

# **Research Translation Strategy for Health and Medical Research Fund (2025)**

Research and Data Analytics Office  
Health Bureau

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## **Part 1. Introduction**

### **a. Purpose**

This document sets out the details of the Research Translation Strategy (the Strategy) of the Health and Medical Research Fund (HMRF). An abridged “Highlight” version of the Strategy is available from the [Research Fund Secretariat \(RFS\) website](#).

### **b. Mission of HMRF**

2. 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 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.

### **c. Operation of HMRF**

3. The HMRF was established in 2011 by consolidating the former Health and Health Services Research Fund (HHSRF) and the former Research Fund for the Control of Infectious Diseases (RFCID), expanding the funding scope to cover more areas of health and medical research. In 2016, its scope was expanded to incorporate the functions of the former Health Care and Promotion Fund (HCPF) to create synergy and provide more flexibility in the support of health and medical research and health care and promotion efforts as well as streamline procedures.

4. The HMRF is governed by the Research Council (RC), which is chaired by the Secretary for Health (SH) and comprises representatives from public institutes and members with experience and expertise in health and medical research appointed by SH. The RC is supported by the Grant Review Board (GRB), the GRB Executive, Assessment Panels and Referee Panel. Their work and the day-to-day administration of research funds are supported by the

RFS of the Research and Data Analytics Office (RO) established under the Health Bureau (HHB).

5. The RC provides strategic steer for funding health and medical research projects and health promotion projects, and oversees the administration of the HMRF including the allocation of funds to the following categories for approved grants -

(a) Investigator-initiated projects: funding for individual grant proposals submitted in response to “HMRF Open Call” invitation for grant applications, with reference to the thematic priorities of the HMRF;

(b) Commissioned programmes: specific programmes commissioned to, *inter alia*, build research capacity, fill knowledge gaps, support policy formulation, address specific issues, assess needs and threats, etc., identified by the Government; and

(c) Research Fellowship Scheme: to enhance research capability and build research capacity to facilitate the translation of knowledge into health policy and clinical practice.

6. As HMRF emphasises the importance of translational potential of research findings, only research in the following areas are supported:

(i) clinical research (including patient-centred research, epidemiological and behavioural research, outcomes research, and health services research);

(ii) research on infectious diseases with public health implications from bench to bedside and at community level, and with translational value; and

(iii) clinical research based on Chinese medicine theory or clinical research on Chinese medicine theory and methodology.

## **Part 2. Why HMRF needs a Research Translation Strategy**

### **a. Significance of research translation**

7. With the huge potential benefits that evidence-based practices and policies can bring to patients and the entire population, translation and application of medical and health research has been a global trend. This is reflected by various initiatives of the World Health Organization (WHO), practices of different funding agencies, and continuous calls from the research and healthcare professional communities. The experience of COVID-19 has further demonstrated to every sector of society how research supported health policy decision and measures at individual and population levels.

8. This increasing emphasis on research translation fully aligns with the mission of HMRF, which is to enable local research to inform health policies, strengthen healthcare system, improve clinical practices, change health behaviours of people, and ultimately to better population health. Over the decade since its inception in 2011, more than \$4 billion of public money has been injected into HMRF to fund its various schemes. It is a matter of public accountability for the Government, together with RC, to ensure that HMRF is fulfilling its mission. Indeed, translation value and impact of HMRF studies was the key focus when the Legislative Council (LegCo) deliberated on the Government's request to allocate additional funding to HMRF.

