

Health and Medical
Research Fund:
2023-24 Annual Report

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Health and Medical Research Fund

On 9 December 2011, the Legislative Council (LegCo) Finance Committee approved a new commitment of \$1,415 million for setting up the Health and Medical Research Fund (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 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 former Health Care and Promotion Fund¹ (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 (HCPS) and the Health Care and Promotion Committee (HCPC) respectively.

To further streamline the operation of the HMRF, on 1 August 2018, the HCPC and its Promotion Sub-Committee (technical arm of the HCPC) were consolidated and subsumed under the Grant Review Board (GRB, technical arm of the Research Council (RC)) for providing technical support to the RC for the HCPS. The RC thus became the sole governing body of the HMRF to provide strategic steer for all funding schemes (including the HCPS) under the HMRF. In December 2018, the annual open call for investigator-initiated research projects and the annual open call for HCPS were consolidated into one single open call.

On 28 April 2021, the LegCo approved to further increase the commitment of the HMRF by \$1,308 million (from \$2,915 million to \$4,223 million) to sustain the HMRF's operation and enhance the funding scope of HMRF.

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 healthcare 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

¹ 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.

promotion projects that help people adopt healthier lifestyles by enhancing awareness, changing adverse health behaviours and creating a conducive environment that supports good health practices.

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

- (a) public health, human health and health services (e.g. primary healthcare, non-communicable diseases, Chinese medicine);
- (b) prevention, treatment and control of infectious diseases with public health implications;
- (c) advanced medical research which applies 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 policy; 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 –

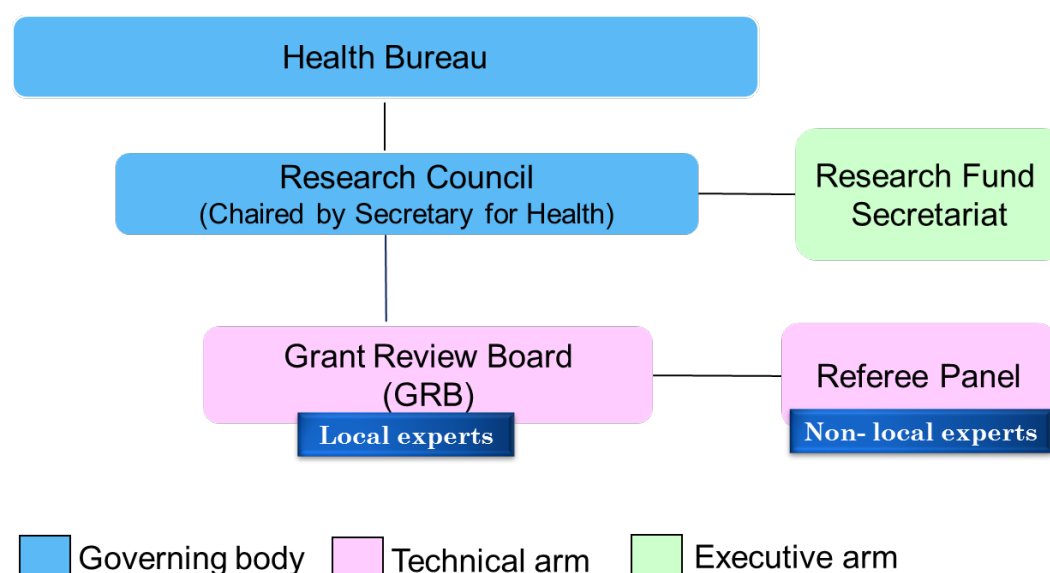
- (a) Investigator-initiated Projects (funding ceiling: \$1.5 million per project) – to support research studies and health promotion projects from individual applicants in response to “HMRF Open Call” invitations for grant applications guided by reference to the thematic priorities.
- (b) Government-commissioned 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.
- (c) 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.

In general, members of any discipline or profession in health or health-related field can apply for funding. Grants may be awarded to locally based tertiary

institutions, hospitals, medical schools, non-governmental organisations and 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.

On completion of approved projects, the final and dissemination reports will be assessed before dissemination via the website (<https://rfs.healthbureau.gov.hk>), the Hong Kong Medical Journal and at the monthly Journal Club meetings. In addition, the HMRF organises the Health Research Symposium every two to three 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.

