

**Legislative Council Panel on Health Services**

**Commitment for the Fight Against SARS**

**PURPOSE**

This paper briefs Members of the Administration's proposal to further increase the commitment created for the fight against the Severe Acute Respiratory Syndrome (SARS) by \$230 million to \$930 million.

**BACKGROUND**

2. On 31 March 2003, the Legislative Council Finance Committee (FC) approved the creation of a new commitment of \$200 million to provide additional funds for the fight against SARS. The commitment is to provide additional funding to the Hospital Authority (HA), the Department of Health (DH) and other bureaux/departments for the treatment of SARS patients, and to step up infection control and public health education. On 18 July 2003, FC approved an increase of the commitment by \$500 million to \$700 million, having regard to the committed and estimated funding requirements up to July 2003 and the need to make necessary preparations for the possible resurgence of SARS this Winter. In our submission to FC, we indicated that we might need to seek Members' approval to further increase the commitment depending on need.

3. As stated in our submission to FC, the commitment is administered by the Health, Welfare and Food Bureau (HWFB). Government departments and HA in need of additional funding support to cope with the workload/activities associated with the fight against SARS need to file an application with HWFB. They are required to fully justify their funding requirements in their applications which are rigorously scrutinised by HWFB. The Secretary for Health, Welfare and

Food (SHWF) approves the applications having regard to their relevance to the scope of the commitment and their relative priority.

4. At the Panel meeting on 8 December 2003, we briefed Members on the latest funding position of the commitment. So far, SHWF has approved/reserved a total of \$650.6 million to meet the additional expenditure incurred up to July 2003. The uncommitted balance of funds under the commitment stands at \$49.4 million.

### **ADDITIONAL FUNDING REQUIREMENTS**

5. While the SARS outbreak in Hong Kong was brought under control in less than four months, the effects of the epidemic will be felt for a considerably longer period of time. Within the public health sector, there is still a lot of work to be done. We need to maintain a high level of vigilance against the possible resurgence of SARS. For example, the Government will continue to carry out enhanced port health measures to forestall the import of SARS cases from abroad until at least mid-2004. Within the public hospital system, we have put in place robust infection control measures during the SARS outbreak. These will have to be maintained for some time yet in view of the potential risk of SARS. In addition, we will need to follow-up on the recovered SARS patients and provide medical assistance where necessary.

6. We have carefully assessed the resource requirements within the public health sector. We estimate that an additional \$282.6 million would be required to meet the post-SARS measures planned for in 2003/2004 for the delivery of hospital services and enhancing port health. Taking into account the uncommitted balance of \$49.4 million under the existing commitment, it means that we need to increase the commitment by \$230 million.

7. The post-SARS consequences in the delivery of hospital services for the period from August 2003 to March 2004 are estimated at \$250.8 million. This amount is needed by the HA and can be broken down as follows –

- (a) \$107.7 million in costs of additional staff. For the fight

against SARS, HA has strengthened its manpower resources by over 1 000 staff (including some 100 doctors, 240 registered nurses, 60 diagnostic radiographers and 650 supporting staff) during the outbreak through recruitment and contract extension. HA has retained some of these extra staff to handle the additional workload in the aftermath of the outbreak, which include clearing the patient backlog accumulated during the SARS outbreak earlier this year, maintaining strict infection control measures in public hospitals, and enhancing infection control in psychiatric wards. Nevertheless, the number of extra staff has been gradually reduced in the past few months, as the patient backlog was being cleared. At present, only about 500 of these extra staff (mainly registered nurses and supporting staff) remain with the HA;

- (b) \$23.8 million for following-up on recovered SARS patients;
- (c) \$89.1 million on personal protective equipment (PPE), such as masks, protective gowns and goggles, taking into account the increase in consumption of PPE as a precautionary measure that needs to be adopted when there is any confirmed community-acquired SARS case in the nearby regions;
- (d) \$9.4 million for enhancing medical support for residential care homes for the elderly through the Visiting Medical Officer Scheme;
- (e) \$20.8 million for the estimated expenditure on hospital supplies (e.g. cleansing material, paper towels and bacterial filters), drugs and pharmaceutical supplies (mainly antiseptic hand-wash), contracting out of cleansing services, and other items such as additional utilities, medical supplies and consumables.

As \$17.7 million of the funds required can be offset by purpose-specific donations received by HA, the extra funding HA requires in meeting the post-SARS consequences in the delivery of hospital services planned for

the year ending March 2004 is \$233.1 million.

8. The cost of implementing the enhanced port health measures for the period from August 2003 to June 2004 is estimated at \$49.5 million. This amount is needed by DH and covers the resources required for maintaining the Surveillance and Intelligence Centre, running of the Health Declaration Posts at all of the control points, and taking the body temperature of all passengers arriving in or departing from Hong Kong by air, sea or land.

9. It is worth noting that the additional funding required does not include the resources necessary for more permanent arrangements/features such as the resources necessary for implementing the recommendations of the SARS Expert Committee and the long-term implications of SARS on the mode of delivery of hospital services. We would consult Members on these separately, as and when required.

#### **ADVICE SOUGHT**

10. Members are requested to note the Administration's intention to seek an increase in the funding commitment.

**Health, Welfare and Food Bureau**  
**January 2004**