



STEPS report: Public Health Research – Europe's Future

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The Seven Works of Mercy by Caravaggio (circa 1607) is in the church of Pio Monte della Misericordia in Naples. It was created for a charitable organisation. The Acts include: to bury the dead, visit the imprisoned, feed the hungry, shelter the homeless, visit the sick, clothe the naked and give drink to the thirsty.

(Picture in public domain, from Wikipedia)

This Report describes public health research in European Union countries and the role of civil society organisations, particularly the 12 EU new member states.

It recommends that ministries of health should lead support for public health research, and collaborate to develop a European Public Health Research Area.

STEPS (Strengthening Engagement in Public Health Research) was funded by the Science in Society programme of the European Commission. It was a collaboration from January 2009 to June 2011 between University College London, the European Public Health Association, Association Skalbes and 12 country partners.

The report presents results from STEPS. Section one is an analysis of public health research in Europe. Section two is a description of national systems for public health research. Section three presents the role of civil society organisations. Section four makes recommendations. Section five provides more detailed results from the data collection. Section six describes the project activities of STEPS. Section seven reprints the paper presented to the EU Consultation on Research and Innovation in May 2011.

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0. Summary

Health research and innovation provide the evidence base for health policies and practice. Public health draws on research at population and organisational level, using statistical, social and behavioural science methods, linking with laboratory and clinical medicine, and with wider fields including environment, nutrition and economic sciences.

Health is achieved through public health interventions as much as through medical treatment. Yet the EU's current Framework Research Programme allocates just 5% of all Health research funding to public health research – the rest is for biomedical and biotechnology research. And the EU member states, which provide most of all European health research funding, have equivalent patterns.

STEPS has described public health research systems across all EU member states, held workshops between civil society organisations, research organisations and ministries of health in the 12 EU new member states (which have the lowest levels of research), investigated the use of the Structural Funds for research, and created debate on the importance of public health research and innovation for Europe.

While the EU proposes the value of industry in research and innovation in general, public health research needs greater engagement of civil society organisations – acting as not-for-profit small and medium sized enterprises (SMEs) – for social innovation.

EU policy is promoting research and innovation forwards to 2020 for economic development and to address Grand Challenges for society – including 'active and healthy ageing'. This requires collaboration towards a European Public Health Research Area.

STEPS recommends leadership by European ministries of health in developing public health research:

- *national **strategies** for research on public health (including health systems and services) to meet the major health challenges*
- *a minimum of 25% of all health research **funding** allocated to public health research, both by member states and the European Union*
- *coordination between **ministries** of science, education and finance, including use of the national Structural Funds, to develop public health sciences in universities and institutes of public health*
- *better **engagement** with public health researchers, users and partners, especially through civil society organisations*
- *greater coordination and **leadership** of public health research within the European Union research and innovation programmes*

1. The Setting

1.1 What is public health research?

Public health has been defined as “the prevention, detection, and control of disease, and the protection and promotion of health on a community or population level”¹.

Public health research is health research at population and organisational level: it uses statistical, social and behavioural science methods, linking with laboratory and clinical medicine, and with wider fields including environment, nutrition and economic sciences².

Medicine is practised at both population and individual levels, and uses social, behavioural and economic sciences as well as biomedical laboratory sciences. The word ‘health’ is also used across these different fields, although some distinguish health as a positive state in contrast to disability and disease. In this report ‘public health’ is used in distinction to ‘biomedicine’, while ‘health’ includes all these fields – as in the title ‘World Health Organisation’ or ‘ministry of health’.

Thus, ‘public health research’ here includes both research aimed directly at prevention of disease (and promotion of health) and also research on systems and services for health and healthcare.

‘Health’ is also the term used for the major theme within the European Union’s Seventh Framework Programme. It includes public health research, but does not include ‘life sciences’ where these are biological studies of other animals and plants separately from humans. Similarly, European and national research councils concerned with ‘health’ and ‘medicine’ include public health, but are different from both life sciences and social sciences.



¹ National Library of Medicine, www.nlm.nih.gov/tsd/acquisitions/cdm/subjects89.html

² McCarthy M, Clarke A: European public health research literatures – measuring progress. *European Journal of Public Health* 2007, 17(Suppl 1):2-5.

The benefits of public health research (From EUPHA Response to Green Paper Consultation, April 2011)

Smoking, unhealthy diet, physical activity and alcohol cause up to 40% of all premature deaths – diseases which could be solved by changes to our daily environments and behaviours

“In both developing and developed regions, alcohol, tobacco, high blood pressure, and high cholesterol were major causes of disease burden.”¹

Studies suggest that in Europe and the USA more than half of improvement in avoidable mortality in recent decades has been due to public health.

“Clinical services, composed of preventive services as well as therapeutic intervention, we credited with ...half of the 7 or 7½ years of increase since 1950.”²

“Medical care’s contribution to improvements in life expectancy in the twentieth century was less than 20%.”³

“Approximately half the decline in U.S. deaths from coronary heart disease from 1980 through 2000 may be attributable to reductions in major risk factors and approximately half to evidence-based medical therapies.”⁴

And medical care itself causes iatrogenic deaths – estimated up to 100 000 per year in the USA.

“The Institute of Medicine has estimated that 44,000 to 98,000 deaths occur as the result of medical errors.”⁵

Heart disease has been reduced by public health measures in European countries

“Modest reductions in major risk factors [in UK] led to gains in life-years 4 times higher than cardiological treatments. Effective policies to promote healthy diets and physical activity might achieve even greater gains.”⁶

“Use of modern cardiology treatments in Ireland from 1985 to 2000 gained many thousands of life-years. However, twice as many life-years were generated by relatively modest reductions in major risk factors.”⁷

... but in the USA, less than in Europe, because of greater increases in obesity.

“Modest reductions in [USA] levels of smoking, cholesterol, blood pressure, and physical inactivity ... accounted for more than twice as many life-years gained as did treatments, but were ... partially offset by substantial increases in obesity and diabetes.”⁸

Stroke deaths are much more preventable by achievable salt reduction in diets than by hypertension treatment.

“A [modest] reduction in salt intake of 3 g per day would ... be more cost-effective than using medications to lower blood pressure in all persons with hypertension.”⁹

Cancer deaths have mainly been reduced through smoking control, not treatment.

“About 146 000 lung cancer deaths were prevented or postponed by the decrease in the age-specific lung cancer death rates in men between 1991 and 2003.”¹⁰

¹ Ezzati M, Lopez AD, Rodgers A, Vander Hoorn S, Murray CJ. Selected major risk factors and global and regional burden of disease. *Lancet* 2002; 360: 1347–1360.

² Bunker JP. The role of medical care in contributing to health improvements within societies. *International Journal of Epidemiology* 2001; 30: 1260–1263.

³ Mackenbach JP. How important have medical advances been? In Sussex J. “*Improving population health in industrialised nations.*” London, Office of Health Economics, 2000 (pp 53–69).

⁴ Ford ES, Ajani UA, Croft JB, et al. Explaining the decrease in U.S. deaths from coronary disease, 1980–2000. *New England Journal of Medicine* 2007; 356: 2388–2398.

⁵ Institute of Medicine. *To Err is Human: Building a Safer Health System.* Washington, DC: National Academy of Sciences; 1999.

⁶ Ünal B, Critchley JA, Fidan F, Capewell S. Life-years gained from modern cardiological treatments and population risk factor changes in England and Wales, 1981–2000. *American Journal of Public Health* 2005; 95(1): 103–108.

⁷ Kabir Z, Bennett K, Shelley E, Unal B, Critchley J, Feely J, Capewell S. Life-years-gained from population risk factor changes and modern cardiology treatments in Ireland. *European Journal of Public Health* 2006; 17(2): 193–198.

⁸ Capewell S, Hayes D, Ford E, et al. Life-years gained among US adults from modern treatments and changes in the prevalence of 6 coronary heart disease risk factors between 1980 and 2000. *American Journal of Epidemiology* 2009; 170: 229–236.

⁹ Bibbins-Domingo K, Chertow G, Coxson P, et al. Projected effect of dietary salt reductions on future cardiovascular disease. *New England Journal of Medicine* 2010; 362: 590–599.

¹⁰ Thun MJ, Jemal A. How much of the decrease in cancer death rates in the United States is attributable to reductions in tobacco smoking? *Tobacco Control* 2006; 15(5): 345–347.

The benefits of public health

Major improvements in life expectancy and reductions in disability have been achieved for the population over the last century. Studies (see BOX) in both Europe and USA indicate that these improvements have been achieved at least as much through public health measures as through biomedicine. Yet despite improving levels of health, illnesses remain, and the costs of health care continue to rise. The objectives of public health at organisational level include both prevention of disease and also more efficient and effective health services.

Public health is an ‘upstream’ activity – and public health research is also ‘upstream’: the results do not demonstrate immediately as health benefits, but are profoundly important in the longer term. The interventions in North Karelia, Finland, which started in the 1970s, are still being analysed for their population health impact; the effects of tobacco control – most recently regulation in public smoking – are demonstrated across decades; and we have yet to determine how interventions for healthier eating can roll back the contemporary epidemic of chronic diseases in Europe and globally.

Public health research delivers in the long-run through both social and behavioural change, often with greater health benefit than treatment, and through management of efficient and effective healthcare to maintain a healthy national workforce as well as active and healthy ageing. These important messages need to be regularly presented to commissioners of health research at national and European levels through actions such as STEPS.

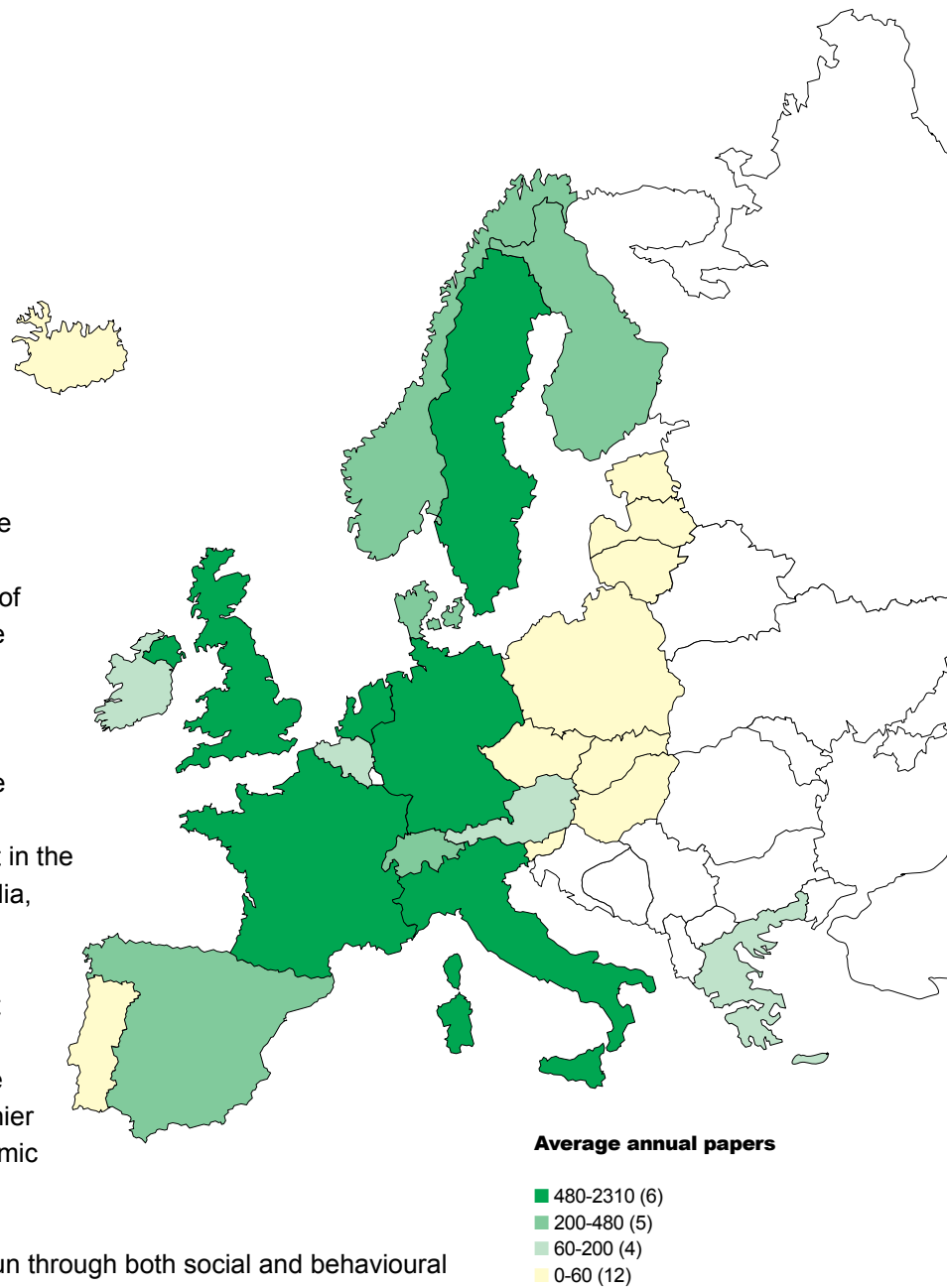


Figure 1. Public health research publications 1995-2004 for EU25 countries

1.2 Public health research in Europe

Public health research is undertaken in all EU member states. *SPHERE*, a study undertaken by UCL, EUPHA and other partners in 2005-2007, found that European countries produced around 7000 public health research papers a year out of a world total of 20,000 (in USA 9000)³. But there are marked differences across Europe in rates of publications for academic papers in public health, with a gradient from the north and west to the east and south, see Figure 1.

Public health research is a responsibility also of the European Union. In the EU Treaties, Article 168 says “Union action, which shall complement national policies, shall be directed towards improving **public health**, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health”. For Research, Article 179 says “The Union shall have the objective of strengthening its scientific and technological bases by ... promoting all the **research** activities deemed necessary **by virtue of other Chapters of the Treaties**”.

