

# Health Research, Health for All?

## A regional perspective

Martin McKee

European Observatory on Health Systems and  
Policies

With thanks to Mike Galsworthy

# Why care about research?



- “It’s the economy, stupid!” – there is great return on investment
- In UK, scientists pushing the point – see [www.scienceisvital.org](http://www.scienceisvital.org), or [www.scienceogram.org](http://www.scienceogram.org).
- Also about strong social fabric: education, exciting new entrepreneurship opportunities, hospitals and health systems need scientists.
- That means your children’s education opportunities, your job opportunities, your country’s economy and your personal health!

“The governments of Finland and Korea both have demonstrated during past downturns that bold innovation policy initiatives can accelerate structural changes which face high obstacles in normal times (Box 1). Such initiatives require proper framework conditions and a coherent crisis strategy.”

# We spend so little when it's so important...



## Scienceogram UK

Why more spending on science makes sense



The Scienceogram

In depth

Blog

Get involved



Cancer kills nearly a third of us. We spend **£5 per person per year** looking for a cure.

(And it's arguably the best-funded medical condition.)



1 2 3

Science is woefully underfunded compared to the scale of the problems it's trying to solve.

From health, to energy, to blue-skies research, science is trying to tackle the biggest challenges facing humanity. We wanted to know how the investment we're making in science stacked up against those challenges, so we created [the Scienceogram](#) to

---

[The Scienceogram](#)

---

[Video](#)

---

[In depth](#)

---

[Blog](#)

# Even the Bank of England believes in public research...

May 29, 2013 7:55 pm

## Universities the 'perfect foil' for markets, says BoE official

By Helen Warrell, Public Policy Correspondent

Universities are vital in spurring growth because their long-term investment in research can help correct capital markets' focus on instant gratification, a top Bank of England official has said.

Addressing a conference on the [higher education sector's role in boosting the economy](#), Andrew Haldane, BoE director of financial stability, told delegates: "We know that financial markets discount rather too heavily projects with a long life that yield returns in the distant future, to the extent that some of those projects may not be initiated in the first place."



Mr Haldane suggested that universities' willingness to research and experiment, to experience failure as well as success, made them the "perfect foil" for these short-term tendencies in the financial sector. "Herein lies an opportunity and this is where collaboration between universities and industry can make a real difference, and can help solve this market failure," the economist said.

Although estimates vary, higher education is thought to be worth well over £8bn a year to the UK economy

### More

#### ON THIS TOPIC

[Guildhall nurtures entrepreneurialism](#)

[Mark Vandevelde Beware US-style tuition fees](#)

[Universities convert knowledge into products](#)

[Trader billionaire boosts Rhodes](#)

Financial Times, May 2013

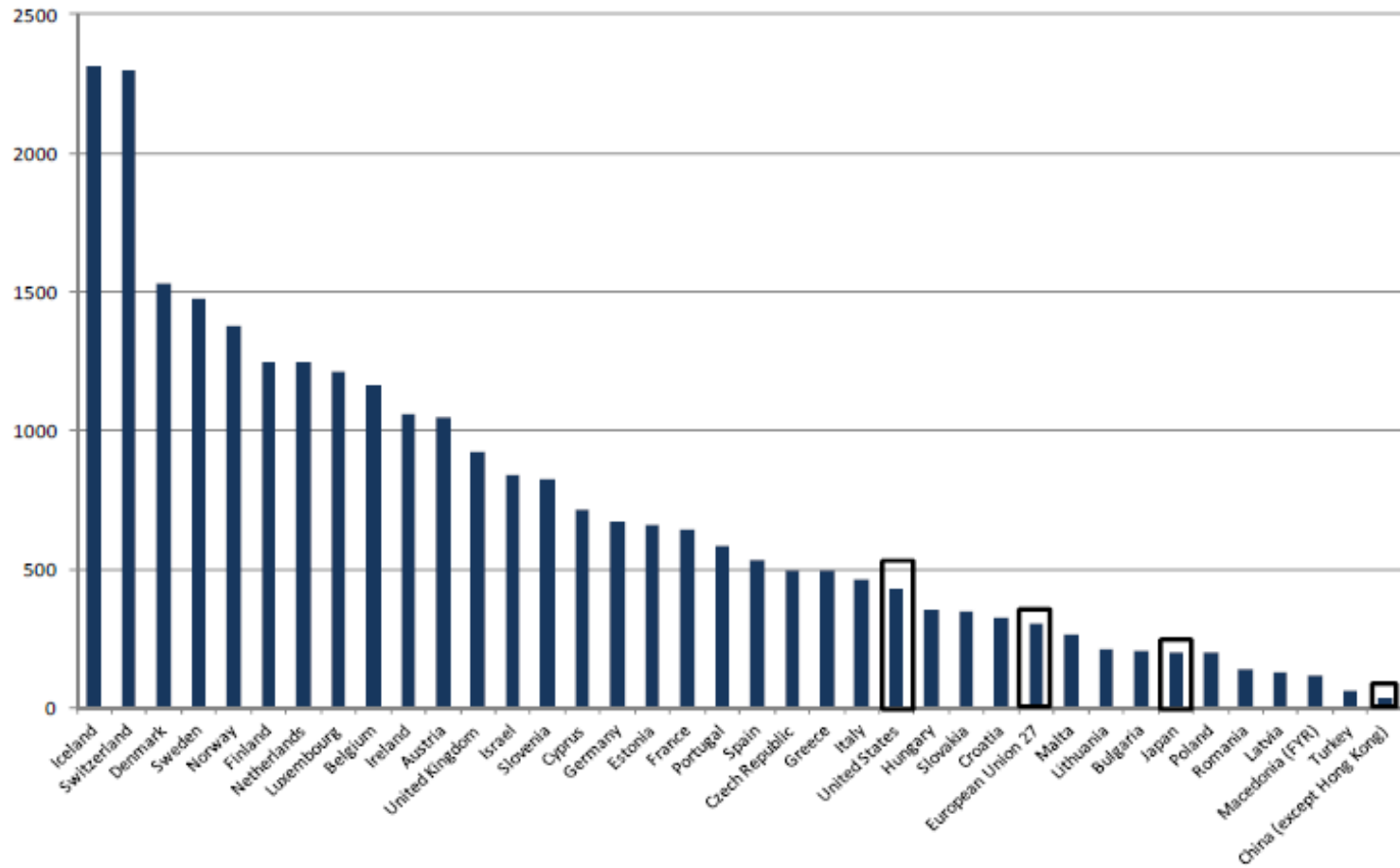
# Return on investment

- Research on cardiovascular disease and mental health estimated to yield:
  - 7-9% return through better health
  - 30% through spillover effects to broader economy (training, industrial activity)

Wellcome Trust

# Europe in the world

Figure 28: International scientific co-publications per million population, Europe, US, Japan and China, 2010

