

Health and Medical  
Research Fund:

2017-18 Annual Report

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## **Health and Medical Research Fund (HMRF)**

On 9 December 2011, the Legislative Council (LegCo) Finance Committee approved a new commitment of \$1,415 million for setting up the HMRF, by consolidating the former Health and Health Services Research Fund (HHSRF) and the former Research Fund for the Control of Infectious Diseases (RFCID), with a broadened scope for funding health and medical research in Hong Kong. Research projects funded under the former HHSRF and the former RFCID have been subsumed under the HMRF.

On 28 May 2016, the LegCo Finance Committee approved to increase the approved commitment for the HMRF from \$1,415 million by \$1,500 million to \$2,915 million to sustain its operation for another five years from 2017-18 to 2021-22 and expand the scope of the HMRF to incorporate the functions of the Health Care and Promotion Fund<sup>1</sup> (HCPF). After the consolidation of the HMRF and the HCPF on 28 April 2017, the HCPF and the HCPF Committee (the governing body of the HCPF) were renamed as the Health Care and Promotion Scheme and the Health Care and Promotion Committee (HCPC) respectively.

The 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 also provides funding support to evidence-based health promotion projects that help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices. The abstracts and the budget of approved projects are available at the website <https://rfs.fhb.gov.hk>.

The HMRF will consider funding health and medical research/projects in the following areas –

- (a) public health, human health and health services (e.g. primary care, non-communicable diseases, Chinese medicine, etc.);

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<sup>1</sup> The Health Care and Promotion Fund (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. In 2006, the HCPF Committee decided to revise the scope the HCPF to focus primarily on health promotion activities and disease prevention.

- (b) prevention, treatment and control of infectious diseases, in particular emerging and re-emerging infectious diseases;
- (c) advanced medical research in the fields of paediatrics, neuroscience, clinical genetics and clinical trials; and
- (d) health promotion that facilitates mobilisation of local resources to promote good health and prevention of illness in the community.

The HMRF provides funding support for the following types of projects –

- (a) Investigator-initiated Research Projects (funding ceiling: \$1.5 million<sup>2</sup> per project) – to support studies from individual researchers in response to "HMRF open call" invitations for research grant applications guided by reference to the research areas and thematic priorities<sup>3</sup>.
- (b) Health Care and Promotion Scheme (HCPS) (funding ceiling: \$1.2 million per project) – to support health promotion projects from individual applicants in response to "HCPS open call" invitations for grant applications guided by reference to the thematic priorities<sup>4</sup>.
- (c) Government-commissioned Programmes – to support specific programmes commissioned to, inter alia, build research capacity, fill knowledge gaps, support policy formulation, address specific issues, assess needs and threats, etc. Funding may cover research projects, facilities, infrastructure and other capacity building initiatives as appropriate.
- (d) Research Fellowship Scheme (funding ceiling: \$1.2 million per award) – to enhance research capability and build research capacity to facilitate the translation of knowledge into formulation of health policy and clinical practice. Research fellowships will be awarded to eligible candidates covering a range of research areas and specialties on the advice of the RC.

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<sup>2</sup> The funding ceiling for investigator-initiated research projects for the 2017 open call issued on 19 December 2017 has been increased from \$1.2 million to \$1.5 million as endorsed by the Research Council.

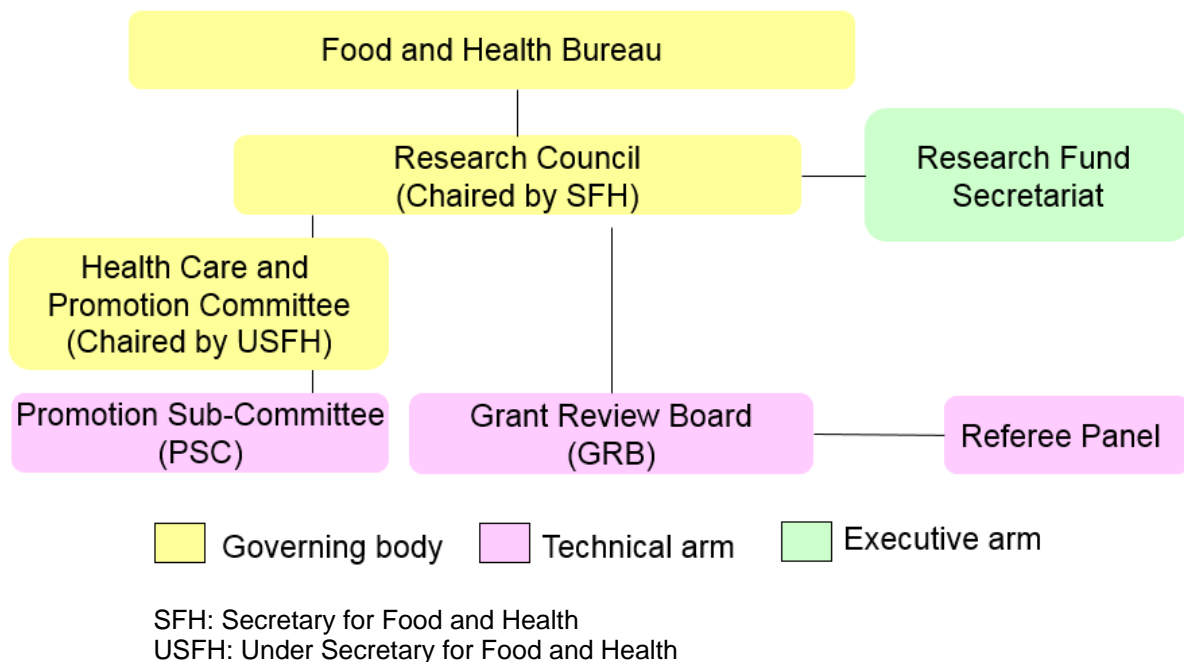
<sup>3</sup> Thematic priorities of the investigator-initiated research projects are updated regularly taking into account advice from the Department of Health, Hospital Authority and the Hong Kong Academy of Medicine and the Grant Review Board Executive.

<sup>4</sup> Thematic priorities of the Health Care and Promotion Scheme are updated regularly taking into account advice from the Non-Communicable Disease Division and Primary Care Office of the Department of Health, and the Hospital Authority.

In general, members of any disciplines or profession in health or health-related field can apply for funding. Grants may be awarded to tertiary institutions, hospitals, medical schools, non-governmental organisations or other appropriate centres, units or services. Members of other disciplines, such as social welfare and education may also apply if the proposed projects are within the ambit of the HMRF.

In addition, the HMRF organises the Health Research Symposium every two years to provide a platform for experts, researchers, healthcare professionals and community partners to share their knowledge and achievements in various research and health promotion topics, and acknowledge outstanding projects funded by the HMRF. The last Health Research Symposium was held on 16 June 2017 to showcase the synergy of consolidating the HMRF and the HCPF.

## Governance



Chaired by the Secretary for Food and Health, the RC is responsible for providing strategic steer for funding health and medical research, and overseeing the administration of the HMRF including the allocation of funds for approved grants. Its terms of reference are as follows –

- (a) to determine research agenda and funding control mechanism of the HMRF;

- (b) to approve procedures for inviting, and criteria for vetting research applications;
- (c) to approve standard terms and conditions for grant-holders;
- (d) to approve funding allocation after peer-review process;
- (e) to approve processes for the ongoing monitoring and evaluation of approved research projects;
- (f) to establish the GRB to carry out the technical work of the RC;
- (g) to disseminate key findings of funded projects; and
- (h) to supervise the management and investment of the fund.

