

## **ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE**

### **HEAD 37 - DEPARTMENT OF HEALTH Subhead 001 Salaries**

Members are invited to recommend to Finance Committee the creation of the following permanent posts -

1 Consultant  
(D4/D3/D2)  
(\$145,150 - \$149,600/\$127,900 - \$135,550/  
\$116,650 - \$123,850)  
(in the overall promotion ratio of 2:3:6)

1 Principal Medical and Health Officer  
(D1) (\$98,250 - \$104,250)

### **PROBLEM**

The Department of Health (DH) does not have adequate directorate support to enhance its disease surveillance and control programmes.

### **PROPOSAL**

2. We propose to create the following permanent posts -
  - (a) one Consultant (D4/D3/D2) to strengthen our capacity in surveillance, prevention and control of non-communicable diseases; and

/(b) .....

- (b) one Principal Medical and Health Officer (PMHO) to provide the necessary support for the surveillance, prevention and control of communicable diseases.

## JUSTIFICATION

### Inadequacy of the Existing Set Up on Disease Surveillance and Control

3. DH is the Government's health adviser and agency to execute health care policies and statutory functions. It is responsible, inter alia, for territory-wide disease surveillance and monitoring, investigation, research and general health education in relation to disease prevention and control. One Consultant, designated as Consultant Community Medicine (ConCM), is currently in charge of this extensive programme of work.

4. In view of our geographical location and climatic conditions, Hong Kong has to always maintain vigilance in the surveillance and control of major communicable diseases such as cholera, malaria and tuberculosis. Over the past few years, other communicable diseases emerged and have caused public concern. They include the virulent "avian flu" (H5N1 and H9N2) and E.Coli O157. A continuing growth in workload is envisaged in the coming years with increased public awareness of and concerns about public health matters.

5. As the Government's adviser on disease control matters, the ConCM is responsible for the full range of disease surveillance and control functions, including leading and co-ordinating Government response to disease-related incidents, taking part in global disease surveillance, following closely disease trends, overseeing disease investigation, providing health advice to the community and the media and formulating and implementing programmes in relation to disease prevention and control. Such onerous work invariably calls for substantial time and efforts from the ConCM, at the expense of the less critical work of non-communicable disease surveillance and control. However, prevention and control of non-communicable diseases is no less important than surveillance of communicable diseases in safeguarding the health of the community, as explained below.

6. Over the years, chronic degenerative diseases have been the major causes of death in Hong Kong. The fact that three out of the top four killers are non-communicable diseases, namely cancers, heart diseases and cerebrovascular diseases, is a clear indicator. Together, they represented 56.4%, 56.7% and 58.3% of all deaths in 1996, 1997 and 1998 respectively. The work for the surveillance,

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prevention and control of non-communicable diseases is taken up by different organisations, including the DH, the Hospital Authority (HA), the universities and healthcare providers. This fragmentation has led to problems of sporadic epidemiological surveys, insufficient information for proper interpretation, uneconomical use of resources and lack of co-ordination in the surveillance, prevention and control of non-communicable diseases. For example, in respect of diabetes, inadequate interface and co-ordination amongst the parties concerned has hampered the collation of epidemiological data on the prevalence of this disease and its determinants in the community to support the formulation of effective intervention programmes. There is also lack of systemic screening programmes and co-ordinated efforts to promote awareness of diabetes to enable its early detection. Late detection of diabetes may lead to development of irreversible complications and hence increases the difficulties in treatment.

7. The Director of Health (the Director) is of the view that the existing workload and span of control in global and local disease surveillance are too demanding for a single Consultant to oversee the programmes of work on both communicable and non-communicable disease categories.

#### **Need for an Additional Consultant Post to take charge of the surveillance and prevention of Non-communicable diseases**

8. To improve co-ordination among healthcare providers and to steer future developments on the surveillance, prevention and control of non-communicable diseases, the Director considers it necessary to create an additional permanent Consultant post. In assuming overall responsibility for this programme of work, the proposed Consultant, to be designated as Consultant Community Medicine (Non-communicable Diseases) (ConCM(NCD)), will provide the leadership and professional expertise needed for developing and implementing a comprehensive strategy for the effective surveillance, prevention and control of non-communicable diseases. Moreover, he will, through enhanced co-ordination and networking with various healthcare providers, deliver a holistic programme in accordance with the agreed strategy for surveillance, prevention and control of non-communicable diseases. Externally, he will take part in global surveillance and enhance networking with disease control authorities in the Mainland and overseas for exchange and sharing of information regarding disease burden and control strategies. Apart from looking after disease-specific issues, he will act as the Government's health adviser to advise other bureaux/departments on the health impact of their programmes/proposals.

