

OVERVIEW

2.1 The world had little knowledge about SARS when the syndrome complex was first named by the World Health Organization (WHO) on 15 March 2003. It turned out to be a major threat to international public health. In just a few months, a previously unknown coronavirus has infected over 8,000 people and claimed over 900 lives worldwide.

Figure 2.1 Summary table of SARS cases, 1 November 2002 – 7 August 2003

Area/Country	Cumulative total of cases	Cumulative total of deaths
Canada	251	41
Mainland China	5,327	349
Hong Kong, China	1,755	300
Taiwan, China	665	180
Singapore	238	33
Vietnam	63	5
Philippines	14	2
United States of America	33	0
Others	76	6
Total	8,422	916

Source: WHO website, data on SARS released on 15 August 2003

2.2 Globally, healthcare workers and younger adults account for the majority of SARS cases. Although the number of cases is smaller in older people, the highest age-specific incidence rate is in fact in this group.

2.3 Clinically, SARS generally begins with a prodrome or early symptom of fever ($>38^{\circ}\text{C}$), often associated with chills and rigors and sometimes accompanied by other symptoms including headache, malaise and myalgia. Some cases had mild respiratory symptoms, though these are not prominent in the early stage of the illness. Some patients have also reported diarrhoea during the febrile prodrome. After 3-7 days, a lower respiratory phase begins with the onset of a dry, non-productive cough or shortness of breath. Symptoms are milder in children, whilst in older people respiratory symptoms may be more prominent. A small proportion of patients do not present with typical symptoms, and are not readily recognised on presentation. These cryptic cases are often only identified retrospectively as SARS, and some are found in elderly or immunocompromised patients with co-morbidities.

SARS IN HONG KONG

2.4 An account of the SARS epidemic in Hong Kong is set out in chapter 3, and the chronology in **Appendix III**. The source of infection was traced to an infected Guangzhou professor who arrived in Hong Kong in late February 2003. During his stay at *Hotel M*, the infection spread to other guests and visitors, who subsequently triggered off a chain of outbreaks in Hong Kong, Singapore, Canada and Vietnam.

2.5 The epidemic lasted over a period of three months and affected 1,755 individuals, including 300 deaths. Its effects went beyond the health sector and had a severe adverse impact on the general economy, employment, schooling, and many other activities. There was also great fear and anxiety in the community.

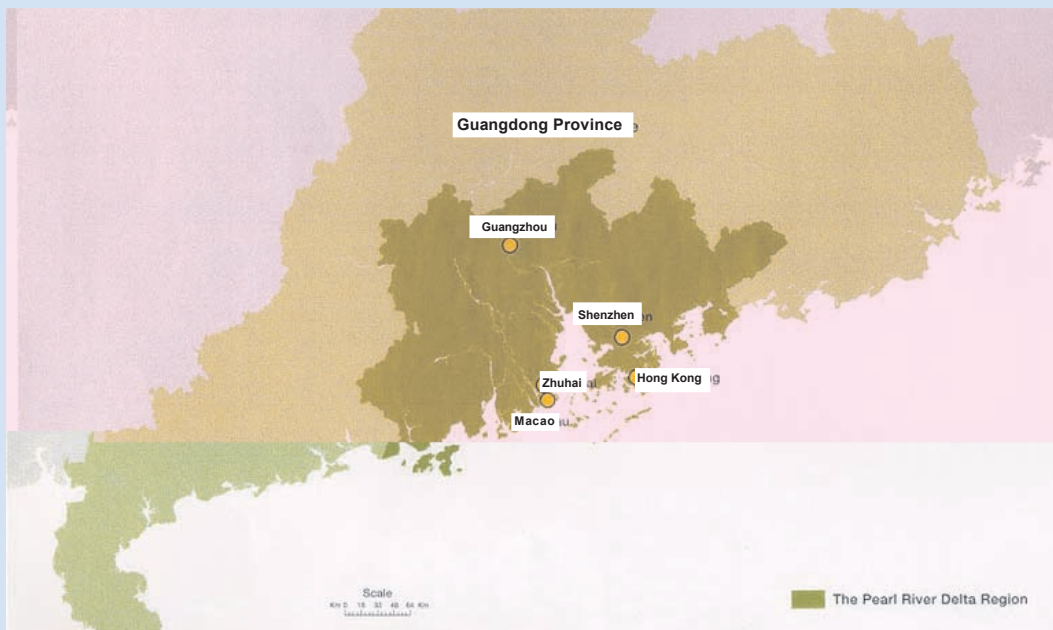
2.6 However, there was much resilience in the people of Hong Kong. With the concerted efforts of the community, the epidemic in Hong Kong, regarded by WHO as one of the hardest to control because of the territory's immense population density and fluid boundaries with neighbouring areas, was successfully controlled. On 23 June, WHO removed Hong Kong from the list of areas with recent local transmission after the last reported case was isolated on 2 June.