The RC is supported by the GRB, GRB Executive (GRBE) and Referee Panel for technical input. Individual members of the Referee Panel are selected according to their specific field of expertise to review grant applications.

Chaired by the Under Secretary for Food and Health, the HCPC is responsible for providing strategic steer for funding health promotion projects and overseeing the administration of the Health Care and Promotion Scheme including the allocation of funds for approved grants. The HCPC reports to the RC and is supported by the Promotion Sub-Committee for technical input.

The membership of the RC and the HCPC, and their supporting committees is at *Appendix A*. Their operation is supported by the Research Fund Secretariat of the Research Office under the Food and Health Bureau.

## **Highlights of 2017-18**

### *Consolidation of HMRF and HCPF*

With effect from 28 April 2017, the HCPF has been incorporated into the HMRF and renamed as the HCPS to create synergy and provide more flexibility in the

support of health and medical research and health promotion efforts. The HCPS provides funding support to evidence-based health promotion projects that help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices. The incorporation helps bring focus on generating evidence from community-based research and the translation of scientific research into real life practices. The grant ceiling is also increased to allow projects to be implemented on a bigger scale with greater capacity for community participation.

To further streamline the operation of the HMRF, the HCPC and the PSC will be subsumed under the GRB in 2018-19. The RC will provide the strategic steer for all funding schemes (including the HCPS) under the HMRF, supported by the GRB as the technical arm which comprises experts from a wide spectrum of medical, health, social and analytical sciences. This consolidation will also facilitate the future arrangement of a single open call to cover both investigator-initiated research projects and health promotion projects.

### *Investigator-initiated Research Projects*

Of the 1,532 investigator-initiated research projects funded under the HMRF, 1,072 projects have been completed. These projects cover most research topics under the thematic priorities on –

- (a) Health and Health Services – management and prevention of major non-communicable diseases including cardiovascular illnesses, cerebrovascular diseases, cancers; modifiable lifestyle factors including tobacco control, alcohol consumption behaviour and harm, mental health, injury prevention, sleep deprivation, exercise and health and environmental pollution; health services including primary care, chronic disease management and palliative care, elderly care and Chinese medicine;
- (b) Infectious Diseases – epidemiology, surveillance and control of emerging and re-emerging infectious diseases, antimicrobial resistance and vaccination programmes;
- (c) Advanced Medical Research – paediatrics; neurosciences; clinical genetics, and clinical trials.

During the year, final reports of 180 completed projects were assessed. Projects with findings merit wider dissemination to the research community are published

as a supplement to the Hong Kong Medical Journal.

The 2017 Open Call for Investigator-initiated Research Projects was issued in December 2017 and a total of 816 funding applications were received by the closing date on 29 March 2018. In accordance with the thematic priorities (*Appendix B1*) and the established assessment criteria<sup>5</sup>, the GRB's recommendations on funding applications will be considered by the RC. Funding results will be announced in November 2018.

### Health Care and Promotion Scheme<sup>6</sup> (HCPS)

Of the 307 funded health promotion projects, 279 projects have been completed. These projects cover most topics under the thematic priorities on tobacco control, reduction of alcohol-related harm, encouragement of healthy balanced diet and physical activities, mental health promotion, injury prevention, cancer prevention, promotion of breastfeeding and organ donation.

During the year, final reports of 27 completed projects were assessed. Projects with findings are uploaded onto the website <https://rfs.fhb.gov.hk> for public access.

The 2017 HCPS Open Call was issued in April 2017 and a total of 116 funding applications were received by the closing date on 31 July 2017. In accordance with the thematic priorities (*Appendix B2*) and the established assessment criteria<sup>7</sup>, the PSC's recommendations for funding 18 applications were endorsed by the HCPC in December 2017. Funding results were announced in December 2017.

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<sup>5</sup> Research applications are assessed through a stringent two-tier review process, first by the Referee Panel, and then by the Grant Review Board according to the established criteria, including originality of the research topic, relevance to the scope of funding and thematic priorities, significance of the research question, quality of scientific content, credibility for study design and method, feasibility of the intended project, research ethics, translational potential/value, the past performance and track records of the grant applicants and research capability of the administering institution.

<sup>6</sup> After the consolidation of the Health and Medical Research Fund (HMRF) and the Health Care and Promotion Fund (HCPF), on-going health promotion projects (i.e. Health Promotion projects and Seed Funding Scheme projects) previously funded by the HCPF are monitored under the ambit of the Health Care and Promotion Scheme (HCPS). Projects currently under the HCPS will be funded by the HMRF after the funding balance of the former HCPF has all been committed.

<sup>7</sup> Assessment criteria for health promotion projects include relevance to thematic priorities, scientific evidence of effectiveness of the proposed health promotion activities, innovation, evaluation plan of programme effectiveness, impact and sustainability of the programme, cross-sector collaboration, potential to build community capacity in health promotion, feasibility, justification of requested budget, and track record of the Administering Institution and applicants.



### Government-commissioned Programmes

Twenty-one portfolios of commissioned programmes have been approved in the research areas of infectious diseases, mental health morbidity survey, healthcare manpower planning and projection, regulatory framework for healthcare professionals, Phase I Clinical Trials Centres, quality of healthcare for the ageing, risk of breast cancer and evaluation of Government's colorectal cancer screening pilot programme in Hong Kong. Nine portfolios have been completed.

In addition, two Community Partnership Programmes on Mental Health Promotion in Hong Kong under the HCPS commenced in 2017. They aim at (a) devising, implementing, and evaluating interventions in the community to promote mental well-being and increase public awareness about mental health and (b) developing evidence-based interventions and training materials that could be further adopted by different community partners in the longer-term.

The final reports and dissemination reports of satisfactorily completed research portfolios are posted on the website (<https://rfs.fhb.gov.hk>) for wider dissemination to the research community.

### Research Fellowship Scheme

The Research Fellowship Scheme has been launched since 2015 to support researchers or professionals in their early to mid-career, particularly healthcare professionals to enhance their skills in public health research. Tertiary institutions funded by the University Grants Committee are invited to nominate fellowship applicants annually. The grant ceiling per award is \$1.2 million including \$0.2 million for local/overseas training/attachment relating to health services or public health, in particular public health policy topics. Twelve awards have been approved under the HMRF.

The 2017 Open Call was issued in October 2017 and a total of 16 applications were received by the closing deadline on 10 January 2018. The Research Fellowship Assessment Panel's recommendations on funding applications will be considered by the RC. Funding results will be announced in July 2018.

## Health Research Symposium 2017

The Health Research Symposium 2017 with the central theme of “Creating Knowledge in Complex System for Sustainable Community Health” was held on 16 June 2017 to set a benchmark to foster evidence-based interventions to improve the health of the population. It also highlighted the synergy by consolidating the HMRF and the HCPF. Leading local project teams from a variety of health-related disciplines shared their experience and outcomes of their funded projects on health and health services, infectious diseases, advanced medical research and health promotion. It attracted over 500 participants in the fields of health and medical research and health promotion, including experts, academics, healthcare professionals and community leaders.

## Financial Position

The cash balance of the HMRF as at 31 March 2018 is \$2,142.3 million, with an uncommitted funding balance of \$1,535.4 million (i.e. funding available for new projects/programmes). The financial position of the HMRF for the 2017-18 financial year is at **Appendix C**.

The cash balance and the uncommitted fund balance (in cash basis) of the former HCPF<sup>8</sup> as at 31 March 2018 is \$21.43 million and \$3.15<sup>9</sup> million respectively. The audited accounts of the HCPS for the 2017-18 financial year ended 31 March 2018 are at **Appendix D**.