Governance



Chaired by the Secretary for Health, the RC is responsible for providing strategic steer for funding health and medical research and health promotion projects, 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 grant 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 Referee Panel, GRB and GRB Executive (chairman of GRB) as the technical arm. Referee Panel comprises non-local experts who are selected according to their specific field of expertise to review grant applications.

The membership of the RC and their supporting committees can be found at **Appendix A**. Their operation is supported by the Research Fund Secretariat of the Research and Data Analytics Office under the Health Bureau.

Highlights of 2023-24

Investigator-initiated Projects

The HMRF since its establishment in 2011 has supported 2,080 investigator-initiated projects, of which 1,046 projects have been completed and closed. These projects cover most research topics under the thematic priorities on –

- (a) Health and Health Services – prevention and management of major non-communicable diseases including cardiovascular illnesses, cancers, chronic respiratory diseases, diabetes and mental disorders; modifiable lifestyle factors including tobacco use, harmful use of alcohol and physical inactivity; mental health; sleep deprivation; reproductive health; psychosocial burdens of carers; health services including primary healthcare, chronic disease management, health economics, preventive care for children, elderly care, palliative care and Chinese medicine;
- (b) Infectious Diseases – epidemiology, surveillance and control of emerging and re-emerging infectious diseases, transmission dynamics, pathogen characteristics, mechanism of infection, diagnosis and therapeutics, antimicrobial resistance, antimicrobial stewardship, host immunology,

vaccine research, health economics and promotion of vaccination programme;

- (c) Advanced Medical Research – use of advanced technologies to understand the prevalence, risk factors, causes, diagnosis, treatment and prevention of a wide range of human diseases and conditions, including development of telemedicine, use of artificial intelligence and deep learning models for outcome prediction, improving treatment response and disease management, application of genetics and genomics approaches for the development of personalised medicine; and
- (d) Health Promotion – reduction of tobacco/alcohol-related problems, strengthening of preventive care in children, adolescents, elderly and ethnic minorities, promotion of healthier lifestyles, empowerment of patients in chronic disease management, mental health promotion, injury prevention and breastfeeding, women's health and sexual health.

During the year, final reports of 132 completed investigator-initiated projects were assessed. Projects with findings that merit wider dissemination are published as a supplement to the Hong Kong Medical Journal and uploaded onto the website <https://rfs.healthbureau.gov.hk/> for public access.

Annual Open Call for Investigator-initiated Projects

The 2023 HMRF Open Call for Investigator-initiated Projects was announced in December 2023. Only **clinical research and research on infectious diseases with public health implications** will be supported as HMRF emphasises the importance of translational potential of research findings. Research proposals on infectious diseases with public health implications from bench to bedside and at community level, and with translational value are supported. Clinical research based on Chinese medicine theory or clinical research on Chinese medicine theory and methodology will also be supported. Those falling under the thematic priorities (**Appendix B**) will be given higher priority for funding. In accordance with the thematic priorities and the established assessment criteria², the GRB's recommendations on funding applications will be considered by the

² Grant applications are assessed through a stringent two-tier peer review process, first by the Referee Panel, and then by the Grant Review Board. The established assessment criteria for research projects include 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. The established assessment criteria for health promotion projects include potential impact in response to the health needs of the target local community, scientific evidence of effectiveness of the proposed health promotion activities, innovation, relevance to thematic priorities, feasibility of the proposal, evaluation plan of programme effectiveness, cross-sector collaboration, in particular collaboration between non-governmental organisations and tertiary institutions, track record of the applicants and the administering institution, justification of requested budget, impact and sustainability of the programme and potential to build community capacity in health promotion.

RC. Funding results will be announced in September 2024.

Government-commissioned Programmes

Since the establishment of the HMRF, 27 commissioned programmes (covering about 292 individual studies) have been approved in the following areas –

