

## Expert Committee finds little fault in Hong Kong's response to SARS

A panel of international experts commissioned by the Chief Executive of the Hong Kong Special Administrative Region found shortfalls in the government's handling of the outbreak in China, Hong Kong Special Administrative Region (Hong Kong SAR), but praised its response overall. The 172 page SARS Expert Committee report was published on 2 October and highlighted weaknesses in Hong Kong SAR's health system but did not single out any officials for individual criticism.

"Overall the epidemic in Hong Kong [Special Administrative Region] was handled well, although there were clearly significant shortcomings of system performance during the early days of the epidemic when little was known about the disease or its cause," said the report, which also went on to praise "the extraordinary hard work of people at all levels of the system in very difficult circumstances." It also pointed out that the shortcomings in the territory's health system were aggravated by key personnel succumbing to the disease.

Hong Kong SAR was the second worst hit area after the mainland itself with 299 deaths and 1755 infections. However, the fatality rate in Hong Kong SAR was much higher, showing 17.1% compared with the mainland's 7%.

The Committee was established on 28 May following criticism by Hong Kong SAR's community of its government's handling of the outbreak during the initial stages of the crisis. The Committee comprised 11 experts from Australia, China including Hong Kong SAR, the United Kingdom and the USA and was co-chaired by two British doctors, Sir Cyril Chantler and Professor Sian Griffiths. Their task was to conduct a review of the management and control of the epidemic and to identify lessons to be learned to better prepare Hong Kong SAR for any future outbreak. The Committee formed two groups to focus on hospital management and administration, and public health.

Communication was one of the main failings outlined in the report. The Department of Health (a government department reporting to the Health, Welfare and Food Bureau which has overall policy responsibility for health matters), only became aware of the first major outbreak through news media reports. This was a result of an initial failure in communication between Hong Kong SAR's Hospital Authority (an independent body responsible for the provision of all public hospital services), the Department of Health and university health experts. Guangdong, where the disease originated, was singled out for having withheld information about the disease from Hong Kong SAR and the rest of the world. "If it had been available," the report said, "we believe the epidemic might have been ameliorated."

Lack of contingency planning was also highlighted as a major weakness in the system. Referring to the outbreak at the Prince of Wales Hospital on 10 March in which 11 staff were infected, the committee noted the "absence of a pre-determined hospital outbreak control plan and the inadequate involvement of Department of Health staff in critical decisions about outbreak control measures at the Prince of Wales Hospital were not conducive to the management of the outbreak." Inadequate infection control and poor environmental conditions were also cited as contributing factors to the outbreak at the Prince of Wales Hospital and other outbreaks in Hong Kong SAR. The absence of comprehensive laboratory surveillance was listed as another important gap in the system.

The report made 46 recommendations presented under 12 strategic themes with the overall aim of making sure Hong Kong SAR is better prepared for future disease outbreaks. A major recommendation was a review of the organizational structure including the relationship between the Health, Welfare and Food Bureau and the constituent government departments. Ambiguities in the relations between and roles of the departments had led to a breakdown in coordination and policy-making during the epidemic. To address these

problems, the report recommended the creation of a Centre for Health Protection (CHP) with responsibility, authority and accountability for the prevention and control of communicable diseases.

Whilst the report has received some criticism from Hong Kong SAR's media for not naming individuals, WHO has welcomed the commissioning of the report. "It is a reflection of Hong Kong [Special Administrative Region]'s continuous willingness to be transparent, even of its flaws," said Dick Thompson, Communications Officer in WHO's Department of Communicable Diseases. "What is important," he added, "is that these assessments are done and that Hong Kong [Special Administrative Region], and WHO, learn from SARS so that we are prepared for SARS II, whatever that might be."

The full report and its summary can be viewed on the Committee's web site at [www.sars-expertcom.gov.hk](http://www.sars-expertcom.gov.hk). ■

Sarah Jane Marshall, *Bulletin*

## Iraq health minister plans future Iraqi health system

Iraq's interim health minister Khudair Abbas is working on plans to transform his country's public health system that once favoured Saddam Hussein's allies to one that is more equitable and primary health care-based and reflects the dual burden of noncommunicable and communicable diseases.

Dr Abbas has been working closely with WHO, the Coalition Provisional Authority in Iraq (CPA), several UN agencies and the World Bank to identify Iraq's immediate health needs and draw up a long-term plan for public health.

