

4/16005

# RESEARCH ADMINISTRATION IN THE COUNTRIES OF CENTRAL AND EASTERN EUROPE

Report on a WHO/EMRC Workshop

Prague  
12 – 13 January 1993

## ABSTRACT

Health research in the countries of central and eastern Europe has been centrally directed and conducted by institutes of ministries of health, and researchers' contact with colleagues in western countries has been minimal. The WHO Regional Office for Europe and the European Medical Research Council (EMRC) organized a workshop to help the countries of central and eastern Europe to reorganize their national health research administrations and to increase effective contact between researchers in western and eastern Europe. The workshop gave the participants the chance to exchange a great deal of information; their discussion addressed every topic that would be covered by a national policy on health research. The participants recommended that the countries of central and eastern Europe consider establishing national health research councils to link the institutions concerned, to advise decision-makers and to evaluate proposed research projects. They also urged the gathering and dissemination of information on research management in the countries of central and eastern Europe, and follow-up of the workshop by WHO and the EMRC.

### *Keywords*

RESEARCH  
ORGANIZATION AND ADMINISTRATION  
HEALTH POLICY  
INTERNATIONAL COOPERATION  
(4) EMRC  
CCBE

# CONTENTS

	<i>Page</i>
Introduction	1
Discussion	2
Models of research administration	2
Composition of biomedical research councils	3
Types and financing of research	4
Evaluation and training	4
Considerations for the future	5
Conclusions and Recommendations	5
Annex 1: Participants	8



## INTRODUCTION

Health research in the countries of central and eastern Europe has been centrally directed and mostly carried out in research institutions of ministries of health. Free research, initiated by researchers in research institutes or universities has been weak. The mechanism of competitive bidding for research grants is largely unknown. There have been exchanges of individual researchers, but limited contacts with western research administrations.

The WHO Regional Office for Europe and the European Medical Research Council (EMRC) organized a workshop to help the countries of central and eastern Europe to reorganize their national health research administrations, and to increase the effectiveness of the contact between researchers in western and eastern Europe.

The workshop was intended for representatives of the ministries in charge of health research (ministries of health, education or research and development), existing bodies for research administration (medical academies of science and the medical sections of national science councils or their equivalents) and leading research institutions. Participants from nine countries of central and eastern Europe took part in the workshop. The participants are listed in Annex 1.

The participants were welcomed by Professor C. Höschl, of the Prague Psychiatric Institute, who expressed the high expectations of the participants for this first formal opportunity for an extensive review of the organization of research. Dr J.-H. Kock, representing the EMRC, and Dr J.A. Bury, of the WHO Regional Office for Europe, thanked the Ministry of Health of the Czech Republic and Professor Höschl for hosting the meeting. Dr Kock thanked WHO for having secured the participation of experts from the countries of central and eastern Europe, and Dr Bury thanked the EMRC and the various national medical research councils for technical contributions to the workshop. Sessions of the workshop were chaired by Professor C. Höschl, Dr J.-H. Kock, Mr N. Winterton and Dr J.A. Bury.

## DISCUSSION

The past, the present and the trends of the organization of research in the countries of central and eastern Europe were described, with examples mainly from the situation in the Czech Republic. The participants recognized, however, that these were representative of conditions in other countries. The main differences between countries lie more in the pace than in the direction of change. The weakness of research in the human sciences contributing to health and health care management, including ethics, was stressed; this underlined the need for time to correct the situation and to create a critical mass of researchers in this area.

The topics discussed included all those that a national health research policy should address. Making such policies could be the first task of provisional health research councils in the countries of central and eastern Europe. Further, the workshop allowed the participants to clear up several misconceptions, the most obvious of which was the perception of research in eastern and western countries as two homogeneous blocs. It also gave the participants the chance to exchange large amounts of information.

### **Models of research administration**

The model for the administration of research in any country is clearly linked with the overall organization of society. These links help to determine whether administration is centralized or university based, and its degree of the independence from the government. Another influence is the history of the development of research administration in the country. This can help determine whether it is linked with a national science council, for example.

As a result of these influences, various models exist. A biomedical research council can be totally independent of the science research council or a part of it. A biomedical research council may or may not include a public health research board, which in turn may or may not cover research in the human sciences that contribute to health. It was underlined, however, that the

ultimate goal of medical research is the improvement of the health of the population; some people therefore prefer the name health research board to biomedical research council.