The main programme, Cooperation, of the EU’s Seventh Framework Research Programme (2007-2013) is divided by themes, of which the first is named Health, and is itself divided into three sections:

- Biotechnology, generic tools and medical technologies for human health
- Translating research for human health
- Optimising the delivery of healthcare to European citizens

The last of these is health at population and organisational levels – ie public health research. The three subthemes are⁴

- Clinical research into clinical practice
- Health systems research
- Health promotion

(A fourth subtheme, ‘International public health and health systems’, provides EU support for health research beyond Europe)

Analysis of the calls for projects in 2007-2012 shows that biomedicine (biology, laboratory and clinical) research was allocated almost all the funding, while research for public health received only five per cent of the total – at its lowest, just €26m out of a total €658m for 2011 (Figure 2).

It is not possible to make comparison with member state programmes because their data are not kept in a consistent, comparable way.

³ Clarke A, Gatineau M, Grimaud O, et al. A bibliometric overview of public health research in Europe, *European Journal of Public Health* 2007; 17(Supp 1): 43-49.

⁴ European Commission, Directorate General for Research and Innovation, Unit F3. *Public Health Research in Europe and beyond*. Luxembourg, Publications Office of the European Union, 2011.

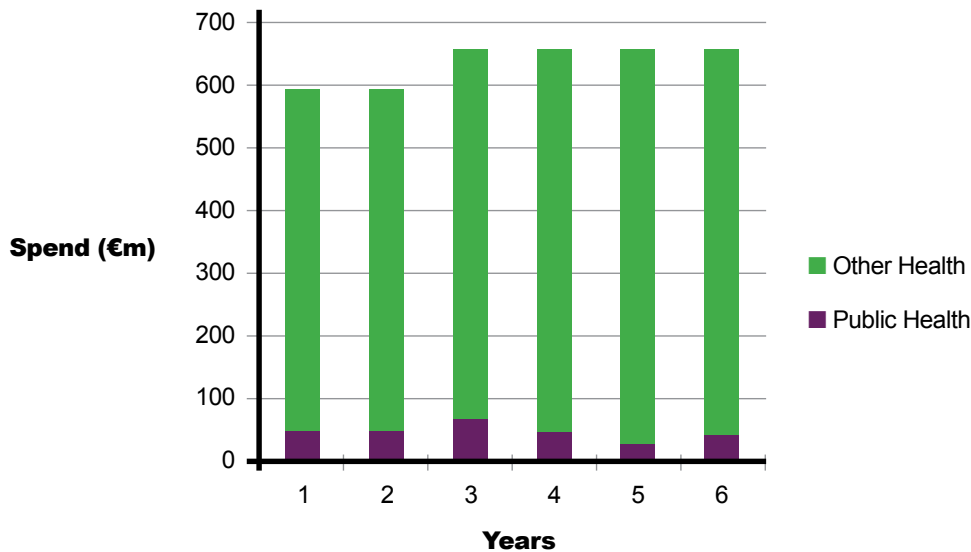


Figure 2. EU Seventh Framework Research Programme: annual spending on Health theme 2007-2012

European research policy

The European Union proposes that more spending on research and innovation will drive national economic and social development, and improve Europe’s global competitiveness. EU policy has therefore been directed towards widening the research base, promoting applied research and innovation, and coordinating member states actions to achieve a European Research Area.

The EU meets its responsibilities for research through the Framework Research programmes. The current programme (2007-2013) has €6bn of funds for competition. Thematic programmes, including ‘Health’, have annual calls in specific areas, there is funding for individual researcher-led proposals through the European Research Council (established in 2007), and researcher movement is supported by Marie Curie scholarships.

Much more research funding and the research performers, however, come from within the EU member states themselves. There are wide differences in levels of research funding by the EU member states themselves, ranging from over 4% of gross national product (GNP) in some Nordic countries down to 0.5% in some of the EU new member states. While research is mostly funded from public budgets, European policy is seeking to raise the contributions of industry and business to research.

Innovation for health in Europe

The European Union strategy for the period 2014-2020 proposes 'Research and Innovation' as one of seven 'flagship' policy areas for coordination and action, and achieving 3% of the EU's GDP allocated to 'R&D/innovation' by 2020 is one of five headline targets⁵.

'Health' does not appear directly in the European Union forward strategy to 2020, but Grand Challenges of society are recognised. The EU proposes an Innovation Union⁶ as a flagship policy for 2014-2020, and has identified the theme of 'Active and Healthy Ageing' for a first pilot Innovation Partnership⁷. A target of increasing life by 2 years for European citizens has been set – which will require evidence-based public health interventions for its achievement. Member states approved the proposal at the Council of Ministers in March 2011, and the European Commission has developed a three-strand programme which is expected to start in 2012.

Two significant social trends support the choice of prioritising Active and Healthy Ageing. First, older people, a growing proportion in the European population (people are living longer, and lower birth rates mean fewer younger people), must continue to be economically active to maintain their living standards and to balance the transfer costs from others in society. Second the costs of health systems, with increasing call for long-term treatment and care for chronic diseases, must also be balanced. The epidemic of obesity, for example, threatens living standards as it both diminishes the working life-span and creates long-term medical expenditures.

The Innovation Partnership for Active and Health Ageing provides a broader framework for health within the European Union's 2014-2020 strategy. Life-course research shows that health and ill-health develop continuously from the start of life, not just in older age, so that interventions must be for the whole population. The challenge, however, is how the EU and member states will collaborate on the Innovation Partnership programme, as it as yet has no identified separate funding. At present the programme developed by the European Commission's Health Directorate focuses on health technology assessment and information technology, areas with strong industry involvement. Further attention needs to be given to structural issues of maintaining economic and social activity through public health protection, and improving the deployment and activities of staff that determine the efficiency and effectiveness of health care systems.

⁵ European Commission. Europe 2020: http://ec.europa.eu/europe2020/targets/eu-targets/index_en.htm

⁶ European Commission. Europe 2020: Flagship Initiative, Innovation Union. COM(2010) 546 final

⁷ Pilot European Innovation Partnership on Active and Health Ageing. http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

2. Systems for health research

A health research system has been defined as “the people, institutions, and activities whose primary purpose in relation to research is to generate high-quality knowledge that can be used to promote, restore, and/or maintain the health status of populations”⁸. European governments and the European Union attended the Global Forum for Health Research Ministerial Conference in Mali in 2008. In May 2010, EU countries contributed to approving the WHO Research for Health Strategy of the 63rd Regional Health Assembly through their ministries of health⁹. The World Health Organisation will publish its annual Report in 2012 will be on the theme Research for Health, and provide ‘pragmatic advice for member states on how to strengthen their own health research systems’.



2.1 National research systems

Health research engages broadly across disciplines, practitioners and policies. Public health research includes health policy and systems, epidemiology and health promotion, and health care services including organisational and technology assessment. Clinical research concerns the identification and better management of diseases, including clinical trials. Laboratory research looks at disease at cellular, genetic and molecular levels, and crosses into other life sciences.

National research systems are usually led by Ministries of Science, with advisory councils of researchers. Typically these latter are discipline-led, and biomedicine holds an important place in the ‘health’ research agenda. Sometimes the advisory council is termed ‘medical’, and may ignore public health research.

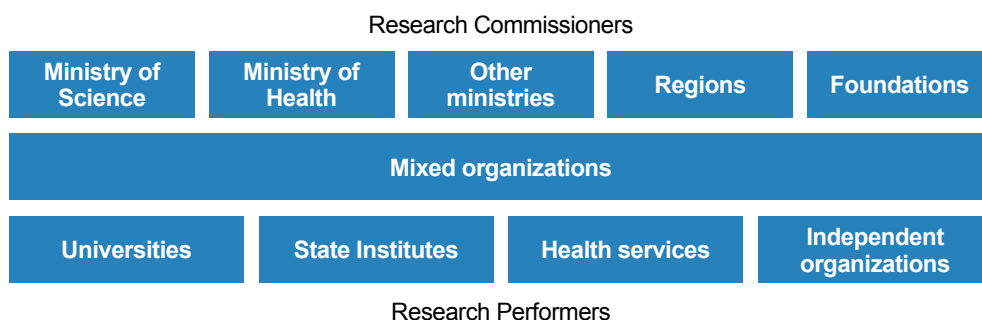
Governments have sought to achieve a balance between basic and applied research, an issue which continues in comparing research and innovation. Yet research systems are asymmetrical. Ministries of science hold the main funding for research, but the findings from science are often applied within the fields of other ministries. Ministries of health have to respond to changing medical knowledge and technologies both because these can improve health for the population and also because they may create cost pressures on health care systems.

⁸ Pang T, Sadana R, Hanney S, Bhutta ZA, Hyder AA, et al. Knowledge for better health - A conceptual framework and foundation for health research systems. *Bulletin of the World Health Organisation* 2003, 81:815–820.

⁹ World Health Organisation: Research for health strategy www.who.int/rpc/research_strategy/en/index.html

STEPS sought to describe the systems for public health research across the 27 EU member states. Although the European Commission tracks the overall research systems in these countries through ERA-Watch, there has been no detailed attention to public health research. STEPS created an organogram of public health research in each country, based on the flow of resources (Figure 3).

Figure 3. Template organogram for public health research systems in EU member states



Important issues that emerged were:

- Almost all member states have strategies for research, which often identify health. (For example, France’s National Research and Innovation Strategy has three priorities, of which the first is ‘Health care, nutrition and biotechnology’.) But fewer countries have strategies specifically for health research, and rarely are there research and innovation strategies that lead from the priorities of the national health plans. An important reason for these weaknesses is that science ministries mainly draw on life and biomedical scientists for their advisory councils. Ministries of health and public health researchers are rarely involved in the development of research programmes or the decisions on which science to fund.
- Public health research is not sufficiently recognised within the national structures. In several countries, particularly in the new member states, there is a ‘national’ public health institute that is fully or partly funded by the ministry of health. But this institute may have a range of practical tasks, for example in analytic laboratories, surveillance and reporting, and insufficient funding of research infrastructures. By contrast, there is much less recognition by ministries of science to support research in the departments of universities that can draw on both social and medical sciences within their faculties, and address the contemporary health problems in new ways.

- In the larger EU countries, there can be several sources of funding beyond the ministry of science. Sweden, for example, draws health research funding from regional authorities, independent foundations and disease-specific charities, while in Germany the health insurance organisations also contribute. But there is insufficient coordination and only a small proportion of their budgets is directed to public health research.
- There is no coordination of health strategies between countries, and the link to European priorities is unclear. More than 20 organisations responded to the European Commission’s consultation for the next framework research programme from a public health perspective, and some countries have put forward proposals for health research priorities. But the mechanism for dialogue with the EU health research programme is not transparent and there are few ways – beyond Joint Programming – that member states share health research agendas. As a result, there is inconsistency and duplication between member states.

Research strategies

STEPS identified national research strategies in 25 of 27 EU member states (and strategic statement in two). Seventeen explicitly referred to health and ten to public health research themes (Table). Some research (and innovation) strategies were formulated not thematically but according to capacity building, for example, human resources, structures and team building. In some countries, strategy is led by the governmental research agency rather than direct national research strategy. In Belgium research is not led at national level but at the Communities level. There were nine national or research agency strategies directly for health or public health research. Research is also discussed within some national health strategies, and public-health strategies. For example, Finland has a public health programme “Health 2015” that includes sections on public health research, including health promotion, health policy research and social epidemiology, while the UK has a health research strategy and also a named public health research programme.

*...there is much less recognition by ministries of science to support research in the departments of universities that can **draw on both social and medical sciences within their faculties**, and address the contemporary health problems in new ways.*

Country	National research strategy / priorities			National health research strategy		Governmental health research agency strategy
	Strategy	Strategy referring to health	Strategy referring to public health research	Strategy	Strategy referring to public health research	
Austria	Y					
Belgium	Y					
Bulgaria	Y					
Cyprus	Y					
Czech Rep.	Y	Y	Y	Y	Y	
Denmark	Y	Y	Y			Y
Estonia	Y					
Finland	Y	Y				
France	Y					Y
Germany	Y	Y		Y	Y	
Greece	Y	Y				
Hungary	Y					
Ireland	Y	Y	Y	Y	Y	Y
Italy	Y	Y		Y		
Latvia	Y	Y	Y			
Lithuania	Y					
Luxembourg	Y					
Malta	Y					
Netherlands	Y	Y	Y		Y	Y
Poland	Y	Y	Y			
Portugal	Y					
Romania	Y	Y				
Slovakia	Y	Y	Y			
Slovenia	Y	Y				
Spain	Y	Y	Y			
Sweden	Y	Y	Y			Y
UK	Y	Y	Y	Y	Y	Y

Y = Yes (strategy or *mention identified)

Table. Research strategies or statements of research priorities identified by STEPS in 2010

Research commissioners

Organisations at commissioning level holding the budgets that fund public health research are ministries, national agencies and devolved (e.g. regional) organisations, and private not-for-profit organizations (“foundations”). Most countries have a ministry with responsibility for science. Some countries have adopted the word ‘innovation’ within the ministry’s title. Some countries manage their science portfolios (and indeed formal representation at European level, for example in the European Science Foundations) through the business or economic ministry.

Ministries of science usually hold and allocate funds for science themselves, but in some countries allocations pass directly from the ministry of finance to research commissioning bodies, which may be independent or directly linked to government or parliament. Ministries of health, either alone or in association with ministries of science, also fund health research agencies, or agencies that fund and perform research. Research relevant to public health is also funded through government in other policy areas such as transport, food, information technology, employment and environment. These ministries may recognise health protection as an outcome of their policies or because scientists within their policy area also link up to medical and health issues.