9. The ConCM(NCD) will also have an important role to play in developing and maintaining an adequate and effective database on the community's

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health status and disease patterns. Such public health information will be crucial to enable the Government to assess the health status of the community, support health policy formulation and prevention and control of communicable and non-communicable diseases; justify resource allocation and evaluate health care service performance. The ConCM(NCD) will, amongst other things, steer the collection and dissemination of data; collate, analyze and interpret the data collected; and develop strategies, programmes and evaluation methods with regard to non-communicable diseases.

10. In short, the additional Consultant support will enable DH to follow closely global and territory-wide disease trends; ensure early detection, prevention and control of non-communicable diseases and better co-ordination in service delivery; provide timely advice to the community; and to establish Hong Kong as one of the centres of the global consortium of epidemiology.

11. The above duties call for a professional officer with profound knowledge and extensive experience in medical science, public health and epidemiology. Having regard to the scale and complexity of the tasks involved and the level of responsibility required, the Director considers it necessary to rank the post at the Consultant level. A job description of the proposed ConCM(NCD) is at

Encl. 1 Enclosure 1.

### **Need for a Principal Medical and Health Officer to Strengthen Support for Surveillance and Control of Communicable Diseases**

12. At present, the ConCM is not underpinned by any dedicated supporting staff for the programme of work on the surveillance and control of communicable diseases. DH's operational experience shows that the lack of adequate professional support is unsatisfactory in the following respects -

**(a) *Monitoring communicable diseases***

DH monitors the trend of communicable diseases through epidemiological surveys and studies. At present, information on communicable diseases are mainly collected through: firstly, a notification system which requires medical practitioners and other persons by law to report certain types of communicable diseases, such as cholera, hepatitis, measles and chickenpox, to DH; secondly, a sentinel surveillance system which collects weekly information on cases of influenza-like illness and enterovirus infection from participating public and private doctors (currently, 44 private doctors and 64 general outpatient clinics of DH have participated in the

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scheme); and thirdly, networking with disease control centres overseas. To improve the effectiveness of the monitoring system, the Director sees a strong need to expand its scope, enhance the frequency of the surveillance activities, increase the number of private doctors participating in the sentinel surveillance system and increase networking with established diseases control centres overseas and on the Mainland. However, such improvement efforts have been undermined by the lack of manpower, resulting in sporadic epidemiological surveys and insufficient information for proper interpretation.

**(b) *Controlling communicable diseases***

At present, potential outbreaks of communicable diseases are handled through ad hoc redeployment of medical and administrative personnel from other divisions and extensive overtime work by the staff involved. Whenever an outbreak occurs, in addition to the necessary investigation work targeted at both the patients and their contacts (including interviews and home visits), ConCM has to co-ordinate actions with relevant departments, bureaux and health institutions with a view to introducing prompt preventive and control measures. At the same time, he is required to personally attend to publicity work through the media to provide timely health advice to the community. The present fire-fighting approach is not acceptable in the long run, especially in times of crises when there is a sudden upsurge of communicable diseases or when there is indication of an outbreak which may affect different parts of the territory. There is a strong and urgent need for a dedicated surveillance team of expert staff to support the work of ConCM to identify and trace the origins of the diseases and to curb the spread of the diseases in the first instance.

**(c) *Immunisation programmes***

Immunisation is universally regarded as one of the most effective means to prevent communicable diseases. Presently, DH provides immunisation against nine communicable diseases, namely, tuberculosis, measles, mumps, rubella, poliomyelitis, diphtheria, tetanus, whooping cough and hepatitis B for children and offers influenza vaccines to the elderly in residential homes. Where an upsurge of certain types of disease is anticipated, special immunisation programmes may also be mounted to the vulnerable population. To ensure that these programmes will continue to cater for the health needs of the community, the Director considers it necessary to have an overall evaluation on the immunisation programmes, with ongoing reviews carried out in future.

*/(d) .....*

(d) *Publication of bulletin*

DH currently publishes a Public Health and Epidemiology Bulletin (PHEB) on a quarterly basis for distribution to all doctors, health institutions, and universities locally and overseas health authorities to update them on developments on public health issues, including information on communicable diseases. The PHEB is also available at the DH's home page for access by users of Internet facilities worldwide. To enable prompt exchange and sharing of information, more frequent issue of the PHEB is needed but this has not been possible in view of the shortage of supporting staff.

