

Health Council of the Netherlands

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# Eyes on Brussels

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Dutch health research and the shaping of the European agenda





To the State Secretary for Education, Culture and Science

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Subject : presentation of advisory report *Eyes on Brussels. Dutch health research and the shaping of the European agenda*

Your reference : 377310

Our reference : -1187/LC/ts/003-B

Enclosure(s) : 1

Date : November 28, 2012

Dear State Secretary,

In late February 2012, your predecessor asked the Health Council of the Netherlands for practical advice on how the Dutch health research sector could make itself as relevant as possible, or be made as relevant as possible, to European research and innovation policy. I am hereby pleased to present you with the advisory report you requested, which has been assessed by the Advisory Committee for Health Research. I have also sent a copy of the advisory report to the Minister of Health, Welfare, and Sport, and to the Minister of Economic Affairs.

In the advisory report, the Committee describes the importance of various changes in the European research and innovation landscape, such as an increasing focus on societal challenges and valorisation. The Committee makes reference to the strategic importance of better coordination of the contributions made by the various representatives of government and stakeholders to the formation of the European agenda. To that end, the Committee recommends that the relevant Ministers or State Secretaries of Education, Culture, and Science; Health, Welfare, and Sport; and Economic Affairs set up a new Health consultation group that would formulate a joint vision and propose priority areas for input by the Dutch government to the relevant bodies in Brussels. The advisory report by the Committee also includes several suggestions aimed at providing the most effective possible support for researchers participating or seeking to participate in European programmes and partnerships.



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**Gezondheidsraad**

Health Council of the Netherlands



Subject : presentation of advisory report *Eyes on Brussels.*  
*Dutch health research and the shaping of*  
*the European agenda*

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The Committee's recommendations have my wholehearted support. They are very much in keeping with the increasing international orientation of the Dutch health research sector.

Yours sincerely,

(signed)

Professor W.A. van Gool,

President

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to:

the State Secretary for Education, Culture and Science

the Minister of Health, Welfare and Sport

the Ministry of Economic Affairs

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No. 2012/25E, The Hague, November 28, 2012

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The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare & Sport, Infrastructure & the Environment, Social Affairs & Employment, Economic Affairs, and Education, Culture & Science. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.



The Health Council of the Netherlands is a member of the European Science Advisory Network for Health (EuSANH), a network of science advisory bodies in Europe.



**INAHTA**

The Health Council of the Netherlands is a member of the International Network of Agencies for Health Technology Assessment (INAHTA), an international collaboration of organisations engaged with health technology assessment.

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This report can be downloaded from [www.healthcouncil.nl](http://www.healthcouncil.nl).

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Preferred citation:

Health Council of the Netherlands. *Eyes on Brussels. Dutch health research and the shaping of the European agenda.* The Hague: Health Council of the Netherlands, 2012; publication no. 2012/25E.

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ISBN: 978-90-5549-943-4

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## Executive summary

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How can the Dutch health research sector position itself in Brussels in a coordinated, efficient, and sustainable manner, so that it can make a useful contribution to the formation of the European agenda? The Health Council of the Netherlands has considered this question at the request of the State Secretary for Education, Culture and Science. The Committee that was set up to prepare this advisory report has made proposals for modifying the existing coordination structure and issued recommendations for improving support to researchers taking part in European programmes.

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### European research and innovation programmes

The Netherlands has performed well in the current Seventh Framework Programme. Applications by Dutch researchers within the Health theme have been honoured one and a half times more frequently than applications from other countries. The Netherlands has secured nine per cent of the available funding, whereas it contributes 4,9 per cent to the total budget of the European Union. In addition to the framework programme, there are now many other initiatives; the result of this is that the European research landscape has become more cluttered. A greater emphasis is now placed on the coordination of joint programming initiatives (by different member states), on the stimulation of public-private partnerships, on financing research that contributes towards solving societal challenges, and on valorisation (development of economic or social applications)

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for research. In order to make the best possible use of the opportunities offered by Europe, the Dutch health research sector and the government must take account of these developments.

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### **Contribution to the formation of the European agenda**

Both the government and the health research sector represent their interests in Brussels. There is room for improvement to the efficiency and the coordination of the Dutch contribution in particular. Briefly, the Committee has noted the following problem areas.

To start with, government initiatives and those of the sector do not run in parallel and they do not always convey a common long-term vision. There is a consultation group that has the task of highlighting the interests of the sector to the government, but it is not functioning well. It is partly in consequence of this that the various sector parties launch initiatives aimed at Brussels on their own, which in some cases leads to unwanted competition and is largely inefficient. So far, the Dutch contribution has been very much targeted at the framework programme. However, initiatives outside the framework programme are becoming increasingly important. Those representing the interests of the government and the sector alike should adapt the representation of their interests accordingly.