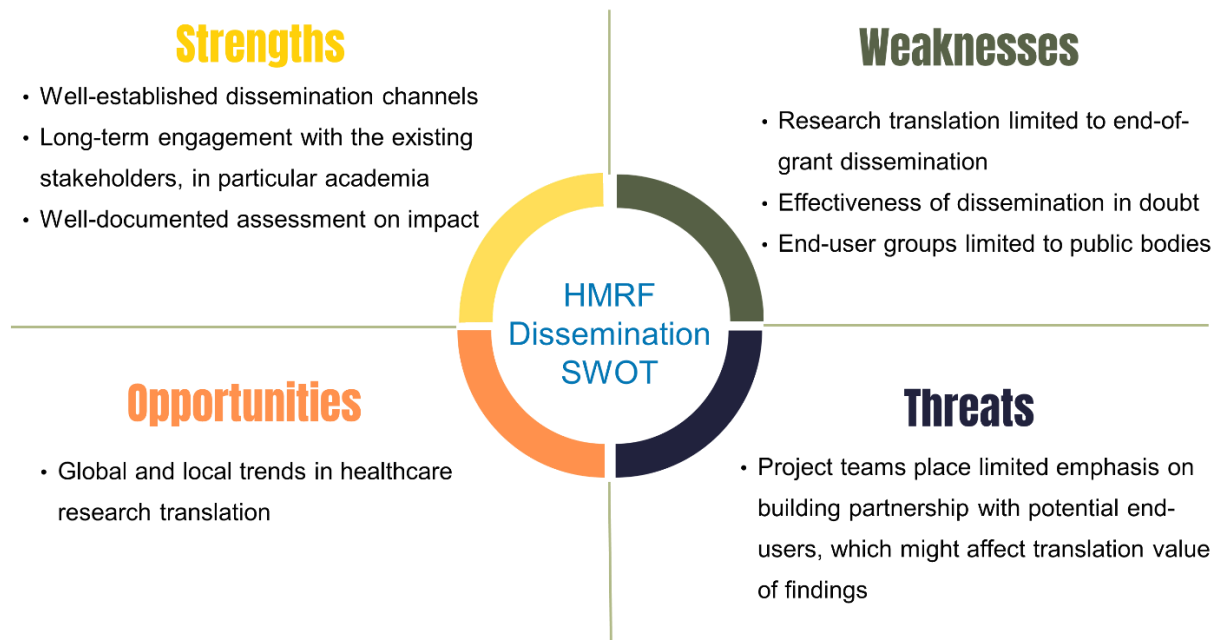
9. While recognising the extremely valuable contribution that basic research brings to the medical and health field, it is a policy decision of the Government to avoid duplication of resource allocation, for this particular government funding scheme, i.e. HMRF, to focus more on clinical research, as reflected in its aim. It must be noted that it is the Research Endowment Fund of the University Grants Committee (UGC) that acts as the main public funding source for basic research. However, it must be made clear that research translation is relevant to also basic and pre-clinical research, as they play an indispensable role in informing future research, which is the foundation of many clinical studies.

### **b. Development process of the Strategy**

10. With its clear and distinct mission of enabling evidence-based health practices and policies from local research, HMRF has long been emphasising

on the translation value of the research it funds, with its success illustrated by the achievements and impacts of its past projects.

11. There have been continuous reviews and enhancements of HMRF to achieve its goals, with the recent ones including stronger emphasis on clinical studies for research on health and health services and advanced medical technology, introduction of clinical trials and implementation science as thematic priorities. To invigorate HMRF further, RFS has conducted a basic SWOT analysis of its existing practice in supporting research translation (*Figure 1*).



*Fig. 1: Observations from a basic SWOT analysis of HMRF's dissemination efforts*

12. In terms of strengths, there are a number of well-established channels for disseminating research findings of HMRF studies, including the RFS website, publication in the Supplements of Hong Kong Medical Journal (HKMJ), targeted email circulation to end-users in public sectors, including HHB, Department of Health (DH), Hospital Authority (HA), and Primary Healthcare Commission (PHCC), Journal Club, and Health Research Symposium. In addition, assessment of project impacts are guided by internationally recognised evaluation frameworks, namely Buxton-Hanney Research Payback Framework and the RE-AIM Framework (Reach, Effectiveness, Adoption, Implementation and Maintenance), with periodic evaluations performed through the outcome evaluation surveys administered by RFS two and four years after project closure. As such, HMRF has a strong foundation to further enhance its translation efforts, in response to the local and global trend.

13. As for weaknesses identified, our current practice focuses mainly on dissemination of research findings at project end via the Final Report and Dissemination Report. Furthermore, the effectiveness of some of the existing dissemination channels might need further enhancement, including the possibility of expanding the end-user groups that RFS connects with. It is also noted from the outcome evaluation surveys that some project teams place limited efforts in liaising with end-users, which was found to be associated with a lower chance of leading to subsequent changes in practices, behaviours and policies.

14. Building on our strengths, a proposed HMRF's Research Translation Strategy has been drawn up to address the weaknesses and threats identified. In devising the proposed Strategy, a wide range of global and local references have been reviewed, including scientific publications, frameworks from academic studies, practices and guidelines of other government funding agencies in medical and health research (including United Kingdom's Medical and Research Council (MRC), and National Institute for Health and Care Research (NIHR); Australia's National Health and Medical Research Council (NHMRC); Health Research Council of New Zealand; Canadian Institutes of Health Research (CIHR); and National Institutes for Health (NIH) of the United States. While being up-to-date with global trends, the proposed Strategy has been designed to fit local circumstances and needs.