- (a) **Infectious diseases** including studies on prevention, control and treatment of infectious diseases, including COVID-19, to address important research areas in transmissibility and infectivity of the virus, effective detection and surveillance, prevention strategies of the disease, development of vaccines, treatments and therapies, promotion of the acceptance, uptake and adherence to public health and social measures, and preparedness and response to the pandemic and epidemic; evaluation of influenza vaccination programmes and clinical trials on influenza vaccine, including the use of imiquimod in elderly and chronic illness subjects;
- (b) **Non-communicable diseases** including identifying the risk of breast cancer; evaluation of Government's breast cancer screening pilot programme; and colorectal cancer screening pilot programme; surveys on mental health morbidity in different age groups; evaluation of the Hong Kong Genome Project and the Chronic Disease Co-Care Pilot Scheme;
- (c) **Life-course research** targeting paediatric population such as nurturing a breastfeeding friendly community and identifying mothers' barriers to sustain exclusive breastfeeding; survey on vitamin D status of infants, young children and pregnant women; and review of growth charts for Hong Kong children; and elderly care including review on end-of-life care and service models to improve quality of healthcare for the elderly;
- (d) **Clinical trials and cohort studies** including setting up of Phase I Clinical Trials Centres; conducting early phase clinical trials on novel pharmaceutical products; and following up various local cohorts relating to long-term use of aspirin, young-onset diabetes, late-onset dementia, depressive and anxiety symptoms, non-communicable diseases in "Children of 1997" birth cohort, households and users of elderly health services, primary care of hypertension and diabetes, and cardiovascular risk factors; and
- (e) **Research on policy issues** including review on healthcare manpower planning; review on regulatory framework for healthcare professional development; evaluating the impact of tobacco control policies in Hong Kong; and mental health promotion through community partnership programmes.

Fourteen programmes have been completed and closed.

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

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 and health services research. Tertiary institutions funded by the University Grants Committee are invited to nominate fellowship applicants annually. In order to provide more training opportunities to build up the research capacity of Hong Kong to meet future needs and challenges, invitation for applications has been extended to the two designated teaching hospitals (i.e. Prince of Wales Hospital and Queen Mary Hospital) starting from the 2021 application round. The grant ceiling per award is \$1.2 million including up to \$0.4 million³ for overseas training/attachment relating to health services or public health, in particular public health policy topics. Higher priority would be given to applications which address cancer and the preventable or modifiable risk factors for non-communicable diseases namely tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. Seventy-four awards have been approved since the implementation of the Scheme.

The 2023 Open Call was issued in October 2023 and closed on 8 January 2024. A total of 35 applications were received. The Research Fellowship Assessment Panel's recommendations on funding applications will be considered by the RC. Funding results will be announced in June 2024.

Financial Position

The cash balance of the HMRF as at 31 March 2024 is \$2,062.07 million, with an uncommitted funding balance of \$601.69 million (i.e. funding available for new projects/programmes). The financial position of the HMRF for the 2023-24 financial year is at **Appendix C**.

The cash balance of the former HCPF⁴ as at 31 March 2024 is \$0 million. The

³ Since the 2019 Open Call for Research Fellowship Scheme, the budgets for training plan and research plan have been revised from \$0.2 million to up to \$0.4 million and about \$1 million to \$0.8 million respectively.

⁴ The Hospital Authority (HA) is the custodian and bookkeeper of the HCPF. 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 HA (recorded as amount due from the HA in the audited accounts for the HCPF (renamed as Health Care and Promotion Scheme on 28 April 2017)). Before the consolidation

audited accounts of the HCPS for the 2023-24 financial year ended 31 March 2024 are at ***Appendix D***.

of the Health and Medical Research Fund and the HCPF, the uncommitted fund balance (in cash basis) of the former HCPF as at 31 March 2017 was \$5.25 million.

**Membership of
the Research Council and its Supporting Committees
(as at 31 March 2024)**

(A) Research Council

Chairperson

Secretary for Health
(or Permanent Secretary for Health)

Non-official Members

Prof Engle Angela CHAN

Prof Juliana CHAN Chung-ngor

Dr Karen CHAN Kar-loen

Prof Paul CHAN Kay-sheung

Prof Ivan HUNG Fan-ngai

Dr Raymond LAI Wai-man

Prof Linda LAM Chiu-wa

Prof Gilberto LEUNG Ka-kit

Prof LIN Chia-chin

Prof Vivian LIN Kwang-wen

Prof Tony MOK Shu-kam

Prof David SHUM Ho-keung

Prof Karl TSIM Wah-keung

Prof Samuel WONG Yeung-shan

Ex-officio Members

Secretary for Innovation, Technology and Industry (or representative)

Director of Health (or representative)

Secretary-General of the University Grants Committee (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

Head (Research and Data Analytics Office)
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.