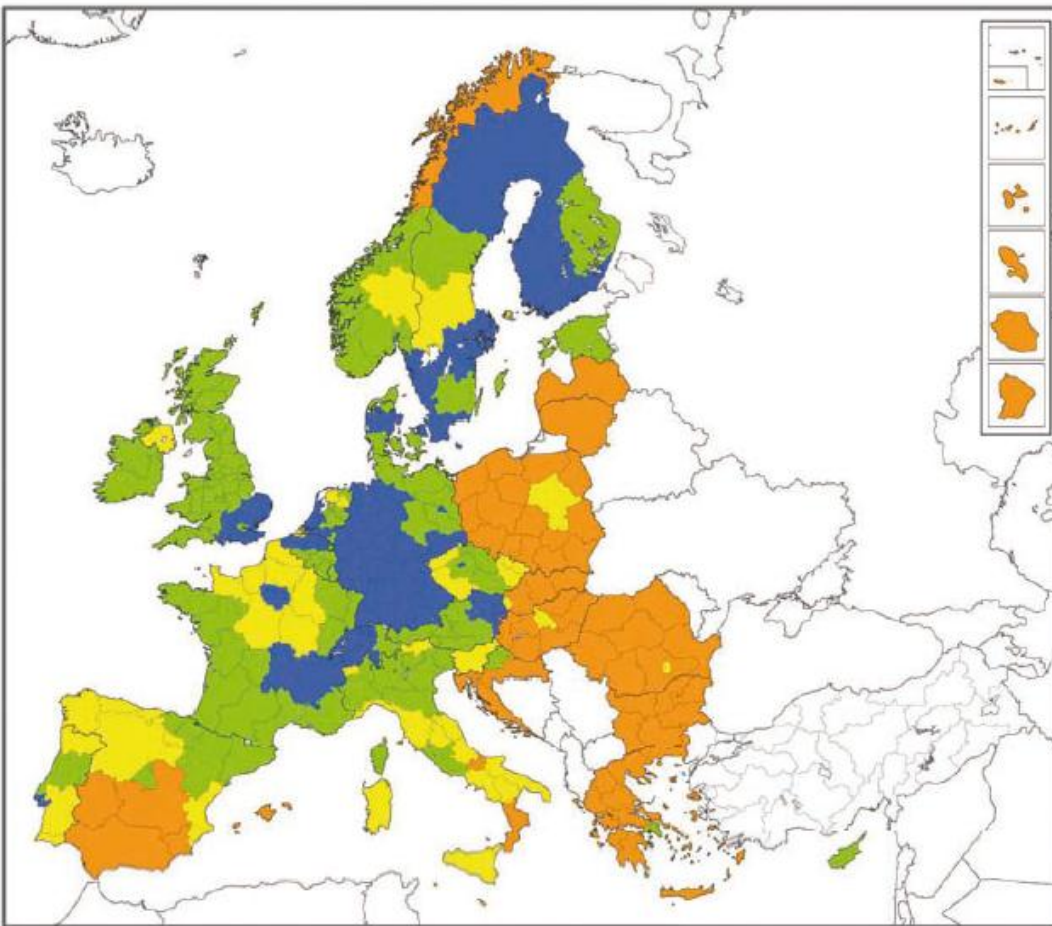


Source: Deloitte

Data: Science Metrix/Scopus.

No data for Serbia. Statistical outliers: Denmark, Sweden.

# The European divide



Health gap  
Growing innovation gap  
Low proportion of EU grants won  
Cultural and infrastructure disadvantages  
Brain drain (at a critical transition time)

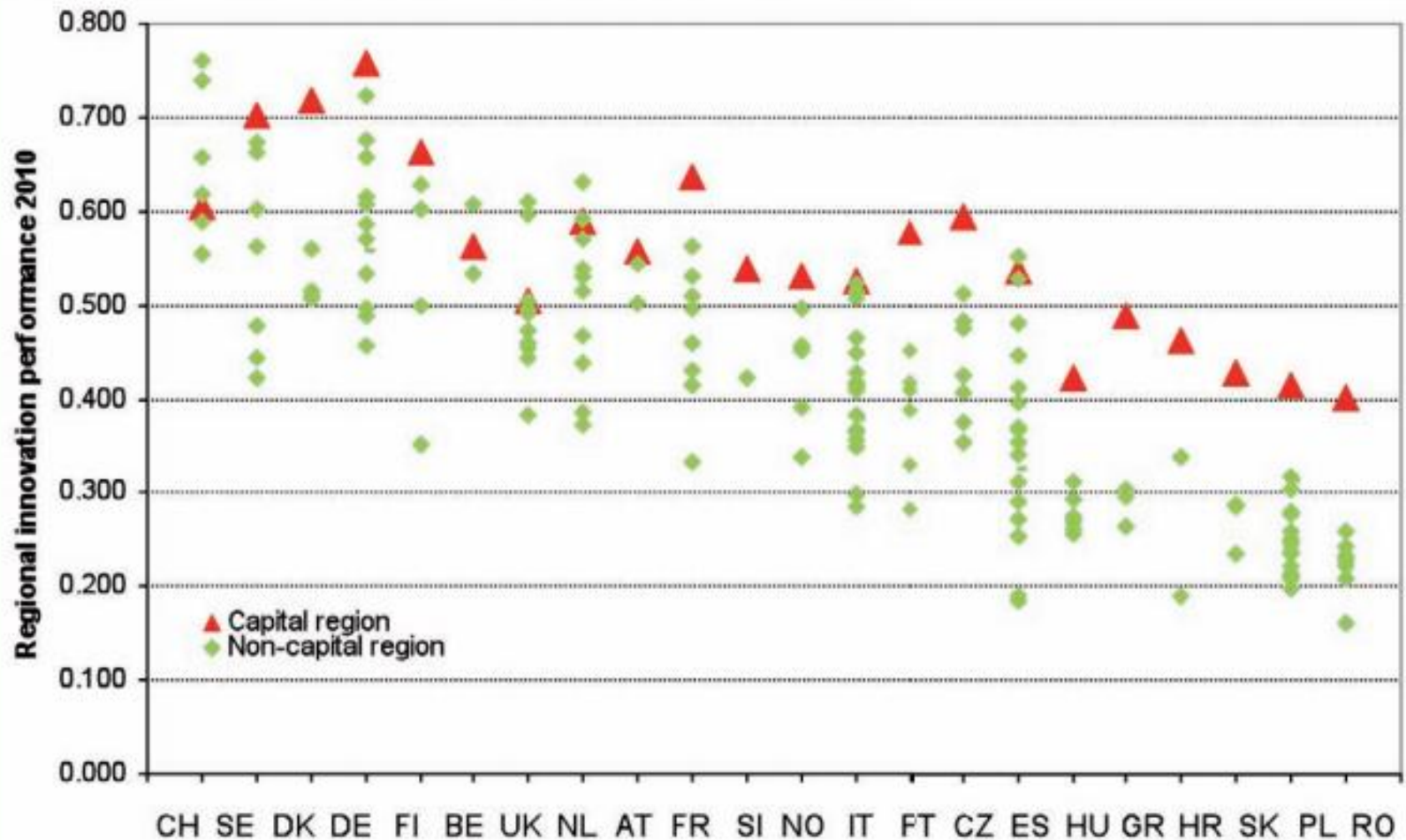


Source: Innovation Union Scoreboard, 2013

Weaker life sciences capacity is not trivial – it impacts on education, innovation and the national health system.

# Capital concentration?

Figure 4: A comparison of capital regions with non-capital regions



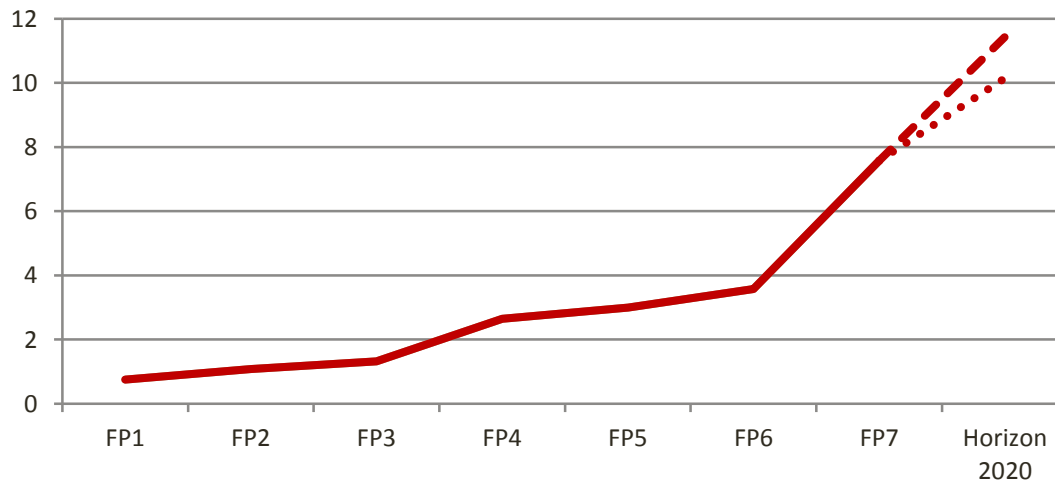
# Regional leaders

- Praha is an innovation leader within the Czech Republic (a moderate innovator);
- Attiki is an innovation follower in Greece, a moderate innovator;
- Közép-Magyarország is the most innovative region in Hungary;
- Mazowieckie (Warsaw) is the most innovative region in Poland;
- Lisboa is an innovation leader in Portugal (a moderate innovator).
- București – Ilfov, a moderate innovator, is much more innovative than any other Romanian region;
- East of England and South East are innovation leaders within the UK. Northern Ireland lags behind as a moderate innovator and all other regions are innovation followers.
- In Croatia (a moderate innovator), Sjeverozapadna Hrvatska (Zagreb) is an innovation follower.

