

**ECONOMIST
IMPACT**

Patient voices Hong Kong: how clarity, cost and choice shape care



Supported by



Foreword



Candy Au-yeung
Chief Customer
Operations and
Health Officer
Prudential Hong Kong
Limited

Hong Kong's healthcare system is at a crossroads. As the population ages and chronic conditions rise, the dual-track model—public and private—is facing mounting pressure. While public services remain affordable and trusted, long wait times are common. Private care offers faster access, but affordability and transparency remain key concerns.

This report from Economist Impact brings the patient voice to the forefront. Through surveys and expert interviews, it captures the lived experiences of over 1,100 Hong Kong residents, highlighting the real challenges they face—from understanding care options and booking appointments, to managing costs and making informed decisions.

At Prudential, we believe that listening to patients builds trust and helps us better understand the challenges they face and the choices they make. By contributing to this conversation, we aim to support efforts that make care more accessible, transparent and responsive.

Building a sustainable and affordable healthcare system requires collective effort. It takes all of us—government, medical service providers, the pharmaceutical community, patients, and insurers—working together towards a common goal: to create an efficient, transparent, and resilient healthcare system that supports every life and every future. By aligning our roles and responsibilities, we can ensure that care is not only accessible and effective but also compassionate and responsive to the needs of those it serves.

Market spotlight: Hong Kong

Hong Kong’s healthcare system runs on two tracks. The public sector is run by the Hospital Authority and Department of Health. It handles most outpatient and inpatient care at fixed fees, which remain highly affordable. It is widely trusted, but patients often face long waits, sometimes of up to several months, especially for specialist care. The second track, the private sector, offers prompt access to a choice of providers but comes at higher cost. As the city’s population ages rapidly and chronic illness rates rise, balancing this dual-track system will be necessary for sustaining the healthcare system.¹

Most of the time, Hong Kong’s healthcare model delivers: essential services are easy to obtain and care is subsidised and widely available at a low cost. Health outcomes reflect this—Hong Kong’s life expectancy is among the highest in the world.¹ Despite this, patients still report having trouble moving along their healthcare journeys.

To better understand how people experience healthcare, Economist Impact surveyed 1,153 Hong Kong residents and interviewed two local experts. Identical surveys were conducted in Indonesia, Malaysia and Singapore.^{**} The total number of respondents across all four markets was 4,203.²

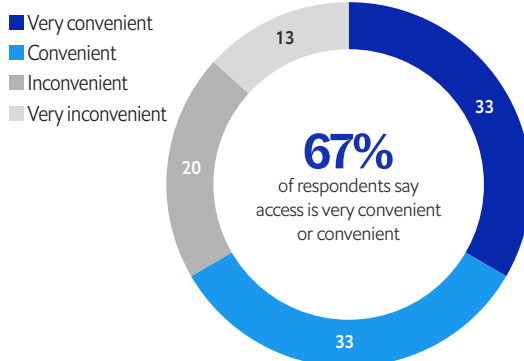
Accessible facilities, unclear direction

For most Hong Kong respondents, options for care feel close at hand. But knowing where to go can be less obvious. While almost 67% of respondents say services are convenient and close by, 55% do not know where to turn when something feels wrong (Figure 1). This suggests a problem of clarity, not capacity. Hong Kong’s dual-track system offers choice, but can be complicated. Patients can choose between providers with different fees, wait times and referral rules—often without knowing whether their symptoms need a general practitioner (GP), a specialist or emergency care at a hospital. “Patients are often unsure whether they should see a GP or a specialist, and if so, which speciality,” says Yannie Soo, assistant chief hospital manager at Union Hospital in Hong Kong.

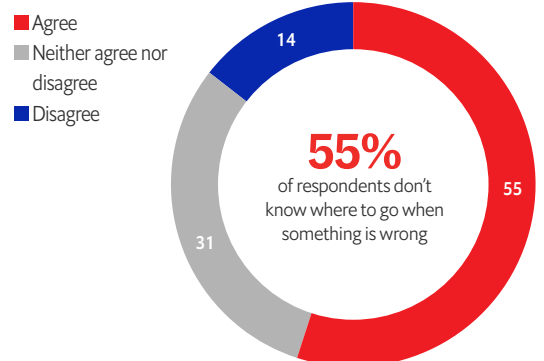
Figure 1: The access paradox: care is close, clarity is not

% responding (respondents could select a single response).^{*} Numbers have been rounded for ease of interpretation

Access to the nearest health facility
 Respondents were asked how convenient it is to access the nearest healthcare facility