Non-official Members

Prof Engle Angela CHAN

Prof Francis CHAN Ka-leung

Prof Juliana CHAN Chung-ngor

Dr Karen CHAN Kar-loen

Prof Paul CHAN Kay-sheung

Ms Mabel CHAU Man-ki

Prof Ivan HUNG Fan-ngai

Prof Karen LAM Siu-ling

Prof LAU Chak-sing

Prof LAU Yu-lung

Prof Gilberto LEUNG Ka-kit

Dr Grace LUI Chung-yan

Prof David MAN Wai-kwong

Dr Thomas TSANG Ho-fai

Prof Karl TSIM Wah-keung

Dr Gene TSOI Wai-wang

Prof Stephen TSUI Kwok-wing

Prof Martin WONG Chi-sang

Prof YEOH Eng-kiong

(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, advanced medicine and health promotion in the wider community;
- (e) to monitor the progress of approved projects; and
- (f) to monitor the financial performance of approved projects.

Non-official Members

Prof John BACON-SHONE

Prof BIAN Zhao-xiang

Prof David Makram BISHAI

Prof CAI Jing

Prof CAI Zongwei

Prof CHAIR Sek-ying

Dr CHAN Wai-man

Prof CHAN Ying-shing

Prof Albert CHAN Chi-yan

Prof Allen CHAN Kwan-chee

Prof Andrew CHAN Man-lok

Prof Chetwyn CHAN Che-hin

Prof Daniel CHAN Tak-mao

Dr Dorothy CHAN Fung-ying

Prof Emily CHAN Ying-yang

Prof Esther CHAN Wai-yin

Dr Jasper CHAN Fuk-woo

Prof Godfrey CHAN Chi-fung

Prof Henry CHAN Hin-lee

Dr CHANG Wing-chung

Dr David CHAO Vai-kiong

Prof Kathryn CHEAH Song-eng

Prof CHEN Honglin

Prof CHEN Zhiwei

Prof CHEN Zigui

Dr Catherine CHEN Xiao-rui

Prof Eric CHEN Yu-hai

Prof Alfred CHENG Sze-lok

Dr Andy CHENG Shu-kei

Prof Cecilia CHENG

Dr CHEUNG Ching-lung

Dr CHEUNG Kin

Prof CHEUNG Yiu-fai

Prof Annie CHEUNG Nga-yin

Dr Jason CHEUNG Pui-yin

Prof Raymond CHEUNG Tak-fai

Dr Peter CHIU Ka-fung

Dr CHOW Chun-bong

Dr CHOW Tam-lin

Prof Winnie CHU Chiu-wing

Prof William CHUI Chun-ming

Dr Brian CHUNG Hon-yin

Prof Benjamin John COWLING

Prof DENG Xin

Prof FENG Yibin

Dr Daniel FONG Yee-tak

Prof Kenneth FONG Nai-kuen

Prof Tony GIN

Prof James Francis GRIFFITH

Dr HO Lai-ming

Dr HO Pak-leung

Dr Daniel HO Sai-yin

Dr Joshua HO Wing-kei

Prof Rainbow HO Tin-hung

Prof HUANG Yu

Dr Wendy HUANG Yajun

Prof David HUI Shu-cheong

Prof Margaret IP

Prof Mary IP Sau-man

Prof JIN Dong-yan

Prof KHOO Ui-soon

Prof Jean KIM Hee

Dr Fanny KO Wai-san

Prof Timothy KWOK Chi-yui

Mr LAI Chi-tong

Prof Daniel LAI Wing-leung

Prof Jimmy LAI Shiu-ming

Prof Paul LAI Bo-san

Prof Timothy LAI Yuk-yau

Prof LAM Tai-hing

Dr Andrew LAM Kwok-cheung

Prof Cindy LAM Lo-kuen

Dr David LAM Chi-leung

Dr Eddy LAM Kwok-fai

Prof Linda LAM Chiu-wa

Dr Wendy LAM Wing-tak

Prof Joseph LAU Tak-fai

Dr LEE Chi-chiu

Dr LEE So-lun

Dr Calvin LEE Kai-fai

Dr Jenny LEE Shun-wah

Prof Tatia LEE Mei-chun

Dr LEUNG Chi-chiu

Mr LEUNG Kwok-fai

Prof LEUNG Suet-yi

Prof LEUNG Ting-fan

Prof LEUNG Wai-keung

Dr LEUNG Wing-cheong

Prof Angela LEUNG Yee-man

Prof Christopher LEUNG Kai-shun

Dr Gabriel Matthew LEUNG

Prof Polly LEUNG Hang-mei

Dr Raymond LI Hang-wun

Dr William LI Ho-cheung

Prof LIN Chia-chin

Prof LIN Zhi-xiu

Prof LO Kwok-wai

Dr Raymond LO See-kit

Prof Alice LOKE YUEN Jean-tak

Dr Lobo LOUIE Hung-tak

Prof William LU Weijia

Dr Annissa LUI Wai-ling

Dr Christopher LUM Chor-ming

Dr LUO Ruibang

Prof LYU Aiping

Prof Ronald MA Ching-wan

Prof Nancy MAN Kwan

Prof Irene NG Oi-lin

Prof Margaret NG Heung-ling

Dr Roger NG Man-kin

Prof Simon NG Siu-man

Prof Hextan NGAN Yuen-sheung

Prof Marco PANG Yiu-chung

Prof Leo POON Lit-man

Prof Randy POON Yat-choi

Prof Timothy Hudson RAINER

Dr Catherine Mary SCHOOLING

Prof SHEN Jiangang

Dr Gilman SIU Kit-hang

Prof SZETO Cheuk-chun

Prof TAM Lai-shan

Dr Stanley TAM Kui-fu

