

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1269/15-16(06)

Ref : CB2/PL/HS

**Panel on Health Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 18 April 2016**

**Health and Medical Research Fund**

**Purpose**

This paper provides background information on the Health and Medical Research Fund ("HMRF"), and summarizes the past discussions by the Panel on Health Services ("the Panel") on the setting up of HMRF.

**Background**

2. The Financial Secretary announced in his 2011-2012 Budget Speech the setting up of HMRF by consolidating the former Health and Health Services Research Fund ("HHSRF")<sup>1</sup> and Research Fund for the Control of Infectious Diseases ("RFCID"),<sup>2</sup> with a broadened scope for funding health and medical research in Hong Kong. In December 2011, the Finance Committee of the Legislative Council approved a new commitment of \$1,415 million, which comprised an allocation of \$1 billion plus the unexpended balances of the former HHSRF and RFCID which amounted to \$190.8 million and \$224.2 million respectively, for the setting up of HMRF. Research projects funded under the former HHSRF and RFCID have been subsumed under HMRF.

---

<sup>1</sup> The former HHSRF was established in 2003 to fund research on public health and health services (e.g. primary care, tobacco control, mental health, health promotion, etc.).

<sup>2</sup> The former RFCID was established after the outbreak of Severe Acute Respiratory Syndrome ("SARS") in 2003 to encourage, facilitate and support research on the prevention, treatment and control of infectious diseases (e.g. SARS, avian influenza, etc.).

3. HMRF aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. It supports health and medical research on public health, human health and health services (e.g. primary care, non-communicable diseases, Chinese medicine, etc.); prevention, treatment and control of infectious diseases; and advanced medical research in the fields of paediatrics, neuroscience, clinical genetics and clinical trials. The three types of projects supported by HMRF include investigator-initiated research projects, government-commissioned research programmes and research fellowships.

4. Chaired by the Secretary of Food and Health, the Research Council ("RC") under the Food and Health Bureau is responsible for providing strategic steer for funding health and medical research, and overseeing the administration of HMRF including the allocation of funds for approved grants. RC is supported by the Expert Advisory Panels for individual research areas, as well as the Referee Panel ("RP") and the Grant Review Board ("GRB") which form the first and second tiers of the peer review mechanism respectively.

5. According to the Administration, HMRF approved 264 research projects out of the 905 applications in 2014-2015, and 178 research projects out of the 1 059 applications in 2015-2016. The total amount of approved funding in 2014-2015 and 2015-2016 was \$304.4 million and \$222.2 million respectively. The balance of uncommitted fund as at 31 March 2016 was \$310 million.

### **Deliberations of the Panel**

6. The Panel held a number of meetings between 2005 and 2009 to discuss the Administration's proposals to increase the approved commitment for the former HHSRF and to set up the former RFCID. The Panel discussed the Administration's proposal to set up a HMRF in November 2011. The deliberations and concerns of members are summarized below.

#### Assessment criteria

7. Noting the small number of research projects on Chinese medicine approved under the former HHSRF and RFCID, members were concerned about the assessment criteria to be adopted for granting approval to applications for HMRF.

8. According to the Administration, classification of research themes under HMRF would not be based on whether the research proposal was in the field of Chinese or Western medicine. All research grant applications would be reviewed on the basis of their scientific merits, such as originality of the research topic, significance of the research questions, quality of scientific content, credibility for study design and method, research ethics, translational potential or value and applicability to local context. Research projects to be funded under HMRF would continue to be subject to the stringent two-tier peer review process established for HHSRF and RFCID, i.e. first by a Referee Panel comprising local and overseas expert referees, and then by a GRB acting as a scientific advisor to RC. RC would consider the funding applications on the recommendation of GRB.

9. Members considered it important to ensure openness, fairness and transparency of the research grant review process. Suggestion was made for the Administration to consider appointing lay persons to RC which only comprised healthcare professionals in the academia and the public and private healthcare sectors. The Administration agreed to consider the suggestion.

10. Members noted that unlike researchers in the academia, frontline healthcare professionals whose primary job duties were to deliver healthcare services had to make use of their own time to undertake research activities to enhance healthcare practices. There was a view that the grant application threshold should be lowered so that small-scale local clinical studies proposed by frontline public hospital doctors could also be funded under HMRF.

11. The Administration advised that funding opportunities under HMRF would be open to all local researchers irrespective of whether they were working in the academia or the public and private healthcare sectors. Research fellowships, which were one of the initiatives under HMRF, would be awarded to eligible candidates covering a range of research areas and specialties and geared toward a variety of levels (e.g. post-doctoral fellows and clinical research fellows) on the advice of the relevant Expert Advisory Panels of RC.

12. There was a suggestion that a central ethics review committee should be set up at Hospital Authority ("HA") so as to obviate the need for staff of HA to go through the cumbersome ethics review process for multi-cluster clinical studies. Members were advised that clinical research involving facilities, staff or patients of HA had to be approved by the Cluster Research Ethics Committee or Institute Review Board of the hospital/institution at which the study would be conducted.

### Funding support provided under HMRF

13. Noting that the normal grant ceiling for any single project was \$1 million under HHSRF and RFCID, members considered that the Administration should flexibly handle those research applications which required a greater amount of financial support. Question was raised about the estimated annual cash flow requirement for the new commitment of \$1,415 million for setting up HMRF.

14. The Administration advised that the same grant ceiling would be imposed on projects approved under HMRF. For multi-centre collaborations and projects or medical research infrastructure commissioned by the Government on specific public health issues or themes, higher grants would be considered where justified. Based on the experience of HHSRF and RFCID, the funding requirement for supporting research under HMRF was estimated to be about \$250 million per annum. A direct operation cost charged to this commitment was estimated to be about \$4 million per annum. It was expected that the injected commitment would be able to sustain the operation of HMRF over the next five years or longer.

### **Recent development**

15. The Administration will brief the Panel on 18 April 2016 on the proposed injection of \$1,500 million into HMRF to sustain its operation for around five years from 2017-2018 to 2021-2022, and its plan to review and consolidate the scopes of HMRF and the Health Care and Promotion Fund.

### **Relevant papers**

16. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

## Appendix

### Relevant papers on the Health and Health Services Research Fund, the Research Fund for the Control of Infectious Diseases and the Health and Medical Research Fund

Committee	Date of meeting	Paper
Panel on Health Services	9.7.2003 (Item VII)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	31.1.2005 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	1.6.2007 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	14.12.2009 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	14.11.2011 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	27.1.2016*	<a href="#">CB(2)757/15-16(01)</a>

\* Issue date

Council Business Division 2  
Legislative Council Secretariat  
14 April 2016