
INTRODUCTION AND BACKGROUND

I. INTRODUCTION

1.1 The emergence of Severe Acute Respiratory Syndrome (SARS) was a severe challenge to Hong Kong, a personal tragedy for many of its citizens, a heavy blow to its healthcare sector, and had devastating consequences in the short term for its economy. On 28 May 2003, the Chief Executive of the Hong Kong Special Administrative Region announced the setting up of a SARS Expert Committee, with 11 members selected for their wide range of relevant experience, to conduct a review with the following terms of reference –

- ◆ To review the work of the Government, including the Hospital Authority, in the management and the control of the outbreak
- ◆ To examine and review the capabilities and structure of the healthcare system in Hong Kong and the organisation and operation of the Department of Health and the Hospital Authority in the prevention and management of infectious diseases such as SARS, and
- ◆ To identify lessons to be learnt, and to make recommendations on areas of improvements in order to better prepare our system for any future outbreaks.

1.2 A Hospital Management and Administration Group and a Public Health Group were set up by the Committee. The two groups met separately in June and July, before joining in a final series of plenary meetings in August. The Committee collected relevant information; invited members of the public to provide submissions; held various meetings with those involved in, or affected by, the epidemic; and made site visits. All the submissions and views received have been carefully considered. Where appropriate, additional information and clarification have been obtained, and the relevant authorities and persons have been given the opportunity to respond.

Membership of SARS Expert Committee

Co-chairs

Sir Cyril CHANTLER (Hospital Management and Administration)

Senior Associate, King's Fund, London; and Chairman, Board of the Great Ormond Street Hospital for Children NHS Trust, UK

Prof Sian GRIFFITHS (Public Health)

President, Faculty of Public Health, Royal Colleges of Physicians, UK

Members

Dr Sherene DEVANESEN

President, Royal Australasian College of Medical Administrators, Australia

Dr Meirion EVANS

Senior Lecturer, Department of Epidemiology, Statistics and Public Health, University of Wales College of Medicine, UK

Prof Harvey FINEBERG

President, Institute of Medicine, National Academy of Sciences, USA

Dr Jeffrey KOPLAN

Vice President for Academic Health Affairs, Emory University, USA

Prof LEE Shiu-hung

Emeritus Professor of Community Medicine, The Chinese University of Hong Kong

Mr John Wyn OWEN

Secretary, The Nuffield Trust, UK

Dr TANG Xiao-ping

Director, No. 8 People Hospital in Guangzhou, China

Prof Rosie YOUNG

Professor, Department of Medicine, The University of Hong Kong

Prof ZHONG Nan-shan

Head, Institute for Respiratory Disease in Guangzhou, China

Short biographies of Members can be found on the Committee's website at www.sars-expertcom.gov.hk.

1.3 The materials reviewed by the Committee are posted, where it is possible to do so without infringing an individual's right to confidentiality or privacy, on the website of the Committee at www.sars-expertcom.gov.hk. The full report of the Committee can also be accessed on the website. The intention of every member of the Committee has been, and continues to be, to do his or her best for the people of Hong Kong. Great importance is attached to the independence of the Committee, and the openness and transparency with which the investigation has been undertaken.

1.4 The Committee's **Main Recommendations** are set out at the end of this report.

II. BACKGROUND

2.1 SARS was named by the World Health Organization (WHO) on 15 March 2003. In just a few months, a previously unknown coronavirus has infected over 8,000 people and claimed over 900 lives worldwide.

2.2 The SARS epidemic in Hong Kong affected 1,755 individuals, including 300 deaths. (Source: WHO website, SARS data released on 15 August 2003.) However, with the resilience and concerted efforts of the community, the epidemic, which was 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 2003, WHO removed Hong Kong from the list of areas with recent local transmission.

2.3 The SARS epidemic in Hong Kong must be seen in geographical, socio-economic, political and organisational context. Given its strategic location at the doorway to the Mainland of 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. The social and economic ties between Hong Kong and the Pearl River Delta are especially close given their proximity.

2.4 Hong Kong became a Special Administrative Region of the People's Republic of China on 1 July 1997. Administered under the "One Country, Two Systems" principle, Hong Kong enjoys a high degree of autonomy and has executive, legislative and independent judicial power, including that of final adjudication. More recently on 1 July 2002, the accountability system for Principal Officials was introduced, with a clear demarcation of responsibilities between politically appointed Principal Officials and politically neutral civil servants.

2.5 There are three main components in the public health infrastructure –

- ◆ **Health, Welfare and Food Bureau (HWFB):** Headed by the Secretary for Health, Welfare and Food (SHWF), a Principal Official under the accountability system, the bureau assumes overall policy responsibility for all matters relating to health, social welfare, food and environmental hygiene and women's interests.
- ◆ **Department of Health (DH):** Headed by the Director of Health, who is a medical professional reporting to SHWF, the department is the health adviser of the Government, health advocate of the community and an executive arm in health legislation and policy. Managerially, the department is accountable to HWFB.
- ◆ **Hospital Authority (HA):** Governed by an HA Board appointed by the Chief Executive of the Hong Kong Special Administrative Region, it is a statutory and independent body responsible for the provision of all public hospital services in Hong Kong.

2.6 Public hospitals, which are managed by HA, receive 82% of all hospital admissions, and are now also responsible for some primary care services. Private physicians provide 72% of total outpatient services. There are also a range of residential, home and community care services that cut across the medical, health and social service sectors and provide for the elderly who need assistance in their daily activities on a long-term basis. All residential care homes for the elderly in Hong Kong are licensed by the Social Welfare Department (SWD).

2.7 During the SARS epidemic, HWFB mapped out the strategy for managing and controlling the epidemic, coordinated efforts in the health sector, and oversaw Hong Kong's emergency response. HA 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, and liaison with WHO and the international community.