15. An extensive consultation exercise on the proposed Strategy, involving diverse stakeholders, was conducted between December 2024 and April 2025.

Stage 1 of the consultation exercise involved a Written Consultation Survey (Survey) obtaining 5-point support rating and free-text comments on the four Key Principles (KP) and 18 Actions of the Strategy. With reference to the comments received in Stage 1, a series of Consultation Meetings was conducted in Stage 2, to gain more in-depth insights from key public sector end-users of HMRF research, namely DH, PHCC, and HA. The quantitative and qualitative feedback received from 119 responses (39.4% response rate) to the Written Consultation Survey and feedback from the Consultation meetings had informed the development of this final Strategy. It is worth noting that the proposed Strategy received strong support across stakeholder groups, with the average positive response (i.e. “Strongly support” or “Support”) rate at over 90% for both the four KP and 18 Actions. Key findings of the consultation is available on the [RFS website](#).

### c. Research Translation in the Strategy

16. Having made reference to the definitions adopted by the WHO and some overseas funding agencies, research translation in this document covers a broadest possible scope of efforts or processes of synthesis, dissemination, exchange and application of research findings to inform further research, clinical practices, healthcare services, health policies; change health behaviours; and strengthen healthcare systems; with the aim to improve individual and population health.

17. Importantly, the emphasis on research translation does not change the existing funding scope of HMRF (*para. 6*). Research translation in this Strategy is a general concept with fluidity which is relevant to not only mature clinical or translational research with immediate application potential, but all types of research within HMRF’s remit, including basic research on infectious diseases with public health implications and exploratory clinical studies.

18. Subject to the nature of HMRF projects, research translation can undertake a diverse manifestation and timeframe, and the short- and long-term translational value can be illustrated through statements on pathways to impact. In particular, this Strategy clearly recognises that basic or exploratory research or research with null findings can exhibit translational value by informing further research effort, including indication of areas/ paths with limited investigational value, or clinical service design. Through elaboration on the impact pathway of research, researchers can demonstrate both short-

and long-term “impact beyond academia” of their work, from practical applications, policy influence, social changes, technological advancements to economic benefits. Of note, although the RFS conducts outcome evaluation of the projects only at the end of the second and fourth year after project completion, researchers are encouraged to consider long-term impact of their research beyond the evaluation period.

19. With a strong emphasis on the promotion of research translation throughout the research cycle, this Strategy stresses that translation is not limited to after project completion, and that translation should be planned and be facilitated as early as from the research design stage (e.g. drawing insights from patient experience in shaping the focus of research), and could be promoted during the conduct of research (e.g. patients supporting researchers to share research progress in their community). This aligns with the growing trend in patient and public involvement (PPI) in the international research community, where co-design and co-translation efforts are increasingly encouraged even for basic research.

### **Part 3. The Strategy**

#### **a. Where we need to go: Objective**

20. The application of findings from research funded by HMRF will be enhanced, in informing health policies, strengthening healthcare system, improving clinical practices, and changing health behaviours of people.

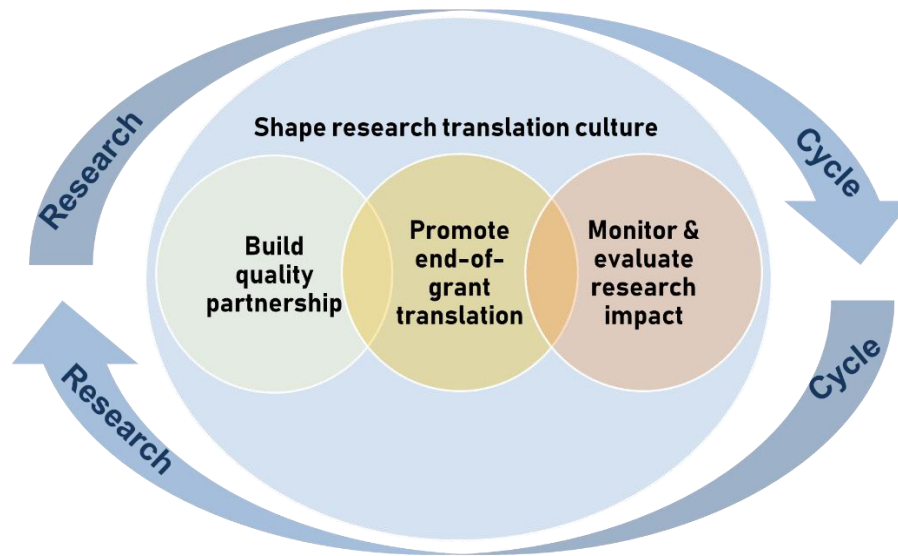
#### **b. How we shall achieve it: Principles, Priorities, Initiatives and Actions**