Experience of accessing care
 Respondents were asked whether they agree with the statement: "I often don't know where to go when I feel something is wrong with me"



^{*}N=1,153, April–May 2025
 Source: Economist Impact, 2025

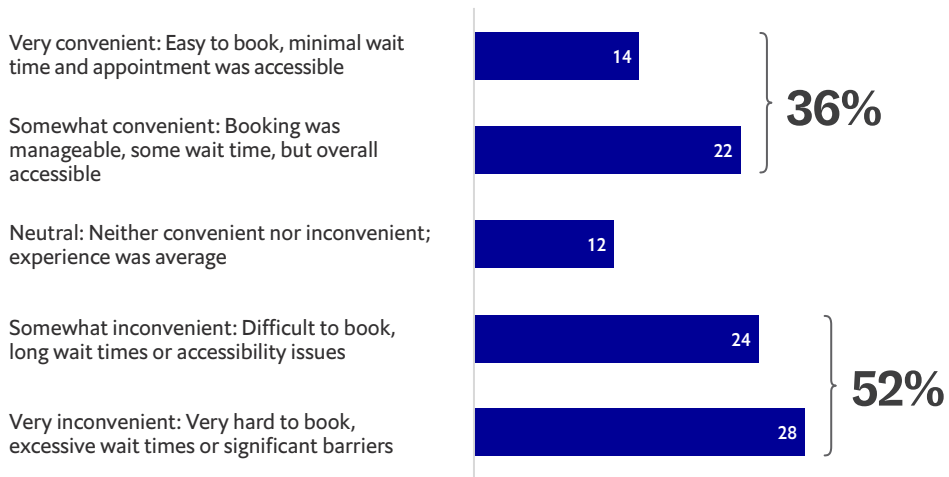
^{**} Economist Impact. *Patient voices: experiences of healthcare access in Asia*. For a comprehensive overview of the research methodology, please refer to the Appendix of this report.²

Dr Soo adds, “This is where primary health care plays a crucial role. Family physicians and GPs should be the first point of contact when someone experiences mild symptoms and needs medical attention. They’re well placed to treat minor illnesses and guide patients on whether they need specialist care or an emergency visit is necessary.” A recent study found that nearly all Hong Kong residents live within 30 minutes of a primary care facility, 70% of which is provided by private sector GPs.³ Yet, there can still be difficulties in getting an appointment.³ In our survey, 52% of the respondents who visited a GP in the last year cite the process as inconvenient due to long waits, difficulties with booking and other hurdles to access (Figure 2).

Figure 2: Getting in to see the doctor

Respondents’ experiences with GP appointments for routine care in the past year

% responding (respondents could select a single response). * Numbers have been rounded for ease of interpretation



*N=330, subset of those indicating GP use within the last 12 months. April–May 2025.
Source: Economist Impact, 2025

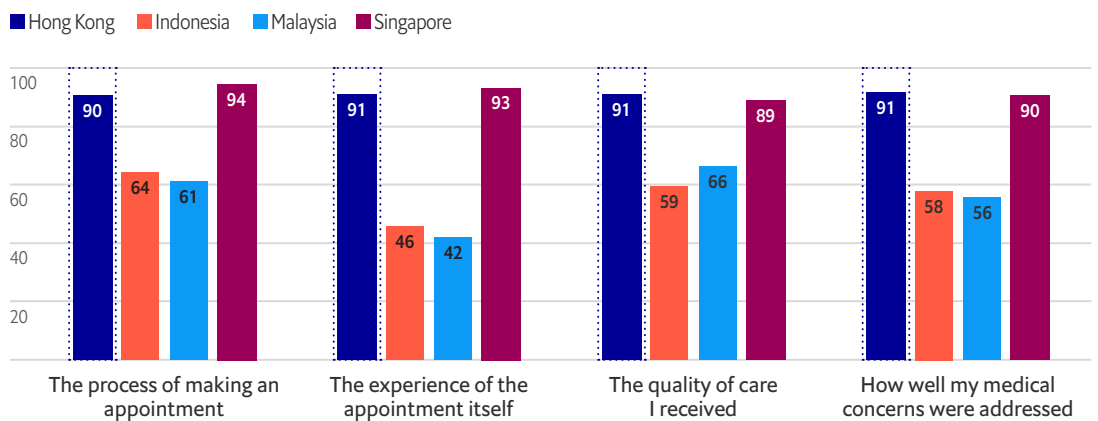
Another hurdle is getting to the appointment. One in four Hong Kong respondents reports difficulty reaching healthcare facilities using existing means of transport. In a city with good public transport this is surprising. But it may be, at least partly, explained by the uneven distribution of public and private primary care clinics. A recent Hong Kong study highlights the uneven spread of government outpatient clinics and a lack of official transport routes that can carry patients from convenient public transport stops to and from these clinics, making access harder for many residents.⁴ Alex Lam, chairman of Hong Kong Patients’ Voices, explains, “Emergency services are available to help people requiring urgent care to reach distant hospitals, but people requiring non-urgent care may face greater difficulties by normal transport means.”

