



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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22 June 2016

Mr Derek LO
Chief Council Secretary (1)5
Council Business Division 1
Legislative Council
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Mr LO,

**LegCo Finance Committee
Meeting on 28 May 2016
Supplementary Information**

FCR(2016-17)29: Health and Medical Research Fund

I write to provide the supplementary information (**Annex**) requested by the above meeting.

Yours sincerely,

(Dr Edmond MA)
for Secretary for Food and Health

Follow-up to Finance Committee Meeting on 28 May 2016

**Supplementary Information about
FCR(2016-17)29: Health and Medical Research Fund**

This paper provides supplementary information requested by the Members of the Finance Committee during the discussion of the captioned item at its meeting held on 28 May 2016.

(i) *Financial support provided to the treatment of patients of rare diseases by the Health Care and Promotion Fund ("HCPF") since its inception in 1995*

2. The HCPF was established in 1995 to provide financial support for activities related to health promotion, preventive care and related research; and patients in need of treatment not available in Hong Kong, particularly in respect of rare diseases. A total of \$7.7 million was approved to support a paediatric patient with a rare disease *Gaucher disease Type 1*¹ to receive regular enzyme replacement therapy² at Yan Chai Hospital from 1997 to 2007.

3. In view of the limited funds available under the HCPF and the increasing number of applications, the support for treatment of rare diseases was taken over by the Samaritan Fund of the Hospital Authority in 2007. The HCPF would focus primarily on health promotion and disease prevention.

(ii) *Evidence in support of the Administration's claim that the impact of research supported by the Health and Health Services Research Fund (HHSRF) and Research Fund for Control of Infectious Diseases (RFCID) compares well with that of other public health funding agencies with similar objectives, e.g. National Health Service (UK), National Health and Medical Research Council (Australia)*

¹ Gaucher disease is a rare genetic disorder in which a person lacks an enzyme called glucocerebrosidase. Patients with Type 1 form of Gaucher disease can expect normal life expectancy with enzyme replacement therapy.

² The funding was approved for the importation of replacement enzyme treatment which was not available in local hospitals.

4. In the international arena, it is a practice for public research agencies to derive parameters for assessing research output and outcomes with different metrics. There are however some common assessment criteria including domains of knowledge generation, policy relevance, human capital and economic development.

5. As requested by Members, we set out below assessment results of health- and medical-related research supported by national funding agencies in the United Kingdom (UK) and Australia, namely, the Medical Research Council (MRC, UK) and the National Health and Medical Research Council (NHMRC, Australia) respectively. Both agencies support research across the full spectrum of health and medical research, from basic science through to clinical, public health and health services research.^{3,4}

6. Like the MRC and NHMRC, FHB collects information from researchers of the funded studies/research using a validated questionnaire. FHB has collected and analyzed 361 reports of the completed projects.

(a) Knowledge generation

7. Between 2002 and 2013, the funds under FHB have contributed to 629 scientific papers that have been cited by other researchers more than 17 600 times (with an average citation of 28 times per paper). For FHB-funded research, 92.7% of publications were cited after publication (compared to 79% of global publications)⁵. In UK, the majority (97%) of research supported by MRC was cited in other publications. The proportion of FHB-funded research paper that was cited at a frequency twice as compared with other publications was 11.6%. The proportion of papers cited at similar frequency by MRC researchers, calculated using a different metric, was 12.7% in the period 2006-2013⁵. For NHMRC, it was reported that more than 2.5% of NHMRC funded publications are in the top 1% most cited papers worldwide.⁶

³ Medical Research Council, UK. Annual Report 2014-15

⁴ National Health and Medical Research Council, Australia. <https://www.nhmrc.gov.au/> [accessed: June 2016]

⁵ Medical Research Council, UK. Economic Impact Report 2014-15

⁶ National Health and Medical Research Council, Australia. Measuring Up 2013. https://www.nhmrc.gov.au/files_nhmrc/publications/attachments/nh164_measuring_up_2013_140218.pdf [accessed June 2016]