Independent funding varies more by country. In some European countries, funds for specific diseases raised directly from the public are used for research. Another model is of not-for-profit foundations set up by industry. Typically, these independent sources of finance have been directed more towards biomedicine than public health research, although there are smaller independent foundations with areas of concern, such as for AIDS, or health systems research, or environmental concerns, where public health is significant partner.

Research performers

At present, there is no European listing of university departments undertaking public health research. This is a significant lack, since the universities are the main avenues for development of the medical, social and economic sciences relevant to interdisciplinary public health research, and also the main receivers of public funds for research grants and infrastructures. Future work with the European Universities Association, which has around 850 member institutions, could develop this listing. While in some countries the ministry of health directly funds a single national school of public health, in most other countries public health teaching and research has extended regionally within universities, many of which have gained equivalence with the national school. There are also independent health research organizations, including fully private, private with some degrees of public funding, non-governmental organisations, and civil society organisations.

State institutes are generally funded by a ministry. The most visible national organizations undertaking public health research are national institutes primarily concerned with infectious disease and environmental control and health surveillance. Some institutes have broadened their roles to include chronic disease control, epidemiology and health behaviours. Institutes usually decide their own research agenda through funds agreed with their ministry. Institutes with health interest within other disciplines include environmental protection and occupational disease; food safety; and health services management, health economics and health technology. Most of these organizations are state institutes, but some are gained independent statutes.

In several European countries there are 'mixed organisations' which both allocate funds, sometimes with internal and competitive research, and also perform research. This structure also predominates for the Academies of Science in most of the former communist countries. Mixed organisations are frequently multi-site, sometimes "research chains" which set the priorities for research in discussion with the ministry of science. In academies in the eastern EU member states, the autonomy is greater, although there have been mergers as limited funds are moved towards universities.

Programmes and calls

Some research performers are funded directly through regular negotiation with their commissioners - generally ministries. This generally applies to institutes of public health and in specialised fields such as environmental health. However, research is increasingly funded in response to competitive calls. Programmes and calls may be i) thematic, focused on a defined subject area; ii) general, such as to reinforce research capacity (scholarships, seminars, training, grants for visiting researchers); iii) open to any subject, with funding dependent on the quality of the proposal.

It proved impossible to describe public health programmes and calls systematically because of the diversity of funding streams and organisations, as indicated above, and the lack of separation of public health from other related research – biomedical, clinical or wider determinants of health. Uniquely in France, a specific organisation, Groupement d'Intérêt Scientifique - Institut de Recherche en Santé Publique (GIS-IReSP) has been established which has identified public health research funding from 28 sources as well as commissioning some research directly. In other countries, health research programmes and calls can be found through web pages of the ministries and organisations listed in Appendix.

2.2 Research and the Structural Funds in the EU 12 new member states

The European Union's budget, comprising just over 1% of total GNP of the member states, is allocated in two major tranches – 43% for natural resources (mainly the common agricultural policy), and 37% for cohesion policy. (The budget for research, education and training is around 7% of the total, and for the Health Directorate only 0.07%.) In the period 2007-2013, the EU has allocated most of these funds to the 84 regions in 17 Member States that have per capita GDP less than 75 % of the Community average.

There are three funds for Cohesion Policy

- Regional Funds (ERDF) – “helping regions to anticipate and promote economic change through innovation and the promotion of the knowledge society”.
- Cohesion Funds (CF) – for Member States and regions whose GNP is lower than 90% of the EU average
- Social Funds (ESF) – “strengthening competitiveness and employment by... investment in human resources, the development of qualifications and competences, [and] the dissemination of information and communication technologies”.

How much funding? How is it used?

The Structural Funds are spent on programmes devised and implemented by the member states, not centrally by the European Commission. However, country programmes are agreed with the Commission, and follow EU policies. Over the full period 2007-2013, around €86 billion, almost 25% of the total, about the funding was directed to research and innovation¹⁰. Of this, €50 billion is for “R&D and innovation in the narrow sense” – including €10 billion infrastructure, €9 billion for investment in firms, €6 billion each for R&TD research centres, assistance to SMEs, and improvement of networks, €5 billion in developing human potential, and €3 billion for SMEs environmentally-friendly products and processes.

Little information published by the Commission on the actual use of the Structural Funds in the current programme, except gross expenditures. On the web page for Cohesion Policy, there is a drop-down menu for Projects. When choosing Research, Innovation and Technological Development, the 12 EU countries have together 46 projects listed, but they are all large, engineering, technology or science parks. There appears no way to interrogate the system for ‘specific projects in Human Health’.

A request for information to the European Commission received the following reply: “Concerning the rate of implementation of this €86 billion, the latest available figures (Annual Implementation Reports 2009, provided by the Member States in July 2010) show that about €30 billion have been allocated to specific projects (out of which €16 billion for R&D&I in a narrow sense, see webpage). The remaining part will be committed before the end of 2013. Moreover, about 3% of the €30 billion (and 5 % of the €16 billion) have been allocated to specific projects in the area of Human Health.”¹¹ (It is unclear the Commission refers here to health research projects, or to other programmes and projects more broadly for healthcare¹².)

¹⁰ European Commission. Staff Working Document. Regions delivering innovation through cohesion policy. Brussels, 14.11.2007 Sec(2007) 1547

¹¹ Email correspondence from European Commission Directorate for Regions

¹² European Commission. Inforegio. http://ec.europa.eu/regional_policy/themes/research/index_en.htm

*Much more information is needed to **determine if European funds are being used effectively** in support of European health policy.*

Use for health research in new member states

STEPS undertook an analysis of national web pages to identify the use of Structural Funds for health research in the 12 EU new member states. Findings by country are given in Chapter 7, and summarised here.

The majority of these 12 countries had R&D levels well below the EU average at the beginning of the period, at 0.6% of GNP or less. Two countries, Czech Republic and Slovenia, however, were 1.6%, closer to the EU's average level of 1.9%, with Hungary, Estonia, and Lithuania between 1% and 0.8%.

The overall allocation of the Structural Funds is strongly influenced by the population size of the country – Poland receives a quarter of the total, while small countries gain much less. However, the information available from the larger countries is less satisfactory than in some smaller countries, and the other countries provide important examples of alternative approaches.

Some countries, eg Estonia, Latvia, Lithuania and Slovakia, stand out in using the Structural Funds actively for research, and a few have developed competitive research calls from their funds. Some countries have put funding primarily into 'centres', eg Slovenia. And in some countries, for example Malta and Slovakia, there is evident use of the ESF human resources funds to promote research capacities, with masters, doctorate and post-doctorate programmes. Bulgaria, by contrast, has apparently no direct investment for research, although innovation could be supported in "R&D institutions and organizations, municipalities, private or public bodies including NGOs".

The funds are administered in very different ways. A minority of countries use their existing research management institutions – for example, Cyprus placed its Structural Funds for research into the governmental research agency. Malta placed €20m for a molecular genetics centre within an agency working under the Ministry of Finance. Mostly, however, it was not clear which organization is managing the funding. While in the main the allocations were not identified to academic fields, in a few countries there were developments of biomedical centres with capital costs – for example, Czech Republic proposes a molecular biology centre outside Prague of €100m. Only in one country, Lithuania, was there evidence of research for public health research, under the title 'administrative capacity and efficient public administration'.

In summary, while the data were poor, especially in comparison with information about the Seventh Framework Research Programme, it appears that neither public health research nor social research are prioritised in the Structural Funds for research programmes, infrastructures or 'centres', which are predominantly engineering and technical. Yet public health research would be able to compete if calls are developed appropriately, and also in support for researchers and buildings - Lithuania appears to be a strong example. Much more information is needed to determine if European funds are being used effectively in support of European health policy.

3. Partners for health research

STEPS was designed to give special attention to the contributions of civil society organisations for health research - which include national associations for public health.

3.1 Civil society organisations

The EU Science-in-Society programme call that generated STEPS¹³ proposed research on civil society organisations. Science-in-Society has traditionally been concerned with the perspective of scientists, including the ethical base for research, provision for exhibitions and communication with the public. The call for capacity-building in civil society organisations raised the possibility of moving the debate from how the public can be better informed about research, to how the public can contribute to determining needs and agendas for research.



The 1998 UN Aarhus Convention affirmed the access of civil society to information and to participation in international debate, particularly on the environment. In 2001, the European Commission's White Paper on Governance stated the policy for open consultation with all 'interested parties', and that all fields of European Commission work should include contact with civil society. At European level, the European Commission's Directorate for Health and Consumers Health has been leading in this development, with the European Health Policy Forum bringing civil society organisations together to meet the European Commission twice annually, as well as a larger annual meeting open to individuals.

What are civil society organisations?

Civil society organisations, in the definition of the European Commission, are 'not-for-profit non-governmental organisations operating in the public interest'¹⁴. From a health perspective, categories of civil society organizations include organizations which promote specific health-related purposes (such as information, advocacy or policy-shaping), organizations aimed at self-support and protecting the rights of patients and vulnerable groups, organisations providing services, and organizations supporting the professions in their practice or employees' interests in their relation to their employers.

¹³ EU Seventh Framework Research Programme. SiS-2007-1.2.1.1 – CSO capacity building in research

¹⁴ European Commission and Civil Society (2010). http://ec.europa.eu/civil_society/apgen_en.htm (accessed 7 April 2011)

Civil society contributions to public policy developed in the 1970s in the environmental field. In health, not-for-profit organisations have provided services for many years, for example the Red Cross, religious organisations, for children and for people with disabilities. HIV/AIDS from the 1980s brought a new urgency for collaboration between decision-makers and civil society, for appropriate services and to change public behaviour. From the 1990s, civil society organisations have also been encouraged in Eastern European countries through, for example, the Open Society Institute.

Engagement of civil society in health research is also an objective of the World Health Organisation. The Council for Health Research and Development, supporting the development of health research in low and middle income countries, has promoted engagement with civil society organisations with governments, academia, funding agencies and technology councils. Ministers of Health, at the Global Forum for Health Research meeting in Mali in 2008, called for civil society and community participation 'in the entire research process, from priority setting to the implementation and evaluation of policies, programmes, and interventions'.

Academic studies have described the contribution of civil society organisations to health research in low and middle income countries, but there has been less attention given to this field in Europe. *SPHERE*, a descriptive study of public health research in Europe, recorded priorities for research from the perspective of national public health professional associations¹⁵ and at a meeting in Bratislava, Slovakia, in 2008, CSOs from Eastern European countries discussed their interests for activism, health promotion, and delivery of health services through the voluntary sector. STEPS sought to build on these initiatives with a special focus on civil society organisations in the twelve member states that joined the European Union in 2004 and 2007.

STEPS surveys

To assess the perspectives of civil society organisations and health research, STEPS partners undertook two surveys – the first drew 128 responses from civil society organisations in 8 new member states, the second investigated the perspectives of 13 health CSOs operating at European level.

The surveys showed that civil society organisations have an interest and experience in research related to public health, or more generally in the social field; and that they seek continued and greater engagement. The majority of CSOs were themselves not involved directly in research, both for lack of knowledge and human resources, although a minority described contributing to research particularly collecting information on needs and services. But they were interested in working with research organisations and institutes, so to raise the quality of the research from the perspective of both sides.

¹⁵ Gulis G, Garrido-Herrero L, Katreniakova Z, Harvey G, McCarthy M. Public health research priorities in Europe seen by non-governmental organizations. *Central European Journal of Public Health* 2008;16(4):209-12. AND McCarthy M, Harvey G, Conceição C, La Torre G, Gulis G. Comparing public-health research priorities in Europe. *Health Research Policy & Systems* 2009; 7: 17.

In contrast to commercial research, which seeks to develop patents and control knowledge from research, civil society organisations are interested in wide dissemination of knowledge and its use across society. There was a desire for greater communication and dissemination about research, both the results from completed research and earlier involvement on forthcoming projects. Better methods for dissemination need to be developed, using networks and electronic communication, at national level using national languages and also European-wide.

A further dimension is defining the field of action for public health. Many countries have held major political debates on the structures, provision and financing of health care (especially hospital care), but these have not been supported by scientific technical discussion nor a view of the broader objectives of a health system in controlling disease and promoting health. Equally, several countries have not yet made the transformation from public health through control of communicable diseases to a modern public health system concerned with action on the determinants of health, including social behaviours, urban environments, housing, inequalities, and issues related to human rights. While CSOs can usually identify the main actors within the public health system, they feel less able to decide which organizations are suitable for partnership in health research policy, development and implementation.

3.2 CSOs, SMEs and social innovation

EU policies (and some member states) emphasise research and innovation by the private sector (industry) to create economic growth. Industry leads in some traditional economic sectors such as manufacturing, agriculture and transport. But Europe's economy is more than 60% in services, and the healthcare sector – almost 10% of the total European economy – provides mostly services that are not-for-profit.

Similarly, EU policy encourages the development of small and medium enterprises (SMEs) in the private sector, including in health field¹⁶. Yet not-for-profit civil society organisations are also legally SMEs: they are 'entrepreneurial organisations' with financial basis and employing fewer than 250 staff. And CSOs have a relation to research and innovation which is very similar to those of industry SMEs. While neither usually have research as a primary interest, they wish to use the results from research, and may initiate or work with researchers and research organisations to improve services, improve efficiency or meet new needs. And research commissioning organisations are realising the importance of CSOs in the formulation of research relevant to the health sector, and in working through them for better engagement with citizens or patients.

¹⁶ Formerly SMEs-Go-Health, now a new programme Fit for Health, <http://www.fitforhealth.eu/>

There is no systematic engagement of the research advisory process with either public health associations or with civil society organisations.

In a speech during the consultation of the Innovation Union, EU Commissioner for Research Marie Geoghan-Quinn said (Brussels, 17 May 2011): 'Yes, social innovation can help us to meet new and unmet needs in society... That, in the end, is what the Innovation Union is all about.' She continued: [We] 'will set up a Social Platform ... drawing up a European research agenda focusing on health, welfare and education services.' For health, civil society organisations can provide a balance to the strong influence of industry in orienting medicine towards treatment rather than prevention, and for-profit rather than socially-oriented interventions. The contribution of CSOs to research in areas of health policy such as tobacco and alcohol, AIDS and social care has already been highly significant. In the new field of 'social innovation', CSOs operating as SMEs will increasingly, provide the 'European social model'.

