 11 government dental clinics. The scope of services includes treatment of acute dental diseases, prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients.

The revised estimate for 2025-26 and the estimate for 2026-27 in respect of the emergency dental service are as follows:

	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	9.2	11.5

Following the passage of the Dentists Registration (Amendment) Bill 2024 by the Legislative Council in July 2024 and the introduction of new pathways for admitting qualified non-locally trained dentists, the actual manpower ratio of DH's active dentists (including qualified non-locally trained dentists employed on non-civil service contract terms) increased from 69% (as at 1 September 2024) to 81% in mid-May 2025. With improved manpower supply, the DH has increased the total service quotas of GP Sessions by about 30% starting from 1 June 2025. The GP Sessions and the service quotas per session offered by the 11 government dental clinics from 2024 to 2026 are tabulated as follows:

Dental clinic with GP Sessions	Service session	Service quotas per session from January 2024 to May 2025	Service quotas per session from 1 June 2025 onwards
Kowloon City Dental Clinic	Monday (a.m.)	42	55
	Thursday (a.m.)	21	28
Kwun Tong Dental Clinic	Wednesday (a.m.)	42	55
Kennedy Town Community Complex Dental Clinic	Monday (a.m.)	42	55
	Friday (a.m.)	42	55
Fanling Health Centre Dental Clinic	Tuesday (a.m.)	25	35
Mona Fong Dental Clinic	Thursday (a.m.)*	21	22
Tai Po Wong Siu Ching Dental Clinic	Thursday (a.m.)	21	33
Tsuen Wan Dental Clinic	Tuesday (a.m.)	42	44
	Friday (a.m.)	42	44
Yan Oi Dental Clinic	Wednesday (a.m.)	21	27
Yuen Long Government Offices Dental Clinic	Tuesday (a.m.)	21	30
	Friday (a.m.)	21	30
Tai O Dental Clinic	2 nd Thursday (a.m.) of each month	16	16
Cheung Chau Dental Clinic	1 st Friday (a.m.) of each month	16	16

* Changed from Thursday afternoons to Thursday mornings with effect from 2 January 2025.

The DH has launched the Online Registration System for Dental GP Session (ORDGP) since 30 December 2024. Members of the public in need can access the ORDGP via the “iAM Smart” and “eHealth” mobile applications or the DH’s Dental GP Session website between 6:00 a.m. and 11:30 a.m. to register under their real name for GP Sessions on the next working day. Each person can only register once per day during the abovementioned registration period. To cater for the needs of the elderly, half of the quotas will be allocated on a priority basis to elderly people aged 65 or above. Elderly people who are not allocated a priority quota in the first round will join other registered persons for the allocation of the remaining quotas by computer ballot.

Furthermore, in order to make it more convenient for the general public in using the service, enhancement measures were introduced to the ORDGP on 26 June 2025, which included streamlining the registration process, adding an appointment cancellation function and introducing an automatic waiting list mechanism. Upon cancellation of an appointment through the ORDGP by a person who has been successfully allocated a service quota, the ORDGP will automatically allocate the vacated quota to a candidate on the waiting list and notify him/her through Short Message Service (SMS). The DH will also take the initiative to contact all successful applicants on the day of the ballot to confirm that they have received the SMS notification. If it is known that individual successful applicants will not be able to attend the consultation on the day of appointment, the clinic will contact the waitlisted persons by telephone to fill the vacated quotas, so as to ensure that service resources are well-utilised.

The ORDGP has been operating smoothly since its launch. Members of the public, especially the elderly, no longer need to queue at dental clinics in person to compete for a service quota. The average utilisation rate of the GP Sessions is as high as 99%.

The indicators under the DH’s Programme (4) do not include the abovementioned CDSP as well as other initiatives with funding support from the Health Bureau for strengthening special dental care services. Hence, the relevant service enhancements are not reflected in the indicators.

- End -

CONTROLLING OFFICER'S REPLY

HHB228

(Question Serial No. 0556)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Pilot Accredited Registers Scheme for Healthcare Professions, will the Government inform this Committee of:

(1) the numbers of clinical psychologists, educational psychologists, dietitians, speech therapists and audiologists registered under the pilot scheme over the past 3 financial years, broken down by profession; and

(2) the details of the accreditation assessments conducted by the Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong as the independent Accreditation Agent of the pilot scheme, including the key assessment areas (e.g. governance, standards for registrants and educational and training requirements) for the participating professional bodies?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 24)

Reply:

(1) The Government introduced the Pilot Accredited Registers Scheme for Healthcare Professions (AR Scheme) in end-2016, with the objective to optimise the society-based regulatory regime, so as to uphold professional standards and enhance information transparency, thereby facilitating the selection of qualified healthcare service providers by the public. Since the introduction of the AR Scheme, 1 professional body from each of the 5 healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, passed the rigorous accreditation assessment procedures and were granted full accreditation status. According to the information available on the websites of these accredited healthcare professional bodies, the number of voluntary registrants in each of these professions by year is as follows:

Accredited Healthcare Professional Body	Total Number of Registrants (as at December of each year)		
	2023	2024	2025
Hong Kong Institute of Speech Therapists	341	327	310
Hong Kong Institute of Audiologists	64	69	69
Hong Kong Academy of Accredited Dietitians	129	138	170
Hong Kong Association of Educational Psychologists	225	205	197
Hong Kong Institute of Clinical Psychologists	423	459	490

- (2) The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong has been appointed as the Accreditation Agent of the AR Scheme to carry out regular accreditation assessment once every 4 years for each participating healthcare professional body. To ensure effective governance structures in professional bodies and professional standards of their members so as to safeguard the health of the public, the Accreditation Agent has established accreditation standards to be met by professional bodies on: (1) governance, (2) operational effectiveness, (3) standards for registrants, (4) educational and training requirements, and (5) management of the register. The Accreditation Agent will review the accreditation standards from time to time by taking into consideration relevant researches, evidence, policies, regulations and developments in healthcare professions, and consulting relevant stakeholders. The accreditation standards of the AR Scheme are set out at Annex and also published on the Scheme's dedicated website.

The Standards of the Accredited Registers Scheme for Healthcare Professions

	Standard	Descriptions
1.	Governance	The organisation is responsibly governed to meet its defined purposes and objectives. The organisation is required to be a recognised independent legal entity in Hong Kong, which holds a register for practitioners in a healthcare profession, with clear vision and purpose/mission which are communicated to stakeholders. It should demonstrate a strong commitment to protecting the public and promoting public confidence in the profession it registers.
2.	Operational effectiveness	The organisation is effectively managed to meet its strategic, operational and financial objectives. The organisation should demonstrate the ability to manage the register effectively, have sufficient finance to enable it to effectively fulfil its register function, and have complaint management framework and procedures which are made known to stakeholders.
3.	Standards for registrants	The organisation sets and publishes standards for its registrants. The organisation sets, promotes and publishes standards of good practice, with due stakeholder consultation, in relation to professional behaviour based on an ethical framework, and technical competence based on a defined body of knowledge of the profession.
4.	Educational and training requirements	The organisation sets standards for education and training to enable its registrants to competently practise in the profession. The organisation requires its registrants to meet its educational standards which define a set of minimum clinical knowledge and skills for all registrants. The organisation is also required to ensure its registrants keep abreast of knowledge and developments in the profession.
5.	Management of the register	By effectively holding and maintaining a register for its profession, the organisation promotes the health, safety and well-being of service users and the public in order to generate confidence in the register. The organisation is required to ensure that the register is accurate, current, easily accessible to the public, and supports all users in making informed decisions.

- End -

CONTROLLING OFFICER'S REPLY

HHB229

(Question Serial No. 0865)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) has been implemented for a year. Will the Government inform this Committee of:

- (1) the overall effectiveness of the PDCC over the year since its launch, including the specific number of participants, coverage (broken down by 18 districts across Hong Kong), as well as the number of participating dentists and service locations;
- (2) whether there are any adolescents who require additional treatments as risk-based follow-up, and whether there are any additional subsidy arrangements for the relevant expenses; and
- (3) whether there are any optimisation arrangements in the next 2 years; if yes, the details and timetable?

Asked by: Hon LAM Tzit-yuen, David (LegCo internal reference no.: 37)

Reply:

(1), (2) and (3)

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

On 20 March 2025, the Department of Health (DH) launched the three-year Primary Dental Co-care Pilot Scheme for Adolescents (PDCC). As part of the strategy of developing community-wide preventive primary oral healthcare, the PDCC serves as an interface with the School Dental Care Service by providing partial subsidies to adolescents for private dental check-up services on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of \$200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The current co-payment for the subsidised services each time recommended by the Government is \$200.

The scope of subsidised services includes:

- i) Dental check-up;
- ii) Oral health risk assessment;
- iii) Dental scaling;
- iv) Personalised self-care advice on oral care;
- v) Fluoride application as risk-based follow-up; and
- vi) Check-up report.

For adolescents participating in the PDCC who are assessed by a dentist as requiring treatments outside the scope of subsidised services, the associated costs will be borne by themselves or their parents. To enhance the transparency of dental service fees other than the determined co-payment fee, the DH requires dentists to disclose the fees for X-ray examinations, tooth fillings and extractions as charged under the PDCC. Such fees are listed on the DH's Community Dental Service webpage for the general public's reference.

As at end-January 2026, about 6 000 adolescents participating in the PDCC received services. A breakdown of the number of healthcare service locations and dentists participating in the PDCC by the 18 districts across Hong Kong is at Annex.

In terms of publicity, the DH has been actively liaising with the Student Health Service, the School Dental Care Service and the Education Bureau to promote the PDCC to secondary schools, adolescents and parents in Hong Kong. Such efforts included the distribution of about 350 000 pamphlets promoting the PDCC, and the distribution of about 65 000 PDCC information folders containing promotional pamphlets, application and consent forms, and the oral health questionnaires to all students entering Secondary 1 in the new school year. To step up publicity, the DH has reached out to about 150 secondary schools and 12 000 parents and students in total to brief them on the details of the PDCC through activities targeting secondary school students and parents, including Secondary School Fair/Expo events, Parent-Teacher Association activities and Parents' Days, etc. The DH has also distributed posters to Federations of Parent-Teacher Associations across 18 districts, Community Living Rooms and Integrated Children and Youth Services Centres in various districts, and uniformed groups, encouraging these organisations to promote the PDCC to eligible adolescents.

To further promote the PDCC in the community, the DH placed advertisements at various MTR stations and inside train compartments in the fourth quarter of 2025 and the first quarter of 2026, produced a full-train body advertisement for the Light Rail trains travelling across districts including Tuen Mun, Tin Shui Wai and Yuen Long, and also promoted the PDCC through newspapers and the Internet.

The Government will continuously monitor the service utilisation rate of the PDCC programme and gather feedback from service users as well as the data on their oral health conditions to review the effectiveness of the PDCC in due course.

**Numbers of Service Locations and Dentists under
the Primary Dental Co-care Pilot Scheme for Adolescents across 18 Districts
(as at end-January 2026)**

District	Number of Healthcare Service Locations	Number of Dentists
<i>Hong Kong Island and Islands</i>		
Central and Western	87	66
Southern	16	13
Wan Chai	88	54
Eastern	67	41
Islands	6	5
<i>Kowloon</i>		
Kowloon City	38	26
Wong Tai Sin	28	18
Kwun Tong	69	40
Yau Tsim Mong	178	89
Sham Shui Po	43	24
<i>New Territories</i>		
Tsuen Wan	43	25
Kwai Tsing	44	25
Tuen Mun	40	20
Yuen Long	63	45
Sha Tin	74	42
Tai Po	35	19
North	25	14
Sai Kung	58	23
Total	1 002	589

- End -

CONTROLLING OFFICER'S REPLY

HHB230

(Question Serial No. 0043)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2026-27 that the Department of Health is responsible for the registration and regulation of healthcare professionals. Regarding the admission of non-locally trained nurses, will the Government inform this Committee of:

- (1) the annual expenditure and allocation of provisions involved in the measures implemented by the Government to admit non-locally trained nurses and assist them in adapting to and integrating into the local work environment; and
- (2) the number of non-local nurses who have come to Hong Kong to practise under the limited registration and special registration schemes, the actual number of such nurses serving in each public hospital/medical institution, and the attrition figures?

Asked by: Hon LAM Wai-kong (LegCo internal reference no.: 12)

Reply:

(1)

The Hospital Authority (HA) will leverage the revised legislative framework to attract non-locally trained nurses from different regions to work in Hong Kong, and provide adaptive training to help them integrate into the local work environment. The expenditure involved is subsumed under the overall provision of the HA, and hence no breakdown is available.

Subject to the manpower requirement, the Department of Health (DH) will recruit non-locally trained nurses under special registration (SR)/special enrolment (SE) or limited registration (LR)/limited enrolment (LE) when appropriate. However, the DH has not received any eligible applications from such nurses so far.

(2)

According to the information provided by the Nursing Council of Hong Kong, the number of applications for SR/SE and LR/LE and the number of nurses employed by various institutions as at 31 December 2025 were as follows:

	SR	SE	LR	LE	Total
Number of applications ^{Note (1)}					
- Number of applicants ^{Note (2)}	41	0	393	297	731
- Number of approved applicants	32 ^{Note(3)}	0	228 ^{Note(4)}	142 ^{Note(5)}	402
- Number of applicants with registration/enrolment effected	30 ^{Note(6)}	0	227 ^{Note(7)}	137 ^{Note(8)}	394
Employing institutions					
- HA	30	0	179	0	209
- DH	0	0	0	0	0
- Residential care homes (RCHs) for the elderly, RCHs for persons with disabilities, and other relevant institutions such as social welfare service units as specified by the Director of Social Welfare	0	0	48	137	185

Notes:

- (1) The number of applicants and approved applicants are figures as at 31 December 2025 after the passage of the amendments to the Nurses Registration Ordinance by the Legislative Council in July 2024.
- (2) It refers to applications with complete information.
- (3) Among the 41 applications for SR, none were rejected, four were withdrawn and five were pending approval.
- (4) Among the 393 applications for LR, 4 were rejected, 10 were withdrawn and 151 were pending approval.
- (5) Among the 297 applications for LE, 2 were rejected, 26 were withdrawn and 127 were pending approval.
- (6) Among the 32 nurses approved for SR, 1 had his/her SR come into effect only after 31 December 2025, and 1 had his/her SR terminated on or before 31 December 2025 due to resignation.
- (7) Among the 228 nurses approved for LR, 1 had his/her LR come into effect only after 31 December 2025.
- (8) Among the 142 nurses approved for LE, 1 had his/her application withdrawn, 2 had their LE come into effect only after 31 December 2025, and 2 had their LE terminated on or before 31 December 2025 upon leaving the service.

CONTROLLING OFFICER'S REPLY

HHB231

(Question Serial No. 0125)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

1. How will the Government allocate additional resources to put into action the direction of emphasising prevention, early identification and timely intervention laid down in the Working Group on Oral Health and Dental Care Final Report? In particular, for strengthening primary oral healthcare services and increasing training for dental manpower, what are the exact amounts of provision and the assessment mechanism for expected results?
2. How will the Government enhance the resource allocation of the Outreach Dental Care Programme for the Elderly and the Healthy Teeth Collaboration to cope with the expanding demand arising from the ageing population and groups with special needs through ways such as increasing the number of service points? What is the exact estimate for monitoring the results in this regard?
3. Is there an increase in provision for expanding service coverage (such as boosting the participation rate of adolescents and the subsidy amount for underprivileged groups) and will the Government consider monitoring the effectiveness in this regard through digital methods such as the eHealth System?

Asked by: Hon LAU Chi-pang (LegCo internal reference no.: 23)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for

underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

1. Under the strategy of developing community-wide preventive primary oral healthcare, the Government strengthens primary healthcare services through District Health Centres (DHCs) and non-governmental organisations (NGOs) by providing services such as oral health education, oral hygiene instruction and risk assessment in the community. Making reference to the implementation progress of the statutory registration system for dental care professionals (DCPs) (including dental hygienists and dental therapists), the Government plans to arrange dental hygienists to provide services at designated DHCs/DHC Expresses and assist the DHCs/DHC Expresses in providing the aforementioned oral health care services to designated high-risk groups in collaboration with relevant dental clinics, with a view to extending to DHCs/DHC Expresses in all 18 districts across Hong Kong in phases. Meanwhile, the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) aims at promoting prevention-oriented primary oral healthcare.

On the other hand, to increase the manpower resources for DCPs, the Government is committed to increasing training places for dental hygienists and dental therapists. In the 2026/27 academic year, the total number of training places (including those offered by the Prince Philip Dental Hospital's programmes for dental hygienists and dental therapists, and 60 places offered by the Vocational Training Council's Professional Diploma in Dental Hygiene programme) will rise to 250, representing an increase by over 150% compared to 95 in the 2023/24 academic year. As at end-2025, there were a total of 682 registered dental hygienists, whereas 238 dental therapists ^{Note 1} were working in the Department of Health (DH).

Note 1: Currently, dental hygienists can work in either the public or private sectors, and may perform preventive dental care in accordance with the directions of a dentist who is available in the premises at all times when such work is being carried out. Dental therapists work exclusively under the DH to provide the SDCS. Upon the commencement of the statutory registration system for DCPs, all DCPs (including dental therapists) will be allowed to provide services outside the DH (including institutions in the public or private sector).

To attract more young people to join the industry, the DH has been offering full tuition fee sponsorship since the 2023/24 academic year to students studying the programmes for dental hygienists and dental therapists. Dental hygienists and dental therapists who have received the sponsorship are required to work in dental clinics of the DH or other designated NGOs for at least 1 year after graduation. The above measures could help provide sufficient manpower to support the Government, private institutions and NGOs in launching various dental care services in future. The first batch of 15 dental therapist students and 6 dental hygienist students receiving full tuition sponsorship from the DH graduated in the second half of 2024. The 15 dental therapist graduates are working in the school dental clinics under the DH, and all of them have remained in service after completing the one-year service period. As for the 6 dental hygienist graduates, 3 of them are working in government dental clinics under the DH, and all of them have remained in service after completing the one-year service period; meanwhile, the remaining 3 are working in designated NGO dental clinics and their one-year service

period has not yet been completed. The DH has been closely monitoring the employment and retention situation of these graduates in the DH or designated NGOs, hoping to attract more young people to join the industry, which will help provide sufficient manpower in the future to support the Government, private institutions and NGOs in launching various dental care services.

2 & 3. The Outreach Dental Care Programme for the Elderly (ODCP), the Healthy Teeth Collaboration (HTC) and the Community Dental Support Programme (CDSP) are services under the strategy of providing essential dental care services targeting underprivileged groups, while the School Dental Care Service (SDCS) and the PDCC, which target oral healthcare for adolescents, are services under the strategy of developing community-wide preventive primary oral health care.

ODCP

The ODCP has been implemented since October 2014 to provide free on-site oral check-ups for elderly persons and oral care training to caregivers of residential care homes (RCHes), day care centres (DEs) and similar facilities in the 18 districts of Hong Kong through outreach dental teams set up by NGOs. Free dental treatment will be provided on-site or at a dental clinic if the elderly person is considered suitable for further curative treatments. The outreach dental teams will also design personalised oral care plans for the elderly persons to suit their oral care needs and self-care abilities. Since the implementation of the ODCP in October 2014 and up to end-January 2026, the number of attendances was about 481 000. A total of 25 outreach dental teams from 11 NGOs have currently been set up under the ODCP.

As at January 2026, around 85% of the RCHes/DEs in Hong Kong participated in the ODCP. To encourage elderly persons' participation, the NGOs will meet with their assigned RCHes/DEs to discuss further promotion efforts. The DH regularly reviews the implementation and effectiveness of the ODCP through questionnaire surveys, the results of which indicated that the RCHes/DEs interviewed are satisfied with the ODCP. The Government also takes the initiative to learn about the situations faced by the RCHes/DEs that have not participated in the ODCP, such as the floor area and manpower of the RCHes, the health conditions of their residents, as well as the requests of the residents and/or their families, etc. Some RCHes/DEs, on the other hand, have arranged dental services on their own for their residents. The Government will continue to promote the programme and encourage participation.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the implementation of the ODCP are as follows:

ODCP	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	41.6	48.6	55.8	67.1	61.3	64.4

HTC

The DH has implemented a dental service programme, namely the HTC, since July 2018, which provides through NGOs free oral check-ups, dental treatments and oral health education service for adults aged 18 or above with intellectual disability. The HTC was further extended from 16 July 2024 to March 2027, with 900 additional quotas for new cases every year and its scope extended to cover persons aged 18 or above with autistic spectrum disorder. There are currently 8 participating NGOs, among which 2 are located on Hong Kong Island, 5 in Kowloon and the remaining 1 in the New Territories.

From July 2018 to end-January 2026, about 7 600 adult persons with intellectual disability/autistic spectrum disorder/both intellectual disability and autistic spectrum disorder were registered for receiving services under the HTC.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the implementation of the HTC are as follows:

HTC	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	11.1	22.8	33.4	29.8	46.2	46.0

The service term of the ODCP and HTC will end on 31 March 2027, and the DH will review the effectiveness of both programmes. When NGOs are invited to submit service proposals for the new service term (i.e. from 1 April 2027 to 31 March 2030) from end-2026 to early 2027, the DH will consider adjusting the scope and/or model of subsidisation to focus on underprivileged groups (including those with disabilities or special needs, and those of high-risk) who have difficulties in accessing dental care, so as to further implement the strategy of providing essential dental care services targeting underprivileged groups.

SDCS

The Government focuses particularly on nurturing good oral hygiene habits from an early age, including providing the SDCS to children. Primary school students in Hong Kong, as well as students aged under 18 with intellectual disability and/or physical disability studying in special schools, can join the SDCS of the DH to receive annual check-ups at designated school dental clinics, which cover oral examination as well as basic restorative and preventive treatment. Currently, there are 8 designated school dental clinics. The numbers of students benefitting from these services are as follows:

Service Year ^{Note 2}	2021-22	2022-23	2023-24	2024-25	2025-26
Actual number of primary school students participating in the SDCS	326 200	313 500	313 700	307 600	294 400
Percentage of the total number of primary school students in Hong Kong	94%	94%	98%	97%	91%

Note 2: A service year refers to the period from 1 November of the current year to 31 October of the following year.

The DH's actual expenditures in 2021-22, 2022-23, 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of the SDCS are as follows:

SDCS	2021-22 (Actual)	2022-23 (Actual)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised estimate)	2026-27 (Estimate)
Annual expenditure (\$ million)	270.8	276.2	281.6	304.4	292.5	283.8

PDCC

On 20 March 2025, the DH launched the three-year PDCC, which serves as an interface with the SDCS by providing partial subsidies to adolescents for private dental check-up services on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of \$200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The current co-payment for the subsidised services each time recommended by the Government is \$200.

The scope of subsidised services includes:

- i) Dental check-up;
- ii) Oral health risk assessment;
- iii) Dental scaling;
- iv) Personalised self-care advice on oral care;
- v) Fluoride application as risk-based follow-up; and
- vi) Check-up report.

As at end-January 2026, there were 589 registered dentists whose applications to participate in the PDCC have been accepted by the DH and a total of 1 002 service locations, and about 6 000 adolescents participating in the PDCC received services.

CDSP

Under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups, persons with special needs and high-risk groups ^{Note 3} who have difficulties in accessing dental care. The DH launched the CDSP on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental general public sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes

use of the networks of NGOs and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

Currently, there are a total of 32 NGOs participating in the CDSP, providing over 80 dental service points covering all 18 districts in Hong Kong. As at end-January 2026, a total of about 7 700 people participated in the CDSP, with over 14 000 dental filling or extraction quotas used. As for the newly-added services, about 1 100 people received dental scaling services, while about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months. Furthermore, the DH has been maintaining close liaison with NGOs that provide support for the homeless, and it is anticipated that, over coming months, homeless individuals will receive services under the CDSP.

Note 3: The dental grants under the Comprehensive Social Security Assistance Scheme of the Social Welfare Department currently provide a dental service safety net for those who cannot support themselves financially. The dental grant allows its recipients to pay for dental services (including extraction, dentures, crowns, bridges, posts, posts and cores, dental scaling and polishing, dental filling and root canal treatment).

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the PDCC and the CDSP are as follows:

Annual expenditure (\$ million)	2024-25 (Actual) ^{Note 4}	2025-26 (Revised estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note 4: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

The DH will gather feedback from service users and collect the data on their oral health conditions through eHealth, as well as continuously monitor the service utilisation rates of the PDCC and CDSP and the distribution of service points across districts, to review the operational arrangements and effectiveness of the two programmes in due course. Subject to the needs and resources available, improvements to the arrangements will be explored.

- End -

CONTROLLING OFFICER'S REPLY

HHB232

(Question Serial No. 2666)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in paragraph 248 of the Budget Speech that the Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) will be extended by 2 years until end-2028. Elderly persons who have accumulated voucher spending of \$1,000 or above within the same year on designated primary healthcare services such as body check and chronic disease management will be allotted a \$500 voucher reward. The measure will involve an additional expenditure of about \$1 billion. The Health Bureau has stated that the Pilot Reward Scheme has achieved remarkable results since its implementation in 2023. In this connection, please advise this Committee on:

- 1) the number of beneficiaries and the expenditure involved each year since the implementation of the Pilot Reward Scheme;
- 2) the number of beneficiaries using Elderly Health Care Vouchers (EHCVs) and the expenditure involved in each of the past 3 years;
- 3) whether the Government has considered regularising the Pilot Reward Scheme since it has stated that the Pilot Reward Scheme has been more effective in guiding and changing the health seeking behaviours of elderly persons when compared with increasing the voucher amount of EHCVs; if yes, the details; if not, the reasons?

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 14)

Reply:

- 1) The Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) on 13 November 2023 to further incentivise elderly persons by offering rewards to them to make better use of Elderly Health Care Vouchers (EHCVs) for continuous preventive healthcare and chronic disease management services, etc., with a view to optimising the use of resources to promote primary healthcare and support the healthcare needs of elderly persons, as well as to achieve the original policy objective of the Elderly Health Care Voucher Scheme (EHVS) and tie in with the directions set out in the Primary Healthcare Blueprint.

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of \$1,000 or more on designated primary healthcare services such as disease

prevention and health management services within the same year (from January to December), and they will be automatically allotted a \$500 reward in their EHCv accounts through the eHealth System (Subsidies), which can be used on the same designated primary healthcare purposes. No further registration is needed. In other words, for elderly persons who have met the above criterion and are allotted the reward, the amount of EHCvs they receive in that year is increased from \$2,000 to \$2,500.