13. To illustrate the extent of work involved in communicable diseases, it is relevant to note that during the "avian flu" crisis in 1997, DH had to undertake prompt control measures in collaboration with experts from local universities, HA, United States Centres for Disease Control and Prevention, World Health Organization and other government departments. Extensive and meticulous investigations were undertaken and epidemiological studies done to elucidate the mode of transmission, the extent of infection and possible spread of the virus. Close contacts with health personnel were maintained and telephone hotlines were also set up to provide timely health advice to the community.

14. As an interim measure, a PMHO has been redeployed from another section on an ad hoc and part-time basis to provide the needed support to the ConCM. The Director considers it necessary to create a permanent PMHO post to carry out the much needed improvements to the communicable disease surveillance and control programmes and to undertake coordination and investigation work in times of outbreaks. Moreover, he will be able to relieve the ConCM from operational matters so that the latter can concentrate more on strategic planning; review and development of effective monitoring and control mechanisms; co-ordination and networking with health personnel local and overseas; and handling other complicated subjects requiring his professional input.

15. The proposed PMHO, designated as PMHO(CD), will work under the ConCM for the programme of work on the surveillance, prevention and control of communicable diseases. Apart from overseeing and enhancing the monitoring system on communicable diseases, he will be responsible for administering and reviewing the effectiveness of the immunisation programmes to suit local needs. He will also provide editorial support to the PHEB and ensure its professional standard. Besides, he will assist ConCM in identifying health needs of the community and devising interventions to address communicable disease-related

problems. In times of outbreaks, he will take charge of field investigations, co-ordinate action within DH and among departments, and assist ConCM in developing and implementing control measures. Furthermore, he will assist ConCM in establishing and administering the Public Health Information System (PHIS).

16. The effective discharge of the above responsibilities requires an officer with sound medical expertise and broad experience in public health administration. Having regard to the importance and complexity of the task, the Director considers that the post should be pitched at the PMHO level. A job description of the proposed PMHO(CD) is at Enclosure 2.

### **Enhanced responsibilities for ConCM**

17. Consequent to the creation of the proposed ConCM(NCD) and PMHO(CD) posts, the Director considers that the responsibilities of the existing ConCM, to be re-designated as Consultant Community Medicine (Communicable Diseases) (ConCM(CD)), can be enhanced to cover a new major initiative, that is, to develop, establish and maintain a PHIS in Hong Kong. The ConCM(CD) will assume overall responsibility of leading and overseeing the preparatory work, co-ordinating inter-departmental efforts for drawing up a framework for the PHIS and consulting extensively relevant parties within and outside the Department for setting out the user and system requirements. While the new ConCM(NCD) will focus his attention on non-communicable diseases, the ConCM(CD) will steer the collection and dissemination of data; collate, analyze and interpret the data collected; and develop strategies, programmes and evaluation methods with regard to communicable diseases. Apart from looking after communicable disease-related issues, the ConCM(CD) will also oversee the overall compilation of health indicators, assessment of the health status and needs of the community, monitoring and evaluation of public health service and updating and maintenance of the Hong Kong Domestic Health Account, developed in the context of the consultancy study by the School of Public Health of the Harvard University. The revised job description of the ConCM(CD) is at Enclosure 3. The proposed organisation charts of DH and the Public Health and Disease Surveillance Service are at Enclosures 4 & 5 respectively.

### **Interface between ConCM(CD) and ConCM(NCD)**

18. The delivery of effective disease control programmes requires a holistic approach as surveillance and control of communicable disease and non-communicable disease are inter-dependent on one another. For example, the provision of hepatitis B vaccinations would have a direct bearing on the problems

of chronic liver disease and liver cancer. Under the new structure, ConCM(CD) and ConCM(NCD) will maintain a close working relationship in developing such programmes to safeguard the health of the community as a whole. Among these initiatives, they will work closely to formulate disease control strategies for specific age groups which have different health problems. These strategies may include promoting heart health, prevention of falls, together with flu prevention and vaccination for the institutionalized elderly. At the same time, they will join hands towards establishment and maintenance of the PHIS.

## FINANCIAL IMPLICATIONS

19. The additional notional annual salary cost of the proposals at mid-point is -

	\$	No. of Post
New permanent post	2,757,709	2

The full annual average staff costs of the proposed posts, including salaries and staff on-costs, is \$4,847,000. We have included sufficient provision in the 2000-01 Estimates to meet the cost of this proposal.

