



Consultation on European Commission's Green Paper "From Challenges to Opportunities: Towards a Common Strategic Framework for EU Research and Innovation Funding"

Health Research Board written response¹

May 17 2011

Key points from the HRB

- Support for retaining those elements of FP7 that work well such as the Co-operation Programme
- Support for retaining thematic priorities, such as Health, in the Common Strategic Framework (CSF)
- Support for grand challenges, achieved through coordinated use of thematic priorities
- Support for retention of the three pillars of health research currently in existence, and allowing FET scheme to support bottom-up research
- Continued support for Marie Curie Actions in the CSF
- Continued support for Research Infrastructures, and allowing core funding for RIs
- Continued support for funding based on excellence, through Marie Curie Actions, European Research Council grants and the Co-operation programme
- Continued support for a large proportion of total funding in the CSF allocated to supporting collaborative research projects

Health-specific comments

1. HRB strongly supports collaborative health research as a stand-alone priority area in the Common Strategic Framework, rather than it being divided across a number of cross-cutting areas or subsumed totally into lead markets or only partially addressed through "grand challenges". In FP7, the pillars of the health theme address the whole of **the health research spectrum, including biotechnology, translational research and public health, and we would support the same approach from 2014 on**. Within this structure "Active and Healthy ageing", or other health-related "grand challenges" could be addressed as cross-cutting activities, and

¹ This written response is in addition to, and endorses, Ireland's national submission in May 2011 "RESPONSE FROM IRELAND TO THE EC GREEN PAPER", to which the HRB contributed material, and which comprehensively deals with the 27 questions set by the European Commission

also involve expertise from other areas such as ICT or social sciences where appropriate. We also welcome the approach taken in the Co-operation programme of FP7 of supporting multidisciplinary teams in collaborative projects to work on health research problems and so deliver solutions of benefit to patients. Other cross-cutting issues which we welcome continued support for in health research are those of **technology transfer, knowledge transfer and knowledge brokering initiatives**, to ensure benefits for the economy and society.

2. Public health “Optimising the delivery of healthcare to EU citizens”, was only identified as a key focus in the Seventh Framework Programme. It would be a step backward to lose this critical component in the translation of health research outputs into better healthcare delivery for patients, and positive socio-economic impacts. **If health is divided into market-driven areas such as “e-Health” some areas such as public health would be in danger of disappearing from the agenda.**
3. Research at the level of communities and populations is more crucial than ever to understand the causes of chronic diseases and how they can be prevented or treated, and to deal with an increased need to invest in prevention and health promotion initiatives. The CSF should provide **funding to conduct large international clinical trials, population health studies, and studies in outcomes research.** Accurate, comprehensive information on population health is needed to inform planning, resource allocation, program implementation, monitoring, and evaluation.
4. The ability to carry out **multi-centre clinical trials** and evaluations of complex health interventions is a very important and growing part of FP7 Health. HRB welcomes this approach and would like to see support for this type of research continue in the CSF, as **it is an area where it is impossible for Member States to do work of the same scale individually.** The Commission is to be commended for committing project funding to this area, complementing work that is ongoing in the research infrastructures programme. We invite the Commission to work with Member States on designing calls such that the complex financial, legal, governance and regulatory requirements of such projects are addressed.
5. Expanded **support for participation in, core support for, and access to research infrastructures** should be a priority under the CSF. E-Infrastructures are especially welcome to underpin collaboration between geographically remote centres facilitating linking of datasets, information on cohorts, data collected via surveys to produce statistically significant information (e.g. in the area of population health sciences).
6. **HRB supports the vision set out in the 2010 Policy Brief entitled ‘Health services research: helping tackle Europe’s health care challenges’** (funded as a Support Action in Pillar 3). Health services research (HSR) can help decision makers address the challenges they face and provide scientific evidence to inform policies and practices. Its strength lies both in the wide range of disciplines that it encompasses and the broad array of factors that it addresses in its attempt to understand and to evaluate health care. HSR, with its focus on health services, complements the equally important contributions made by basic science (laboratory) research, clinical research, and public health research. As capacity and capability to perform high quality HSR is

under-developed across much of Europe, the HRB supports specific actions and initiatives to develop this in the Common Strategic Framework.

7. In Europe there is a growing interest in **health systems research**, particularly in international comparisons (currently an area supported under FP7) which can provide valuable information for policy-makers on what can be expected from such changes. The wide variety of ways of organising services in different countries provides Europe with a wonderful ‘research laboratory’ to assess and determine the impact of diverse models of care. The opportunity this natural experiment presents needs to be exploited in the future if the benefits that could accrue from research on the organisation and delivery of care are to be realised for the economic and societal benefit of European citizens.
8. HRB supports an increased **emphasis on data collection and monitoring in health systems** and greater exploitation of the growing amount of data and (e-Health) information by designing information systems that can be used by health care providers and health services researchers. Networking should be stimulated on European level between the research groups involved in this kind of work and the growing number of national/regional institutes involved in quality measurement and reporting.
9. The HRB welcomes continued support for all aspects of **mental health research**. The Commission have recently agreed to fund a project under FP7 Health to develop a roadmap for mental health research which should address biological, epidemiological, social and public health aspects of mental health research. Once the roadmap is completed, the HRB supports consideration of implementation of research priorities identified in the roadmap through the Common Strategic Framework.
10. The emerging challenges facing us in health are complex in nature and greater emphasis is needed on developing a type of ‘hybrid’ researcher that is a specialist in their own field and discipline yet are very comfortable working across disciplines, across fields and across sectors. The HRB would therefore support any capacity and mobility initiatives in the CSF that incentivise the establishment and development of **multi- and inter-disciplinary, team-based approaches to mentoring and development of researchers** as opposed to the traditional uni-disciplinary and individualistic approaches.
11. When devising performance indicators to evaluate success of EU research and innovation funding best practice **sectoral-specific performance indicators** should be used in addition to Innovation Union Scoreboard. For example, in health-related research the Buxton Hanney “payback framework” could be used², which is currently employed in a number of countries to measure health research impact: economic, academic and societal.

² **Buxton MJ, Hanney S** (1996) How can payback from health services research be assessed?, *Journal of Health Services Research & Policy*, vol 1, no 1, pp 35-43

About the HRB

The Health Research Board is the lead agency in Ireland supporting and funding health research. Research underpins development and progress in every industry, and healthcare is no different. The HRB's Strategic Business Plan 2010-2014³ recognises the importance of establishing a national co-ordinated approach so as to achieve the highest quality health research and developing the right skills, conditions and capacity in the Irish health system, in order to accelerate the translation of research discoveries into real benefits for people.

The HRB fully recognises the importance of Ireland participating in EU-wide initiatives aimed at improving European research competitiveness and encouraging cross-European research collaboration. The HRB hosts two National Contact Points and the National Delegate for FP7 Health, and is committed to drive the engagement of Irish researchers in EU health research activities. The HRB also actively participates in two health-related joint programming initiatives: "Joint Programming in Neurodegenerative diseases, in particular Alzheimer's", and "A Healthy Diet for a Healthy Life".

³ <http://www.hrb.ie/about/corporate/corporate-strategy/>