Prof Kathryn TAN Choon-beng

Prof Nelson TANG Leung-sang

Prof Sydney TANG Chi-wai

Prof Julian Alexander TANNER

Prof Agnes TIWARI Fung-yee

Prof TO Ka-fai

Dr Kelvin TO Kai-wang

Prof Kenneth TSANG Wah-tak

Prof TSE Hung-fat

Dr Gary TSE Man-kit

Dr Wendy TSUI Wing-sze

Ms Deborah WAN Lai-yau

Dr Kelvin WANG Man-ping

Prof WING Yun-kwok

Prof WONG Yung-hou

Dr Cesar WONG Sze-chuen

Prof Eliza WONG Lai-yi

Prof Frances WONG Kam-yuet

Prof Gary WONG Wing-kin

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Dr William WONG Chi-wai

Prof Joseph WU

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Prof XU Aimin

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Prof Benny ZEE Chung-ying

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Ex-officio Members

Dr Rachel CHENG Pui-yan

Dr Thomas CHUNG Wai-hung

Dr FUNG Ying

Dr LEUNG Yiu-hong

Dr Kitty HSE Mei-yin

Dr Raymond HO Lei-ming

Thematic Priorities - 2023 Open Call for Investigator-initiated Projects**I. Infectious Diseases**

Infectious diseases with public health implications, including those infectious diseases that are prevalent in or pose threat to Hong Kong and neighbouring areas

Ref. Code Description**Aetiology and epidemiology**

- | | |
|--------|--|
| A-0001 | Promote research to better understand the pathogen characteristics, disease mechanism and risk factors that drive the impact of infections |
| A-0002 | Assess threats from zoonotic or other emerging infectious pathogens and develop methods for reducing zoonotic risk |

Prevention, Detection and Management

- | | |
|--------|---|
| A-0003 | Investigate modes of transmission of infectious pathogens (including determinants of contagiousness) and identify non-pharmaceutical interventions to limit its spread in hospitals and the community |
| A-0004 | Economic studies on vaccines and develop and evaluate strategies to improve acceptability and vaccine uptake, especially in high risk groups |
| A-0005 | Develop and test novel approaches for enhancing prevention, surveillance, early detection, diagnosis, treatment, and recovery/rehabilitation from infectious diseases and its sequelae |

Antimicrobial Resistance

- | | |
|--------|---|
| A-0006 | Develop novel diagnostics tools to aid diagnosis and treatment of infections and antimicrobial resistance |
| A-0007 | Develop novel preventive measures on antimicrobial resistance |
| A-0008 | Develop novel antimicrobials or other alternative agents |

Ref. Code Description

A-0009	Promote awareness and education regarding antimicrobial resistance, infection prevention and control, and antibiotic stewardship
A-0010	Research on promoting behavioural changes regarding the use of antimicrobials in the public
A-0011	Research on estimating local health burden of antimicrobial resistance
A-0012	Research on the role of environment in the evolution of antimicrobial resistance
A-0013	Research on preventive measures on the spread of antimicrobial resistance through the environment

Preparedness and Response to Pandemic and Epidemic

A-0014	Utilise operational research, big data, artificial intelligence, digital technologies and –omics approaches for clinical and public health applications, including prevention, contact tracing, screening for infection, surveillance, disease control, clinical management and programme delivery
A-0015	Evaluate psychological, societal and economic impact of infection control interventions
A-0016	Develop assessment frameworks for ethical, legal and privacy issues on the use of digital health technology