## BACKGROUND INFORMATION

20. In the 1998 Policy Address, the Chief Executive announced, among other initiatives, that we would strengthen further our capacity in disease surveillance through enhanced surveillance programmes, increased networking with overseas health authorities, and establishing and maintaining a PHIS which sets out the community's health status and disease patterns. To achieve these, we propose to strengthen our team of expert staff to provide the necessary support for effective delivery of our surveillance programmes. In addition to the two directorate posts proposed in this paper, the Director advises that she will require the creation of 17 non-directorate posts comprising doctors, scientific officers and supporting staff. The creation of these posts will be effected through the normal Departmental Establishment Committee machinery under delegated authority, taking account of the latest initiative to contain the size of the civil service. These efforts will enable DH to provide timely advice to the community and to introduce prompt and effective measures in the prevention and control of diseases.

## CIVIL SERVICE BUREAU COMMENTS

21. The Department has considered carefully the alternative means to provide the appropriate level of service bearing in mind the need for efficiency and

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productivity but considers this proposal the most appropriate way to proceed. Having regard to the policy commitment to strengthen the disease surveillance capacity and the reasons put forward, Civil Service Bureau considers the proposal justified and the grading and ranking appropriate.

**ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE**

22. The Standing Committee on Directorate Salaries and Conditions of Service has advised that the grading proposed for the posts would be appropriate if the posts were to be created.

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Health and Welfare Bureau  
May 2000

**Job description of the proposed post of  
Consultant Community Medicine (Non-communicable Diseases)**

1. To develop and implement a comprehensive strategy for effective surveillance, prevention and control of non-communicable diseases.
2. To undertake surveillance, studies and researches into non-communicable diseases and to identify emerging issues and their determinants in the community and to monitor their trends.
3. To advise on the priorities of health programmes in relation to prevention and control of non-communicable diseases.
4. To develop and review programmes for risk assessment, surveillance, prevention, screening, management of upsurge of non-communicable diseases.
5. To oversee the implementation of health intervention programmes for non-communicable diseases and to evaluate their effectiveness for improvement.
6. To take part in global disease surveillance and enhance networking with disease control authorities in the Mainland and overseas for monitoring disease trends and prompt exchange and sharing of information.
7. To liaise with academic institutions, healthcare providers, hospitals, government departments and bureaux to coordinate their efforts towards enhancing surveillance, prevention and control of non-communicable diseases.
8. To act as Government's health adviser on non-communicable disease matters and to advise bureaux and departments on the health impact of their programmes/ proposals.
9. To establish and maintain (in collaboration with Consultant Community Medicine (Communicable Diseases)) the Public Health Information System in respect of non-communicable diseases.

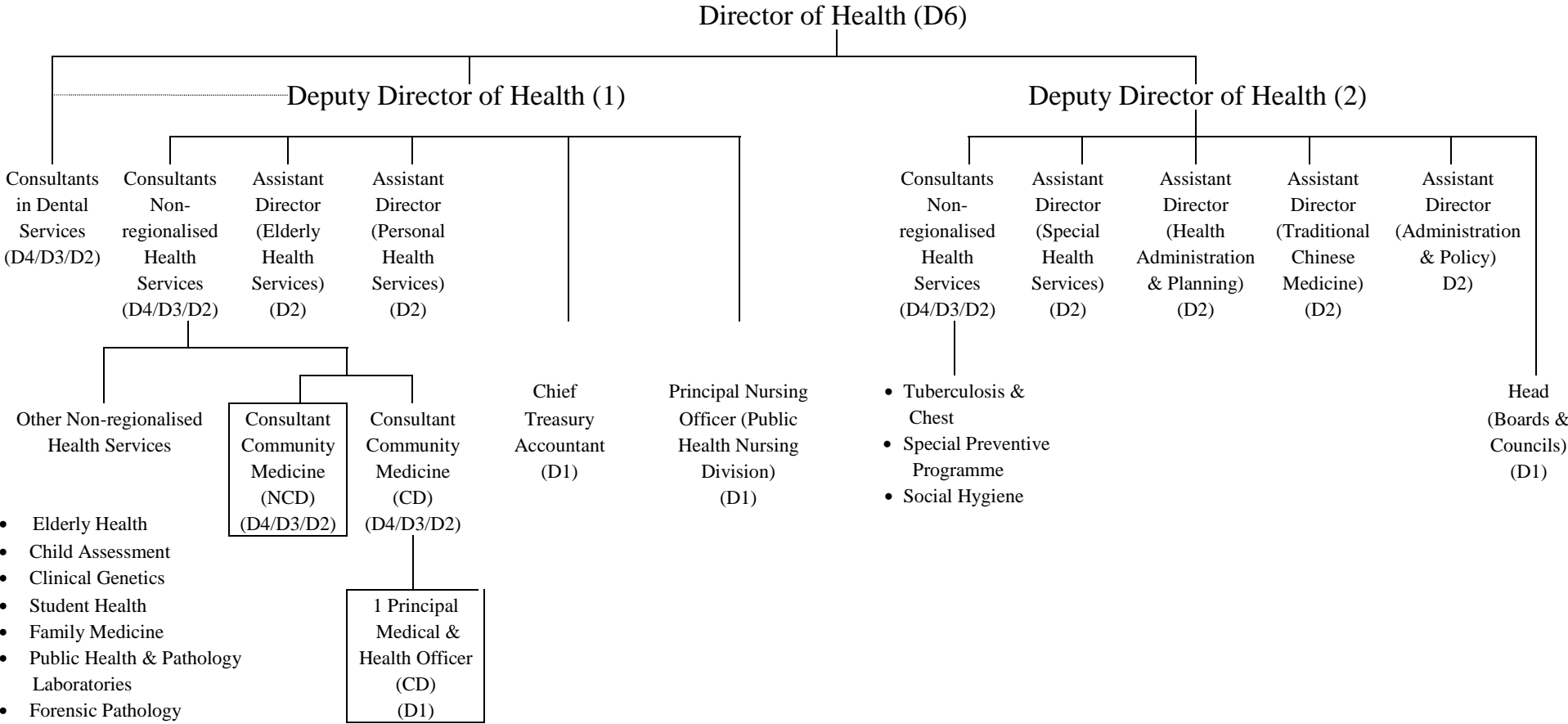
**Job description of the proposed post of  
Principal Medical and Health Officer (Communicable Diseases)**