The government has recognised these gaps: its *Primary Healthcare Blueprint* seeks to make access more straightforward through District Health Centres, which focus on district-based community health and co-ordinate primary care, health promotion and chronic disease support. It also promotes a “family doctor for all” model, encouraging residents to choose a self-selected, trusted doctor for continuous, first-contact care. This approach supports long-term relationships, better follow-up and gives people a clearer first step into the system.⁵

Convenience, trust and family priorities shaping care decisions

Hong Kong residents report high levels of satisfaction with their care (Figure 3). But the public system is under increasing pressure due to an ageing population and the rising burden of chronic illness.¹ According to Mr Lam, the imbalance between public and private healthcare use is becoming unsustainable, with 90% of the population relying on public services. “We still have an efficient public system that manages a large volume of patients,” he says. “But it will collapse one day if we don’t act. We’re already seeing quality drop because of long waits, even for serious conditions like cancer. Unless it’s life-threatening, you’re told to wait. That’s the problem.”

Figure 3: Satisfaction with different aspects of medical care received in the past year, by markets
 % responding (respondents who selected “Satisfied”).* Numbers have been rounded for ease of interpretation

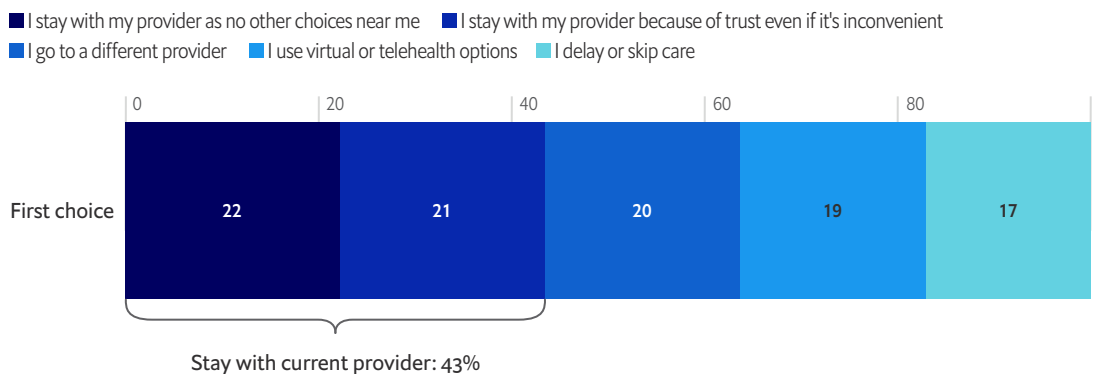


*N=4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025
 Source: Economist Impact, 2025

Even when faced with delays, many patients choose to stay with their existing provider: 22% because they are nearby and 21% because they trust them. Others look for alternatives, with 20% seeing a different in-person provider, and 19% looking for virtual appointments or telehealth (Figure 4). These behaviours suggest that when dealing with long waits in the system, patients are balancing access, convenience and continuity.

Figure 4: Actions patients take when there is a long wait to secure an appointment

% responding (respondents could select a single response).* Numbers have been rounded for ease of interpretation