II. Non-communicable Diseases (NCD)**Ref. Code Description****Detection, treatment and management**

- | | |
|--------|---|
| B-0001 | Epidemiology; identify modifiable risk and protective factors for prevention and development of major NCD including cardiovascular diseases, cancers, chronic respiratory diseases, diabetes and mental disorders |
| B-0002 | Develop and test novel approaches for enhancing prevention, early diagnosis, treatment, and recovery/ rehabilitation from major NCD |
| B-0003 | Study effective measures to address physical and psychosocial burdens and enhance the capacity of carers, and in particular vulnerable carers such as single parent and elderly couples |
| B-0004 | Study to eliminate health disparities and improve quality of care in underserved populations |

Ageing and elderly care

- | | |
|--------|--|
| B-0005 | Tackle issues relating to ageing population including sarcopenia, frailty, fracture, falls, cognitive impairment and promotion of healthy ageing |
| B-0006 | Develop and evaluate palliative care and end-of-life care delivery |

Mental health

- | | |
|--------|---|
| B-0007 | Identify means to increase mental health literacy, promote mental wellbeing, encourage help-seeking, and reduce stigma towards persons with mental health needs |
| B-0008 | Identify and evaluate novel measures to address mental health needs of vulnerable groups (including low-income, ethnic minority families and the elderly) |
| B-0009 | Evaluate the impact of physical and mental comorbidity in people with mental disorders, chronic illnesses, and the elderly |

III. Primary Healthcare

Ref. Code	Description
C-0001	Enhance primary care services for the prevention and management of NCD, and avoidable demand for secondary and tertiary care
C-0002	Develop and evaluate the effectiveness and cost-effectiveness of collaborative, interdisciplinary, inter-sectoral and integrated care service models (including public-private interface and medical-social collaboration) for prevention and management of NCD and multi-morbidity at the community level, such as District Health Centres
C-0003	Develop and evaluate innovative service models for preventing, managing and treating individuals and families at risk of developing or living with chronic diseases in public and private primary healthcare settings
C-0004	Develop strategies to promote family doctor concept to provide comprehensive, continuing, whole-person, co-ordinated and preventive care to individuals and their families
C-0005	Develop strategies and measures to adopt a life course preventive care approach to address unique needs across lifespan of each age group and to evaluate the effectiveness and cost-effectiveness of preventive care, including cost of enhancements through specific schemes, programmes and interventions for specific age groups/cohorts
C-0006	Identify and evaluate the incentives/enhancers to encourage people to preferentially use primary healthcare services, in particular the elderly

IV. Preventive Medicine**Ref. Code Description****Tobacco control**

- D-0001 Develop and evaluate innovative measures to further reduce smoking prevalence in Hong Kong, in particular preventing the younger generation from smoking (including the use of alternative smoking products)
- D-0002 Develop innovative methods, measures, and study designs to assess tobacco use knowledge, attitudes, perceptions, and behaviours and other related addictions such as video gaming and drug abuse; including measures to best predict future use of tobacco products other than conventional cigarettes

Healthy lifestyle

- D-0003 Develop and evaluate innovative measures to increase the public's adoption of balanced diet in a practical and sustainable manner so as to increase fruit and vegetables consumption and reduce salt, sugar and fat consumption, in different subpopulations and across different key settings and cultures
- D-0004 Develop and evaluate innovative approaches to increasing physical activity and reducing sedentary behaviour, including the testing of digital technologies (e.g. mobile or wearable devices), in different subpopulations and across different key settings and cultures

Patient empowerment

- D-0005 Promote health literacy and patient empowerment
- D-0006 Promote underserved groups such as new immigrants, low income groups, marginalised groups and ethnic minority groups to receive evidence-based screening programmes, and better manage their own health

V. Telehealth and Advanced Technology

Ref. Code	Description
E-0001	Clinical application of knowledge from genetics/genomics for prevention/personalised medicine
E-0002	Apply big data analytics to examine clinical information for prevention, diagnosis, therapeutics, rehabilitation and better management of patients
E-0003	Develop, apply and evaluate technology-based clinical management systems including digital healthcare/artificial intelligence/telehealth approaches to improve patient care and experience
E-0004	Develop, apply and evaluate IT tools/solutions and advanced technology to enable smart care provision like smart ward, smart clinic, smart pharmacy

VI. Clinical Trials and Implementation Science**Introduction**

Clinical trials provide research evidence into clinical practice and help improve population health, while implementation science aims to promote the systematic uptake of research findings and other evidence-based information into routine practice. It also aims to assess the performance, and, hence, improve the quality and effectiveness of health services. Proposals submitted under this thematic priority should aim to improve the existing healthcare system in terms of enhancing patient care or informing health policies.

