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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 8 January 2021

Health and Medical Research Fund

Purpose

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

Background

2. The Financial Secretary announced in his 2011-2012 Budget Speech the setting up of HMRF by consolidating the former Health and Health Services Research Fund ("HHSRF")¹ and Research Fund for the Control of Infectious Diseases ("RFCID"),² with a broadened scope for funding health and medical research in Hong Kong. In December 2011, the Finance Committee ("FC") of the Legislative Council approved a new commitment of \$1,415 million, which comprised an allocation of \$1 billion plus the unexpended balances of the former HHSRF and RFCID which amounted to \$190.8 million and \$224.2 million respectively, for the setting up of HMRF. Research projects funded under the former HHSRF and RFCID were subsumed under HMRF. Upon approval of FC in May 2016 to increase the commitment from \$1,415 million by

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

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

\$1,500 million to \$2,915 million for HMRF to sustain its operation for another five years from 2017-2018 to 2021-2022, the scope of HMRF was expanded to incorporate that of the former Health Care and Promotion Fund ("HCPF")³ in April 2017. Being part of HMRF, HCPF has been renamed as the Health Care and Promotion Scheme.

3. The aims of HMRF on the research front are 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. HMRF 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.

4. Chaired by the Secretary for Food and Health, the Research Council ("RC") under the Food and Health Bureau is responsible for providing strategic steer for all funding schemes under HMRF, and overseeing the administration of HMRF including the allocation of funds for approved grants. RC is supported by the Expert Advisory Panels as the advisory arm, and the Referee Panel ("RP"), the Grant Review Board ("GRB") and the GRB Executive which form a two-tier peer review mechanism as the technical arm. Funding support is provided under HMRF for investigator-initiated projects, government-commissioned programmes and research fellowship scheme.

5. According to the Administration, a total of \$465 million was approved to support 221 research projects in 2019-2020.⁴ The balance of uncommitted fund as at 30 September 2020 was \$422 million.

³ The Health Care and Promotion Fund 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 Health Care and Promotion Fund Committee decided to revise the scope the HCPF to focus primarily on health promotion activities and disease prevention.

⁴ Details of the approved projects are available on the Research Fund Secretariat website at <http://rfs.fhb.gov.hk>.

Deliberations of the Panel

6. The Panel held a number of meetings between 2005 and 2009 to discuss the Administration's proposals to increase the approved commitment for the former HHSRF and to set up the former RFCID. The Panel discussed the Administration's proposal to set up HMRF in November 2011 and the injection to HMRF in April 2016. The deliberations and concerns of members are summarized below.

Eligibility and assessment criteria for HMRF

7. Members asked whether grants under HMRF would be awarded for research in tertiary institutions funded by the University Grants Committee ("UGC"), and if so, how the funding scope of HMRF was different from that of the research funding schemes of UGC and its Research Grants Council ("RGC"). They sought elaboration about the eligibility for, and the funding arrangements of, the research fellowship scheme which was launched in August 2015, and whether there was any undertaking for the applicants awarded with a fellowship.

8. The Administration advised that research projects funded by RGC covered a range of disciplines, whereas the aim of HMRF was to build research capability 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. For the investigator-initiated research projects, HMRF would invite research grant proposals from individual researchers in response to open call invitations for research grant applications. All eligible applications would be required to undergo a stringent two-tier peer review. The commissioned research programmes were by specific invitation only. As regards the research fellowship scheme, tertiary institutions funded by UGC would be invited to nominate their full-time employees as fellowship applicants. The scheme aimed to support researchers or professionals in their early to mid-career, particularly healthcare professionals, to enhance their skills in public health research. Each application had to cover a local or overseas training programme or attachment and a research project relating to the proposed training programme. The awardees were required to submit to RC interim reports as well as a final report of the training and the research project.

9. Question was raised as to whether applicability was one of the criteria in assessing the scientific merit of each grant application for investigator-initiated research projects. Replying in the positive, the Administration advised that the two-tier peer review would assess the scientific merit of the projects which

included originality, significance of the research questions, quality of scientific content, credibility of design and methods and applicability to the local context.