# The Framework Programmes

Programme	Years running	Investment
FP1	1984–1988	€ 3.75bn
FP2	1987–1991	€ 5.40 bn
FP3	1990–1994	€ 6.60 bn
FP4	1994–1998	€ 13.22 bn
FP5	1998–2002	€ 14.96 bn
FP6	2002–2006	€17.88 bn
FP7	2007–2013	€ 53.00 bn
Horizon 2020	2014–2020	€ 80.00 bn (€71bn)

Increasing investment (€bn/annum)



# FP7 to Horizon 2020

- Cutting administration costs
- Decreasing time-to-grant
- Including small businesses
- Adding a focus on applied solutions, outputs, return-on-investment
- More emphasis on building pan-EU science infrastructure
- Branding! Unified program with real European vision

# The three pillars...



## Excellent Science

ERC grants

Future tech

Marie Curie

Infrastructure

## Industrial Leadership

Leadership  
(in Enabling Tech)

Risk Finance

\* SMEs \*

## Societal Challenges

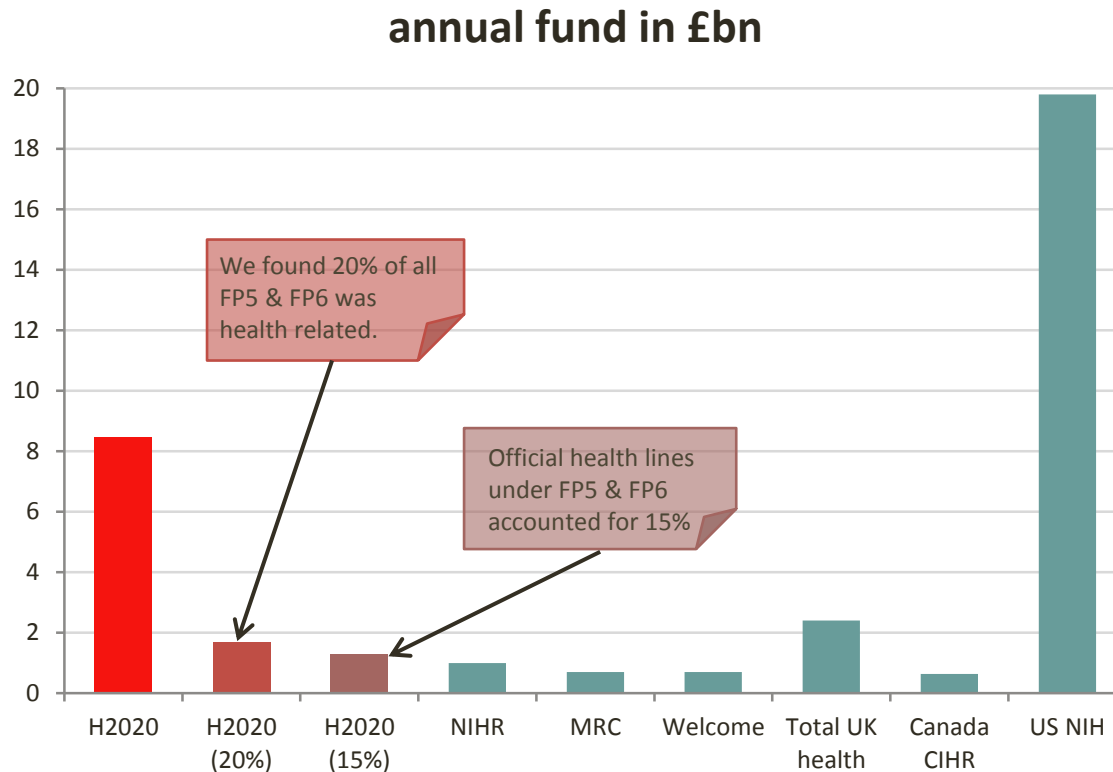
- Health
- Food & marine
- Energy
- Transport
- Climate
- Societies
- Security

# The three pillars and the Horizon 2020 budget

<b>I. Excellent Science:</b>	<b>31.73 %</b>
1. European Research Council	17.00
2. Future and Emerging Technologies	3.50
3. Marie Curie actions	8.00
4. Research infrastructures	3.23
<b>II. Industrial Leadership:</b>	<b>22.09 %</b>
1. Leadership in enabling and industrial technologies	17.60
2. Access to risk finance	3.69
3. Innovative small and medium-size enterprises	0.80
<b>III. Societal Challenges:</b>	<b>38.53 %</b>
1. Health, demographic change and wellbeing	9.70
2. Food quality and marine research	5.00
3. Energy	7.70
4. Transport	8.23
5. Climate action, resources and raw materials	4.00
6. Inclusive societies	1.70
7. Secure societies	2.20
<b>Spreading excellence and widening participation</b>	<b>1.06 %</b>
<b>Science with and for society</b>	<b>0.60 %</b>
<b>European Institute of Innovation and Technology (EIT)</b>	<b>3.52 %</b>
<b>Joint Research Centre: non-nuclear direct actions</b>	<b>2.47 %</b>
<b>Total</b>	<b>100 %</b>

Table taken from European Council communication: 17 July 2013, 11985/13 (OR. en) PRESSE 319

# Horizon 2020: health research budget in context



So the health research component of Horizon 2020 is still <10% of America's central (National Institutes of Health: NIH) annual expenditure on health research (but they started that fund in 1938!) -- Nevertheless, it is a rapidly rising influence in Europe.

# But some concerns

Comment

## W Health systems and policy research in Europe: Horizon 2020

Published Online  
March 28, 2013  
http://dx.doi.org/10.1016/j.ijpe.2013.03.001  
See World Report page 475

Europe is a natural laboratory for learning about health policies and health systems. With diverse systems to finance, provide, and govern health care across the 27 member states of the European Union and the wider European region there are many opportunities for international comparative analyses and natural experiments. Health-care costs, quality, and outcomes vary widely, which strongly suggests that there is enormous potential for European research into health systems to enable countries to make their systems more efficient and to improve outcomes. Although health and health care are predominantly national or regional responsibilities, governments and health system leaders at every level have much to learn from how other countries deal with what are often shared problems and challenges, and the European Union has a crucial part to play in enabling such learning through research.<sup>1</sup> Research into these issues can make important contributions to national policy development and bring improvements even in highly cost-constrained health systems.<sup>2</sup>

The need for such research has never been greater. Health-care systems in Europe are facing an unprecedented challenge. Although social and demographic pressures increase demand for health care, and technological and scientific advances continue to increase costs, the financial crisis in Europe is placing huge pressures on governments to control costs, limit demand, and reduce spending.<sup>3</sup> Governments are cutting public health-care budgets, and costs are being

transferred to individuals and families through out-of-pocket payments, with the greatest health effects on the least wealthy.<sup>4</sup> Equally seriously, the wider health effects of the worst European recession in living memory are likely to be profound and protracted, especially in European countries subject to financial intervention and health system reform from the European Commission, International Monetary Fund, and European Central Bank,<sup>5</sup> but also throughout Europe.

Yet the European Commission's health research budget is dominated by biomedical topics—only 4% of the €642 million cooperation programme for health research in 2011 was allocated to health systems, public health, or health policy research.<sup>6</sup> It has funded some landmark health systems research projects with important impacts on policy—eg, on the design of funding systems and their effect on financial performance,<sup>7</sup> on health-care quality and cross-border care,<sup>8</sup> on health-care human resources,<sup>9</sup> and on primary care.<sup>10</sup> But these matters have always been mostly peripheral to the Commission's concept of health research. This situation could be because groups concerned with biomedicine, pharmaceuticals, and medical technologies have driven the process for setting of health research priorities, and government ministries of science have coordinated them nationally with little input from ministries of health. Advisory groups are often mainly medical in membership, and the health services research community is not well organised or represented.<sup>11</sup> The voices of key stakeholders, such as the health policy community, health-care managers and leaders, national governments, and politicians at both a national and a European level have not been as influential as they should be.

The European Commission has recently set out its research priorities for Horizon 2020—its new €80 billion research programme that will run from 2014 to 2020<sup>12</sup>—and the European Parliament and member states are discussing these proposals before adoption. But, once again, there seems to be little interest in the research questions that health policymakers and leaders at a national and European level would see as very important, such as the quality and safety of health care, the financial sustainability and productivity of health systems, innovations in health-care organisation and delivery, the effectiveness and efficiency with which

- The EU health research budget is dominated by biomedical topics
- Only 4% of the €642 million cooperation programme for health research in 2011 was allocated to health systems, public health, or health policy research
- Biomedicine, pharmaceuticals, and medical technologies interests have driven the process for setting of health research priorities
- Ministries of science have coordinated them nationally with little input from ministries of health



# Horizon 2020

- Health and wealth agenda sees health research as a lever for economic growth through patentable technological advances, exploitable intellectual property, and the industrialisation of invention and innovation.
- Health systems and policy research, which rarely result in patentable intellectual property, tend to be excluded even though such research has been shown to contribute to economic growth in many other ways.
- The Commission's presumption that technological advances in health care will lead to economic growth ignores macroeconomic realities
- New technologies have to be paid for by already cost-constrained health-care systems and could simply accentuate financial problems.