3.3 European representation

No organisation represents all health research for Europe.

- The European Medical Research Councils (EMRC), part of the European Science Foundation sited in Strasbourg, France, brings together both research commissioning and research performing organisations and assists thematic collaboration between 30 countries. However, EMRC focus is on biomedicine: it does not address social sciences, and has little engagement with ministries of health.
- The international offices of member state ministries of health do not usually take a direct interest in health research. Every EU member state has a Permanent Representation in Brussels; but representation for research is usually separate from the representation for health, and the national policy officers meet together in two different informal committees on different days.
- Equally, in the European Parliament, health and research are separate, and linked to other policy fields as the Committee for Environment, Public Health and Food Safety, and the Committee for Industry, Research and Energy.

The European Commission's web pages about research (ERAWATCH) and innovation (Pro-Inno) in member states describe generic structures, and do not necessarily include research support by external ministries such as the ministry of health. The European Commission has appointed nationals for direct links with member states: the Directorate for Health has National Contact Points, usually but not necessarily sited within the ministry of health; and the Directorate for Research has National Focal Points, usually but not necessarily in the main research commissioning organisation, and (depending on the country size) subdivided into themes (sometimes including health).

Nevertheless, the prime concern of these contacts is to distribute information downwards about European Commission activities relevant to member states, particularly funding programmes. Information passes upwards from countries to the European Commission formally through advisory committees, but the work of these groups is unclear as it is rarely in the public domain.

There is no systematic engagement of the research advisory process with either public health associations or with civil society organisations. This leads to lack of prioritisation for public health on national and European research agendas.

4. The Way Forward

4.1 Partnership and engagement for health research

The structure of advice on health research within the European Commission Directorate for Research and Innovation is not fully transparent. A Health Research Advisory Committee, with member state representation, meets twice yearly to review the annual programme. The Committee's chair is currently also the Chair of the European Medical Research Councils, a sub-committee of the European Science Foundation which represents biomedicine more than public health. It does not appear that ministries of health are directly represented.



The European Union's Seventh Framework Research Programme 2007-2013 allocates funding under four main headings: Cooperation across Europe on thematic calls; Ideas submitted to the European Research Council; People and mobility through the Marie Curie funds; and Capacities including other smaller actions. (Other funding goes to the Euroatom and the Joint Research Centre.) Health research is estimated to receive around 15% of the total funding, around €1bn per year. This is twenty times more than the €55 million allocated annually to the European Commission's Directorate for Health and Consumers, but 20 times less than the \$30 billion that US Congress allocates annually to its National Institutes of Health. Further EU funding for Research and Innovation is available through the Structural Funds.

The next Framework Research Programme – 'Horizon 2020'

The European Commission consultation on funding for research and innovation in the first half of 2011 received more than 800 responses¹⁷. In its forward budget for 2014-2020¹⁸ (yet to be agreed by Parliament and the Member States), the Commission recommends a 50% increase for Research and Innovation, up to €11.5 billion annually. Support for 'R&D' will continue within the Structural Funds (now termed 'Cohesion Instruments'), although no figure is given. The budgets within the Directorate for Health and Consumers are essentially unchanged, although the Directorate may receive a further €310m a year for animal and plant safety, transferred from the Agriculture directorate.

¹⁷ European Commission Research and Innovation. "Horizon 2020" is the new name for the future EU funding programme for research and innovation.
http://ec.europa.eu/research/csfr/index_en.cfm?pg=younameit

¹⁸ European Commission. A budget for Europe 2020. Part 2: policy fiches. COM(2011) 500 final, 29 June 2011.

In July 2011, the European Commission Directorate for Research and Innovation held a two-day meeting between its Health Research Advisory Committee, inviting 150 researchers and research managers to consider the next programme. Nine themes were discussed in open sessions. Links were recommended with other disciplines, such as environment and nutrition, and fields, such as mathematics and modelling. There is a strong need for Europe-wide databases, both to link surveillance and longitudinal studies across EU countries, and to draw observational data from clinical records rather than cumbersome randomised trials. The value of biomarkers and new diagnostics needs to be scrutinised, and there was frustration that the term ‘personalised medicine’ is raising expectations which cannot be met by pharmaceuticals (‘homogenous groups’ might be possible). Gaps in research include the contribution of behavioural and policy research, not only for national health objectives but also in implementation in fields such as IT, infection control, patient perspectives and clinical guidelines. Many spoke on the need for more holistic research on prevention, and public policy to extend lives and reduce morbidity.

Innovation Partnership

To meet the agenda of Active and Healthy Ageing Innovation Partnership, there must be better cooperation with social sciences in commissioning and projects, and greater involvement and funding from ministries of health. Wider concerns include the need to engage with patients and civil society organisations, and support infrastructures and training programmes. Links need to be transparent between the Research and Innovation Directorate and the Directorate for Health and Consumers, and also with other European Commission directorates with policy areas impacting on health, including environment, transport, food, regional planning and economy. Perhaps the most critical issue for health will be whether research and innovation for Active and Healthy Ageing will be directed by current EU advice towards markets, industry and the for-profit economy, or on needs for social innovation towards broader, more holistic objectives for Europe’s citizens¹⁹.

European Public Health Research Area

All European member states can contribute to creating the evidence-base to achieve the Innovation Partnership target of adding 2 years of life for all citizens by 2020. The research and innovation will need to join with clinical and social sciences, and will need to focus on social and behavioural interventions in public policy, including at local levels, and organisational interventions to improve effectiveness and efficiency within health services. A research ‘market’ – a European Public Health Research Area – will encourage both competition, development and implementation of research, maximising the benefit of the ‘investment’ by both science and health ministries.

¹⁹McCarthy M. Health research – Europe’s future. *The Lancet* 2011;377:1744-5.

4.2 Recommendations

STEPS has sought to promote awareness of public health research with civil society and other stakeholders in the new member states, with ministries of health across the EU, and with researchers and the European Commission through EUPHA's annual conferences. It has engaged with the development of research and health policy for both the EU and its member states for the forthcoming period in Europe. It has also produced academic papers putting knowledge of these issues in the science literature.

Public health research addresses health at population and organisational level, complementary to biomedical research at individual and laboratory levels.

As a Support Action for Science in Society, STEPS recommends change and development for public health research in Europe. This will take up the challenges set by the Global Forum for Health Research and the World Health Assembly to promote research broadly for health, rather than just for biomedicine and to include 2% of health systems funds for health research.

STEPS recommends leadership by European ministries of health in developing public health research:

There should be

- *national **strategies** for research on public health (including health systems and services) to meet the major health challenges*

Most member states have national health strategies aimed at the major health challenges, both acute and chronic diseases, through behavioural, social and environmental determinants of health, and in the development, organisation, and funding of health systems. Yet only a minority of EU countries with health research strategies, and fewer with research strategies directed to public health (including health systems and services). Public health policy needs a secure evidence base for effective interventions, gained through a strategic approach to public health research.

- *a minimum of 25% of all health research **funding** should be allocated to public health research, both by member states and the European Union*

STEPS found that only 5% of EU funds for health research currently are directed to public health research, and there are no adequate data for member states. This contrasts bleakly with the evidence that the benefits of public health are at least equal to those of biomedicine. The global meeting of ministers of health in Mali in 2008 urged governments to allocate at least 2% of the health service budgets of ministries of health to research²⁰. In EU member states, funding for research can come from healthcare funders, including ministries of health, as well as from ministries of science. Along with the European Union's programme Horizon 2020 and the Structural Funds, a minimum level of 25% of all health research funding should go to broad public health research.

²⁰ World Health Organisation.
<http://www.who.int/rpc/whr2012/en/index.html>

Collaboration between ministries of health and ministries of science is weak in many EU member states, and the different responsibilities are not necessarily clear.

- *coordination between **ministries** of science, education and finance, including use of the national Structural Funds, to develop public health sciences in universities and institutes of public health*

Collaboration between ministries of health and ministries of science is weak in many EU member states, and the different responsibilities are not necessarily clear. Beyond ministry of health support for a national institute of public health, expansion of multi-disciplinary research in universities is needed, drawing from an increasingly wide range of academic disciplines, and Schools of Medicine need to teach public health within medicine as well as undertaking broad socio-medical research. The research strategies of ministries of health should integrate with ministries of science in the promotion of public health research.

- *better **engagement** with public health researchers, users and partners, especially through civil society organisations*

STEPS found that civil society organisations are capable and interested in support health research. CSOs can link with research across service fields including mental health, HIV-AIDS and disability, across behaviours including action on smoking, alcohol, diet and exercise, and in health service provision including patient-perspectives, social services and integrated care. Many CSOs are legally 'small and medium enterprises' (SMEs). EU policies should give CSOs the same opportunities for engagement with research – in not-for-profit, 'market failure' areas – as are given to industry. There can also be greater engagement between civil society organisations and public health researchers in developing research and the wider dissemination of knowledge. European mechanisms exist, including Era-Nets and Joint Programming, and through organisations such as the European Public Health Association and European Science Foundation.

- *greater collaboration and **leadership** of public health research across the European Union research and innovation programmes*

Public health research, including health systems and services research, has been the weakest pillar within the Health theme of the Seventh Framework Research Programme. There should be full recognition of public health research across all its dimensions. Allied disciplines of research include epidemiology, systems modelling, health economics, health services research and health management sciences; and related research in nutrition, environment, transport, trade and economy for Health in all Policies. There must also be support for public health research within the Marie Curie (human mobility) programme, European Research Council (individual researchers), and major infrastructures support programmes.

STEPS recommends attention to these proposals by European member state ministries of health and of science, European Institutions, and organisations and individuals from research, professions and civil society.

5. Support materials

Full STEPS materials are on the project web pages at www.steps-ph.eu

Section 5.1 27 Reports on public health research structures in EU member states

Section 5.2 12 Summary reports from the partners' final meetings with their ministries of health, media reports, and information gained on use of the Structural Funds for the EU 12 countries

Section 5.3 12 Country Reports, in both national languages and English



5.1 Public health research structures in EU member states

Country	Ministry of Health	Ministry of Science	Foundations/Regions	Performers
Austria	<ul style="list-style-type: none"> Federal Ministry of Health 	<ul style="list-style-type: none"> The Austrian Science Fund Austrian Research Promotion Agency 	<ul style="list-style-type: none"> The Ludwig Boltzmann Society LBG Nine Austrian provinces 	<ul style="list-style-type: none"> Ludwig Boltzmann Institutes: health promotion; social psychiatry; health Technology assessment. Health Austria GmbH, Federal Institute for Health Care, Healthy Austria and the Federal Institute for Quality Health (funded by the Federal Minister of Health)
Belgium	<ul style="list-style-type: none"> Federal Public Health Service 	<ul style="list-style-type: none"> Fonds de la Recherche Scientifique, Fonds voor Wetenschappelijk Onderzoek – Vlaanderen 		<ul style="list-style-type: none"> Belgian Health Care Knowledge Centre
Bulgaria	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Ministry of Education, Youth and Science 		<ul style="list-style-type: none"> National Centre of Public Health and Analyses Bulgarian Academy of Sciences (Biomedicine and Quality of Life) Department of Social Medicine and Health Care Management, Medical University, Sofia
Cyprus	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> The Cyprus Research Promotion Foundation 		<ul style="list-style-type: none"> University of Nicosia
Czech Republic	<ul style="list-style-type: none"> Ministry of Health Internal Grant Agency 	<ul style="list-style-type: none"> Ministry of Education, Youth and Sports (MEYS CR) Grant Agency of CR (Public Health Care, Social Medicine) Technological Agency of CR 		<ul style="list-style-type: none"> National Institute of Public Health Academy of Sciences of the Czech Republic Public universities Departments of Social medicine & public health care, in Prague, Hradec Králové and Pilsen, Brno, Olomouc. Medical Management Olomouc, Ostrava, České Budějovice.
Denmark	<ul style="list-style-type: none"> Danish National Board of Health Danish Centre for Health Technology Assessment National Cooperation Forum on Health Research 	<ul style="list-style-type: none"> Danish Council for Independent Research - Medical Sciences Danish Council for Strategic Research - thematic calls. Five Danish Regions 		<ul style="list-style-type: none"> National Institute of Public Health Danish Graduate School in Public Health Science (13 institutions) Centre for Applied Health Services and Technology Assessment Danish Institute for Health Services Research
Estonia	<ul style="list-style-type: none"> Ministry of Social Affairs 	<ul style="list-style-type: none"> Research and Development Council Estonian Science Foundation Archimedes Foundation 		<ul style="list-style-type: none"> National Institute for Health Development Estonian Academy of Sciences