1. To co-ordinate efforts of the four regional offices, including the deployment of manpower, in field investigations upon receiving notification of communicable diseases.
2. To collaborate with government departments, medical experts and health authorities in Hong Kong, on the Mainland and overseas to conduct field investigations, to trace the source of the communicable diseases and to implement measures for the control and prevention of their spread.
3. To monitor, evaluate and improve various surveillance systems on communicable diseases, including the sentinel surveillance system operated in collaboration with private doctors.
4. To evaluate and review immunisation programmes to suit local needs and to administer such programmes.
5. To assist the Consultant Community Medicine (Communicable Diseases) in identifying health needs of the community and devising interventions to address health problems relating to communicable diseases.
6. To serve as secretary to committees and working groups on communicable diseases.
7. To provide editorial support to the Public Health & Epidemiology Bulletin and to ensure its professional standard.
8. To assist the Consultant Community Medicine (Communicable Diseases) in the establishment and maintenance of the Public Health Information System.

**Revised job description of the post of  
Consultant Community Medicine (Communicable Diseases)**

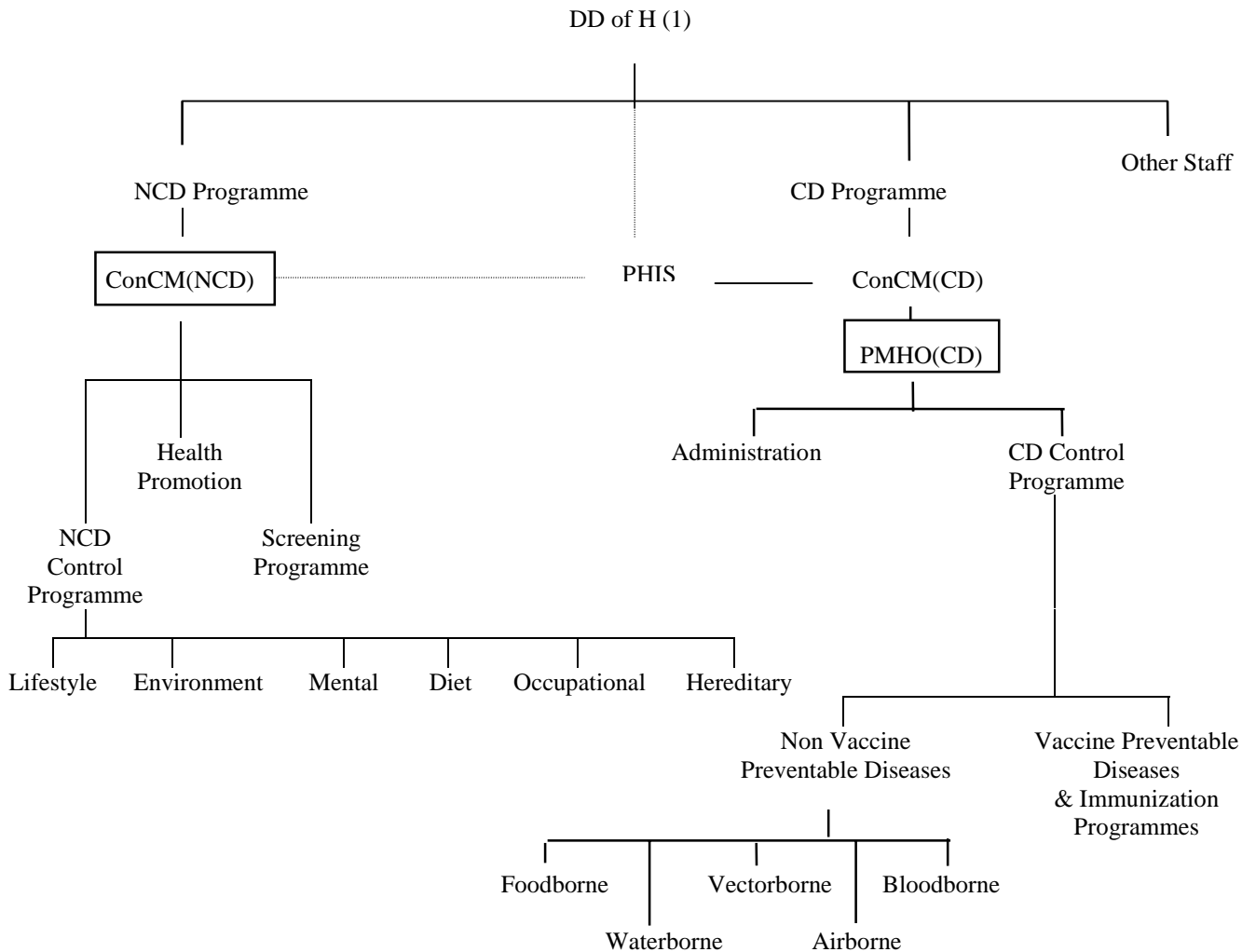
1. To advise on the overall strategy of prevention and control of communicable diseases and the priorities of related health programmes.
2. To oversee the overall operation of the Public Health and Disease Surveillance Service; to plan and manage the human and financial resources of the service; to steer its development and progress; to review and adjust its strategy and resource allocation; to ensure achievement of targets and objects; and to provide direction and guidance to the professional, medical and supporting staff under his charge.
3. To represent the Department of Health in existing local and international public health networks and to establish new networks with local health agencies, professional associations and health researchers.