# Research or industrial subsidy?

Correspondence



- 3 Hesse J, Javiera J (submitted): risk of medication error. <http://www.nhra.gov.uk/news/press/press-releases/2014/medication-error-2014-03-13> (accessed Nov 5 2013).
- 4 Institute for Safe Medication Practices. About ISMP. <http://www.ismp.org/about/default.asp> (accessed Jan 29, 2014).
- 5 European Medicines Agency. Medication errors. [## Has Big Pharma hijacked the European health research budget?](http://www.ema.europa.eu/index.jsp?first_page=/topic/_topics/general_content_content_2009/01/01/ema_welcome_text_2009/01/01/01 (accessed Oct 20, 2013)</a>.</li>
</ol>
</div>
<div data-bbox=)

Published Online  
March 25, 2014  
[http://dx.doi.org/10.1016/S0140-6736\(14\)60292-4](http://dx.doi.org/10.1016/S0140-6736(14)60292-4)

For Horizon 2020 budget see <http://ec.europa.eu/research/horizon2020/index.cfm?lang=en>, [www.en.horizon2020.eu/budget](http://www.en.horizon2020.eu/budget) pdf

For the Letter to the EU Commissioner see [http://www.ema.org/UK/press/Research\\_Programme\\_Justit](http://www.ema.org/UK/press/Research_Programme_Justit), [www.commission.europa.eu/EN/press/08-12-2013](http://www.commission.europa.eu/EN/press/08-12-2013)

The European Commission has just launched its new €80 billion 7-year science fund Horizon 2020. Separately, the Commission has been negotiating five joint-technology initiatives cofinanced by a range of industries.<sup>3</sup> However, the source of matching funds within Horizon 2020 has been unclear.

Now it emerges that one joint-technology initiative, the Innovative Medicines Initiative 2 (IMI2), cofunded by the European Federation of Pharmaceutical Industries and Associations, is promised €1.7 billion, not from the Excellent Science (basic research) nor the Industrial Leadership pillars of Horizon 2020, but exclusively from the third pillar, Societal Challenges—specifically the €7.4 billion Health, Demographic Change and Wellbeing stream designed for public health and health services research. An additional €683 million ring-fenced for clinical trials means that 25–32% of health and demographic change research funds are dedicated to drug development.

Pharmaceutical research is a legitimate use of public money. As its name suggests, the IMI2 is the successor to IMI1, which received €1 billion in public funds and was proclaimed as “the world’s largest public-private partnership in health.”<sup>4</sup>

However, the source and size of IMI2 funds are alarming. In 2012, the US National Institutes of Health came in for criticism when they decided to divert just 2% of their US\$31 billion annual budget on a scheme to speed up drug development.<sup>5</sup> This is not the first time researchers across Europe have taken issue with the priorities of the European Union’s health research programme.

In late 2013, the Commission published its first work programme for health in Horizon 2020.<sup>6</sup> This publication caused immediate consternation, with four of Europe’s leading health organisations expressing, in a letter to the Commissioner, how they were “deeply concerned about the balance of priorities” as the programme focused primarily on biotechnology and personalised medicine, and reiterating the importance of prevention and promotion programmes, tackling social inequalities, providing faster and joined-up services, and improving health-care delivery.<sup>7</sup>

So how did the joint-technology initiatives win these funds without observers of European science policy knowing? First, despite their size, they were never mentioned in the detailed Horizon 2020 breakdowns circulated widely. Second, their finalisation took place separately from the Horizon 2020 negotiations in the European Council, with no meaningful consultation with wider stakeholders. In the same way that hefty donations with strings attached distort spending by WHO,<sup>8</sup> the European pharmaceutical industry can use a fraction of its €27 billion annual spend on research and development to leverage public subsidy, seemingly without the wider research community present to offer counterarguments.

Arguments by organisations seeking greater transparency of IMI2 through the European Parliament’s Industry, Research

and Energy Committee have been rebuffed because of increases in “administrative burden...undermining competitiveness.”<sup>9</sup> The scale of IMI2 and use of societal challenges funds to pay for it can expect to attract considerable controversy.

We work for organisations that have received funding from the European Union.

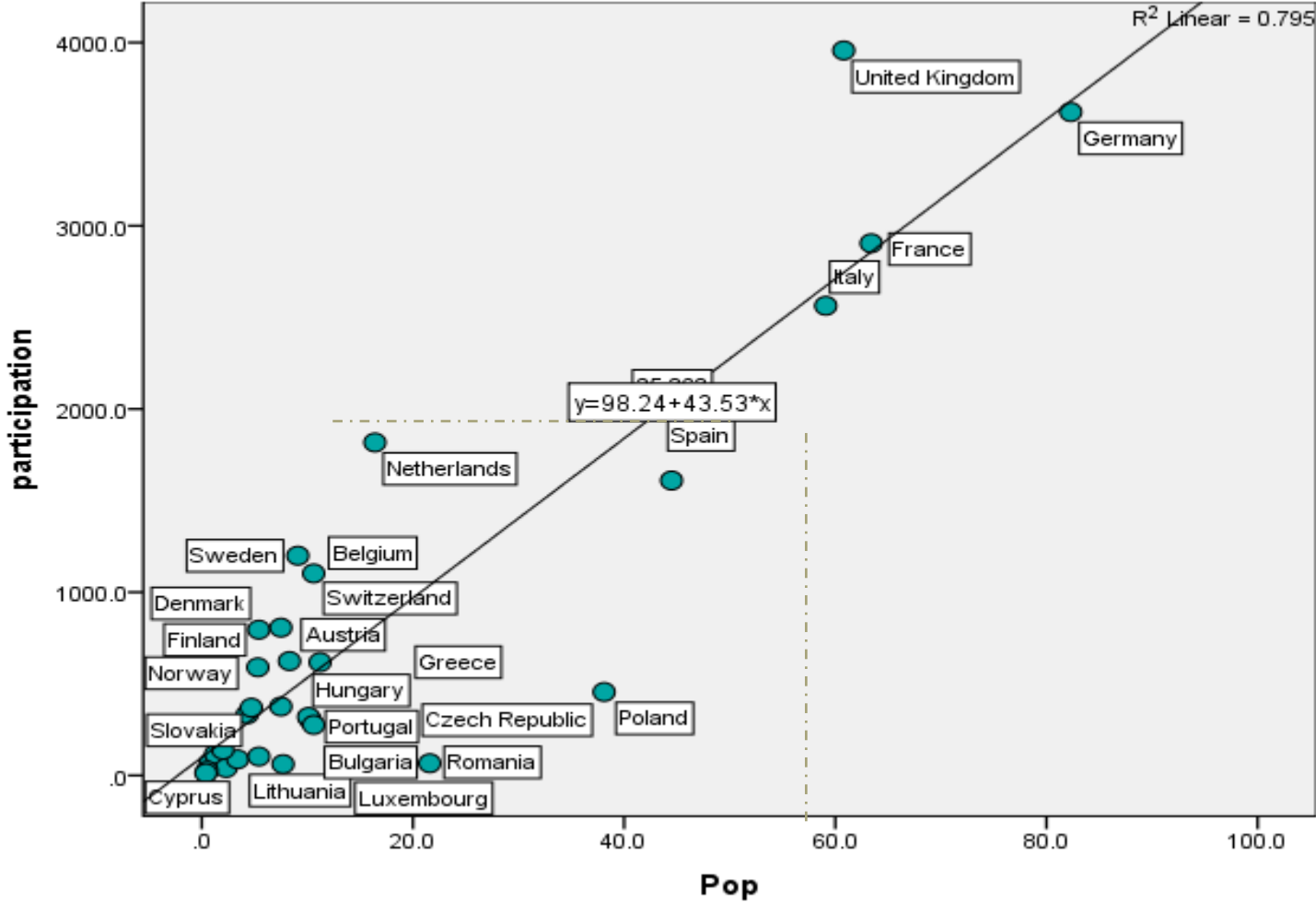
\*Michael Galworthy,  
Leonardo Palumbo, Martin McKee  
[m.galworthy@ucl.ac.uk](mailto:m.galworthy@ucl.ac.uk)

University College London, London WC1E 7HU, UK (M.G.); European Public Health Alliance, Brussels, Belgium (L.P.); and London School of Hygiene & Tropical Medicine, London, UK (M.M.)