The Taskforce European Connection, which has recently been set up, has been charged with positioning the Dutch 'Topsector Life Sciences & Health' in Brussels. A major feature of the Taskforce is that it includes representatives from both the public and private sectors who are well placed to respond to the increasing importance of valorisation. However, the Taskforce does not represent the entire health sector and is therefore unable to assume the coordinating role envisaged by the State Secretary in his request for advice.

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### **Participation in European research and innovation**

Thanks partly to a good support structure among knowledge institutes, the *Expertisecentrum voor internationaal onderzoek en innovatie* (the international research and innovation centre of expertise – EiOI) and the *Netherlands house for Education and Research* (Neth-ER), the Netherlands is playing a strong part in European health research. Still, a number of aspects could be improved.

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The government encourages institutes to join consortia and enter into partnerships that are going to carry out European research projects, but does not always provide financial or bureaucratic support in the process. This hinders successful preparation for collaborations of this kind. Moreover, the knowledge institutes and university hospitals are finding it more and more difficult to meet the matching obligations, which prescribe that a European grant must be matched by a participant's own resources. Finally, the lagging participation by the private sector in research and innovation projects, in particular small and medium-sized enterprises, is a matter for concern, as an increasing emphasis is being placed on valorisation.

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## **Recommendations**

The Committee recommends the setting up of a new consultation group that can represent the interests of the sector parties and develop a common vision in preparation for the policy of the Dutch government. This will enable the Netherlands to speak with one voice in Brussels, which will produce a more effective contribution. The consultation group must represent the collective interests of the sector so that the government ministries can take these into account during formal consultations on the European research and innovation agenda. Conversely, health researchers and officials will be able to learn from the consultation group of any developments in Europe and of any imminent programmes or initiatives for which they can apply.

In order to be able to function effectively and efficiently, the consultation group would have to have an executive board. A partial personnel overlap with the recently founded Taskforce European Connection is an obvious move, as it is important that the consultation group and Taskforce work closely together. Working groups that include relevant specialists could be set up to develop themes that should be prioritised in respect of the Brussels agenda.

In order to consolidate the participation of Dutch health researchers in European initiatives, practical support from EU liaison officers within knowledge institutes is needed, as they have the relevant expertise to develop favourable research proposals. Besides this, the international research and innovation centre of expertise – EiOI – offers support to many aspects related to participation in European research and innovation. In order to improve the participation of Dutch health researchers in European research and innovation, the Committee recommends that the efforts on the part of the government to encourage such

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participation should be paired with financial backing. It is the case here of losing a fly to catch a trout. The Committee also advises the establishment of a matching fund, from which institutes that have secured a European grant can obtain finance to meet their matching obligations.

A working group should consider the question of how participation by small and medium-sized enterprises in European health research can be improved. Best practices from other countries may serve as an example. Finally, it is important that the new consultation group examines the rules of participation in European projects. If any changes in these rules are needed, they should be introduced to the Brussels decision-making process.

# Introduction

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## 1.1 Background

The European Union (EU) regards research and innovation as the way of dealing with major challenges such as the ageing population, climate change, economic crises, globalisation, and the lack of private investment, and of strengthening the global competitive position of Europe. An important pillar of European research and innovation policy is the desire to create a European Research Area (ERA), in which activities, programmes and policy in the field of research and development come together on the basis of the idea that they stand to benefit in the context of a transnational perspective.<sup>1</sup> With the help of large-scale framework programmes and many other instruments, the EU is encouraging research, innovation, and international cooperation.

The Dutch Advisory Council for Science and Technology Policy (AWT) has drawn up a programme for a European strategy for Dutch sectors of industry, including the ‘top sectors’ of Life Sciences & Health (LSH) and Agri&Food.<sup>2</sup> The Netherlands can make an important contribution to Europe’s innovative capacity, and therefore to Europe’s competitive position, which in return strengthens the position of the Netherlands, says the AWT. Playing a full part in Europe is necessary in order to secure a good position in the competition for European funding for research and innovation.

The current Seventh Framework Programme 2007-2013 (FP7) and the new Horizon 2020 framework programme (2014-2020) place much emphasis on and

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dedicate considerable budgetary resources to health research, whether in public-private partnerships or not. Dutch health researchers and companies are taking part in many FP7 projects, but will have to look ahead if they wish to join the new framework programme and other European research and innovation programmes and instruments. How can the Netherlands safeguard effective and sustainable links between Dutch health research and the European agenda? That is the subject of this advisory report.