As at end-December 2025, the number of persons who obtained the reward and the amount of rewards involved under the Pilot Reward Scheme are as follows:

	2024 Reward*	2025 Reward*
Number of persons who obtained the \$500 reward [Percentage among eligible persons %]	788 975 [46%]**	813 789 [46%]**
Amount of rewards involved (HK\$)	394,487,500	406,894,500

*An eligible elderly person can be allotted the reward once each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date.

**According to the information from the Hong Kong Population Projections 2022-2046 of the Census and Statistics Department, the numbers of elderly persons eligible for EHCvs (i.e. elderly persons aged 65 or above) in 2024 and 2025 were 1 702 000 and 1 783 000 respectively.

- 2) The number of elderly persons who had ever used their EHCvs in the past 3 years is set out in the table below:

	2023	2024	2025
Cumulative number of elderly persons who had ever used their EHCvs as at the end of the year	1 610 000	1 714 000	1 819 000

The actual expenditure/revised estimate for the EHVS for the financial years from 2023-24 to 2025-26 are as follows:

Year	Actual/estimated expenditure on the EHVS (\$ billion)
2023-24	3.33 (Actual)
2024-25	3.42 (Actual)
2025-26	3.68 (Revised estimate)

- 3) During the period between 13 November 2023 and 31 December 2025, the number of voucher claim transactions used on the designated primary healthcare services was 7 072 089, accounting for 63% of the total voucher claim transactions during the same period, whereas that for the period between January 2023 and mid-November 2023, i.e. prior to the launch of the Pilot Reward Scheme, was 48%. The data shows that the Pilot Reward Scheme is effective in incentivising elderly persons to use preventive primary healthcare services, and has the effect of encouraging them to use the designated

primary healthcare services. To encourage elderly persons to use preventive healthcare and chronic disease management services, including those provided under the Primary Healthcare Co-care Network, the Government announced in February 2026 to extend the Pilot Reward Scheme by 2 years until end-2028. The Government will keep monitoring the implementation of the Pilot Reward Scheme and evaluate its effectiveness in promoting the receipt of health assessment, disease screening and chronic disease management services by elderly persons, and conduct timely reviews.

- End -

CONTROLLING OFFICER'S REPLY

HHB233

(Question Serial No. 2225)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Given the persistent shortage of dentists in Hong Kong, the Government has been strengthening the training of local dentists and dental care services personnel, as well as amending the Dentists Registration Ordinance to provide new pathways for admitting qualified non-locally trained dentists to practise in Hong Kong. Will the Government please inform this Committee of:

1. the establishment, strength, vacancies and wastage rates (broken down by retirements and resignations) of the Dental Officer grade and other dental care services personnel in the Department of Health, as well as the trend for dentist-to-population ratio, in the past 3 years;
2. the application and recruitment situations relating to non-locally trained dentists since the passage of the Dentists Registration (Amendment) Bill 2024 in 2024;
3. the number of intake/training places offered by and actual admissions of local dentistry-related diploma programmes in the past 3 years;
4. the average waiting time for public dental services in Hong Kong in the past 3 years?

Asked by: Hon LEE Hoey Simon (LegCo internal reference no.: 11)

Reply:

1.

The establishment, strength, vacancies and wastage rates of the Dental Officer grade and other dental care services personnel in the Department of Health (DH) for the past 3 years are set out in the **Annex**.

According to the data provided by the Dental Council of Hong Kong (DCHK), Hong Kong had 2 876, 2 942 and 2 943 registered dentists respectively in the past 3 years. Meanwhile, as deduced from the estimated population figure published by the Census and Statistics Department, the dentist-to-population ratio remained at the level of about 0.4 dentist per 1 000 persons.

2.

As the provisions of the Dentists Registration Ordinance regarding special registration (SR) and limited registration (LR) took effect on 1 January 2025, qualified non-locally trained

dentists may practise in Hong Kong under LR (open to all dentists) and SR (open to specialist dentists). For those non-locally trained dentists who are selected for full-time employment by the DH, the Hospital Authority (HA), the University of Hong Kong (HKU), the Prince Philip Dental Hospital (PPDH), as well as 34 non-governmental organisations (NGOs) participating in designated publicly-funded dental programmes and 1 training institution for dental care professionals, they may apply to the DCHK for LR and SR and, upon approval, directly practise in the abovementioned specified institutions.

The DH launched the recruitment exercise for full-time Contract Dentist (General Dentistry)^{Note(1)} in July 2024 and received over 90 applications in total from non-locally trained dentists. After a rigorous selection process, the DH issued letters of appointment to 17 applicants who had been assessed to be suitable for appointment, of whom 14 accepted appointment (including 11 non-locally trained dentists under LR and 3 dentists under full registration in Hong Kong). All appointed candidates assumed duty between March and August 2025. The new round of recruitment exercise for full-time Contract Dentist (General Dentistry) which commenced in November 2025 is still underway. There are no non-locally trained dentists under LR/SR employed by the HA as at present.

As at 28 February 2026, the DCHK has received 27 applications for LR, of which 22 have been approved. As for SR, the DCHK has yet to receive any application. The number of LR applications, number of approved applications and employing institutions, as shown in DCHK records, are set out below:

	Number of Applications ^{Note(2)}
LR Applications	
- Received ^{Note(3)}	27
- Approved	22
- Being Processed	2 ^{Note(4)}
- Withdrawn/Rejected	3
Employing Institution	
- DH	11 ^{Note(4)}
- HA	0
- HKU	10
- PPDH	0
- NGOs	1
- Vocational Training Council (VTC)	0
Total	22

Notes:

- (1) The post accepted applications from both locally trained and non-locally trained dentists.
- (2) Each application involves 1 applicant only.
- (3) The relevant applicant has submitted the application form and all required documents to the DCHK, and has also made a statutory declaration in respect of the application.
- (4) Including a second LR application submitted to the DCHK by a serving LR dentist whose contract had been renewed by the relevant specified institution.

The number of intake places and student admissions of University Grants Committee-funded dentistry programmes by level of study from the 2023/24 to 2025/26 academic years (AYs) are as follows:

Level of Study	2023/24 AY		2024/25 AY		2025/26 AY	
	Intake places	Student admissions	Intake places	Student admissions	Intake places	Student admissions (provisional figure)
Undergraduate	90	90	90	90	90	93
Taught postgraduate	10	10	10	10	10	11
Total	100	100	100	100	100	104

In the past 3 academic years, the numbers of training places and enrolled students of the programmes of dental care professionals (namely dental hygienists and dental therapists) (DCPs) as well as other ancillary dental workers (namely dental technicians and dental surgery assistants) are set out below:

Programme	AY					
	2023/24 (Actual)		2024/25 (Actual)		2025/26 (Revised Estimate)	
	Training places	Number of enrolled students	Training places	Number of enrolled students	Training places	Number of enrolled students
Advanced Diploma in Dental Therapy	16	16	20	20	30	23
Higher Diploma in Dental Hygiene ^{Note}	79	75	165	156	190	161
Advanced Diploma in Dental Technology	40	36	40	26	40	29
Diploma in Dental Surgery Assisting	39	40 [^]	40	39	45	37

Note: The programme has been offered by the VTC since the 2024/25 academic year. Each cohort lasts 18 months.

4.

Generally speaking, the need for dental treatment or surgery due to tooth decay and gum diseases can be greatly reduced if good oral hygiene habits are maintained. At present, dental care, particularly curative treatment, for the general public is mainly provided by private dentists. As for the emergency dental service (generally referred to as General Public (GP) Sessions) offered by the DH to provide treatment for the public for emergency cases, it is only of limited supplementary nature rather than comprehensive dental services. The government dental clinics under the DH are established primarily to fulfil the Government's

obligation under the civil service terms of appointment to provide dental benefits for civil servants/pensioners and their eligible dependents. The DH uses only a small fraction of the service capacity of the dental clinics to provide free emergency dental service to the general public through designated sessions each week in its 11 government dental clinics. The scope of services includes treatment of acute dental diseases, prescriptions for pain relief, treatment of oral abscess and tooth extraction. The dentists will also provide professional advice based on individual needs of patients.

The DH has launched the Online Registration System for Dental GP Session (ORDGP) since 30 December 2024. Members of the public in need can access the ORDGP via the “iAM Smart” and “eHealth” mobile applications or the DH’s Dental GP Session website between 6:00 a.m. and 11:30 a.m. to register under their real name for GP Sessions on the next working day. Each person can only register once per day during the abovementioned registration period. To cater for the needs of the elderly, half of the quotas will be allocated on a priority basis to elderly people aged 65 or above. Elderly people who are not allocated a priority quota in the first round will join other registered persons for the allocation of the remaining quotas by computer ballot.

Furthermore, in order to make it more convenient for the general public in using the service, enhancement measures were introduced to the ORDGP on 26 June 2025, which included streamlining the registration process, adding an appointment cancellation function and introducing an automatic waiting list mechanism. Upon cancellation of an appointment through the ORDGP by a person who has been successfully allocated a service quota, the ORDGP will automatically allocate the vacated quota to a candidate on the waiting list and notify him/her through Short Message Service (SMS). The DH will also take the initiative to contact all successful applicants on the day of the ballot to confirm that they have received the SMS notification. If it is known that individual successful applicants will not be able to attend the consultation on the day of appointment, the clinic will contact the waitlisted persons by telephone to fill the vacated quotas, so as to ensure that service resources are well-utilised.

The ORDGP has been operating smoothly since its launch. Members of the public, especially the elderly, no longer need to queue at dental clinics in person to compete for a service quota. The average utilisation rate of the GP Sessions is as high as 99%.

At the same time, under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups, persons with special needs and high-risk groups who have difficulties in accessing dental care. The DH launched the Community Dental Support Programme (CDSP) on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental GP sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of non-governmental organisations and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray

examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

On the other hand, for teaching undergraduate students of the HKU Faculty of Dentistry, DCP students, Dental House Officers or for other designated teaching purposes, the PPDH will recruit a wide range of dental patients (including elderly persons with financial difficulties or poor health, the grassroots and underprivileged groups), accept them as teaching patients upon initial examination and provide them with teaching-related treatment. In order to meet the curriculum and learning needs, the HKU and the PPDH have set up the Oral Diagnosis Clinic since May 2023 targeting patients with acute oral problems. Undergraduates, Dental House Officers or PPDH dentists will provide such patients with consultation and/or emergency pain relief treatment on need basis. If the dental problems of the patients are suitable for designated teaching purposes, the PPDH will recruit the patients as teaching patients and continue following up on their cases.

**Establishment, strength, vacancies and wastage rates of Dental Officer grade
and other dental care services personnel in the DH**

Grade	2023-24 (As at 31 March 2024)						
	Establishment	Strength	Vacancies	Total attrition figure	Attrition figure		Wastage rate ^{Note 1} (%)
					Retirement	Other reasons	
Dental Officer	370	268	102	35	15	20	13.1%
Dental Surgery Assistant	366	342	24	25	10	15	7.3%
Dental Hygienist	14	8	6	1	1	0	12.5%
Dental Technician	47	45	2	2	1	1	4.4%
Dental Therapist	298	236	62	14	9	5	5.9%

Grade	2024-25 (As at 31 March 2025)						
	Establishment	Strength	Vacancies	Total attrition figure	Attrition figure		Wastage rate ^{Note 1} (%)
					Retirement	Other reasons	
Dental Officer	373	291	82	27	20	7	9.3%
Dental Surgery Assistant	398	333	65	19	13	6	5.7%
Dental Hygienist	24	12	12	0	0	0	0%
Dental Technician	47	42	5	3	1	2	7.1%
Dental Therapist	298	235	63	16	14	2	6.8%

Grade	2025-26 (As at 1 February 2026)						
	Establishment	Strength	Vacancies ^{Note 2}	Total attrition figure	Attrition figure		Wastage rate ^{Note 1} (%)
					Retirement	Other reasons	
Dental Officer	371	262	109	24 ^{Note 3}	11	13	9.2% ^{Note 3}
Dental Surgery Assistant	399	334	65	19 ^{Note 3}	9	10	5.7% ^{Note 3}
Dental Hygienist	24	17	7	0	0	0	0%
Dental Technician	47	38	9	3 ^{Note 3}	3	0	7.9% ^{Note 3}
Dental Therapist	298	236	62	16	15	1	6.8%

Notes:

1. The wastage rate is calculated by dividing the total attrition figure (including different categories of wastage such as retirement and resignation) by the strength of the grade on the end date of the financial year or as at 1 February 2026.

2. On 6 February 2026, the DH's Hospital Dental Service (HDS) was integrated with the Oral and Maxillofacial Surgery (OMS) Service under the HA, and the service was taken up by the HA. As the HDS is no longer provided by the DH, there is no need to fill the vacancies of the Dental Officer, Dental Surgery Assistant and Dental Technician grades under the DH's HDS.

3. On 6 February 2026, the DH's HDS was integrated with the OMS Service under the HA, and the service was taken up by the HA. In 2025-26, the attrition figures and wastage rates in respect of the Dental Officer, Dental Surgery Assistant and Dental Technician grades under the DH had excluded those who had left the service due to service integration and subsequently joined the HA.

- End -

CONTROLLING OFFICER'S REPLY

HHB234

(Question Serial No. 2781)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is announced in the Budget that the Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) will be extended to end-2028 to encourage the use of primary healthcare services by the elderly. In this connection, will the Government advise this Committee on:

- (1) the number of elderly persons eligible for the \$500 reward each year since the launch of the Pilot Reward Scheme and their respective percentages;
- (2) the specific types of primary healthcare services on which the elderly persons eligible for the rewards mainly spent their \$1,000 vouchers; and
- (3) the total amount of rewards that have lapsed due to expiry each year since the launch of the Pilot Reward Scheme, and whether the Government has considered relaxing the restrictions regarding the shared use of rewards to increase the incentive for elderly participation?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 26)

Reply:

(1)

The Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) on 13 November 2023 to further incentivise elderly persons by offering rewards to them to make better use of Elderly Health Care Vouchers (EHCVs) for continuous preventive healthcare and chronic disease management services, etc., with a view to optimising the use of resources to promote primary healthcare and support the healthcare needs of elderly persons, as well as to achieve the original policy objective of the Elderly Health Care Voucher Scheme (EHVS) and tie in with the directions set out in the Primary Healthcare Blueprint.

As at end-December 2025, the number of persons who obtained the reward and the amount of rewards involved under the Pilot Reward Scheme are as follows:

	2024 Reward*	2025 Reward*
Number of persons who obtained the \$500 reward [Percentage among eligible persons %]	788 975 [46%]**	813 789 [46%]**
Amount of rewards involved (HK\$)	394,487,500	406,894,500

*An eligible elderly person can be allotted the reward once each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date.

**According to the information from the Hong Kong Population Projections 2022-2046 of the Census and Statistics Department, the numbers of elderly persons eligible for EHCVs (i.e. elderly persons aged 65 or above) in 2024 and 2025 were 1 702 000 and 1 783 000 respectively.

(2)

The statistics on EHCVs used on designated primary healthcare services (Note 1) since the launch of the Pilot Reward Scheme, broken down by type of healthcare services, are tabulated below:

Type of Healthcare Services	2023 (13.11.2023 - 31.12.2023)		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Medical Practitioners (Note 2)	75 101	57,847	827 915	634,520	906 266	704,359
Chinese Medicine Practitioners (Note 2)	195 096	155,442	2 001 532	1,151,438	2 192 450	1,327,482
Dentists (Note 2)	31 538	34,237	285 239	308,333	296 073	321,650
Chronic Disease Co-care Pilot Scheme (CDCC Pilot Scheme)	1 003	187	16 600	3,199	29 815	5,660
District Health Centres (DHCs)/DHC Expresses	371	50	3 628	472	3 473	434
Sub-total (Hong Kong):	303 109	247,763	3 134 914	2,097,962	3 428 077	2,359,585
The University of Hong Kong - Shenzhen Hospital and its Community Health Centre	4 519	1,320	54 272	16,789	97 905	29,273

Type of Healthcare Services	2023 (13.11.2023 - 31.12.2023)		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme)	N/A (Note 3)		10 917	10,773	38 376	32,223
Total:	307 628	249,083	3 200 103	2,125,524	3 564 358	2,421,081

Note 1: The designated primary healthcare services under the Pilot Reward Scheme include:

- (1) services on preventive and follow-up/monitoring of long-term conditions, such as health assessment, body check, screening, vaccination, chronic disease management, dental examination, scaling, extraction and filling, provided by medical practitioners, Chinese medicine practitioners and dentists enrolled in the EHVS;
- (2) screening services for hypertension and diabetes mellitus, etc. as well as services in the treatment phase under the CDCC Pilot Scheme;
- (3) personalised services and the Community Rehabilitation Programme provided by DHCs/DHC Expresses, as well as service fees for dedicated nurse clinics;
- (4) outpatient services on preventive and follow-up/monitoring of long-term conditions (e.g. designated primary healthcare services such as health checks and outpatient services on preventive and follow-up/monitoring of long-term conditions) provided at the designated Outpatient Medical Centers and Huawei Li Zhi Yuan Community Health Center of The University of Hong Kong - Shenzhen Hospital as well as the designated departments of the pilot medical institutions under the Pilot Scheme; and
- (5) administration fees / co-payment fees for services on preventive and follow-up/monitoring of long-term conditions provided under the Community Dental Support Programme.

Note 2: Excluding the data on voucher claims under the service types “CDCC Pilot Scheme” or DHCs/DHC Expresses.

Note 3: The Pilot Scheme has been launched in phases since June 2024.

(3)

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of \$1,000 or more for designated primary healthcare services such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a \$500 reward in their EHCV accounts through the eHealth System (Subsidies), which can be used on the same designated primary healthcare purposes. No further registration is needed. In other words, for elderly persons who have met the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from \$2,000 to \$2,500. An eligible elderly person can be allotted the reward once

each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date. For the rewards allotted in 2024, the unused amount of expired rewards was about \$50 million, while the rewards allotted in 2025 is still valid until end-2026.

To encourage elderly persons to seek health management services regularly for themselves, under the “user accumulates” principle, if an elderly person uses his or her spouse’s EHCVs to pay for designated primary healthcare services, the amount spent will only be recorded as his or her own accumulated EHCV spending and cannot be combined with his or her spouse’s accumulated EHCV spending. Shared use of reward between spouses is not allowed. After using the reward to pay for designated primary healthcare services, an elderly person will receive an SMS message showing the balance of the reward and the expiry date. Furthermore, the Government announced in February 2026 to extend the Pilot Reward Scheme by 2 years until end-2028 so as to encourage elderly persons to use preventive healthcare and chronic disease management services, including those provided under the Primary Healthcare Co-care Network. The Government will keep monitoring the implementation of the Pilot Reward Scheme and evaluate its effectiveness in promoting the receipt of health assessment, disease screening and chronic disease management services by elderly persons, and conduct timely reviews.

- End -

CONTROLLING OFFICER'S REPLY**HHB235****(Question Serial No. 2782)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), will the Government inform this Committee of:

- (1) the annual usage rate of health care vouchers since the launch of the Pilot Scheme by age group (65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 or above);
- (2) the amount of voucher claim transactions at each Mainland medical institution each year and, among them, the distribution of services used by the elderly since the launch of the Pilot Scheme;
- (3) whether the Government has established a mechanism to assess the effectiveness of the services provided by the medical institutions under the Pilot Scheme; and
- (4) whether the Government has set an expansion target for the next phase given that the Pilot Scheme has achieved full coverage of the 9 cities in the Greater Bay Area; if yes, the expected timeframe for releasing a new list of medical institutions?

Asked by: Hon LEUNG Man-kwong (LegCo internal reference no.: 27)

Reply:

(1)

The numbers of voucher claim transactions at the pilot medical institutions under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) in 2024 and 2025, broken down by age group of eligible elderly persons, are as follows:

	Number of voucher claim transactions (by age group of elderly persons)					
	65-69	70-74	75-79	80-84	85+	Total
Number of transactions in 2024:	6 014	5 328	2 661	802	663	15 468
Number of transactions in 2025:	18 910	16 600	9 795	3 315	2 764	51 384

(2)

The numbers of voucher claim transactions and the amounts of vouchers claimed at each of the pilot medical institutions under the Pilot Scheme in 2024 and 2025, broken down by service type (preventive care, follow-up/monitoring of long-term conditions, management of acute episodic conditions, and rehabilitative care), are tabulated below:

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Year	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
			Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKDS'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKDS'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKDS'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKDS'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKDS'000)
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	2024	572	762	599	562	229	269	2	1	1 402	1,594
		2025	1 529	2,537	2 158	1,760	239	208	5	1	3 931	4,505
	Peking University Shenzhen Hospital (since 28 August 2025)	2024	N/A									
		2025	4	11	160	65	112	59	12	4	288	139
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	2024	N/A									
		2025	77	46	76	34	106	35	0	0	259	115
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	2024	2 266	362	4 180	7,082	87	200	2 370	7,620	8 903	15,264
		2025	5 479	877	11 653	18,987	32	12	5 714	16,649	22 878	36,525
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	2024	69	65	93	199	17	56	31	132	210	452
		2025	87	106	150	275	21	45	70	264	328	689

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Year	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
			Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	2024	158	191	1 254	500	305	103	148	137	1 865	931
		2025	254	183	2 489	889	748	253	282	173	3 773	1,498
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	2024	17	24	188	56	33	13	8	2	246	95
		2025	43	39	371	131	44	10	11	3	469	183
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	2024	N/A									
		2025	24	9	667	323	64	26	89	48	844	406
	Guangdong Clifford Hospital (since 9 July 2025)	2024	N/A									
		2025	2 094	837	1 081	388	618	135	186	101	3 979	1,461
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	2024	289	305	969	450	505	125	289	115	2 052	995
		2025	410	563	1 960	881	752	191	532	182	3 654	1,818
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	2024	N/A									
		2025	179	221	2 256	772	937	274	298	86	3 670	1,353
	Dongguan Tungwah Hospital (since 6 September 2024)	2024	313	221	335	174	125	45	17	11	790	451
		2025	951	562	846	346	192	76	22	9	2 011	992

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Year	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
			Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HKD\$'000)
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	2024	N/A									
		2025	139	147	1 023	387	403	137	198	97	1 763	769
	Zhuhai People’s Hospital (since 26 June 2025)	2024	N/A									
		2025	194	71	993	359	65	22	5	1	1 257	453
Foshan	The First People’s Hospital of Foshan (since 17 July 2025)	2024	N/A									
		2025	48	79	597	181	76	35	31	22	752	317
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	2024	N/A									
		2025	28	46	268	104	27	11	16	6	339	166
Huizhou	Huizhou Central People’s Hospital (since 21 August 2025)	2024	N/A									
		2025	9	2	117	49	21	6	12	4	159	62
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	2024	N/A									
		2025	39	46	361	96	133	44	63	17	596	204
Zhaoqing	The First People’s Hospital of Zhaoqing (since 28 August 2025)	2024	N/A									
		2025	83	31	151	55	138	55	62	16	434	157
Total			15 355	8,344	34 995	35,105	6 029	2,444	10 473	25,700	66 852	71,593

Note: Breakdown figures may not add up to the total due to rounding.

(3) and (4)

The Government launched the Pilot Scheme in 2024. Since June of the same year, the coverage of Elderly Health Care Vouchers (EHCVs) has been extended by phases to 7 integrated medical/dental institutions in the GBA, covering Guangzhou, Zhongshan, Dongguan and Shenzhen, including 2 designated dental institutions in Shenzhen for addressing the demand of elderly persons for dental services. In view of the positive responses from the local community, the Government announced the extension of the Pilot Scheme in May 2025 to include 12 additional medical institutions to cover all the 9 Mainland cities in the GBA, and the goal was achieved in August 2025. Together with the 2 existing service points operated by the University of Hong Kong-Shenzhen Hospital, eligible elderly persons can choose to use EHCVs at a total of 21 service points in the Mainland cities of the GBA, providing them with more convenience, flexibility and healthcare options; as well as sparing them the burden of lengthy journeys, thereby enhancing their sense of well-being.

As at end-February 2026, over 33 000 eligible elderly persons have used EHCVs to pay for the fees of outpatient healthcare services received at 19 pilot medical institutions under the Pilot Scheme, involving about 80 000 voucher claim transactions and a total claimed amount at approximately HK\$83.79 million.

Since the launch of the Pilot Scheme, all pilot medical institutions have been operating smoothly. The Department of Health has conducted inspections at all existing pilot medical institutions and put in place related monitoring measures. No aberrant voucher claim has been found so far. The extension of the Pilot Scheme to full coverage of all the 9 Mainland cities in the GBA marks another milestone in policy innovation and cross-boundary medical collaboration. The Pilot Scheme is still in its initial operation period and more than half of the pilot medical institutions have operated for less than a year. The Government will continue to assess and monitor the operation and usage of EHCVs in the pilot medical institutions and review the effectiveness of the Pilot Scheme in due course before studying further arrangements.

- End -

CONTROLLING OFFICER'S REPLY

HHB236

(Question Serial No. 2610)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

In recent years, the Hong Kong Special Administrative Region Government has actively promoted the development of Hong Kong into an international biotechnology centre and pharmaceutical research and development hub, while the co-operation between Hong Kong and the Middle East, particularly countries such as the United Arab Emirates (UAE) and Saudi Arabia, has become more frequent in the areas of healthcare, innovation and technology, and investment. Under the current registration mechanism for drugs in Hong Kong, drugs with a new chemical entity (NCE drugs) must reference the registration and approval records of designated countries or regions. The regulatory regime for drugs in the abovementioned region has gradually aligned with international standards. In this connection, will the Government advise this Committee on:

1. whether the Government will explore the expansion of the list of reference countries and regions for the registration of drugs and consider the inclusion of certain Middle Eastern countries with mature regulatory frameworks to align with the policy direction of developing Hong Kong into an international health and medical innovation hub; and
2. whether the Government will consider conducting an assessment of the drug regulatory regime, approval standards, and degree of alignment with international drug regulatory authorities (such as the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use, ICH) in Middle Eastern countries, including the UAE and Saudi Arabia?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 15)

Reply:

As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the current approval and registration mechanism for drugs, and establish an internationally renowned regulatory authority for drugs and medical devices (medical products), i.e. the Hong Kong Centre for Medical Products Regulation (CMPR). To this end, the HKSAR Government set up the Preparatory Office for the CMPR under the Department of Health (DH) in June 2024. The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap

towards adoption of “primary evaluation”, and has since enhanced the promotion to and communication with various stakeholders including Chinese and Western medicines and medical device industries from local, the Chinese Mainland and overseas, as well as the scientific research and academic sectors, etc. The Preparatory Office is currently actively reviewing the restructuring and strengthening of technical regulation as well as the approval system. It will also consolidate and re-organise the functions and manpower of the DH’s existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the end of 2026, with the aim of aligning with the direction for enhancing approval and regulation, so as to leverage the strengths and synergies of the regime.