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<sup>8</sup> The Hospital Authority is the custodian and bookkeeper of the Health Care and Promotion Fund. Annual audited accounts of the HCPF have been tabled at the Legislative Council since 2014-15. The cash balance comprised cash and cash equivalents and bank deposits held by the Hospital Authority (recorded as amount due from the Hospital Authority in the audited accounts for the HCPF (renamed as Health Care and Promotion Scheme on 28 April 2017). Before the consolidation of the HMRF and the HCPF, the uncommitted fund balance (in cash basis) of the former HCPF as at 31 March 2017 was \$5.25 million.

<sup>9</sup> The uncommitted balance represented cash balance (\$21.43 million) less funds committed but not yet recognised (\$15.36 million) and accounts payable (\$2.92 million).

**Membership of  
the Research Council and its Supporting Committees  
(as at 31 March 2018)**

**(A) *Research Council***

**Chairperson**

Secretary for Food and Health  
(or Permanent Secretary for Food and Health (Health))

**Members**

Ms Mabel CHAU Man-ki

Dr Vincent CHENG Chi-chung

Prof Annie CHEUNG Nga-yin

Prof David HUI Shu-cheong

Prof Timothy KWOK Chi-yui

Prof LAU Chak-sing

Prof Diana LEE Tze-fan

Prof LEUNG Suet-yi

Prof LYU Aiping

Prof Alex MOLASIOTIS

Prof Hextan NGAN Yuen-sheung

Prof Joseph Sriyal Malik PEIRIS

Dr Gene TSOI Wai-wang

Prof YEOH Eng-kiong

Prof YIP Shea-ping

Dr YU Wai-cho

Secretary for Innovation and Technology (or representative)

Director of Health (or representative)

Chief Executive of Hospital Authority (or representative)

Dean of the Faculty of Medicine of The Chinese University of Hong Kong  
(or representative)

Dean of the Li Ka Shing Faculty of Medicine of The University of Hong  
Kong (or representative)

**Secretary**

Consultant (Research Office)  
Food and Health Bureau

**(B) Grant Review Board Executive**

**Terms of Reference:**

The terms of reference of the Grant Review Board Executive are –

- (a) to assess and recommend action (on behalf of the Grant Review Board (GRB)) on requests for additional funds, budget revision and/or reallocation, changes to study design or methods, and changes to the principal applicant or administering institution;
- (b) to monitor the quality of the peer review including the assignment of referees to grants for review;
- (c) to monitor the response of grant applicants and grant holders to requests by the GRB;
- (d) to evaluate and advise the GRB regarding changes to the grant or final report review process; and
- (e) to advise the Research Fund Secretariat on the monitoring of the progress of current research projects.

**Members**

Dr Felix CHAN Hon-wai

Prof Francis CHAN Ka-leung

Prof David HUI Shu-cheong

Prof Nancy IP Yuk-yu

Prof Timothy KWOK Chi-yui

Prof Cindy LAM Lo-kuen

Prof LAU Yu-lung

Prof Gabriel Matthew LEUNG

Dr Patrick LI Chung-ki

Dr LO Su-vui

Prof Joseph Sriyal Malik PEIRIS

Dr Dominic TSANG Ngai-chong

Prof YEOH Eng-kiong

Prof YIP Shea-ping

**(C) *Grant Review Board***

**Terms of Reference:**

The terms of reference of the Grant Review Board are –

- (a) to advise Standard Operating Procedures for the grant submission and review process, and the assessment and dissemination of final reports;
- (b) to review and assess applications and recommend projects for funding;
- (c) to review and assess final and dissemination reports;
- (d) to promote the development of research in the areas of health and health services, controlling infectious diseases and advanced medicine in the wider community;
- (e) to monitor the progress of approved projects; and
- (f) to monitor the financial performance of approved projects.

**Members**

Prof Anil Tejbhan AHUJA

Dr Alma AU May-lan

Prof John BACON-SHONE

Prof BIAN Zhao-xiang

Prof Kenneth BOHELER

Prof CAI Zongwei

Prof CHAIR Sek-ying

Prof Chetwyn CHAN Che-hin

Prof Godfrey CHAN Chi-fung

Prof Juliana CHAN Chung-ngor

Dr Engle Angela CHAN

Prof Henry CHAN Hin-lee

Dr Karen CHAN Kar-loen

Prof Paul CHAN Kay-sheung

Prof Allen CHAN Kwan-chee

Prof Andrew CHAN Man-lok

Prof Daniel CHAN Tak-mao

Dr CHAN Wai-chi

Dr Johnny CHAN Wai-man

Prof CHAN Wai-yee

Prof CHAN Ying-shing

Prof Emily CHAN Ying-yang

Prof Kathryn CHEAH Song-eng

Prof Gladys CHEING Lai-ying

Prof CHEN Honglin

Dr CHEN Zhiwei

Prof Christopher CHENG Hon-ki

Dr CHEUNG Kin

Prof Bernard CHEUNG Man-yung

Prof Annie CHEUNG Nga-yin

Prof Raymond CHEUNG Tak-fai

Prof CHEUNG Yiu-fai

Prof CHIEN Wai-tong

Prof James CHIM Chor-sang

Dr Wilson CHING Yick-pang

Dr CHOI Cheung-hei

Prof Winnie CHU Chiu-wing

Dr Brian CHUNG Hon-yin

Dr Benjamin John COWLING

Dr Daniel FONG Yee-tak

Prof FUNG Kwok-pui

Prof Tony GIN

Dr William B GOGGINS

Prof James Francis GRIFFITH

Prof Sian Meryl GRIFFITHS

Prof Joseph Irvin HARWELL

Prof Karl HERRUP

Dr HO Lai-ming



Dr HO Pak-leung

Dr Daniel HO Sai-yin

Prof HUANG Yu

Prof Mamie HUI

Dr Ivan HUNG Fan-ngai

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Prof Margaret IP

Prof Mary IP Sau-man

Dr Patrick IP

Prof JIN Dong-yan

Dr Janice Mary JOHNSTON

Prof KHONG Pek-lan

Prof KHOO Ui-soon

Dr Patrick KWAN Kwok-leung

Prof Paul LAI Bo-san

Prof Jimmy LAI Shiu-ming

Dr Timothy LAI Yuk-yau

Dr David LAM Chi-leung

Prof LAM Ching-wan

Prof Linda LAM Chiu-wa

Prof Karen LAM Siu-ling

Prof Carly LAM Siu-yin

Prof LAM Tai-hing

Prof LAM Tai-pong

Dr Wiley LAM Tak-chiu

Dr Wendy LAM Wing-tak

Prof LAO Lixing

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Dr Calvin LEE Kai-fai

Prof Tatia LEE Mei-chun

Dr Jenny LEE Shun-wah

Dr LEE So-lun

Prof Diana LEE Tze-fan

Dr LEUNG Chi-chiu

Dr Gilberto LEUNG Ka-kit

Mr LEUNG Kwok-fai

Prof Cynthia LEUNG Man

Prof LEUNG Po-sing

Prof LEUNG Suet-yi

Prof LEUNG Ting-fan

Prof LEUNG Wai-keung

Dr William LI Ho-cheung

Dr Teresa LI Mun-pik

Dr Wilina LIM Wei-ling

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Dr Christopher LUM Chor-ming