There are several established theories, frameworks, models and taxonomies that can be used to analyse barriers and facilitators of implementation outcomes. Relevant frameworks include CFIR (Consolidated Framework for Implementation Research), PRISM (Practical, Robust Implementation and Sustainability Model), RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance), Theoretical Domains Framework (TDF), and PARiHS (Promoting Action on Research Implementation in Health Services). Human-centred design (HCD) is another framework which helps tailor innovations to fit end-users, narrowing the gap between efficacious interventions and large-scale impact.

Ref. Code Description**Clinical Trials**

- | | |
|--------|---|
| F-0001 | Clinical trials on the development and testing of new drugs, techniques, treatments, diagnostic and therapeutic medical devices, public health and health system interventions with a view to improving clinical practice and population health |
| F-0002 | Clinical trials that adopt a lifecycle approach to include children and older adults, as well as other population groups often underserved by clinical trials |

Implementation Science

- | | |
|--------|--|
| F-0003 | Strategies to implement and disseminate evidence-based health promotion, prevention, screening, early detection, and diagnostic interventions, as well as effective treatments, clinical procedures or guidelines into existing care systems, particularly with the use of smart technology to facilitate patient care |
| F-0004 | Studies on health care and public health policies and other contextual factors that influence the success of dissemination or implementation efforts |

Ref. Code	Description
F-0005	To conduct formative and process evaluation for improving implementation outcomes and sustainability
F-0006	Implementation of multiple levels of interventions within community or health services settings to meet the needs of complex patients and diverse systems of care
F-0007	Studies on reducing or stopping (“de-implementing”) the use of clinical and community practices that are ineffective, unproven, low-value, or harmful

Health and Medical Research Fund
Financial Report for the year ended 31 March 2024

	HK\$	HK\$
Cash balance as at 31.3.2023		2,314,859,236.54
Grants paid for the period from 1.4.2023 to 31.3.2024		(252,791,817.08)
<u>HMRF</u>		
Commissioned project grants	(108,714,209.58)	
Investigator-initiated project grants	(131,603,245.62)	
Research Fellowship Scheme	(6,073,185.45)	
Health Care and Promotion Scheme	(3,892,614.26)	
	<u>(250,283,254.91)</u>	
Direct operation costs paid	(2,508,562.17)	
	<u>(2,508,562.17)</u>	
Increase in commitment		-
Cash balance as at 31.3.2024		<u>2,062,067,419.46</u>
Less:		(1,460,373,710.02)
<u>HMRF</u>		
Fund committed but not yet paid:		
Commissioned project grants	(460,651,027.27)	
Investigator-initiated project grants	(949,306,094.51)	
Research Fellowship Scheme	(41,694,694.39)	
Health Care and Promotion Scheme	(8,721,893.85)	
	<u>(1,460,373,710.02)</u>	
Uncommitted balance as at 31.3.2024		601,693,709.44

HEALTH CARE AND PROMOTION SCHEME

INDEPENDENT AUDITOR'S REPORT AND AUDITED ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2024

**INDEPENDENT AUDITOR'S REPORT
TO THE RESEARCH COUNCIL (THE "COUNCIL")****Opinion***What we have audited*

The accounts of the Health Care and Promotion Scheme ("HCPS") funded by the Hong Kong Special Administrative Region ("HKSAR") Government, which are set out on pages 4 to 8, comprise:

- the balance sheet as at 31 March 2024;
- the statement of income and expenditure for the year then ended;
- the statement of changes in total fund for the year then ended; and
- the notes to the accounts of HCPS, which include material accounting policies and other explanatory information.

Our opinion

In our opinion, the accounts of HCPS for the year ended 31 March 2024 are properly prepared, in all material respects, in accordance with the accounting policies set out in Note 2 to the accounts of HCPS.

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 of HCPS section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of HCPS 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.