- 1 European Commission. EU FPs and FP7 to receive extra funds. <http://horizon2020project.com/policy-research/extra-funds-and-fp7-to-receive-extra-funds/> (accessed March 17, 2014).
- 2 European Federation of Pharmaceutical Industries and Associations. The Innovative Medicines Initiative (IMI)—Europe’s largest public-private partnership encourages collaboration to tackle tough healthcare challenges. <http://www.efpia.eu/topics/innovation/innovable-medicines-initiative> (accessed March 17, 2014).
- 3 Waldman M. NIH director grilled over translational research centre. <http://bioprospect.com/news/2012/03/nihd-director-grilled-over-translational-research-center.html> (accessed March 17, 2014).
- 4 European Commission. Health, Demographic Change and Wellbeing. <http://ec.europa.eu/programmes/horizon2020/web/2020-wellbeing/health-demographic-change-and-wellbeing> (accessed March 17, 2014).
- 5 Walden K, Molise M, McCarthy M, et al. Health systems and policy research in Europe. *Horizon 2020*. Lancet 2012; 380: 649–65.
- 6 Stockler O, King L, Robinson J, Malwe M. WHO’s budgetary allocations and burden of disease: a comparative analysis. *Lancet* 2009; 372: 1543–65.
- 7 European Federation of Pharmaceutical Industries and Associations. EFPIA Statement: European Parliament ITIS committee passes important milestone on the path to implementing IMI2. <http://www.efpia.eu/medicines/2013/03/19/EFPIA-Statement-European-Parliament-ITIS-committee-passes-important-milestone-on-the-path-to-implementing-IMI2> (accessed March 17, 2014).

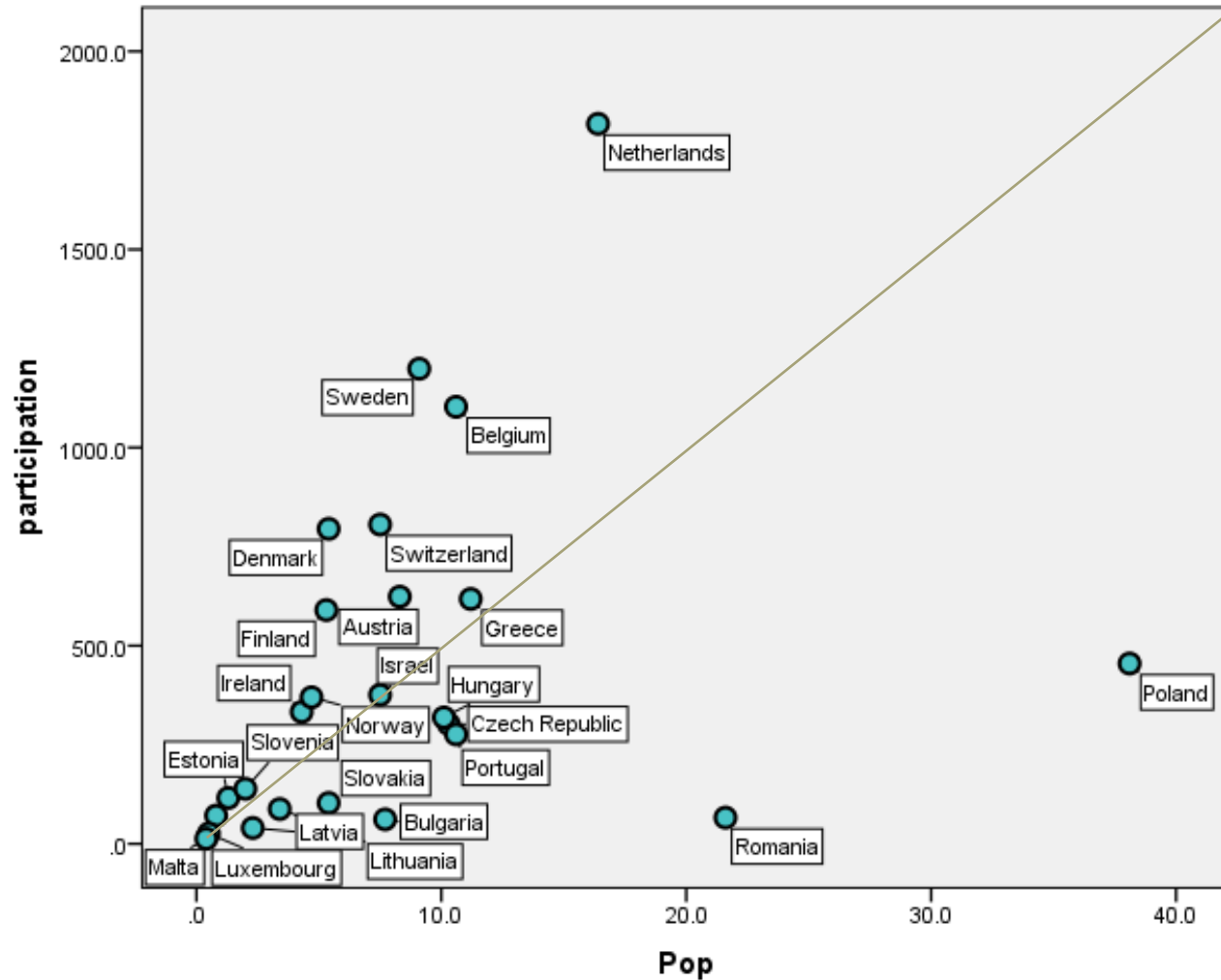
- Innovative Medicines Initiative 2 (IMI2), co-funded by the European Federation of Pharmaceutical Industries and Associations, promised €1.7 billion
- Not from the Excellent Science (basic research)
- Nor the Industrial Leadership pillars of Horizon 2020
- Exclusively from the third pillar, Societal Challenges—specifically the €7.4 billion Health, Demographic Change and Wellbeing stream designed for public health and health services research.

# Participation rate by population size

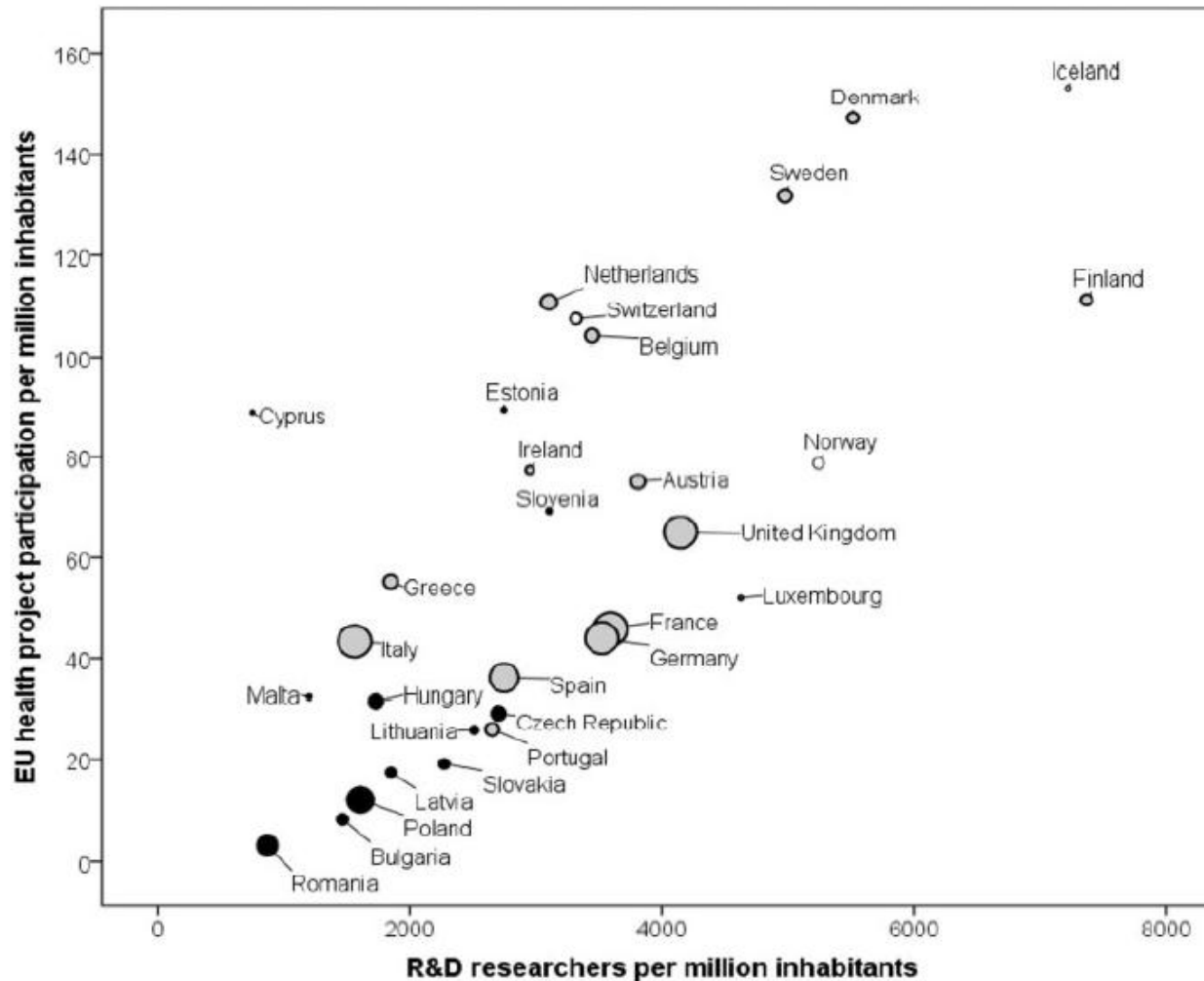


# Participation rate by population size

(Zooming in on smaller countries)



# The researcher base and grant winning



From Galsworthy et al. (2013) An analysis of subject areas and country participation for all health-related projects in the EU's FP5 and FP6 programmes. European Journal of Public Health

# The EU-12 as a group

It's not just about participation, it's also about funding...