Variation is also found in the scope of research councils' activities. Some deal only with peer review mechanisms for grant allocation, while others own several research facilities. More fundamentally, some have a role as advisers to ministries, mainly ministries of health. In this important role, they can greatly contribute to the relevance of health research and the better use of its results. This work is part of what is called participatory research. Because politicians and researchers work on different time scales, however, it can consume time and energy that would otherwise be devoted to research work.

The participants also discussed the relations between research institutes, medical schools and universities in countries of central and eastern Europe. Currently, research institutes have practically no teaching activities and medical schools have practically no research activities. Determining how research institutes, medical schools and universities should interact is an important policy decision; the case of the former German Democratic Republic illustrated the complexity of the issue.

### **Composition of biomedical research councils**

The composition of the board of a research council and the means of selecting members vary between countries. In some countries, the membership includes politicians. Members are elected in some countries and appointed or nominated by the government in others. In general, the smaller the country and therefore the smaller the size of the research community, the more important it will be to include a few foreign experts on the board. This preserves the board's competence and objectivity, which are the key tools for ensuring quality through the peer review mechanism. Without such members, the board risks becoming an exclusive club.

## **Types and financing of research**

Research councils vary in their emphasis on types of research; this emphasis in part reflects the internal organization of a council. In addition to the traditional distinction between fundamental and applied research, the concept of strategic research was introduced to describe an intermediate type of research with the specific purpose of designing and testing the steps between the knowledge produced by fundamental research and the possible applications.

Countries differ in the financing of research, which can be science-driven (or bottom-up) or society-driven (or top-down). The first method applies to projects submitted by researchers, outside any policy framework of the country authorities; this is usually considered more appropriate for fundamental research. The second applies to projects submitted within a policy framework; it is considered more suitable for applied and strategic research. The optimal system is probably one that splits the available funds between the two, and in which the research community and the political authorities negotiate the allocation of top-down funds.

The less money is available, the greater the proportion that should be allocated to applied or strategic (top-down) research. In the light of the intersectoral action needed in the health sector, funding for such research should not come exclusively from the ministry of health. For the overall efficiency of this research, it is highly advisable that the national health research body act as a programming committee for top-down projects.

## **Evaluation and training**

Some criteria used to evaluate research projects were presented. They include: projects' scientific approach, innovativeness, methods and reasonableness, the experience of the applicant, the possibilities for publication and the critical use of costs. Finally, the participants discussed the characteristics of possible formal training programmes for researchers: both their content and the question of whether researchers should be trained within or outside their home countries.

## Considerations for the future

The appropriateness of a model for research administration can vary according to not only the overall organization of society but also the size and the resources of the country. The smaller the country, the better it probably is to have a health research board linked with a science research council, to enlarge the basis of the scientific community. The less affluent the country, the larger should be the proportion of research funds devoted to strategic and applied research. The concept of essential national health research is particularly relevant here. It includes the research and research capacity on which each country should concentrate. It focuses on applying what is already known to accelerate improvements in health and reduce inequalities, to ensure that the resources available for the health sector achieve the maximum results and to inform decision-makers of the health action most suitable for promotion within national development plans. The discussion at the workshop stressed several times that health systems research probably deserves the first priority in the current transition period in health care financing in most of the countries of central and eastern Europe.

## CONCLUSIONS AND RECOMMENDATIONS

1. The countries of central and eastern Europe should consider the creation of national health research councils as part of national science research councils, even if they do not adopt such a council as a new organizational model. A national health research council should be independent to some extent of any ministry, particularly that of health, and of potential applicants for funds. For example, it should be independent in nominating members, managing funds, making decisions and disseminating information. The tasks of the health research council should be:

- to link together the various institutions concerned, mainly research institutes, medical schools and universities

(including departments of the human sciences), for such purposes as strengthening the health research community, securing a broad mandate in health research and establishing a health research policy;

- to advise decision-makers on health policy (mainly but not exclusively in ministries), to help them make informed decisions; and
- to evaluate proposed research projects through a peer review process and to distribute funds to increase the scientific quality of research work.

2. As the organization of research is changing quickly in several if not most of the countries of central and eastern Europe, comparable descriptions are needed of the recent past, the present and the planned future organization of research management in each country in the European Region. A structured questionnaire should be used, and the information disseminated to the workshop participants and the countries not represented. The information should also be regularly updated. Some of the participants from medical research councils will write a draft questionnaire and the WHO Regional Office for Europe will elaborate a database format and make suggestions for the active dissemination of the questionnaire.