Prof Maria LUNG LI

Dr Margaret MAK Kit-yi

Prof David MAN Wai-kwong

Prof Bradley MCPHERSON

Prof Alex MOLASIOTIS

Prof John Malcolm NICHOLLS

Dr Eddy NG Kwok-po

Prof Irene NG Oi-lin

Prof Simon NG Siu-man

Prof Hextan NGAN Yuen-sheung

Prof Leo POON Lit-man

Prof Randy POON Yat-choi

Prof John A RUDD

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Prof Nelson TANG Leung-sang

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Dr Antonio TONG Chi-kit

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Prof Kenneth TSANG Wah-tak

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Prof TSE Hung-fat

Dr Gary TSE Man-kit

Prof Karl TSIM Wah-keung

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Prof Martin WONG Chi-sang

Dr William WONG Chi-wai

Prof Frances WONG Kam-yuet

Prof Chris WONG Kong-chu

Dr Grace WONG Lai-hung

Dr Cesar WONG Sze-chuen

Prof WONG Tze-wai

Prof Vincent WONG Wai-sun

Prof Gary WONG Wing-kin

Prof Samuel WONG Yeung-shan

Prof WONG Yung-hou

Prof Patrick WOO Chiu-yat

Dr Joseph WU

Prof Hannah XUE Hong

Dr YAM Wing-cheong

Prof Bryan YAN Ping-yen

Prof Michael YANG Mengsu

Prof Maurice YAP Keng-hung

Prof YEUNG King-lun

Prof Doris YU Sau-fung

Prof YU Weichuan

Prof YUEN Kwok-yung

Prof Benny ZEE Chung-ying

Prof ZHANG Zhang-jin

Prof ZHAO Guoping

Prof ZHAO Zhongzhen

**Secretary**

Consultant (Research Office)  
Food and Health Bureau

***(D) Health Care and Promotion Committee***

**Terms of Reference:**

The terms of reference of the Health Care and Promotion Committee are –

- (a) to develop the procedures for inviting applications for health projects, preventive care, research or other related activities and the criteria for vetting them;
- (b) to approve applications and allocate funds for health promotion projects, preventive care, research or other related activities; and
- (c) to monitor the progress and evaluate the outcome of approved health promotion projects, preventive care, research or other related activities.

**Chairperson**

Under Secretary for Food and Health

**Members**

Dr CHAN Wai-man

Ms Mabel CHAU Man-ki

Dr Eugenie LEUNG Yeuk-sin

Prof David MAN Wai-kwong

Mr TSE Hung-sum

Dr Gene TSOI Wai-wang

Ms Deborah WAN Lai-yau

Mr WONG Cheuk-kin

Prof Martin WONG Chi-sang

Director of Health (or representative)

Chief Executive of Hospital Authority (or representative)

Deputy Secretary for Food and Health (Health)<sup>2</sup>

**Secretary**

Consultant (Research Office)  
Food and Health Bureau

***(E) Promotion Sub-Committee***

**Terms of Reference:**

The terms of reference of the Promotion Sub-committee are –

- (a) to advise Standard Operating Procedures for the grant submission and review process, and the assessment and dissemination of final reports;
- (b) to review and assess applications and recommend projects for funding;
- (c) to review and assess final and dissemination reports;
- (d) to promote the development of health promotion projects;
- (e) to monitor the progress of approved projects; and
- (f) to monitor the financial performance of approved projects.

**Chairpersons**

Ms Mabel CHAU Man-ki

Dr Gene TSOI Wai-wang

Ms Deborah WAN Lai-yau

Prof Martin WONG Chi-sang

**Members**

Prof CHAIR Sek-ying

Dr Felix CHAN Hon-wai

Mr Leslie CHAN Kwok-pan

Dr Douglas CHAN Nim-tak

Dr CHAN Wai-chi

Dr CHAN Wai-man

Dr David CHAO Vai-kiong

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Dr Rachel CHENG Pui-yan

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Dr CHOW Chun-bong  
Prof CHUNG Pak-kwong  
Dr Thomas CHUNG Wai-hung  
Dr Kenneth FONG Nai-kuen  
Dr Daniel FONG Yee-tak  
Dr Anne FUNG Yu-kei  
Dr Daniel HO Sai-yin  
Prof Rainbow HO Tin-hung  
Ms Kimmy HO Wai-kuen  
Dr Wendy HUANG Ya-jun  
Mr KWOK Lit-tung  
Ms Ruby KWOK Lai-ping  
Mr LAI Chi-tong  
Prof Daniel LAI Wing-leung  
Dr Andrew LAM Kwok-cheung  
Dr Wiley LAM Tak-chiu  
Dr Wendy LAM Wing-tak  
Dr Aaron LEE Fook-kay  
Dr LEE Pui-man  
Dr Eugenie LEUNG Yuek-sin

Prof LEUNG Ting-hung  
Mr James LEUNG Wing-yee  
Dr Angela LEUNG Yee-man  
Dr June LEUNG Yue-yan  
Dr Teresa LI Mun-pik  
Prof Alice LOKE YUEN Jean-tak  
Dr Lobo LOUIE Hung-tak  
Dr Annissa LUI Wai-ling  
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Ms Cycbie MOK Ching-man  
Dr Roger NG Man-kin  
Prof Marco PANG Yiu-chung  
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Prof Patrick YUNG Shu-hang

**Secretary**

Consultant (Research Office)  
Food and Health Bureau

## Thematic Priorities - 2017 Open Call for Investigator-initiated Research Projects

### **Research Area 1: Health and Health Services**

This area focuses on the cause, treatment, prevention of human diseases and the effectiveness and cost-effectiveness of healthcare services and policy.

#### **Theme 1: Public Health**

##### **Ref. Code Major non-communicable diseases (NCD)**

- PH-NC-1** ○ Identification and surveillance of socioeconomic and health-related risk factors associated with quality of life and major NCD in local population
- PH-NC-2** ○ Risk factors of cancers that has rising trends in Hong Kong in recent years including thyroid cancer, corpus cancer, prostate cancer, kidney cancer, non-small cell lung cancer and ovarian cancer
- PH-NC-3** ○ Effectiveness of interventions to tackle major NCD and their contributing factors, e.g. cancer, cardiovascular diseases, cerebrovascular diseases, diabetes mellitus, childhood nutrition and obesity
- PH-NC-4** ○ Extent and impact of food marketing on children's eating behaviour and body weight
- PH-NC-5** ○ Mechanisms for engaging patients and methods for enabling patient self-management for major NCD

##### **Modifiable lifestyle factors**

- **Tobacco control**
  - PH-MF-1a** ■ Identification of factors and evaluation of methods to prevent uptake of smoking, e-cigarettes and novel tobacco products
  - PH-MF-1b** ■ Effectiveness of strategies to reduce smoking prevalence in general population
  - PH-MF-1c** ■ Effectiveness of smoking cessation programmes and publicity including new media
  - PH-MF-1d** ■ Evaluation of tobacco control policies (including surveillance and intervention)
- **Alcohol consumption behaviour and harm**
  - PH-MF-2a** ■ Identification of factors influencing drinking behaviour
  - PH-MF-2b** ■ Effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm
  - PH-MF-2c** ■ Public health impact of alcohol tax change and/or alcohol marketing (including online media)
  - PH-MF-2d** ■ Effect of restricting off-premises alcohol sale to underage people
- **Promoting good mental health**
  - PH-MF-3a** ■ Assessment of people suffering from and at risk of developing mental disorders
  - PH-MF-3b** ■ Risk and protective factors for mental disorders

- PH-MF-3c   ▪ Effectiveness of interventions to promote mental well-being and optimise recovery from mental disorders
- PH-MF-3d   ▪ Evaluation of models of community mental health interventions
- PH-MF-3e   ▪ Mental health literacy of the general public
  
- **Injury and poisoning**
- PH-MF-4a   ▪ Identification of risk factors and effectiveness of prevention methods, especially in the areas of domestic injury, sports injury, falls and drowning/ near drowning
- PH-MF-4b   ▪ Study on the epidemiology and the clinical aspects of metal poisoning in Hong Kong
  