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## **1.2 Request for advice**

Against the background of the recommendation by the AWT to develop a strategic vision for European research and innovation policy ‘for each priority, top sector, or parts thereof’, the State Secretary of Education, Culture, and Science asked the Health Council of the Netherlands on 27 February 2012 for a practical advisory report about the opportunities for health research in Europe. He asked the Council to propose a European strategy for Dutch health research by which the sector could also be closely and more efficiently aligned to European research and innovation policy in future (see Annex A). In order to prepare this advice, the President of the Health Council set up a committee on 28 March 2012 (see Annex B). The Committee was given the task of examining the following questions:

- 1 How can the Dutch health research sector position itself in Brussels in a coordinated, efficient, and sustainable manner so that it is able to make a positive contribution to the formation of the European agenda?
- 2 How can Dutch health researchers participate, and continue to participate, as effectively as possible in European programmes and projects?

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## **1.3 Working method and the basis for the advice**

Even at the time of the installation of the Committee, it was clear that major steps were being taken under the Danish Presidency of the EU in preparation of *Horizon 2020*. The Committee decided that it would have to act swiftly in order to be able to advise effectively on the coordination of the Dutch contribution to the formation of the European agenda. In addition, it was clear after the second meeting of the Committee that the LSH top sector had decided to set up a ‘Taskforce European Connection’, which would be committed to representing the interests of the united public-private partnerships in the LSH sector in Brussels. The Committee concluded that it would be wise to issue a concise advisory report in the short term, tailored to the current situation. The Committee

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subsequently formulated this advisory report on the basis of exploratory studies, interviews with representatives of various stakeholders and government bodies and its own deliberations. The report has been assessed by the Advisory Committee for Health Research of the Health Council of the Netherlands.



# European research and innovation programmes

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The EU has developed umbrella framework programmes and countless instruments to stimulate research, innovation, and international cooperation. In this chapter, the Committee discusses a number of trends in the area of European research and innovation on the basis of a description of the largest and most relevant (to health research) programmes.

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## 2.1 Research and innovation in the Seventh Framework Programme (FP7)

Most research that is coordinated by the European Union is financed from long-term framework programmes. The Seventh Framework Programme (FP7) was launched in 2007: it runs up to and including 2013. With a budget of 54 billion euros for seven years, FP7 was the largest European programme for research, technological development, and innovation at the time. The calls for the final work programmes of 2013 close in the autumn of 2012, and in some cases, in early 2013.<sup>3</sup>

FP7 consists of four components:

- Ideas. This component supports outstanding researchers conducting ground-breaking research. The programming and financing of the research is arranged by an external executive organisation of the European Commission, the European Research Council (ERC).
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- **People.** This component is aimed at strengthening the capabilities of researchers and their international research careers through financing from Marie Curie Fellowships.
- **Capacities.** This consists of a number of programme elements that aim to strengthen the capacity of research and research infrastructures in Europe.
- **Cooperation.** This is by far the largest component, accounting for two-thirds of the total FP7 budget. It finances European businesses and organisations conducting research in international consortia that falls in one of the ten set themes.

One of the ten themes in the Cooperation component of FP7 is Health. With a budget of 6 billion euros for the duration of the FP7, Health has the second-largest slice of the cake, behind ICT.<sup>4</sup> Four areas have been prioritised in the FP7 Health theme:

- **Biotechnology, generic tools and medical technologies for human health.** This involves, for example, the development of new imaging techniques and research into innovative treatment methods.
- **Translating research for human health.** Translational research into health problems like epidemics, diseases such as cancer, chronic conditions and rare diseases.
- **Optimising delivery of healthcare to European citizens.** Healthcare research, including research into promoting the translation of clinical research into clinical practice, and quality and efficiency of healthcare systems.
- **Other actions across the Health theme.** This fourth area serves primarily to finance policy-supporting projects and subjects which have been placed high on the political agenda by the European Parliament. In addition, this area is used to support activities that have been set up together with, and for, countries from outside the EU (emerging and developing countries).

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### 2.1.1 *Dutch participation in FP7*

Every year, the Expert Centre for Research and Innovation (EiOI), part of the NL Agency executive organisation, publishes details about Dutch participation in the framework programme. The *Nederland in KP7 2011* summary publication provides an insight into participation by the Netherlands in the framework programme in comparison with other European countries, based on information on FP7 grant agreements between 2007 and 2010.<sup>5</sup> Annex C gives an overview of participation by Dutch parties in the framework programme, and a specification of participation in the different components of the Health theme.

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The overview shows, among other things, that the Netherlands participates extensively in the relatively large sub-component of translational research, but also in relatively small sub-components such as healthcare research.

For the whole Health theme, financial assistance was granted to a total of 690 projects between 2007 and 2010, of which 340 featured Dutch participants. The number of submitted projects with Dutch participants was 1,302, which means the Netherlands had a success rate of 26.1 per cent. This percentage shows the proportion of the projects submitted which were eligible for financial support. By way of comparison, the average success rate for the Health theme for all countries was markedly lower, at 16.1 per cent.