Country	Ministry of Health	Ministry of Science	Foundations/Regions	Performers
Finland	<ul style="list-style-type: none"> Ministry of Health Ministry of Social Affairs and Health 	<ul style="list-style-type: none"> Academy of Finland (Research Council for Health) Tekes – Finnish Funding Agency for Technology and Innovation Sitra - Finnish Innovation Fund 		<ul style="list-style-type: none"> National Institute for Health and Welfare Finnish Office for Health Technology Assessment
France	<ul style="list-style-type: none"> French National Authority for Health French Agency for Environment and occupational health safety National agency for health, food, environmental and work safety) 	<ul style="list-style-type: none"> National Research Agency MiRe-DREES, Research mission - Research, studies, evaluation and statistics directorate 	<ul style="list-style-type: none"> France Foundation City, Regional or general councils French Institute for Rare Diseases France Alzheimer Association National League against Cancer Association Française contre les Myopathies National Agency for AIDS Research 	<ul style="list-style-type: none"> National Centre for Scientific Research National Institute of Health and Health Research, National Institute of Prevention and Health Education Interdepartmental Mission for the fight against drugs and drug addiction National Cancer Institute
Germany	<ul style="list-style-type: none"> The Federal Ministry of Health Länder (independent level of government) 	<ul style="list-style-type: none"> The DFG, German Research Foundation (Deutschen Forschungsgemeinschaft, jointly by Federal and Länder governments) German Health Research Council 	<ul style="list-style-type: none"> Alexander-von-Humboldt-Foundation Fraunhofer Society 	<ul style="list-style-type: none"> Fraunhofer Society (with industry) Helmholtz Association (health) Max Planck Society Leibniz Association Bertelsmann Foundation Robert Koch Institute, Federal Centre for Health Education, Federal Research Institute of Nutrition and Food' Institute of Quality and Efficiency in Health Care
Greece	<ul style="list-style-type: none"> Ministry of Health and Social Solidarity 	<ul style="list-style-type: none"> Ministry of Education, Lifelong Learning and Religious affairs -General Secretariat for Research and Technology 		<ul style="list-style-type: none"> National School of Public Health Centre for Disease Control and Prevention (KEEL-PNO) The Hellenic Pasteur Institute
Hungary	<ul style="list-style-type: none"> Ministry of National Resources State Secretary Department for Health 	<ul style="list-style-type: none"> Ministry of National Development National Development Agency (manages the Research and Technology Innovation Fund) 		<ul style="list-style-type: none"> Hungarian Academy of Sciences (one committee on Preventive Medicine) National Institutions of the Hungarian National Public Health and Medical Officer Service
Ireland	<ul style="list-style-type: none"> Department of Health and Children Health Research Board 	<ul style="list-style-type: none"> Science Foundation Ireland Higher Education Authority Programme for Research in Third Level Institutions 	<ul style="list-style-type: none"> Medical Research Charities Group 	<ul style="list-style-type: none"> Institute of Public Health in Ireland

Country	Ministry of Health	Ministry of Science	Foundations/ Regions	Performers
Italy	<ul style="list-style-type: none"> Ministry of Health, (annual Call for Researchers of the NHS) 	<ul style="list-style-type: none"> Ministry of Education, University and Research, National Research Council 		<ul style="list-style-type: none"> Institute for Occupational Safety and Prevention National Institute of Health National Agency for Regional Healthcare
Latvia	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Latvian Council of Science 		<ul style="list-style-type: none"> Centre of Health Economics
Lithuania	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> The Research Council of Lithuania 		<ul style="list-style-type: none"> Institute of Hygiene Drug Control Department
Luxembourg	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> National Research Fund Luxembourg 		<ul style="list-style-type: none"> National Health Laboratory Public research centre for health
Malta	<ul style="list-style-type: none"> Ministry of Health, the Elderly and Community Care 	<ul style="list-style-type: none"> Malta Council for Science and Technology 		<ul style="list-style-type: none"> Department of Health Information and Research
The Netherlands	<ul style="list-style-type: none"> Ministry of Health, Welfare and Sport Netherlands Organisation for Health Research and Development (ZonMW) 	<ul style="list-style-type: none"> Netherlands Organisation for Scientific Research 		<ul style="list-style-type: none"> National Institute for Public Health and the Environment Netherlands Institute for Health Services Research TNO, knowledge for business
Poland	<ul style="list-style-type: none"> Ministry of Health, (Department for Research and Higher Education) 	<ul style="list-style-type: none"> State Committee for Scientific Research 	<ul style="list-style-type: none"> Foundation for Polish Science 	<ul style="list-style-type: none"> National School of Public Health National Food and Nutrition Institute Polish Academy of Science (76 institutes) R&D institutes funded by the Ministry of Health
Portugal	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> FCT, Science and Technology Foundation 	<ul style="list-style-type: none"> Calouste Gulbenkian Foundation 	<ul style="list-style-type: none"> National Institute of Health Doutor Ricardo Jorge National School of Public Health Institute of Public Health, University of Porto
Romania	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> National Authority for Scientific Research Managerial Agency for Scientific Research 		<ul style="list-style-type: none"> National Institute of Research and Development in Pathology and Biomedical Sciences "Victor Babes"
Slovakia	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Ministry of Education, Science, Research and Sport Scientific Grant Agency Slovak Research and Development Agency Agency of the Ministry of Education for the Structural Funds 	<ul style="list-style-type: none"> Open Society Foundation 	<ul style="list-style-type: none"> Comenius University, Bratislava, Pavol Jozef Safarik University, Kosice Slovak Medical University, Bratislava University of Trnava

Country	Ministry of Health	Ministry of Science	Foundations/ Regions	Performers
Slovenia	<ul style="list-style-type: none"> Ministry of Health The Health Insurance Institute of Slovenia 	<ul style="list-style-type: none"> Slovenian Research Agency 		<ul style="list-style-type: none"> National Institute for Public Health 9 Regional Institutes of Public Health
Spain	<ul style="list-style-type: none"> Ministry of Health and Social Policy 	<ul style="list-style-type: none"> Ministry of Science and Innovation Institute of Health Carlos III Spanish National Research Council The Centre for Research and Quality Control from the National Consumer Institute (CICC, Instituto Nacional del Consumo,) 	<ul style="list-style-type: none"> Fundación Salud2000 Fundación de Investigación Médica Mutua Madrileña Automovilista Fundación MAPFRE Medicina Fundación Alicia Koplowitz Fundación para la investigación y la prevención del SIDA Fundación la Caixa Fundación BBVA Fundación Caja Madrid 	<ul style="list-style-type: none"> Biomedical Research Centre Network for Epidemiology and Public Health CIBERESP (Consortium) Centre for Public Health Research, Valencia Agencia de Salud Pública de Barcelona Consortio Parque de Salud MAR de Barcelona Centro de Investigación en Epidemiología Ambiental
Sweden	<ul style="list-style-type: none"> Ministry of Health and Social Affairs Swedish Council for Working Life and Social Research Swedish Council on Technology Assessment in Health Care 	<ul style="list-style-type: none"> The Swedish Research Council 	<ul style="list-style-type: none"> Vardal Foundation AFA Insurance 	<ul style="list-style-type: none"> Swedish National Institute for Public Health Nordic School of Public Health Karolinska Institutet
UK	<ul style="list-style-type: none"> Department of Health, Policy Research National Institute for Health Research Devolved - Wales, Scotland, N Ireland 	<ul style="list-style-type: none"> UK Research Councils 	<ul style="list-style-type: none"> Wellcome Trust UK Medical Charities Kings Fund Health Foundation Nuffield Trust 	<ul style="list-style-type: none"> Public Health Research Consortium MRC Population Health Sciences Research Network UK Clinical Research Collaboration Public Health Research Centres of Excellence

5.2 Summary reports for the 12 EU new member states of meeting with ministry of health, and use of the Structural Funds (Full reports at www.steps-ph.eu)

Country	STEPS meeting with ministry of health	Research and the Structural Funds
Bulgaria	<ul style="list-style-type: none"> • 3 February 2011 at the Information Centre of the European Union, Sofia. 34 participants - Ministry of Health, Ministry of Finance, academics, CSOs, business. • Letters of support and thanks were sent by the Deputy Minister of International Affairs and Public Health, Desislava Dimitrova, and Chair of the Parliamentary Commission on Health Care, Desislava Atanasova. • A Forum for Public Health Researchers in Bulgaria was established. Others interested in collaboration in public health research included NGOs, general practitioners, social workers, patients forum and academia. • There are proposals to appoint a responsible officer in the Ministry for contacts with NGOs in public health, and a section on the Ministry website registering public health research activities in Bulgaria, were met with interest and understanding. • The Ministry of Finance also asked to know more of the issues facing public health in Bulgaria, and to organise a working meeting in the ministry on problems of public health financing. 	<ul style="list-style-type: none"> • Bulgaria has a low level of research funding, 0.50% of GDP (2008). Some external research funds come from bilateral country grants, eg from Norway, Germany, Slovakia. Resources are allocated by the Ministry of Education, Youth and Science (MEYS). In 2009, a National Research Board competition approved 84 'thematic' proposals (7 in biosciences), 44 'ideas' proposals, and three centres of excellence (engineering, agriculture and IT). • The Structural Funds for 2007-2013 total €6.9bn. The seven Operational Programmes do not directly identify R&D. The fourth, Competitiveness, Axis 1.2 (€75m) beneficiaries includes "R&D institutions and organizations, municipalities, private or public bodies including NGOs". Operational Programme "Regional Development" allocated €17 million for support/upgrading of universities. • In 2007, 20 PhD/Post-doc appointments were made, 18 of which were to the Bulgarian Academy of Sciences. In 2010, MEYS allocated €2.5m to 'encouraging the science-business dialogue; and 'qualification of young scientists working with high technologies' (European Social Fund).
Czech Republic	<ul style="list-style-type: none"> • 13 April 2011. Meeting with 13 people, including researchers, ministry, WHO. • Public health research has suffered as the three national institutions dealing with public health – Institute of Social medicine and organization of health care services, National centre for health promotion and Institute of health policy and economics – have been abolished. • The Internal grant agency of the Ministry of Health has two subcommittees (Health and life conditions and Nursing, health care systems and informatics respectively) for public health research. The Ministry of Health's European Funds department has a sub-programme on prevention of health risks, and promoting healthy lifestyle. But health promotion is strongly under-financed: two years ago there were 35 million CZK (about 1.5 million €) available for these projects, while this year it is only 1 million CZK (about 40 thousand €). Similarly for HIV/STD prevention there is a drop from 60 to 3 million CZK. NGOs have a low success rate (eg 2 out of 16 applications). • All participants considered that the institutional base of public health research ought to be re-established • The Grant Agency's rules for awarding projects should be modified to increase the ratio of civic organizations gaining financial support from grants • The participants agreed to request the Deputy Minister and the Head of Public health department to concentrate on primary rather than secondary prevention, and supported the idea of authorizing a co-ordinator of public health research at the Ministry of Health. • The outcomes of the seminar were outlined in a press release distributed to media and a copy with recommendations was sent to Minister of health. 	<ul style="list-style-type: none"> • Czech Republic has medium level investment in R&D at 1.6% of GDP, with public sector investment 38% and private sector 62%. • As one of eight main themes in the Czech Republic €26bn Structural Funds 2007-2013, the Operational Programme Research for Development and Innovation has €2.07bn: €685m (33%) for equipment and infrastructure for research, €685m (33%) for R & D institutes focused on applied research, strengthening their cooperation with industry (but including hospitals) according to the needs of the region. €213m (10%) for commercialization of R&D, protection of intellectual property rights, and technology transfer, €414m (20%) for universities' infrastructure of laboratories and IT, and €72m (3.5%) monitoring of projects and programmes, studies and analysis, programme publicity, and training and consultancy services. A further operational programme for universities and Academies, funded through the Ministry of Education, Youth and Sports, provides €154m institutional support. • The programme Call 1.2 (2009) for Regional R&D centres had 18 successful applications, predominantly in technical engineering. In Nov/Dec 2010, biomedicine has been favoured with a €100m molecular genetics centre at Vestec near Prague for Charles University (the project coordinator is the former President of the Academy of Science) and a €12m Regional Centre of Applied Molecular Oncology at Brno.

Country	STEPS meeting with ministry of health	Research and the Structural Funds
Cyprus	<ul style="list-style-type: none"> • 15 March 2011 at University of Nicosia: 6 participants, including researchers, Ministry of Health, CSOs. • The participants did not expect CSOs to be involved in research, but suggested that the government should come closer to volunteerism, so that the Civil Society Organisations would be guided on the issues and supported. • Public health research was seen to benefit health professionals getting to know their patients' point of view in terms of facing the disease and treating it, and in the support of the family environment. • 18 March 2011. Meeting with the Minister of Health • The Minister, Dr Christos Patsalides, was very interested in the actions by STEPS. He affirmed that the promotion of public health research is one of the main objectives of the Ministry of Health Medical and Public Health Care Services. Discussion focused on the promotion of public health research by academics and with the involvement of civil society organisations. 	<ul style="list-style-type: none"> • Cyprus has low expenditure on R&D at 0.49% (2009). Cyprus has three private universities and no medical school (one is developing in north Cyprus). Of €83m R&D funds, 45% (€38m) was directly from government, €19m from the universities' budgets, €10m from abroad (€8m from EU) and €16m from the private sector (€5m pharmaceuticals). • Cyprus has €640m Structural Funds, organised in two Operating Programmes (ERDF and ESF respectively). RTDI has been implemented through the Cyprus Research Promotion Foundation. There have been two National Research Frameworks (DESMI) - in 2008 €48m, and for 2009-2011 €40m. These were allocated: €33.4m for natural sciences, €16.6m social sciences, €14.6m engineering and technology, €10.2m agricultural sciences, €5.1m humanities, €3.2m health and biological sciences (including public health research). Other State support for biomedical research includes €5m annually for Cyprus Institute of Neurology and Genetics (University of Nicosia).
Estonia	<ul style="list-style-type: none"> • 6th of April 2011 at Ministry of Social Affairs of Estonia. 6 participants –including CSO, ministry, researcher. • The discussions mainly addressed data collection, use and availability. • Institutions in the public sector collect valuable data on health status, but the data are not sufficiently used for secondary analysis. • Information on public health activities and results are available on the webpage www.terviseinfo.ee (National Institute for Health Development). Cross-reference with other web-pages would help to find the information, and CSOs need to learn how to access this information. • Health profiles compiled by counties will provide plenty of information on health on the county level. International co-operation through EU projects is also desirable. 	<ul style="list-style-type: none"> • R&D in Estonia has grown from 0.6% of GDP in 2000 to 1.4% in 2009. Spend is 39% natural sciences, 19% engineering, humanities, 15% medical and health sciences, 12% humanities, 9% social sciences, 5% agricultural sciences. • Over 2007-2013, Estonia receives €3.4bn Structural Funds - ERDF €1.86bn, Cohesion Fund €1.15bn, and European Social Fund €390m. • ERDF supports €306m for infrastructure and development of institutions. Also, small-scale research equipment, an application round for supporting R&D in biotechnology, several targeted R&D supporting programmes and a programme for supporting international collaboration. • Operational Programme for Human Resource Development, operated by the Estonian Ministry of Education and Research receives €102m euros (plus €14m state co-funding). Programmes include Mobilitas, supporting postdoctoral research (€20m euros), implemented by the Estonian Science Foundation (five rounds of calls for 'top researcher grants'), and state's Archimedes Foundation funding internationalization of doctoral studies (€32m).
Hungary	<ul style="list-style-type: none"> • 14 February 2011 at Ministry of National Resources, Budapest. 14 participants – CSOs, researchers, ministries. • "Research into public health has been pushed to the periphery of the Hungarian scientific research system, and its institutions are fragmented. Clearly defined priorities and co-ordination supporting them are missing. The prestige of this subject field is low, strikingly under-financed and its political acceptance is also limited." • It is important to create an efficient, uniform and co-ordinated system for research into public health, and to eliminate its undervaluation as compared with biomedical research. • Research data collected with public funding should be made available to the civil sector. 	<ul style="list-style-type: none"> • There is a low rate of research investment in Hungary at 1% of GNP, which is 52% from private sector and 45% from public sector (including Structural funds). • The Structural Funds (€22.4bn) are allocated through 15 Operational Programmes of the National Development Plan. RTDI activities are mainly supported under the Economic Development Operational Programme (EDOP). Priority 1 "R&D and innovation for competitiveness" has €822m over 7 years from ERDF. Under the Priority 1, R&D projects and investment are seen across three fields: the promotion of market-oriented R&D; innovation clusters and technology parks; and R&D activities by enterprises. • The Social Infrastructures Operational Programme, supports research and educational infrastructure at