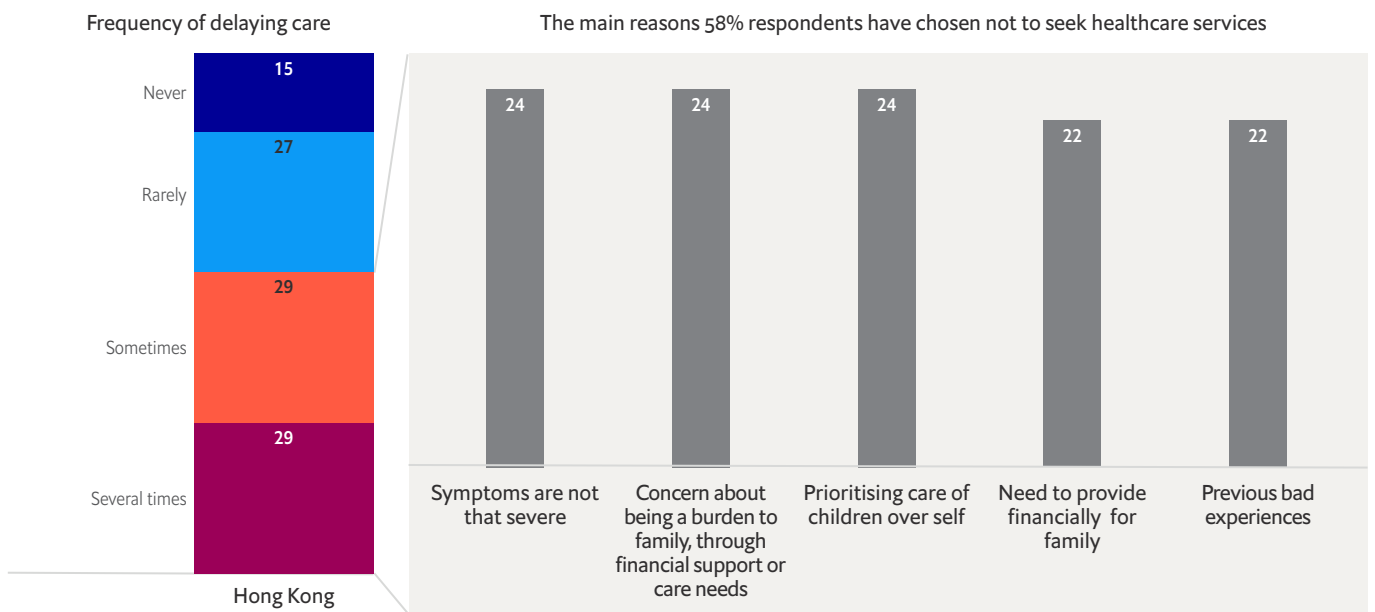


* N=1,153, April-May 2025.
 Source: Economist Impact, 2025

Delaying care is less common in Hong Kong than in the other three markets in this survey. But although 15% say they have not postponed care in the past year, close to 60% have (Figure 5). One of the most cited reasons is that symptoms are not that severe. Dr Soo believes that this is because, “Patients do not always know whether their symptoms are urgent or can wait.”

Figure 5: Frequency of and reasons for delaying care

% responding (Frequency: single response allowed; Reasons: up to three responses selected). * Numbers have been rounded for ease of interpretation



* Left chart N=1,153
 Right chart N=628 (Based on the subset of respondents who cited delaying care sometimes or several times in the past 12 months.)
 April–May 2025.
 Source: Economist Impact, 2025

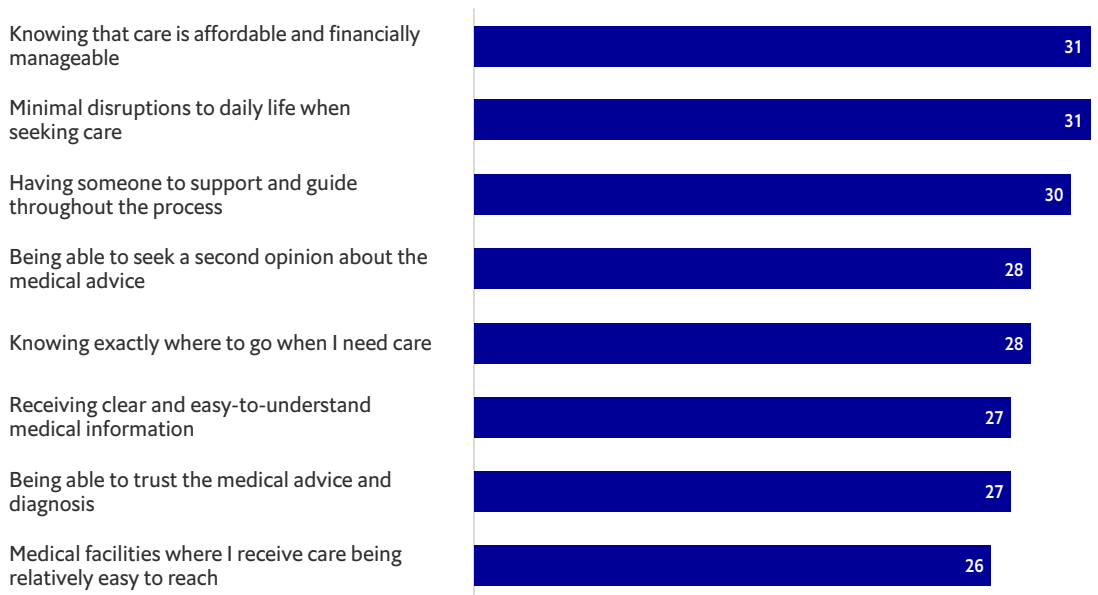
Family obligations are another important reason for delaying care. Respondents worry about being a burden to family members, have to prioritise childcare or need to earn to support the household (Figure 5). Mr Lam says, “Sometimes patients worry that an expensive procedure [in the private sector] will make their children suffer. For example, older patients needing costly treatment may hold back, even if their children are willing to pay, because they fear the financial strain on their family. Instead, they choose to delay care or turn to the public sector.” Even when services are available, people may still delay seeking care if it places financial or emotional pressure on their family.