4. To develop, plan and implement strategies and measures to improve the surveillance and control of communicable diseases.
5. To identify public health problems related to communicable diseases, to design and implement health interventions and to evaluate outcome and health gains.
6. To develop, implement and lead programmes in public health risk communication and risk management in communicable diseases.
7. To plan, organise and direct health research projects in communicable diseases.
8. To review, evaluate and formulate strategies on health economics relating to communicable diseases with a view to developing cost-effective programmes.
9. To steer the publication of Public Health Reports and the Public Health and Epidemiology Bulletin and to direct the dissemination of health information to local community and overseas.
10. To act as Government's health adviser on communicable disease matters and to advise bureaux and departments on the health impact of their programmes/proposals.
11. To oversee the establishment and maintenance of the Public Health Information System.

**Proposed Organisation Chart of the Department of Health**



**Legend :** NCD - Non-communicable Diseases  
 CD - Communicable Diseases  
 [ ] - Proposed new posts

**Proposed Organisation Chart of the  
Public Health and Disease Surveillance Service**



**Legend :**

- |  |  |
|--|--|
| DD of H (1)  | - Deputy Director of Health (1)                                |
| ConCM(CD)  | - Consultant Community Medicine (Communicable Diseases)        |
| ConCM(NCD)   | - Consultant Community Medicine (Non-communicable Diseases)    |
| PMHO(CD)   | - Principal Medical and Health Officer (Communicable Diseases) |
| CD   | - Communicable Diseases  |
| NCD  | - Non-communicable Diseases                                    |
| PHIS   | - Public Health Information System                             |
| <span style="border: 1px solid black; display: inline-block; width: 20px; height: 10px; vertical-align: middle;"></span> | - Proposed new posts   |