21. It is of fundamental importance that the Strategy operates on a set of principles that align with HMRF's mission, which guided the design of the Strategy:

- i. Research funded by HMRF is expected to generate impact beyond academia;
- ii. Researchers must recognise their role in research translation;
- iii. Research translation should be promoted throughout the research cycle; and
- iv. Research Council should leverage its power as a funder to promote research translation.

22. The Strategy has four priorities spanning the whole research cycle to enhance research translation of studies funded by HMRF (*Figure 2*):

- Priority (A): Shape research translation culture;
- Priority (B): Build quality partnership;
- Priority (C): Promote end-of-grant translation; and
- Priority (D): Monitor and evaluate research impact.



*Fig. 2: Four priorities under the Research Translation Strategy of HMRF*

23. Guided by the four priorities, the Strategy will be implemented under eight initiatives with 18 actions (*Figure 3*), with details outlined below.

| HMRF Research Translation Strategy (2025) |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Priorities                                | (A) Shape research translation culture                                                                                                                                                                                                                                                                                                                                                         | (B) Build quality partnership                                                                                                                                                                                                                                                                                                                                                            | (C) Promote end-of grant translation                                                                                                                                                                                                                                                                                                                                                                                                         | (D) Monitor & evaluate research impact                                                                                                                                                                                                                                                                                                                                                   |
| Initiatives & Actions                     | <b>1. Reaffirm significance of research translation</b><br>1.1 <i>Consult stakeholders on draft translation strategy</i><br>1.2 <i>Brand HMRF as a funder emphasising on research translation</i><br>1.3 <i>Connect with research translation organisations</i><br><b>2. Provide strategic funding</b><br>2.1 <i>Fund evidence synthesis that supports healthcare service and policy needs</i> | <b>3. Empower researchers and end-users in research co-design</b><br>3.1 <i>Connect researchers with wider end-user groups</i><br>3.2 <i>Build capacity of researchers, potential end-users and reviewers</i><br><b>4. Tune up funding assessment criteria</b><br>4.1 <i>Enhance end-users' perspectives in grant review process</i><br>4.2 <i>Mandate research translation planning</i> | <b>5. Promote effective research dissemination</b><br>5.1 <i>Support publication in open access journals</i><br>5.2 <i>Disseminate for end-users: suitable content and format</i><br>5.3 <i>Enhance accessibility of reader-friendly research findings</i><br><b>6. Tailor translation effort</b><br>6.1 <i>Coordinate with public sector end-users</i><br>6.2 <i>Provide additional time for tailored translation activities (6 months)</i> | <b>7. Strengthen impact monitoring and evaluation mechanism</b><br>7.1 <i>Evaluate translation planning</i><br>7.2 <i>Adopt more quantitative indicators in outcome evaluation</i><br><b>8. Publicise research impact</b><br>8.1 <i>Publicise HMRF's support in healthcare policies</i><br>8.2 <i>Enable timelier sharing of research impact</i><br>8.3 <i>Celebrate success stories</i> |

Fig. 3: The Research Translation Strategy of HMRF to be implemented through eight initiatives under four priorities

## **PRIORITY (A): SHAPE RESEARCH TRANSLATION CULTURE**

24. The mission statement of HMRF spelt out unequivocally its emphasis on the application of the studies it funds. First and foremost, researchers receiving support from HMRF must be aware that they are expected to play a key role in effective dissemination of research findings and promotion of research translation.

*What have we been doing?*

25. Research translation has long been emphasised in all HMRF communications, including funding application materials, deliberations at LegCo, etc. In terms of funding priorities, HMRF has in recent years shifted more towards clinical research.

*What do we want to achieve?*

26. Under this Priority, our goal is for HMRF's identity as a funder emphasising on research translation to be further strengthened, with our funding schemes reflecting as such.

