

**立法會**  
**Legislative Council**

LC Paper No. CB(4)1815/20-21  
(These minutes have been seen  
by the Administration)

Ref : CB4/PL/HS

**Panel on Health Services**

**Minutes of policy briefing-cum-meeting  
held on Friday, 8 January 2021, at 9:30 am  
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Hon Elizabeth QUAT, BBS, JP (Chairman)  
Hon Abraham SHEK Lai-him, GBS, JP (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon WONG Ting-kwong, GBS, JP  
Hon Starry LEE Wai-king, SBS, JP  
Hon CHAN Kin-por, GBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon Michael TIEN Puk-sun, BBS, JP  
Hon YIU Si-wing, BBS  
Hon CHAN Han-pan, BBS, JP  
Hon LEUNG Che-cheung, SBS, MH, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, SBS, JP  
Hon SHIU Ka-fai, JP  
Dr Hon Pierre CHAN
- Member attending** : Hon Holden CHOW Ho-ding
- Members absent** : Dr Hon Priscilla LEUNG Mei-fun, SBS, JP  
Dr Hon CHENG Chung-tai
- Public Officers attending** : Item III  
Prof Sophia CHAN Siu-chee, JP  
Secretary for Food and Health

Mr Thomas CHAN Chung-ching, JP  
Permanent Secretary for Food and Health (Health)

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Mr Kevin CHOI, JP  
Deputy Secretary for Food and Health (Health) 1  
Food and Health Bureau

Miss Amy YUEN Wai-yin, JP  
Deputy Secretary for Food and Health (Health) 2  
Food and Health Bureau

Mr FONG Ngai, JP  
Deputy Secretary for Food and Health (Health) 3  
Food and Health Bureau

Dr CHEUNG Wai-lun, JP  
Project Director, Chinese Medicine Hospital Project Office  
Food and Health Bureau

Dr Constance CHAN Hon-yea, JP  
Director of Health

Dr WONG Ka-hing, JP  
Controller, Centre for Health Protection  
Department of Health

Dr Tony KO Pat-sing  
Chief Executive  
Hospital Authority

Dr Deacons YEUNG Tai-kong  
Director (Cluster Services)  
Hospital Authority

Item IV

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Miss Amy YUEN Wai-yin, JP  
Deputy Secretary for Food and Health (Health) 2  
Food and Health Bureau

Ms Angel FAN On-ki  
Head, Research Office  
Food and Health Bureau

Dr Richard A. COLLINS  
Chief Scientific Reviewer (Research Office)A  
Food and Health Bureau

Item V

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Miss Trista LIM  
Principal Assistant Secretary for Food and  
Health (Health) 2  
Food and Health Bureau

Dr Deacons YEUNG Tai-kong  
Director (Cluster Services)  
Hospital Authority

Mr Daniel LO  
Chief Manager (Allied Health)  
Hospital Authority

Dr Benjamin LEE  
Deputizing Chief Pharmacist  
Hospital Authority

**Clerk in  
attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in  
attendance** : Miss Kay CHU  
Senior Council Secretary (2) 5

Mr Ronald LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**

[LC Paper Nos. CB(2)380/20-21(01), CB(2)381/20-21(01), CB(2)456/20-21(01), CB(2)557/20-21(01) to (02), CB(2)615/20-21(01) and CB(2)616/20-21(01)]

Members noted that the following papers had been issued since the last meeting:

- (a) letter dated 18 November 2020 from Dr Pierre CHAN concerning the measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong;
- (b) referral from the Public Complaints Office of the Legislative Council ("LegCo") Secretariat on policy issues relating to the support for the elderly in respect of drug dispensing and drug use;
- (c) Administration's further response dated 30 November 2020 to the Public Complaints Office of the LegCo Secretariat on issues relating to the support for the elderly in respect of drug dispensing and drug use;
- (d) letter dated 23 December 2020 from Dr Priscilla LEUNG concerning free COVID-19 testing service and other anti-epidemic measures;
- (e) Administration's response to the issues raised in the letter dated 23 December 2020 from Dr Priscilla LEUNG concerning free COVID-19 testing service and other anti-epidemic measures;
- (f) letter dated 7 January 2021 from Dr Priscilla LEUNG on issues relating to free COVID-19 testing service; and
- (g) information paper provided by the Administration on the measures for the prevention and control of COVID-19 in Hong Kong.