3. The programmes of the various European and national agencies that offer opportunities for collaborative research involving western and eastern countries should be publicized.

4. Information and recommendations on ethics in research should be disseminated.

5. The Regional Office and the EMRC will discuss how they can follow up these recommendations at the next meetings of the WHO European Advisory Committee on Health Research and the EMRC Executive Board, respectively. The organizations will decide whether joint action can be undertaken; if so, a similar workshop could be convened to monitor the progress made, with an emphasis

on the evolving situation in the countries of central and eastern Europe.

*Annex 1***PARTICIPANTS***Belarus*

Dr P.G. Rytik

Director, Belarus Research Institute for Epidemiology and  
Microbiology, Minsk

*Czech Republic*

Dr Jiri Dvorak

Head, Neurological Department, Hospital Wilhelm-Schultbess,  
Zurich, Switzerland

Dr Josef Syka

Institute of Experimental Medicine, Academy of Sciences,  
Prague

*Estonia*

Dr Jaak Uibu

Chairman of the Scientific Council, Ministry of Health of the  
Republic of Estonia, Tallinn

*Hungary*

Dr Kálman Rák

Professor of Medicine, IInd Department of Medicine,  
University Medical School, Debrecen

*Latvia*

Dr V. Dzerve-Taluts

Chief of Science and Education, Department of Health,  
Ministry of Welfare, Riga

*Poland*

Professor J. Doroszewski  
President, Scientific Council, Ministry of Health and Social  
Welfare, Warsaw

*Romania*

Professor Constantin Ciufecu  
Deputy Director, Institute "Cantacuzino", Bucharest

*Slovenia*

Professor Lidija Andolsek  
Gynaecological Clinic, Ljubljana

Dr Veljko Vlajsavljevic  
Head of Medical Research Department, Maribor Teaching  
Hospital

*Yugoslavia*

Professor Viktorija Cucic  
Institute of Social Medicine, Belgrade Medical Faculty

**Temporary Advisers**

Dr Christine Chirol  
Director, Department of International Relations, INSERM, Paris,  
France

Dr Michael Dodet  
Secretary-General, INSERM, Paris, France

Dr Paul Hjerdahl  
Department of Clinical Pharmacology, Karolinska Hospital,  
Stockholm, Sweden

Professor Cyril Höschl  
Director, Prague Psychiatric Centre, Czech Republic

Dr Beate Konze-Thomas  
Deutsche Forschungsgemeinschaft, Bonn, Germany

Professor P. Helena Mäkelä

Director, Division for Infectious Diseases, National Public Health  
Institute, Helsinki, Finland

Dr Michael Maurer

Head, Medical Policy Unit, Science Council, Cologne, Germany

Professor L.A. van Es

Department of Nephrology, Academic Hospital, Leiden,  
Netherlands

Mr Nick Winterton

Director of Corporate Affairs, Medical Research Council, London,  
United Kingdom

### **European Medical Research Council**

Dr Jan-Henrik Kock

Scientific Secretary for the Life Sciences, European Science  
Foundation, Strasbourg, France

### **WHO Regional Office for Europe**

Ms Kirsten Andersen

Programme Assistant, Training and Research in Public Health

Dr Jacques A. Bury

Regional Adviser, Training and Research in Public Health

EUR/ICP/RPD 142

**RESEARCH  
ADMINISTRATION IN THE  
COUNTRIES OF CENTRAL  
AND EASTERN EUROPE**



**WORLD HEALTH ORGANIZATION**  
Regional Office for Europe  
**COPENHAGEN**

## TARGET 32

### HEALTH RESEARCH AND DEVELOPMENT

*By the year 2000, health research should strengthen the acquisition and application of knowledge in support of health for all development in all Member States.*

---

This report is issued in English, French, German and Russian, and all rights are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language, but not for sale or for use in conjunction with commercial purposes. The WHO name and emblem are protected and may not be used on any reproduction or translation of this document without permission. Any views expressed by named authors are solely the responsibility of those authors. The Regional Office would appreciate receiving three copies of any translation.

EUR/ICP/RPD 142

**RESEARCH  
ADMINISTRATION IN THE  
COUNTRIES OF CENTRAL  
AND EASTERN EUROPE**



**WORLD HEALTH ORGANIZATION  
Regional Office for Europe  
COPENHAGEN**