- **Sleep deprivation**
- PH-MF-5a   ▪ Effects of sleep deprivation on physical and mental health outcomes
- PH-MF-5b   ▪ Effectiveness of strategies to promote sleep hygiene
- PH-MF-5c   ▪ Effects of sleep intervention to reverse the adverse outcomes in chronically sleep deprived individuals
  
- **Exercise science and health**
- PH-MF-6a   ▪ Effectiveness of exercise intervention to promote physical and psychological well-being in disease populations
- PH-MF-6b   ▪ Effective strategies to promote physical activity in general population
- PH-MF-6c   ▪ Relationships between fundamental motor development and physical literacy
- PH-MF-6d   ▪ Exercise and cognitive health
  
- **Environmental factors in health**
- PH-EP-1    ▪ Epidemiology, identification and quantification of pollutants
- PH-EP-2    ▪ Impact of living environment on health
- PH-EP-3    ▪ Improve public health knowledge about linkages between health and climate
- PH-EP-4    ▪ Effectiveness of climate change adaptation and mitigation to protect health

## **Theme 2: Health Services**

- **Primary care**
- HS-PC-1    ▪ Developing multidisciplinary health service models
- HS-PC-2    ▪ Evaluation of adoption of the Hong Kong Reference Frameworks in Primary Care Settings and identification of the associated enabling factors and/or barriers
- HS-PC-3    ▪ Effectiveness of primary care programmes and community-based interventions
  
- **Chronic disease management and palliative care**
- HS-CD-1    ▪ Service delivery models and intervention and implementation

- effectiveness for chronic disease management, palliative and end-of-life care
- HS-CD-2   ▪ Health economic analysis of the new targeted/biological therapies
  - HS-CD-3   ▪ Effectiveness and safety of new medications or innovative devices in the management of obesity
  - HS-CD-4   ▪ Effectiveness of end-of-life programmes in residential care homes
  - HS-CD-5   ▪ Effectiveness of supportive and palliative/end of life care
- **Reducing avoidable hospitalisation**
  - HS-RH-1   ▪ Effectiveness of programmes (e.g. geriatric service at the front door / Emergency Department) to reduce avoidable hospitalisation
  - HS-RH-2   ▪ Evaluation of models of ambulatory care
  - HS-RH-3   ▪ Health systems research to enhance co-ordination and continuity in the transitions of care, including supporting enhanced care in the community
- **Elderly care**
  - HS-EC-1   ▪ Prevention of cognitive decline in old age, exploring intervention methods and models of care for dementia
  - HS-EC-2   ▪ Promote the bone health of elderly population and to promulgate secondary prevention of fragility fractures
  - HS-EC-3   ▪ Early return to function and quality of life after fragility fractures in elderly
  - HS-EC-4   ▪ Effectiveness of structured fall prevention programmes for elders in the community
  - HS-EC-5   ▪ Clinical application and service planning implication of frailty identification in older population
- **Evaluation on efficiency**
  - HS-EE-1   ▪ Cost-effectiveness models for better management plans
  - HS-EE-2   ▪ Cost-utility comparisons between treatment options
  - HS-EE-3   ▪ Efficiency and effectiveness of health services
- **Use of modern information technology in healthcare**
  - HS- IT-1   ▪ Improve quality and safety of patient care
  - HS- IT-2   ▪ Enhance efficiency
  - HS- IT-3   ▪ Facilitate public private collaboration
  - HS- IT-4   ▪ Enhance the capacity and ability in ambulatory / community care

### Theme 3: Chinese Medicine

- CM-1       Integrated approaches in combining Chinese and Western models of health care
- CM-2       Effectiveness of Chinese medicine in prevention/ treatment of human diseases
- CM-3       Interactions including efficacy and toxicity of combined Chinese-western medicine
- CM-4       Identifying quality control parameters for Chinese medicines

## **Research Area 2: Infectious Diseases**

This area focuses on the research of infectious diseases which pose potential threats in Hong Kong and neighbouring areas.

### **Theme 1: Respiratory Pathogens (including influenza and tuberculosis)**

<b>RP-1</b>	Epidemiology (including mathematical modelling)
<b>RP-2</b>	Transmission
<b>RP-3</b>	Pathogenesis
<b>RP-4</b>	Rapid diagnostic tests
<b>RP-5</b>	Novel control approaches
<b>RP-6</b>	Economic burden of disease
<b>RP-7</b>	Vaccine and therapies

### **Theme 2: Emerging & Zoonotic Diseases**

<b>EZ-1</b>	Characterise new pathogens in animals that can infect humans
<b>EZ-2</b>	Identification of risk factors that contribute to the emergence of disease
<b>EZ-3</b>	Transmission
<b>EZ-4</b>	Pathogenesis
<b>EZ-5</b>	Development of diagnostic tests
<b>EZ-6</b>	Surveillance methods for emerging infections
<b>EZ-7</b>	Vaccine and therapies

### **Theme 3: Antimicrobial Resistance**

<b>AR-1</b>	Epidemiology and burden of multi-drug resistant organisms
<b>AR-2</b>	Identification of risk factors for colonisation and infection
<b>AR-3</b>	Mechanisms of resistance and its transfer
<b>AR-4</b>	Novel tools for diagnosis or treatment guidance
<b>AR-5</b>	Optimal infection control measures
<b>AR-6</b>	Appropriate antimicrobial therapy and avoidance of antibiotic overuse
<b>AR-7</b>	Effectiveness of programmes to promote antibiotic awareness in community and antimicrobial resistance

### **Theme 4: Vaccination Programmes**

<b>VP-1</b>	Development of new vaccines
<b>VP-2</b>	Acceptability of vaccination programmes (e.g. pneumococcal vaccination in elderly) and factors affecting vaccination
<b>VP-3</b>	Effectiveness and economic analysis of vaccine (e.g. effectiveness in seasonal influenza vaccine in local community and cost-benefit analysis of hepatitis A vaccine)
<b>VP-4</b>	Measures to enhance vaccination of elderly, institutionalised or other at-risk populations

**Theme 5: Technology Platforms**

- TP-1**      Application of the “omics” technologies in infectious diseases diagnosis and epidemiology studies
- TP-2**      Application of the new mobile IT technologies in infectious disease surveillance and contact tracing
- TP-3**      Genome sequencing and molecular epidemiology
- TP-4**      Technology substitution/supplement for traditional pathogen typing methods

**Theme 6: Severe Sepsis**

- SS-1**      Epidemiology in Hong Kong



### **Research Area 3: Advanced Medical Research**

This area focuses on the development and use of new technologies, and treatment paradigms to improve human health. The following 4 themes are our priorities:

#### **Theme 1: Clinical Genetics**

- CG-1** Genetic and genomic study of major chronic and hereditary diseases in Hong Kong
- CG-2** Identification of biomarkers for common cancers using molecular biology approaches
- CG-3** Genetic counselling
- CG-4** Research on ethical, legal and social issues associated with advances in medical genetics and genomics

#### **Theme 2: Clinical Trials**

- CT-1** Assessing the safety and effectiveness of a new medication/ new device/ new indication of existing medication or device on a specific group of patients
- CT-2** Comparing the effectiveness in patients with a specific disease of two or more already approved or common interventions for that disease

#### **Theme 3: Neuroscience**

- NS-1** Epidemiology, identification of risk factors, prevention, diagnosis, treatment, management and rehabilitation of neurological diseases, particularly neurodegenerative diseases, stroke and injuries
- NS-2** Stem cell therapy and regenerative medicine

#### **Theme 4: Paediatrics**

- PD-1** Epidemiology, identification of risk factors, prevention, diagnosis, treatment, management in the following special areas: Neonatology, respiratory, allergy, clinical immunology, dermatology, gastroenterology, haematology, oncology, metabolic, cardiovascular, surgical diseases and nutrition (Vitamin D supplementation to exclusive breastfed babies)

## **Thematic Priorities - 2017 Open Call for Health Care and Promotion Scheme**

### **I. Tobacco control**

While smoking is well known to cause many fatal diseases and cancers, continuous effort is required to put “what we know” into “what we do”. Measures to prevent and reduce tobacco exposure include –

- (a) Motivating smokers, in particular middle-aged men and women as well as elderly, to cease smoking and empowering them to forego cigarettes during the times of day when they face their toughest smoking triggers and peers; and
- (b) Exhorting youth, women or high-stress career workers not to start smoking and also to abstain from tobacco use and connecting them with proven evidence of its damage to health.

