

The EC support to Medical Research.

1. History of EC supported medical research

With the Single European Act of 1987, the Community decided that it should *Encourage undertakings including small and medium-sized undertakings, research centres and universities in their research and technological development activities.* This included research activities in medicine and health.

For the 1st time, formally, the European Commission started to fund or perform research out of the scope of research related to nuclear energy.

Actually, Medical research was already supported under the Euratom treaty in the area of radioprotection, and in practice, the Commission had already started since 1978 funding medical research under two consecutive pilot programmes called Medical and Health Research 1 (MRH1) and MRH2 (in 1980) adopted by the Council of Ministers starting with respective budgets of 1 and 2 Million ECU.

In 1982, following the Maastricht Treaty, a pluri-annual Framework programme was established, creating a common frame for all Community-funded programmes. In 2002, the 6th Framework-programme was launched. From the first to the 6th framework Programme, the budget for EC-funded medical research rose from 13 million ECU to nearly 3 Billion €

2. EC-funded Health research today and how it includes research linked to handicaps.

Today, medical and health research is funded mainly through the so-called

Priority 1, called *Life Sciences, genomics and Biotechnology for Health* where some 2.5 Bio € are dedicated mainly to

- Genomics and biotechnology and their potential application form health, including fighting major diseases.
- Cancer research
- Fighting poverty-related diseases [AIDS, malaria, tuberculosis]

These priorities are established by a common decision of the Council of ministers and the European Parliament.

In this priority, research with potential impact for the disabled can only be found in projects where genomics and its applications may have a potential impact on restoration of some brain or nerve functions, responsible for handicaps. As compared to past programmes, this is limited.

However, this priority is not the only one where health research is supported, and in practice, we can find health-related research with potential impact for the disabled in several other areas.

Priority 2 : Information society technologies, managed by DG INFSO, supports two action lines named *e-health* and *e-inclusion*, the former dealing with developments of IT systems with implications on health (telemedicine, hospital networking, smart cards, expert systems

for assistance in the decision-making process, etc.), whereas the latter rather deals with the development of intelligent systems that empower persons with disabilities and ageing citizens to play a full role in society and to increase their autonomy (e.g; assistive technologies, intelligent housing).

Priority 3 Nano-technologies and nano-sciences, This priority includes action lines on nanobiotechnologies, development of *Medical instruments and equipment for better surgery and diagnosis systems*, *Tissue engineering*, new biomaterials, intelligent bio-hybrid systems.

For your information, Priorities 4 to 7 cover themes such as research on food safety, aeronautics and space, energy, environment, etc.

Priority 8, Support to policies, also tackles *Quality of life issues relating to handicapped/disabled people (including equal access facilities)*, under a public health angle, with objectives to improve measurement on types and prevalence of impairments European wide; to develop innovative strategies and methods for improving independent living conditions and integrated living models; to develop the principles for quality of care and quality assurance criteria in the different countries.

So, in practice, the Commission is funding research on the disabilities from different angles: the rehabilitation (biomaterial, assistive devices), the integration into society, and the public health aspect. This is what it has been doing for the last 15 years, each aspect being granted a different weight over time. A component that is absent, these days, is the clinical validation of new rehabilitation technologies, such as implantable devices. This has been supported in the past and might be supported again in the future.

In total one can estimate the number of Research project supported by the Commission during the last ten years to between 300 and 350.

3. How does it work? Calls for proposals, selection, negotiation and reporting.

On the basis of the Framework Programme and specific programmes, the Commission establishes a *Work programme*, where areas are mentioned in which projects proposals will be welcome during the duration of the Framework programme [4-5 years].

Every year, one or more calls for proposals are published, open for a number of these priority areas, giving the scientific (and medical) community some 3 months to submit a project proposal.

Except in very rare specific cases, projects are collaborations between research teams from the EU member states (and many associate states).

The projects proposals are evaluated by panels of external experts. On the basis of the experts recommendations, the Commission service established a ranked lists of projects to be selected for funding and retains the said projects taking into account the available budget, then negotiates with projects submitters potential changes to the initial planning (often in order to take into account recommendation of the evaluating experts) and a contract is signed by all parties and an financial advance is made by the Commission services. On the basis of scientific and financial reports (yearly, most of the time), further payments are made.

Projects generally last for some 3 years. More recently larger projects tend to last longer, up to some 5 years. The Commission contribution for a project is in the order of 1 to 15 Million €

4. What are the trends?

Concentration. Over the last decade, a major trend has been noted towards concentration on specific objectives deemed of the highest priority by the EP and Council of ministers.

Budget increase. The Budget of the Framework programme has regularly increased. It is now around €17 Billion. Further significant increase is not excluded for FP7 at this stage.

New «instruments», larger budgets for projects, i.e. new types of projects have been introduced, aiming at enforcing a better structuring of the European research, and establishing durable networks. Over the last ten years, the average EC financial EC contribution to projects in medical research has evolved from some €300 000€to close to €5 millions.

The European Research Area concept was introduced with the current 6th Framework Programme. Its aims are to tackle the fragmentation of European research, foster increased collaboration and networking in the EU, mutual opening and coherence of national research programmes and to mobilise a critical mass of resources to tackle specific priority objectives.