	FP6 LifeSciHealth		FP7 Health	
	Participation	EU contribution	Participation	EU contribution
EU-15	83.3%	88.4%	78.1%	85.0%
EU-12	6.2%	3.0%	5.8%	2.5%
Associated Countries	6.8%	6.6%	6.9%	7.0%
Rest of the world	3.7%	2.0%	9.2%	5.5%
Total	100%	100%	100%	100%

Original table in European Commission's Impact Assessment

This part of the table reproduced in: Galsworthy & McKee (2013). Europe's 'Horizon 2020' science funding programme: how is it shaping up? Journal of Health Services Research & Policy

# Closing the gap....

Perspective

## Europe's 'Horizon 2020' science funding programme: How is it shaping up?

Michael Galsworthy<sup>1</sup> and Martin McKee<sup>2</sup>

Journal of Health Services Research & Policy  
DOI: 10.1177/1052019113474017  
© The Author(s) 2013  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
http://jhsr.sagepub.com



### Abstract

Over the past 15 years, the European Union (EU) has spent around €80 billion on science research via Framework Programmes (FP5, FP6 and FP7). In 2014, a new programme, Horizon 2020, will likely invest another €70 billion over 6 years. Health research has been a major part: between 12% and 17% was spent on official FP5 and FP6 health research lines, although our work categorizing all EU science projects puts the health-related investment proportion nearer to 20%. Here, we compare our analysis and experiences with the European Commission's own impact assessments and plans that inform the Horizon 2020 programme. Much is moving in the right direction but some key gaps are overlooked. We discuss four areas: red tape, what to fund, harnessing informatics and neglect of Eastern Europe.

### Keywords

Eastern Europe, Horizon 2020, ORCID

### Finally an end to Eurocracy?

Bureaucracy has consequences. In 2004, Time magazine attributed the nearly 400,000 European researchers in the US to two key factors – funds and bureaucracy.<sup>1</sup> Although many researchers were attracted by money and opportunity, many more were escaping constraints that faced them at home. The European Union (EU) Framework Programmes (FPs) should have provided a fresh opportunity, but their bureaucracy often surpassed the already cumbersome mechanisms present in many European countries. In the early 2000s, even finding project calls on the Commission's research website was extremely difficult. Once calls finally started appearing in a standard place, the associated documentation purporting to help applicants often comprised more pages than a PhD thesis.

The bureaucracy in European science funding has been criticized so often that the message has finally seeped through. In particular, concerns about the adverse impact on smaller research institutes and small and medium enterprises (SMEs) have been accepted.<sup>2</sup> The Commission intends to reduce administration costs by 15–20% in future. Submissions will be faster, shorter and follow standardized practices. Additionally, meaningless timesheets for those employed full-time on EU projects will be abolished and reimbursement of indirect costs will be simplified.<sup>2</sup> These are welcome steps.

Given the stated desire of Horizon 2020 is to foster innovation and public-private partnerships, the Commission could also simplify its sub-contracting rules to encourage entrepreneurial dynamism. Research increasingly requires innovative small and medium enterprises to provide bespoke software and hardware, an interaction which stimulates niche developments in European industry. Yet the tendering process can be burdensome for all concerned. Many small companies waste scarce time compiling bids which fail and investigators are bound to strangers who present the lowest bid regardless of passion or competence beyond fulfilling minimal requirements.

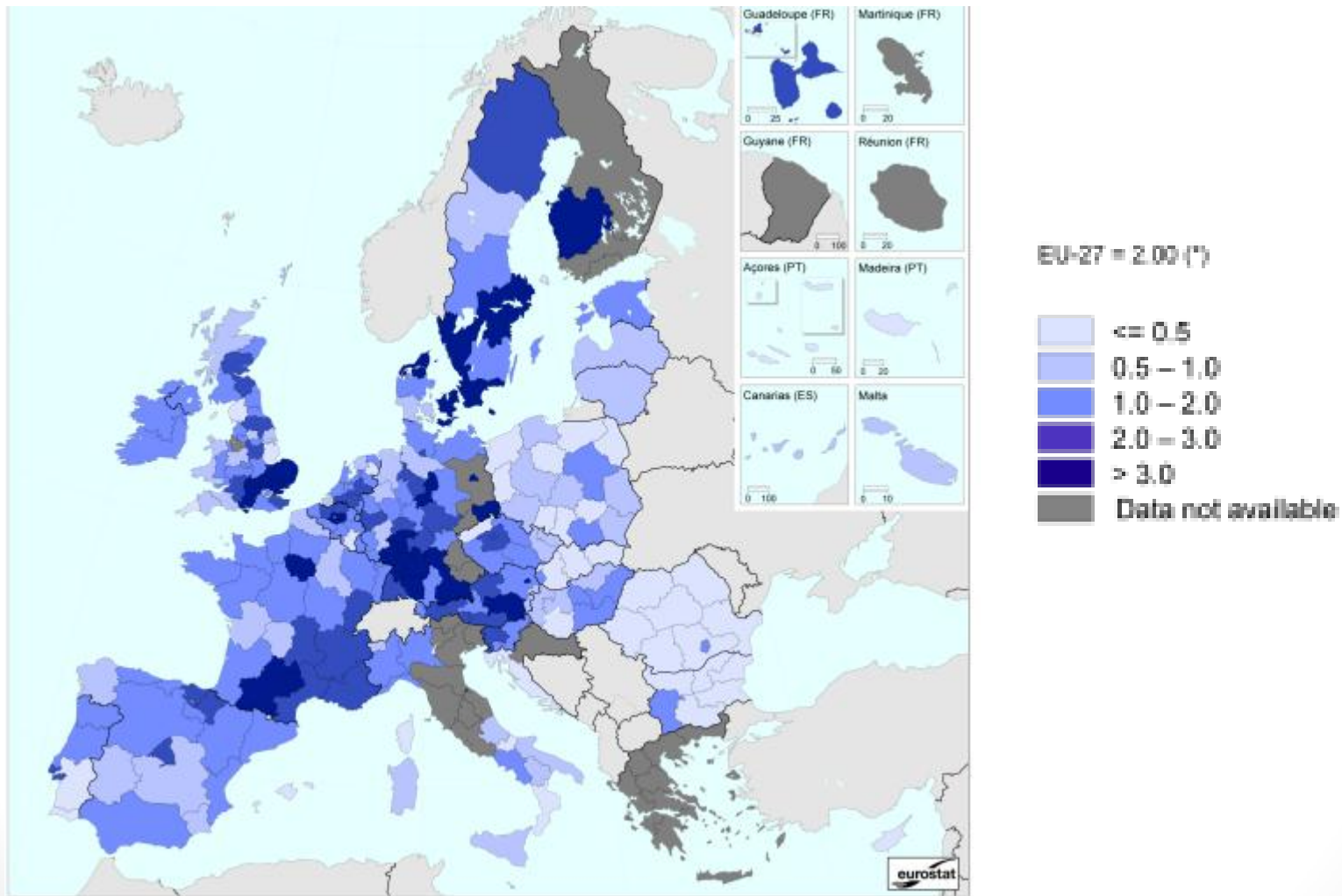
For this reason, we recommend that sub-contracting should not require compulsory tendering where the sums fall below one of the European Commission

<sup>1</sup>Senior Research Associate, Department of Applied Health Research, University College London, UK, and National Institute of Academic Anaesthesia Health Services Research Centre, Royal College of Anaesthetists, UK

<sup>2</sup>Professor of European Public Health, European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, UK

Corresponding author:  
Michael J Galsworthy, Department of Applied Health Research, UCL,  
1-19 Torrington Place, London WC1E 7JB, UK.  
Email: m.galsworthy@ucl.ac.uk; m.j.galsworthy@yahoo.co.uk

# Investment in research



# Salaries of researchers and participation in EU research

- Not much said in the Impact Assessment
- Nothing in the Horizon 2020 plans
- German government paper attributed participation-to-funding ratio to lower salaries – then said that’s why we should ignore funding.
- Researchers’ Report (Deloitte) said there was a “correlation” between living costs and salaries, then left it at that.
- An EU-12 position paper briefly mentioned it and asked for grants to take “value for money” into account.
- **HOWEVER:** A Commission report from 2006&7 shows what experience knows: large salary differences remain after controlling for living costs.