*How shall we do it?*

### **Initiative 1. Reaffirm significance of research translation**

#### ***Action 1.1 Consult stakeholders on research translation strategy***

27. The consultation exercise conducted on the proposed Strategy represented a critical step for HMRF to reiterate and reaffirm the significance of translation of research findings. Furthermore, with the insights and expertise of stakeholders fed through the consultation process, this final Strategy is expected to be effective and inclusive. A wide range of stakeholders involving both the research communities and potential end-users groups had been engaged, including members of RC, GRB, Assessment

Panels, DH, HA, PHCC, academia, professional bodies, private healthcare providers and healthcare-related NGOs.

***Action 1.2 Brand HMRF as a funder emphasising on research translation***

28. HMRF relies on public coffers and it is a matter of accountability for its focus to be clear and widely known. Researchers who are supported by HMRF should be aware that research translation is nothing secondary to the research, but an indispensable component of research.

29. In order for all stakeholders to be fully aware of the mission of HMRF, branding is key. Significance of research translation will be prominently featured in all of HMRF's public messaging, including at the Health Research Symposium, annual reports to LegCo, Journal Club sessions, funding applications materials, briefings for potential grant applicants and reviewers, RFS website and other public forums.

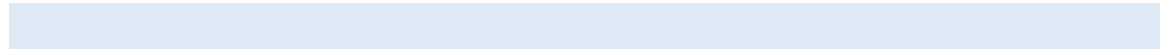
***Action 1.3 Connect with research translation organisations***

30. Research translation has been the trend globally and locally and there is much room for HMRF to collaborate and learn from organisations experienced in either (a) supporting stakeholders' capacity-building in research translation; or (b) translating health and medical research into practices. From 2025 onwards, RFS will strengthen its connections with such organisations, including knowledge transfer offices of local universities, Hong Kong Academy of Medicine and colleges, Institute for Medical Advancement and Clinical Excellence (IMACE), Cochrane Hong Kong, local and overseas government funding agencies focusing on medicine and healthcare, e.g. National Health and Medical Research Council (NHMRC), Australia, National Institute for Health and Care Research (NIHR), United Kingdom.

## **Initiative 2. Provide strategic funding**

### ***Action 2.1 Fund evidence synthesis that supports healthcare service and policy needs***

31. To align with its focus on research translation and application, HMRF will continue to fund only clinical research (except for basic/ preclinical research related to infectious diseases with public health significance). In addition to the recently added thematic priorities on clinical trials and implementation science, there will be new efforts to fund evidence synthesis, which serves a unique role in facilitating evidence-based healthcare decisions and policies. To further improve the translation value of such studies, government end-users, including HHB, DH, HA and PHCC, will be invited to propose topics for systematic reviews or meta-analysis that are relevant for their policy, service or clinical use.



## **PRIORITY (B): BUILD QUALITY PARTNERSHIP**

32. Collaboration between researchers and end-users throughout the research process could mean that the findings are more likely to be relevant to real-world needs, and be applied to improve clinical practices, healthcare systems, behaviours, and policies.

*What have we been doing?*

33. RFS has been organising different forums to connect the research community and potential end-users, including the Journal Club and Health Research Symposium. It is encouraging to note that some HMRF projects have active involvement of end-users. Moreover, policy-makers and the research community work directly together through commissioned studies.

*What do we want to achieve?*

34. Under this priority, there will be enhanced and more effective collaboration between researchers and potential end-users throughout the research cycle, from liaison before funding application, engagement throughout the project period, to application of research findings in real-world setting.

*How shall we do it?*

### **Initiative 3. Empower researchers and end-users in research co-design**

#### ***Action 3.1 Connect researchers with wider end-user groups***

35. Since 2024, RFS has been piloting the expansion of end-user group participation in Journal Club, with the percentage of end-users' enrollment having risen from less than 40% in 2023 to more than 70% in 2024, including participation by healthcare-related NGOs, and practitioners from public and private sectors. The RFS also aims to promote end-user engagement at the Health Research Symposium. For commissioned studies, policy-makers will be involved in all Assessment Panels, and research teams are expected to work closely with the policy-makers throughout the study.

### ***Action 3.2 Build capacity of researchers, potential end-users and reviewers***

36. It takes skills, experience and trust in both researchers and end-users to co-design research projects that could address real-world needs; with reviewers playing a significant role in recognising and appraising projects with strong co-design elements and high translation value. Starting from 2025/26, RFS will explore and provide capacity building support for researchers, potential end-users (including practitioners and healthcare providers in different settings) and reviewers. These efforts are expected to build up a translation mindset and empower the parties involved to promote research translation in their roles. To ensure quality support for stakeholders, capacity of RFS staff will also be built up.