**II. Items for discussion at the next meeting**

[LC Paper Nos. CB(2)579/20-21(01) and (02)]

Regular meeting in February 2021

2. The Chairman said that the Administration had not proposed any items for discussion at the next regular meeting of the Panel scheduled for 5 February 2021 at 10:45 am. She invited members' proposals in this regard.

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3. Expressing concern about the anti-epidemic measures taken by the Administration to fight against COVID-19, Dr Pierre CHAN proposed the discussion of the measures for the prevention and control of COVID-19 in Hong Kong at the next meeting of the Panel. The Chairman drew members' attention that Dr Priscilla LEUNG, who was unable to attend this meeting, had requested the Panel to discuss the anti-epidemic measures, in particular the provision of free COVID-19 testing service, vide her two letters as set out in paragraphs 1(d) and (f) above.

4. Mr Tommy CHEUNG said that he planned to consult the Panel at its next regular meeting on his proposed legislative amendments to the Medical Registration Ordinance (Cap. 161) which aimed at facilitating qualified non-locally trained doctors to practise in Hong Kong.

5. Having regard to members' views, the Chairman suggested that the Panel would discuss the above two subjects at its February regular meeting. Members raised no other views.

Joint meeting with the Panel on Education

6. The Chairman informed members that in view of the epidemic situation of COVID-19, with the concurrence of Dr Priscilla LEUNG, Chairman of the Panel on Education, the joint meeting originally scheduled for 11 December 2020 to discuss the subject "Enhancement of healthcare teaching facilities of University Grants Committee-funded universities" would be rescheduled for February 2021.

*(Post-meeting note: Members were informed on 16 February 2021 that with the concurrence of the Chairmen of the two Panels, the joint meeting would be held on 5 March 2021.)*

Item on the list of outstanding items for discussion by the Panel

7. The Chairman sought members' views on the Administration's suggestion to delete the item on "Health impacts of the chemicals deployed by the Police to disperse crowds" (item 25 of LC Paper No. CB(2)579/20-21(01)) from the Panel's list of outstanding items for discussion. Members raised no objection.

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**III. Briefing by the Secretary for Food and Health on the Chief Executive's 2020 Policy Address**

[LC Paper No. CB(2)579/20-21(03), The Chief Executive's 2020 Policy Address and The Chief Executive's 2020 Policy Address Supplement]

8. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the policy initiatives in respect of health matters set out in the Chief Executive's 2020 Policy Address ("the 2020 Policy Address"), details of which were set out in the Administration's paper (LC Paper No. CB(2)579/20-21(03)). The speaking note of SFH (LC Paper No. CB(2)621/20-21(01)) (Chinese version only) was tabled at the meeting.

9. While expressing appreciation to the concerted anti-epidemic efforts made by the Administration, healthcare sectors and other relevant parties for over a year since the onset of the epidemic, Mr Tommy CHEUNG, Mr CHAN Kin-por, Mrs Regina IP, Mr POON Siu-ping, Mr SHIU Ka-fai, Dr CHIANG Lai-wan and Mr WONG Ting-kwong remarked that there was room for the Administration to further improve the anti-epidemic measures with a view to bringing the local epidemic under control. Mr Tommy CHEUNG was particularly concerned about the striking of a proper balance between fighting the epidemic and maintaining the economic development.

Preventing the importation of cases

10. Mr Michael TIEN noted that with effect from 0:00 am on 25 December 2020, all persons arriving at Hong Kong who had stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day had to undergo compulsory quarantine for 21 days in designated quarantine hotels and undergo testing at these hotels on the 19th or 20th day following their arrival at Hong Kong. For persons subject to compulsory quarantine who arrived at Hong Kong before the above 21-day compulsory quarantine arrangement was in place and who had stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day, they had to take taxis to travel directly to community testing centres to undergo testing on the 19th or 20th day following their arrival at Hong Kong. Expressing concern about the difficulties to ensure compliance with the above restriction and the risk of virus transmission posed to taxi drivers, he called for door-to-door specimen collection at these persons' place of residence.

11. Mr YIU Si-wing enquired about the occupancy rate of the hotel rooms under the Designated Quarantine Hotel Scheme and the percentage of inbound travellers who were tested positive for COVID-19 during or after the quarantine period since the full implementation of the Scheme with

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effective from 22 December 2020. SFH undertook to provide the requisite information in writing after the meeting.