FACETS OF HONG KONG

2.7 The SARS epidemic must be seen in the geographical, socio-economic, political and organisational context of Hong Kong.

2.8 Hong Kong is a Special Administrative Region of the People's Republic of China. It has a population of some 6.8 million and a land area of 1,100 square kilometres, covering the Hong Kong Island, the Kowloon Peninsula and the New Territories. Situated at the southeastern tip of China, Hong Kong is one of the most densely populated places in the world, with a density of about 6,300 people per square kilometre. As a world city, Hong Kong has a large foreign population of about 526,510.

Figure 2.2 Map of the Pearl River Delta Region



Source: Planning Department, Hong Kong Special Administrative Region Government

2.9 Hong Kong has a developed economy. Its per capita GDP, at a level of US\$23,800 in 2002, was amongst the highest in Asia, next only to Japan. Its health indices also compare favourably with those of most developed countries. The infant mortality rate was 2.4 per thousand live births in 2002. Life expectancy at birth is 79 years for men and 85 years for women. It is projected to reach 82 for men and 88 for women in 2031, one of the longest in the world.

Open and externally-oriented economy

2.10 Given its strategic location at the doorway to Mainland China, and on the international time zone that bridges the time gap between Asia and Europe, Hong Kong serves as a global centre for trade, finance, business and communications. Hong Kong is now ranked the world's ninth largest trading entity and the tenth largest banking centre in terms of external banking transactions, and the seventh largest foreign exchange market in terms of turnover. Its stock market is Asia's second largest in terms of market capitalisation. In addition, Hong Kong operates the busiest container port in the world in terms of throughput, as well as one of the busiest airports in terms of the number of passengers and volume of international cargo handled.

Increasing economic links with the Mainland

2.11 Since the Mainland adopted economic reform and an open door policy in

1978, economic links between Hong Kong and the Mainland have grown from strength to strength. Visible trade between Hong Kong and the Mainland has expanded rapidly since 1978, by an annual average of 23 per cent in value terms. There has also been a sharp increase in invisible trade and investment flows between Hong Kong and the Mainland over the past decades. Being a major service centre for the Mainland, and in particular Southern China, Hong Kong provides a wide array of financial and other business support services, such as banking and finance, insurance, transport, accounting and sales promotion. It is also a principal gateway to the Mainland for business and tourism.

Social connection with the Pearl River Delta region

2.12 Hong Kong's relationship with the Mainland has strengthened over the years – not only in terms of business ties, but also in the extent of Government contacts and the flow of people. The social and economic ties between Hong Kong and the Pearl River Delta region are especially close given their geographical proximity. In the wake of the economic integration in this region, cross-boundary traffic has increased significantly. The land crossing for rail passengers travelling to and from the Mainland handles about 250,000 passengers for weekdays and over 300,000 during festive seasons and at weekends. The road crossings handle more than 33,000 cross-boundary vehicles per day, covering both passengers and goods.

Political context

2.13 Hong Kong became a Special Administrative Region on 1 July 1997. The general principles of the Basic Law, the constitutional document of the Hong Kong Special Administrative Region (HKSAR), are described below –

- ◆ The HKSAR, under the principle of “One Country, Two Systems”, has a high degree of autonomy and enjoys executive, legislative and independent judicial power, including that of final adjudication
- ◆ The executive authorities and legislature of the HKSAR shall be composed of permanent residents of Hong Kong
- ◆ The socialist system and policies shall not be practised in the HKSAR, and the previous capitalist system and way of life shall remain unchanged for 50 years
- ◆ The laws previously in force in Hong Kong, that is, the common law, rules of equity, ordinances, subordinate legislation and customary law shall be maintained, except for any that contravene the Basic Law and subject to any amendment by the legislature of the HKSAR.