The plans, which were due to be presented at a donor's conference in Madrid on 23–24 October, require about US\$ 1.6 billion in funds from 2004 to 2007 in addition to the US\$ 1 billion already raised by the US Government and Iraqi oil revenue.

"Our chief priority is to jump-start the Iraqi health system so that it can provide basic functions again like disease surveillance, provision of medicines and basic hospital services," said David



Health facilities in Basrah, Iraq, destroyed during the 2003 war.

Nabarro, the senior WHO official appointed by the UN and the World Bank to help prepare the health side of Iraq's needs assessment for Madrid.

Building a health system virtually from scratch is a formidable challenge amid continued violence, tension and uncertainty and is expected to cost billions. WHO has already helped Afghanistan, East Timor and, many years ago, Cambodia, rebuild their health systems from the ashes of war. After Iraq, the next such project will be to help Sudan create a public health system, Dr Nabarro said.

But humanitarian agencies in Iraq say the dire security situation there is making their mission difficult and dangerous. After the bomb attack on UN headquarters in Baghdad on 19 August, many — including Médecins Sans Frontières (MSF), the International Committee for the Red Cross (ICRC), Oxfam, Save the Children, Merlin and the United Nations High Commissioner for Refugees — scaled back their operations, withdrew international staff and moved their headquarters to neighbouring Jordan or Kuwait.

The ICRC is still working closely with local partner, the Iraqi Red Crescent Society, visiting detainees and providing emergency support for water and sanitation as well as medicines. Médecins Sans Frontières said that, despite the security situation, it was providing primary care services, with up to 2500 consultations per week.

The US-led war in Iraq triggered a complete collapse of the country's health system. Outward signs were looted hospitals and violence against health workers, especially female staff.

But the system was "already badly run down" due to previous wars, sanctions, drastically reduced spending — some estimates suggest the Iraqi health budget was cut by 90 per cent during the 1990s — as well as an inequitable health treatment policy.

Decades of weak primary health care have resulted in high rates of maternal and child mortality, and of malnutrition. Diseases like malaria and cholera are endemic in certain parts of Iraq and there is a drastic shortage of nurses, epidemiologists and public health administrators.

One of the first projects was to vaccinate all Iraqi children of five years and younger against measles, diphtheria, tetanus, whooping cough, tuberculosis, hepatitis B, and polio by the end of the year. The National Vaccination Days project is being sponsored by WHO, UNICEF, the US Government and the Iraqi health ministry. In addition, the Ministry of Health, with support from WHO, other UN agencies and external bodies, is re-establishing disease surveillance and public health programmes as well as an improved medical supply distribution system.

The UK's Department for International Development (DFID) and the European Commission have also funded a number of projects. The Government

of Kuwait recently made a US\$ 3 million donation to a Basrah hospital.

Dr Nabarro was optimistic that the Iraqi health bid would get a positive response from donors in Madrid but he said there was no guarantee.

"I think there is a good chance that the Health Sector will get support from investors — some conventional donor assistance through the Health Ministry, some as proposed partnerships between companies outside Iraq and the health authorities within the country, and some as support for local initiatives and NGO's," he said. ■

Fiona Fleck, *Geneva*

## Malnutrition leading cause of death in post-war Angola

Malnutrition replaced violence as the main killer of displaced children and adults at the end of Angola's bloody civil war, says the medical relief organization, Médecins Sans Frontières (MSF). A survey (*BMJ* 2003;327:650-5) by the organization documents the disastrous health impact of armed conflict on an isolated population that has been largely ignored by the outside world.

The survey focused on the families of former members of the rebel movement UNITA (União Nacional para a Independência Total de Angola), which was defeated after a 27-year civil war. A ceasefire was signed in April 2002. In the last four years of the war, an international embargo prevented relief organizations from reaching UNITA-held areas so that by the time of the ceasefire, some three million people were judged to be in need of immediate help.

MSF says that death rates among the displaced UNITA families during the survey period, between mid-2001 and mid-2002, were about three times as high as expected for a population in a low-income country. Some of the deaths could have been avoided if humanitarian aid had been available, the report says. It calls for more effective humanitarian responses to the needs of people caught up in wars, whatever the political and military considerations. The report also criticizes the slowness of the aid response in the first four months after the ceasefire, blaming a "general unwillingness on the part of donor agencies" to commit money to the UN's appeals for Angola at the time.