

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. ■

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