12. Ms Alice MAK urged the Administration to prohibit under the circuit breaker mechanism civil flights travelling from Nepal where the epidemic was severe. SFH took note of the view.

Testing arrangements

13. Mr Michael TIEN was of the view that all persons who underwent testing on a voluntary basis, no matter whether or not the testing was only for private purposes such as certification for travelling or work, should be entitled to use the testing services provided by community testing centres free of charge to encourage more members of the public to undergo testing. Mr CHAN Han-pan expressed a similar view. SFH advised that community testing centres currently provided self-paid testing services for members of the public for general community or private purposes on the one hand, and on the other hand free testing services for persons subject to compulsory testing as well as eligible persons of targeted groups. The Administration had provided free testing through about 200 distribution points to facilitate individuals who perceived themselves as having a higher risk of exposure or experience mild discomfort to submit deep throat saliva ("DTS") specimen. Pointing out that it would be difficult to implement universal testing as proposed by some members, Mr Michael TIEN remarked that community testing centres should also provide free testing service at to all members of the public to encourage frequent testing on a voluntary basis.

14. To ensure specimen quality, Mr Michael TIEN considered it necessary to replace self-collected DTS specimen by combined nasal and throat swab ("CNTS") samples collected by professionals. SFH assured members that the temporary specimen collection centre set up at the Hong Kong International Airport and the majority of specimen collection for the purpose of compulsory testing as required under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J) had adopted professional swab sampling of CNTS. That said, DTS specimen collection packs would still be distributed at designated general outpatient clinics of the Hospital Authority ("HA"), post offices and vending machines set up at 20 MTR stations to facilitate public access to free testing.

15. Mr SHIU Ka-fai suggested providing specimen bottles for employees of scheduled premises under the Prevention and Control of Disease (Requirement and Directions) (Business Premises) Regulation (Cap. 599F) and cold store practitioners to facilitate their testing. SFH advised that the Food and Environmental Hygiene Department ("FEHD") would look into the suggestion. At present, FEHD would collect samples of different types

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of frozen foods and their packaging for precautionary COVID-19 testing and provide free testing services for practitioners of licensed cold stores.

16. To help reduce the risk of COVID-19 infection, Dr CHIANG Lai-wan opined that patients of public hospitals should be required to have a negative test result for discharge. Holding the view that testing was an integral part of the strategy in preventing and fighting COVID-19, Ms Alice MAK sought explanation as to the reason why the Administration did not significantly expand targeted testing on an obligatory basis to cover also all staff members of HA, civil servants, teachers and school staff, staff members of residential care homes, public transportation drivers and foreign domestic helpers. Holding the view that the arrangement of not subjecting persons in Kat Hing Wai to compulsory testing albeit that there had been several confirmed cases in the area might create public health risk, Mr LEUNG Che-cheung called on the Administration to review its anti-epidemic measures.

17. SFH stressed that a risk-based and precision-guided testing strategy was adopted with a view to cutting the transmission chain as soon as possible. More than 1.8 million tests had been carried out since mid-November 2020, among which 0.5 million were compulsory testing. Different bureaux would regularly review the coverage and frequency of compulsory and targeted group testing with reference to the latest epidemic risk assessment. Chief Executive, HA advised that HA was working on the provision of regular testing for targeted staff providing care for vulnerable patients, such as staff members providing outreach services to residential care homes for the elderly. Other staff members of HA who considered it necessary could at any time submit DTS specimen for testing.

18. Noting with concern that about 15% of the estimated number of residents of the 40 buildings covered by the compulsory testing notices published in the Gazette on 30 and 31 December 2020 had not undergone compulsory testing, Mr Michael TIEN called on the Administration to visit each household and take enforcement actions against the non-compliant persons to ensure strict compliance with the requirements of the compulsory testing notices. Mr CHAN Han-pan requested the Administration to strictly follow up on whether persons subject to compulsory testing had complied with the testing requirement. Mrs Regina IP said that there was a need to plug the loophole created by the time gap between the identification of confirmed cases and the issuance of the compulsory testing notices such that residents could not move out of the buildings concerned temporarily. The Chairman expressed a similar view, and enquired whether any prosecution had been instituted for non-compliance with compulsory testing notices.