# A beautifully misleading statement with no data

## 5. Working conditions in the researcher profession

### 5.1 Working conditions in the researcher profession - Highlights

#### Researchers' contractual conditions and remuneration:

- The majority of EU researchers (59%) have an open-ended (permanent) contract while others have fixed-term contracts of varying duration (2009 data);
- Researchers' remuneration levels differ substantially across European countries (correlating with the cost of living) and in comparison with other parts of the world. There is a substantial difference between the progression of researchers' salaries across seniority levels and across countries.

# Salaries before and after cost of living correction

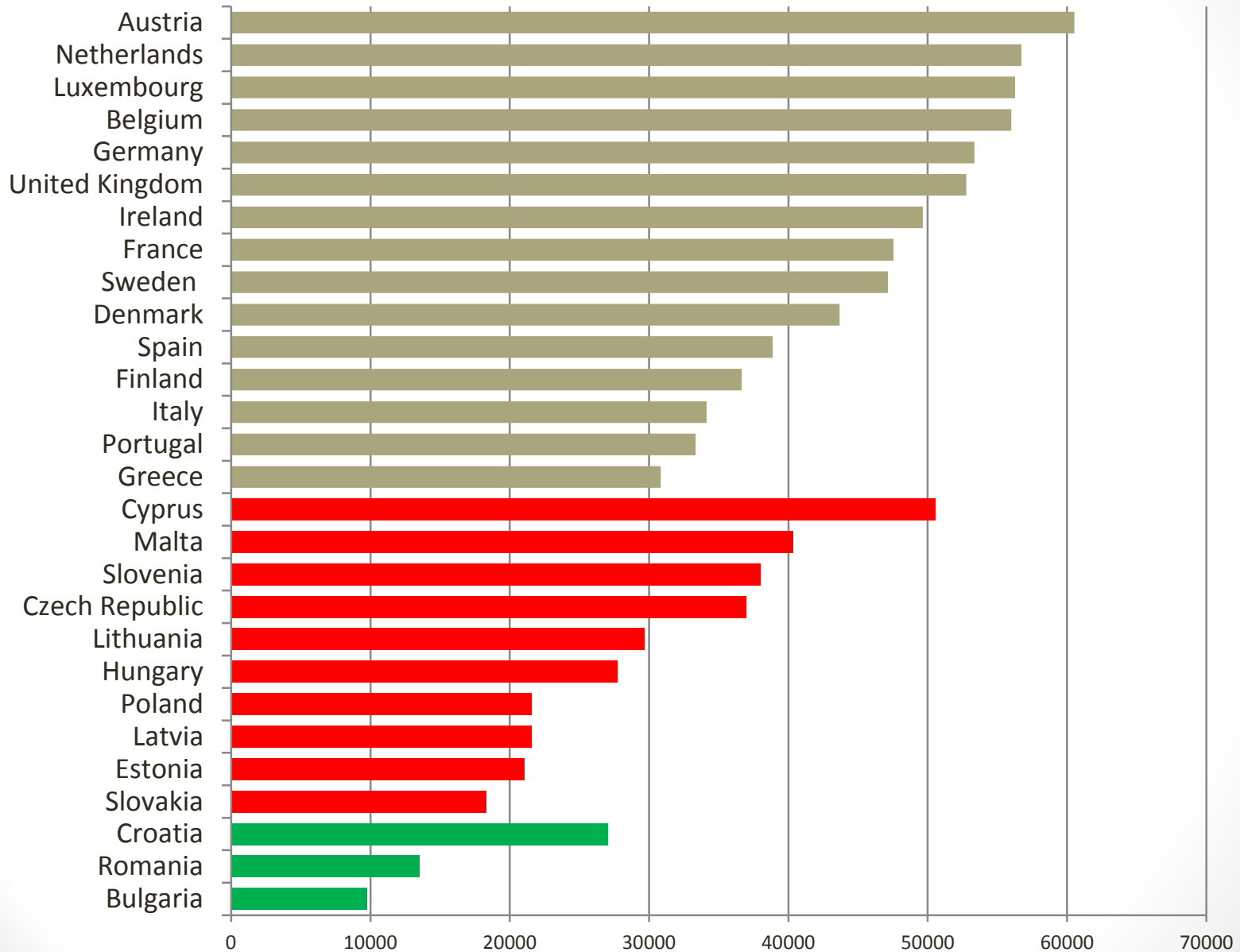
Total Yearly Salary Average of researchers in EU25, Associated Countries, Australia, China, India, Japan and United States (2006, N=6110, all currencies in EURO and in terms of PPS)			
	Remuneration average in EURO	Corrective coefficient	Remuneration average in terms of PPS
Austria	62.406	103,1	60.530
Belgium	58.462	104,4	55.998
Cyprus	45.039	89,1	50.549
Czech Republic	19.620	53,1	36.950
Denmark	61.355	140,5	43.669
Estonia	11.748	55,8	21.053
Finland	44.635	121,8	36.646
France	50.879	107,0	47.550
Germany	56.132	105,2	53.358
Greece	25.685	83,3	30.835
Hungary	15.812	57,1	27.692
Ireland	60.727	122,3	49.654
Italy	36.201	106,1	34.120
Latvia	10.488	48,6	21.580
Lithuania	13.851	46,7	29.660
Luxembourg	63.865	113,5	56.268
Malta	28.078	69,6	40.342
Netherlands	59.103	104,2	56.721
Poland	11.659	54,0	21.591
Portugal	29.001	87,0	33.334
Slovakia	9.178	50,2	18.282
Slovenia	27.756	73,1	37.970
Spain	34.908	89,8	38.873
Sweden	55.053	118,9	47.143
United Kingdom	56.048	106,2	52.776
<i>EU 25 Average</i>	37.948 €		40.126 €

From “Remuneration of Researchers in the Public and Private sectors” report of European Commission, 2007.

	Remuneration average in EURO	Corrective coefficient	Remuneration average in terms of PPS
Bulgaria	3.556	36,4	9.770
Croatia	16.671	61,6	27.063
Iceland	50.803	150,3	33.801
Israel (*)	42.552	71,4	59.580
Norway	58.997	141,1	41.813
Romania	6.286	46,6	13.489
Switzerland	82.725	138,1	59.902
Turkey	16.249	61,9	26.250
<i>Associated countries average</i>	34.730 €		33.959 €
Australia(*)	64.150	102,9	62.342
China(*)	3.150	22,9	13.756
India(*)	9.177	20,3	45.207
Japan	68.872	111,1	61.991
United States	60.156	95,8	62.793

(\*)The corrective coefficients in those countries are the PPP from 2003 published by the World Bank.

# Salaries of researchers adjusted for cost of living



## We proposed equal work for equal pay...

- Paper: Journal of Health Services Research and Policy
- Paper: European Journal of Public Health
- House of Lords report on European Innovation
- Article in The Conversation
- News, interviews, blogs and anyone who will listen!

## What's the problem with that suggestion?

- The Commission does not hire scientists, it reimburses institutions.
- It's not the Commission's fault, it's the Governments' fault that salaries are low.
- Different salary levels within one institution is stressful.

# The Commission's Solutions

- Structural funds (to be spent on innovation, not roads!)
- €800M on “Spreading Excellence and Widening Participation”
- Includes: seeding capacity and twinning/ exchanges
- Includes: ERA Chairs
- Includes: Policy Advice
- Smart Specialisation
- [Reduction of bureaucracy helps SMEs and smaller research institutes]

# Potential actions: The Commission

- Engage at all levels (Governments, Institutes, grassroots), but institutes the most.
- Help plant westerners and western systems
- Reduce bureaucracy further
- Support young researchers to win money and influence policy - identifying those that help others, not help themselves
- Re-brand Eastern Europe as land of potential, not “laggard”

# Action level: Governments

- Invest in reorganisation, not hardware
- Clear career pathways for young researchers, engaging them in policy advice
- Pick flagship areas
- Make SMEs aware of the funds – they look to government first.

