

**Monitoring Committee on Implementation of the SARS
Expert Committee Report's Recommendations**

**Establishment of a Centre for Health Protection in Hong Kong:
Implementation Plan**

Purpose

This paper briefs Members on our implementation plan in respect of the establishment of a Centre for Health Protection (CHP) in Hong Kong.

SARS Expert Committee's Recommendations

2. The SARS Expert Committee has recommended that:-
 - the Government should establish a new CHP, which would have the responsibility, authority and accountability for the prevention and control of communicable diseases; As it develops, this centre would also have the responsibility to advise on all aspects of health protection, including food safety and hygiene, veterinary issues, non-communicable diseases and their risk factors, etc. It would also be responsible for maintaining close working relationships with the main international agencies (See recommendation 2 of the Expert Committee's Report);
 - CHP should engage in routine surveillance, preparatory response and training with a clear understanding of the functions and skills needed across the healthcare system (See recommendation 5 of the Expert Committee's Report); and
 - CHP should ensure there is an adequate infectious disease control system with the following functions: surveillance system, analytic capacity, investigative capacity, training and applied research capacity, surge capacity, health education and evaluation and backup with appropriate statutory powers (See recommendation 6 of the Expert Committee's Report).

Organization Structure of the CHP

3. We agree with the Expert Committee's view that the CHP should be set up within the Government and its existing public health infrastructure, since many of its core functions, such as collecting sensitive data from patients and contacts for medical surveillance purposes, requiring healthcare institutions to comply with directives, could not be performed effectively by non-government agencies.

4. We see the merit for setting up the CHP as part of the Department of Health at this stage, because it already performs some of the basic functions of a CHP and its staffs are experienced in public health matters. This arrangement will be reviewed in the overall review of the organization relations between the Health, Welfare & Food Bureau (HWFB) and its departments. The public health infrastructure and statutory authority for performing the health protection functions exist in the Department. It is also noted that most of the CHP-like organizations set up overseas are government agencies or government owned entities. For example, the renowned US CDC is a government agency under the Department of Health and Human Sciences.

5. Taking into account overseas experience, the health needs and circumstances of the local population, the relevant recommendations of the Expert Committee and the views of an advisory committee comprising local healthcare experts and academics, we plan to organize the CHP's activities into the following functional branches:

- (a) Surveillance and Epidemiology Branch: this provides the framework for monitoring and contributing to prevention and control of diseases of relevance to the population in Hong Kong. Under the umbrella of the Branch, there will be a Communicable Disease Division and a Non-Communicable Disease Division. The former consists of a Field Epidemiology Unit (FEU) and a Communicable Disease Surveillance Unit (CDSU). The FEU will specialise in responding to outbreaks and disease notifications, conducting field investigations, advising on control of the infections, and the organization of work-based training for professional staff. The FEU will be housed in the South Kwai Chung Jockey Club Polyclinic which will be renovated for the specific purpose of the CHP. The CDSU will work on the coordination of a central hub for data collection relating to infections. It will systematize regular data collection and collations from surveillance systems maintained by the Department and other relevant agencies, generate regular epidemiological reports, and develop studies on selected

infections of important public health consequences to Hong Kong. The CDSU will be responsible for epidemic intelligence, information system data management and cross-border surveillance. The Non-Communicable Disease Division will be responsible for surveillance and control of non-communicable diseases of significance to Hong Kong population and operation of cancer unit, cardiovascular unit and men's health unit, etc.

- (b) Infection Control Branch: this will comprise a Centre of Infection Control in Princess Margaret Hospital and Epidemiology and Infection Control Units in 5 hospitals in the hospital clusters of the Hospital Authority (HA). The branch will develop, promulgate, and evaluate best practices in infection control in health care and non-health care settings, support epidemiological investigations of communicable disease outbreaks in hospitals and support training in infection control for all level of health staff.
- (c) Emergency Response and Information Branch: it will be responsible for coordinating emergency response, contingency planning, risk communication and facilitating the development of preventive strategy and cross-sector logistic support.
- (d) Public Health Laboratory Services: it will be based in the Public Health Laboratory Centre. In addition to the provision of laboratory services and support of disease control by providing laboratory diagnosis and carrying out laboratory surveillance, it will be responsible for training of laboratory infection control professionals and the development of partnership with laboratories in HA, Agriculture, Fisheries and Conservation Department, Government Laboratory, local universities and overseas agencies.
- (e) The Public Health Services: it will provide specialised clinical services (tuberculosis, HIV and sexually transmitted diseases) and would collaborate with hospitals and other clinical services on these three areas.
- (f) The Programme Management and Professional Development Branch: it will provide management support to the targeted health protection programmes and the applied research projects. This Branch would also be responsible for training and professional development.