Under the current new drug registration mechanism which adopts the “secondary evaluation” approach, a new drug registration applicant shall provide documentary proof for registration issued by at least 2 drug regulatory authorities of specified reference places as supporting evidence that the product has been rigorously evaluated before being placed on the market. To enhance the drug regulatory regime and adopt the “primary evaluation” approach in the long run, the Pharmacy and Poisons Board of Hong Kong (Board) launched the “1+” mechanism on 1 November 2023, which has been extended to all new drugs since 1 November 2024. For new drugs that are supported by the required local clinical data and recognised by local experts, applicants can apply for registration in Hong Kong by submitting evidence of approval from 1 reference drug regulatory authority (instead of 2 in the past). Under the mechanism, the Board has approved 19 new drugs, including 9 for the treatment of cancer, 2 for the treatment of haematology, 2 for the treatment of hypercalcemia, 2 for the treatment of anaemia caused by chronic kidney disease, 1 for the treatment of thyroid eye disease, 1 for the treatment of renal diseases, 1 for the treatment of chronic obstructive pulmonary disease and 1 for the treatment of type 2 diabetes mellitus. 7 of these new drugs have been listed in the Hospital Authority Drug Formulary, bringing new hope for treatment to patients and facilitating good drugs for use in Hong Kong.

The Board reviews the drug registration requirements from time to time, including the list of reference drug regulatory authorities. When considering the inclusion of a regulatory agency or authority in the list of reference drug regulatory authorities, the Board primarily takes into account whether the relevant agency or authority is already designated as a World Health Organization-Listed Authority, as well as a Regulatory Member of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) (Note 1). Noting that Chinese Mainland, Brazil, Korea and Singapore have already joined the ICH as regulatory members and have made good progress in promoting and implementing the relevant guidelines, and that their respective drug regulatory regimes generally comply with the rigorous requirements for designation as reference drug regulatory authorities, the Board decided that, with effect from 23 February 2023, the list of reference drug regulatory authorities for new drug registration would be expanded from the original 32 to 36 (Note 2). Relevant reviews will continue to be conducted, including that of drug regulatory authorities in Middle Eastern countries.

The CMPR will also explore building up collaborative relationships with regulatory authorities in other regions (including countries such as the United Arab Emirates and the Saudi Arabia) in the future to promote mutual recognition or reliance on regulatory efforts. Such collaborations under joint regulatory initiatives and/or agreements will heighten the reputation of the CMPR and enhance the accessibility of innovative products in these regions.

The CMPR will also participate actively in regulatory conferences and events held in the Mainland and other places for proactive global engagement.

Note 1: The ICH is an international authoritative organisation which includes 19 Regulatory Members, including those from Chinese Mainland, Europe, Switzerland, the United Kingdom and the United States, where “primary evaluation” takes place. Its purpose is to co-ordinate the technical requirements for drug registration among its members and to develop guidelines for the highest international standards of safety, efficacy and quality. In compliance with these guidelines, drug regulatory authorities in various parts of the world can mutually accept or recognise clinical trial data generated in accordance with ICH guidelines for drug registration.

Note 2: The reference drug regulatory authorities specified by the Board include drug regulatory authorities from Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Chinese Mainland, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Netherlands, Hungary, Ireland, Italy, Japan, South Korea, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Singapore, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom and the United States.

- End -

CONTROLLING OFFICER'S REPLY

HHB237

(Question Serial No. 0155)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health (DH) is responsible for processing applications for registration of pharmaceutical products. Data indicates that the DH handled 3 100 applications in 2024, 2 800 in 2025, and is anticipated to handle 2 700 in 2026, with the number of applications decreasing annually. In this connection, will the Government inform this Committee of:

1. the reasons for the decline in the number of pharmaceutical products registration applications; and
2. whether the Government has taken the initiative to invite registrations for new drugs in Hong Kong, or offered incentives such as tax incentives and expedited approval channels to attract new drug registrations in Hong Kong; if yes, the details?

Asked by: Hon MAN Wing-yee, Ginny (LegCo internal reference no.: 18)

Reply:

1 and 2

As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the current approval and registration mechanism for drugs, and establish an internationally renowned regulatory authority for drugs and medical devices (medical products), i.e. the Hong Kong Centre for Medical Products Regulation (CMPR). To this end, the HKSAR Government set up the Preparatory Office for the CMPR under the Department of Health (DH) in June 2024. The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap towards adoption of "primary evaluation", and has since enhanced the promotion to and communication with various stakeholders including Chinese and Western medicines and medical device industries from local, the Chinese Mainland and overseas, as well as the scientific research and academic sectors, etc. The Preparatory Office is currently actively reviewing the restructuring and strengthening of technical regulation as well as the approval system. It will also consolidate and re-organise the functions and manpower of the DH's existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the

end of 2026, with the aim of aligning with the direction for enhancing approval and regulation, so as to leverage the strengths and synergies of the regime. From 2026 onwards, “primary evaluation” for new drug registration will be implemented in phases.

The DH processes 2 types of pharmaceutical products registration applications every year, namely new registration applications and registration renewal applications. Once approved, the registration of pharmaceutical products is to be renewed every 5 years. The registration applications to be processed in 2026 comprises the new registration applications expected to be approved in that year, in addition to the projected number of renewal applications for pharmaceutical products registered in 2021, which are due for renewal 5 years later. The number of new registration applications to be processed in 2026 is estimated based on the number of new registration applications in 2025. As for registration renewal applications, since the number of pharmaceutical products registrations in 2021 was lower than that in 2019 and 2020, the number of registration renewal applications in 2026 is expected to be lower than that in 2024 and 2025. The total number of registration applications in 2026 is anticipated to be around 2 700, which is slightly lower than that in 2024 and 2025.

Under the current new drug registration mechanism which adopts the “secondary evaluation” approach, a new drug registration applicant shall provide documentary proof for registration issued by at least 2 drug regulatory authorities of specified reference places as supporting evidence that the product has been rigorously evaluated before being placed on the market.

To enhance the drug regulatory regime and adopt the “primary evaluation” approach in the long run, the Pharmacy and Poisons Board of Hong Kong (Board) launched the “1+” mechanism on 1 November 2023, which has been extended to all new drugs since 1 November 2024. For new drugs that are supported by the required local clinical data and recognised by local experts, applicants can apply for registration in Hong Kong by submitting evidence of approval from 1 reference drug regulatory authority (instead of 2 in the past). Since the implementation of the “1+” mechanism (as at 28 February 2026), the DH has so far received more than 770 enquiries from 197 pharmaceutical companies, including scientific research and pharmaceutical institutes from the Mainland and overseas. To enhance the efficiency in approving applications for new drug registrations, a “stop-clock” mechanism has been put in place under the “1+” mechanism to enhance the transparency of the processing time. The target processing time for registration applications has been set at 150 working days, excluding the response time of the applicants. Under the “1+” mechanism, the Board has approved 19 new drugs, including 9 for the treatment of cancer, 2 for the treatment of haematology, 2 for the treatment of hypercalcemia, 2 for the treatment of anaemia caused by chronic kidney disease, 1 for the treatment of thyroid eye disease, 1 for the treatment of renal diseases, 1 for the treatment of chronic obstructive pulmonary disease and 1 for the treatment of type 2 diabetes mellitus. 7 of these new drugs have been listed in the Hospital Authority (HA) Drug Formulary, bringing new hope for treatment to patients and facilitating good drugs for use in Hong Kong.

Moreover, the DH has introduced the consultation service under the “1+” mechanism since March 2025 to enhance efficiency in processing applications. The consultation service comprises briefing seminars, workshops and pre-new drug application (NDA) meetings, which are open for the participation of Mainland and international scientific research and pharmaceutical institutes. As at 28 February 2026, the DH organised 7 briefing seminars and 3 workshops. Additionally, starting from 22 December 2025, the DH has arranged pre-

NDA meetings for potential applicants of new drug registrations through the “1+” mechanism to assist them in processing their registration applications through early consultation. As at 28 February 2026, the DH received about 60 relevant enquiries and held 3 briefing sessions for the industry.

To further enhance the efficiency in application processing under the “1+” mechanism for new drugs and help pharmaceutical companies bring innovative drugs to the market sooner, the DH will pilot the priority evaluation and approval of innovative drugs recommended by the HA for the treatment of severe or rare diseases. The target processing time for approval will be reduced from the original 150 working days to 100 working days for registration applications recommended by the HA that meet the requirements under the “1+” mechanism for new drugs.

The “primary evaluation” for new drug registration has come into effect on 31 March 2026 and is now open for applications. The initial phase covers applications for the registration of products containing registered chemical entities (Note 1) with extended applications (e.g. new indications, new strengths, new posology, new dosage forms, etc.). Subsequent phases will be rolled out based on the implementation situation to cover the applications for registration of products containing registered biological entities (Note 2) with extended applications and advanced therapy products. The “primary evaluation” mechanism will come into full implementation by 2030.

Note 1: Products containing chemical entities generally refer to drug products with active drug substances processed and extracted through chemical synthesis, semi-synthesis or from natural products, which are further processed into drug products with specific chemical structures.

Note 2: Products containing biological entities generally refer to products manufactured with starting materials such as micro-organisms, cells, animal or human tissues, bodily fluids, etc. by using biological technologies, e.g. protein preparations or monoclonal antibodies, etc.

- End -

CONTROLLING OFFICER'S REPLY

HHB238

(Question Serial No. 0156)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health mentioned in the Matters Requiring Special Attention in 2026-27 that it will formulate evidence-based screening programmes for prevalent cancers. In this connection, will the Government inform this Committee of:

1. the types of cancers expected to be covered by such screening programmes;
2. the number of citizens expected to be served by the programmes, as well as the estimated expenditure involved?

Asked by: Hon MAN Wing-ye, Ginny (LegCo internal reference no.: 19)

Reply:

1. and 2.

The Government attaches great importance to cancer prevention and control. In 2001, it established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to steer the direction of work covering cancer prevention and screening, surveillance, research and treatment. The CCC is chaired by the Secretary for Health and comprises members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals.

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the CCC regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Currently, the CEWG has formulated relevant recommendations for the prevention and screening of 11 types of cancers (i.e. cervical cancer, colorectal cancer, breast cancer, prostate cancer, lung cancer, liver cancer, nasopharyngeal cancer, thyroid cancer, ovarian cancer, pancreatic cancer and stomach cancer). Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme (CSP), the Colorectal Cancer Screening Programme (CRCSP) and the Breast Cancer Screening Pilot Programme (BCSPP).

The numbers of beneficiaries of and estimated expenditures for the relevant programmes are set out below:

The CSP

Based on the recommendations of the CEWG, the Government launched the CSP in collaboration with the healthcare sector in 2004 to encourage local women aged 25 to 64 who have had sexual experience to undergo regular cervical screening for prevention of cervical cancer. Early detection and timely treatment of cervical abnormalities, including precancerous changes, can help reduce the incidence and mortality rates of cervical cancer. Major service providers under the CSP include the Maternal and Child Health Centres (MCHCs) of the Department of Health (DH), the Women Wellness Satellites (WWSs) of the Primary Healthcare Commission (PHC Commission) and non-governmental organisations (NGOs). To enhance cervical screening, the Government has been conducting the Pilot Scheme on Human Papillomavirus Testing of Self-collected Samples at 11 MCHCs since 2024 and the scheme was expanded to the district health network in January 2026.

As at 31 December 2025, about 540 000 eligible women underwent cervical screening. Analyses show that over 80% of cervical cancer cases detected through regular cervical screening were in earlier stages (stages I or II), compared to just about 50% among those not detected through the CSP. This indicates that regular cervical screening enables early detection and treatment of cervical cancer, thereby improving the recovery rate.

The expenditure incurred by the cervical screening service provided by the DH's MCHCs is absorbed within the overall provision for the DH's Family Health Service and cannot be separately identified.

The CRCSP

Based on the recommendations of the CEWG, the Government launched and fully implemented the CRCSP in September 2016 and 2020 respectively to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo regular screening. As at 31 December 2025, more than 580 000 eligible persons participated in the CRCSP. About 15% of the participants (over 88 000 persons) had positive faecal immunochemical test results. Among them, more than half (over 46 000 persons) were diagnosed to have colorectal adenomas after colonoscopy examination, and more than 4% (over 3 800 persons) were diagnosed with colorectal cancer. Analyses show that over 50% of colorectal cancer cases detected through the CRCSP were in earlier stages, compared to just about one-third among those not detected through screening. This demonstrates that participation in the CRCSP allows early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

The estimated expenditure for the CRCSP in 2026-27 is \$231.1 million.

The BCSPP

Based on the recommendations of the CEWG, the Government launched Phase I and Phase II of the BCSPP in 2021 and 2025 respectively. The two-year Phase I of the BCSPP was completed in December 2023, with 97% of breast cancer cases identified through screening being at stage II or below. Relevant services have been included as part of the regular

services provided by the Woman Health Service (WHS) and the Elderly Health Service since 2024. In 2025, the PHC Commission integrated the WHS under the DH into the district health network in an orderly manner, setting up 3 WWSs in Hong Kong, Kowloon and the New Territories. Together with the District Health Centres (DHCs)/DHC Expresses in all 18 districts across the territory, they form a network to provide eligible women with prevention-based and more personalised women's primary healthcare services.

As at 31 December 2025, about 50 000 women received breast cancer risk assessment, of whom about 13 000 were referred for mammography (MMG) screening. Among them, about 1 200 were referred to specialists for follow-up due to abnormal screening results.

Phase II of the BCSPP, specifically targeting high-risk women (i.e. those carrying certain gene mutations or having a strong family history of breast cancer or ovarian cancer), was launched in June 2025. The BCSPP provides services to the public through public-private partnership programmes in collaboration with NGOs. The 3 service providers are Hong Kong Breast Cancer Foundation, United Christian Nethersole Community Health Service, and Haven of Hope Christian Service. Eligible women may contact any of the 3 NGOs' designated clinics to make an appointment for assessment. As at 31 December 2025, about 1 100 eligible women were assessed by doctors and referred for MMG screening. Preliminary data indicates that 11 of the women with abnormal screening results have been diagnosed with breast cancer, all of which are stage I or below. The Government will keep under review the effectiveness of the BCSPP and examine the long-term development of breast cancer screening.

The estimated expenditure for the breast cancer screening services for women at average and moderate risk in 2026-27 has been absorbed within the overall provision for the PHC Commission and Elderly Health Centres and cannot be separately identified. The estimated expenditure for Phase II of the BCSPP in 2026-27 is \$38.5 million.

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The DH has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight, in order to reduce the risk of noncommunicable diseases including cancer.

- End -

CONTROLLING OFFICER'S REPLY

HHB239

(Question Serial No. 2231)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) which was originally scheduled to end on 31 December 2026 but has now been extended to end-2028, will the Government advise this Committee on:

- (1) the number of persons who have been allotted the additional \$500 reward and the expenditure involved in the first 2 years of the Pilot Reward Scheme's implementation, as well as its proportion to the number of persons eligible for Elderly Health Care Vouchers;
- (2) the Government's estimated expenditure for the additional rewards in the coming 3 years following the extension of the Pilot Reward Scheme to end-2028; and
- (3) whether the Government has assessed the impact of the Pilot Reward Scheme on the pattern of voucher usage by the elderly, such as whether it has increased the utilisation rate of primary healthcare services?

Asked by: Hon NG Chau-pei, Stanley (LegCo internal reference no.: 2)

Reply:

(1), (2) and (3)

The Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) on 13 November 2023 to further incentivise elderly persons by offering rewards to them to make better use of Elderly Health Care Vouchers (EHCVs) for continuous preventive healthcare and chronic disease management services, etc., with a view to optimising the use of resources to promote primary healthcare and support the healthcare needs of elderly persons, as well as to achieve the original policy objective of the Elderly Health Care Voucher Scheme (EHVS) and tie in with the directions set out in the Primary Healthcare Blueprint.

Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of EHCVs of \$1,000 or more on designated primary healthcare services such as disease prevention and health management services within the same year (from January to December), and they will be automatically allotted a \$500 reward in their EHCV accounts through the eHealth System (Subsidies), which can be used on the same designated primary healthcare purposes. No

further registration is needed. In other words, for elderly persons who have met the above criterion and are allotted the reward, the amount of EHCVs they receive in that year is increased from \$2,000 to \$2,500.

During the period between 13 November 2023 and 31 December 2025, the number of voucher claim transactions used on the designated primary healthcare services was 7 072 089, accounting for 63% of the total voucher claim transactions during the same period, whereas that for the period between January 2023 and mid-November 2023, i.e. prior to the launch of the Pilot Reward Scheme, was 48%. The data shows that the Pilot Reward Scheme is effective in incentivising elderly persons to use preventive primary healthcare services, and has the effect of encouraging them to use the designated primary healthcare services. As at end-December 2025, the number of persons who obtained the reward and the amount of rewards involved under the Pilot Reward Scheme are as follows:

	2024 Reward*	2025 Reward*
Number of persons who obtained the \$500 reward [Percentage among eligible persons %]	788 975 [46%]**	813 789 [46%]**
Amount of rewards involved (HK\$)	394,487,500	406,894,500

*An eligible elderly person can be allotted the reward once each year at most. The reward will expire by the end of the following year. Unused reward cannot be accumulated and will lapse after the expiry date.

**According to the information from the Hong Kong Population Projections 2022-2046 of the Census and Statistics Department, the numbers of elderly persons eligible for EHCVs (i.e. elderly persons aged 65 or above) in 2024 and 2025 were 1 702 000 and 1 783 000 respectively.

To encourage elderly persons to use preventive healthcare and chronic disease management services, including those provided under the Primary Healthcare Co-care Network, the Government announced in February 2026 to extend the Pilot Reward Scheme by 2 years until end-2028, involving an estimated additional expenditure of about \$1 billion. The Government will keep monitoring the implementation of the Pilot Reward Scheme and evaluate its effectiveness in promoting the receipt of health assessment, disease screening and chronic disease management services by elderly persons, and conduct timely reviews.

- End -

CONTROLLING OFFICER'S REPLY

HHB240

(Question Serial No. 3298)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Enforcing laws on tobacco control is one aspect of work of the Department of Health (DH) under this Programme. According to the Matters Requiring Special Attention in 2026-27, DH will “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)”. Please advise this Committee on the Government’s expenditure and manpower involved in enforcing laws on tobacco control in 2025-26, the effectiveness of tobacco control work (in terms of, for example, enforcement action taken and the number of prosecutions instituted), and the estimated manpower and expenditure devoted to the enforcement work in 2026-27.

Asked by: Hon NG Kit-chong, Johnny (LegCo internal reference no.: 13)

Reply:

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO will also take enforcement actions for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of complaints/referrals received, inspections conducted, warning letters issued, FPNs issued and prosecutions instituted by the TACO in 2025 for smoking and/or other offences are at **Annex 1**.

The revised estimate and estimate for tobacco control initiatives taken forward by the TACO, and the approved establishment of the TACO from 2025-26 to 2026-27, are at **Annex 2 and Annex 3** respectively. The TACO will continue to closely monitor the market situation and

continue law enforcement efforts to crack down on all activities in violation of the Smoking (Public Health) Ordinance and the Import and Export Ordinance. The TACO will also enhance efficiency in various respects. For example, it makes good use of technology and has introduced smart tools for issuing FPNs. Through an electronic system, the offenders' Hong Kong Identity Cards can be scanned, and information such as the offenders' personal details, the time and location of incident, details of the enforcement officers, etc. will be instantly imported. The FPNs can be printed out on the spot using portable printers and the data will be automatically synchronised with the backend system, saving processing time and manpower needs in the back office. In addition, the TACO has strengthened co-operation with various departments in relation to prosecution work with a view to maximising efficiency in the prosecution process. The TACO will make good use of the existing resources, flexibly deploy manpower as appropriate and at the same time, provide appropriate training and support to frontline staff in order to implement the new phase of tobacco control measures.

Numbers of Complaints/Referrals Received, Inspections Conducted, Warning Letters Issued, FPNs Issued, and Prosecutions Instituted by TACO for Smoking and Other Offences under the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and the Import and Export Ordinance (Cap. 60)

		2025
Complaints/referrals received		30 709
Inspections conducted		35 668
Warning letters issued (for smoking offences) ^(Note 1)		2
FPNs issued (for smoking offences) ^(Note 2)		10 357
Prosecutions instituted	for smoking offences	37
	for other offences ^(Note 3)	2 741

Notes:

- 1 In general, the TACO will prosecute smoking offenders without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 Prior to the introduction of the new phase of tobacco control measures, the TACO stepped up inspections in public areas. These inspections were primarily aimed at promoting the new tobacco control measures, with a focus on education and encouragement of compliance with the law rather than taking strict enforcement actions. As a result, there was a decrease in the number of FPNs issued.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc.

**Revised Estimate/Estimate for
the Department of Health's Tobacco and Alcohol Control Office (TACO)**

	2025-26 Revised Estimate (\$ million)	2026-27 Estimate (\$ million)
<u>Enforcement</u>		
Programme 1: Statutory Functions	<u>171.7</u>	<u>143.2</u>
<u>Health Education and Smoking Cessation</u>		
Programme 3: Health Promotion	<u>172.7</u>	<u>170.8</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>		
TACO	86.7	84.6
Subvention to Hong Kong Council on Smoking and Health (COSH)	27.2	27.0
<i>Sub-total</i>	<u>113.9</u>	<u>111.6</u>
<u>(b) Revised Estimate/Estimate for Smoking Cessation and Related Services by Non-Governmental Organisations</u>		
Subvention to Tung Wah Group of Hospitals	16.5	16.5
Subvention to Pok Oi Hospital	19.2	19.2
Subvention to Lok Sin Tong	3.6	4.0
Subvention to United Christian Nethersole Community Health Service	13.5	13.5
Subvention to Life Education Activity Programme	3.0	3.0
Subvention to The University of Hong Kong	3.0	3.0
<i>Sub-total</i>	<u>58.8</u>	<u>59.2</u>
Total	<u>344.4</u>	<u>314.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	Number of Staff in 2025-26 and 2026-27
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/Senior Foreman/Foreman	125
Senior Hospital Administrator/Hospital Administrator	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB241

(Question Serial No. 1158)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health has launched the one-off Human Papillomavirus (HPV) Vaccination Catch-up Programme to provide HPV catch-up vaccination for female Hong Kong residents born between 2004 and 2008. This time-limited programme is implemented in 3 phases from 2024 to 2026. Will the Government advise on:

1. the respective uptake rates for the first, second and third phases of the programme, and the respective percentages of the procured vaccines that they account for;
2. the numbers of District Health Centres (DHCs) participating in the programme and the vaccine doses administered with a breakdown by DHC, as well as whether the DHCs have earmarked publicity funds for promotion to girls in the relevant age group; if yes, what is the expenditure involved;
3. given that over 60 countries or regions worldwide have implemented HPV vaccination programmes that include males, whether the Government plans to consider the inclusion of boys in the relevant age group in the free vaccination programme for schoolchildren; if yes, the details; if no, the reasons; and
4. whether there are any plans for handling the surplus vaccines if the procured vaccines are not used up during the programme period, and whether administration of the vaccine to boys in the relevant age group will be considered?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 36)

Reply:

(1), (3) and (4)

In response to the recommendations of the World Health Organization (WHO), the Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for eligible Primary 5 and Primary 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/20 school year. Primary school children receive HPV vaccination at schools provided by the DH's School Immunisation Teams (SITs) while eligible secondary school students receive free mop-up vaccination at Student Health Service Centres under the Student Health Service (SHS) of the DH.

In 2022, the WHO further recommended the provision of catch-up HPV vaccinations to girls aged between 9 and 18. After reviewing the scientific evidence on the efficacy and safety of HPV vaccine, recommendations from the WHO and overseas experiences, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the DH recommended in November 2022 the expansion of the HPV vaccination target group to include older girls aged 18 or below.

In response to the recommendations of the SCVPD, the DH launched a one-off HPV Vaccination Catch-up Programme (the Catch-up Programme) lasting for about 2 years in December 2024. The Catch-up Programme is primarily targeted at female Hong Kong residents born between 2004 and 2008 who have not been covered by the HKCIP, including: (1) eligible female students who are studying in full-time secondary schools in Hong Kong; (2) eligible female Hong Kong residents who are studying in post-secondary institutions or universities in Hong Kong; and (3) eligible female Hong Kong residents who have already completed their studies in Hong Kong. Each eligible person can receive 2 doses of free vaccination, while immunocompromised persons have to receive 3 doses of vaccination (all 3 doses are free of charge).

Since the implementation of the HPV vaccination programme under the HKCIP in the 2019/20 school year, the cumulative number of Primary 5 and Primary 6 school girls having received the HPV vaccine is near 280 000. As at 1 March 2026, the Government has administered about 45 000 catch-up doses of HPV vaccine to secondary school girls through the SHS and the Catch-up Programme. Based on the data on vaccination coverage rates from SIT, it is projected that the coverage rate for completion of 2 doses of HPV vaccination among 15-year-old girls in Hong Kong has surpassed the high level of 90%. Not only does this significantly exceed the 70% interim target coverage rate for completion of HPV vaccination for school girls as set out in the Hong Kong Cancer Strategy, it has also achieved the target of the WHO's Global Strategy for Cervical Cancer Elimination "90% of girls fully vaccinated with HPV vaccine by age of 15 years before 2030".

Under the Catch-up Programme, female Hong Kong residents studying in local post-secondary institutions or universities can receive HPV vaccine at their institution's healthcare services clinics or through outreach teams arranged by the institution on campus. As at 1 March 2026, all 49 post-secondary institutions are participating in the Catch-up Programme, with a total of over 10 300 doses of vaccine administered. According to information from a survey conducted by the DH, the first-dose coverage rate of HPV vaccine for eligible female students in post-secondary institutions, including the vaccine doses received out of their own accord prior to the launch of the Catch-up Programme, is estimated to be 68%.

Under the third phase of the Catch-up Programme, all female Hong Kong residents born between 2004 and 2008 who have not completed their HPV vaccination only need to register with the Electronic Health System (eHealth) first, after which they can make an appointment for HPV vaccination through Women Wellness Satellites (WWSs) under the Primary Healthcare Commission (PHC Commission) via the website or by phone. Currently, the 3 WWSs under the PHC Commission that are located on Hong Kong Island, in Kowloon and the New Territories, as well as the Tuen Mun District Health Centre (DHC), the Yuen Long DHC and the North DHC Express, are participating in the third phase of the Catch-up

Programme. The DHCs/DHC Expresses in all 18 districts in Hong Kong, together with the WWSs, form a network that continuously provides eligible women with prevention-oriented and more personalised primary healthcare services. By enhancing women's health-related promotion and education, the network encourages and assists members of the public in managing their own health. As at 1 March 2026, near 7 200 doses of vaccine have been administered to the group concerned.