What patients want from care

Those who seek care have clear expectations. Of those surveyed, 31% say they value care that causes minimal disruption to daily routines and 30% say having someone to support them throughout the care process gives them ‘peace of mind’ (Figure 6).

Figure 6: Top factors that provide support, confidence and peace of mind in healthcare

% responding (respondents could select up to three responses).* Numbers have been rounded for ease of interpretation



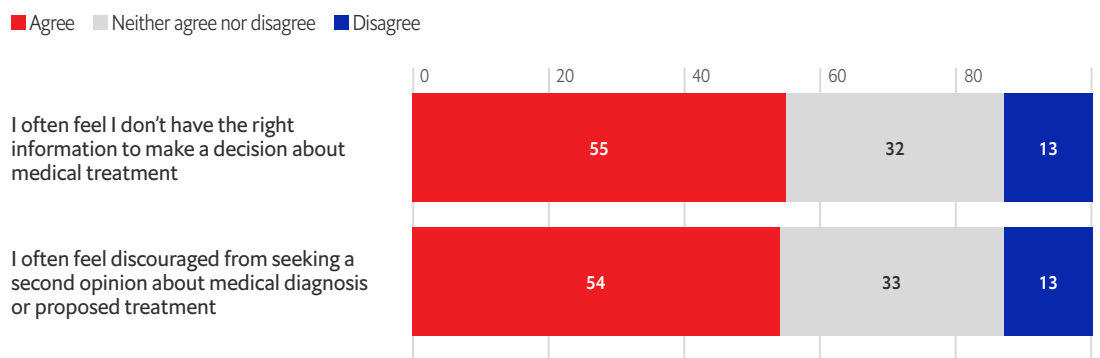
* N=1,153, April–May 2025.
Source: Economist Impact, 2025

Information and communication also matter: 27% say that receiving clear and easy-to-understand information helps them feel more confident (Figure 6). But 55% say they lack the right information to make treatment decisions (Figure 7). After diagnosis, many respondents turn to healthcare professionals for guidance: 21% rely on primary care doctors, 16% on specialists and 4% on pharmacists. Evidence from Hong Kong specialist outpatient clinics shows that better communication and participation in health decisions result in a higher quality of life.⁶

Access to a second opinion is also important, with 28% saying it helps them feel more confident (Figure 6). But 54% report feeling discouraged from seeking an alternative view (Figure 7). “In Hong Kong, if you want to seek a second opinion, there is no way you can do it in the public sector, because you will have to wait,” says Dr Soo. “You’ll have to go private, which is very costly.”

Figure 7: Feeling under-informed and discouraged from seeking second opinions

% responding (respondents could select a single response per option). * Numbers have been rounded for ease of interpretation



* N=1,153, April–May 2025.
Source: Economist Impact, 2025

Closing the affordability gap

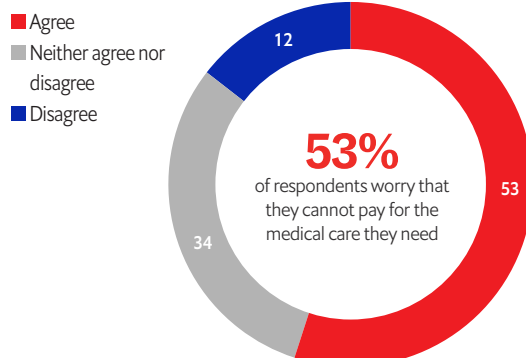
The cost of care has a significant impact on patients’ experience. For 31% of Hong Kong respondents, knowing care is affordable and financially manageable gives them confidence (Figure 6). But for many, that expectation doesn’t match reality. One study says that while proximity to primary health care services is high, only 32% of residents can afford these services.⁴ In our survey, more than half (53%) of respondents say they cannot pay for the care they need. And 56% report that their bill was higher than expected (Figure 8). This was significantly more than in other markets surveyed.