With an increasing promotion of e-cigarettes worldwide, there are valid concerns that use of e-cigarettes may enhance the attractiveness of smoking and never-smoking users may eventually switch to cigarette smoking. Besides, the trade also tries to promote e-cigarettes as smoking cessation aids. In August 2016, the World Health Organization (WHO) issued a report on e-cigarette which expresses that the evidence for the effectiveness of e-cigarette as a method for quitting smoking is limited and does not allow conclusions to be reached. Therefore, WHO recommends that efforts should be made to regulate these products appropriately, so as to minimise consequences that may contribute to the tobacco epidemic and to optimise the potential benefits to public health. Measures to prevent the use of e-cigarette include –

- (a) Discouraging the general public particularly youth from using e-cigarette, the contents of which, as well as e-liquid, are heterogeneous; and
- (b) Warning them about the possible harms of e-cigarettes.

The Hong Kong Government has proposed to amend the prescribed forms of the health warnings, the size and number of the health warnings and messages for the packet or retail container of cigarettes and tobacco products. Measures to evaluate the impact of the new requirements of pictorial health warnings include –

- (a) Increasing public’s knowledge and awareness of the harms of tobacco use as delivered by the new pictorial health warnings;
- (b) Reducing the chance for the non-smoking children/adolescents/ adults to start smoking; and
- (c) Changing the behavioural responses of smokers, e.g. increasing the motivations and willingness of quitting smoking and the likelihood of a quit attempt.

## **II. Lifestyle, nutrition and physical activity**

Adopting a healthy lifestyle, such as balanced diet and regular physical exercise, is fundamental for the prevention of chronic diseases. While the government initiatives are taking a stronger lead, community involvement should also be used to foster active living, encourage healthy eating, tackle obesity and promote a health-supportive workplace. Successful community involvement is based upon information and dialogue. An informed community can be part of the decision-making process and thus benefit from –

- (a) Enabling optimal young child feeding practices such as improving the nutritional quality of young children's diet, increasing consumption of fresh fruits and vegetables and reducing intake of processed food like artificially sweetened snacks and beverages, promoting developmentally appropriate feeding skills and behaviours;
- (b) Increasing the knowledge and support the healthy eating and physical activities of women and their families during pregnancy and lactation;
- (c) Effectively conveying the healthy eating and lifestyle promotion message to the ethnic minorities taking into consideration their cultural practices, in particular families with the young children, pregnant and breastfeeding women.
- (d) Improving the choice of affordable healthy food and beverages to families and decision makers of schools;
- (e) Effectively conveying to and supporting the younger generation the practice of healthy lifestyle, such as avoiding excessive screen time activities including internet addiction, unsafe sexual activities, alcohol and drug misuse, and maintaining balanced diet ;
- (f) Increasing the public's awareness and knowledge of balanced diet in an easy-to-understand manner, for instance by taking the food pyramid as reference, so as to increase fruit and vegetables consumption and reduce salt, sugar and fat consumption in their diet;
- (g) Incentivising employers to create a safe and healthy working environment that promotes work safety, reduces risk of occupational hazards and supports the working population to practise health-enhancing behaviours. Actions include modification of the physical environment, enhancement of organisational policies and provision of task-related health knowledge to the employees; and
- (h) Encouraging the public to actively participate in physical activities in lieu of sedentary lifestyle.

## **III. Mental well-being**

Good mental health is an integral part of good overall health. Mental well-being promotion incorporates any action taken to maximise mental health and well-being among population and individuals by addressing the potentially modifiable

determinants of mental health. Family, school, workplace and community are all important settings for mental well-being promotion. Actions are required to maintain and enhance mental well-being by –

- (a) Building mentally friendly policies, practices and atmospheres that reduce/relieve stress experienced by individuals;
- (b) Promoting social values that respect difference and diversity;
- (c) Raising public awareness and understanding of the ways to mental well-being as well as mental health literacy (e.g. common mental health disorders, depression and dementia);
- (d) Reducing stigma against people with and recovering from mental disorders;
- (e) Building relevant knowledge and personal skills that are targeted at the whole population, and tailored for different life stages and different settings (e.g. school, workplace and family), according to the specific needs, risks and protective factors;
- (f) Establishing community partnership to provide supportive environments and empower the public to engage in actions to promote mental well-being;
- (g) Empowering parents, carers and teachers to understand, promote and respond to issues related to the mental health and well-being of children and adolescents;
- (h) Promoting mental health and well-being for employers and employees in workplace settings; and
- (i) Encouraging active and healthy ageing;

#### **IV. Injury prevention**

Injuries cause significant mortality and morbidity in the community. Emphasis is placed on injury prevention which covers domestic injuries, sports injuries, falls and drowning/near drowning by –

- (a) Encouraging community stakeholders to take the lead in coordinating actions to prevent or reduce injuries;
- (b) Identifying environmental and behavioural risk factors of vulnerable populations;
- (c) Facilitating effective communication of injury data, development and implementation of prevention programmes that involve more extensive collaboration among public and private sectors, academics, professional groups and non-governmental organisations; and
- (d) Evaluating the effectiveness and health benefit of existing or past local programmes on safety promotion and injury prevention.

## **V. Reducing alcohol-related problems**

Alcohol consumption is a well-proven and yet highly reversible risk factor for copious health and societal problems. Special attention has to be paid to the increasing trend of underage drinking and alcohol-related harms. Effective measures are through –

- (a) Identifying and engaging stakeholders that can represent a diverse constituency such as health professionals, academia, educational institutions, sports sector and parents, to denounce the use or promotion of alcohol;
- (b) Educating the public about immediate and long-term harmful effects of alcohol consumption, in particular the carcinogenic effects of alcohol, along with diseases related to alcoholism (e.g. liver cirrhosis, stroke, coronary heart disease and hypertension), and alcohol-related harms (e.g. road traffic accidents, domestic violence and sexual assault);
- (c) Helping young adults make informed decisions on alcohol use at the point of purchase or consumption;
- (d) Preventing binge drinking, in particular among young adults;
- (e) Enabling young people to resist peer pressure to drink and stay vigilant to misleading marketing tactics deployed by the alcohol industry; and
- (f) Empowering parents to discuss with their children on alcohol-related issues.

## **VI. Promoting family doctor model of care**

The family doctor model of care, which emphasises continuity of care, holistic care and preventive care, is essential to provision of primary care and achieving better health. Awareness and understanding of this model needs to be further promoted in the community so that patients will be more receptive to the care of their family doctor and reduce doctor-shopping behaviour. The required activities include –

- (a) Promoting the benefits of having a family doctor as the first point of contact in the healthcare system for continuous, comprehensive, coordinated and person-centred care;
- (b) Empowering the public to improve their own health and that of their family members by establishing a long term partnership with their family doctors and adopting a preventive approach in improving health; and
- (c) Identifying the barriers to establish a long term partnership with one family doctor and recommend cost-effective measures to overcome such barriers.
- (d) Demonstrating the benefits of health promotion measures and preventive health services to facilitate the general public to adopt the family doctor concept.