## **Initiative 4. Tune up funding assessment criteria**

### ***Action 4.1 Enhance end-users' perspectives in grant review process***

37. HMRF's rigorous two-tier peer review process has been safeguarding the investment of public money into research that has outstanding scientific merit and high translation potential. For a comprehensive assessment on the translation potential of HMRF applications, non-researchers who are potential end-users of project findings have long been appointed to serve in GRB, e.g. clinicians in different settings. Starting from the 2024 term, membership of GRB has been expanded to include more end-users, e.g. healthcare providers in community setting, representatives in healthcare-related NGOs and patient groups. This aims to ensure better representation of stakeholders, thereby enriching the review process with extensive perspectives and expertise. It must be emphasised that scientific rigour remain the fundamental criteria of assessment, and measures have been in place to ensure a balance between the scientific rigour and diversity in perspectives of the grant review process, including a well-established system on disclosure of conflict of interest for all reviewers, and research experience was a factor taken into account in appointing non-academic end-user reviewers in 2024.

### ***Action 4.2 Mandate research translation planning***

38. As a funder, the Government considers it of utmost importance that our funding assessment criteria could steer and promote research translation. Starting from 2026 Open Call, applicants will be required to include a

translation module in their research proposal, in place of the existing dissemination plan, which should cover elements like co-design efforts (including pre-application ones), identification of potential end-users of findings, narrative on the potential translation value of the findings, pathways to impact, planned research translation activities (including strategies, target groups, timeline, budget), impact record of past research, etc. Guidelines that cater for research of different nature will be developed to cover expectations (e.g. recognition of both short-term but also long-term impact), scope, timeline, pathways (e.g. output, outcome, impact), and assessment criteria.

39. To facilitate the appraisal of the translation module and potential impact of the proposal in the two-tier review process, weightings will be assigned to the various assessment criteria (e.g. scientific merit, research capacity, translation planning / potential impact). The weightings will serve as general guidance for reviewers, and there will be no change to the overall rating system (1 to 4).

40. Similar requirements on translation planning will be rolled out in the commissioning process.



## **PRIORITY (C): PROMOTE END-OF-GRANT TRANSLATION**

41. Research findings must reach wider research community and potential end-users for knowledge exchange, exploring suitability for translation and actual application. In addition to effective dissemination, tailored translation efforts is conducive to the uptake of mature research findings, changing practices and behaviours, and informing policies.

*What have we been doing?*

42. Project teams submit Final Report and Dissemination Report at project end, and RFS has several well-established mechanisms for disseminating the findings, including RFS website, Supplements of HKMJ, presentation at the Journal Club and Health Research Symposium, targeted email circulation to potential end-users in HHB, DH, HA and PHCC, etc. Researchers have been engaging in various dissemination activities, mostly actively in publication of findings in scientific journals or presentation at scientific conferences. Across all existing dissemination efforts of both RFS and project teams, intellectual property rights have all along been observed, in particular over the timing of publication/ dissemination/ publicity.

*What do we want to achieve?*

43. Under this priority, dissemination of research findings will become more effective, targeted, and end-user friendly in terms of content, format and accessibility.

*How shall we do it?*

### **Initiative 5. Promote effective research dissemination**

#### ***Action 5.1 Support publication in open access journals***

44. Publication in open access journals is a key tool to facilitate research findings in reaching a wider audience. In light of the rising publication cost, the budget limit for publication expenses will be increased from \$20,000 to \$30,000, initially applicable for all publications in peer-reviewed journals regardless of open access status. This enhancement has begun in the 2024

Open Call. To monitor the quality of the publications, project teams will be required to report the Impact Factor of the relevant journals in the Final Report.

### ***Action 5.2 Disseminate for end-users: suitable content and format***

45. The prime goal of dissemination is to communicate research findings to end-users effectively. As such, the dissemination content and format must fit the end-users' specific needs, which may vary among different groups. Starting from July 2025, project teams of all HMRF projects must, together with the Final Report, summarise and present their research findings and implications in user-friendly format suitable for their audience (in place of existing textual Dissemination Report) to facilitate dissemination by RFS, e.g. infographic for general readers for Open Call projects, policy brief for policy-makers for commissioned studies; and such materials must be in both English and Chinese. Project teams could also submit other outputs, such as photos and videos, to facilitate translation. Project teams are strongly encouraged to be creative in their dissemination format, as long as it fits the needs of their intended end-users, and to consider involving end-users in co-developing dissemination materials/ strategies.