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19. SFH advised that the Administration had expanded the coverage of compulsory testing on a mandatory basis, especially for residential buildings such that if there were two or more units in a building with confirmed cases in the past 14 days and the relevant cases concerned were not epidemiologically linked to each other, the building would be included in the compulsory testing notice and persons who had been present at that building for more than two hours in the past 14 days were required to undergo compulsory testing. Separately, the Home Affairs Department had worked closely with the relevant government departments (e.g. the Housing Department) to monitor the compliance with the compulsory testing notices, including conducting checking to ascertain whether the specified persons had undergone testing through other procedures as specified in the testing notices and whether some of the household might have moved out of the flats. In the enforcement action taken in relation to compulsory testing notice at Ming Yan Lau of Jat Min Chuen in Sha Tin on 24 December 2020, the Department of Health had followed up with those cases whose test records could not be verified on the day.

Tracing and quarantine of close contacts of confirmed cases

20. Mr LEUNG Che-cheung called on the Administration to adopt the suggestion of Professor Yuen Kwok-yung to train and deploy 10 000-odd police officers as and when necessary to strengthen the work of tracing the contacts of confirmed cases which was fundamental to the efforts in preventing further spread of the virus. Citing the use of Bluetooth in contact tracing by some overseas places as an example, Mrs Regina IP called on the Administration to make better use of information technology to enhance the efficiency in contact tracing. SFH advised that an inter-departmental work group led by the Chief Secretary for Administration had been set up to enhance the work on contact tracing and to arrange additional manpower, including members from different disciplinary services, for providing support at the Contact Tracing Office after training. Separately, the Food and Health Bureau ("FHB"), together with the Innovation and Technology Bureau and other relevant departments, had developed an internal information portal specifically designed for contact tracing. Controller, Centre for Health Protection added that the newly developed internal information portal had speeded up the Administration's work in tracing contacts, conducting testing and arranging quarantine or medical surveillance for such contacts. Efforts would be made to improve the portal in the light of the operation experience gained.

21. Mr YIU Si-wing was concerned about the occupancy rate of the 4 150-odd and 1 700-odd units respectively offered by the four quarantine centres and the four hotels designated for close-contact quarantine purpose, and

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whether the close contacts could determine which centre or hotel to stay at. SFH advised that at present, there were about 3 000 unoccupied units in the four quarantine centres and the four hotels had yet been fully occupied.

Vaccination arrangements

22. Mr Holden CHOW called on the Administration to make an early announcement of the vaccination arrangements, including the coverage of the priority groups and the venue for receiving vaccination, and to ensure having adequate manpower for implementing the vaccination programme. The Chairman considered that priority should also be accorded to frontline cleansing and security workers as well as professional drivers for vaccine administration. Given that the Administration would procure at least two candidate vaccines from different vaccine developers and different vaccine technology platforms and members of the public could choose the type of vaccine they preferred to receive, Mr CHAN Kin-por said that the Administration had to ensure that there would be sufficient doses to meet the demand but at the same time formulate contingency plans to handle the surplus doses, if any, to avoid wastage. Expressing a similar view, Mr POON Siu-ping enquired about the involvement of private healthcare sectors in the vaccination programme.

23. SFH advised that a legal framework had been put in place under the present state of public health emergency to bring in COVID-19 vaccines which satisfied the criteria of safety, efficacy and quality for emergency use. Having made reference to the views of the relevant Scientific Committees and the expert advisory group, the Administration planned to arrange priority vaccination for groups which had higher risks of coming into contact with the COVID-19 virus (e.g. healthcare workers), groups which had greater mortality rates after contracting the disease (e.g. the elderly), and groups which might easily transmit the virus to the vulnerable or weak if infected (e.g. staff of residential care homes) to receive vaccination first. It was also considering giving priority to vaccinate persons providing cross-boundary transportation. As a next step, the Administration would liaise with the private healthcare sector on the avenues for receiving vaccination based on the priority vaccination arrangements and the characteristics of the vaccines. Details of the vaccination programme would be worked out by FHB and the Civil Service Bureau in due course. Since it took time for the production of vaccines, it would not be possible to have the vaccines be replenished within a short period of time. Hence, it was prudent for the Administration to procure sufficient doses to serve at least two times the entire population of Hong Kong. Its current plan was to procure 7.5 million doses each of three different vaccines (i.e. Sinovac vaccine, Comirnaty vaccine and AstraZeneca vaccine).