The same type of HPV vaccine is used for both the Catch-up Programme and the HKCIP. Since 2019, the DH has regularly procured HPV vaccines for various programmes through tendering in accordance with the established regulations and procedures. Should any procured vaccines remain unused by the end of the Catch-up Programme, the DH will redeploy the remaining HPV vaccines to the HKCIP for administration to Primary 5 and Primary 6 school girls. As at 1 March 2026, the DH has procured near 400 000 doses of HPV vaccine, of which about 340 000 doses have already been administered (a consumption rate of about 85%). To ensure the proper use of resources, the DH has included flexibility clauses in the contracts to allow for appropriate adjustments to the order quantities, and has been closely monitoring the vaccine consumption situation for timely redeployment of vaccines.

According to the WHO's recommendations, to prevent cervical cancer, HPV vaccination should be primarily targeted at girls aged between 9 and 14 who are still not sexually active, and priority should be given to ensuring a high vaccination coverage rate. Once the uptake rate among girls reaches a high level (e.g. over 80%), the risk of HPV infection among boys can be effectively reduced through herd immunity.

The SCVPD regularly reviews the local epidemiological situation of vaccine-preventable diseases, the latest recommendations of the WHO, scientific developments and evidence on vaccines, updates on vaccine components, cost-effectiveness studies, as well as actual experiences of other health authorities so as to timely provide relevant vaccination recommendations or updates on such recommendations to the DH from a public health perspective. The SCVPD held a meeting in November 2022 to discuss matters relating to HPV vaccination in Hong Kong, during which experts reviewed data from overseas studies and the local situation. Noting that the HPV vaccination coverage among girls under the HKCIP at that time was over 80% and considerably high, it was expected that there would be minimal incremental benefit from adding HPV vaccine to the routine for boys and therefore, it was not recommended to include HPV vaccine in the immunisation programme for boys. However, parents may still choose to consult family doctors about the benefits and limitations of receiving the HPV vaccine for better personal protection for their boys.

The Health Bureau has commissioned a university to conduct an analysis on the cost-benefit of HPV vaccination for local boys, with the report expected to be completed in 2026. Upon receipt of the report, the SCVPD will timely review the findings and make recommendations on HPV vaccination for local boys under the HKCIP from a public health perspective.

(2)

As at 1 March 2026, the numbers of vaccine doses administered at WWSs and DHCs/DHC Expresses providing HPV vaccination services under the PHC Commission are as follows:

Name of Venue	Number of Vaccine Doses Administered
WWS (Hong Kong)	2 558
WWS (Kowloon)	2 516
WWS (New Territories)	1 048
Tuen Mun DHC	83
Yuen Long DHC	181
North DHC Express	182
WWS Service Point (Yau Ma Tei) (Due to the commencement of operation of the WWS (Kowloon), services ceased on 25 September 2025)	393
WWS Service Point (North Point) (Due to the commencement of operation of the WWS (Hong Kong), services ceased on 25 September 2025)	216

To encourage eligible female Hong Kong residents to participate in the respective phases of the Catch-up Programme, the DH has been actively promoting the Programme through a variety of online and offline publicity channels, including social media, online talks and health promotion booths, etc. A series of promotional leaflets, posters and short videos have also been produced and disseminated through different channels to eligible persons and various vaccination venues (including WWSs and DHCs/DHC Expresses). The DH will continue to step up collaboration with relevant stakeholders, including Government departments, the medical sector, schools and post-secondary institutions, to jointly promote the Catch-up Programme. A separate publicity budget for WWSs and DHCs/DHC Expresses has not been earmarked under the Catch-up Programme.

- End -

CONTROLLING OFFICER'S REPLY

HHB242

(Question Serial No. 2205)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding support services for postnatal women in various aspects, will the Government inform this Committee of:

1. the number of women in the first 3 months postpartum receiving postnatal support services from Maternal and Child Health Centres, the service volume of different types of services and the expenditure involved in each of the past 3 years;
2. whether the Government keeps statistics on the number of postnatal women suffering from emotional health problems including postnatal depression, postnatal blues and postnatal psychosis; if yes, the breakdown; and
3. whether the Government will consider strengthening the provision of diversified support services for postnatal women, including parenting skills, emotional support, mental health services and health information; if yes, the relevant work plan and the estimated expenditure; if not, the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 34)

Reply:

1. and 2.

The Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide postnatal services for women. During the provision of services, healthcare professionals will conduct screening for postnatal depression and arrange for referrals and follow-ups for postnatal women through the multi-disciplinary collaborative Comprehensive Child Development Service (CCDS).

The postnatal services for women provided by the DH's MCHCs include history taking, physical check-up (including cervical screening), screening for postnatal depression, advice on family planning and individual counselling. Lactating mothers are also provided with

assessment and coaching of breastfeeding skills and prescribed with micronutrient supplements to ensure adequate intake of iodine and other required nutrients.

The numbers of persons and attendances receiving postnatal services at MCHCs in the past 3 years are tabulated below:

Year	Number of persons receiving postnatal services	Number of attendances receiving postnatal services
2023	24 600	32 800
2024	24 300	35 900
2025	19 700	30 700

Note: The figures are rounded to the nearest hundred.

The expenditure involved is absorbed within the overall provision for the DH's Family Health Service (FHS) and cannot be separately identified.

During the provision of postnatal services, healthcare professional at the DH's MCHCs will, through the CCDS jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the DH, the Hospital Authority (HA) and the Social Welfare Department (SWD), conduct postnatal depression screening for women with the use of professional assessment tools to identify mothers at potential risk of postnatal depression/emotional problems for referral to the HA for further assessment and follow-up. If needed, the cases concerned will also be referred to the Family Service Centres operated by the SWD/non-governmental organisations (NGOs) for necessary support, ensuring that mothers receive comprehensive and appropriate care.

The number of persons identified at potential risk of postnatal depression/emotional problems by the postnatal depression screening at MCHCs through the above service in the past 3 years are tabulated below:

Year	Number of mothers identified at potential risk of postnatal depression/emotional problems ^{Note 1}
2023	3 200
2024	3 300
2025	2 800 ^{Note 2}

Note 1: The figures are rounded to the nearest hundred

Note 2: Provisional data

3.

The DH's FHS will strengthen its diversified support services for postnatal women, including stepping up the training for healthcare professionals to improve their skills in providing individual counselling services at MCHCs, so as to facilitate the provision of evidence-based parenting education services to parents, support for mothers at risk of emotional problems, as well as assessment and coaching of breastfeeding skills to lactating mothers. Apart from clinic services, the DH's FHS will collaborate with community stakeholders and NGOs to organise a series of thematic workshops and health talks. Postnatal women will also be educated on the knowledge and techniques of such issues as parenting skills, postnatal emotional health, stress coping and breastfeeding through diversified health education

resources, including information leaflets, audio-visual materials, online resources, social media and electronic newsletters.

The expenditure involved is absorbed within the overall provision for the DH's FHS and cannot be separately identified.

To align with the Government's policy on encouraging childbirth, the District Health Centres (DHCs) / DHC Expresses provide pregnant women and their family members with antenatal and postnatal information and related services, such as free small group courses conducted by multi-disciplinary teams comprising nurses, physiotherapists and dietitians to help women maintain healthy lifestyles before and after childbirth.

The Government will, according to the Primary Healthcare Blueprint, progressively consolidate the primary healthcare services under the DH in the primary healthcare system.

- End -

CONTROLLING OFFICER'S REPLY

HHB243

(Question Serial No. 1343)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health is responsible for enforcing the law prohibiting commercial sale and supply of alcohol to minors. In this connection, will the Government advise on the following:

1. Please set out in tabular form the respective numbers of law enforcement actions (such as inspections) taken and persons prosecuted in each of the past 3 years, broken down by type of action;
2. Given that there are complaints regarding the large amount of alcoholic products available on online second-hand trading platforms with many of them being listed for sale by individual sellers who typically arrange transactions via private messages and meet at locations such as MTR stations, where the concealed identities make tracing difficult and buyers' age verification is often entirely absent during the process, serious concerns have been raised about this becoming a major regulatory loophole for underage alcohol purchases. How does the Government monitor online second-hand trading platforms and the sale of alcohol by individuals (including the respective numbers of actions taken and persons prosecuted in the past 3 years)? And
3. What are the current staff establishment and departmental expenses for enforcing the relevant law?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 29)

Reply:

1.

Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) (the Regulations), which has come into effect since 2018, prohibits any person, in the course of business, including face-to-face or remote distribution, from selling and supplying intoxicating liquor to minors. Upon receipt of intelligence or complaints, the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) will conduct investigations and take enforcement actions. Between 2023 and 2025, the TACO conducted a total of about 17 000

inspections to check retailers' compliance with the above legal requirements and carried out investigation and enforcement actions upon receipt of intelligence or complaints. During the same period, the TACO received a total of 76 complaints regarding the sale or supply of intoxicating liquor to minors in the course of business. No violation was found upon plainclothes inspection and follow-up investigation.

Apart from the stipulation above, the Regulations also require vendors which sell or supply intoxicating liquor in face-to-face distributions to display a prescribed notice in a prominent position at the premises in the course of business. The Tobacco and Alcohol Control Inspectors will conduct inspections at these premises to ensure that vendors comply with this requirement. Between 2023 and 2025, the TACO issued 12 summonses to offenders in this respect.

2.

According to the Regulations, any person who sells or supplies liquor to others by remote distribution must display or broadcast a prescribed notice stating that, under the law of Hong Kong, intoxicating liquor must not be sold or supplied to minors in the course of business. In addition, prior to the sale or supply, the seller or supplier must receive an age declaration from the purchaser or recipient. Provided that there are no circumstances giving rise to reasonable suspicion that the declaration is false, such declaration may serve as a defence in the event of prosecution. The TACO conducts online inspections and follows up on cases where non-compliance with the above requirements are identified. Between 2023 and 2025, the TACO carried out a total of over 1 500 online inspections and issued more than 340 advisory letters, with the vast majority of websites co-operating upon receiving the advisory letters.

3.

With respect to the expenditure involved in the implementation of alcohol control work, as alcohol and tobacco control initiatives are undertaken concurrently, the relevant expenditure cannot be separately identified. The revised estimate for tobacco and alcohol control initiatives taken forward by the TACO, broken down by type of initiatives, and the approved establishment of the TACO in 2025-26, are at **Annex 1 and Annex 2** respectively.

Revised Estimate for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2025-26 Revised Estimate (\$ million)
<u>Enforcement</u>	
Programme 1: Statutory Functions	<u>171.7</u>
<u>Health Education and Smoking Cessation</u>	
Programme 3: Health Promotion	<u>172.7</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>	
TACO	86.7
Subvention to Hong Kong Council on Smoking and Health (COSH)	27.2
<i>Sub-total</i>	<u>113.9</u>
<u>(b) Revised Estimate for Smoking Cessation and Related Services by Non-Governmental Organisations</u>	
Subvention to Tung Wah Group of Hospitals	16.5
Subvention to Pok Oi Hospital	19.2
Subvention to Lok Sin Tong	3.6
Subvention to United Christian Nethersole Community Health Service	13.5
Subvention to Life Education Activity Programme	3.0
Subvention to The University of Hong Kong	3.0
<i>Sub-total</i>	<u>58.8</u>
Total	<u>344.4</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	Number of Staff in 2025-26
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/Senior Foreman/Foreman	125
Senior Hospital Administrator/Hospital Administrator	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB244

(Question Serial No. 2217)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Department of Health has stated that in 2026-27, it will 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). In this connection, will the Government advise on:

1. the respective numbers of law enforcement actions (such as inspections) related to tobacco control taken and persons prosecuted in each of the past 3 years, broken down by type of action in tabular form; and
2. the current staff establishment and departmental expenses for enforcing the laws related to tobacco control, and whether the allocation of additional manpower and resources will be required upon the implementation of the new phase of tobacco control measures; if yes, the details; if not, the reasons?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 28)

Reply:

1.

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without warning. Apart from smoking offences, the TACO will also take enforcement actions for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60). The numbers of inspections conducted, FPNs issued, warning letters issued and prosecutions instituted by the TACO for the period from 2023 to 2025 for smoking and/or other offences are at **Annex 1**.

2.

The revised estimate and estimate for tobacco control initiatives taken forward by the TACO, and the approved establishment of the TACO from 2025-26 to 2026-27, are at **Annex 2 and Annex 3** respectively. The TACO will continue to closely monitor the market situation and continue law enforcement efforts to crack down on all activities in violation of the Smoking (Public Health) Ordinance and the Import and Export Ordinance. The TACO will also enhance efficiency in various respects. For example, it makes good use of technology and has introduced smart tools for issuing FPNs. Through an electronic system, the offenders' Hong Kong Identity Cards can be scanned, and information such as the offenders' personal details, the time and location of incident, details of the enforcement officers, etc. will be instantly imported. The FPNs can be printed out on the spot using portable printers and the data will be automatically synchronised with the backend system, saving processing time and manpower needs in the back office. In addition, the TACO has strengthened co-operation with various departments in relation to prosecution work with a view to maximising efficiency in the prosecution process. The TACO will make good use of the existing resources, flexibly deploy manpower as appropriate and at the same time, provide appropriate training and support to frontline staff in order to implement the new phase of tobacco control measures.

**Numbers of Inspections Conducted, Warning Letters Issued, FPNs Issued,
and Prosecutions Instituted by TACO for Smoking and Other Offences
under the Smoking (Public Health) Ordinance (Cap. 371),
the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600)
and the Import and Export Ordinance (Cap. 60)**

		2023	2024	2025
Inspections conducted		28 817	30 162	35 668
Warning letters issued (for smoking offences) ^(Note 1)		10	10	2
FPNs issued (for smoking offences) ^(Note 2)		10 261	13 488	10 357
Prosecutions instituted	for smoking offences	48	64	37
	for other offences ^(Note 3)	657	871	2 741

Notes:

- 1 In general, the TACO will take enforcement actions for smoking offences without prior warning. The TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.
- 2 Prior to the introduction of the new phase of tobacco control measures, the TACO stepped up inspections in public areas. These inspections were primarily aimed at promoting the new tobacco control measures, with a focus on education and encouragement of compliance with the law rather than taking strict enforcement actions. As a result, there was a decrease in the number of FPNs issued.
- 3 Other offences include willful obstruction, failure to produce identity document, displaying smoking product advertisement, ASP related offences, and aiding and abetting another person committing a smoking offence, etc. The TACO has strengthened co-operation with other departments to enhance efficiency in the prosecution process and speed up the processing of backlog cases, resulting in an increase in the number of prosecutions instituted in 2025.

Revised Estimate/Estimate for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2025-26 Revised Estimate (\$ million)	2026-27 Estimate (\$ million)
<u>Enforcement</u>		
Programme 1: Statutory Functions	<u>171.7</u>	<u>143.2</u>
<u>Health Education and Smoking Cessation</u>		
Programme 3: Health Promotion	<u>172.7</u>	<u>170.8</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>		
TACO	86.7	84.6
Subvention to Hong Kong Council on Smoking and Health (COSH)	27.2	27.0
<i>Sub-total</i>	<u>113.9</u>	<u>111.6</u>
<u>(b) Revised Estimate/Estimate for Smoking Cessation and Related Services by Non-Governmental Organisations</u>		
Subvention to Tung Wah Group of Hospitals	16.5	16.5
Subvention to Pok Oi Hospital	19.2	19.2
Subvention to Lok Sin Tong	3.6	4.0
Subvention to United Christian Nethersole Community Health Service	13.5	13.5
Subvention to Life Education Activity Programme	3.0	3.0
Subvention to The University of Hong Kong	3.0	3.0
<i>Sub-total</i>	<u>58.8</u>	<u>59.2</u>
Total	<u>344.4</u>	<u>314.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	Number of Staff in 2025-26 and 2026-27
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/Senior Foreman/Foreman	125
Senior Hospital Administrator/Hospital Administrator	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

HHB245

(Question Serial No. 1431)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Government mentioned in the Matters Requiring Special Attention in 2026-27 that it will formulate evidence-based screening programmes for prevalent cancers. Regarding breast cancer screening services in Hong Kong, will the Government inform this Committee of:

- (1) the specific work plan, timetable, and estimated expenditure for the promotion of breast cancer screening in 2026-27;
- (2) whether the Government will consider providing subsidies for women who meet specific criteria to undergo genetic testing to determine if they carry genes that put them at a higher risk of developing breast cancer; if yes, the details; if not, the reasons;
- (3) the number of women who have participated in breast cancer screening through District Health Centres (DHCs) or Phase II of the Breast Cancer Screening Pilot Programme (BCSPP) since June 2025; please provide a breakdown of figures by individual DHC and non-governmental organisations participating in Phase II of the BCSPP;
- (4) the respective numbers of women who have received mammography screening on referral through Women Wellness Satellites or Phase II of the BCSPP and, among them, the number of confirmed breast cancer cases and the stage of breast cancer at the time of diagnosis respectively?
- (5) given that the international interpretation of HER2 in breast cancer has been further classified into positive, negative and HER2 low-expression, which is crucial for the treatment of advanced breast cancer, whether the Government will adopt the latest HER2 international guidelines to indicate the category of HER2 low-expression in pathology reports, implement standardised reporting templates and quality monitoring to unify terminology and formats, and establish training and uniform clinical guidelines for frontline healthcare personnel to facilitate clinical decision-making; if yes, please provide the timetable, scope of coverage and quality control arrangements; if not, the reasons; and

(6) as many countries and regions have established databases and platforms for HER2 subtypes in breast cancer (including HER2 positive and HER2 low-expression) for the surveillance of new cases, survival rates and treatment trends, whether the Government plans to establish or consolidate a standardised database/registration system for different HER2 subtypes (including HER2 low-expression) and regularly have it published or made available as a reference for policy formulation, including proportion and stages of new cases, treatment pathways and medication patterns, survival rates and prognostic indicators, and analyses related to screening effectiveness; if yes, please specify the work details, leading department, data specifications, privacy protection, and timetable; if not, the reasons?

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 4)

Reply:

The Government attaches great importance to cancer prevention and control. In 2001, it established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to steer the direction of work covering cancer prevention and screening, surveillance, research and treatment. The CCC is chaired by the Secretary for Health and comprises members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals.

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the CCC regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight and waist circumference, in order to reduce the risk of noncommunicable diseases including cancer.

(1) to (4)

In 2025, the Primary Healthcare Commission (PHC Commission) integrated the Woman Health Service (WHS) under the DH into the district health network in an orderly manner,

setting up 3 Women Wellness Satellites (WWSs) in Hong Kong, Kowloon and the New Territories. Together with the District Health Centres/District Health Centre Expresses (collectively referred to as DHCs) in all 18 districts across the territory, they form a network to provide eligible women with prevention-based and more personalised women's primary healthcare services.

The DHCs across 18 districts have strengthened the promotion and education related to women's health, assisted woman members in pairing with family doctors (FDs) and established dedicated nurse clinics for basic women's health services. Through basic health assessments and individual consultations, personalised health advice covering women-specific diseases and lifestyle modifications is provided to women, with referrals to receive services at the WWSs made for those with greater financial capacity as necessary. To cater for the prevention and screening needs of underprivileged groups, the DHCs also take on the role of a triage hub to arrange for eligible underprivileged women (including recipients of the Comprehensive Social Security Assistance or medical waivers) to receive the same preventive women's health and health promotion services as those provided at the WWSs in selected Family Medicine Clinics under the Hospital Authority (HA).

The WWSs focus on addressing the specific health needs of women by devising personalised preventive care or specific consultation services according to participants' health risks and needs, so as to assist them in managing common women's health issues. The WWSs also arranges breast and cervical cancer screenings for women based on risk assessments for early intervention and referral to FDs or appropriate institutions, such as the specialist services of the HA for follow-up as necessary. Furthermore, the WWSs have introduced a co-payment model to provide value-added services, such as the provision of breast ultrasound services, 3D mammogram services, vaccination services (such as the Human Papillomavirus (HPV) Vaccination), HPV DNA testing, and self-sampling for HPV testing.

The BCSPP

Based on the recommendations of the CEWG, the Government launched Phase I and Phase II of the BCSPP in 2021 and 2025 respectively.

The two-year Phase I of the BCSPP was completed in December 2023, with 97% of breast cancer cases identified through screening being at stage II or below. Relevant services have been included as part of the regular services provided by the WHS and the Elderly Health Service since 2024. In 2025, the WHS under the DH was integrated into the district health network of the Health Bureau PHC Commission. The service points, named WWSs, form a network with DHCs in all 18 districts across Hong Kong. Currently, women at average and moderate risk can receive breast cancer screening at these service points. As at 31 December 2025, about 50 000 women received breast cancer risk assessment, of whom about 13 000 were referred for mammography (MMG) screening. Among them, about 1 200 were referred to specialists for follow-up due to abnormal screening results.

Phase II of the BCSPP was launched in June 2025 to provide subsidised breast cancer screening services to female Hong Kong residents aged 35 to 74 who are at high risk of developing breast cancer, with a view to enhancing the recovery rate of breast cancer patients through early detection and treatment. Being at high risk of breast cancer refers to individuals who have been confirmed by genetic testing to carry certain gene mutations that increase their lifetime risk of developing breast cancer, or have a strong family history of

breast cancer or ovarian cancer. The BCSPP provides services to the public through public-private partnership programmes in collaboration with non-governmental organisations (NGOs). The 3 service providers are Hong Kong Breast Cancer Foundation, United Christian Nethersole Community Health Service, and Haven of Hope Christian Service. Eligible women may contact any of the 3 NGOs' designated clinics to make an appointment for assessment. As at 31 December 2025, about 1 100 eligible women were assessed by doctors and referred for MMG screening. A breakdown by participating NGO is tabulated as follows:

NGO	Number of participants*
Hong Kong Breast Cancer Foundation	620
United Christian Nethersole Community Health Service	430
Haven of Hope Christian Service	90

*The number of participants has been rounded to the nearest ten.

Preliminary data indicates that 11 of the women with abnormal screening results have been diagnosed with breast cancer, all of which are stage I or below.

Women at high risk of breast cancer might consider other services along with regular MMG screening under the BCSPP, depending on the risk factors they have. These services include magnetic resonance imaging screening of the breast, genetic counselling and testing, and consultation with specialists (e.g. breast surgeons, gynaecologists) on breast cancer risk reduction strategies. These services are not covered under the BCSPP. Participants may be referred to other medical institutions where they can access these services and receive personalised care, and shall bear the incurred costs. The Government will keep under review the effectiveness of the BCSPP and examine the long-term development of breast cancer screening.

The estimated expenditure for the breast cancer screening services for women at average and moderate risk in 2026-27 has been absorbed within the overall provision for the PHC Commission and Elderly Health Centres and cannot be separately identified. The estimated expenditure for Phase II of the BCSPP in 2026-27 is \$38.5 million.

(5)

At present, the HER2 testing performed by the HA, which consists of immunochemistry (IHC) and genetic testing (in situ hybridisation (ISH)), has adopted international standards, and the immunostaining results are also reported in accordance with such standards. The laboratories responsible for testing participate in the Quality Assurance Programme. Relevant pathology specialists have adopted standardised terminology and reporting formats. Currently, the HER2 immunostaining results of the HA are scored as follows:

- (i) 0 (no staining) or
- (ii) 0 ($\leq 10\%$ of tumor cells show faint or weak membrane staining);
- (iii) 1+ ($>10\%$ of tumor cells show faint/barely visible incomplete membrane staining);
- (iv) 2+ ($>10\%$ of tumor cells show weak to moderate complete membrane staining (circumferential staining)) or
- (v) 2+ ($\leq 10\%$ of tumor cells show strong complete membrane staining);
- (vi) 3+ ($>10\%$ of tumor cells show strong complete membrane staining).

If the HER2 immunostaining score is 2+, the hospital will further perform HER2 gene ISH testing for the patient to confirm whether there is an amplification of the HER2 gene. If the relevant ISH test shows amplification, the patient's HER2 test result will be classified as positive; whereas if there is no amplification, it will be classified as negative. According to medical literature and international guidelines, "HER2 low-expression" refers to patients with a HER2 immunostaining score of IHC 1+ or a score of IHC 2+ with no amplification shown (negative) in ISH testing. As such, frontline healthcare personnel (i.e. multidisciplinary teams for breast cancer at various hospitals) can now identify the type of breast cancer of a patient from the report and make clinical decisions accordingly.

(6)

The Hong Kong Cancer Registry (HKCaR) under the HA is a population-based registry responsible for conducting comprehensive cancer surveillance through the collection, analysis, interpretation and dissemination of information on all diagnosed cancer cases from public and major private institutions in Hong Kong. The HKCaR is committed to providing reliable cancer data for the Government to prioritise resources for cancer prevention and control strategies according to the burden of various cancers in the community. Also, healthcare planners and researchers are able to make use of the data in developing cancer service strategies aimed at improving the quality of cancer care, prioritising various cancer treatment services, and implementing cost-effective cancer prevention initiatives, such as cancer screening programmes and other public health interventions.

In recent years, the HKCaR has also enhanced the collection and compilation of more comprehensive cancer surveillance data, including the survival trend for solid cancers, incidence trend for early-onset cancers, as well as the stage-specific data and survival rates for the 10 common cancers, thereby providing a more comprehensive data foundation for cancer research in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

HHB246

(Question Serial No. 2917)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2026-27 that the Government will continue developing Hong Kong into an international health and medical innovation hub. Given the Government's recent proactive efforts to promote the development of Hong Kong into a biotechnology centre and pharmaceutical research and development hub, as well as Hong Kong's close co-operation with the Middle East region, and that the Drug Office (DO) is the law enforcement agency over the legislations concerning medicines, will the Government advise this Committee on:

- (1) the annual expenditure and staff establishment of the DO in the past 3 years;
- (2) whether the Government will allocate additional resources for the DO or establish a dedicated task force to expedite the approval of new drugs and enhance international recognition during the process of promoting the development of Hong Kong into an international health and medical innovation hub;
- (3) whether the DO will consider expanding the list of reference countries and regions for the registration of drugs with a new chemical entity (NCE drugs) to include places such as the United Arab Emirates or Saudi Arabia in the future; if yes, the details; if not, the reasons; and
- (4) whether the DO has specific exchanges or agreements in place with respect to co-operation with the Middle East region, such as mutual recognition of pharmaceutical regulatory standards, data sharing, or professional training; if yes, the details; if not, the reasons?