Country	STEPS meeting with ministry of health	Research and the Structural Funds
Hungary (cont.)	<ul style="list-style-type: none"> Measures should be taken to have the priorities of public health research financed on the basis of uniform principles, hand in hand with the monitoring and evaluation requirements of the public health programme. Organizational guarantees are needed to ensure the participation of NGOs in the bodies managing public health research, including adequate operating costs. 	<p>higher education institutes, and the Social Renewal Operational Programme for collaborative RTDI, including basic research. Together with EDOP, these have more funds than the main national Research and Technological Innovation Fund.</p>
Latvia	<ul style="list-style-type: none"> 25th of January, 2011 at Ministry of Health. 25 people – CSOs, Ministry of Health, academics. The importance and application of evidence-based information in public health practice and public health research problems in Latvia were discussed. CSOs wished to participate in, or to support, public health research in Latvia in order to create evidence based public health practice: the main obstacle was a lack of financial and human resources. The Latvian Public Health Association is a principal organization for consulting in public health research. It would be possible to organise an annual seminar for CSOs on public health issues and training to facilitate the collaboration. The Ministry of Health representatives agreed that biomedical research is often granted under the label of “public health research”. There is no separate allocated budget for public health research in Latvia. The only state institution under the Ministry of Health is the Centre of Health Economics. However, there is also lack of human and financial resources for implementing active public health research. The situation will be changed. Following the recommendations from EU and initiatives of the Ministry of Health, the Ministry of Science and Educations agreed that the research strategy in clinical and public health research will be developed by the Ministry of Health, in relation to allocation of resources for research from year 2014. The Ministry of Health has no structure or contact person responsible for managing and coordinating the public health research system in Latvia, but is aware of the need for coordinating both public health and also intersectoral research. A working group on public health research under the guidance of the Ministry of Health would be beneficial, and also for collaboration at European level for implementing and developing public health research system. 	<ul style="list-style-type: none"> Latvia has a low rate of research, 0.61% of GDP (2008), but research and development have been supported as a national priority, linked with the Structural Funds, which have made ‘notable’ allocations to Science 6% (€268m), education 10% (€444m) and entrepreneurship and innovation 11% (€495m). The Ministry of Education and Science Programme 2006-2009 had nine priority areas, including (bio) ‘medical’ sciences. There are five state programmes for 2010–2013, of which the fourth is “public health”. ERDF 2.1 Priority “Science and Innovation” has €451m, which includes “Science, Research and Development” (€50m) for investigator-initiated proposals. In a call in 2010, from 177 proposals 114 were financed. A second activity “Development of the scientific and research infrastructure” covers infrastructural development in 10 National research centres and the development of scientific computing network with total ERDF support €175m. Among these 10 centres is the national research centre in public health and clinical medicine. In the 3rd operational programme “Infrastructure and Services” (ERDF/CF), €168m is given to development of infrastructure for higher education, including large equipment. Activity “Development of Science and Technology park of Riga”, originally intended to support biomedical research, has been put on hold because of absence of suitable land for development, as a consequence of privatisations. The measure “Health Care Infrastructure” in the Health part of the Structural Funds is purely infrastructural; no support is planned for research activities.
Lithuania	<ul style="list-style-type: none"> The National Strategy for Public Health Care for 2006-2012 lists public health research as one of the ways towards the implementation of public health objectives. The Public Health Care Law also lists scientific research as the means of improving the quality of public health. However, public health research in Lithuania is placed at the margins of overall research and it is not identified as a separate research area, which results in the lack of clarity in coordinating, implementing and financing public health research. 	<ul style="list-style-type: none"> Lithuania has a relatively low level of research at 0.82% of GDP in 2007, coming from public support (48%), foreign (20%) and business (25%). The annual Structural Funds for Lithuania 2007-2013 are €1 billion, around 15% of the total national budget. Planning with stakeholders was developed from 2005. Support for research and innovation is well-developed under all three priority areas. Operational Programme 1-3: ‘Enhancement of researchers’ capacities’, coordinated by the Ministry of Education and Science, includes development of

Country	STEPS meeting with ministry of health	Research and the Structural Funds
Lithuania (cont.)	<ul style="list-style-type: none"> Public health research is mostly conducted through state institutions or academic institutions. NGOs and the private sector have difficulty participating in it. Access to information about the existing research, its results and the use of findings is limited to a narrow scientific audience and/or to internal communication channels within public institutions. NGOs and the public have difficulty knowing what research is being conducted, what the priorities and the findings of research are. Coordination is the key problem. There is no one institution or one official that could oversee the coordination of public health research between institution and other stakeholders. There is also no body or mechanisms that would help set priorities for public health research. The Vice minister agreed that public health research and its coordination is important for improving the quality of public health. He stated that a larger role should be played by the reformed public health centres that exist or will exist in almost each municipality. He also mentioned the Centre for Health Education and Disease Prevention as a possible actor in the field. Within the Ministry of Health, the Department of Public Health is responsible for public health matters, and the Vice minister did not identify another coordinating person at the ministry charged specifically with research. 	<p>scientists and researchers, thematic networks and R&D training (€140m).</p> <ul style="list-style-type: none"> Operational programme 2.1: 'R&D for competitiveness and growth' has €602m, includes infrastructure projects, 'high level research centres', business parks and integrated studies Operational Programme 3.2: Priority 1.4 Strengthening of Administrative Capacity and Increase of Efficient Public Administration (€178m) includes Priority 1-4.3 (€37m), which integrated science, study and business centres (valleys), joint research programmes, strengthening the Lithuanian Scientific Council, and the development of monitoring of science and studies. Public health activities supported by this last measure include the analysis of public health care carried out by municipalities, studies to identify the scope of public health services, the development of a monitoring system, creation of models for providing public health services, training and professional development of public health care specialists, creation of a demand planning system as well as improvement and development of public health impact assessment. Other activities cover the analysis and improvement of the legal base for management of the Lithuanian national health system in health emergency cases, improvement of management of information exchange about health emergencies, studies and analysis aimed at improving management of public health risk factors, improvement of the legal base, creation of methodologies, recommendations, activity algorithms and monitoring models, research into the areas of preventive planning; issues of healthcare quality assurance and assessment of healthcare technologies.
Malta	<ul style="list-style-type: none"> Friday 25 February 2011. Department of Health Information and Research within the Ministry of Health, the Elderly and Community Care. 3 people present. Following the STEPS national workshop, Malta Council for Science and Technology has initiated a process towards a national health research strategy. Focus groups have been established for different research strands, including one with a 'social, psychological and behavioural' focus . There is an officer responsible for public health research within the Ministry of Health, the Elderly and Community Care. 	<ul style="list-style-type: none"> In 2007, Malta spent 0.6% of GDP on research and development. However, business contributed the largest proportion of funds with €21m. (65%) (largely multinational firms undertaking in-house R&D), followed by higher education €10m (31%), with public research organisations just €1m (3.3%). Malta's Structural and Cohesion Funds for 2007-2013 total €855m. Just under 10% is allocated to 'Knowledge & Innovation', mainly for infrastructures (eg the IT faculty at the university, strengthening university laboratories in engineering, biotechnology and chemistry, 49m). Malta Enterprises, an agency working under the Ministry of Finance, will receive €20m for a Life Sciences Centre (molecular genetics) €20m. An Educational Pathways Scholarship Scheme for Post-Graduate studies (MSc, PhD) is established with €10m, and Centre for Policy Research and Training for the Public Sector €3.4m.
Poland	<ul style="list-style-type: none"> [No meeting could be arranged with the Ministry of Health in the second phase of STEPS. The information below was collected during first phase visits] The Ministry's Department for Research and Higher Education, and Scientific Council for the Ministry has a budget to fund small research projects (1-2 years), 	<ul style="list-style-type: none"> The research expenditure in Poland is low at 0.61% of GDP in 2008. It is heavily reliant on non-competitive public funding through a large number of higher education institutes and academies. The State budget provides three fifths of research funds (€1.07bn), and the business sector one quarter expenditure.

Country	STEPS meeting with ministry of health	Research and the Structural Funds
Poland (cont.)	<p>activities implementing previously-demonstrated successful studies, and an on-line medical library. The Ministry supports 17 R&D institutes, including the national institute of public health, occupational/ environmental health, as well as clinical institutes.</p> <ul style="list-style-type: none"> • Clinical research can overlap with public health, for example the Warsaw Institute of Oncology has led initiatives in tobacco control, and the Institute of Neurology and Psychiatry has undertaken research on stroke units, registers and monitoring care. There are also NGOs established to support specific diseases. • The Ministry has held meetings to increase participation in 7FP, as well as seminars in universities for young scientists. The Structural Funds are regarded as 'not for research', although there is an office for Structural Funds within the Ministry for healthcare projects. • Neither the Ministry of Education nor the Academy of Science institutes support public health research. A National Centre for R&D 'holds funds for research and administers grants', but these are only in the area of technology. However, an open day on the 3rd FP7 Health call held by the Institute of Advanced Technology, an FP7 agency for FP7 within the Academy funded by the Ministry of Science, had 'huge interest' – over 100 – people from medical universities, health foundation, NGOs. 	<p>Significant funding has been earmarked for research infrastructure.</p> <ul style="list-style-type: none"> • The Structural Funds for Poland 2007-2013 are €67.3 billion, the largest for any member state, allocated in four main programmes. The smallest, the Operational Programme Innovative Economy, has €8.85bn from ERDF. There are two research-related programmes: 'Research and development of new technologies' (€1.1bn) covering informatics, technologies and biotechnologies (includes 'new medical products and techniques'), and 'Infrastructure of R & D' (€1.1bn) for science organisations, higher education institutes and computing'. • The Operational Programme Infrastructure and Environment (€27.9bn) includes Priority 12 'Health security and improving the efficiency of the health system' (€350m from ERDF), although this is not related to research. Priority 13, 'Infrastructure of higher education' (€500m from ERDF) covers infrastructures, access and improving the quality of education through IT. • In the Human Capital Programme (€9.7b) is Priority 4.2, 'Developing R&D staff qualifications and increasing awareness of science importance to economic growth' (€61m). • Regional Operational Programmes (€16.6bn) have been created for each of the 16 provinces. Some Regional Innovation Strategies include innovation networks and R&D. http://www.pi.gov.pl/eng/chapter_86528.asp
Romania	<ul style="list-style-type: none"> • 11 March 2011. Ministry of Health – Deputy General Secretary's Office. 8 participants – Secretary of State, Ministry of health, academics. • The Ministry of Health's reform of the health system (decentralization, reclassification of hospitals, new contracts with providers and reforming the national health programs) shows a strong need for evidence for the new health policies. The Ministry recognizes the importance of the public health research and the need for it. • While collaboration with the Ministry of Education and Research is good, the Ministry of Health's involvement in research is quite weak. Equally, while there are many opportunities available at EU level, Romania still doesn't use them very well. • MoH supports public health research and is willing to encourage the national stakeholders to do research in health field, including public health. MoH will analyze what actions are needed to increase the visibility of health research, especially in public health field. 	<ul style="list-style-type: none"> • Romania has a low level of R&D investment, 0.58% of GDP in 2008, with proportions 42% by the private sector, 40% by the government sector and 24% by higher education. There is growing use of competition in public funding of research, and of the structural funds to support research, although there were substantial public budget cuts in 2009. • Romania gains €19.6bn from EU Structural and Cohesion Funds. Funded by ERDF, the Operational Programme "Increase of economic competitiveness" includes Axis 2: Research, Technological Development and Innovation for competitiveness (€536m), which is managed through the National Authority for Scientific Research and addresses five of the nine priorities of the national RDI strategy, including (first) 'Health'. The sub-sections are: '2.1: R&D partnerships between universities, institutes and enterprises'; '2.2: Investment for RDI infrastructure; 2.3 Enterprises' access to RDI activities, products and processes. It is being implemented through competitive calls. A call in 2011 for 'Promoting innovation in enterprises' (Section 2.3) had a budget of €200m. • The Operational Programme 'Human Resources Development' funded by ESF, has Axis 1 with €797m for higher education, and includes University education for the knowledge society' and 'Doctoral and postdoctoral programmes in support of research'.