(b) Policy relevance

8. In addition, 31% of FHB-funded projects have had an influence on policy. Several examples were described in FCR(2016-17)29. The policy impacts include changes to clinical guidelines on a variety of topics related to diagnosis, treatment, and prevention of diseases. For UK, the MRC reported 47% of policy influence related to citations in clinical guidelines and 32% to citations in other policy documents⁵. For Australia, NHMRC researchers reported gains in public health arena under categories such as health policy (9%), public health practice (14%) and clinical practice (24%).⁷

(c) Human capital

9. Similar to the results of the UK and Australian funding agencies, it was reported that project team members were awarded higher degrees (i.e. MD, MSc, MPhil and PhD) and gained career promotions in 46.1% and 44.8% of FHB-funded projects. The MRC of UK reported that 42% of post-graduate students completing their PhD on MRC-funded projects were engaged in research-based higher education six months after completing their research.⁵ In Australia, the majority (89%) of respondents agreed that the NHMRC award improved their career prospects.⁷

(d) Economic benefit

10. The research supported by the fund under FHB, like its counterparts in UK and Australia, has led to economic benefit through generation of patent applications. Up to 2013, eight patents have been granted as a direct result of the health and medical research with a funding amounted to HK\$198 million under the research funds of FHB. An analysis of intellectual property derived from NHMRC-funded research identified 26 patents from research worth about AUD412 million.⁷ In UK, MRC reported 42 patents in 2014 and total health research expenditure in 2014 of GBP771.8 million.⁵

⁷ BA Kingwell et al. Evaluation of NHMRC funded research completed in 1992, 1997 and 2003: gains in knowledge, health and wealth. Medical Journal of Australia; 2006;184:6.

(iii) *A detailed explanation of the benefits of incorporating HCPF into the Health and Medical Research Fund ("HMRF")*

11. The incorporation of the HCPF into the HMRF can achieve efficiency, strengthen the scientific basis for health promotion and enhance flexibility in funding deployment:

(a) Efficiency

12. After the incorporation, we shall review the governance structure of the HMRF and HCPS, and the memberships of the Research Council (RC) and the Health Care and Promotion Committee (HCPC), which are the governing body for the HMRF and the HCPS respectively. We shall discuss with RC and HCPC on the new structure.

(b) Strengthening the scientific basis for health promotion

13. As science and technology advance in medical and related fields, health authorities and academics around the world are attaching more importance to health promotion. This includes but is not limited to devising comprehensive and systematic approach based on scientific evidence in the planning and evaluation of medical and behavioural interventions, strengthening provision of primary care to community, and organising programmes that facilitate community empowerment for self-care and lifestyle change.

14. With a strengthened emphasis on evidence-based research, the future applications related to health promotion would be able to cover projects with far-reaching impact requiring strong scientific support, as well as high sustainability and replicability in different community settings. For example, health promotion projects may include the scientific evaluation of successful factors in implementing behavioural interventions in the complex community setting. These projects would facilitate the generation of scientific evidence before large scale health promotion programmes could be introduced in the community.

(c) Flexibility in funding deployment

15. Incorporating HCPF into the HMRF would create synergy and provide more flexibility in supporting both health and medical research and

health promotion efforts. The funding ceiling for healthcare promotion projects will be increased from the current \$500,000 to \$1.2 million, allowing projects to be implemented in larger scale with more capacity for community participation. Non-government organisations would be encouraged to partner with the academia in health promotion projects. This would facilitate the translation of science into practice for health promotion projects through collaboration and partnership between academics and community organisations in the planning, design and implementation of projects with an emphasis on evidence-based practice and evidence generation.

(iv) A list of projects related to alcohol addiction and drug abuse supported by the HCPF

16. Reducing alcohol-related problems was added to the thematic priorities of the HCPF since 2011. A total of seven projects were supported to promote prevention of alcohol-related problems in young people and their parents, drivers and ethnic minorities (**Appendix**). The abstracts and other information of the projects are uploaded on the Research Fund Secretariat's website (<http://rfs.fhb.gov.hk>) for public information.

17. Research projects on drug abuse is covered by the Beat Drugs Fund administered by The Narcotics Division of the Security Bureau, which provides financial support to community-wide anti-drug activities covering preventive education and publicity, treatment and rehabilitation, and research. The HCPF has not funded any projects on drug abuse.