Table 1 shows the financial support that was awarded from FP7 Health, for each country. This so-called return percentage illustrates the percentage of the FP7 financial support that was obtained by each country. Although the Netherlands lagged (considerably) behind the United Kingdom, Germany, and France in absolute terms, the return percentage of 9.0 per cent is very good for a small country like the Netherlands, especially when compared to the percentage contributed by the Netherlands to the EU's overall budget – that is, 4.9 per cent.

For a more detailed picture of participation by various Dutch parties in the framework programme, the EiOI has made an analysis of the distribution of the financial support that has been awarded according to type of organisation. By some distance, most goes to the academic world, followed by research

*Table 1* FP7 – Health: financial support awarded per country.

	Country	Financial support awarded, FP7 - Health (million €)	Return percentage (%)	FP7 contribution (%), based on total contribution to EU budget <sup>a</sup>
1	United Kingdom	532.8	16.9	11.2
2	Germany	512.3	16.2	19.5
3	France	331.1	10.5	16.6
4	Netherlands	283.4	9.0	4.9
5	Italy	236.5	7.5	13.4
6	Sweden	173.2	5.5	2.4
7	Spain	164.7	5.2	9.2
8	Switzerland	140.0	4.4	unknown
9	Belgium	120.3	3.8	4.1
10	Denmark	89.2	2.8	2.2

<sup>a</sup> The FP7 contribution from the associate countries (non-member states such as Switzerland) is not known and has therefore not been included in the calculation of the FP7 contribution. For this reason, the actual FP7 contributions by the EU member states are slightly lower.

organisations, small and medium-sized enterprises (SMEs), large companies, and ‘others’ (see Figure 1).

The diagram shows that the financing received by Dutch SMEs and large companies amounted to 8 and 0.5 per cent respectively. Given that the European average was 13 and 3 per cent respectively, the Netherlands is lagging behind in comparison with other countries. This problem has been around for some time: in FP6, too, the participation of private-sector parties in the then-theme of ‘life sciences and health’ was relatively low.<sup>6</sup> In spite of various stimulation measures, the level of participation by SMEs in European research and innovation has not yet increased. This is a continual source of concern for the European Commission.

In general, the Netherlands is performing well in European-financed research in the Health component. However, FP7 has almost run its course and will be succeeded by a new framework programme - Horizon 2020. This framework programme differs in a number of ways from FP7, and at the same time several new programmes and partnerships will become increasingly important in the years to come. The relevance and positioning of Dutch health research in Europe therefore requires continual attention.

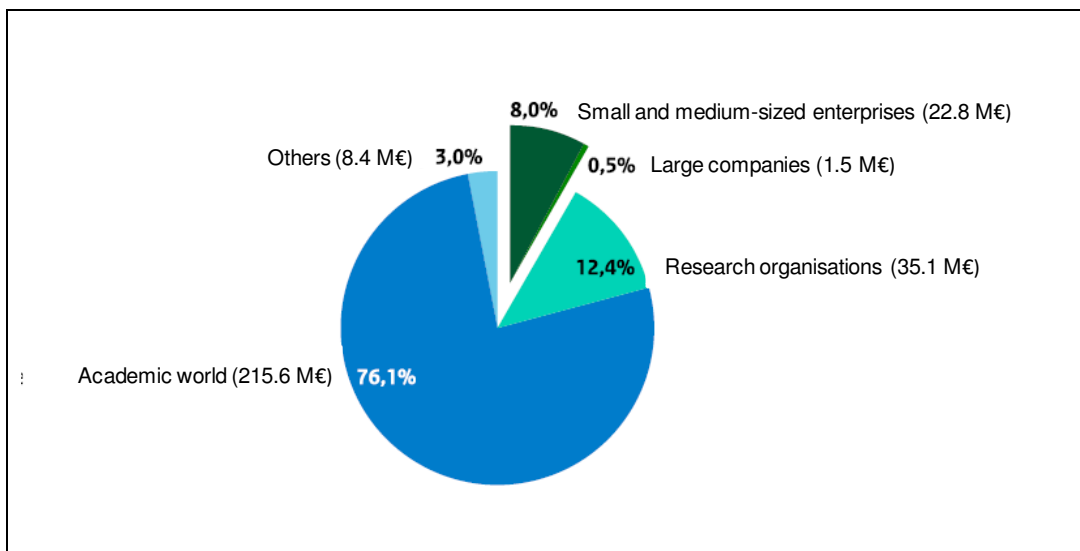


Figure 1 Participation by Dutch parties in FP7- Health.