# Action level: Institutes

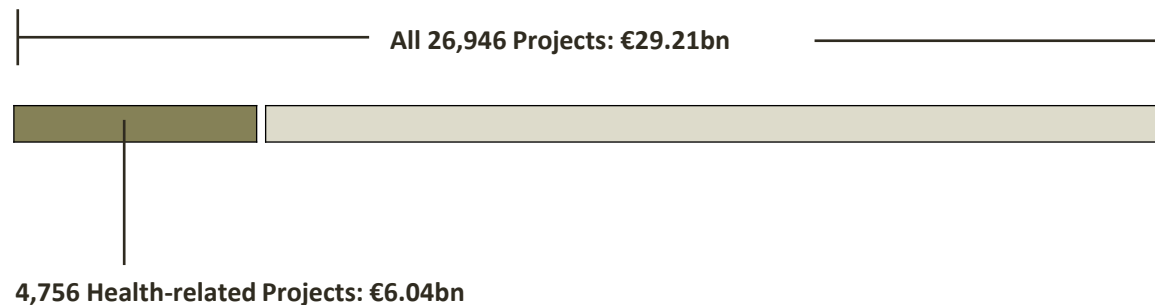
- Join networks that aim for H2020 money (e.g. Vision 2020)
- Ensure career pathways that create and retain competitive individuals
- Reduce bureaucratic processes
- Increase transparency
- Pick opportunity makers not opportunity hoggers as leaders
- Link with other research centres
- Place value on getting external money and producing output, devalue age and politics as criteria.

# Action level: Individuals

- **Team leaders:**
  - get your team to conferences
  - Find opportunities for their development (grants, courses)
- **PhD students/ post-docs:**
  - Network
  - Write (papers and social media)
  - Get involved in Institutional, National and EU policy
  - “Luck is what happens when preparation meets opportunity.”  
(Seneca the Younger)

Thank you!

# Breakdown of projects across subject areas



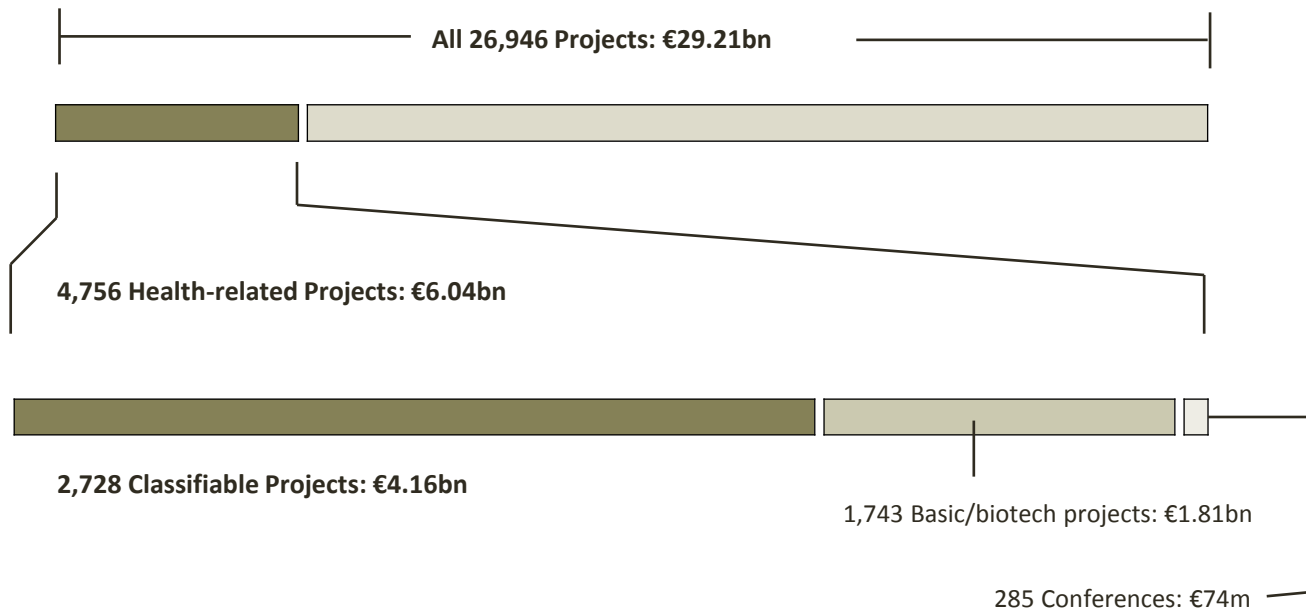
A team of >10 people screened the entire nearly 27,000 projects funded under FP5 and FP6 in order to identify “health-related” projects.

This had a larger catchment than the official health funding lines – and about 1 in 5 projects were related to human health.

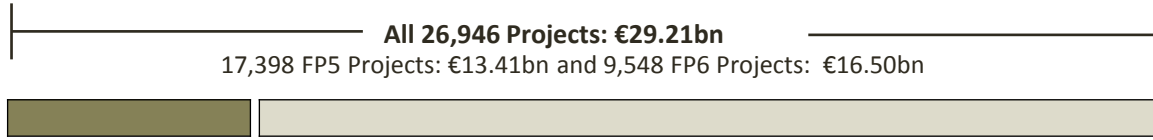
— All 26,946 Projects: €29.21bn —



4,756 Health-related Projects: €6.04bn

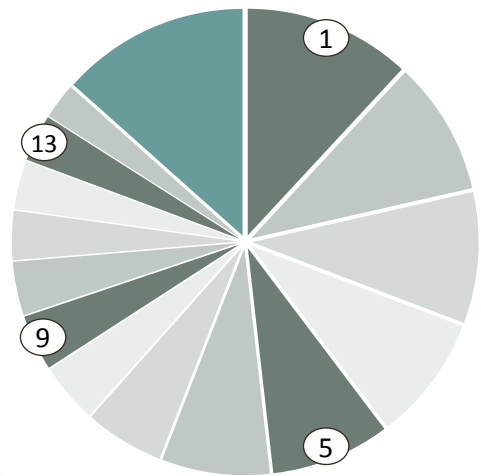


Of all the health-related projects found, about 2/3 were classifiable according to specific diseases or public health or health services research subjects. 1/3 was basic/biotech (genomics, proteomics, cell properties) and a tiny sliver were conferences.

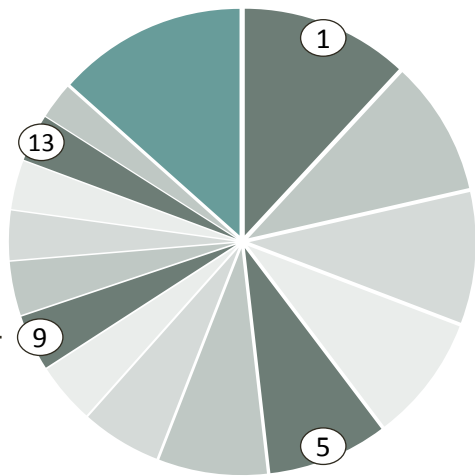


**2,728 Classifiable Projects: €4.16bn**  
 (Those projects that could be categorised according to the 47 categories of the EU Health Portal. Basic/biotech projects with no specific disease focus were excluded. As were conferences.)

1,743 Basic/biotech projects: €1.81bn  
 285 Conferences: €74m



<u>Research area (number of projects)</u>	<u>Fund</u>
1 Cancer (338)	€494.6m
2 Other Non-Communicable Diseases (259)	€396.4m
3 Food Safety (174)	€388.6m
4 Medicines and Treatment (234)	€370.4m
5 eHealth (207)	€353.2m
6 Other Infectious Diseases (271)	€320.3m
7 Nutrition (116)	€235.5m
8 Vaccinations (102)	€178.3m
9 Mental Health (161)	€165.7m
10 Cardiovascular Diseases (104)	€159.2m
11 Programmes (100)	€145.6m
12 HIV/AIDS (79)	€144.7m
13 Elderly (94)	€139.2m
14 Environmental Health (69)	€106.9m
15 Other (420)	€557.4m



<u>Research area (number of projects)</u>	<u>Fund</u>
1 Cancer (338)	€494.6m
2 Other Non-Communicable Diseases (259)	€396.4m
3 Food Safety (174)	€388.6m
4 Medicines and Treatment (234)	€370.4m
5 eHealth (207)	€353.2m
6 Other Infectious Diseases (271)	€320.3m
7 Nutrition (116)	€235.5m
8 Vaccinations (102)	€178.3m
9 Mental Health (161)	€165.7m
10 Cardiovascular Diseases (104)	€159.2m
11 Programmes (100)	€145.6m
12 HIV/AIDS (79)	€144.7m
13 Elderly (94)	€139.2m
14 Environmental Health (69)	€106.9m
15 Other (420)	€557.4m

### Mental Health sub-classification