Figure 8: Expectations around cost of health care

% responding (respondents could select a single response). * Numbers have been rounded for ease of interpretation

Concern about affording care

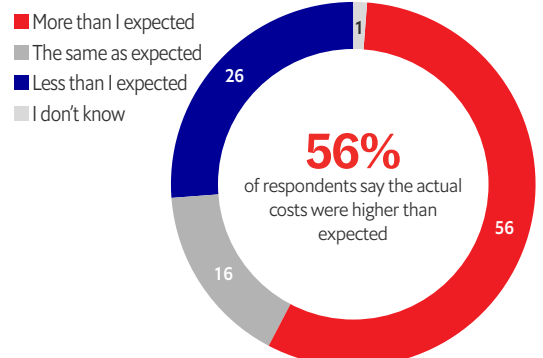
Respondents were asked whether they agree with the statement: “I am worried that I cannot pay for the medical care I need”



* N=1,153, April–May 2025.
Source: Economist Impact, 2025

Actual vs expected cost of care

Respondents were asked how the actual costs of the healthcare services they received in the past year compared with what they had expected



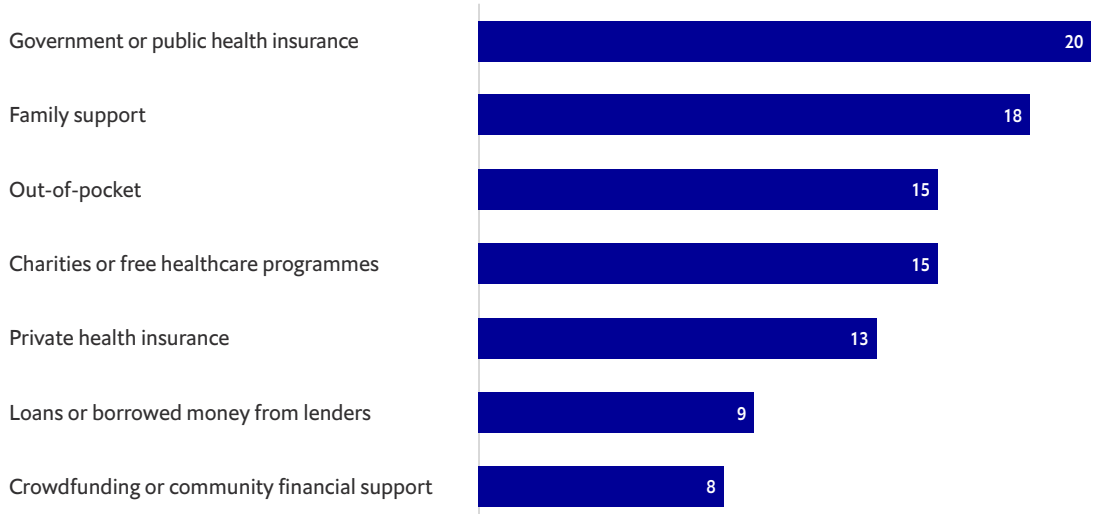
These cost shocks often create practical problems. One in five respondents say that unexpected charges are one of the top barriers to accessing care. Another 20% are unsure how the cost of their care is covered—whether through government support, insurance or vouchers issued to older patients to pay for subsidised private care. This uncertainty makes it harder to be confident about seeking treatment.

These concerns expose gaps in the dual-track system. Public services offer affordable care, but often come with long waits.⁷ The private sector provides faster access and greater comfort, but often at higher and less transparent prices. As medical inflation hit 10% in 2024, the gap between the two tracks has widened.⁸

Private insurance is relatively common in Hong Kong, with total penetration reaching 19% in 2022.⁹ This might suggest a bigger role for private care. Yet our survey shows that only around 13% of respondents use private insurance to pay for care. Public services (20%), family support (18%) and out-of-pocket spending (15%) are all more common ways to pay. The result is a system where financial risk is increasingly borne by individuals (Figure 9).