Annexes A and B show the organization charts of the Department of Health as at 1 January 2004 and upon establishment of the CHP respectively.

6. The above Branches would comprise some existing staff of the Department, supplemented by new recruits with appropriate expertise where appropriate. With the setting up of the six Branches, there should be a clearer demarcation of duties and enhancement of functions to bridge the gaps identified by the Expert Committee and detailed in paragraphs 18 to 24 below.

Integrated Approach on Health Protection Programme

7. An integrated approach to controlling health hazards is the cornerstone of health protection. Apart from the vertical organization detailed above, a programme-based approach would be necessary for a comprehensive health protection system. Health protection programmes shall be set up to cover a list of priority health hazards. Such programmes will bring experts from different agencies and disciplines together and adopt a multidisciplinary approach to controlling health hazards.

8. Since CHP would adopt an integrated approach in performing many of its activities, for example, in the daily operation of the Infection Control Branch, and in the development of health protection programmes, it would be well placed to take forward the Expert Committee's recommendations in respect of enhancing inter-agency collaboration. The CHP would also work towards the integration of the Department and HA IT systems to provide a common platform for better information sharing and exchange. In addition, it will have a mixed staff with professionals coming from the Department, HA and other relevant organizations through different engagement mechanisms.

CHP – Transitional Stage

9. The organization structure outlined in paragraph 5 has regard to the principal functions of the CHP as highlighted in the Expert Committee's Report: -

- to conduct comprehensive public health surveillance on communicable diseases;
- to develop strategies for the effective control of communicable diseases;
- to establish partnerships with the healthcare professions, community, academics, government departments, national and international authorities in the control of communicable diseases;
- to develop and review contingency plans and to respond effectively to outbreaks, emerging and re-emerging infectious diseases;

- to develop, support, implement and evaluate programs on the prevention and control of communicable diseases (including hospital-acquired infections);
- to develop the research agenda and support applied research on the prevention and control of communicable diseases;
- to build capacity and develop professional expertise on communicable diseases; and
- to act as the Government's advisor on communicable diseases. The longer-term function of the CHP should be broadened to cover environmental hazards and other non-communicable diseases.

In the light of the need to provide physical accommodation, develop the information technology system, and recruit experts and staff, it would take some time before all the Branches in the CHP would be fully in place. Of the six Branches highlighted in paragraph 5 above, we are of the view that the establishment of Surveillance and Epidemiology Branch and Infection Control Branch are priority areas. At present, the surveillance function in the Department is carried out by various services including Pathology Services, Regional Offices, and Disease Prevention and Control Division, while protocols for standardization of infection control practice in various settings are not prepared by a designated office.

10. Our interim target is for the CHP to come into operation in mid 2004 to take on the following core functions –

- (a) Surveillance and Epidemiology Branch: This would be achieved by merging the Regional Offices in the Department. At present, such Regional Offices performs the statutory functions, district health promotion and outbreak control. By merging functionally the Regional Offices to form Surveillance and Epidemiology Branch, there would be a team with clear lines of command designated for communicable disease outbreak. Initially, this Branch will comprise existing staff in the Department, an experienced field epidemiology trainer (being recruited), medical professionals and research officers. Recruitment of the additional staff is proceeding by phases.
- (b) Infection Control Branch: This Branch would develop infection control protocols for hospitals (both public and private) and other relevant entities (general medical practitioners, child care centres, homes for the elderly etc). Through its network, this Branch would provide an opportunity to improve the communication of

the relevant stakeholders in the public health infrastructure. The Branch will comprise staff from HA and the Department.

11. We envisage a health protection agency with all the functional elements described in paragraph 5 operating fairly smoothly in 2005.

Need for additional Branches

12. Since the CHP is a new organization, its structure and scope of work would need to be continuously reviewed and refined. In line with the recommendation of the Expert Committee, the CHP would review the need to expand into other health protection areas, e.g., possible establishment of a zoonotic disease control/veterinary public health branch, as it develops.