Country	STEPS meeting with ministry of health	Research and the Structural Funds
<p>Slovakia</p>	<ul style="list-style-type: none"> • 4 April 2011, at the Office of the Chief Public Health Officer with 11 participants • National public health research financing was pointed out as crucial for the future. Conditions given in national calls, and process of evaluation of applications from perspective of quality and transparency, were mentioned. • An electronic communication with selected stakeholders was also realised from middle of April to end of May 2011 (Ján Porubský, Deputy Minister of Health, and 7 other senior members of official committees) • The new Chief Public Health Officer confirmed his participation at the 4th national public health association conference in Kosice June 2011, where the issues were further discussed in an international session. 	<ul style="list-style-type: none"> • Slovakia's well-established R&D system was low at 0.5% of GNP in 2007. However, R&D is the main thrust for the 2007-2013 Structural Funds, with €1.2 bn allocated for the Research and Development, €883m for Convergence, and €326m for Regional Competitiveness and Employment. • The R&D operational programme is aimed at "modernization and increase of effectiveness of the support system for research and development and improvement of universities' infrastructure" Over €500m was put out to 13 calls in 2009, which included grants for research of around €1m each (including clinical research studies), for 'centres of excellence' of around €4m (including environment and health, stroke and perinatology), and grants for SMEs, including several for biomedical technology. (http://www.asfeu.sk/operacny-program-vyskum-a-vyvoj/zoznam-prijimatelov-nfp) • The Operational Programme Education, also under the Ministry of Education, has a total of €617m. It includes Measure 2.1, support for tertiary education (€28m in 2009 call), as well as Measure 2.2 'Support for life-long learning in the Health sector'. Calls for 'Rehabilitation and construction of technical infrastructure for R & D' offered €149m in 2010. • The third Operational Programme, Competitiveness and Economic Growth, has one thematic programme for universities' buildings and infrastructures. This sub-programme is under the Ministry of Education and has a budget of €1.2bn
<p>Slovenia</p>	<ul style="list-style-type: none"> • [No meeting held with the Ministry of Health - information collected during first phase visits] • Research in Slovenia is managed through the Slovenian Research Agency (ARRS). The Agency spends about 10% of its funds – €18m out of €180m – on medicine, compared with 27% on engineering and 24% on 'natural sciences'. • About 50% funds go to the 15 public institutes, and most of the rest to the four universities (Ljubljana, Maribor, Nova Gorica, Primorska): medicine research is mostly funded to Ljubljana. • The Ministry of Health has a budget of 350 000 euro that it transfers to ARRS for research for two fields – clinical ('applicative') and public-health ('goal-oriented'). In 2008 there were 14 proposals approved in clinical research and 8 in public-health. • Priorities for research are developed within the Ministry's public health department, in discussion with National Institute for Public Health and universities, and sent to ARRS where they are further refined and processed for competitive calls. Recent topics have included flu, depression in primary care, genetic causes of obesity, drug misuse (with NGOs), and adolescent mental health. • The Ministry of Health has an officer with formal responsibility for health research, who has liaison with both the Institute of Public Health and the Slovenian Research Agency, and is also a national representative on the FP7 Health programme committee. 	<ul style="list-style-type: none"> • Slovenia has a medium level of investment in R&D at 1.6% of GDP in 2008 (business sector 59% (particularly pharmaceuticals and machinery), government sources 29% and sources from abroad 6%). "The majority of resources will not be directed towards basic research but focused on technology development, R&D activities in business sector and for stimulating investment in new production facilities in high-technology area." • The total EU Structural Funds are €4.2bn, divided into five programmes. The first of these, Strengthening Regional Development Potential has €1.7m (40%), with five operational programmes, of which the first 'Competitiveness and Research Excellence' receives €402m (24%). The activities envisaged include centres of excellence, interdisciplinary R&D projects and investments in the modernisation of R&D equipment. • In the planning proposal (2007) for 'Competitiveness and Research Excellence', there will be support for 900 private RTD projects (predominantly in SMEs), and links to centres of excellence. In a competitive call for 2009-2013, eight Centres of Excellence for infrastructures programmes and operation were chosen (out of 60 applications), each receiving €10m: all were in technology, with one in biochemistry. Seven Competence Centres received €7m each, with one in biotechnology and one in biomedical engineering.

5.3 STEPS workshop reports (Full reports at www.steps-ph.eu)

Authors and Organisation	Title Reports	STEPS Web pages
Petko Salchev, Lidia Georgieva, <i>Club Economica 2000</i>	STEPS Report on National Workshop in Bulgaria	http://www.steps-ph.eu/wp-content/uploads/Bulgaria_Publication-steps-bg-08-07.pdf http://www.steps-ph.eu/wp-content/uploads/Bulgaria_November_2010_ENG.pdf
Constantinos N. Phellas, Christina Loizou <i>Research Unit in Behaviour and Social Issues, University of Nicosia</i>	Report on National Workshop in Cyprus	http://www.steps-ph.eu/wp-content/uploads/Cyprus_report_NOV_2010GK.pdf http://www.steps-ph.eu/wp-content/uploads/Cyprus_report_NOV_2010Eng.pdf
Kateřina Ivanov <i>Healthy Cities of the Czech Republic</i>	Souhrnn zprva ze seminre „Podpora vzkumu v oblasti veřejnho zdrv“ (Aktivn zapojen obansk spolenosti do podpory zdrv v ČR) Report on National Workshop in Czech Republic: Active engagement of the civil society in health support in the Czech Republic	http://www.steps-ph.eu/wp-content/uploads/Czech_REPORT_NOV2010_CZECH.pdf http://www.steps-ph.eu/wp-content/uploads/Czech_REPORT_NOV2010_ENG.pdf
Gerli Paat, Annika Veimer, lle Ruison, Mairi Juriska, Kristi Lokko <i>PRAXIS Centre for Policy Studies</i>	Raport riikliku totoa kohta Eestis Report on National Workshop in Estonia	http://www.steps-ph.eu/wp-content/uploads/Estonia_report_NOV2010_EST.pdf http://www.steps-ph.eu/wp-content/uploads/Estonia_report_NOV2010_ENG.pdf
Zsuzsanna Fuzesi, Lszl Tistyn, Katalin Szoke <i>Fact Foundation</i>	Beszmολ a nemzeti workshoprl Report on National Workshop in Hungary	http://www.steps-ph.eu/wp-content/uploads/Hungary_report_NOV2010_HU.pdf http://www.steps-ph.eu/wp-content/uploads/Hungary_report_NOV2010_ENG.pdf
Anita Villerusa, Anda Karnite, Inese Gobina <i>Latvian Public Health Association</i>	Projekta tehnikais zi ojnoms Report on National Workshop in Latvia	http://www.steps-ph.eu/wp-content/uploads/Latvia_report_NOV2010_LAT.pdf http://www.steps-ph.eu/wp-content/uploads/Latvia_report_NOV2010_ENG.pdf
Jurga Pořkeviiut <i>“I Can Live” Coalition</i>	Nacionalinio seminaro Lietuvoje ataskaita Report on National Workshop in Lithuania	http://www.steps-ph.eu/wp-content/uploads/Lithuania_report_NOV2010_LT.pdf http://www.steps-ph.eu/wp-content/uploads/Lithuania_report_NOV2010_ENG.pdf
Nicola Critien <i>SOS Malta</i>	Report on National Workshop in Malta	http://www.steps-ph.eu/wp-content/uploads/Malta_report_NOV2010_ENG.pdf
Krzysztof Krajewski-Siuda, Krzysztof Kaczmarek <i>Zakld Polityki Zdrowotnej Silesian University of Medicine</i>	Raport z realizacji krajowych warsztatw projektu STEPS Report on National Workshop in Poland	http://www.steps-ph.eu/wp-content/uploads/Poland_reports_Nov_2010_PL.pdf http://www.steps-ph.eu/wp-content/uploads/Poland_reports_Nov_2010_ENG1.pdf
Florentina Furtunescu, Dana Farcșanu, Dana Minc, Letiřia Stnil, Cornelia Matic. <i>Centre for Health Policy and Services, National Institute of Public Health</i>	Raport privind atelierul naional Report on National Workshop in Romania	http://www.steps-ph.eu/wp-content/uploads/Romania_report_NOV2010_ROM.pdf http://www.steps-ph.eu/wp-content/uploads/Romania_report_NOV2010_EN.pdf
Zuzana Katreniakov, Jana Potuckov, Iveta Rajniov-Naygov <i>Slovenian Public Health Association (SAVEZ)</i>	Sprva z nrodnho workshopu na Slovensku Report on National Workshop in Slovakia	http://www.steps-ph.eu/wp-content/uploads/Slovakia_report_NOV2010_SK.pdf http://www.steps-ph.eu/wp-content/uploads/Slovakia_report_NOV2010_EN.pdf
Maja Zorko, Matej Kořir, Dr Tanja Kamin, Sandra Radoř Krnel, Agata Zupani <i>Slovenian National Institute of Public Health and Institute for Research and Development</i>	Poroilo nacionalnega sreanja v Sloveniji Report on National Workshop in Slovenia	http://www.steps-ph.eu/wp-content/uploads/Slovenia_report_NOV2010_SLV.pdf http://www.steps-ph.eu/wp-content/uploads/Slovenia_report_NOV2010_ENG.pdf

6. STEPS – the study

The purpose of STEPS has been, as its long title indicates, ‘Strengthening Engagement in Public Health Research’. It has addressed geographical inequalities by focusing its initial workshop activities in the 12 EU new member states where health levels and research systems are weaker, and where the best use of EU Structural Funds could significantly improve public health research and practice. It has identified leaders in the 12 new member states and fostered national public health associations and actions for health research. And it has brought these initiatives together at European level, to disseminating findings for policy development in health research in Europe and to develop awareness of public health research in support for the Innovation Partnership on Active and Healthy Ageing.



STEPS is a Support Action that was proposed in response to a call from the Science in Society theme of the EU’s Seventh Framework Research Programme. The Call was for ‘*Civil society organisation (CSO) capacity-building in research*’. STEPS built on previous work which had shown the relative lack of support at both national and European levels for public health research compared with biomedical research, and also the weaker performance in public health research of the EU new member states. To meet these challenges, STEPS sought to raise the profile of CSOs and public health research in Europe.

STEPS was initiated and coordinated by University College London (UCL), working closely with the European Public Health Association (EUPHA), which represents national public health associations. A third partner with special expertise towards CSOs was Skalbes, a mental health CSO in Riga, Latvia. As STEPS progressed, country partners in each of the twelve new member states were also included, representing social research organisations (Bulgaria, Estonia, Hungary), health promoting organisations (Czech Republic, Lithuania, Malta, Slovenia), public health institutes and units (Cyprus, Poland, Romania,) and public health associations (Latvia, Slovakia).

*The meetings undertaken in STEPS had the purpose of **increasing awareness of public health research in each of the 12 countries**, with a particular emphasis on the contribution of civil society.*

Methods of working

In the first phase, the STEPS principal partners took on the task of identifying lead organisations in the 12 new member states. In the European perspective, a civil society organisation is 'a legal entity which is non governmental, non profit, not representing commercial interests and pursuing a common purpose in the public interest'. The organisations, both national public health associations and civil society organisations, were sought on the basis of having a variety of perspectives, and officers responsible for research policy in national ministries were identified.

Visits of several days each were made to the twelve countries, and reports provided initial assessments of structures for public-health research. The project identified a lead in each country that would be interested in, and capable of, providing leadership for the workshops. The European Commission advised that the lead organisations should become full partners of STEPS, so that they would be able to dispose the resources for the workshops properly. This process of new registration and contracting was achieved by the end of the first year of the project.

STEPS worked to build a collective view of public health research both between the CSOs in new member states and also at European level. The focus on new member states gives prominence to the countries with more recent entry to the EU; the assessment at European level provides an overview from representative organisations. The initial search for CSOs to hold the STEPS national workshops sought to include both health civil society organisations from a range of different fields, and also national public health associations that were members of the European Public Health Association (EUPHA). Earlier work by the European Public Health Alliance (EPHA), in Brussels, provided leads for contacting CSOs in the new member states, while the EUPHA member associations also provided entry.

Finding partners to lead STEPS at national level required persistence and encouragement, since not all the countries have members in EPHA, and it is individuals rather than organisations that participated in EUPHA at the annual conference and as researchers. The twelve CSO partners finally included two national public health associations, five university departments, four generalist CSOs and one health CSO.

The meetings undertaken in STEPS had the purpose of increasing awareness of public health research in each of the 12 countries, with a particular emphasis on the contribution of civil society. National public health associations fall within the EU definition of civil society organisations, being non-governmental, not-for-profit and working within the public interest. However, they are generally created and supported by voluntary subscription of members, and are members of EUPHA. Other CSOs have a different model, usually gaining funds from public fund-raising, and with members of the public working as volunteers. Some of these, especially when campaigning, regard themselves as ‘non-governmental organisations’ – NGOs – although it is legally possible to be an NGO which represents commercial interests, or for commercial funds to support the NGO (patient associations and indeed medical associations may use this model in relation to the pharmaceutical industry that makes relevant drugs).

The STEPS workshops sought to bring together organisations at national level concerned with health. There is no standard design of CSO, and while some countries in Eastern Europe previously set up national registers to track the legal status and governance of NGOs making applications for public funds, these are mainly poorly maintained. The STEPS country partners therefore had the challenge of finding health CSOs themselves within their countries.

The partners came together for a first meeting in November 2009 in Lodz, Poland. The tasks for the workshops were discussed, and the partners decided that country surveys of CSOs would help identify those that had interests related to STEPS. A short questionnaire was created and translated by the country partners into their own languages. The surveys were undertaken in local languages in 8 countries, and summaries of the responses from the countries were then provided in English.