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## 2.2 Europe 2020 and new research and innovation programmes

Following on from the Lisbon growth strategy, the European Commission has drawn up the new Europa 2020 growth strategy, the general aim of which is a smart, sustainable, and inclusive economy. Europa 2020 features seven large-scale flagship initiatives. For European research and innovation, the Innovation Union flagship is the most relevant. The Innovation Union has three aims:

- to stimulate European academic excellence
- to remove obstacles to innovation
- to promote cooperation between public and private-sector parties.

The further development of a European Research Area will be a key aspect of the Innovation Union. The European Commission hopes it will lead to Europe becoming more attractive to European and international researchers and to greater coordination and cohesion of research and innovation in the various EU member states\*.

In recent years, new instruments have been added in order to help shape the European Research Area further, including the European Research Council (ERC), the Joint Technology Initiatives (JTIs), and the Knowledge and Innovation Communities (KICs). With the increase in the number of instruments and programmes, the European landscape has become more cluttered, which has also hindered the development of the various agendas.<sup>1</sup> The European Commission will therefore make use of a common strategic framework (CSF) in the next few years, with the aim of improving the cohesion between and integration of different European funds and programmes.<sup>7</sup> For those involved in Dutch health research, this will mean having to increasingly consider the various European programmes, both inside and outside Horizon 2020, as a whole in future.

Two important aspects of the European Research Area are discussed below: the new framework programme, Horizon 2020, and the joint programming initiatives. Annex D contains a description of a number of other programmes and partnerships that are of relevance to the Health theme.

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\* For an overview of the European Research Area, see <http://ec.europa.eu/research/era>.

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### 2.2.1 *The successor to FP7: Horizon 2020*

Work is currently underway in Brussels on the content and structure of a new large-scale research and innovation framework programme - Horizon 2020. With a budget being proposed by the European Commission to the tune of around 80 billion euros, this successor to FP7 will be bigger than ever. Horizon 2020 consists of three components:

- academic excellence: aimed at strengthening the European knowledge base with the help of both fundamental and applied sciences
- industrial leadership: aimed at accelerating innovation in order to enhance the competitive strength of European businesses, including SMEs
- tackling six major societal challenges:
  - health, demographic changes, and well-being
  - food safety, sustainable agriculture, marine and maritime research and the bio-economy
  - safe, clean, and efficient energy
  - smart, green, and integrated transport
  - climate policy, efficient use of resources, and raw materials
  - inclusive, innovating, and secure societies.<sup>8</sup>

These societal challenges will be of great importance for setting the agendas of European programmes in and outside Horizon 2020; they will outline the criteria within which the annual work programmes will be detailed. In addition, the societal challenges will greatly influence the content of other programmes, as well as the research programmes of the member states.

Because of the growing emphasis by the European Commission on innovation and economic valorisation, it will be even more important for SMEs and other private-sector partners to take part in Horizon 2020 than is currently the case with FP7. Twenty per cent of the financing from the industrial leadership and societal challenges pillars has to be allocated to research carried out by SMEs, a percentage that is not currently attained by many countries, including the Netherlands. This trend merits special attention because a high level of participation by SMEs, especially in the field of health research, is a very difficult objective to fulfil.

Horizon 2020 will also include the Competitiveness and Innovation Framework (CIP) and the European institute of Innovation and Technology (EIT), two

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initiatives that were previously separate from the framework programme. This shows once again that innovation and valorisation will play an even more important role in the new framework programme. In the EIT, the Knowledge and Innovation Communities (KICs) are important for conducting research and the implementation of the strategic research agendas. A KIC is a network in which the triangle of science, business, and education work jointly on innovation in a particular field, for a period of between seven and fifteen years. The EIT contributes up to 25 per cent of the costs of the KICs, with the remaining 75 per cent having to be raised from public and private sources. There are currently three KICs underway (ICT Labs, InnoEnergy, and Climate), with participants from various countries. The Netherlands, too, is participating in these KICs.

The European Commission is proposing to expand the number of KICs in the next few years. Three Dutch regions and their own (foreign) partners are currently warming to the plans for a KIC Health, which is expected to start in 2014.\* The definitive plans for the EIT still have to be adopted, and the advice from the Council of Ministers (also known as the Council of the European Union, or the 'Council') and the European Parliament is still awaited.

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### 2.2.2 *Joint programming initiatives*

Although the European Commission has made more and more funding available for research and innovation down the years, the Brussels budget forms just a small part of the overall budget for research and innovation for all European member states. In order to work towards a joint European Research Area, the European Commission would like to see better coordination between the research efforts of individual member states and the European programmes for innovation and research.<sup>8</sup> The joint deployment of expertise and finances of member states (often in public-private partnerships) is being encouraged to that end. By developing instruments that support coordinated research programming (for specific themes) in Europe, the European Commission hopes to prevent fragmentation and overlap in research. It is likely that this form of European cooperation will become increasingly important in the next few years.