2.14 The accountability system for Principal Officials (POs) was introduced on 1 July 2002, with a view to enhancing the accountability of POs for their respective policy portfolios. Consequent upon the creation of the new political tier, there is clear demarcation of responsibilities between politically appointed

POs and politically neutral civil servants. Whilst the team of POs assume political responsibility, the team of civil servants, including permanent secretaries and heads of departments, focus on assisting the POs in policy formulation, implementation and delivery of service to the public. In general, subject to the relevant legislative provisions, statutory agencies enjoy a high degree of autonomy in their day-to-day operation, while the Government’s policy objectives are determined by the relevant POs.

HONG KONG’S HEALTHCARE SYSTEM

2.15 At present, there are three main components in the public health infrastructure - Health, Welfare and Food Bureau; Department of Health; and Hospital Authority - each playing an important and distinct role in safeguarding the health of the community.

Health, Welfare and Food Bureau

2.16 The Health, Welfare and Food Bureau (HWFB) is one of the 11 policy bureaux under the Government Secretariat of the HKSAR. It assumes the overall policy responsibility for all matters relating to health, social welfare, food and environmental hygiene and women’s interests. It is underpinned by the Department of Health, Hospital Authority, Food and Environmental Hygiene Department, Social Welfare Department and Government Laboratory (the organisational structure of the healthcare delivery system in the public sector is set out in Figure 2.3). Given its

extensive portfolio, HWFB is responsible for the management and allocation of nearly one-third of the Government's entire annual recurrent expenditure. In 2003/04, the total recurrent expenditure under HWFB's responsibility is estimated at HK\$73.5 billion.

2.17 HWFB is headed by the Secretary for Health, Welfare and Food (SHWF), who is a PO under the accountability system. POs are

nominated by the Chief Executive, who is the head of the HKSAR, and appointed by the Central People's Government. Their tenure should tie in with the Chief Executive's term of office. SHWF is supported by the Permanent Secretary for Health, Welfare and Food, a number of Deputy Secretaries and some 200 other staff, who are civil servants (an organisation chart of HWFB is set out in Figure 2.4).

Figure 2.3 Organisational Structure of the Healthcare Delivery System in the Public Sector

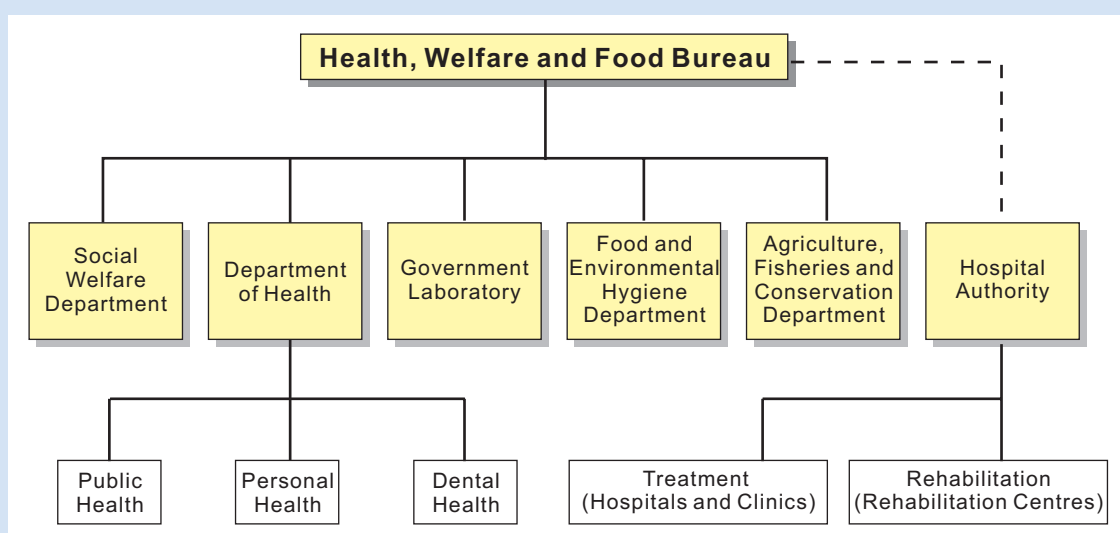
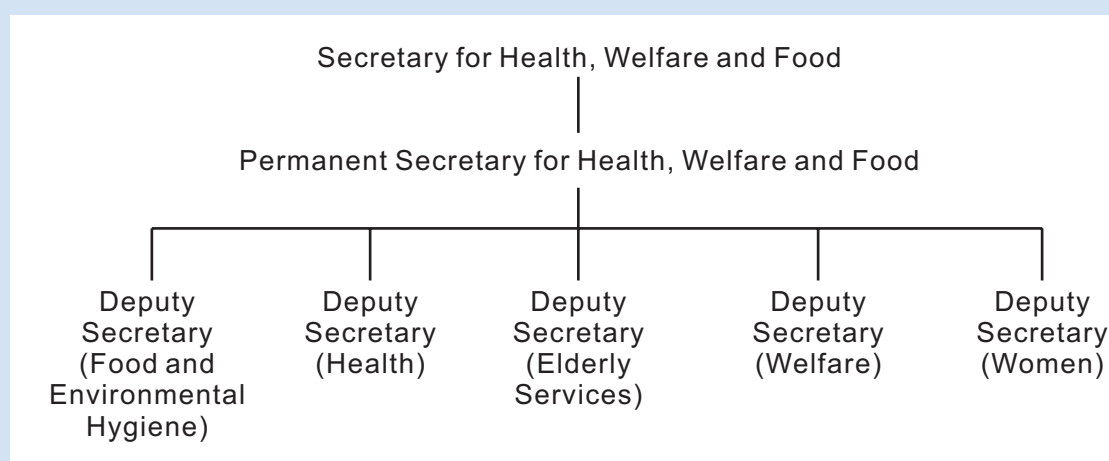