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

We draw attention to Note 2 to the accounts of HCPS, which describes the basis of accounting. The accounts of HCPS do not comprise a full set of financial statements prepared in accordance with Hong Kong Financial Reporting Standards issued by the HKICPA. The accounts of HCPS are prepared solely for the Council or other related parties of the HKSAR Government (if necessary). As a result, the accounts of HCPS may not be suitable for another purpose. Our report is intended solely for the Council or other related parties of the HKSAR Government (if necessary), and should not be distributed to or used by any other parties for any purpose. Our opinion is not modified in respect of this matter.

**INDEPENDENT AUDITOR'S REPORT
TO THE RESEARCH COUNCIL (THE "COUNCIL") (CONTINUED)**

Responsibilities of the Council for the Accounts of HCPS

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

In preparing the accounts of HCPS, the Council is responsible for assessing HCPS'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 there are events or conditions that have caused or may cause the Council to cease HCPS to continue as a going concern.

Auditor's Responsibilities for the Audit of the Accounts of HCPS

Our objectives are to obtain reasonable assurance about whether the accounts of HCPS 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. We report our opinion solely to you, as a body, in accordance with our agreed terms of engagement, and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with HKSAAs 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 the accounts of HCPS.

As part of an audit in accordance with HKSAAs, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the accounts of HCPS, 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.



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**INDEPENDENT AUDITOR'S REPORT
TO THE RESEARCH COUNCIL (THE "COUNCIL") (CONTINUED)**

Auditor's Responsibilities for the Audit of the Accounts of HCPS (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 HCPS'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 of HCPS 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.
- Evaluate the overall presentation, structure and content of the accounts of HCPS, including the disclosures, and whether the accounts of HCPS represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council 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.


PricewaterhouseCoopers
Certified Public Accountants

Hong Kong, 13 September 2024

HEALTH CARE AND PROMOTION SCHEME

BALANCE SHEET

	At 31 March 2024 HK\$	At 31 March 2023 HK\$
Current Assets		
Interest receivable	-	387
Cash and cash equivalents	-	1,073,679
Total Assets	-	1,074,066
Fund		
Accumulated fund	-	489,603
Total Fund	-	489,603
Current Liability		
Accounts payable	-	584,463
Total Liability	-	584,463
Total Fund and Total Liability	-	1,074,066


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Dr Anne FUNG Yu-kei
Secretary of Research Council

The notes on pages 7 to 8 are an integral part of the accounts.

HEALTH CARE AND PROMOTION SCHEME

STATEMENT OF INCOME AND EXPENDITURE

	For the year ended 31 March 2024 HK\$	For the year ended 31 March 2023 HK\$
Income		
Interest income	21,177	16,300
Expenditure		
Grants	(510,780)	(1,459,463)
Deficit for the year	<u>(489,603)</u>	<u>(1,443,163)</u>

HCPS had no components of comprehensive income other than “deficit for the year” in the year presented. Accordingly, no separate statement of comprehensive income is presented as HCPS’s “total comprehensive income” was the same as the “deficit for the year”.

The notes on pages 7 to 8 are an integral part of the accounts.

HEALTH CARE AND PROMOTION SCHEME

STATEMENT OF CHANGES IN TOTAL FUND

	Accumulated fund HK\$
At 1 April 2022	1,932,766
Deficit for the year	(1,443,163)
At 31 March 2023	<u>489,603</u>
Deficit for the year	(489,603)
At 31 March 2024	<u><u>-</u></u>

The notes on pages 7 to 8 are an integral part of the accounts.

HEALTH CARE AND PROMOTION SCHEME

NOTES TO THE ACCOUNTS

1. General information

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

After the exhaustion of fund balance in the year ended 31 March 2024, HCPS ceased its operation. Remaining projects would be supported by the Fund.

2. Material accounting policies

(a) Basis of preparation

The material accounting policies adopted in the preparation of the accounts of HCPS are set out below. The accounts of HCPS have been prepared on a break up basis.

(b) Revenue recognition

Revenue is recognised when it is probable that the economic benefits will flow to HCPS 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

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

Audit fee of the accounts of HCPS is borne by the HHB.

(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.

HEALTH CARE AND PROMOTION SCHEME

NOTES TO THE ACCOUNTS

2. Material accounting policies (Continued)

(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. Approval of the accounts of HCPS

The accounts of HCPS were approved by the Council on 13 September 2024.