One of the best-known instruments aimed at European cooperation is the Joint Programming Initiatives, (JPIs). These are cooperation partnerships between member states for better coordinating national research programmes

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\* The KIC Health is being prepared under the name 'Innovation for healthy living and active ageing'. In addition, two other KICs are expected to start in 2014: 'Food4future', in which the Netherlands will be playing an important role, and 'Raw materials'. See also <http://eit.europa.eu/about-us/strategy/>

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and for tackling European societal challenges. It is not the European Commission, but the individual member states that develop and implement a strategic research agenda here. The financial support from Brussels is intended to improve coordination, while the member states pay for the research. Of the ten JPIs that have been established, four have a clear health component. The Netherlands is involved in each of these JPIs: 'A healthy diet for a healthy life'; 'Antimicrobial challenge – an emerging threat to human health'; 'More years, better lives'; 'Pilot initiative Neurodegenerative disease research'.\* Participation in these JPIs is due in part to the membership of renowned Dutch researchers of the scientific advisory boards, whose members are drawn from different countries. It is possible that the themes for the JPIs will help determine the direction taken by the research and innovation agendas of the European Commission. It should be pointed out that participation in the JPIs requires financial support at an early stage.

Because the setting up of JPIs does not run via the regular formal channels in Brussels (as is the case for the large-scale framework programmes, see Chapter 3), a different approach is required for the purpose of organising input. This is apparent from the history of the creation of the JPI entitled 'Antimicrobial challenge – an emerging threat to human health', for example. The Dutch field proved to be insufficiently organised at the time the initiative was starting up. The Ministry of Health, Welfare, and Sport, which was struggling with logistical problems, and the Netherlands Organisation for Health Research and Development (ZonMW), spent a long time hesitating on whether to play a full part in the preparatory meetings. It was only when the field pointed out that it was wrong for the Netherlands not to be affiliated to the JPI, given the country's good reputation in the area of infectious diseases, that it was decided it should play a more active part. ZonMW then intervened in the meeting at which it was decided how the substantive work in the JPI would be distributed, and managed to acquire the leadership in the most important work package, the development of the strategic research agenda.

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\* For an overview, see <http://www.agentschapnl.nl/programmas-regelingen/overzicht-jpis>.

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## **Contributing to and forming the European agenda**

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From the previous chapter, it is clear that European research and innovation programmes are liable to change and that various programmes are relevant to health research. In this chapter, the Committee describes in global terms the various processes by which the agendas for these programmes come into being. The emphasis is placed on how Dutch input to European agenda formation is organised.

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### **3.1 Creation of European research and innovation programmes**

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#### *3.1.1 Formal decision-making processes*

The development of the outline of European research and innovation programmes (as well as the development of the programmes themselves) falls under the official European decision-making process for legislation and policy. This means that for the creation of the structure of a framework programme, for example, all 27 member states are involved, and that the decision-making process takes place in an interaction between the European Commission (which represents the collective interests of the EU), the Council of Ministers (who represent the member states) and the European Parliament (for the interests of European citizens).

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When drawing up the outlines of the new Horizon 2020 framework programme, it is the officials of the European Commission, the scientific officers in particular, who play a major role: they wield the pen. The same thing applies at a later stage, too, when the more detailed work programmes are worked out. Administrative support by the European Commission comes in the form of various directorate-generals (DGs), each of which is responsible for a particular policy area. The plans and proposals relating to the creation of Horizon 2020 are mostly in the hands of the DG for Research & Innovation, but other DGs may exert an influence over the proposals by DG Research & Innovation. For those involved in health research, it is important to bear the influence of the DG SANCO (which deals with health and consumer affairs) in mind. This is because the policy agenda of DG SANCO may be used in the preparation of the specific details of the proposals by DG Research & Innovation.

The proposals by DG Research & Innovation are first discussed in the Council Working Party on Research, where negotiations between the 27 member states take place, and who are represented by delegates from the Permanent Representation. After the negotiations in the Council Working Party on Research have been concluded, the proposal - amended or otherwise – is dealt with by the Committee of Permanent Representatives (COREPER). The decision-making process takes place in negotiations between the European Commission, the European Parliament, and the Council of Ministers (after the member states in the Council of Ministers have adopted a joint position, and after the European Parliament has also adopted its own position about the proposal by the European Commission). The parliament can approve, amend, or block legislative proposals and other plans by the European Commission, so it therefore plays a substantial role in the European decision-making process.<sup>9</sup>

The work programmes for each component (including ‘health’ and ‘agro-food’) are thematic details of the pillars of a framework programme by which the European Commission states which research is eligible for financial support. For the countries concerned, it is therefore very important that the work programmes contain the right subjects and that the conditions are formulated favourably. The European Commission draws up the work programmes in consultation with the member states and with a number of non-member states that also participate in research and innovation programmes, like Norway and Switzerland (the so-called associated countries). The formal input into the work programmes takes place via the Programme Committee (PC), on which one or more delegates from each country sit (often they are policy officers from ministries). The European Commission also undertakes various activities in order to gain input for the new

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research and innovation programmes; for example, officials from the European Commission carry out large-scale consultations in the field (including via the internet). As well as these formal consultations, there are many informal ways in which European Commission officials acquire input from stakeholders (see Section 3.1.2).