Figure 2.4 Organisation Chart of HWFB



Department of Health

2.18 The Department of Health (DH) is the health adviser of the Government of the HKSAR, health advocate of the community and an executive arm in health legislation and policy. Its role is to safeguard the health of the community through promotive, preventive, curative and rehabilitative services. Some of the major programmes implemented by DH include –

- ◆ Diseases surveillance and control of communicable diseases
- ◆ Preventive health programmes
- ◆ Public health education and promotion
- ◆ Development of traditional Chinese medicine
- ◆ Public health regulation and licensing
- ◆ Port health measures
- ◆ Tobacco control
- ◆ Family health and social hygiene services.

2.19 DH is headed by the Director of Health, who is a medical professional reporting to SHWF. Managerially, the department is accountable to HWFB. At present, DH has about 7,200 staff and its annual budget for 2003/04 is about HK\$3.2 billion.

2.20 The Quarantine and Prevention of Disease Ordinance (Chapter 141 of the Laws of Hong Kong) and its subsidiary legislation provide the legislative framework for the prevention and control of infectious diseases of public health importance. It provides the

legal basis to prevent the import and spread of infectious diseases. The Prevention of the Spread of Infectious Diseases Regulations (Cap. 141B) provide a regulatory framework to contain and prevent the spread of infectious diseases within Hong Kong. The Director of Health may make an order to include a new infectious disease to the list of infectious diseases specified in the First Schedule to Cap. 141, so that the provisions of Cap. 141 and 141B could apply to the disease as appropriate.

Hospital Authority

2.21 The Hospital Authority (HA) is a statutory and independent body responsible for the provision of all public hospital services in Hong Kong. Under the Hospital Authority Ordinance, HA is responsible for the following –

- ◆ Management and control of public hospitals
- ◆ Advising the Government of the needs of the public for public hospital services and of the resources required to meet these needs
- ◆ Managing and developing the public hospital system
- ◆ Establishing public hospitals
- ◆ Promoting, assisting and taking part in the education and training of persons involved in hospital services.

2.22 As an independent body, HA is governed by an HA Board. All members, including the Chairman, of the HA Board are appointed by the Chief Executive of the