List of HCPF projects on reducing alcohol-related problems

Ref. No.	Project Title	Administering Institution	Funding Amount (HK\$)	Summary
23090114	「活著有您・愛我別“酒”」	HKSKH Lady MacLehose Centre	\$100,000	The project targeted primary and secondary schools students and their parents in Tsuen Wan, Kwai Chung, Tsing Yi and Sham Shui Po districts. Messages of alcohol-related harms, positive thinking against stress and tips for avoiding alcohol were disseminated to over 14 000 people through interactive health talks, dramas, game booths, exhibitions. Pamphlets and a dedicated website for teenagers. 92% of teenagers participated the activities expressed the willingness to avoid drinking.
04110095	健康揸 FIT 人	Tung Wah Group of Hospitals “Stay Sober, Stay Free” Alcoholic Treatment Project	\$407,458	The project was conducted to over 1 000 drivers in bus companies, drivers associations, logistics and transportation services through health talks to promote no drink-driving and healthy lifestyle. Counselling service was provided to 30 drivers with drinking problems. In addition, promotional activities were extended to pubs and districts and reached over 4 800 people.
25110284	THINK BEFORE YOU DRINK!	United Christian Nethersole Community Health Service	\$294,978	The project engaged over 600 men from ethnic minorities to join the tailor-made interventions including educational talks, peer education, newsletters distribution and SMS delivery on alcohol-related harms and prevention of alcohol abuse. 64% participants were able to recall the three major hazards to health

Ref. No.	Project Title	Administering Institution	Funding Amount (HK\$)	Summary
				from alcohol consumption. 41.5% participants who drank regularly at baseline have claimed reducing their weekly alcohol consumption by more than 15%. And, 36.36% of daily drinkers had used at least one alcohol-free day per week.
25110534	A Hong Kong adolescent alcohol control programme using simple and innovative methods to reach adolescents and parents	The University of Hong Kong	\$298,795	The project aimed to raise knowledge and risk perception of alcohol use (88.9%), reduce intention and frequency of alcohol drinking (80.1%) and engage parental support to communicate with their children (56.5%) in controlling alcohol use in families. Educational pamphlets were distributed to 53 secondary schools and health talks were conducted to 10 315 students in 28 schools. Of 6 686 feedback forms, 5 667 (84.8%) student-parent pairs completed the contract on alcohol control.
26120354	酒「裝」備好未? 「SMART」 Strategies and Methods on Alcohol Harm Reduction for Teen	United Christian Nethersole Community Health Service	\$290,074	The project aimed to enhance knowledge on alcohol-related harms, concepts of binge drinking and standard drinks, and skills to refuse peer temptation for drinking in secondary school students and high-risk adolescents recruited from services for Youth at Risk under the Social Welfare Department. Health talks, workshops, graphical workbooks and educational folders with comic strips reached 2 811 local secondary schools students and 51 high-risk adolescents. Over 70% of participants could identify hazardous effects of alcohol use and practical tips on preventing alcohol use. High-risk adolescent participants have enhanced their knowledge

Ref. No.	Project Title	Administering Institution	Funding Amount (HK\$)	Summary
				(63.4%) and attitude (56.1%) after attending the workshops.
07140265	「健康飛躍・無酒攻略」	Tung Wah Group of Hospitals Alcohol Prevention and Treatment Service	\$495,137	This project is on-going and being conducted in universities to promote alcohol-free options in the campus through health workshops and exhibitions during orientation week, newsletters, photo-taking and running day in campus. Knowledge on alcohol-related harms and social skills to refuse peer temptation for drinking are highlighted in various promotional activities. Through collaboration with the management, campus staff and teaching staff of universities, platforms will be set up to foster an alcohol-free campus.
28140504	踢「酒」智多 FUN!	United Christian Nethersole Community Health Service	\$271,333	This project is on-going and being conducted in at least 53 primary schools in Kwun Tong, Tai Po and those registered in the Health Promoting School Project. Through interactive health talks, in-depth workshops and simple board games, the project targets at Primary 5 and 6 students for enhancing their knowledge on immediate and long-term effects of alcohol, communication with their parents on alcohol-related issues.