## **VII. Empowering patients and the community in the management of chronic diseases and strengthening preventive care in children and older adults**

Reference frameworks on hypertension and diabetes as well as specific population group including older adults and children in the primary care settings are being promulgated by the government. These frameworks provide common reference to healthcare professionals for the provision of quality primary care in the community, as well as emphasizing the importance of empowering patients, carers and the public to play an active role in health improvement, and disease prevention and management. The required activities include –

- (a) Equipping patients with diabetes mellitus and hypertension with the necessary knowledge and skills to properly manage these two chronic diseases and prevent complications and actively partner with their family doctors and allied health professionals in managing their diseases;
- (b) Promoting to the general public the benefits and importance of supporting their family members, neighbours and friends with diabetes mellitus and hypertension in managing their health conditions; and
- (c) Raising the public's awareness on the importance of health promotion and disease prevention for children and older adults.

## **VIII. Cancer prevention**

Cancer is a major public health problem in Hong Kong. There is an increasing trend in the number of new cancer cases and registered cancer deaths as a result of various factors including ageing population and population growth. It is projected that the number of new cases of colorectal cancer, prostate cancers and female breast cancers will further increase. Primary prevention is of the utmost importance in reducing cancer risk. On the other hand, early detection of cancer symptoms and evidence-based screening for suitable cancers may lead to early treatment and better health outcome. The required activities include –

- (a) Raising public awareness and changing behaviour for primary prevention of cancer and related risk factors, such as unhealthy diet, physical inactivity, obesity, smoking and consumption of alcohol, and unsafe sex;
- (b) Promoting cancer awareness and empowering the public to recognise early warning symptoms of cancer, so as to seek prompt medical attention for early detection;
- (c) Promoting public awareness of evidence-based screening strategies, such as screening for cervical cancer and colorectal cancer;
- (d) Enhancing the public understanding about the potential pros and cons of screening tests, and the risk and potential harm of over-diagnosis and over-treatment for certain cancers, in particular for breast, colorectal and prostate cancers in order to make an informed choice; and

- (e) Facilitating underprivileged groups such as new immigrants, low income groups, marginalized groups and ethnic minority groups to receive regular cervical cancer screening.

## **IX. Breastfeeding**

Breastfeeding provides optimal nutritional, immunological and emotional nurturing for growth and development of infants and is an effective way in primary prevention of chronic conditions in later life. Multi-level actions taken by health professionals and the community to support mothers to achieving optimal breastfeeding practices, in terms of exclusiveness and duration, include –

- (a) Promoting the awareness and compliance with the World Health Organization’s and local guidances on the appropriate marketing of formula milk and related products, and food products for infants & young children among the relevant stakeholders;
- (b) Promoting breastfeeding as the norm of infant and young child feeding to the general public, in particular the younger generation, through effective communication strategies;
- (c) Promoting breastfeeding friendly community facilities and the respect for mothers’ freedom to breastfeed anywhere to the general public and service providers of public venues and public transport systems;
- (d) Empowering family members, in particular fathers and grandparents, and carers in supporting mothers to achieve exclusive and sustained breastfeeding;
- (e) Empowering and engaging healthcare professionals, especially for those working in the private sector, in supporting breastfeeding mothers by building relevant knowledge and personal skills on breastfeeding management and creating a breastfeeding friendly environment in the healthcare facilities;
- (f) Encouraging and enabling community stakeholders to provide effective mother-to-mother support;
- (g) Engaging and motivating employers and management of public venues to create breastfeeding friendly environments that support mothers to breastfeed in workplace and public venues respectively; and
- (h) Identifying and empowering specific subgroups of mothers who may have more barriers to initiate and sustain breastfeeding, e.g. teenage mothers, mothers of disadvantaged families and ethnic minority.

## **X. Healthy Use of Internet and Electronic Screen Products**

With the increasing use of new technology in learning and the affordable package to keep oneself online with various electronic screen products, children start contacting such technology and using these products at a much younger age, even before they enter schools; primary school students are starting to browse Internet for homework assignment and majority of students are spending significant amount of time everyday online for learning, entertainment and social networking. According to the e-Report of the Advisory Group on Health Effects on Use of Internet and Electronic Screen Products, inappropriate and excessive use of these products will result in adverse health effects especially to children and adolescents. The required activities include –

- (a) Raising public awareness on the potential health risks in inappropriate and excessive use of Internet and electronic screen products;
- (b) Promoting health messages and practice on appropriate use of Internet and electronic screen products through different channels and media to the general public; and
- (c) Enhancing parents, students and teachers to adopt appropriate practice and measures on healthy use of Internet and electronic screen products.

## **XI. Organ Donation**

Traditional beliefs and family factors, such as the traditional mindset of full body burial, objection by family members, the issue being irrelevant to young people, and elderly people who consider their organs as not suitable, together with certain misunderstandings and worries about the process of organ transplantation and organ donation registration have led to reservations about organ donation. Therefore, it is important to enhance public understanding about organ donation so as to alleviate their concerns and to increase their willingness to donate organs after death. The required activities include –

- (a) Strengthening publicity and promotion to enable the public to realise how organ donation may save a person's life or significantly improve their health and quality of life, and reduce their misunderstandings and worries;
- (b) Encouraging the public to express their wish of donating organs to family members so that they could accomplish their wish to benefit others after death; and
- (c) Encouraging the public to become prospective organ donors through online registration at the Centralised Organ Donation Register or sending organ donation registration forms to the Department of Health.



**Health and Medical Research Fund**  
**Financial Report for the year ended 31 March 2018**

	HK\$	HK\$
<b>Cash balance as at 31.3.2017</b>		<b>2,327,233,425.20</b>
Grants paid for the period from 1.4.2017 to 31.3.2018		(184,921,449.90)
<u>Former HHSRF</u> Commissioned project grants	(6,064,478.30)	
Investigator-initiated project grants	(2,380,966.99)	
	(8,445,445.29)	
<u>Former RFCID</u> Commissioned project grants	(467,061.00)	
Investigator-initiated project grants	(802,533.91)	
	(1,269,594.91)	
<u>HMRF</u> Commissioned project grants	(45,891,411.46)	
Investigator-initiated project grants	(125,939,684.72)	
	(171,831,096.18)	
Direct operation costs paid	(3,375,313.52)	
<b>Cash balance as at 31.3.2018</b>		<b>2,142,311,975.30</b>
Less:		(606,912,492.98)
<u>Former HHSRF</u> Fund committed but not yet paid:		
Commissioned project grants	(0.00)	
Investigator-initiated project grants	(1,004,063.55)	
	(1,004,063.55)	
<u>Former RFCID</u> Fund committed but not yet paid:		
Commissioned project grants	(716,049.50)	
Investigator-initiated project grants	(0.00)	
	(716,049.50)	
<u>HMRF</u> Fund committed but not yet paid:		
Commissioned project grants	(98,746,895.67)	
Investigator-initiated project grants	(493,863,267.06)	
Research fellowships	(10,685,313.20)	
Health Care and Promotion Scheme	(1,896,904.00)	
	(605,192,379.93)	
<b>Uncommitted balance as at 31.3.2018</b>		<b>1,535,399,482.32</b>

*Audited Accounts*  
***Health Care and Promotion Scheme***  
*For the year ended 31 March 2018*



## Independent Auditor's Report

To the Research Council (the "Council")  
**Health Care and Promotion Scheme**  
For the year ended 31 March 2018

### Opinion

We have audited the accounts of the Health Care and Promotion Scheme (the "Scheme") funded by the Hong Kong Special Administrative Region ("HKSAR") Government set out on pages 4 to 8, which comprise the balance sheet as at 31 March 2018, and the statement of income and expenditure for the year then ended and statement of changes in fund for the year then ended, and a summary of significant accounting policies and other explanatory information.