### **Horizon 2020 – the current state of play**

The proposal for Horizon 2020 was published by the European Commission on 30 November 2011, after which a lengthy process was started in order to arrive at a more detailed and definitive proposal. Both the Council of Ministers (consisting of the various member states) and the European Parliament will be given the opportunity to come up with proposals for amendments, in the hope that a joint position can thus be achieved. The procedure made good progress under the Presidency of Denmark (which ran until mid-2012), with many of the negotiations with representatives from the member states having already been concluded. The Presidency was taken over by Cyprus in the second half of 2012. The budget and details of the programme for Horizon 2020 must be agreed during the Presidency of Ireland (in the first half of 2013) and then Lithuania (second half of 2013). In the fields of health and agro-food, the Netherlands can still make significant contributions to the details (late 2012 and in 2013) of the specific ‘Health, demographic change and well-being’ programme, and also to the programmes for large-scale research facilities and ICT. Currently (late 2012) the overall budget for Horizon 2020 is coming under pressure because several member states believe the planned budget to be too high.

Some smaller research fields and themes follow a completely different route in order to make their way onto the European research agenda. In the field of healthcare research, for example, the Netherlands encouraged the creation of a ‘support action’ several years ago. With support actions, the European Commission does not support research itself, but rather the coordination of and networks around research projects and programmes. The aim of the ‘support action’ for healthcare research was to explore the priorities for healthcare research, in one of the last FP7 calls. The ‘support action’ was carried out by a consortium of European partners, in which the Netherlands was the leader. The results were fed back to FP7 via the DG Research & Innovation. The officials at

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the DG Research & Innovation played an important part in the successful dissemination of the research agenda for this relatively small research field. The question is how much scope there will be in the new Horizon 2020 structure to allow the bottom-up method that was used for this support action. It is important to keep an eye on the various routes by which agenda setting for smaller themes occurs.

### **EU route planner**

The Ministry of Health, Welfare, and Sport recognises the importance of a sound knowledge and experience of European decision making when it comes to cross-border health policy and legislation. In 2010, the Ministry issued an update of an EU route planner that had been drawn up by its International Affairs Directorate in 2006. This guide to European decision making helped policy officials in the ministry become familiar with the complicated EU decision-making processes.<sup>9</sup> The Committee considers this guide to be of great value not just for those involved with European health policy and legislation, but also for representatives of Dutch health research seeking to find their way to Brussels. For the purpose of gaining a more detailed picture of the formal decision-making procedures, agenda formation, and the role of the Council Working Parties, COREPER, Council of Ministers, and Parliament, the Committee heartily recommends the EU route planner. It is available free of charge from the International Affairs Directorate of the Ministry of Health, Welfare, and Sport.

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### **3.1.2 Informal processes relating to the formation of agendas**

The early stages of the agenda formation process in particular are less transparent and formally structured than are the later stages, during which the details of the themes for research and innovation programmes are worked out and set down (primarily via the work programmes of the framework programme). Lobbyists representing particular interests play a major role during the early stages. The role of lobbyists in Brussels is relatively large in comparison with that in other political capitals. A much-used functional argument for this is the permanent and structural lack of information faced by the European Commission.<sup>10</sup> In relation to the size of the European population, the European Commission has a relatively small number of officials. Nor does the European Commission have a well-

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functioning foresight institute through which priorities can be drawn up for the long term. It is partly for this reason that it is usual for European research and innovation agendas to be drawn up with the help of different stakeholders whose contributions involve a timely, preferably broad-based and long-term vision or appropriate message. In other words, the European Commission is an effective place for exerting influence on the formation of European agendas.<sup>11</sup> Representing interests, incidentally, entails more than the persuasiveness of professional lobbyists. Many of the informal processes from which European officials gather their input take place in workshops or academic or other conferences attended by scientists, patients' organisations, and other stakeholders. Participating at these events is also a form of lobbying. It is not just the European Commission (whether at administrative or executive level) at which lobbyists direct their activities: increasingly, they have the European Parliament in their sights as well, partly because it has gained a more important role in the European decision-making process in recent years.

Individual researchers can influence the substantive details of the framework programme, both as members of committees for work programmes and through informal contacts with DG Research & Innovation. Principal investigators in particular can fulfil an important role here, and they should be given the scope and the appreciation for carrying out this task.

