



嚴重急性呼吸系統綜合症專家委員會報告建議監督委員會
Monitoring Committee on Implementation of
the SARS Expert Committee Report's Recommendations

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21 December 2004

The Honourable Tung Chee Hwa
Chief Executive
The Government of the Hong Kong
Special Administrative Region
5/F Main Wing
Central Government Offices
Lower Albert Road
Hong Kong

Dear Mr Tung,

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

The Monitoring Committee convened in two sittings between September 27 and October 4. This was our second set of meetings and our main conclusions are set out in this letter.

We would once again like to pay tribute to all who have contributed to the progress that has been made since the report was issued in October 2003. It is very impressive and we both remain in no doubt that Hong Kong is better prepared to combat an epidemic than it was last year.

There are 10 points we would like to draw your attention to:

1: Centre for Health Protection (CHP) – organisation, surveillance and communication.

The Committee was very impressed with the hard work and progress of the CHP, especially the work which has been done on communicable

diseases. However, in the long term the CHP should not lose sight of non-communicable diseases (NCD). We recommend that the Government should set out its health promotion strategy and future direction, with clear roles for DH/HA and the CHP working together.

While agreeing that the existing sentinel surveillance system provided information for analysis of disease trends, we consider there is further scope to develop the population basis and also to improve the definition of patient profiles, identifying changes in attendance patterns and correlating the patient trend with laboratory findings. This would enable the CHP to tackle infectious diseases in an anticipatory manner. Overall, the criteria and objectives of sentinel surveillance systems need to be reviewed and clarified.

The sentinel surveillance system also needs to include all sectors and ensure that high-risk groups are monitored. This will require IT support which we hope will be forthcoming.

Communications and the CHP:

We were pleased with the improvements made in the communications with Guangdong and Macau on surveillance of infectious diseases. We also commend the collaborative initiatives with the health authority, the private sector, NGO elderly homes and the efforts to outreach to the local community.

The Risk Communication Advisory Group of the CHP has made a good start but we believe an evaluation mechanism should be developed in due course to assess its effectiveness including having a high profile and engaging with the public in debate.

We would recommend that the guidelines on infectious diseases prepared by the Scientific Committees of CHP should be evidence-based and user-friendly to ensure effective implementation. The CHP should co-ordinate the authoring of guidelines centrally, kitemark them to ensure consistency in quality and presentation format. Consideration should be given to sharing the approach with HA and Clinical Effectiveness Unit.

Whilst we remain pleased with the tremendous efforts and progress made in the establishment of the CHP we believe it is very important that progress is sustained and the momentum for close cooperation with other agencies and departments in pursuing its health protection mission is maintained. Sufficient resources should be given to the CHP to enable it to take forward its work. It will also be important to maintain staff

morale through job enrichment, training and better career prospects.

2: Development Plan for Public Health Workforce

We commend the establishment of the working group to develop and monitor implementation of a HK-wide public health workforce strategy. We believe that in future all possible moves should be taken to integrate public health with clinical medicine and laboratory science in medical education, research and practice. The success of the strategy will require strong commitment from the Government in terms of policy and resources in the training of public health professionals as well as collaboration with the relevant Colleges of the Academy and the tertiary institutions.

3: Policy on Privacy of Information

We support the development of guidelines for release of personal information during an outbreak situation, recognising that the challenge is to strike the right balance between the need to protect one's personal privacy and the need to enforce public health measures for the good of the community. This is an important issue which needs to be debated in public to achieve a community consensus with greater understanding around the release of personal information of individuals for protection of public health.

4: Reorganization of the Health, Welfare and Food Bureau

The Monitoring Committee was pleased to learn of the plans to integrate the Department of Health (DH) into the Bureau. In our analysis of the SARS epidemic we felt that health policy formulation at the Bureau level has been handicapped and also that the separation of the Department from the Bureau led to difficulties of coordination. In taking forward the exercise, it is important to ensure clarity regarding the roles and responsibilities of the Director of Health as Chief Medical Officer and the Permanent Secretary working together to support the Secretary for Health, Welfare and Food. There will also be a need for clarity regarding the responsibilities of the Bureau and the DH and the responsibilities of the CHP and other agencies, such as the Hospital Authority (HA). For example, health promotion and the management of chronic illnesses and disabilities are major tasks in all developed economies running a public health system. Part of the responsibility for health promotion will rest with public health specialists working within the CHP and with staff working within the HA. An important responsibility will also rest with

the DH and the Bureau for developing policy in this area and making sure it is effective across government. Broadly speaking, we see the responsibilities of the Bureau and the Department in matters of policy. But it would be important for these matters to be discussed and set out in Memoranda of Agreement if confusion is to be avoided.