Financial/Staffing Implications

13. The CHP would be headed by a new chief health protection controller reporting to the Director of Health. The latter would focus on the strategic missions of the CHP while the former would oversee its operation, make day-to-day management decisions and formulate strategic plans. Given that the establishment of the CHP would be an extension of the health authority's current functions, it is appropriate and logical to identify the controller from within the Department with the relevant experience in disease prevention and control as well as contacts built up with Mainland and overseas authorities to ensure smooth and continuous operation. Upon appointment in April/May 2004, the controller will (i) ensure smooth operation of the Surveillance and Epidemiology Branch and Infection Control Branch under CHP's transitional stage; (ii) oversee the existing work of the Public Health Laboratory Services and Public Health Services with a view to expanding their functions upon CHP establishment in 2005; and (iii) coordinate the preparatory work for the establishment of the other two Branches, i.e. Emergency Response and Information Branch and Programme Management and Professional Development Branch.

14. We plan to appoint a senior administrator from the Administrative Service to supervise the operation of the Emergency Response and Information Branch given its multi-faceted and cross-disciplinary work nature. In identifying the Branch Head, we have to look beyond the Department of the Health because many activities of this Branch (e.g. corporate planning, risk communication strategy, cross-disciplinary emergency response) have no parallel in the Department and should best be spearheaded by a generalist with broader exposure and experience and proven administrative and cross-sectoral co-ordination skills.

15. We will seek the Legislative Council's endorsement to create the two senior posts described in paragraphs 13-14. The other Branch Heads and directorate staff of the CHP will be identified through resources redeployment from the Department and HA. A total of about 200 non-directorate staff will be recruited to support the operations of the CHP upon its full establishment in 2005.

16. Given that the CHP workforce would mainly comprise DH staff, the recurrent costs of CHP are expected to be largely funded by redeployment of resources from the Department. The Hong Kong Jockey Club (HKJC) has pledged a donation of \$500 million for the establishment of the CHP. We have sought HKJC's support to deploy part of the donations to fund the costs for the new CHP facilities. We would also seek support for funding the recurrent costs for the new additional staff for CHP. In the light of a review of the CHP's operation to be conducted in 2005, we will further assess if there is a need to seek additional funding resources.

Background

17. The Department of Health (the Department) at present undertakes a wide range of activities and these can be categorised into four areas: -

- (a) Advisory
- (b) Regulatory
- (c) Health advocacy and promotion
- (d) Disease prevention and control

In terms of communicable disease prevention and control, the Department presently carries out such activities by taking immediate outbreak control measures, delivering preventive programmes such as immunizations and providing specialised treatment services on HIV, tuberculosis and sexually transmitted infections.

18. The Expert Committee report has identified gaps in the current public health system. We have reviewed the present situation and made an assessment of areas for enhancement.

19. According to the Expert Committee, the epidemiology capacity needs to be strengthened. This includes surveillance and reporting systems. Surveillance is taken to include surveillance in the Pearl River Delta. An information exchange network has been established with Guangdong and Macao. For other overseas health authorities such as World Health Organisation, Centers for Disease Control and Prevention (CDC) in the United

States (US), Health Protection Agency in UK, further enhancements in terms of expertise exchange, staff training and joint research projects would be beneficial.

20. Co-ordination within Hong Kong needs to be strengthened. The working relationships between the Department and the Hospital Authority (HA) and the private sector, universities and primary care need to be improved. Collaboration with local health care institutions such as private hospitals, primary care practices and laboratories on communicable disease information exchange would be beneficial. Standardised guidelines for good infection control practices should be developed, promulgated and evaluated. Infection control standards should be raised in all setting, such as hospitals, clinics, childcare centres and elderly homes.

21. The present arrangements for risk communication and emergency response can be streamlined and the co-ordination strengthened. A communication strategy in advance of a communicable disease outbreak should be devised. Contingency plans should be established and drills should be arranged.

22. In terms of training, there is a public health training programme in Hong Kong, which is supported by the Department, universities and the Hong Kong College of Community Medicine. However, there is a deficiency in the number of field epidemiologists and local systematic field epidemiology training. Currently, doctors working in Regional Offices receive work-based field epidemiology training but the training is not systematic.

23. For laboratory capacity, enhancements especially in virology are desirable.

24. At present, local applied research on diseases and hazards of public health significance is not high on the Department's agenda. Suitable emphasis should be placed on this to facilitate efficient and effective public health actions aimed at protecting the health of the community. Applied research can be best performed in collaboration with universities, hospital authorities, other health care institutions, relevant government departments and other related bodies.