Asked by: Hon TANG Ka-piu (LegCo internal reference no.: 30)

Reply:

As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region (HKSAR Government) would enhance the current approval and registration mechanism for drugs, and establish an internationally renowned regulatory authority of drugs and medical devices (medical products), i.e. the Hong Kong Centre for Medical Products Regulation (CMPR). To this end, the HKSAR Government set up the Preparatory Office for the CMPR under the Department of Health (DH) in June 2024.

The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap towards adoption of “primary evaluation”, and has since enhanced the promotion to and communication with various stakeholders including Chinese and Western medicines and medical device industries from local, the Chinese Mainland and overseas, as well as the scientific research and academic sectors, etc. The Preparatory Office is currently actively reviewing the restructuring and strengthening of technical regulation as well as the approval system. It will also consolidate and re-organise the functions and manpower of the DH’s existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the end of 2026, with the aim of aligning with the direction for enhancing approval and regulation, so as to leverage the strengths and synergies of the regime.

Under the current new drug registration mechanism which adopts the “secondary evaluation” approach, a new drug registration applicant shall provide documentary proof for registration issued by at least 2 drug regulatory authorities of specified reference places as supporting evidence that the product has been rigorously evaluated before being placed on the market. To enhance the drug regulatory regime and adopt “primary evaluation” approach in the long run, the Pharmacy and Poisons Board of Hong Kong (Board) launched the “1+” mechanism on 1 November 2023, which has been extended to all new drugs since 1 November 2024. New drugs that are supported by the required local clinical data and recognised by local experts can be applied for registration in Hong Kong by submitting evidence of approval from 1 reference drug regulatory authority (instead of 2 in the past). Under the mechanism, the Board has approved 19 new drugs, including 9 for the treatment of cancer, 2 for the treatment of haematology, 2 for the treatment of hypercalcemia, 2 for the treatment of anaemia caused by chronic kidney disease, 1 for the treatment of thyroid eye disease, 1 for the treatment of renal diseases, 1 for the treatment of chronic obstructive pulmonary disease and 1 for the treatment of type 2 diabetes mellitus. 7 of these new drugs have been listed in the Hospital Authority (HA) Drug Formulary, bringing new hope for treatment to patients and facilitating good drugs for use in Hong Kong.

The “primary evaluation” for new drug registration has come into effect on 31 March 2026 and is now open for applications. The initial phase covers applications for the registration of products containing registered chemical entities (Note 1) with extended applications (e.g. new indications, new strengths, new posology, new dosage forms, etc). Subsequent phases will be rolled out based on the implementation situation to cover the applications for registration of products containing registered biological entities (Note 2) with extended applications and advanced therapy products. The “primary evaluation” mechanism will come into full implementation by 2030.

Note 1: Products containing chemical entities generally refer to drug products with active drug substances processed and extracted through chemical synthesis, semi-synthesis or from natural products, which are further processed into drug products with specific chemical structures.

Note 2: Products containing biological entities generally refer to products manufactured with starting materials such as micro-organisms, cells, animal or human tissues, bodily fluids, etc. by using biological technologies, e.g. protein preparations or monoclonal antibodies, etc.

(1)

The annual expenditure and establishment of the Drug Office (DO) of the DH in the past 3 years is as follows:

DO under Programme (1)	2023-24 (Actual)	2024-25 (Actual)	2025-26 (Revised Estimate)
Annual Expenditure (\$ million)	197.8	210.0	231.4
	2023-24	2024-25	2025-26 (As at 1 February 2026)
Number of Posts	188	189	189

(2)

The DO has re-deployed internal resources to assist in the preparation and implementation of “primary evaluation” for new drug registration. To support the developments in drug regulation (including the efforts in expediting the approval of new drugs and enhancing international recognition), the DO will create 13 additional posts in 2026-27 and plans to engage non-civil service contract staff members, involving an expenditure of about \$29.1 million.

(3) and (4)

The Board reviews the drug registration requirements from time to time, including the list of reference drug regulatory authorities. When considering the inclusion of a regulatory agency or authority in the list of reference drug regulatory authorities, the Board primarily takes into account whether the relevant agency or authority is already designated as a World Health Organization-Listed Authority, as well as a Regulatory Member of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) (Note 3). Noting that Chinese Mainland, Brazil, Korea and Singapore have already joined the ICH as regulatory members and have made good progress in promoting and implementing the relevant guidelines, and that their respective drug regulatory regimes generally comply with the rigorous requirements for designation as reference drug regulatory authorities, the Board decided that, with effect from 23 February 2023, the list of reference drug regulatory authorities for new drug registration would be expanded from the original 32 to 36 (Note 4). Relevant reviews will continue to be conducted, including that of the drug regulatory mechanism of drug regulatory authorities in Middle Eastern countries, so that alignment with international regulatory standards is maintained.

The CMPR will also explore building up collaborative relationships with regulatory authorities in other regions (including countries such as the United Arab Emirates and the Saudi Arabia) in the future to promote mutual recognition or reliance on regulatory efforts. Such collaborations under joint regulatory initiatives and/or agreements will heighten the reputation of the CMPR and enhance the accessibility of innovative products in these regions. The CMPR will also participate actively in regulatory conferences and events held in the Mainland and other places for proactive global engagement.

Note 3: The ICH is an international authoritative organisation which includes 19 Regulatory Members, including those from Chinese Mainland, Europe, Switzerland, the United Kingdom

and the United States, where “primary evaluation” takes place. Its purpose is to co-ordinate the technical requirements for drug registration among its members and to develop guidelines for the highest international standards of safety, efficacy and quality. In compliance with these guidelines, drug regulatory authorities in various parts of the world can mutually accept or recognise clinical trial data generated in accordance with ICH guidelines for drug registration.

Note 4: The reference drug regulatory authorities specified by the Board include drug regulatory authorities from Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Chinese Mainland, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Netherlands, Hungary, Ireland, Italy, Japan, South Korea, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Singapore, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom and the United States.

- End -

CONTROLLING OFFICER'S REPLY

HHB247

(Question Serial No. 2859)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

The Community Dental Support Programme (CDSP) has expanded its service scope, supplanting the Elderly Dental Assistance Programme. In this connection, will the Government inform this Committee of the following:

(1) upon expansion of CDSP's service scope, the administration fee borne by the participants is fully subsidised by the Government. What is the Government's estimated annual budget for the CDSP in the next 3 years?

(2) the CDSP currently has around 80 dental service points, covering all 18 districts across Hong Kong. Regarding the direction of its future development, will the Government regularly review the distribution of service points in each district to ensure that the service coverage is sufficient? And

(3) has the Government assessed the financial sustainability of the CDSP and considered initiatives such as adjusting resource allocation to ensure sustained and steady provision of dental services for the elderly?

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 12)

Reply:

(1), (2) and (3)

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises "prevention, early identification, and timely intervention", with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens' oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so

as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The Community Dental Support Programme (CDSP) is one of the services under the strategy of providing essential dental care services targeting underprivileged groups. Under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups, persons with special needs and high-risk groups who have difficulties in accessing dental care. The Department of Health (DH) launched the CDSP on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental general public sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of non-governmental organisations (NGOs) and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

The funding model of CDSP is based on a cost-sharing principle. In addition to government subsidies, participants are also responsible for a portion of the service costs, encouraging them to manage their own health. Participants are required to pay part of the fees to the NGO providing the service. The details are set out in the Annex.

Currently, there are a total of 32 NGOs participating in the CDSP, providing over 80 dental service points covering all 18 districts in Hong Kong. As at end-January 2026, a total of about 7 700 people participated in the CDSP, with over 14 000 dental filling or extraction quotas used. As for the newly-added services, about 1 100 people received dental scaling services, while about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months. The DH has been maintaining close liaison with NGOs that provide support for the homeless, and it is anticipated that homeless individuals will gradually receive services under the CDSP in the coming months.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the CDSP and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are tabulated as follows. The DH does not have the relevant figures for the financial provisions for 2027-28 and 2028-29.

Annual expenditure (\$ million)	2024-25 (Actual) ^{Note}	2025-26 (Revised estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

The Government will continuously monitor the service utilisation rates of the 2 programmes and the distribution of service points across districts, as well as to gather feedback from service users and the data on their oral health conditions to review the operational arrangements and effectiveness of the CDSP in due course. Subject to the needs and recourse available, improvements to the arrangements will be explored.

Administration Fee/Co-payment Fee under the CSDP

Subsidised services (Assessed by the dentist)	Administration fee/ Co-payment fee (Category A*)	Administration fee/ Co-payment fee (Category B*)
Every 180 days:		
Oral health assessment	The Government will fully subsidise the administration fee	Free
X-ray examination		
Medication for dental pain relief		
Dental filling or extraction		\$50 / each tooth
Removal of bridges		\$100 / each bridge
Removal of crowns		\$50 / each crown
Every 365 days:		
Scaling	The Government will fully subsidise the administration fee	\$50
Root canal treatment		\$50 / each tooth
Every 5 years or more:		
Fitting of removable dentures	\$500 / each set^	\$1,000 / each set^

*Category A: Eligible participants falling into one of the following categories:

1. “Integrated Home Care Services (Frail Case)”, “Enhanced Home and Community Care Services” and “Home Support Services” subvented by the Social Welfare Department while paying Level 1 fee charged / with Co-payment Category I; or
2. Medical Fee Waiver (Full) of the Hospital Authority (including recipients of Old Age Living Allowance aged 75 or above); or

3. The homeless

*Category B: Eligible participants not falling into Category A

^ The co-payment fee for each set of removable denture is \$500. Each set of removable dentures refers to either upper or lower dentures.

- End -

CONTROLLING OFFICER'S REPLY

HHB248

(Question Serial No. 2863)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme), please advise on:

1. the total expenditure on the Pilot Scheme in the past year and the estimated expenditure for 2026-27;
2. the number of voucher claim transactions and the total amount claimed in the past year, broken down by specified medical/dental institution;
3. the number of voucher claim transactions and the total amount claimed for each service type, broken down by specified medical/dental institution, as well as the median amount claimed for each service type; and
4. whether the Government will conduct a satisfaction and opinion survey on the Pilot Scheme with a view to expediting the expansion of the scheme to Fujian Province and all cities in Guangdong Province.

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 9)

Reply:

1.

The expenditure on the Elderly Health Care Voucher Greater Bay Area Pilot Scheme (Pilot Scheme) is subsumed under the overall provision for the Elderly Health Care Voucher Scheme (EHVS) and will not be separately identified.

The revised estimate for the EHVS in 2025-26 is \$3.68 billion, which includes the expenditure on the amount of Elderly Health Care Voucher (EHCV) claimed under the Pilot Scheme. The estimated expenditure on the EHVS for 2026-27 is \$4.25 billion.

2.

The number of voucher claim transactions and the amount of vouchers claimed at each of the pilot medical institutions under the Pilot Scheme in 2025 are tabulated below:

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Number of Voucher Claim Transactions	Amount of Vouchers Claimed (Note) (HK\$'000)
Shenzhen	Shenzhen New Frontier United Family Hospital (since 14 August 2024)	3 931	4,505
	Peking University Shenzhen Hospital (since 28 August 2025)	288	139
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	259	115
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	22 878	36,525
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	328	689
	<i>Sub-total of Shenzhen:</i>	27 684	41,973
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	3 773	1,498
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	469	183
	Guangdong Provincial Hospital of Chinese Medicine (since 31 July 2025)	844	406
	Guangdong Clifford Hospital (since 9 July 2025)	3 979	1,461
	<i>Sub-total of Guangzhou:</i>	9 065	3,548
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	3 654	1,818
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	3 670	1,353
	<i>Sub-total of Zhongshan:</i>	7 324	3,171
Dongguan	Dongguan Tungwah Hospital (since 6 September 2024)	2 011	992
	<i>Sub-total of Dongguan:</i>	2 011	992

Greater Bay Area (GBA) Mainland cities	Pilot Medical Institutions	Number of Voucher Claim Transactions	Amount of Vouchers Claimed (Note) (HK\$'000)
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	1 763	769
	Zhuhai People's Hospital (since 26 June 2025)	1 257	453
	Sub-total of Zhuhai:	3 020	1,222
Foshan	The First People's Hospital of Foshan (since 17 July 2025)	752	317
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	339	166
	Sub-total of Foshan:	1 091	483
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	159	62
	Sub-total of Huizhou:	159	62
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	596	204
	Sub-total of Jiangmen:	596	204
Zhaoqing	The First People's Hospital of Zhaoqing (since 28 August 2025)	434	157
	Sub-total of Zhaoqing:	434	157
	Total:	51 384	51,811

Note: Breakdown figures may not add up to the total due to rounding.

3.

As at 31 December 2025, the number of voucher claim transactions and the amount of vouchers claimed at each of the pilot medical institutions under the Pilot Scheme, broken down by service type (preventive care, follow-up/monitoring of long-term conditions, management of acute episodic conditions, and rehabilitative care), are tabulated below. The Department of Health (DH) does not maintain a further breakdown of the median amount of vouchers claimed by service type.

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)
Shenzhen	Shenzhen New Frontier	2 101	3,299	2 757	2,322	468	477	7	1	5 333	6,099

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)
	United Family Hospital (since 14 August 2024)										
	Peking University Shenzhen Hospital (since 28 August 2025)	4	11	160	65	112	59	12	4	288	139
	Shenzhen Hospital of Southern Medical University (since 28 August 2025)	77	46	76	34	106	35	0	0	259	115
	Shenzhen C.K.J Stomatological Hospital (since 14 August 2024)	7 745	1,239	15 833	26,069	119	212	8 084	24,269	31 781	51,789
	Dental Bauhinia Specialty Service Center (Shenzhen)/ Dental Bauhinia General Care Center (Shenzhen) (since 14 August 2024)	156	171	243	474	38	100	101	396	538	1,141
	Sub-total of Shenzhen:	10 083	4,767	19 069	28,963	843	883	8 204	24,670	38 199	59,283
Guangzhou	The First Affiliated Hospital, Sun Yat-sen University (since 28 June 2024)	412	374	3 743	1,389	1 053	356	430	310	5 638	2,429
	Nansha Division of The First Affiliated Hospital, Sun Yat-sen University (since 6 September 2024)	60	63	559	188	77	23	19	4	715	278
	Guangdong Provincial	24	9	667	323	64	26	89	48	844	406

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)
GBA Mainland cities	Hospital of Chinese Medicine (since 31 July 2025)										
	Guangdong Clifford Hospital (since 9 July 2025)	2 094	837	1 081	388	618	135	186	101	3 979	1,461
	Sub-total of Guangzhou:	2 590	1,282	6 050	2,288	1 812	539	724	464	11 176	4,574
Zhongshan	Zhongshan Chen Xinghai Hospital of Integrated Traditional Chinese and Western Medicine (since 18 July 2024)	699	868	2 929	1,331	1 257	317	821	297	5 706	2,813
	Zhongshan Hospital of Traditional Chinese Medicine (since 9 July 2025)	179	221	2 256	772	937	274	298	86	3 670	1,353
	Sub-total of Zhongshan:	878	1,089	5 185	2,103	2 194	590	1 119	383	9 376	4,166
Dongguan	Dongguan Tungwah Hospital (since 6 September 2024)	1 264	783	1 181	520	317	121	39	19	2 801	1,443
	Sub-total of Dongguan:	1 264	783	1 181	520	317	121	39	19	2 801	1,443
Zhuhai	The Fifth Affiliated Hospital, Sun Yat-sen University (since 26 June 2025)	139	147	1 023	387	403	137	198	97	1 763	769
	Zhuhai People's Hospital (since 26 June 2025)	194	71	993	359	65	22	5	1	1 257	453
	Sub-total of Zhuhai:	333	218	2 016	746	468	159	203	99	3 020	1,222
Foshan	The First People's	48	79	597	181	76	35	31	22	752	317

GBA Mainland cities	Pilot Medical Institutions	Preventive Care		Follow-up/ Monitoring of Long-term Conditions		Management of Acute Episodic Conditions		Rehabilitative Care		Total	
		Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (Note) (HK\$'000)
	Hospital of Foshan (since 17 July 2025)										
	The Eighth Affiliated Hospital of Southern Medical University (since 17 July 2025)	28	46	268	104	27	11	16	6	339	166
	Sub-total of Foshan:	76	124	865	285	103	46	47	28	1 091	483
Huizhou	Huizhou Central People's Hospital (since 21 August 2025)	9	2	117	49	21	6	12	4	159	62
	Sub-total of Huizhou:	9	2	117	49	21	6	12	4	159	62
Jiangmen	Jiangmen Central Hospital (since 21 August 2025)	39	46	361	96	133	44	63	17	596	204
	Sub-total of Jiangmen:	39	46	361	96	133	44	63	17	596	204
Zhaoqing	The First People's Hospital of Zhaoqing (since 28 August 2025)	83	31	151	55	138	55	62	16	434	157
	Sub-total of Zhaoqing:	83	31	151	55	138	55	62	16	434	157
Total:		15 355	8,344	34 995	35,105	6 029	2,444	10 473	25,700	66 852	71,593

Note: Breakdown figures may not add up to the total due to rounding.

4.

The Government launched the Pilot Scheme in 2024. Since June of the same year, the coverage of EHCVs has been extended by phases to 7 integrated medical/dental institutions in the GBA, covering Guangzhou, Zhongshan, Dongguan and Shenzhen, including 2 designated dental institutions in Shenzhen for addressing the demand of elderly persons for dental services. In view of the positive responses from the local community, the Government announced the extension of the Pilot Scheme in May 2025 to include 12 additional medical institutions to cover all the 9 Mainland cities in the GBA, and the goal was achieved in August 2025. Together with the 2 existing service points operated by the

University of Hong Kong-Shenzhen Hospital, eligible elderly persons can choose to use EHCVs at a total of 21 service points in the Mainland cities of the GBA, providing them with more convenience, flexibility and healthcare options; as well as sparing them the burden of lengthy journeys, thereby enhancing their sense of well-being.

As at end-February 2026, over 33 000 eligible elderly persons have used EHCVs to pay for the fees of outpatient healthcare services received at 19 pilot medical institutions under the Pilot Scheme, involving about 80 000 voucher claim transactions and a total claimed amount at approximately HK\$83.79 million.

Since the launch of the Pilot Scheme, all pilot medical institutions have been operating smoothly. The DH has conducted inspections at all existing pilot medical institutions and put in place related monitoring measures. No aberrant voucher claim has been found so far. The extension of the Pilot Scheme to full coverage of all the 9 Mainland cities in the GBA marks another milestone in policy innovation and cross-boundary medical collaboration. The Pilot Scheme is still in its initial operation period and more than half of the pilot medical institutions have operated for less than a year. The Government will continue to assess and monitor the operation and usage of EHCVs in the pilot medical institutions and review the effectiveness of the Pilot Scheme in due course before studying further arrangements.

- End -

CONTROLLING OFFICER'S REPLY

HHB249

(Question Serial No. 0997)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the Community Dental Support Programme (CDSP), will the Government inform this Committee of:

1. the current number of participants in the CDSP and the respective services they have received;
2. whether it will consider changing the requirement under the CDSP that an application for subsidised dental services can be made once every 180 days to allowing 2 applications for dental services each year; if yes, the details; if no, the reasons; and
3. the expenditure involved in the CDSP as well as the related publicity work?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 30)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The Community Dental Support Programme (CDSP) is one of the services under the strategy of providing essential dental care services targeting underprivileged groups. Under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups, persons with special needs and high-risk groups who have

difficulties in accessing dental care. The Department of Health (DH) launched the CDSP on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental general public sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of non-governmental organisations (NGOs) and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

Currently, there are a total of 32 NGOs participating in the CDSP, providing over 80 dental service points covering all 18 districts in Hong Kong. As at end-January 2026, a total of about 7 700 people participated in the CDSP, with over 14 000 dental filling or extraction quotas used. As for the newly-added services, about 1 100 people received dental scaling services, while about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months.

In terms of publicity, the DH has been actively liaising with related units, such as the Social Welfare Department (SWD), NGOs, District Health Centres (DHC)/DHC Expresses, Community Living Rooms, district community care teams and District Councils, to introduce and promote the CDSP. The DH also organised 49 oral health talks/briefings at 48 District Elderly Community Centres, Neighbourhood Elderly Centres, centres for the elderly and senior citizens, Integrated Family Service Centres, community/social service centres and the Hong Kong Family Welfare Society in the 18 districts across the territory, with a total of 1 806 participants (details are at Annex). Furthermore, the DH collaborated with the Outreaching Team for Ethnic Minorities (EMs) under the SWD, Support Service Centres for EMs and EM Care Teams subvented by the Home Affairs Department, as well as the Islamic Union of Hong Kong, to introduce and promote the CDSP to the EM community.

To promote the enhanced CDSP, the DH placed advertisements at various MTR stations in the first quarter of 2026 and promoted the CDSP through newspapers and the Internet. In view of the expansion of the beneficiary list under the CDSP to cover the homeless, the DH also, in collaboration with the organisations under the SWD that provide social welfare support services for street sleepers, held meetings to brief registered social workers on the programme details and explore service arrangements. The DH has been maintaining close liaison with NGOs that provide support for the homeless, and it is anticipated that, over coming months, homeless individuals will receive services under the CDSP.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the CDSP and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are as follows:

Annual Expenditure (\$ million)	2024-25 (Actual) ^{Note}	2025-26	2026-27 (Estimate)
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		(Revised Estimate)	
CDSP	0.3	53.1	173.5
PDCC	0.3		

Note: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

The Government will continuously monitor the service utilisation rates of the 2 programmes and the distribution of service points across districts, as well as to gather feedback from service users and the data on their oral health conditions to review the operational arrangements and effectiveness of the CDSP in due course. Subject to the needs and recourse available, improvements to the arrangements will be explored.

**Numbers of Briefing Sessions/Oral Health Talks Organised in the 18 Districts
under the CDSP and Participants
(as at end-January 2026)**

District	Oral Health Talks/Briefing Sessions	
	Number of Sessions	Number of Participants
Central and Western	1	40
Eastern	2	231
Southern	2	40
Wan Chai	1	20
Islands	3	100
Kowloon City	3	90
Kwun Tong	5	104
Sham Sui Po	2	112
Wong Tai Sin	6	155
Yau Tsim Mong	3	182
Kwai Tsing	3	131
North	3	86
Sai Kung	3	60
Sha Tin	6	309
Tai Po	2	40
Tsuen Wan	1	46
Tuen Mun	1	20
Yuen Long	2	40
Total:	49	1 806

- End -

CONTROLLING OFFICER'S REPLY

HHB250

(Question Serial No. 0998)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC), will the Government inform this Committee of:

1. the current number of participants in the PDCC and whether the number meets expectations;
2. whether it will evaluate the effectiveness of the PDCC on a regular basis, including studying the expansion of the scope of subsidised services; if yes, the details; if no, the reasons; and
3. the expenditure incurred by the PDCC, as well as the related publicity work?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 31)

Reply:

1, 2 and 3

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens’ oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention. Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

On 20 March 2025, the Department of Health (DH) launched the three-year Primary Dental Co-care Pilot Scheme for Adolescents (PDCC). As part of the strategy of developing

community-wide preventive primary oral healthcare, the PDCC serves as an interface with the School Dental Care Service by providing partial subsidies to adolescents for private dental check-up services on a co-payment basis to foster their partnership with dentists and maintain the good life-long habit of regular oral check-ups for prevention of dental diseases. Adolescents from age 13 to 17 (or will turn 13 in the calendar year when applying to join the PDCC) who hold a valid Hong Kong Identity Card and have registered in the Electronic Health System (eHealth) are eligible to join the PDCC. About 370 000 adolescents are eligible to join each year. Eligible adolescents can receive subsidised services once every calendar year. While the Government will provide a subsidy of \$200 each time, participants have to pay a co-payment fee as determined by their selected dentists. The current co-payment for the subsidised services each time recommended by the Government is \$200.

The scope of subsidised services includes:

- i) Dental check-up;
- ii) Oral health risk assessment;
- iii) Dental scaling;
- iv) Personalised self-care advice on oral care;
- v) Fluoride application as risk-based follow-up; and
- vi) Check-up report.

As at end-January 2026, about 6 000 adolescents participating in the PDCC received services.

In terms of publicity, the DH has been actively liaising with the Student Health Service, the School Dental Care Service and the Education Bureau to promote the PDCC to secondary schools, adolescents and parents in Hong Kong. Such efforts included the distribution of about 350 000 pamphlets promoting the PDCC, and the distribution of about 65 000 PDCC information folders containing promotional pamphlets, application and consent forms, and the oral health questionnaires to all students entering Secondary 1 in the new school year. To step up publicity, the DH has reached out to about 150 secondary schools and 12 000 parents and students in total to brief them on the details of the PDCC through activities targeting secondary school students and parents, including Secondary School Fair/Expo events, Parent-Teacher Association activities and Parents' Days, etc. The DH has also distributed posters to Federations of Parent-Teacher Associations across 18 districts, Community Living Rooms and Integrated Children and Youth Services Centres in various districts, and uniformed groups, encouraging these organisations to promote the PDCC to eligible adolescents.

To further promote the PDCC in the community, the DH placed advertisements at various MTR stations and inside train compartments in the fourth quarter of 2025 and the first quarter of 2026, produced a full-train body advertisement for the Light Rail trains travelling across districts including Tuen Mun, Tin Shui Wai and Yuen Long, and also promoted the PDCC through newspapers and the Internet.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the implementation of the PDCC and the Community Dental Support Programme (CDSP) are as follows:

Annual Expenditure (\$ million)	2024-25 (Actual) ^{Note}	2025-26 (Revised Estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

The Government will continuously monitor the service utilisation rates of the 2 programmes and gather feedback from service users as well as the data on their oral health conditions to review the effectiveness of the PDCC and the CDSP in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB251

(Question Serial No. 2283)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the prevention of respiratory syncytial virus (RSV), will the Government inform this Committee of:

1. the number of infants aged under 2 and toddlers aged 2 to 6 requiring treatment in public hospitals due to RSV infection, as well as their average length of hospital stay and the average cost per case in each of the past 3 years;
2. the number of persons aged 65 or above requiring hospitalisation due to RSV infection, as well as the average length of hospital stay, the average treatment cost and death rate of such patients in each of the past 3 years; and
3. whether the introduction of a long-acting monoclonal antibody against RSV will be considered for administration to newborns to boost the immunity of infants and toddlers against RSV; if yes, the relevant arrangements and estimated expenditure; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 28)

Reply:

Respiratory syncytial virus (RSV) can cause respiratory tract diseases such as infection of the airway, lungs and middle ear. It is transmitted by direct contact with infectious secretions or droplets, or indirectly through contact with contaminated hands, eating utensils or objects contaminated by nasal or throat discharges of an infected person. Most people (including infants/toddlers) develop mild symptoms after contracting RSV.