5: Occupational Health

The main initiative has been to improve occupational health throughout the public and private healthcare sector. We strongly support what has been achieved and what has been planned. We did, however, during our meetings, draw attention to the need also to develop occupational health service, led by doctors and nurses, trained as specialists in occupational health. As well as providing a service to employers and employees within the HA and the CHP, such a service could also provide support for the private sector. We recognise that it will take time to build such a service, given that there are, at present, no specialist occupational health practitioners employed within the HA in Hong Kong. It was agreed that a first step is to invite someone, or a body such as the Faculty of Occupational Medicine of the Royal College of Physicians of London, to advise on how such a service might be developed.

6: Research

We are extremely impressed by the initiatives that have been taken in the field of research over the last year. During the SARS epidemic, it was noteworthy that some of the best science in the world, which was used to contain the epidemic, emanated from Hong Kong. Much further work has been carried out since and has been commissioned, both in basic science, but also in applied and clinical science. We understand that evidence-based guidelines for the management of respiratory infectious disease epidemics are currently being prepared and a number of papers on clinical topics are also being prepared for publication. There is a need for research in public health medicine, but here is a difficulty, given that both the Chinese University of Hong Kong and the University of Hong Kong have very small departments of public health medicine.

While noting that some dedicated resources had been set aside to cater for research projects, we also noted that training for public health research needed to be enhanced. For example, urgent consideration should be given to setting up research fellowships to build up HK's research capability. In doing so, consideration should be given to establishing joint posts between different departments and universities to share knowledge and develop greater public health awareness.

We said a year ago and we now wish to reiterate our advice, that both the Chinese University of Hong Kong and the University of Hong Kong should seriously consider forming a single institute of public health, potentially with other partners. Both universities need to play to their relative strengths by working in collaboration with a common programme to develop education and research in public health, and developing a strategic approach which avoids conflict and duplication. This will need support from all universities, the HA, the DH, and the Academy of Medicine. Given the size of Hong Kong, it will be difficult to sustain more than one institute if it is to be properly staffed and resourced. Urgent action is needed and university resources are presently inadequate for the importance of the task.

7: VMO scheme

Last year, we recommended that the visiting medical officer scheme, which was modified during the epidemic to support old people's homes and the private sector, should be examined to see whether it could become a permanent feature of the healthcare system. We understand that further work has taken place to see how best this idea might be developed, but the results are not yet available. Adequate support for older citizens, cared for in such homes, is important both in terms of improving and protecting their health, but also for surveillance purposes.

8.TCM

We understand that arrangements to embrace the practitioners of traditional Chinese medicine into a surveillance system for the monitoring and management of infectious diseases, is now in operation.

9: Information Systems

In our last letter we recommended the integration of various existing information systems including the one in the HA in order to develop a population based common system. We feel that greater priority should be given to this stream of work.

10: Patient Views

From our discussions with SARS survivors, it would appear that more communication is needed between the HA and patients groups. A common website could be developed to keep survivors up to date on the latest research findings. Lessons from science need to be shared with

patients and the public. The symptoms of 48 patients with non-specific pains but no radiological evidence need further investigation. We have received comments about the stringent criteria relating to the application for the Trust Fund for SARS. We recommend that such comments should be looked into and if necessary, the application criteria and procedures should be reviewed.

Our Overall Views

To reiterate, the Committee was very impressed by progress made but emphasized the need for sustained efforts.

As with our previous reports, we have asked that the Minutes of our meetings and the papers we considered, should be made available for public viewing on the website, along with the text of this letter.

Finally, we would like once more to commend the ex-Secretary of Health, Welfare and Food, Dr EK Yeoh for his leadership, and his colleagues the Director of Health, Dr PY Lam and the Chief Executive of the HA, Dr William Ho, along with very many others, for the progress that has been made in the last year. This progress is to be seen on visiting hospitals where much new building has occurred with large numbers of new facilities, such as negative pressure rooms. It is also seen in the establishment of new systems and the development of training for a very large number of people. It is truly impressive. We have no doubt that Hong Kong is a safer place now than it was a year ago, and as a result, so is the rest of the world. For both of us, it has been a privilege to be involved in these initiatives and we wish you and the people of Hong Kong well for the future.

Yours sincerely,



(Prof Sian Griffiths)



(Sir Cyril Chantler)

Co-Chairs of the
Monitoring Committee on Implementation of the
SARS Expert Committee Report's Recommendations