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24. Referring to the outcome of a survey conducted by the Liberal Party that about 40% of the some 2 600 respondents indicated reluctance to receive COVID-19 vaccination, Mr Tommy CHEUNG called on the Administration to provide incentive for vaccination, say, by relaxing the social distancing requirements imposed on catering business if all their frontline staff and customers had received vaccination and enabling persons who had received vaccination to have quarantine-free travel to the Mainland. Mr WONG Ting-kwong opined that having a proof of vaccination could be a requirement for access to certain public places and quarantine-free travel to the Mainland. Mr LEUNG Che-cheung said that the Administration needed to examine the reasons why some persons were reluctant to receive vaccination, step up promotion on the health risk of not getting vaccinated and provide financial incentive to increase the uptake rate. The Chairman and Dr CHIANG Lai-wan urged the Administration to provide incentive to address vaccine hesitancy. Raising a similar view, Ms Alice MAK remarked that Principal Officials should be among the first to receive vaccination to help members of the public to overcome vaccine hesitancy. Mr CHAN Kin-por and the Chairman expressed concern that the uptake rate might be affected by fake news and rumours on the safety, efficacy and quality of the vaccines on social media. SFH assured members that the Administration would continue to enhance public education to fortify the confidence of the public in the vaccines and make speedy clarifications to fake news. It would keep in view the advice of the World Health Organization on the implementation of "vaccine bubble" and continue to explore the resumption of quarantine-free travel between the Mainland and Hong Kong.

25. On Mr POON Siu-ping's enquiry about measures to facilitate members of the public to receive timely vaccination under a two-dose regime, SFH advised that the Administration was working on an electronic platform for vaccination booking and downloading the vaccination records. The Chairman remarked that to achieve zero infection and restore the normal operation of society and people's daily lives, the Administration should, in tandem with the introduction of electronic vaccination records, implement "Hong Kong Health Code" and compulsory universal testing.

26. Mr POON Siu-ping enquired about the progress of setting up an indemnity fund concerning severe adverse event associated with the administration of the vaccine. SFH advised that the Administration was mapping out the details and would seek funding approval from the Finance Committee in due course.

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Social distancing measures

27. The Chairman and Dr CHIANG Lai-wan was of the view that cross-family gatherings in private premises should be prohibited when the epidemic situation was severe. Given that the number of confirmed cases had been declining in recent days after the peak of the fourth wave of the epidemic in late November 2020, Mr SHIU Ka-fai enquired under what circumstances the temporarily closed scheduled premises, which had been hard hit under the prevailing social distancing measures, could resume operation. The Chairman raised a similar concern. SFH advised that there was no room for relaxing the social distancing measures at this stage as the risk of rebound of the epidemic situation had not diminished and there was a need to reduce the flow of people and social contacts. There was an expert view that consideration might be given to lifting certain social distancing measures when less than 10% of the local cases were of unknown infection source.

28. Mr SHIU Ka-fai did not subscribe to the Administration's view. He pointed out that while stringent social distancing measures were imposed on scheduled premises, there were a large number of people on the streets and in other places such as retail outlets and country parks. Raising a similar concern, the Chairman suggested that requiring all staff and consumers to present a negative test result could be a requirement for the temporarily closed scheduled premises to resume business. Ms Alice MAK was of the view that catering business and scheduled premises could resume normal operation if the Administration had determination to significantly expand the coverage of compulsory and targeted testing. Dr CHIANG Lai-wan said that the Administration could in phases require consumers to present negative test results as well as vaccination records for accessing to catering business premises and scheduled premises, thereby helping revive the local economy. SFH took note of the views.

29. The Chairman opined that the Administration should provide financial assistance to encourage business operators to apply durable anti-microbial coating in their premises for infection control. SFH advised that efforts had been and would continuously be made by FEHD and other Government departments to ensure that catering business premises and scheduled premises would comply with the infection control measures.

30. Mr WONG Ting-kwong expressed concern that there was a case whereby a food licence holder had received subsidy under the first and third rounds of the Anti-epidemic Fund but had yet received the subsidy under the second-round of the Fund. SFH said that FEHD would follow up the case.