The Centre for Health Protection (CHP) of the Department of Health (DH) has been monitoring the number of local public hospital admissions due to RSV infections and the situation concerned.

(1)

The number of hospitalisation cases in public hospitals and the average length of hospital stay due to RSV infections in relation to infants aged under 2 and toddlers aged 2 to 6 in each of the past 3 years (2023 to 2025) are tabulated below:

Year	Infants aged under 2		Toddlers aged 2 to 6	
	Number of public hospital admissions	Average length of hospital stay (days)	Number of public hospital admissions	Average length of hospital stay (days)
2023	1 956	4.3	2 621	3.4
2024	1 012	4.1	832	3.6
2025	1 304	4.2	867	3.4

The DH and the Hospital Authority (HA) do not maintain information on the hospitalisation costs for cases of RSV infections.

(2)

The number of hospitalisation cases in public hospitals, the average length of hospital stay and the death rate of hospitalisation cases due to RSV infections in relation to persons aged 65 or above in each of the past 3 years (2023 to 2025) are tabulated below:

Year	Number of public hospital admissions	Average length of hospital stay (days)	Death rate of hospitalisation cases
2023	2 178	8.4	5.1%
2024	1 356	8.2	5.1%
2025	1 540	8.7	6.6%

The DH and the HA do not maintain information on the hospitalisation costs for cases of RSV infections.

(3)

The long-acting monoclonal antibody against RSV “Nirsevimab” (RSV monoclonal antibody) is not a vaccine but a prophylactic drug used to prevent serious illnesses caused by RSV infection in infants from birth to 6 months of age. At present, the use of RSV monoclonal antibody is recommended in some countries abroad for high-risk infants (such as preterm babies with lung problems and babies with congenital heart disease). The RSV monoclonal antibody is already registered in Hong Kong and parents may consider consulting their family doctors for professional advice on the benefits and risks of the prophylactic drug. Based on the clinical assessment of doctors, the RSV monoclonal antibody may be prescribed to suitable infants for individual protection.

In general, the inclusion of vaccines or prophylactic drugs in public health programmes is based on scientific evidence while taking into account a number of public health factors including the overall burden that the disease imposes on society, the efficacy and safety of the vaccines or prophylactic drugs, the availability of other effective preventive measures and the cost benefit of massive use.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP regularly reviews the local epidemiological situation of vaccine-preventable diseases, the latest recommendations of the World Health Organization (WHO), scientific developments and evidence on vaccines and related prophylactic drugs, cost-effectiveness studies, as well as actual experiences of other health authorities, so as to timely provide relevant vaccination and prophylactic drug recommendations or updates on such recommendations to the DH from a public health perspective.

The SCVPD discussed the use of RSV vaccines at its meeting last January. After thoroughly reviewing local epidemiological data on RSV and the scientific data on the efficacy, safety and potential adverse effects of the vaccines concerned, the experts were of the view that the 2 RSV vaccines currently registered in Hong Kong are safe and effective. However, until additional safety data on the use of RSV vaccines becomes available, universal RSV vaccination for pregnant women is not recommended for the time being. Pregnant women may consult their family doctors or the doctors providing their prenatal care about making the individual decision on receiving RSV vaccination under informed consent to protect their newborns from the impacts of RSV.

In addition, the Health Bureau has commissioned a university to conduct a cost-benefit analysis of local RSV vaccination, with the report expected to be completed in 2026. Upon completion of the cost-benefit analysis, the SCVPD will discuss again the administration of RSV vaccines to elderly persons and pregnant women as well as the use of RSV monoclonal antibody for infants in accordance with the relevant analysis results and latest scientific evidence, and provide recommendations for the local situation from a public health perspective.

Personal health remains an individual's responsibility. While particular preventive measures are beneficial to personal health, they are not necessarily justified for public funding from a public health or healthcare policy perspective. The Government will continue to keep abreast of the experience and scientific evidence in the international arena, and will timely review whether there is sufficient scientific information to support the inclusion of such vaccines or prophylactic drugs in public health programmes from a public health perspective.

- End -

CONTROLLING OFFICER'S REPLY

HHB252

(Question Serial No. 2867)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the recruitment of non-locally trained dentists to practise in Hong Kong under limited registration (LR) and special registration (SR), will the Government inform this Committee of:

1. the number of job applications submitted by non-locally trained dentists under LR and SR to the Department of Health (DH) and the Hospital Authority (HA), the number of applications for the 2 types of registration submitted to the Dental Council of Hong Kong (DCHK), the number of applications approved by the DCHK, and the number of appointment letters issued by the DH and the HA;
2. the number of applicants under LR and SR, their employing institutions, the countries/regions where they have obtained their dentistry qualifications, and the number of applicants with qualifications in specialties of dentistry; and
3. the posts of non-locally trained dentists employed by the DH and the HA under LR and SR?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 2)

Reply:

The consolidated reply for questions (1), (2) and (3) is set out below:

As the provisions of the Dentists Registration Ordinance regarding special registration (SR) and limited registration (LR) took effect on 1 January 2025, qualified non-locally trained dentists may practise in Hong Kong under LR (open to all dentists) and SR (open to specialist dentists). For those non-locally trained dentists who are selected for full-time employment by the Department of Health (DH), the Hospital Authority (HA), the University of Hong Kong (HKU), the Prince Philip Dental Hospital (PPDH), as well as 34 non-governmental organisations (NGOs) participating in designated publicly-funded dental programmes and 1 training institution for dental care professionals, they may apply to the Dental Council of Hong Kong (DCHK) for LR and SR and, upon approval, directly practise in the abovementioned specified institutions.

The DH launched the first round of recruitment exercise for full-time Contract Dentist (General Dentistry) in July 2024 and the post accepted applications from both locally trained and non-locally trained dentists. Over 90 applications in total from non-locally trained dentists were received during the period. After a rigorous selection process, the DH issued letters of appointment to 17 applicants who had been assessed to be suitable for appointment, of whom 14 accepted appointment (including 11 non-locally trained dentists under LR and 3 dentists under full registration in Hong Kong). All appointed candidates assumed duty between March and August 2025. The new round of recruitment exercise for full-time Contract Dentist (General Dentistry) commenced in November 2025 and is still underway. There are no non-locally trained dentists under LR/SR employed by the HA as at present.

As at 28 February 2026, the DCHK has received 27 applications for LR, of which 22 have been approved. As for SR, the DCHK has yet to receive any application. The number of LR applications, number of approved applications, employing institutions and countries/regions of dentistry qualifications held, as shown in DCHK records, are set out below:

	Number of applications ^{Note(1)}
LR applications	
- Received ^{Note(2)}	27
- Approved	22
- Being processed	2 ^{Note(3)}
- Withdrawn/Rejected	3
Employing institution	
- DH	11 ^{Note(3)}
- HA	0
- HKU	10
- PPDH	0
- NGOs	1
- Vocational Training Council	0
Total	22
Country/Region of dentistry qualifications held	
- China (excluding Hong Kong Special Administrative Region) ^{Note(4)}	10 ^{Note(3)}
- United Kingdom	7
- Malaysia	2
- France	1
- Czech Republic	1
- South Africa	1
Total	22

Notes:

- (1) Each application involves 1 applicant only.
- (1) The relevant applicant has submitted the application form and all required documents to the DCHK, and has also made a statutory declaration in respect of the application.

- (2) Including a second LR application submitted to the DCHK by a serving LR dentist whose contract had been renewed by the relevant specified institution.
- (3) Including Chinese Mainland, Macao Special Administrative Region and Taiwan region.

- End -

CONTROLLING OFFICER'S REPLY

HHB253

(Question Serial No. 2882)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the implementation of the Colorectal Cancer Screening Programme and the Breast Cancer Screening Pilot Programme, will the Government inform this Committee of:

1. the number of participants, the screening results, the number of cancer patients identified by screening (with a breakdown of cancer stages) each year since the launch of the above 2 programmes; and
2. whether the effectiveness of the above 2 programmes has been evaluated; if yes, the details; if not, the reasons?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 36)

Reply:

The Government attaches great importance to cancer prevention and control. In 2001, it established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to steer the direction of work covering cancer prevention and screening, surveillance, research and treatment. The CCC is chaired by the Secretary for Health and comprises members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals.

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the CCC regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on suitable evidence-based measures for cancer prevention and screening for the local population. Based on the CEWG's recommendations on cancer screening, the Government has rolled out the Cervical Screening Programme, the Colorectal Cancer Screening Programme (CRCSP) and the Breast Cancer Screening Pilot Programme (BCSPP).

When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health. A number of factors will be carefully assessed, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates as well as feasibility of implementation of a screening programme. The

perspective of good utilisation of medical resources will be taken into account to determine the priority. Excessive screening under public health programmes not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The Department of Health (DH) has all along been encouraging members of the public to adopt a healthy lifestyle, including avoidance of smoking and alcohol, healthy diet, regular physical activity and maintenance of a healthy body weight, in order to reduce the risk of noncommunicable diseases including cancer.

The CRCSP

Based on the recommendations of the CEWG, the Government launched and fully implemented the CRCSP in September 2016 and 2020 respectively to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo regular screening. As at 31 December 2025, more than 580 000 eligible persons participated in the CRCSP. About 15% of the participants (over 88 000 persons) had positive faecal immunochemical test results. Among them, more than half (over 46 000 persons) were diagnosed to have colorectal adenomas after colonoscopy examination, and more than 4% (over 3 800 persons) were diagnosed with colorectal cancer. Analyses show that over 50% of colorectal cancer cases detected through the CRCSP were in earlier stages, compared to just about one-third among those not detected through screening. This demonstrates that participation in the CRCSP allows early identification of those who have colorectal cancer before they present with symptoms, or those with higher risk of colorectal cancer, enabling them to receive early treatment, thus significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy also prevents them from turning into cancer.

A breakdown of the number of new participants by year from 2023 to 2025 (as at end-December 2025) is appended below:

Year	Number of new participants
2023	71 900
2024	86 000
2025	71 400

The BCSPP

Based on the recommendations of the CEWG, the Government launched Phase I and Phase II of the BCSPP in 2021 and 2025 respectively.

The two-year Phase I of the BCSPP was completed in December 2023, with 97% of breast cancer cases identified through screening being at stage II or below. Relevant services have been included as part of the regular services provided by the Woman Health Service (WHS) and the Elderly Health Service since 2024. In 2025, the Primary Healthcare Commission integrated the WHS under the DH into the district health network in an orderly manner, setting

up 3 Women Wellness Satellites in Hong Kong, Kowloon and the New Territories. Together with the District Health Centres (DHCs)/DHC Expresses in all 18 districts across the territory, they form a network to provide eligible women with prevention-based and more personalised women's primary healthcare services.

As at 31 December 2025, about 50 000 women have received breast cancer risk assessment, of whom about 13 000 were referred for mammography (MMG) screening. Among them, about 1 200 were referred to specialists for follow-up due to abnormal screening results.

Phase II of the BCSPP, specifically targeting high-risk women (i.e. those carrying certain gene mutations or having a strong family history of breast cancer or ovarian cancer), was launched in June 2025. The BCSPP provides services to the public through public-private partnership programmes in collaboration with non-governmental organisations (NGOs). The 3 service providers are Hong Kong Breast Cancer Foundation, United Christian Nethersole Community Health Service, and Haven of Hope Christian Service. Eligible women may contact any of the 3 NGOs' designated clinics to make an appointment for assessment. As at 31 December 2025, about 1 100 eligible women were assessed by doctors and referred for MMG screening. Preliminary data indicates that 11 of the women with abnormal screening results have been diagnosed with breast cancer, all of which are stage I or below. The Government will keep under review the effectiveness of the BCSPP and examine the long-term development of breast cancer screening.

- End -

CONTROLLING OFFICER'S REPLY

HHB254

(Question Serial No. 0963)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

With effect from 30 April 2022, the import, promotion, manufacture, sale and distribution of alternative smoking products (ASPs), including electronic smoking products and heated tobacco products, have been officially banned in Hong Kong. In this connection, will the Government inform this Committee:

1. of the annual statistics on, since the commencement of the ban, the number of travellers intercepted by the Government at customs control points and various boundary control points (BCPs) in connection with the illegal import of ASPs, the number of persons prosecuted and convicted, and the specific figures for the imprisonment sentences and fines imposed; also, the details of the total quantity and market value of ASPs seized each year.

In light of the forthcoming prohibition on the possession of ASPs in public places and the associated fixed penalty system which will take effect on 30 April 2026, what is the Government's estimation of the number of relevant cases involving travellers each year? How will the specific enforcement procedures and fine payment mechanism be arranged? Will the installation of additional equipment at BCPs be considered to enhance the efficiency of spot checks? Also, will the intelligence exchange with Mainland and overseas law enforcement agencies be strengthened to combat the smuggling of ASPs at source?

Asked by: Hon YIU Ming (LegCo internal reference no.: 9)

Reply:

With effect from 30 April 2022, no person may import, promote, manufacture, sell, or possess for commercial purposes of alternative smoking products (ASPs) in accordance with the Smoking (Public Health) Ordinance (Cap. 371) and the Import and Export Ordinance (Cap. 60). The Customs and Excise Department (C&ED) is responsible for intercepting illegally-imported ASPs at import level with intercepted cases referred to the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for follow-up and prosecution, and the TACO is also responsible for market surveillance and instituting prosecution.

Since 30 April 2022, the C&ED has been rendering full support to the TACO in enforcing the prohibitions on the import of ASPs. Cases in relation to suspected illegally-imported ASPs intercepted at boundary control points (BCPs) will be referred to the TACO for follow-up investigation and/or prosecution.

According to the information provided by the C&ED, since the relevant prohibitions came into effect up until 31 December 2025, the C&ED followed up on 147 cases involving both the offences enforced by the C&ED and the illegal import of ASPs, of which 96 cases were convicted, with the highest fine imposed being \$5,000 and the highest sentence imposed being 10 months' imprisonment respectively. The number of travellers intercepted at various BCPs by the C&ED on suspicion of illegally importing ASPs, the quantity of products seized, and their estimated market value are as follows:

Year	Number of travellers concerned (persons)	Total quantity of products seized ('000)	Market value of products seized (\$ million)
2022 ^(Note) (since the prohibitions came into effect on 30 April 2022)	304	80	0.44
2023 ^(Note)	1 136	120	1.13
2024	2 066	3 810	11.89
2025	2 020	5 130	16.03

Note: The numbers of arrivals in 2022 and 2023 were affected by the Coronavirus Disease 2019 epidemic.

From 30 April 2022 to 31 December 2025, the TACO instituted a total of 3 929 prosecutions against offenders in relation to cases of illegally importing ASPs, of which 2 097 cases were convicted by court. The fines ranged from \$300 to \$60,000, and the highest sentence was 6 months' imprisonment.

The Government gazetted the Tobacco Control Legislation (Amendment) Ordinance 2025 on 19 September 2025, under which the provision prohibiting the possession of ASP substances (such as e-cigarette liquids/ cartridges/ and heat sticks) in public places will take effect on 30 April 2026. If a person is discovered to be in possession of specified ASPs in a public place during the TACO's inspection, the TACO will issue a fixed penalty notice (FPN) in accordance with the law. The FPN will set out the payment methods, such as via bank automated teller machines, "PPS", Faster Payment System ("FPS") and Chinese Mainland e-Wallets, etc.

The TACO will continue to enhance intelligence exchange and deepen the co-operation mechanism with relevant departments, while adjusting enforcement strategies with regard to the actual situation, with a view to taking forward tobacco control initiatives and enforcing the relevant legislation. The C&ED will also continue to monitor the situation regarding the illegal import of ASPs at various BCPs, and maintain close liaison and intelligence exchange

with Chinese Mainland and overseas law enforcement agencies to step up efforts in combating related smuggling activities.

- End -

CONTROLLING OFFICER'S REPLY

HHB283

(Question Serial No. 3504)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding tobacco and alcohol control in Hong Kong, will the Government advise this Committee on:

1. the manpower of the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) responsible for prosecution against smoking offences and the expenditure incurred in the past 5 years;
2. the number of fixed penalty notices issued by the DH's TACO in respect of smoking offences in each of the past 5 years;
3. whether the Government has reviewed the effectiveness of prosecution against smoking offences, and the ways to enhance its prosecution efficiency;
4. in light of the new regulations concerning e-cigarettes, whether the TACO has allocated additional manpower dedicated to taking joint enforcement actions with other departments; if yes, the details; and
5. whether consideration will be given to establishing a simplified report channel, in addition to the 1823 hotline, to enable members of the public to assist in identifying and reporting unauthorised sale or use of e-cigarettes, and provide them with updates on the handling progress of cases?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 59)

Reply:

1.

The expenditure on/provision and revised estimate for tobacco control initiatives taken forward by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH), and the approved establishment of the TACO from 2021-22 to 2025-26, are at **Annex 1 and Annex 2** respectively.

2 to 4.

The TACO is the principal enforcement agency for the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The TACO will conduct inspections and investigation in response to smoking and related complaints. In general, the TACO will issue fixed penalty notices (FPNs) to smoking offenders without

warning. Apart from smoking offences, the TACO will also take enforcement actions for offences under Cap. 371 (including aiding and abetting smoking offences, offences relating to smoking product advertisements, the promotion, manufacture, sale, or possession for commercial purposes of alternative smoking products (ASPs), obstruction of inspectors, etc.), and for the offence of importing ASPs under the Import and Export Ordinance (Cap. 60).

The TACO has been closely monitoring the market situation and continuing law enforcement efforts to crack down on all activities in violation of the Smoking (Public Health) Ordinance and the Import and Export Ordinance. The TACO will also enhance efficiency in various respects. For example, it makes good use of technology and has introduced smart tools for issuing FPNs. Through an electronic system, the offenders' Hong Kong Identity Cards can be scanned, and information such as the offenders' personal details, the time and location of incident, details of the enforcement officers, etc. will be instantly imported. The FPNs can be printed out on the spot using portable printers and the data will be automatically synchronised with the backend system, saving processing time and manpower needs in the back office. In addition, the TACO has strengthened co-operation with various departments in relation to prosecution work, with a view to maximising efficiency in the prosecution process. The TACO will make good use of the existing resources, flexibly deploy manpower as appropriate and at the same time, provide appropriate training and support to frontline staff in order to implement the new phase of tobacco control measures, including the new provision prohibiting the possession of ASP substances (such as e-cigarette liquids/ cartridges/ and heat sticks) in public places which will take effect on 30 April 2026.

For the new regulations, the TACO will issue FPNs according to the offences during inspections, and continue to enhance intelligence exchange and deepen the collaboration mechanism with relevant departments, while adjusting enforcement strategies with regard to the actual situation, with a view to taking forward tobacco control initiatives and enforcing the relevant legislation.

As for smoking offences, under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), any person who does a smoking act in a statutory no smoking area commits an offence. The TACO issued 7 703, 6 296, 10 261, 13 488 and 10 357 FPNs (Note) in 2021, 2022, 2023, 2024 and 2025 respectively to smoking offenders.

5.

To facilitate members of the public in making enquiries or lodging complaints for cases in violation of the Smoking (Public Health) Ordinance, various channels are provided for them to report such cases, including by phone on 2961 8823 or 1823, by post, by fax (2575 8944), or by email (taco@dh.gov.hk). Upon receipt of enquiries or complaints, the TACO will follow up on the cases and respond accordingly.

Note: To tie in with the new phase of tobacco control measures, the TACO stepped up inspections in public areas. These inspections were primarily aimed at promoting the new tobacco control measures, with a focus on education and encouragement of compliance with the law rather than taking strict enforcement actions. As a result, there was a decrease in the number of FPNs issued.

Expenditure on/Provision for
the Department of Health's Tobacco and Alcohol Control Office (TACO)

	2021-22 (\$ million)	2022-23 (\$ million)	2023-24 (\$ million)	2024-25 (\$ million)	2025-26 Revised Estimate (\$ million)
<u>Enforcement</u>					
Programme 1: Statutory Functions	<u>101.3</u>	<u>100.4</u>	<u>123.3</u>	<u>140.0</u>	<u>171.7</u>
<u>Health Education and Smoking Cessation</u>					
Programme 3: Health Promotion	<u>138.9</u>	<u>149.0</u>	<u>151.4</u>	<u>162.9</u>	<u>172.7</u>
<u>(a) General Health Education and Promotion of Smoking Cessation</u>					
TACO	62.8	73.0	83.7	81.9	86.7
Subvention to Hong Kong Council on Smoking and Health (COSH)	26.2	26.8	26.6	27.8	27.2
<i>Sub-total</i>	<u>89.0</u>	<u>99.8</u>	<u>110.3</u>	<u>109.7</u>	<u>113.9</u>
<u>(b) Expenditure on/Provision for Smoking Cessation and Related Services by Non-governmental Organisations</u>					
Subvention to Tung Wah Group of Hospitals	30.8	29.4	10.2	15.3	16.5
Subvention to Pok Oi Hospital	7.5	7.6	14.8	19.5	19.2
Subvention to Po Leung Kuk	0.7	-	-	-	-
Subvention to Lok Sin Tong	3.2	3.3	3.6	2.7	3.6
Subvention to United Christian Nethersole Community Health Service	4.9	5.8	6.1	8.5	13.5
Subvention to Life Education Activity Programme	2.8	2.8	2.9	3.0	3.0
Subvention to Christian Family Service Centre	-	-	3.5	4.2	-
Subvention to The University of Hong Kong	-	0.3	-	-	3.0
<i>Sub-total</i>	<u>49.9</u>	<u>49.2</u>	<u>41.1</u>	<u>53.2</u>	<u>58.8</u>
Total	<u>240.2</u>	<u>249.4</u>	<u>274.7</u>	<u>302.9</u>	<u>344.4</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office (TACO)

Rank	No. of Staff from 2021-22 to 2024-25	No. of Staff in 2025-26
<u>Head, TACO</u>		
Consultant	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/Senior Foreman/Foreman	125	125
Senior Hospital Administrator/Hospital Administrator	-	13
Senior Executive Officer/Executive Officer	13	-
<i>Sub-total</i>	<u>147</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>		
Senior Executive Officer/Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>
Total	<u>183</u>	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY**HHB284****(Question Serial No. 3383)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

In respect of providing secretariat staff to the various boards and councils responsible for the registration and regulation of healthcare professionals, will the Government inform this Committee of:

- (1) the establishment, actual number of staff and specific posts of the Secretariat of the Medical Council of Hong Kong (MCHK) over the past 3 years;
- (2) the expenditure involved in providing secretariat staff and other resources for the MCHK over the past 3 years; and
- (3) the plans and estimated expenditure regarding the enhancement of operational efficiency of the Secretariat of the MCHK in 2026-27?

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 46)Reply:

(1) The Department of Health (DH) has been providing manpower and other resources for setting up secretariats for 15 healthcare-related boards and councils, including the Medical Council of Hong Kong (MCHK), to support them in performing their statutory functions. The Secretariat staff of the MCHK, mainly composed of the Executive Officer and Clerical Officer grades, assist the MCHK in the execution of its decisions and instructions, which include registration, organising Licensing Examinations, formulating Code of Professional Conduct, as well as handling complaints and conducting disciplinary inquiries. The civil service establishment and actual number of staff of the Secretariat of the MCHK in the past 3 years are tabulated below:

	As at 31 March 2024	As at 31 March 2025	As at 1 February 2026
Establishment Note (1)	28 Note (2)	30 Note (3)	30 Note (3)
Actual number of staff	25	27	29

Note:

- (1) Including the posts that concurrently provide services for the secretariats of other boards/councils.
- (2) Including 7 time-limited posts.
- (3) Including 9 time-limited posts.

(2) The expenditure on emoluments and benefits for the civil service staff of the Secretariat of the MCHK over the past 3 years is tabulated below:

Financial year	2023-24	2024-25	2025-26
Expenditure on emoluments and benefits (\$ million)	21.9	24.7	24.7

The expenditure incurred in providing other resources (such as office facilities) for the MCHK is subsumed under the overall expenditure of the Boards and Councils Office, and thus cannot be separately provided.

(3) The work of the Secretariat of the MCHK is an internal execution mechanism through which the MCHK discharges its statutory functions, and is led and supervised directly by the MCHK. Regarding the overall performance of the Secretariat's administrative support, as well as its manpower and resource requirements, the DH has been maintaining close communication with the MCHK with a view to enhancing the Secretariat's effectiveness in supporting the MCHK in fulfilling its statutory functions.

To support the reform of the MCHK and enhance its complaint handling mechanism, the Government will introduce a bill to the Legislative Council in the first half of this year to amend the Medical Registration Ordinance (MRO). The DH will, in light of the actual operational needs arising from the amendment of the MRO, review the manpower and resources required by the Secretariat so that it can effectively support the work of the MCHK.

- End -

CONTROLLING OFFICER'S REPLY**HHB285****(Question Serial No. 3521)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for HealthQuestion:

Regarding Elderly Health Care Vouchers, will the Government inform this Committee of:

1. the number of voucher claim transactions and the total amount claimed in the past 5 financial years, broken down by type of healthcare service provider; and
2. the number of service providers in 2025-26, broken down by district and type of healthcare service provider?

Asked by: Hon CHAN Man-ye, Grace (LegCo internal reference no.: 33)Reply:

1.