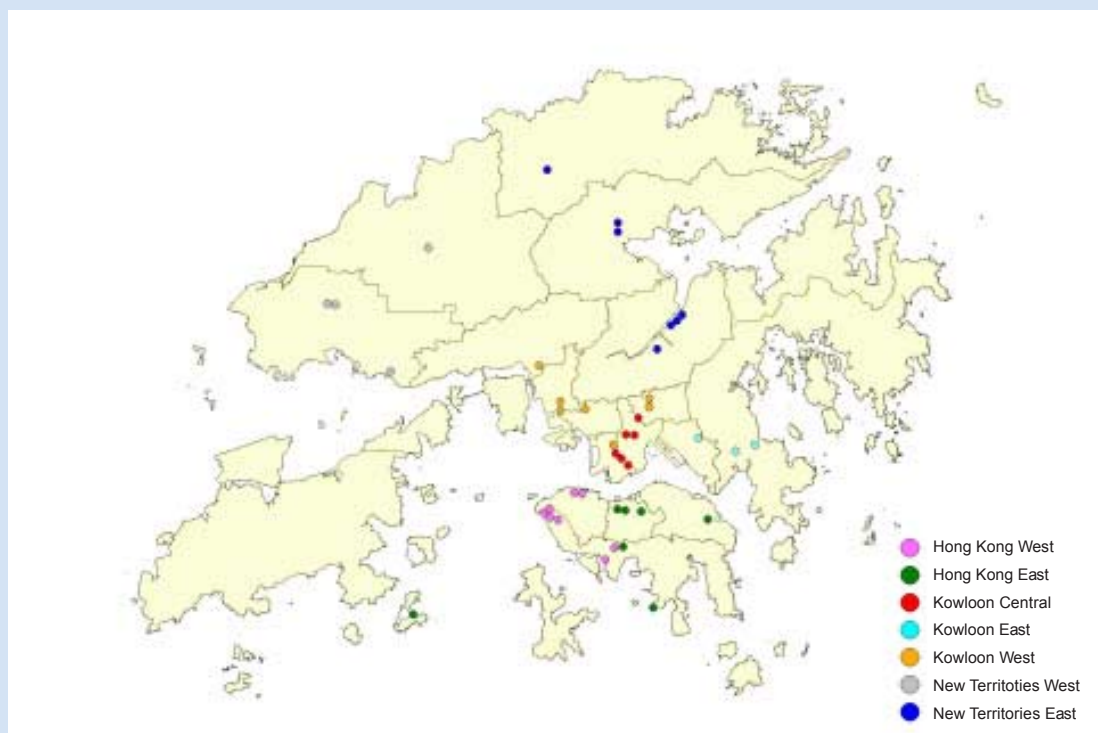
HKSAR. There are three ex-officio members in the HA Board, namely the Director of Health, the Deputy Secretary for Health, Welfare and Food and the Deputy Secretary for Financial Services and the Treasury.

2.23 While HA is autonomous in the management and control of public hospitals, HWFB is responsible for overall policy on the provision of public hospital services and for funding HA services. HA is accountable to the Government for the effective and efficient delivery of public hospital services. At present, HA manages 43 hospitals and institutions, employing some 53,000 staff. Its annual budget in 2003/04 is about HK\$29.6 billion. Since July 2003, it has taken over 59 general out-patient clinics from DH.

Public and private health services

2.24 On the provision of health services, including primary care service, survey findings in 2002 showed that with regard to in-patient service, 82% of hospital admissions were managed by public hospitals while 18% by private hospitals. In terms of patient days, the proportions were respectively 89% and 11% for public and private hospitals. On the other hand, private physicians provided 72% of total out-patient services. The share of the private healthcare sector in out-patient services is thus much larger than that in in-patient services.

Figure 2.5 Hospital Cluster Map of HA



2.25 In December 2002, there were 10,731 doctors registered with the Medical Council of Hong Kong and 43,383 nurses registered with the Nursing Council of Hong Kong. There were 35,134 hospital beds in Hong Kong, representing 5.1 beds per thousand population, and 84% (29,505 beds) of them were in hospitals run by HA.

Long-term care for the elderly

2.26 There is a range of residential, home and community care services that cut across the medical, health and social service sectors for the elderly who need assistance in the daily activities on a long-term basis. With the growth of the elderly population in Hong Kong in recent decades, the number of residential care homes for this population is increasing. All residential care homes for the elderly in Hong Kong are licensed by the Social Welfare Department.

During SARS

2.27 As HWFB is responsible for overall policy on the provisions of public hospital services and the setting of health policies in the total context of the political, economic and social environment, it mapped out the strategy for managing and controlling the epidemic, coordinated efforts in the health sector, and oversaw Hong Kong's emergency response. HA, which is responsible for the management and control of public hospitals under the Hospital Authority Ordinance, mobilised and managed its resources in the public hospital system. DH, under the policy direction of HWFB, undertook all the necessary public

health functions, including disease surveillance, contact tracing, enforcement of public health legislation, liaison with HA and the health community, public education, liaison with WHO and the international health community and provision of pathological laboratory services.