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**IV. Proposal for injection into the Health and Medical Research Fund**  
[LC Paper Nos. CB(2)413/20-21(01), CB(2)552/20-21(01) and  
CB(2)579/20-21(04)]

31. The Chairman informed members that discussion of this item was originally scheduled for the meeting of the Panel on 11 December 2020 but had subsequently been rescheduled to today's meeting due to the epidemic situation.

32. The Chairman reminded members that in accordance with Rule 83A of the Rules of Procedure, they should disclose the nature of any direct or indirect pecuniary interests relating to this funding proposal before they spoke on the subject.

33. Under Secretary for Food and Health ("USFH") briefed members on the proposal to increase the approved commitment for the Health and Medical Research Fund ("HMRF") by \$1,308 million from \$2,915 million to \$4,223 million to sustain the operation of HMRF ("the financial proposal"), details of which were set out in the Administration's paper (LC Paper No. CB(2)552/20-21(01)).

34. Members noted the 2019-2020 Annual Report of HMRF provided by the Administration and the updated background brief prepared by the LegCo Secretariat on the subject under discussion (LC Paper Nos. CB(2)413/20-21(01) and CB(2)579/20-21(04)).

Funding scope of the Health and Medical Research Fund

35. Dr CHIANG Lai-wan sought elaboration about the funding scope of HMRF which was established in 2011 by consolidating the former Health and Health Services Research Fund ("HHSRF") and the former Research Fund for the Control of Infectious Diseases ("RFCID"). USFH advised that the Expert Advisory Panels ("EAPs") would advise the Research Council which governed HMRF on the research policy and foci and make recommendations on the thematic priorities for the investigator-initiated projects under the five broad themes of infectious diseases, non-communicable diseases and primary healthcare, mental health, cancer and implementation science.

36. Dr CHIANG Lai-wan enquired about the composition of EAPs and the mechanism in place to govern conflict of interests in vetting the grant applications under HMRF. USFH advised that the membership of EAPs comprised of academics and healthcare professionals from universities and the public healthcare sector. Head of Research Office, FHB ("Head of RO)

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advised that all eligible grant applications would undergo two-tier peer review, first by a Referee Panel comprising non-local experts in relevant areas and then by the Grant Review Board ("GRB") which comprised, among others, senior local academics, clinical experts and private sector healthcare professionals. A declaration system was in place to avoid conflict of interests. In response to Dr CHIANG Lai-wan's enquiry, Head of RO affirmed that the current membership of GRB included representatives from patient groups.

37. Regarding the foci of HMRF-funded projects, Dr CHIANG Lai-wan held the view that priority should be accorded to enhancing public health, in particular services provide by public hospital, for the benefit of the whole community. Mrs Regina IP asked whether the HMRF-funded projects were mainly basic scientific research or applied research. USFH and Head of RO advised that it was planned that projects funded by HMRF in the future had to be of greater translational potential and applicability to the local context. In particular, advanced medical research should focus on clinical studies which applied advanced technologies to facilitate the translation of knowledge generated from health and health services or infectious diseases studies into clinical practice and to inform health policies.

Contribution and research impact of the Health and Medical Research Fund

38. Appealing for Members' support for the financial proposal, Dr Pierre CHAN remarked that the Administration should provide more details on the achievements of HMRF to facilitate Members' consideration of the financial proposal and any proposed injection into HMRF in the future. Specifically, the Administration should quantify the contribution of the research studies supported by HMRF since its establishment in 2011, in particular the economic benefit brought about through the generation of patent applications. The Chairman echoed Dr Pierre CHAN's view. USFH undertook to provide the requisite information in writing. Chief Scientific Reviewer (Research Office)A gave a succinct brief on the outcome evaluation in respect of the investigator-initiated research projects and the international comparison of key outcome indicators for these projects as set out in Annexes (i) and (ii) to the Annex to the Administration's paper.

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39. Referring to the former RFCID which was established after the outbreak of Severe Acute Respiratory Syndrome ("SARS") in 2003 with a commitment of \$450 million, Dr CHIANG Lai-wan enquired about how the outcomes of the research studies approved thereunder exerted an influence on infection control policy. Mr SHIU Ka-fai asked about the contribution of HMRF in the fight against COVID-19. USFH and Head of RO advised that the researches funded by the former RFCID and later by HMRF had helped

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the development of epidemiology, risk communication and mathematical modelling to facilitate timely analysis of epidemiological data such that the Administration could timely formulate policy and infection control measures to bring the epidemic of COVID-19 under control. Past studies on the efficacy of combining antiviral drugs in the treatment patients with SARS provided useful reference for the formulation of treatment plans for COVID-19 patients at the early stage of the epidemic. In April and August 2020, HMRF approved a total funding of \$170 million to support the local universities to conduct 49 medical research studies on COVID-19. Some examples of these studies were set out in paragraph 8 of the Annex to the Administration's paper.

