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

Our ref : HWF/H/42/15 Pt 2 03

17 February 2004

Mr 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 between January 19th and 21st. Our terms of reference require us to report to you periodically on progress of implementation. Our main conclusions are set out in this letter. We have asked that this letter, minutes of our meetings and the materials we considered should be placed on the SARS website [www.sars-expertcom.gov.hk] so that the information is available to the people of Hong Kong.

We would 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 impressive and we are in no doubt that Hong Kong is better prepared to combat an epidemic than it was three months ago; even more so than this time last year.

There are six points we would like to draw to your attention.

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1. **Creation of the Centre for Health Protection [CHP] and the organisational implications for the Health Welfare and Food Bureau [HWFB]**

We have been pleased to see the developments towards the creation of the CHP. We are however concerned that the opportunity created by this new body may not be fully realised without considering its scope and nature as more far reaching than as a branch of the Department of Health [DH]. This is a concern that has been amplified by discussions with many of the people we have met during this session of the committee.

We recognise it will take time to set up the CHP, but it seems to us that in doing so the need to reorganise the functions of the Bureau should be actively considered now, rather than delay, because the effectiveness of the CHP depends in part on re-organisation being undertaken .

We have spoken to the Secretary for Health, Welfare and Food and agree with him on the need to consolidate the CHP, DH and HWFB. Our suggestion is that the director of health takes on the function of Chief Medical Officer [CMO] within the Bureau to advise the Secretary as appropriate. We suggest that you consider establishing the CHP as an agency reporting to the Secretary through the CMO. The public health function of the CHP needs to be across all sectors including the hospital authority, the universities and the private sector not just within the DH. This is true not only for the centre but also for the regional public health teams who need to develop close working relationships with their cluster hospitals and be more closely involved with planning for outbreak control and with operational decisions when necessary. The responsibilities of CHP for areas outside the HFWB, such as environmental health need to be clarified.

2. **Relationships with Guangdong and the Pearl River Delta**

Much has been achieved but more needs to be done. We recommend that exchanges between clinical staff in Hong Kong and Guangzhou should be encouraged to facilitate collaboration in research, training and service delivery. We would particularly hope that barriers can be

overcome to enable the passage of specimens and information between the Central Public Health Laboratory in Hong Kong and CDCs in Pearl River Delta. Exchange of staff between these institutions for short periods would we believe be helpful and should be encouraged.

We also would ask that consideration be given to research into animal husbandry and its effects on disease transmission between species and the interaction with humans. The example of immunisation of chickens and the improvement of market conditions in Hong Kong sets an example and is to be commended.

3. Developing information systems

We are impressed by the systems that have been developed and the plans for further development. We are also very encouraged by the improved co-operation between the DH and the Hospital Authority [HA] in this area. Information systems that enable accurate timely data to be available to all who need it are essential in controlling an epidemic. We would hope that the necessary funds to install and run these systems would be made available. This needs to include extension to the private sector and elderly care homes who play a crucial role in infection control and surveillance. In doing this the collection of routine data by a health Observatory within the CHP could be considered. We would also encourage consideration of links across the Pearl River Delta.

4. Occupational Health Service

We would wish to emphasis the importance of developing comprehensive occupational health services and hope that more progress will have been made by our next visit.

5. Workforce development plan for public health and other medical specialties needed to improve infection control

We are encouraged by the progress made on infectious disease training and on discussions on training for medical specialties such as

intensive care, infectious diseases, microbiology and public health medicine. We would however urge that a comprehensive workforce development plan is drawn up which engages all partners and covers the training for public health and infectious disease control responsibilities of all disciplines including doctors, nurses and other paramedical staff working in the CHP, HA, DH, private and voluntary sectors. In particular we would hope to see a workforce development plan for public health medicine as referred to in our initial report in recommendation 38. We suggest consideration is given to an overarching workforce commissioning group, comprising commissioners and providers of teaching and training of healthcare workers, to develop a strategy.

6. Relationships with the universities for teaching and research

We continue to place great emphasis on the need for co-operation where appropriate between the various funders and providers of teaching and research. In particular we would ask that protocols should be agreed on how the various institutions are expected to act at a time of crisis such as an epidemic so that it is clear where decisions are being taken and by whom, and how information and samples should be shared. Following discussion with the academic community and others we believe that the research committee in HFWB should develop in a number of ways. We believe there is a need to bring together as commissioners all interested parties including the HA, DH, CHP, the University Grants Committee and private sector including family practice to work with all universities in agreeing a strategy with overall priorities and commissioning policies which enable a comprehensive and appropriate programme of research to be delivered in a timely, efficient and economic way with minimum duplication. This committee should concentrate on strategy rather than operational delivery of research.

During our visit we met with some patients recovered from SARS and also members of bereaved families. We are very grateful to them for their input and suggestions.

We are planning the next meeting of the monitoring committee in October 2004. In the meantime we would like to repeat our congratulations on all that has been achieved over the last few months.

The leadership and teamwork are exemplary. We thank all the many people who have given their time to help us reach our conclusions.

Yours sincerely,

(Prof Sian Griffiths)

(Sir Cyril Chantler)

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