In our opinion, the accounts of the Scheme for the year ended 31 March 2018 have been properly prepared, in all material respects, in accordance with the accounting policies of the Scheme as set out in Note 2 to the accounts.

### Basis for Opinion

We conducted our audit in accordance with Hong Kong Standards on Auditing ("HKSA") issued by the Hong Kong Institute of Certified Public Accountants ("HKICPA"). Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the accounts" section of our report. We are independent of the Scheme in accordance with the HKICPA's Code of Ethics for Professional Accountants ("the Code"), and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Emphasis of Matter – Basis of Accounting and Restriction on Distribution and Use

We draw attention to Note 2 to the accounts, which describes the basis of accounting. As a result, the accounts may not be suitable for another purpose. Our report is intended for the Council to table at the Legislative Council or other related parties of the HKSAR Government (if necessary), and should not be used for any other purpose. Our opinion is not modified in respect of this matter.

### Other Information

The Council of the Scheme is responsible for the other information. The other information comprises the information included in this annual report but does not include the accounts and our auditor's report thereon.

Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## **Independent Auditor's Report**

To the Research Council (the "Council")  
**Health Care and Promotion Scheme**  
For the year ended 31 March 2018

### **Responsibilities of the Council**

The Council is responsible for the preparation of the accounts in accordance with the accounting policies of the Scheme as set out in Note 2 to the accounts, and for such internal control as the Council determines is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the Council is responsible for assessing the Scheme's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council intends to cease operations, or have no realistic alternative but to do so.

### **Auditor's Responsibilities for the Audit of the Accounts**

Our objectives are to obtain reasonable assurance about whether the accounts as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with HKSA's will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these accounts.

As part of an audit in accordance with HKSA's, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the accounts, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.

## Independent Auditor's Report

To the Research Council (the "Council")  
**Health Care and Promotion Scheme**  
For the year ended 31 March 2018

### Auditor's Responsibilities for the Audit of the Accounts (continued)

- Conclude on the appropriateness of the Council's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Scheme's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the accounts or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Scheme to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



*Certified Public Accountants*  
Hong Kong, 23 OCT 2018

The engagement director on the audit resulting in this independent auditor's report is:  
**Or Ming Chiu**  
Practising Certificate number: P04786

## Health Care and Promotion Scheme

## Balance Sheet

As at 31 March 2018

	<i>Note</i>	2018 <i>HK\$</i>	2017 <i>HK\$</i>
<b>Current Assets</b>			
Interest receivable		554	488
Amount due from the Hospital Authority	3	15,710,144	24,403,451
Cash and cash equivalents		<u>5,845,281</u>	<u>3,817,082</u>
		<u>21,555,979</u>	<u>28,221,021</u>
<b>Current Liabilities</b>			
Accounts payable		<u>2,919,113</u>	<u>3,084,294</u>
<b>Net Assets</b>		<u><u>18,636,866</u></u>	<u><u>25,136,727</u></u>
<i>Represented by:</i>			
Accumulated fund		<u>18,636,866</u>	<u>25,136,727</u>
<b>Total Fund</b>		<u><u>18,636,866</u></u>	<u><u>25,136,727</u></u>

Approved and authorised for issue by the Research Council on 23 OCT 2018



**Dr. Edmond MA Siu-keung**  
Secretary of Research Council

## Health Care and Promotion Scheme

## Statement of Income and Expenditure

For the year ended 31 March 2018

	<i>Note</i>	<b>2018</b> <i>HK\$</i>	2017 <i>HK\$</i>
<b>Income</b>			
Interest income		<u>334,886</u>	<u>400,684</u>
<b>Expenditure</b>			
Grants		6,815,202	6,958,251
Administrative fees	4	<u>19,545</u>	<u>19,060</u>
		<u>6,834,747</u>	<u>6,977,311</u>
<b>Deficit for the year</b>		<b>(6,499,861)</b>	<b>(6,576,627)</b>
<b>Other comprehensive income</b>		<u>-</u>	<u>-</u>
<b>Total comprehensive loss for the year</b>		<b><u>(6,499,861)</u></b>	<b><u>(6,576,627)</u></b>

## Health Care and Promotion Scheme

## Statement of Changes in Fund

For the year ended 31 March 2018

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	2018 <i>HK\$</i>	2017 <i>HK\$</i>
Total fund at beginning of year	25,136,727	31,713,354
Total comprehensive loss	<u>(6,499,861)</u>	<u>(6,576,627)</u>
Total fund at end of year	<u><u>18,636,866</u></u>	<u><u>25,136,727</u></u>

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**Health Care and Promotion Scheme****Notes to the Accounts**For the year ended 31 March 2018

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**1. GENERAL INFORMATION**

The Health Care and Promotion Scheme (the "Scheme"), formerly known as Health Care and Promotion Fund, was established by the Hong Kong Government in 1995 with an injection of HK\$80 million approved by the Finance Committee of the Legislative Council for the purpose of increasing health promotion and disease prevention. The objective of the Scheme is to provide funding support to health promotion projects that empower people to adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours or creating a conducive environment that supports good health practices.

As from 28 April 2017, the Scheme has been incorporated into the Health and Medical Research Fund (the "Fund"). The Research Council chaired by the Secretary for Food and Health supervises the management and investment of the Fund. The Research Fund Secretariat is housed in the Research Office of the Food and Health Bureau ("FHB"), which is responsible for providing administrative and logistic support to the Scheme. The Hospital Authority ("HA") acts as an agent for providing accounting services to the Scheme which includes keeping the accounts of the Scheme and investing the capital money not required immediately in accordance with the guidelines approved by the Research Council.

**2. SIGNIFICANT ACCOUNTING POLICIES****(a) Basis of preparation**

The principal accounting policies adopted in the preparation of the accounts of the Scheme are set out below. The accounts have been prepared on a going concern and accrual bases, and under the historical cost convention.

**(b) Revenue recognition**

Revenue is recognised when it is probable that the economic benefits will flow to the Scheme and when the revenue can be measured reliably.

Interest income from bank deposits is recognised on a time proportion basis using the effective interest method.

**(c) Expenditure**

(i) Grants are recognised on an accrual basis upon receiving of claims from grant applicants for reimbursements of expenses.

(ii) Administrative fees are recognised on an accrual basis. Audit fee of the Scheme is borne by the FHB.

## Health Care and Promotion Scheme

## Notes to the Accounts

For the year ended 31 March 2018

## 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

## (d) Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and demand deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value, having been within three months of maturity when acquired.

## (e) Accounts payable

Accounts payable are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, unless the effect of discounting would be insignificant, in which case they are stated at cost.

## 3. AMOUNT DUE FROM THE HOSPITAL AUTHORITY

The amount due from the Hospital Authority represents principal and accrued interest income of bank deposits held by the HA for the Scheme. The amount due is unsecured and has no fixed terms of repayment. Interest income accrued on these bank deposits is recognised as income in the Scheme's statement of income and expenditure.

## 4. ADMINISTRATIVE FEES

	2018 HK\$	2017 HK\$
Publicity	14,190	13,890
Other administrative fees	<u>5,355</u>	<u>5,170</u>
	<u><u>19,545</u></u>	<u><u>19,060</u></u>