10. Members considered it important to ensure openness, fairness and transparency of the research grant review process. Suggestion was made for the Administration to consider appointing lay persons to RC which only comprised healthcare professionals in the academia and the public and private healthcare sectors. The Administration agreed to consider the suggestion. On members' question about whether an appeal mechanism was in place for unsuccessful grant applicants to seek review of their applications, the Administration advised that these applicants would be provided with comments of RC regarding their applications. They could submit another application during the next round of invitation for applications.

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

12. The Administration advised that funding opportunities under HMRF would be open to all local researchers irrespective of whether they were working in the academia or the public and private healthcare sectors. For investigator-initiated projects, all principal applicants to HMRF's open call for invitations should be based in a Hong Kong institution throughout the project period and be employed by the administering institution at the time of submission of application. Research fellowships would be awarded to eligible candidates covering a range of research areas and specialties and geared toward a variety of levels (e.g. post-doctoral fellows and clinical research fellows) on the advice of the relevant Expert Advisory Panels of RC.

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

Funding support provided under HMRF

14. Members considered that the Administration should flexibly handle those research applications which required an amount of financial support greater than the funding cap. The Administration advised that for multi-centre collaborations and projects or medical research infrastructure commissioned by the Government on specific public health issues or themes, higher grants would be considered where justified.

Impacts of the approved research projects

15. Question was raised about the measurement to assess the value of the HMRF projects to local research in health and medicine. The Administration advised that HMRF projects that had been completed for at least two years would be evaluated using an instrument developed by the Food and Health Bureau based on the internationally validated Buxton-Hanney research payback questionnaire, which was a widely used instrument to quantify the outputs and outcomes of publicly-funded health and medical research. The self-completed questionnaire measured the research impact in several domains including knowledge production, utilization of research findings by the healthcare system, capacity building, impact on policy, behaviour change in research end-users and dissemination of research findings.

16. Members considered it of the utmost importance that the funding support should be dedicated to research projects which sought to enhance local clinical practice as well as address the health and medical needs of the local population. They sought information about the HMRF projects which had contributed significantly to informing health policy. According to the Administration, cases in point included the cost-effectiveness analysis studies on universal pneumococcal vaccination of infants and various colorectal cancer screening strategies, and a study on the use of poultry avian influenza vaccine. A full list of the funded projects was available at the website of the Research Fund Secretariat.

Recent development

17. In response to the outbreak of coronavirus disease 2019 ("COVID-19"), RC approved total funding of \$111 million to the two medical schools of The University of Hong Kong and The Chinese University of Hong Kong in April

2020⁵ and a further \$59 million to local universities in August 2020⁶ to conduct research studies on COVID-19 under HMRF. The studies will last from 12 months to 24 months.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
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⁵ According to the Administration, the funding supports a total of 26 research studies under the commissioned research programme which cover a wide range of topics including development of vaccines and novel antiviral drug candidates; sero-epidemiological studies of COVID-19 in the community; investigation of the properties, characteristics, spread, infection and effective therapeutic interventions of SARS-CoV-2; and investigation on Hong Kong's system of early detection, assessment and response to the COVID-19 outbreak.

⁶ According to the Administration, the studies cover a wide range of topics including waste water and genomic surveillance to track SARS-CoV-2 transmission, identification of facilitators and barriers to public compliance with infection control measures, zoonotic risk in companion animals, the effect of smoking and pre-exposure of influenza viruses, screening of traditional Chinese medicine for antiviral compounds, rehabilitation management for COVID-19 survivors, and estimation of psychological burden.

Appendix

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

Committee	Date of meeting	Paper
Panel on Health Services	9.7.2003 (Item VII)	Agenda Minutes
	31.1.2005 (Item III)	Agenda Minutes
	1.6.2007 (Item II)	Agenda Minutes
	14.12.2009 (Item VI)	Agenda Minutes
	14.11.2011 (Item IV)	Agenda Minutes
	27.1.2016*	CB(2)757/15-16(01)
	18.4.2016	Agenda Minutes CB(2)1586/15-16(01)
	19.12.2016	CB(2)329/16-17(01)
	15.1.2018	CB(2)410/17-18(01)
	17.12.2018	CB(2)326/18-19(01)
	13.12.2019	CB(2)210/19-20(01)
	27.11.2020*	CB(2)413/20-21(01)

* Issue date