The number of voucher claim transactions and the amount of vouchers claimed under the Elderly Health Care Voucher Scheme (EHVS) by types of healthcare service provider / medical institution in the Greater Bay Area (GBA) enrolled in the EHVS in the past 5 years are tabulated below:

Type of Healthcare Service Provider	2021		2022		2023 ^{Note 1}		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Medical Practitioners	1 917 943	1,027,990	1 954 032	1,059,052	2 325 617	1,270,495	2 444 952	1,363,308	2 364 586	1,371,198
Chinese Medicine Practitioners	1 542 578	788,617	1 647 630	854,324	1 965 635	1,140,988	2 160 315	1,227,911	2 282 291	1,369,438
Dentists	308 343	355,444	288 532	343,327	331 342	413,222	331 567	402,347	332 806	394,346
Occupational Therapists	7 224	7,503	4 177	4,518	4 232	4,455	3 003	3,404	3 322	2,454
Physiotherapists	48 107	19,238	37 603	17,743	45 673	22,726	43 341	23,083	42 277	23,880
Medical Laboratory Technologists	20 033	20,552	14 593	13,393	15 441	14,712	14 503	13,353	15 275	12,870

Type of Healthcare Service Provider	2021		2022		2023 ^{Note 1}		2024		2025	
	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)	Number of Voucher Claims	Amount of Vouchers Claimed (HK\$'000)
Radiographers	19 373	22,603	20 761	24,635	22 659	29,503	23 285	34,556	23 374	35,804
Nurses	11 295	11,049	9 376	9,878	11 196	11,168	10 800	10,427	12 587	11,039
Chiropractors	9 357	5,760	8 841	5,080	10 331	5,955	8 724	5,467	8 339	5,383
Optometrists	196 046	284,753	161 156	233,912	230 239	352,743	175 563	255,505	199 203	298,434
Audiologists ^{Note 2}	-	-	-	-	784	2,693	1 636	5,040	1 937	5,473
Clinical Psychologists ^{Note 2}	-	-	-	-	2	4	-	-	4	12
Dietitians ^{Note 2}	-	-	-	-	609	829	1 356	1,110	1 080	1,391
Speech Therapists ^{Note 2}	-	-	-	-	5	5	7	7	42	55
Sub-total (Hong Kong)	4 080 299	2,543,509	4 146 701	2,565,862	4 963 765	3,269,498	5 219 052	3,345,518	5 287 123	3,531,777
Medical Institutions in the GBA^{Note 3}	35 953	12,103	32 356	10,949	38 462	11,883	77 918	39,339	153 051	82,186
Total	4 116 252	2,555,612	4 179 057	2,576,811	5 002 227	3,281,381	5 296 970	3,384,857	5 440 174	3,613,963

Note 1: Starting from 28 July 2023, the EHVS allows shared use of vouchers between 2 eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts. Furthermore, a three-year Elderly Health Care Voucher Pilot Reward Scheme was launched under the EHVS on 13 November 2023.

Note 2: Since 28 April 2023, the coverage of the EHVS has been extended to include primary healthcare services provided by 4 categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (namely audiologists, clinical psychologists, dietitians and speech therapists).

Note 3: Including the University of Hong Kong-Shenzhen Hospital and its offsite medical institution, i.e. Huawei Li Zhi Yuan Community Health Service Center, as well as the 19 pilot medical institutions under the Elderly Health Care Voucher Greater Bay Area Pilot Scheme.

2.

The number of healthcare service providers in Hong Kong enrolled in the EHVS as at the end of 2025, broken down by types of profession, is set out in the table below:

Healthcare Service Providers	Number
Medical Practitioners	3 533
Chinese Medicine Practitioners	4 752
Dentists	1 444
Occupational Therapists	155
Physiotherapists	759
Medical Laboratory Technologists	56

Healthcare Service Providers	Number
Radiographers	76
Nurses	509
Chiropractors	177
Optometrists	954
Audiologists	43
Clinical Psychologists	14
Dietitians	58
Speech Therapists	41
Total:	12 571

Healthcare service providers enrolled in the EHVS can provide healthcare services and accept the use of vouchers in more than 1 district. The Department of Health does not maintain a breakdown of the number of healthcare service providers by district.

- End -

HHB286

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3312)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding Programme (1) "Statutory Functions" under Expenditure Head 37 (Department of Health) (DH) (bureau: Health Bureau), will the Secretary for Health please:

- (a) advise on the DH's total estimated expenditure on Programme (1) "Statutory Functions" in respect of the Estimates of Expenditure for the 2026-27 financial year, with a breakdown by major expenditure categories (e.g. emoluments, operating costs, others, etc.);
- (b) provide the estimated number of staff in full-time equivalent terms to be employed under this Programme (in terms of man-years) and, among these positions, the respective numbers of civil service and non-civil service posts; and
- (c) explain how it is ensured that the above provision does not exceed the actual requirement for performing statutory functions, including the basis of calculation and a comparison with the previous financial year.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 25)

Reply:

To enhance the health of the people of Hong Kong, improve healthcare protection and quality, and capitalise on our healthcare professions' strengths, the Government is conducting a comprehensive review on the positioning and objectives of the healthcare system. This includes reforming the functions and division of work among the Hospital Authority, the Department of Health (DH) and the Primary Healthcare Commission (PHC Commission). Among them, the PHC Commission and the DH will strengthen their efforts in health promotion and disease prevention in a bid to shift the emphasis of the present healthcare system from treatment-oriented to prevention-oriented. The DH will also strengthen its role as the Government's health adviser and public health authority.

Besides, the Government will continue to support manpower training and technology innovation, helping to uphold the global standing and regional advantages of Hong Kong's healthcare professions. This will also be conducive to the development of Hong Kong into an international health and medical innovation hub (including establishing the Hong Kong Centre for Medical Products Regulation (CMPR) as a step towards adoption of "primary

evaluation” of medical products), an advanced medical service centre in Asia, a place where medical professionals cluster, as well as a bridge for East-and-West healthcare exchanges. To this end, the Government set up the Preparatory Office for the CMPR under Programme (1) of the DH in June 2024. The DH announced on 26 June 2025 the timetable for establishing the CMPR and the roadmap towards adoption of “primary evaluation”. The Preparatory Office is currently actively reviewing the restructuring and strengthening of technical regulation as well as the approval system. It will also consolidate and re-organise the functions and manpower of the DH’s existing service units in relation to the regulation of Chinese and Western medicines and medical devices, and then put them under the purview of the CMPR to be established by the end of 2026.

- (a) The breakdown of estimated expenditure of the DH on Programme (1) for 2026-27 by major expenditure categories is as follows:

	Estimated expenditure (\$ million)
Personal emoluments	840.2
Other operational expenses	1,172.2
Non-recurrent expenditure for procurement of equipment	6.8
Total:	2,019.2

- (b) In 2026-27, the number of civil servants under Programme (1) of the DH is 1 138. We do not maintain figures on the non-civil service contract and post-retirement service contract staff members engaged under individual programmes.
- (c) The above estimated expenditure for 2026-27 was formulated based on factors such as manpower and resource requirements involved for the various initiatives undertaken by the DH under Programme (1).

The estimated expenditure for 2026-27 is \$141.7 million (or 7.5%) higher than the revised estimate for 2025-26, and is mainly for preparing for setting up the CMPR and strengthening support for the operation of the permanent Government Chinese Medicines Testing Institute building.

The DH will continue to review the actual needs of various initiatives under Programme (1) to ensure the proper and prudent use of public funds.

- End -

CONTROLLING OFFICER'S REPLY

HHB287

(Question Serial No. 3373)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Community Dental Support Programme (CDSP), will the Government inform this Committee of:

1. the number of service applications received from each district, broken down by the 18 District Council districts;
2. the utilisation figures broken down by the type of service, including oral health assessment, dental scaling, dental filling or extraction, removal of bridges and crowns, root canal treatment and fitting of removable dentures;
3. the number of attendances at each of the 79 service points provided by a total of 32 non-governmental organisations as announced by the Government earlier and whether the Government has considered expanding the number of service points this year; if yes, the details; if not, the reasons;
4. the current progress regarding the expansion of the beneficiary list within this year as announced by the Government earlier, the projected increase in demand and whether there are sufficient resources to meet such demand; and
5. the effectiveness of the Government's promotional efforts at the district level over the past year, for example, the numbers of participants and on-site appointments made at briefings and oral health talks, broken down by the 18 District Council districts.

Asked by: Hon CHU Lap-wai (LegCo internal reference no.: 62)

Reply:

To safeguard the oral health of the public, the Government, in accordance with the Working Group on Oral Health and Dental Care Final Report published in 2024, formulates future dental service development strategies by making reference to the approach of primary healthcare development that emphasises “prevention, early identification, and timely intervention”, with a view to reaching the goal of retention of teeth and enhancement of the overall level of citizens' oral health. Under the Oral Health Action Plan, the Government adopts the strategy of developing community-wide preventive primary oral healthcare to widely promote among citizens and actively develop prevention-oriented oral healthcare so as to assist citizens in managing their oral health, and put prevention, early identification and timely intervention of dental diseases into action to achieve the objective of tooth retention.

Besides, the strategy of providing essential dental care services targeting underprivileged groups focuses on the provision of appropriate oral health and dental care services for underprivileged groups with financial difficulties and special needs, ensuring these groups have access to essential dental care services.

The Community Dental Support Programme (CDSP) is one of the services under the strategy of providing essential dental care services targeting underprivileged groups. Under the Oral Health Action Plan, the Government also provides essential oral health and dental care services to underprivileged groups, persons with special needs and high-risk groups who have difficulties in accessing dental care. The Department of Health (DH) launched the CDSP on 26 May 2025 to provide subsidised dental services to underprivileged groups with financial difficulties in a more targeted manner, with increased number of service points and expansion of service scope under the new service model which aimed to provide a service capacity of at least double that of the current quotas of dental general public sessions at government dental clinics (i.e. about 40 000 participants every year). The CDSP makes use of the networks of non-governmental organisations (NGOs) and social welfare organisations serving underprivileged groups to provide services to persons with financial difficulties. In addition to tooth extraction, the CDSP provides dental fillings where dentists consider suitable to encourage tooth retention. Furthermore, since 1 January 2026, the CDSP has expanded its scope of services to supplant the Community Care Fund Elderly Dental Assistance Programme and cover the homeless. Services provided under the CDSP include oral health assessment, medication for dental pain relief (if necessary), X-ray examination, dental filling or extraction, as well as the newly-added items of dental scaling, root canal treatment, removal of bridges and crowns, and fitting of removable dentures.

Currently, there are a total of 32 NGOs participating in the CDSP, providing over 80 dental service points covering all 18 districts in Hong Kong. As at end-January 2026, a total of about 7 700 people participated in the CDSP, with over 14 000 dental filling or extraction quotas used. As for the newly-added services, about 1 100 people received dental scaling services, while about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months.

The numbers of service locations, service recipients, dental filling or extraction quotas used, and people who have received dental scaling services under the CDSP, broken down by 18 districts, are set out at Annex 1.

In terms of publicity, the DH has been actively liaising with related units, such as the Social Welfare Department (SWD), NGOs, District Health Centres (DHC)/DHC Expresses, Community Living Rooms, district community care teams and District Councils, to introduce and promote the CDSP. The DH also organised 49 oral health talks/briefings at 48 District Elderly Community Centres, Neighbourhood Elderly Centres, centres for the elderly and senior citizens, Integrated Family Service Centres, community/social service centres and the Hong Kong Family Welfare Society in the 18 districts across the territory, with a total of 1 806 participants (details are at Annex 2). Furthermore, the DH collaborated with the Outreaching Team for Ethnic Minorities (EMs) under the SWD, Support Service Centres for EMs and EM Care Teams subvented by the Home Affairs Department, as well as the Islamic Union of Hong Kong, to introduce and promote the CDSP to the EM community.

To promote the enhanced CDSP, the DH placed advertisements at various MTR stations in the first quarter of 2026 and promoted the CDSP through newspapers and the Internet. In view of the expansion of the beneficiary list under the CDSP to cover the homeless, the DH also, in collaboration with the organisations under the SWD that provide social welfare support services for street sleepers, held meetings to brief registered social workers on the programme details and explore service arrangements. The DH has been maintaining close liaison with NGOs that provide support for the homeless, and it is anticipated that, over coming months, homeless individuals will receive services under the CDSP.

The actual expenditures in 2024-25, the revised estimates for 2025-26 and the estimates for 2026-27 in respect of the CDSP and the Primary Dental Co-care Pilot Scheme for Adolescents (PDCC) are as follows:

Annual Expenditure (\$ million)	2024-25 (Actual) ^{Note}	2025-26 (Revised Estimate)	2026-27 (Estimate)
PDCC	0.3	53.1	173.5
CDSP	0.3		

Note: As the PDCC and the CDSP were launched in March and May 2025 respectively, the expenditures in 2024-25 were mainly incurred by website development, production of publicity materials, etc.

The Government will continuously monitor the service utilisation rates of the 2 programmes and the distribution of service points across districts, as well as to gather feedback from service users and the data on their oral health conditions to review the operational arrangements and effectiveness of the CDSP in due course. Subject to the needs and resources available, improvements to the arrangements will be explored.

**Numbers of Service Locations, Service Recipients, Dental Filling/Extraction Quotas
Used, and People who have Received Dental Scaling Services
under the CDSP by 18 Districts
(as at end-January 2026)**

District	Number of Service Locations	Number of Service Recipients*	Number of Dental Filling Quotas Used*	Number of Dental Extraction Quotas Used*	Number of People who have Received Dental Scaling Services*#
Central and Western	2	112	82	39	25
Eastern	6	478	699	262	74
Southern	1	60	44	16	2
Wan Chai	4	197	251	95	40
Islands	2	177	143	70	22
Kowloon City	7	409	602	210	86
Kwun Tong	12	803	1 002	506	98
Sham Shui Po	6	519	740	260	56
Wong Tai Sin	2	36	58	17	0
Yau Tsim Mong	13	706	1 183	251	181
Kwai Tsing	7	1 060	1 299	388	123
North	1	184	283	73	15
Sai Kung	3	257	465	94	39
Sha Tin	3	1 030	1 608	567	175
Tai Po	3	289	274	108	20
Tsuen Wan	4	488	434	270	74
Tuen Mun	4	321	266	221	76
Yuen Long	6	617	1 121	232	11
Total	86	7 743	10 554	3 679	1 117

* Service users may receive dental filling, dental extraction and/or dental scaling services according to the advice of dentists. Therefore, the total number of quotas used is higher than the number of service recipients.

Dental scaling services have been newly added since 1 January 2026. In addition, about 1 100 people have been arranged to receive root canal treatment, removal of bridges and crowns, and fitting of removable dentures in the coming months.

**Numbers of Briefing Sessions/Oral Health Talks Organised in the 18 Districts
under the CDSP and Participants**
(as at end-January 2026)

District	Oral Health Talks/Briefing Sessions	
	Number of Sessions	Number of Participants
Central and Western	1	40
Eastern	2	231
Southern	2	40
Wan Chai	1	20
Islands	3	100
Kowloon City	3	90
Kwun Tong	5	104
Sham Shui Po	2	112
Wong Tai Sin	6	155
Yau Tsim Mong	3	182
Kwai Tsing	3	131
North	3	86
Sai Kung	3	60
Sha Tin	6	309
Tai Po	2	40
Tsuen Wan	1	46
Tuen Mun	1	20
Yuen Long	2	40
Total:	49	1 806

- End -

CONTROLLING OFFICER'S REPLY

HHB288

(Question Serial No. 3374)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the Child Assessment Service, will the Government advise this Committee on:

1. the median, average and longest waiting times for assessment by the Child Assessment Centres (CACs) in the past 2 years up to the present;
2. given that the completion rates for assessment of new cases in CACs within 6 months in 2024 and 2025 were only 68% and 72% respectively, falling below the target rate of 90%, whether the Government has identified the reasons behind this and put forward proposals for improvement; if yes, the details; if no, the reasons; and
3. in light of the Government's plan to transfer the Child Assessment Service to the Hospital Authority, the current progress and whether there is room to increase service capacity after the transfer to increase assessment efficiency? If yes, the details; if no, the reasons?

Asked by: Hon CHU Lap-wai (LegCo internal reference no.: 63)

Reply:

1. All cases newly referred to the Child Assessment Service (CAS) will first be seen by nurses within 3 weeks after registration. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority for assessment upon preliminary assessment by nurses. The actual waiting time for assessment depends on the complexity and conditions of individual cases. The CAS does not maintain statistics on the average waiting time for assessment of new cases.
2. In view of the keen public demand for services provided by the CAS, coupled with the persistent shortage of healthcare manpower, the rate for completion of assessment for new cases within 6 months failed to reach the target rate of 90%. Therefore, while children are waiting for assessment and rehabilitation services, the CAS provides interim support services for parents, such as seminars, workshops and practical training, with the aim of enhancing parents' knowledge on child development and providing practical skills to enable parents to better understand their children's conditions, and learn about relevant community resources so that the parents can put them into practice in their daily lives and conduct home-based training to manage their children's conditions and develop their potential. Furthermore, with the regularisation of the "Project on Tier-1 Support Services

in Kindergartens/Kindergarten-cum-Child Care Centres” by the Social Welfare Department (SWD) in 2023, the project is providing early intervention services for children awaiting assessment by the CACs or who are assessed by the CACs to have borderline developmental problems. The CAS has also made every effort to recruit contract staff to increase manpower to cope with the service needs. As at 1 February 2026, a total of 5 contract senior doctors (including 3 part-time contract senior doctors) and 11 contract staff of other grades (including 1 part-time staff) were recruited by the CAS.

3. As announced by the Chief Executive in his 2024 Policy Address, the Health Bureau will conduct a comprehensive review on the positioning and objectives of the healthcare system. The review will cover the reform of the functions and division of work among the Hospital Authority (HA), the Department of Health (DH) and the Primary Healthcare Commission (PHC Commission). The DH will focus on discharging its functions in respect of public health, continue to serve as the Government’s adviser in this aspect, and fulfill its regulatory and enforcement roles. It will also gradually transfer its primary healthcare services and specialist clinical services to the PHC Commission and the HA respectively. According to the abovementioned direction of consolidation, the DH is liaising with the HA on the detailed arrangements for integrating the CAS into the Hong Kong Children’s Hospital under the HA, with a view to consolidating the public paediatrics services to facilitate collaboration among various specialties and streamline the procedure for service delivery. In this way, the children suspected of having developmental or behavioural problems can receive the necessary integrated multi-disciplinary assessment, treatment and rehabilitative services in a timely manner, while the referral arrangements and services for patients can be further enhanced. Relevant details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

HHB289

(Question Serial No. 3375)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding the enhancement of the seasonal influenza vaccination arrangements, the Government launched the Pilot Scheme on Vaccine Procurement for Family Doctors last year, involving an additional procurement of 100 000 doses of injectable inactivated influenza vaccines to enable eligible family doctors to order vaccines from suppliers at a specified price subsidised by the Government. In this connection, will the Government inform this Committee of:

1. the number of participating doctors and the number of doses ordered under the pilot scheme, broken down by the 18 District Council districts;
2. the expenditure and the staff establishment involved in the Government's implementation of the scheme;
3. whether the Government is aware of the final number of doses of such vaccines received by eligible persons under the Vaccination Subsidy Scheme, its percentage among the total number of doses administered, and the average fee for non-eligible persons receiving the vaccines; and
4. whether the Government will, drawing on the experience from the pilot scheme, re-introduce the scheme this year and increase the number of doses to be procured according to the circumstances; if yes, the details; if not, the reasons?

Asked by: Hon CHU Lap-wai (LegCo internal reference no.: 65)

Reply:

To enhance vaccine supply stability and ensure that eligible high-risk groups can receive seasonal influenza vaccines through the Vaccination Subsidy Scheme (VSS), the Government launched the Pilot Scheme on Vaccine Procurement for Family Doctors under the 2025/26 Seasonal Influenza Vaccination Programmes. The Government has helped procure an additional 100 000 doses of injectable inactivated influenza vaccines (IIV) for Specified VSS Family Doctors, in addition to continuing to procure vaccines for the Department of Health (DH), the Hospital Authority and relevant institutions. Specified VSS Family Doctors who accept this arrangement cannot charge recipients any additional fees, thereby reducing the financial burden on members of the public and providing additional incentives for them to receive vaccinations at private clinics.

1.

Under the Pilot Scheme on Vaccine Procurement for Family Doctors in 2025/26, a total of 265 Specified VSS Family Doctors (323 service points) ordered the injectable IIV which were procured with the Government's assistance. The numbers of service points and doses ordered, broken down by 18 districts, are as follows:

	District	Number of Service Points ^{Note 1}	Number of Doses Ordered
Hong Kong	Central & Western	12	3 350
	Eastern	23	7 730
	Southern	11	5 600
	Wan Chai	10	2 000
Kowloon	Kowloon City	19	5 350
	Yau Tsim Mong	30	5 520
	Sham Shui Po	13	10 240
	Wong Tai Sin	17	7 800
	Kwun Tong	30	6 910
New Territories	Tai Po	11	3 430
	Yuen Long	18	6 680
	Tuen Mun	26	9 050
	North	11	2 000
	Sai Kung	27	6 860
	Sha Tin	18	4 430
	Tsuen Wan	19	5 600
	Kwai Tsing	22	5 670
	Islands	6	1 780
Total:		323	100 000

Note 1: A family doctor may provide services at more than 1 service point.

2.

The Pilot Scheme on Vaccine Procurement for Family Doctors is jointly implemented by the Primary Healthcare Commission and the Strategic Purchasing Office under the Health Bureau as well as the DH. The above work is carried out as part of their overall functions, and there is no separate staff establishment. Therefore, information on the staff establishment and expenditure involved in the related work is not available.

3.

In 2025/26, all of the 100 000 doses of injectable IIV procured under the Pilot Scheme on Vaccine Procurement for Family Doctors were ordered by the Specified VSS Family Doctors. As at 28 February 2026, 96 520 doses of the vaccines have been administered to eligible persons, accounting for 96.5% of the procurement.

The vaccination services under the VSS are only provided to eligible persons. A member of the public who is a non-eligible person has to negotiate the fee for receiving the influenza vaccine with the doctor individually. The Government does not have relevant figures.

4.

The Government will draw on the experience from the Pilot Scheme on Vaccine Procurement for Family Doctors in 2025/26 to make appropriate adjustments. Details will be announced in due course.

- End -

CONTROLLING OFFICER'S REPLY

SV-HHB005

(Question Serial No. SV006)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for Health

Question:

Regarding registration of proprietary Chinese medicines (pCms):

1. What are the reasons for the significant decrease in the number of new applications for pCms registration accepted by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong in 2024 and 2025 (69 and 59 respectively) when compared with the previous 3 years (i.e. 120 in 2021, 113 in 2022 and 292 in 2023)? Is this related to the implementation of the “1+7” Nutrition Labelling Scheme?
2. What measures does the Government have in place to reinforce the strengths of Hong Kong-registered pCms and Hong Kong brands?

Asked by: Hon CHAN Wing-kwong (LegCo internal reference no.:)

Reply:

1. From 2021 to 2023, the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong received 120, 113 and 292 new applications for registration of proprietary Chinese medicines (pCms) respectively. Several of these applicants submitted registration applications for series of about 300 Chinese medicine (CM) granule products of different formulations. As a result, the numbers of new applications during this period were higher than those in 2024 and 2025. In fact, the numbers of new pCms registration applications in 2024 and 2025 were comparable to the annual figures of the period from 2016 to 2020.
2. As mentioned in the Chief Executive's 2023 Policy Address, the Chief Executive's 2024 Policy Address and the Chief Executive's 2025 Policy Address, the Government of the Hong Kong Special Administrative Region would enhance the current approval and registration mechanism for drugs (including Chinese and Western medicines) and establish an internationally renowned regulatory authority of drugs and medical devices, i.e. the “Hong Kong Centre for Medical Products Regulation”, with the aim of aligning with the enhancement direction of approval and regulation to leverage the strengths and synergies of the regime.

Regarding the development of CMs, it was proposed in the Chinese Medicine Development Blueprint (the Blueprint) that the quality standard of CMs would be enhanced, including strengthening the quality management of CMs, as well as encouraging the Chinese Mainland and overseas research institutions and enterprises to invest in innovative research and development through conducting a comprehensive review of and optimising existing legislation and relevant guidelines concerning pCms registration and clinical research, thereby promoting the global reach of pCms products. Furthermore, the Government will also formulate a timeline for the full implementation of Good Manufacturing Practice for pCms to assist the industry in enhancing its competitiveness and expanding to international markets, and provide a range of supporting measures to offer multi-faceted assistance to the industry. At the same time, the Blueprint also mentioned establishing Hong Kong as an international hub for CM information exchange and innovation. Through supporting various organisations to host regional and international CM conferences, exhibitions and events, telling good CM stories of Hong Kong and assisting the Chinese Mainland and overseas market in knowing CMs products of Hong Kong, the overall image of Hong Kong registered pCms would be enhanced.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0853)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding dental benefits for civil service eligible persons (CSEPs), will the Government advise this Committee on:

(1) the following information about Phase 2 of the Pilot Scheme on Dental Services (Dental Scaling) (PDS Phase 2) since its implementation: (i) the number of people invited to participate, (ii) the number of people who have accepted the invitation, (iii) the number of people who have made appointments for/received dental scaling service, (iv) the number of cancellations without rebooking before the specified deadline, and (v) the number of appointments not kept, with a breakdown by participant category (i.e. new consultation cases (New Cons) or old consultation cases (Old Cons));

(2) the following information about Phase 1 of the Pilot Scheme on Dental Services in Shenzhen (PDSSZ Phase 1) since its implementation: (i) the number of Expression of Interest issued, (ii) the number of people invited to participate, (iii) the number of people who have accepted the invitation, (iv) the number of people who have made appointments for/received services, (v) the number of cancellations without rebooking before the specified deadline, and (vi) the number of appointments not kept, with a breakdown by participant category (i.e. New Cons or Old Cons);

(3) the data of the opinion surveys of the PDS Phase 2 and the PDSSZ Phase 1, including (i) the satisfaction rate, (ii) the number of complaints received, (iii) the grounds for complaint, and (iv) the follow-up actions taken by the Department of Health (DH);

(4) regarding each of the private dental organisations participating in the PDS Phase 2 and the PDSSZ Phase 1, (i) the service capacity that they have committed to providing and (ii) the amount of subsidy they have received and the administration costs incurred;

(5) given that CSEPs may be referred to the DH for follow-up if they are found to have other problems while attending private dental organisations, the number of cases referred from private dental organisations since the implementation of the PDS Phase 2 and the PDSSZ Phase 1 and the average waiting time of the above cases;

(6) since the implementation of the PDS Phase 2 and the PDSSZ Phase 1, by how much has the waiting time for the next dental scaling service been shortened for Old Cons; and

(7) the waiting time of CSEPs for (i) regular dental check-ups, (ii) dental follow-up treatment, and (iii) consultation for elective specialised dental services, at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) in the previous year?

Asked by: Hon CHAU Siu-chung (LegCo internal reference no.: 2)

Reply:

- (1) The service period of Phase 2 of the Pilot Scheme on Dental Services (Dental Scaling) (PDS Phase 2), which provides dental scaling services for civil service eligible persons (CSEPs) through private dental clinics (PDCs), runs from 1 February 2025 to 31 July 2026.

As at 28 February 2026, the Department of Health (DH) has sent invitations to about 241 000 CSEPs (including about 211 000 old consultation cases (Old Cons) and about 30 000 new consultation cases (New Cons)) and, among them, about 129 000 CSEPs (including about 111 000 Old Cons and about 18 000 New Cons) have made appointments for or received dental scaling services. The overall participation rate is about 54%. A total of 35 CSEPs (including 20 Old Cons and 15 New Cons) did not attend their appointment as scheduled. The DH does not maintain statistics on the number of CSEPs who cancelled their appointments without rebooking before the specified deadline.