Figure 9: How respondents pay for care

% responding (respondents could select a single response). * Numbers have been rounded for ease of interpretation



* N=1,153, April–May 2025.
Source: Economist Impact, 2025

The government is trying to bridge this gap. The Voluntary Health Insurance Scheme (VHIS) aims to offer individuals more private options (see Box 1).¹⁰ New policies are also creating a push for transparent pricing in the private sector.¹¹ Between 2021 and 2024, almost half of all complaints received by the Consumer Council were related to disputes over healthcare prices, prompting the organisation to publish a report calling for clearer pricing practices.¹² The Council also still finds private hospital packages that omit key costs or raise fees after treatment begins.¹² As Mr Lam notes, “Hospitals should list all the possible costs so patients can make a decision. Otherwise, they may only discover after treatment that the bill is higher than expected.”

Box 1. VHIS at a glance¹⁰

What is it?

The Voluntary Health Insurance Scheme (VHIS) is a government-supervised programme launched in April 2019. It aims to encourage more structured use of private healthcare and reduce pressure on the public system.

Who manages it?

VHIS is administered by the Health Bureau. Certified VHIS plans are offered by private insurers but must comply with minimum requirements set by the government.

What does it cover?

All VHIS-certified plans provide coverage for hospital stays, prescribed diagnostic imaging tests and non-surgical cancer treatments. Plans are portable across insurers and must offer guaranteed renewal up to age 100.

Who's eligible?

All Hong Kong residents aged 15 days and older. Participation is voluntary.

How is it supported?

Enrollees can claim tax deductions for themselves and eligible dependents.

Building confidence in care

Hong Kong's healthcare system offers both access and choice. Yet for many patients, getting care can be complicated. Knowing where to go and what to expect is not always straightforward.

The findings show that clearer guidance and greater transparency of costs in the private sector can help people feel more confident about choosing care. Familiarity with how the system works—knowing who to see, how to book and what to expect—brings reassurance and continuity. It helps patients access the care they need—and negotiate the scarcity of public services and the uncertainty of private ones.

Practical steps can make a difference. Greater flexibility from health providers in both appointment times and care options that fit around work or family responsibilities would help patients see doctors faster. At the same time, clearer pricing and upfront information about what is covered would allow people to plan with greater certainty.

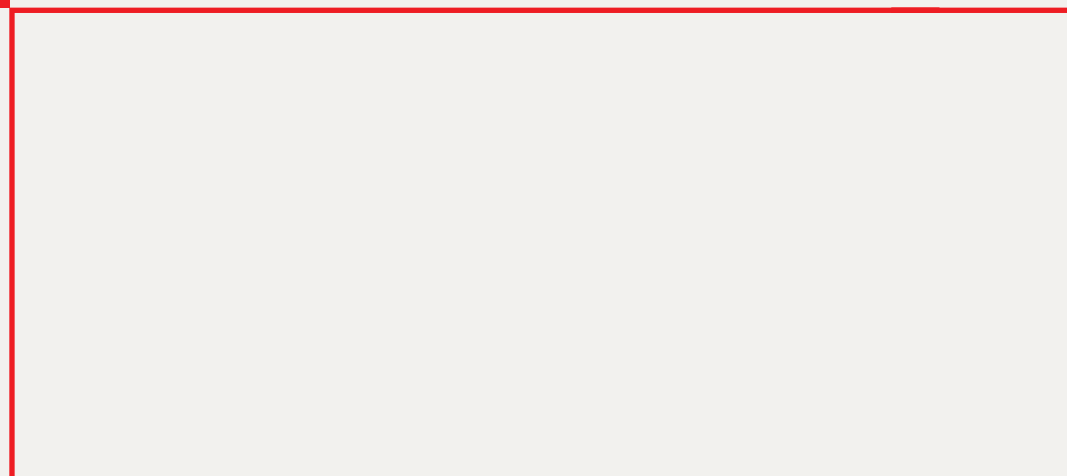
Government, medical service providers, and insurers each have a role to play in helping people make informed decisions. When patients understand their options and feel supported, care becomes not just more available—but more accessible, more affordable and easier to use.