46. RFS has issued in January 2025 the new Guidance Notes on Dissemination Report (for Investigator-initiated projects and Research Fellowship Scheme projects) which includes the requirements of plain language summary and graphical abstract, supported by templates and samples. The Guidance Notes is available on RFS website and has been circulated to research offices of all administering institutions and principal applicants of all ongoing HMRF projects.

### ***Action 5.3 Enhance accessibility of reader-friendly research findings***

47. Together with project teams' efforts in tailoring dissemination to maximise their reach to intended end-users (e.g. media, social media, popsci communications), RFS will, starting from 2025/26, explore possible support centrally to improve accessibility of research findings. First, RFS will explore new dissemination platforms like LinkedIn to enhance exposure of HMRF study findings. Second, there is a plan to enhance RFS website for project details, infographics, and links to publications to be shown in a more user-friendly way for general viewers. With these new channels in place, the practice of publishing Dissemination Report in the Supplement of HKMJ will be discontinued from around mid-2026.

## **Initiative 6. Tailor translation effort**

### ***Action 6.1 Coordinate with public sector end-users***

48. Healthcare providers and decision-makers in the public sector are a key group of potential end-users of HMRF study findings. While project teams are expected to engage this end-user group throughout the research cycle, RFS will, by 2026, explore the feasibility of setting up coordination arrangement with DH, HA and PHCC. This will not only facilitate more effective dissemination but also provide a better understanding of translation barriers and opportunities, enabling more tailored translation efforts.

### ***Action 6.2 Provide additional time for tailored translation activities***

49. While translation efforts throughout the research cycle have been emphasised, end-of-grant translation activities, especially those that are tailored towards the needs of end-users, are critical. In order to facilitate project teams to conduct more effective and targeted translation activities with their findings, a maximum of additional six months could be proposed at the time of application for this purpose (Research Translation Phase), i.e. the maximum project period would be 3.5 years. Examples of translation activities include media interviews, social media communications, website/app creation, development of training materials, workshops for/ collaboration with potential end-users, journal publication, conference presentations, etc. For project with Research Translation Phase proposed, the period for claims will run until the end of the Research Translation Phase. This facilitating measure is planned to start from the 2026 Open Call.

50. It should be noted that the maximum period for conducting the research will remain at three years (Research Creation Phase), but for projects with Research Translation Phase the timeframe for submitting the Final Report will be extended from within six months to nine months after completion of the Research Creation Phase, and to within 12 months for Audited Accounts.

51. It should be reiterated that the Research Translation Phase is to begin after the Research Creation Phase, and while the Research Translation Phase is exclusively for conducting translation activities suitable for after research completion, translation efforts should take place throughout the whole project period.

## **PRIORITY (D): MONITOR AND EVALUATE RESEARCH IMPACT**

52. It is essential for the Government and all stakeholders to be clear of the impact HMRF projects has generated, since it is the extent of the research impact that could justify the use of public resources to sustain the Fund. Indeed, translation value and impact of our projects have been the prime concerns at previous LegCo discussions over HMRF.

*What have we been doing?*

53. In order to determine the extent to which the objectives of the HMRF have been attained, the completed health promotion projects are evaluated using the RE-AIM framework, while all other completed projects under HMRF funding schemes (Investigator-initiated projects, Research Fellowship Scheme projects and Commissioned studies) are evaluated using an instrument developed by HHB based on the internationally validated Buxton-Hanney Research Payback Framework. At two time points, i.e. two and four years after project completion, project teams are requested to report their outcomes and impacts via evaluation surveys administered by RFS. In order to monitor the impact of HMRF studies, results of the outcome evaluation surveys are presented to RC every year.

*What do we want to achieve?*

54. Under this priority, there will be stronger emphasis on evaluating the translation efforts of project teams, and the impact of HMRF research will be more quantifiable and widely publicised.

*How shall we do it?*

### **Initiative 7. Strengthen impact monitoring and evaluation mechanism**

#### ***Action 7.1 Evaluate translation planning***

55. With the translation module to begin from the 2026 Open Call funding application, there will be corresponding changes in the reporting requirements at the project completion and evaluation stage. Final Reports for projects from the 2026 Open Call onwards will include a section on the evaluation of the

translation module; with further updates to be described in the outcome evaluation surveys.

56. As for commissioned studies, similar requirements will be applied, together with an internal mechanism for HHB to monitor the uptake of findings from commissioned studies, involving major end-users in the public sector.