- (2) The service period of Phase 1 of the Pilot Scheme on Dental Services for CSEPs in Shenzhen (PDSSZ Phase 1) ran from 17 February 2025 to 16 February 2026.

The DH issued Expression of Interest to a total of about 27 700 New Cons, with invitations sent to some 3 800 who indicated interest in participating. A total of about 2 100 CSEPs received services, representing an overall participation rate of about 56%. A total of 41 CSEPs (all being New Cons) did not attend their appointment as scheduled. The DH does not maintain statistics on the number of CSEPs who cancelled their appointments without rebooking before the specified deadline.

- (3) The DH has been collecting opinions from CSEPs who have received services under the PDS and PDSSZ through surveys.

Regarding PDS Phase 2, as at 28 February 2026, 93% of the respondents who completed the survey expressed satisfaction towards the scheme. The DH has received 19 complaints, which are related to unsatisfactory arrangements by the participating PDCs, the service attitude of their staff, the PDCs' active marketing of self-pay services, etc. The DH has taken follow-up actions in respect of all complaints and has asked the private dental organisations (PDO) to which the PDCs belonged to make improvements.

As for PDSSZ Phase 1, 93% of the respondents who completed the questionnaire survey expressed satisfaction towards the scheme. The DH did not receive any complaint related to PDSSZ Phase 1.

- (4) During the service period of PDS Phase 2, each PDO shall provide a minimum of 400 dental scaling sessions each month through at least 4 dental clinics under its organisation. As at 28 February 2026, a total of about 129 000 CSEPs have received or made appointments for dental scaling services, involving an expenditure on services of about \$77 million.

The organisation providing dental services under the PDSSZ Phase 1 shall provide no fewer than 2 000 service sessions during the one-year service period. A total of about 2 100 CSEPs received services eventually, involving an expenditure on services of about \$1.2 million.

The DH covers the relevant expenditure of the above 2 schemes by re-allocating the existing provision for medical and dental services for civil servants, hence no additional funding is involved.

- (5) Under PDS Phase 2, as at 28 February 2026, about 36 300 cases have been referred by PDCs for follow-up by the DH. Under PDSSZ Phase 1, about 970 cases required follow-up by the DH. Most of the cases under the 2 schemes that require follow-up could be followed up by the DH within 9 months after receiving services at the PDC.
- (6) Since the launch of PDS Phase 2, the average waiting time of Old Cons for the next dental scaling service has been shortened to about 15 months.
- (7) As at 31 December 2025, the waiting times of CSEPs for regular dental check-up, follow-up dental treatment and consultation for elective specialised dental services at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) were 12 to 44 months, 1 to 52 months and 6 to 45 months respectively.

- End -

CONTROLLING OFFICER'S REPLY**CSB081****(Question Serial No. 1208)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

Regarding dental care expenditures on both retired and serving civil servants and their eligible dependants, will the Government inform this Committee of:

1. a breakdown, by year, of the Government's expenditures on dental treatment services for retired civil servants and their eligible dependants respectively in the past 3 financial years. What is the relevant estimated expenditure for 2026-27?
2. a breakdown, by year, of the Government's expenditures on dental treatment services for serving civil servants and their eligible dependants respectively in the past 3 financial years. What is the relevant estimated expenditure for 2026-27?
3. the total estimate for medical and dental treatment for civil servants in 2025-26 exceeds \$2.9 billion, of which \$1.1578 billion is the provision for "families clinic and dental services," while \$1.7659 billion is for "payment and reimbursement of medical fees and hospital charges". Of the aforementioned \$1.1578 billion, what is the expenditure dedicated to dental services (including government dental services and private dental services)? Please list the amounts attributable to retired and serving civil servants respectively.

Asked by: Hon FAN Hoi-kit, Alex (LegCo internal reference no.: 20)

Reply:

- 1 & 2 The actual expenditures in 2023-24 and 2024-25, the revised estimate for 2025-26 and the estimate for 2026-27 in respect of dental services under Programme (7) of the Department of Health (DH) are as follows:

Dental Services under Programme (7)	2023-24 Financial year (Actual Expenditure)	2024-25 Financial year (Actual Expenditure)	2025-26 Financial year (Revised Estimate)	2026-27 Financial year (Estimate)
Expenditure (\$ million)	816.0	889.5	850.7	914.4

The expenditures on dental treatment services for retired civil servants and their eligible dependants, as well as that for serving civil servants and their eligible dependants are absorbed within the DH's overall provision for dental services under Programme (7) and the DH does not keep relevant breakdown figures.

- 3 Regarding the provision for “families clinic and dental services” under Programme (7) of the DH for 2025-26, the revised estimate is \$1.0555 billion, of which the revised estimate for dental services is \$850.7 million, with the dental clinics under the DH, the pilot scheme on provision of dental scaling services to some civil service eligible persons (CSEPs) via private dental clinics and the pilot scheme to arrange some CSEPs to receive designated dental services at a medical institution in Shenzhen having been taken into account. The expenditures on dental services for retired civil servants and serving civil servants are absorbed within the DH's overall provision for dental services under Programme (7), and the DH does not keep relevant breakdown figures.

- End -

CONTROLLING OFFICER'S REPLY

CSB082

(Question Serial No. 2355)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

1. It is mentioned in the Programme that the total financial provision for 2026-27 is 17.1% higher than that of the previous year, but the indicator only shows an increase of 4 000 in attendances at non-public clinics. Will the Department please elaborate on the specific uses of the additional provision? What are the reasons for the substantial increase in the provision? On what basis are the attendance estimates for various services calculated?

2. Will the Department please elaborate on the actual attendances at non-public clinics, actual attendances at dental clinics, actual number of new dental case registrants and actual attendances of new dental cases receiving dental services, respectively, for the past 3 years?

Asked by: Hon KWOK Fu-yung (LegCo internal reference no.: 29)

Reply:

1. The provision under Department of Health (DH): Programme (7) Medical and Dental Treatment for Civil Servants is for fulfilling the contractual obligation of the Government as the employer in providing medical benefits according to the conditions of service for serving civil servants, eligible pensioners and other eligible persons (CSEPs). The estimate for 2026-27 is \$449.4 million (or 17.1%) higher than the revised estimate for 2025-26. This is mainly due to the anticipated increase in the expenditure on applications for reimbursement of medical expenses from CSEPs and the increase in provision for families clinics and dental services. As the DH was not able to recruit suitable candidates to fill some posts in the Medical and Health Officer and Dental Officer grades during 2025-26, the revised estimate for 2025-26 is lower than the original estimate. As for the estimate for 2026-27, the DH will, with provision for its full staff strength, continue to conduct recruitment exercises to fill the vacancies. In addition, part of the provision will be used for the purchase or replacement of equipment.

When making estimates for the indicators, the DH will comprehensively consider various factors, including the past utilisation rates of the services, latest manpower situation of the Department and implementation situation of relevant measures.

2. The actual attendances at non-public clinics and dental clinics, actual number of new dental case registrants and actual attendances of new dental cases receiving dental services in the past 3 years are as follows:

Attendances at Families Clinics

Year	Number of attendances (rounded to the nearest thousand)
2023	245 000
2024	249 000
2025	277 000

Attendances at Dental Clinics

Year	Number of attendances (rounded to the nearest hundred)
2023	530 300
2024	502 100
2025	528 400

Note: The attendances in 2024 were lower than that in 2023 due to staff wastage in dental clinics. With the gradual alleviation of manpower problem, the number of attendances in 2025 recorded an increase as compared with that in 2024.

Number of New Dental Case Eligible Registrants and Attendances of New Dental Cases receiving Dental Services

Year	Number of new dental case eligible registrants (rounded to the nearest hundred)	Attendances of new dental cases receiving dental services ^(Note 2) (rounded to the nearest hundred)
2023	2 800	3 000
2024	48 300	29 000
2025	16 300 ^(Note 1)	7 200 ^(Note 3)

Note 1: 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.

Note 2: The figures include first-time dental services provided by government dental clinics or arranged under pilot scheme(s) by the DH for new registrants registered in that year or earlier.

Note 3: Many new registrants had already received their first-time dental services provided by government dental clinics or arranged under the local pilot scheme by the DH in 2024.

- End -

CONTROLLING OFFICER'S REPLY

CSB083

(Question Serial No. 3020)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Ronald LAM)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the Pilot Scheme on Dental Services (Dental Scaling) (PDS) and the Pilot Scheme on Dental Services in Shenzhen (PDSSZ), will the Government inform this Committee of:

1. the number of persons who have received dental scaling service and the expenditure involved since the launch of Phase 2 of the PDS;
2. the number of participants and the expenditure involved since the launch of the PDSSZ.

Asked by: Hon LAM Wai-kong (LegCo internal reference no.: 18)

Reply:

The service period of Phase 2 of the Pilot Scheme on Dental Services (Dental Scaling) (PDS), which provides dental scaling services for civil service eligible persons (CSEPs) through private dental clinics, runs from 1 February 2025 to 31 July 2026. As at 28 February 2026, a total of about 129 000 CSEPs have received or made appointments for dental scaling services, involving an expenditure on services of about \$77 million.

The service period of Phase 1 of the Pilot Scheme on Dental Services for CSEPs in Shenzhen (PDSSZ) ran from 17 February 2025 to 16 February 2026. A total of about 2 100 CSEPs received services, involving an expenditure on services of about \$1.2 million.

We have extended the PDSSZ, which was scheduled to end in February 2026, for 1 year and with the service quota increased to 3 000. We also plan to extend Phase 2 of the PDS, which was scheduled to end in July 2026, for an appropriate duration.

The Department of Health covers the relevant expenditure of the above 2 schemes by re-allocating the existing provision for medical and dental services for civil servants, hence no additional funding is involved.

- End -

CONTROLLING OFFICER'S REPLY**CSB084****(Question Serial No. 2278)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

Regarding medical and dental treatment for civil servants, please advise on:

1. the staff establishment and estimated expenditure of the 6 families clinics in 2024-25, 2025-26 and 2026-27;
2. the respective attendances of civil service eligible persons and the average waiting time for services at each of the 6 families clinics in the past 3 years;
3. the staff establishment and estimated expenditure of the Department of Health for providing dental clinic services to serving/retired civil servants/ other eligible persons in 2024-25, 2025-26 and 2026-27; and
4. the attendances of serving/retired civil servants/ other eligible persons, the average waiting time for dental services, the number of new dental case eligible registrants and the attendances of new dental cases receiving dental services in the past 3 years.

Asked by: Hon WONG Kwok, Kingsley (LegCo internal reference no.: 24)Reply:

1. The staff establishment and estimated expenditure of families clinics in 2024-25, 2025-26 and 2026-27 are set out below:

Year	2024-25	2025-26	2026-27
Staff establishment	231 (as at 31 March 2025)	231 (as at 1 February 2026)	233 (Approved establishment)
Overall expenditure	\$231.2 million (Actual expenditure)	\$204.9 million (Revised estimate)	\$230.7 million (Estimated expenditure)

2. The attendances of civil service eligible persons (CSEPs) at each families clinic in the past 3 years are set out below:

Families clinic	Number of attendances (rounded to the nearest thousand)		
	2023	2024	2025
Chai Wan Families Clinic	46 000	43 000	50 000
Hong Kong Families Clinic	56 000	50 000	55 000
Kowloon Families Clinic	52 000	56 000	60 000
New Territories Families Clinic	41 000	43 000	48 000
Fanling Families Clinic	39 000	46 000	52 000
Sai Kung Families Clinic ^{Note}	11 000	11 000	11 000
Tseung Kwan O Families Clinic ^{Note}	Not applicable		1 000

Note: Tseung Kwan O Families Clinic commenced operation on 15 December 2025 while Sai Kung Families Clinic ceased operation on the same day.

Families clinics provide services to patients by appointment, and there is no waiting list arrangement.

- The staff establishment and expenditure of the Department of Health (DH) for providing dental clinic services to CSEPs in 2024-25, 2025-26 and 2026-27 are set out below:

Year	2024-25	2025-26	2026-27
Staff establishment	905 (as at 31 March 2025)	905 (as at 1 February 2026)	905 (Approved establishment)
Overall expenditure	\$889.5 million (Actual expenditure)	\$933.2 million (Original estimate) \$850.7 million (Revised estimate)	\$914.4 million (Estimated expenditure)

The decrease in revised estimates as compared with the original estimates for 2025-26 is mainly because the DH was not able to recruit suitable candidates to fill some posts in the Dental Officer grade during the year. With provision for its full staff strength in the 2026-27 estimates, DH will continue to conduct recruitment exercises to fill the vacancies. In addition, part of the provision is for the purchase or replacement of equipment.

- The attendances of CSEPs at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals), the overall waiting time for dental services at dental clinics,

the number of new dental case eligible registrants and the attendances of new dental cases receiving dental services in the past 3 years are set out below:

Attendances at Dental Clinics

Year	Number of attendances (rounded to the nearest hundred)
2023	530 300
2024	502 100
2025	528 400

Note: The attendances in 2024 were lower than that in 2023 due to staff wastage in dental clinics. With the gradual alleviation of manpower problem, the number of attendances in 2025 recorded an increase as compared with that in 2024.

Overall Waiting Time for Services at Dental Clinics

Year (as at 31 December)	Regular dental check-up	Follow-up dental treatment	Consultation for elective specialised dental service
2023	24 to 48 months	8 to 44 months	1 to 48 months
2024	20 to 47 months	3 to 55 months	4 to 47 months
2025	12 to 44 months	1 to 52 months	6 to 45 months

Number of New Dental Case Eligible Registrants and Attendances of New Dental Cases Receiving Dental Services

Year	Number of new dental case eligible registrants (rounded to the nearest hundred)	Attendances of new dental cases received dental services ^(Note 2) (rounded to the nearest hundred)
2023	2 800	3 000
2024	48 300	29 000
2025	16 300 ^(Note 1)	7 200 ^(Note 3)

Note 1: 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.

Note 2: The figures include first-time dental services provided by government dental clinics or arranged under the pilot scheme(s) by the DH for new registrants registered in that year or earlier.

Note 3: Many new registrants had already received their first-time dental services provided by government dental clinics or arranged under the local pilot scheme by the DH in 2024.

- End -

CONTROLLING OFFICER'S REPLY**CSB085****(Question Serial No. 2279)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

With regard to the dental services of the Department of Health (DH), will the Government please advise this Committee on:

1. the staff establishment, the strength, the attrition figure and the number of retirees in respect of the Dental Officer Grade and Dental Hygienist Grade of the DH in the past 3 years;
2. the attendance of civil service eligible persons (CSEPs) at each dental clinic (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) in the past 3 years;
3. the overall waiting time of the CSEPs for appointments for regular dental check-ups and follow-up treatment (including filling treatment and root canal treatment) in the past 3 years;
4. the number of people invited to participate, the number of participants and the expenditure incurred since the launch of the Pilot Scheme on Dental Services (Dental Scaling) for CSEPs ; and
5. the number of people invited to participate, the number of participants and the expenditure incurred since the launch of the Pilot Scheme on Dental Services for CSEPs in Shenzhen ?

Asked by: Hon YANG Wing-kit (LegCo internal reference no.: 1)Reply:

1. The establishment and strength of the Dental Officer grade and Dental Hygienist grade deployed to government dental clinics under the Department of Health (DH) in the past 3 years are as follows -

	2023-24 (as at 31 March 2024)		2024-25 (as at 31 March 2025)		2025-26 (as at 1 February 2026)	
Grade	Establishment	Strength	Establishment	Strength	Establishment	Strength
Dental Officer	291	202	291	225	292	205
Dental Hygienist	14	8	22	10	22	15

The wastage of the Dental Officer grade and Dental Hygienist grade in the DH in the past 3 years is as follows -

	2023-24 (as at 31 March 2024)		2024-25 (as at 31 March 2025)		2025-26 (as at 1 February 2026)	
Grade	Attrition* (Including retirement)	Retirement	Attrition* (Including retirement)	Retirement	Attrition* (Including retirement)	Retirement
Dental Officer	35	15	27	20	24 [^]	11
Dental Hygienist	1	1	0	0	0	0

Note: The above figures account for the overall wastage of the Dental Officer grade and Dental Hygienist grade (including Civil Servants Dental Service, School Dental Care Service, Community Dental Service, Dental Regulatory and Law Enforcement Office, Dental Service Administration Office and Hospital Dental Service (HDS)[^]) in the DH.

* The attrition figures **include the number of retirees**.

[^] The DH's HDS was integrated with the Oral and Maxillofacial Surgery Service under the Hospital Authority (HA) on 6 February 2026, and the service was taken up by the HA. In 2025-26, the attrition figures in respect of Dental Officers in the DH had excluded those who had left service due to service integration and subsequently joined the HA.

- The attendance of civil service eligible persons (CSEPs) at each dental clinic (including Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in hospitals) in the past 3 years is set out at **Annex**.
- The overall waiting time of CSEPs for appointments for regular dental check-ups and follow-up dental treatments (including filling and root canal treatment) in the past 3 years is as follows -

Year (as at 31 December)	Regular Dental Check-up	Follow-up Dental Treatment
2023	24 to 48 months	8 to 44 months
2024	20 to 47 months	3 to 55 months
2025	12 to 44 months	1 to 52 months

- 4 & 5. The service period of Phase 1 of the Pilot Scheme on Dental Services (Dental Scaling) (PDS), which provides dental scaling services for CSEPs through private dental clinics, ran from 1 August 2023 to 31 January 2025. The DH invited a total of about 280 000 CSEPs to participate and, among them, about 143 000 received dental scaling services, involving an expenditure on services of about \$86 million. The service period of Phase 2 of the PDS runs from 1 February 2025 to 31 July 2026. As at

28 February 2026, the DH has sent invitations to about 241 000 CSEPs and, among them, a total of about 129 000 have received or made appointments for dental scaling services, involving an expenditure on services of about \$77 million.

The service period of Phase 1 of the Pilot Scheme on Dental Services for CSEPs in Shenzhen (PDSSZ) ran from 17 February 2025 to 16 February 2026. The DH invited a total of about 3 800 CSEPs who had indicated interest in the Expression of Interest to participate in the PDSSZ and, among them, a total of about 2 100 CSEPs received services, involving an expenditure on services of about \$1.2 million.

We have extended the PDSSZ, which was scheduled to end in February 2026, for 1 year and with the service quota increased to 3 000. We also plan to extend Phase 2 of the PDS, which was scheduled to end in July 2026, for an appropriate duration.

The DH covers the relevant expenditure of the above 2 schemes by re-allocating the existing provision for medical and dental services for civil servants, hence no additional funding is involved.

Dental Clinic	Attendance#		
	2023	2024	2025
Aberdeen Jockey Club Dental Clinic@	5 000	0	0
Castle Peak Hospital Dental Clinic	7 300	5 900	7 600
Chai Wan Government Dental Clinic@	9 200	0	0
Cheung Chau Dental Clinic@	0	0	0
Cheung Sha Wan Government Offices Dental Clinic	42 500	45 500	46 600
Fanling Health Centre Dental Clinic	19 100	18 500	18 600
Ha Kwai Chung Government Dental Clinic	8 400	7 300	7 000
Harbour Building Dental Clinic	18 100	19 600	18 400
Harbour Building Orthodontic Clinic	11 100	12 900	12 700
Hong Kong Police College Dental Clinic	100	100	100
Kennedy Town Community Complex Dental Clinic	13 600	19 300	19 100
Kowloon City Dental Clinic	25 600	24 900	23 600
Kwai Chung Hospital Dental Clinic@	0	0	0
Kwun Tong Dental Clinic	15 000	13 200	14 800
Kwun Tong Yung Fung Shee Dental Clinic	10 700	10 300	10 500
Li Po Chun Dental Clinic	12 100	13 300	10 800
Ma On Shan Dental Clinic	9 700	9 700	10 000
MacLehose Dental Centre 2/F	8 100	8 000	7 900
MacLehose Dental Centre 6/F	25 800	28 400	28 600
Madam Yung Fung Shee Dental Clinic	9 500	8 400	8 800
Mona Fong Dental Clinic@	1 500	0	2 500
Pamela Youde Government Dental Clinic	17 900	16 200	17 100
Queensway Government Offices Dental Clinic	22 600	25 400	25 800
Sai Ying Pun Dental Clinic 3/F@	0	0	1 100
Sai Ying Pun Dental Clinic 8/F	8 200	8 200	10 600
Sheung Kwai Chung Government Dental Clinic	18 900	18 300	18 100
Sheung Kwai Chung Prosthodontic Clinic	8 400	9 600	9 800
Tai O Dental Clinic@	0	0	0

Dental Clinic	Attendance#		
	2023	2024	2025
Tai Po Wong Siu Ching Dental Clinic	10 200	9 900	9 800
Tang Shiu Kin Dental Clinic	19 400	21 700	21 900
Tseung Kwan O Dental Clinic	17 800	17 500	17 700
Tseung Kwan O Government Offices Dental Clinic@	Not applicable		4 700
Tsuen Wan Dental Clinic	8 300	8 000	7 800
Tsuen Wan Government Offices Dental Clinic	10 500	10 500	10 500
Tung Chung Dental Clinic@	3 800	0	4 300
Victoria Road Dental Clinic@	5 300	600	0
Wan Chai Dental Clinic@	17 700	3 900	7 400
West Kowloon Government Offices Dental Clinic	14 100	15 000	20 200
Western Dental Clinic	4 700	4 700	4 800
Yan Oi Dental Clinic	6 900	6 700	7 000
Yau Ma Tei Dental Clinic	24 400	23 700	24 200
Yau Ma Tei Orthodontic Clinic	19 800	18 900	18 900
Yuen Long Government Offices Dental Clinic	13 900	12 600	12 000
Yuen Long Jockey Club Dental Clinic@	0	0	100

OMS&DCs in Hospitals	Attendance#		
	2023	2024	2025
North District Hospital OMS&DC	3 100	2 300	2 500
Pamela Youde Nethersole Eastern Hospital OMS&DC	3 300	3 700	3 600
Prince of Wales Hospital OMS&DC	4 300	4 000	4 000
Princess Margaret Hospital OMS&DC	3 100	3 300	3 300
Queen Elizabeth Hospital OMS&DC	5 000	5 800	7 400
Queen Mary Hospital OMS&DC	3 800	3 900	3 800
Tuen Mun Hospital OMS&DC	2 500	2 400	2 400

Note: The attendances in 2024 were lower than that in 2023 due to staff wastage in dental clinics. With the gradual alleviation of manpower problem, the number of attendances in 2025 recorded an increase as compared with that in 2024.

The number of attendances is rounded to the nearest hundred.

- @ The services provided to CSEPs by the Sai Ying Pun Dental Clinic 3/F, Cheung Chau Dental Clinic, Tai O Dental Clinic, Kwai Chung Hospital Dental Clinic, Yuen Long Jockey Club Dental Clinic, Mona Fong Dental Clinic, Tung Chung Dental Clinic, Aberdeen Jockey Club Dental Clinic, Chai Wan Government Dental Clinic, Victoria Road Dental Clinic and Wan Chai Dental Clinic have been suspended by phases since October 2021 in view of the development of the COVID-19 pandemic and the manpower situation of the Dental Officer Grade. Affected patients have been transferred to dental clinics nearby for service. As the DH has been actively recruiting Dental Officers, the manpower shortage has been gradually alleviated. The DH had resumed the operation of 5 dental clinics in an orderly manner in 2025, including Tung Chung Dental Clinic (March 2025), Mona Fong Dental Clinic (June 2025), Wan Chai Dental Clinic (August 2025), Sai Ying Pun Dental Clinic 3/F (October 2025) and Yuen Long Jockey Club Dental Clinic (December 2025), and the new Tseung Kwan O Government Offices Dental Clinic has also commenced operation in September 2025. Subject to the actual manpower situation, the DH plans to continue resuming the operation of suspended dental clinics in 2026.

- End -

CONTROLLING OFFICER'S REPLY**CSB092****(Question Serial No. 3502)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (7) Medical and Dental Treatment for Civil ServantsControlling Officer: Director of Health (Dr. Ronald LAM)Director of Bureau: Secretary for the Civil ServiceQuestion:

Regarding the civil servants dental services, please provide the following information for the past 3 years:

1. the manpower and expenditure of government dental clinics each year;
2. the number of Civil Service Eligible Persons (CSEPs) being provided with dental services each year;
3. the average waiting time of CSEPs for dental scaling services;
4. the number of participants and the expenditure of the Pilot Scheme on Dental Services (Dental Scaling) for CSEPs; and
5. the number of participants and the expenditure of the Pilot Scheme on Dental Services for CSEPs in Shenzhen launched by the Government in February 2025

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 55)Reply:

1. The staff establishment and expenditure of government dental clinics in the past 3 years are set out below:

Year	2023-24	2024-25	2025-26
Staff establishment	870 (as at 31 March 2024)	905 (as at 31 March 2025)	905 (as at 1 February 2026)
Overall expenditure	\$816.0 million (Actual expenditure)	\$889.5 million (Actual expenditure)	\$850.7 million (Revised estimate)

2. The attendances of civil service eligible persons (CSEPs) at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) in the past 3 years are set out below:

Year	Number of attendances (rounded to the nearest hundred)
2023	530 300
2024	502 100
2025	528 400

Note: The attendances in 2024 were lower than that in 2023 due to staff wastage in dental clinics. With the gradual alleviation of manpower problem, the number of attendances in 2025 recorded an increase as compared with that in 2024.

3. The overall waiting time of CSEPs for appointments for regular dental check-ups (including dental scaling services) in the past 3 years is set out below:

Year (as at 31 December)	Regular dental check-up
2023	24 to 48 months
2024	20 to 47 months
2025	12 to 44 months

- 4 & 5. The service period of Phase 1 of the Pilot Scheme on Dental Services (Dental Scaling) (PDS), which provides dental scaling services for CSEPs through private dental clinics, ran from 1 August 2023 to 31 January 2025. About 143 000 CSEPs received dental scaling services, involving an expenditure on services of about \$86 million. As for Phase 2, the service period runs from 1 February 2025 to 31 July 2026. As at 28 February 2026, a total of about 129 000 CSEPs have received or made appointments for dental scaling services, involving an expenditure on services of about \$77 million.

The service period of Phase 1 of the Pilot Scheme on Dental Services for CSEPs in Shenzhen (PDSSZ) ran from 17 February 2025 to 16 February 2026. A total of about 2 100 CSEPs received services, involving an expenditure on services of about \$1.2 million.

We have extended the PDSSZ, which was scheduled to end in February 2026, for 1 year with the service quota increased to 3 000. We also plan to extend Phase 2 of the PDS, which was scheduled to end in July 2026, for an appropriate duration.

The DH covers the relevant expenditure of the above 2 schemes by re-allocating the existing provision for medical and dental services for civil servants, hence no additional funding is involved.

- End -