40. In respect of the HMRF-funded medical research studies on genetic sequencing of COVID-19, Mr SHIU Ka-fai sought elaboration about their significance and whether these studies could only be conducted by local universities with the support of HMRF. Replying in the affirmative to the question, USFH stressed that it was a common practice for the government of different places to provide funding support for researches in respect of a novel disease. Genomic surveillance using whole virus sequence data from local COVID-19 cases with no known epidemiological links could help identify the source of infection, thereby facilitating the implementation of appropriate anti-epidemic measures.

41. Mr SHIU Ka-fai said that he had reservation on the financial proposal in view of the economic downturn. Pointing out that the Hong Kong Council on Smoking and Health and the pharmaceutical sector would conduct research studies relating to smoking and health and clinical trials of drugs, he was concerned about the need of having a dedicated fund to support, among others, researches in relation to these areas. USFH and Deputy Secretary for Food and Health (Health) 2 ("DS(H)2") explained that an aim of HMRF was 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. Smoking was one of the modifiable risk factors for non-communicable diseases within the scope of HMRF.

42. Mrs Regina IP said that she supported the financial proposal as Hong Kong required long-term investment in the development of science and technology. She was concerned about how far would the findings of the HMRF-funded studies be translated into practice and policy and be applied in the local context, and whether any patents had been granted to the projects supported by HMRF. On the first question, USFH advised that the introduction of the colorectal cancer screening pilot programme was a result

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of the relevant research supported by HMRF. Chief Scientific Reviewer (Research Office)A said that over 20 patents, mainly in the area of novel drug development, had been granted as a direct result of HMRF funding.

43. The Chairman asked whether the Administration had a role to play in the commercialization of the patents generated by HMRF-funded projects to avoid wasting of the research outcomes. USFH advised that issues relating to the commercialization of research findings fell outside the funding scope of HMRF. The Administration could further look into the issue.

Implementation of the Health and Medical Research Fund

44. Dr CHIANG Lai-wan was concerned that local universities might obtain double funding from both HMRF and the Research Endowment Fund ("REF") which provided research funding for the higher education sector to strengthen the research capabilities of the local universities. DS(H)2 advised that a mechanism was in place to avoid double-funding. In response to Dr CHIANG Lai-wan's follow-up enquiry, Head of RO advised that with the approved funding of \$20 million under HMRF, a research project would conduct a Phase I clinical trial on the safety of a nasal spray new coronavirus vaccine. The seed grants for this project was not provided by HMRF. As a related issue, Mr POON Siu-ping opined that Hong Kong should develop local production lines for the said vaccine.

45. Expressing support in principle for the funding proposal, Mr POON Siu-ping was concerned about the provision of seed grants under HMRF Open Call. Head of RO advised that it was planned that the maximum amount of seed grants approved for each investigator-initiated project would be increased from \$100,000 to \$500,000 such that young researchers could submit both larger-scale pilot studies or small-scale researches so as to strengthen the research skills of young researchers and provide them with a firm foundation for the preparation of large grant applications. Separately, it was planned that the quota of awards of the current Research Fellowship Scheme be increased from 8 to 12.

46. Mr POON Siu-ping noted that as at 30 September 2020, 1 310 projects out of a total of 5 882 grant applications received in response to the seven open calls were funded with a total commitment of \$1,268 million. He asked about the reasons for the unsuccessful applications. Head of RO advised that assessment of the scientific merits of the research projects would cover areas of originality, significance of the research questions, quality of scientific content, credibility of design and methods, translational potential and applicability to the local context. As regards health promotion projects, the assessment would be on scientific evidence of effectiveness of the proposed



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health promotion activities, innovation, evaluation plan of programme effectiveness, impact and sustainability of the programme, cross-sector collaboration, and potential to build community capacity in health promotion. An average of 88% of the applications were unsuccessful in each year. A main reason was the information provided in the application was inadequate. Applicants could refine their applications based on the comments given by GRB for submission in the next round of open call for grant applications.