### ***Action 7.2 Adopt more quantitative indicators in outcome evaluation***

57. To further enhance the effectiveness of HMRF's annual outcome evaluation exercise described above, there is a plan to review the current set of indicators by 2027. The goal is for the outcome and impact to be more quantifiable, so as to facilitate continuous monitoring and trend analysis. Some examples might include impact factor of publications, number of media reports, number of citations in clinical guidelines/policy documents and number of members participating in government advisory committees or bodies. In conducting the review, a range of factors will be taken into account in selecting the evaluation framework and indicators, including but not limited to relevance, practicality, and time course (short- vs long-term). The review will cater for the diverse nature of HMRF studies and will ensure that both qualitative and quantitative indicators are to be employed, for a more balanced and comprehensive assessment of the research outcome/ impact.

## **Initiative 8. Publicise research impact**

### ***Action 8.1 Publicise HMRF's support in healthcare policies***

58. It is important for the impact of HMRF studies to be seen in the public arena. Commissioned studies, the type of HMRF projects that most directly bridge local scientific evidence and healthcare policy-making, have a clear role to play in publicising policy impact of HMRF studies. As such, a HMRF logo has been created in 2025, and will be used for official purposes by HHB and in relation to publicity of Commissioned Studies, with its possible extended use to be considered in future after review.

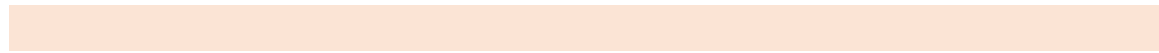
### ***Action 8.2 Enable timelier sharing of research impact***

59. While outcome evaluation surveys will continue to be the key instruments for assessing the outcomes and impact of our studies, RFS would

from 2025/26 explore mechanisms for timelier updating and publicity of research impact of HMRF studies, e.g. through connecting and coordinating with faculty communications teams of universities.

***Action 8.3 Celebrate success stories***

60. In support of individual project teams' endeavor to publicise the findings and application of their research, RFS will from 2025/26, step up efforts in celebrating the success stories of HMRF projects with high translation value, in a reader-friendly style via its various platforms, including LinkedIn, RFS website, RC annual meeting.



## ROADMAP

61. Preparations already started in 2024 to pave way for the implementation of the Strategy, which will span over 2025 to 2027. The timeframe for all action is summarised in the table below.

\* Denote actions led by Researchers

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2024 | Action 1.1 Consult stakeholders on research translation strategy<br>Action 1.2 Brand HMRF as a funder emphasising on research translation<br>Action 3.1 Connect researchers with wider end-user groups<br>Action 4.1 Enhance end-users' perspectives in grant review process<br><b>2024 Open Call</b><br>Action 5.1 Support publication in open access journals                                                                                                                                                             |
| 2025 | Action 1.3 Connect with research translation organisations<br>Action 3.2 Build capacity of researchers, potential end-users and reviewers<br>* Action 5.2 Disseminate for end-users: suitable content and format<br>* Action 8.1 Publicise HMRF's support in healthcare policies                                                                                                                                                                                                                                            |
| 2026 | Action 5.3 Enhance accessibility of reader-friendly research findings<br>Action 6.1 Coordinate with public sector end-users<br>* Action 7.1 Evaluate translation planning<br>Action 8.2 Enable timelier sharing of research impact<br>Action 8.3 Celebrate success stories<br><b>2026 Open Call</b><br>Action 2.1 Fund evidence synthesis that supports healthcare service and policy needs<br>* Action 4.2 Mandate research translation planning<br>Action 6.2 Provide additional time for tailored translation activities |
| 2027 | Action 7.2 Adopt more quantitative indicators in outcome evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## **Part 4. Monitoring and evaluation**

62. In order to monitor the progress of implementing the actions in this Strategy, performance measures will be developed in a later stage under each priority area.

63. The objective of the Strategy is for the application of findings from research funded by HMRF to be enhanced, in informing health policies, strengthening healthcare system, improving clinical practices, and changing health behaviours of people. The success of the Strategy in meeting its objectives will be reflected in the results of the outcome evaluation surveys administered annually by the RFS. To allow time for further impacts derived from the projects to be accrued and recorded, especially in terms of changes in practices, behaviours and policies, results from the outcome surveys will be continuously monitored.

## **Part 5. Way forward**

64. RFS will develop a detailed plan to implement the Strategy and will continuously review and report the progress to the Research Council.

**Research and Data Analytics Office  
Health Bureau**

**September 2025**