The European-level component of STEPS drew on the existing networks of CSOs through the European Health Policy Forum, established by the European Commission’s Directorate for Health and Consumers. Contacts were identified for 16 organisations that were members of Forum and that fulfilled the criteria of CSOs – excluding governmental organisations, and those with connections to industry. Replies were gained from 13 of the 16 organisations.

The country workshops and reports

The country workshops were developed in similar format in each of the countries. There was initial preparation with a management group, and assessment of the interest of civil society organisations and national stakeholders. A single day event, with four introductory speakers followed by a broader discussion, was chosen. One of the topics was to address research in a specific field relevant to civil society health organisation activity. The workshops were held in the national language so that it could more easily reflect national concerns, while the findings could be translated and brought together for European interpretation in the second phase of STEPS.

Workshop reports in both national languages and English were an important output of the first phase of STEPS, and after stylistic and content revisions, the finalised workshop reports were published on the project web page (www.steps-ph.eu).

Surveys of CSO perceptions of research

Surveys to explore the perceptions of CSOs were made in two ways. In eight of the countries, the lead organisations identified and surveyed other national civil society organisations, in preparation for the country Workshops. This yielded 124 replies and provided perspectives of the broad interest of CSOs working with researchers and using knowledge for their work.

A survey was also made of perspectives of European civil society organisations in 13 member organisations that were members of the European Health Policy Forum (which is created by the European Commission's Directorate for Health and Consumers). The majority of organisations at European level had links with researchers and valued the knowledge gained both for policy development and in support of their organisational strategies and innovation.

Public health research country profiles

To explore public health research in the 12 EU new member states, a mapping was undertaken of the structures for health research across the whole EU. At present, the European Commission reports on member state research at composite level (through ERAWATCH), but not by discipline or field; and coordinating bodies such as the European Science Foundation do not have details across all countries.

A major difficulty for health research is that ministries of science and ministries of health do not discuss research sufficiently at national level, and therefore information on national activities arriving at European level is partial. Equally, finding a national informant who understands the full range of health research within a country is challenging. STEPS therefore used the internet (with Google Translate) to build up national information according to a standard template, and then identified national advisers to correct and extend these reports.

Website

A website was developed at www.steps-ph.eu, with project news and a database. This included (1) the country workshop reports (2) the research country profiles (3) the reports on final meetings with ministries of health (4) other project publications.

Structural Funds

In STEPS, it became apparent that the Structural Funds were being used in the 12 new member states to support research and innovation. To address this issue, information was sought from web sites, through meetings (European Committee of the Regions) and through the partners. The data are not clear, as the structural funds are distributed by the European Commission but their allocation in actual projects is decided by member states, with different standards of reporting. More than €80 bn are allocated for research in the period 2007-2013, for activities including building universities, supporting postgraduate students, encouraging return of researchers from overseas, building science parks, supporting innovation in industry, and – in some countries – direct support for research. It has only been possible to track a very small number of these activities related to support for public health research.

International dissemination

The national workshops have promoted engagement of civil society organisations and public health research within the 12 EU new member states. STEPS has been presented at the scientific conferences (2009-2011) of the European Public Health Association held respectively in Poland, the Netherlands and Denmark, and at the international conference on Health Services Research at The Hague, April 2010. STEPS contributed to the EC Directorate for Health and Consumers meeting on the Public Health Programme in Menorca, Spain, September 2010, and has contributed at national meetings in Denmark, Malta, Slovakia and UK.

STEPS has also had multiplier effects impacts across European research fields:

- STEPS has worked with the Council for Health Research for Development (COHRED), contributing to joint work on engaging civil society organisations in research as well as the Global Forum for Health Research (2009) and the Global Symposium on Health Systems Research (2010)
- STEPS contributed to the international health agenda through meetings on health research commissioning for the Middle East (EuroMed), Africa (CAAST) and India (LSE/India programme).
- The Slovak Public Health Association (SAVEZ) gained a Visegrad countries' grant to hold a regional meeting in Kosice, Slovakia, in June 2011,
- STEPS has contributed to FAHRE (Food and Health Research in Europe), a project in the Seventh Framework Research Programme 'Knowledge-Based Bio-Economy', which has described national structures and themes for food and health research, and contributed to the joint programming on food and health

European event and consultation on innovation

The final period for STEPS coincided with the consultation by the European Commission on funding for Innovation and Research in anticipation of the future EU budget 2014-2020. To promote the importance of public health research, on 2 May 2011 the project partners from the 12 EU new member states partners visited their national representation offices in Brussels and talked to the attaché for research; they met with the European Commission's officer for public health research; and they met individual MEPS and as a group in the European Parliament.

STEPS made a written response to the European Commission's consultation on the future funding for research, and in May 2011, STEPS held in Brussels an Open Event with 60 participants, including a presentation by the Coordinator and responses from a panel including the European Commission (both DG Research - responsible for ERA, and DG Health – responsible for research liaison), a national research representative (Spain), and a CSO research representative (Slovakia).

The event was reported in the media, and as a result of these actions

- A call for social innovation was inserted into the programme for FP7 2012 Health Research call;
- social innovation was identified as the topic for the European Commission at the Health Forum Gastein meeting in October 2011;
- social innovation was discussed with the EC Directorate for Health and Consumers for the new European Innovation Partnership for Active and Healthy Ageing;
- support for social and behavioural research in Horizon 2020 was also recommended at a consultation with researchers organised in July by the Directorate for Research.

As a Support Action, STEPS has sought to promote awareness of public health research with civil society and other stakeholders in the new member states, with ministries of health across the EU, and with researchers and the European Commission through EUPHA's annual conferences. It has engaged with the development of research and health policy for both the EU and its member states for the forthcoming period in Europe. And for research, STEPS has produced academic papers putting knowledge of these issues in the science literature.

7. Health Research - Europe's Future

Response by STEPS and the European Public Health Association to the European Commission's Consultation on the the Innovation Union.
April 2011

Health Research in Europe

The European Union and Member States' responsibilities for health research are included in the Treaties of the European Union (Appendix 1).



- On public health, Article 168 says “Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health”.
- For Research, Article 179 says “The Union shall have the objective of strengthening its scientific and technological bases by ... promoting all the research activities deemed necessary by virtue of other Chapters of the Treaties”.



[The Health Chapter of the European Union Treaty does not indicate research on treatment. Pharmaceuticals are only mentioned in terms setting ‘high standards of quality and safety’.]

Europe's Future

The EU Strategy for Growth (‘Europe 2020’) has three main headings, of which the first, ‘Smart Growth’, includes “*research/innovation*”. And *civil society* is identified in implementing the strategy.

To promote the ‘Innovation Union’, European Innovation Partnerships are proposed. The first is a ‘Partnership for Active and Healthy Ageing, which has the aim of extending by two years by 2020 ‘the proportion of our lives in which we enjoy good health’

Research for Health

EU activities for research are currently implemented by the European Commission's Directorate for Research and Innovation, currently (2007-2013) through the Seventh Framework Programme (FP7).

Member states all also have research programmes which combined considerably out-total the EU's funds. However, they are rarely viewed together.

FP7 has four main groups of activities, entitled Cooperation, Ideas, People and Capacities. Cooperation has the most funding, with ten strands, of which Health holds the second largest budget, spending annually around €650m.

The Health research Work Programme (Annex 2) is divided into four areas, which are described respectively: biotechnology, translational research, delivery of health care and other (cross-theme).

In more detail, these headings may be re-presented as (1) biotechnology for pharmaceuticals, (2) biomedicine (laboratory and clinical sciences – should be noted here that the words 'public health' are used in the old-fashioned meaning of infectious diseases), (3) health care – this includes (3a)'medicines, health therapies, technology', (3b) healthcare quality & systems, and (3c) health promotion. (There has also been transferred (3d) international health, from elsewhere in 7FP, which is for programmes outside Europe).

Public health research is concerned with the fundamental Treaty responsibility for the health of the population. Yet in the Cooperation Programme, only two action lines for public health are supported (3b and 3c, for health systems and health promotion). And in annual programmes, only one of these is now 'open' (health promotion in 2011, health systems in 2012)

In the 2011 Cooperation Health theme call, just €26 million of €650 million, 4%, was allocated to public health research for Europe.

Member State health research systems

EUPHA (European Public Health Association) has contributed three studies of health research in Europe.

- SPHERE (Strengthening Public Health Research in Europe, FP6 Policy Programme, 2005-2007) undertook bibliometry of public health research fields and mapping of perspectives at European and national levels.
- STEPS (Strengthening Engagement in Public Health Research, FP7 Science in Society programme, 2009-2011) has focused on civil society participation in health research the EU new member states (where the levels of health research are weakest), and mapped the structures of health research systems across Europe.
- In PHIRE (Public Health Innovation and Research in Europe, DG Sanco Health Programme 2010-2012) EUPHA's thematic Sections and member national

public health associations are assessing the uptake and impact of tracer health projects at ministry of health level, and comparing across EU countries.

Our findings are that public health research - health systems, health promotion and health surveillance - has been less prioritised than biomedical research in EU member states, as well as the EU's research programme.

Ministries of Science view public health research as a responsibility of the Ministries of Health, and yet few ministries of health have strategies or programmes for public health research. There is also a lack of support for applied social research in universities. Nor do Ministries of Health influence the development of the European Union's health research agenda through their ministries of science or related research councils.

Moreover, the EU does not sufficiently coordinate Member States to address this issue. Member State Ministries of Health are rarely aware of each country's health research programmes, and collaboration on public health research is weak.

The European Research Area for health will only be achieved when ministries of health and ministries of science coordinate their research, and focus towards the public health and health care research needs - a responsibility of the EU treaty that is not yet being sufficiently implemented.

Achieving the Europe 2020 Health target

The EU Active and Healthy Ageing Innovation Partnership has set a target of two years lengthened life expectancy and quality of life.

It has been demonstrated by studies by researchers in Europe and for the US Institute of Medicine that the improvement of life expectancy in past years has been mainly through public health measures. Treatment, despite the expenditure placed towards it, has provided less than 30% of the increase. (Appendix 3)

The impact in recent years is particularly on chronic diseases. But still the burden of chronic diseases (the 'great scourges') could be reduced by successful action in four areas – tobacco, diet, exercise and alcohol, while prevention interventions in other areas, particularly sexually transmitted diseases and accidents will also save many lives and disability.

By contrast, further action to support pharmaceuticals, including so-called 'personalised' medicines, and orphan drugs for rare diseases, will be give less health benefit and have higher costs.

The improvement of life expectancy and 'healthy ageing' proposed by the EU will mainly be achieved by public health interventions for the whole population, much more than treatment in late stages of disease.

*The EU should create an **integrated European strategy for health research and innovation, with appropriate expert advisory structure and high levels of funding** and give less emphasis to pharmaceutical, biomedical and biological research*

Innovation, private enterprise and technology

The EU strategy 'Europe 2020' has identified seven priority themes, one of which is for an 'Innovation Union'. The EU's Directorate of Enterprise has interpreted this as implying more financial support for commercial industry and private enterprise.

While innovation can assist industry and commerce to be more economically competitive, it is equally important in public sector organisations. Europe's economy is now more than 60% in the service sector, and the health system is a growing part of the services economy.

Moreover, most technologies needed for better health and health care are 'soft' or 'social' technologies for change – innovation in systems and services, in organisation and management, policies and planning. Public health requires innovations in policies across the 'wider determinants of health' (food, tobacco, transport, sustainability etc), changes in health behaviours through cultural change, and changes within health services to achieve patient-centred and high quality care.

In contrast to pharmaceuticals, public health research and development innovations that are needed will not be patentable or have IPR rights – yet they will have public good. This has been termed 'market-failure' research – in contrast to private market incentives which divert health research from primary prevention and systems research to pharmaceutical treatment of chronic disease (with no incentives for prevention).

EU Commissioner for Research Máire Geoghegan-Quinn said (Brussels, 17 May 2011): 'Yes, social innovation can help us to meet new and unmet needs in society... That, in the end, is what the Innovation Union is all about.' We 'will set up a Social Platform ... drawing up a European research agenda focusing on health, welfare and education services.'

There must be less allocation of research funds towards 'for-profit' industry, and more to public investment in 'market-failure' research – health policy and health promotion, and health and welfare services organisation – to achieve greater effectiveness and value-for-money.

What should be done?

In organising the STEPS Open Event consultation on the Green Paper in Brussels, 3 May 2011, EUPHA is calling on three groups of stakeholders

- European Union institutions that set agendas for research
- Member State ministries of science and health at national level,
- Civil Society Organisations representing citizens, researchers and practitioners

For the Innovation Union, the EU should serve its citizens by respecting its Treaty obligations for public health and to ensure research for health - health behaviour, health determinants and health systems - rather than prioritising biomedicine and bio-industry.

The EU should also develop necessary mechanisms of support for coordination and cooperation in public health research between member states.

National ministries of health need to work with ministries of science to agree health research priorities and strategies that meet the national health programmes and agendas. These will be across health system organisation, and health outcomes - impacts from prevention (including wider determinants) and clinical programmes.

Civil society organisations can make an important contribution. They provide an input that is complementary to political forces, and they have interests primarily for society rather than commerce. EUPHA, as a professional organisation across the EU, is particularly interested in supporting the development of knowledge for best practice in public health, and achieving this in collaboration with member states and the EU.

We recommend that

- Not-for-profit research and innovation in medical and social disciplines is needed to deliver the 'Health and Ageing' target of longer disability-free life for Europe's 500 million citizens.
- European member states should ensure dialogue and coordination between ministries of health and research ministries, to develop national health research priorities relevant to national public health policies and strategies.
- The EU should create an integrated European strategy for health research and innovation, with appropriate expert advisory structure and high levels of funding, and give less emphasis to pharmaceutical, biomedical and biological research



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