Conclusion

47. In closing, the Chairman concluded that the Panel did not object to the submission of the financial proposal to the Finance Committee for consideration.

**V. Update on Samaritan Fund and Community Care Fund Medical Assistance Programmes**

[LC Paper Nos. CB(2)579/20-21(05) and (06)]

48. USFH briefed members on the Administration's review on the enhancement measures in relation to the means test mechanism for the Samaritan Fund ("SF") and the Community Care Fund ("CCF") Medical Assistance Programmes since the implementation in early 2019, and recommendations on further refinements in this regard, details of which were set out in the Administration's paper (LC Paper No. CB(2)579/20-21(05)).

49. Members noted the updated background brief prepared by the LegCo Secretariat on the subject under discussion (LC Paper No. CB(2)579/20-21(06)).

50. The Chairman said that she had all along called for greater support for patients with rare diseases or cancers and she welcomed the implementation of the enhancement measures in relation to the means test mechanism for SF and CCF since 2019 and the further refinements in this regard as announced in the 2020 Policy Address. To avoid financial hardship on patients and their family members, she suggested that patients' maximum contribution ratio to the drug expenses should be lowered from 20% of the patient's household annual disposable financial resources to 10%, or be capped at \$500,000, whichever was lower; and that patients living with their family members should be allowed to apply for assistance from the safety net on an individual basis.

51. USFH advised that the practice of using patients' household income in assessing the level of subsidy granted under the safety net was in line with the means test mechanism for other financial assistance schemes. An

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enhanced measure implemented since 2019 was to refine the definition of "household" by counting only core family members financially connected with the patient. Under the refined definition, an unmarried patient who was a non-dependent would be treated as a single person household (irrespective of whether parents/legal guardians or siblings were living under the same roof). To address concerns over the financial burden of drug expenses on patients with chronic diseases, it was proposed to introduce further refinements to the means test mechanism for drug subsidy, details of which were set out in paragraphs 12 to 15 of the Administration's paper. The Administration would keep in view the implementation of the proposed refinements and examine the way forward as and when appropriate.

52. Mr Michael TIEN said that in response to his earlier call, Lenvatinib, a drug for treatment of liver cancer, had been included in the CCF Medical Assistance Programme (1st Phase Programme) since 2019. He opined that the safety net should be further expanded to enable more adult patients with spinal muscular atrophy ("SMA") to use the registered drug "Nusinersen" for treating the disease. According to the findings of international studies, 70% of SMA patients under study had their health condition improved after 14-months' Nusinersen treatment. Director (Cluster Services), HA ("D(CS), HA") advised that as one of the drug items covered by the CCF Medical Assistance Programme (1st Phase Programme), "Nusinersen" had been used for two clinical indications namely "infantile onset SMA" and "childhood onset SMA". Hence, cases of late-onset SMA would not be eligible for the drug subsidy. HA would continue to review the coverage of the safety net under an evidence-based approach.

53. Mr SHIU Ka-fai asked whether the existing safety net would subsidize the medical expenses of those cancer patients who had financial difficulties in purchasing targeted therapy drugs. D(CS), HA advised that targeted therapy drugs were among the 51 and 37 drugs respectively covered by SF and the CCF Medical Assistance Programmes as at January 2021. Eligible HA patients who purchased any item covered by the safety net but indicated difficulties in meeting the cost so incurred would be referred to medical social workers for assessment of the eligibility for assistance.

54. The Chairman called for expediting the introduction of new drugs into the safety net coverage so as to provide more timely support for the needy patients. D(CS), HA advised that under the established mechanism, HA appraised new drugs once every three months. Separately, HA conducted prioritization exercise for including self-financed drugs in the safety net twice a year. While the number of items so discussed was not capped, the actual lead time for introducing individual drugs to the safety net might vary subject to the availability of the scientific evidence. HA would continue to

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keep a close track of the latest development of clinical and scientific evidence in this regard. At cluster or hospital level, compassionate use of unregistered drugs might be arranged for individual patients as and when appropriate. The Chairman urged the Administration and HA to examine how to further relax the eligibility criteria for drug subsidies to benefit more needy patients.

**VI. Any other business**

55. There being no other business, the meeting ended at 12:28 pm.

Council Business Division 4  
Legislative Council Secretariat  
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