References

1. Health Bureau of The Government of the Hong Kong Special Administrative Region of the People's Republic of China. The healthcare challenges In Hong Kong [Internet]. 2022 [cited 2025 Oct 27]. Available from: <https://www.primaryhealthcare.gov.hk/bp/en/supplementary-documents/challenges/>
2. Economist Impact. Patient voices: experiences of healthcare access in Asia [Internet]. 2025 [cited 2025 Oct 27]. Available from: <https://impact.economist.com/health/patient-voices-asia>
3. Xiong X, Li VJ, Huang B, Huo Z. Equality and social determinants of spatial accessibility, availability, and affordability to primary health care in Hong Kong, a descriptive study from the perspective of spatial analysis. *BMC Health Serv Res* [Internet]. 2022 Dec 1 [cited 2025 Oct 27];22(1):1–15. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08760-2>
4. Tran JYS, Chan D, Wong SYS, Chung RYN. Understanding the perceptions on the availability and accessibility of public health services for the poor and socially disadvantaged. A qualitative study in Hong Kong. 2023 Mar 27 [cited 2025 Oct 30]; Available from: <https://www.researchsquare.com/article/rs-2726736/v1>
5. Health Bureau of the Government of the Hong Kong Special Administrative Region of the People's Republic of China. Blueprint [Internet]. 2022 [cited 2025 Oct 27]. Available from: <https://www.primaryhealthcare.gov.hk/bp/en/blueprint-1/#top>
6. Tian CY, Wong ELY, Qiu H, Liu S, Wang K, Wei Y, et al. Implementation suggestions for shared decision-making: results from a comparative study of inpatients and outpatients experience surveys. *BMC Health Serv Res* [Internet]. 2025 Dec 1 [cited 2025 Oct 27];25(1):1–12. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-025-12507-0>
7. He AJ. Introducing voluntary private health insurance in a mixed medical economy: Are Hong Kong citizens willing to subscribe? *BMC Health Serv Res* [Internet]. 2017 Aug 25 [cited 2025 Oct 27];17(1):1–10. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2559-7>
8. College of Professional and Continuing Education. PolyU CPCE and The Hong Kong Federation of Insurers Launch Joint Research: "The Determinants of Post-Pandemic Medical Inflation: An Analysis of Private Insurance Claims Data in Hong Kong" [Internet]. 2025 [cited 2025 Oct 27]. Available from: <https://profile.cpce-polyu.edu.hk/en/projects/the-determinants-of-post-pandemic-medical-inflation-an-analysis-o/>
9. Swiss Re Institute. World insurance: stirred, and not shaken [Internet]. 2023 [cited 2025 Oct 27]. Available from: <https://www.swissre.com/dam/jcr:0e365e0b-cb43-4c35-a72a-db4fb4a0ea51/2023-07-10-sri-sigma-world-insurance-en.pdf>
10. Voluntary Health Insurance Scheme. Voluntary Health Insurance Scheme [Internet]. [cited 2025 Oct 27]. Available from: <https://www.vhis.gov.hk/en/>
11. Staff reporter. Health Bureau backs better private healthcare price transparency [Internet]. *Hong Kong Business*. 2025 [cited 2025 Oct 27]. Available from: <https://hongkongbusiness.hk/healthcare/news/health-bureau-backs-better-private-healthcare-price-transparency>
12. Consumer Council. Price transparency in healthcare: fostering consumer trust and value [Internet]. 2025 [cited 2025 Oct 27]. Available from: https://www.consumer.org.hk/en/advocacy/study-report/private_healthcare_services_study

While every effort has been taken to verify the accuracy of this information, Economist Impact cannot accept any responsibility or liability for reliance by any person on this report or any of the information, opinions or conclusions set out in this report.

The findings and views expressed in the report do not necessarily reflect the views of the sponsor.



LONDON

The Adelphi
1-11 John Adam Street
London WC2N 6HT
United Kingdom
Tel: (44) 20 7830 7000
Email: london@economist.com

NEW YORK

The 900 Third Avenue
16th Floor
New York, NY 10022
United States
Tel: (1.212) 554 0600
Fax: (1.212) 586 1181/2
Email: americas@economist.com

HONG KONG

1301
12 Taikoo Wan Road
Taikoo Shing
Hong Kong
Tel: (852) 2585 3888
Fax: (852) 2802 7638
Email: asia@economist.com

GENEVA

Rue de la Rôtisserie 11
1204 Geneva
Switzerland
Tel: (41) 22 566 2470
Fax: (41) 22 346 93 47
Email: geneva@economist.com

DUBAI

Office 1301a
Aurora Tower
Dubai Media City
Dubai
Tel: (971) 4 433 4202
Fax: (971) 4 438 0224
Email: dubai@economist.com

SINGAPORE

8 Cross Street
#23-01 Manulife Tower
Singapore
048424
Tel: (65) 6534 5177
Fax: (65) 6534 5077
Email: asia@economist.com

SYDNEY

Level 14, Unit #138,
5 Martin Place, Sydney
Australia.
Tel: (61) 2 8551 0023
Email: asia@economist.com

GURUGRAM

Skootr Spaces, Unit No. 1
12th Floor, Tower B
Building No. 9
Gurugram – 122002
India
Tel: (91) 124 6409 300
Email: asia@economist.com