After concluding a research project, the European Commission often uses the experiences of the coordinators of the project when drawing up the agenda for subsequent projects. The coordinators therefore function as an important vehicle in determining the direction of future research and innovation programmes.

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## **3.2 Organisation of Dutch input in Europe**

There are also two distinct routes down which input from the Netherlands to European research and innovation programmes can go – one formal, the other informal. The formal route runs via the Dutch government, and the informal route via the lobbyists for Dutch stakeholders. At a time when more and more attempts are being made for the government and stakeholders to act more closely together, the difference between these two routes is not clear-cut.

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### **3.2.1 *Formal routes for Dutch input***

An important formal route for Dutch input to the outlines of the framework and related programmes runs via the Council Working Party on Research, where the

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Permanent Representative looks after Dutch interests. Most of those working for the Permanent Representative are delegates from the various Dutch ministries, and they operate in Brussels on the basis of instructions from these ministries. The delegates for the Council Working Party on Research get their instructions directly from the Ministries of Education, Culture, and Science (the Research and Science Policy directorate), and Economic Affairs (the International Affairs directorate). Other ministries, including the Ministry of Health, Welfare, and Sport, are also involved indirectly in instructing Dutch representatives in Brussels.

As described in Section 3.1.1, countries organise their formal input for the work programmes of the framework programme via the Programme Committee, which examines matters in closer detail than does the Council Working Party on Research. For Horizon 2020, the Programme Committee will meet in a variety of configurations (including one for Health). For the Netherlands, policy officials from the various ministries sit on the Programme Committee; for the Health configuration, officials from the Ministries of Health, Welfare, and Sport; Economic Affairs; and Education, Culture, and Science have been appointed as members. They will be supported by one or more experts. Other configurations of the Programme Committee may also be important as far as health research is concerned, such as Food, Ideas, and Capacities. NL Agency has the list of the Dutch Programme Committee members and experts of every configuration; the names of those involved can be requested from there.

In order to better coordinate input via the formal route to Europe, the Dutch government has set up an Interdepartmental Framework Programme Consultation Group (IWK), in which discussions focus primarily on matters relating to the framework programme, and which includes NL Agency, Programme Committee members, and various parties involved with European partnerships.\* The chief aim of the IWK is to exchange information on European programmes and partnerships, and to discuss aspects that are relevant to all the themes. The input for the various Programme Committees is discussed in the IWK, for which a total of around sixty people are on the invitation list.

The policy objectives of the relevant ministries are also important when the formal input from the Dutch government (via the Programme Committee members) is determined. The formal responsibility for the Dutch input rests with

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\* Officials are working on a slightly different set-up for the Group, which will probably also be renamed.

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the Programme Committee members, who can push forward current policy priorities. They attempt to include as much feedback as possible from the various stakeholders when determining their input. Stakeholders can contact ministries or NL Agency directly, but ideally they let their views be known via the consultation groups that have been set up for that purpose, and which collate the input received from stakeholders. The Health consultation group consists of a wide range of representatives of the health sector, including various substantive experts, knowledge institutes, and businesses, and has been set up by the Programme Committee members after consultations with stakeholders. The consultation group meets physically for the preparations of new framework programmes, and is further consulted whenever any substantive input is required for setting up or modifying the work programmes of the framework programme.

The composition of the current consultation group dates from the period of preparation for FP7. Because the set-up and focus of Horizon 2020 and of other research and innovation programmes will be different from the present situation, it is logical for the consultation group have to be reconstituted.

On the basis of its own experiences and discussions with relevant parties, the Committee has established that, in practice, the involvement of the consultation group in recent years leaves room for improvement. It appeared sometimes to be difficult to involve the parties concerned to a sufficient degree and on time, and to get their input in preparation for meetings of the Programme Committee. This may have been caused by the shortage of time that was available for the experts to give their responses (sometimes, to large quantities of information). Nor was it always clear to them whether and how their responses would ultimately be fed through to Brussels. The result of this was that the members did not feel much obligation towards formulating their input. All in all, the responses seemed to rely on a small group who were doing the lion's share of the work, and this results in a somewhat vulnerable situation.

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### 3.2.2 *Informal routes for Dutch input*

The larger knowledge institutes in the Netherlands have appointed their own liaison officers who can work on the task of strongly positioning the institutes in Europe. These liaison officers meet on a regular basis in order to coordinate their input. The consultations between liaison officers are of a practical nature and are marked by a higher degree of involvement than is the case with the current Health consultation group. A disadvantage is that the smaller institutes and research fields are often not represented because they do not have the resources

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to be able to appoint liaison officers. The liaison officers do not generally operate specifically for the theme of health: they are involved in several fields. The regular liaison officer consultation meetings are organised by the Association of Universities in the Netherlands (VSNU) and the Dutch Federation of University Medical Centres (NFU). The EiOI is also invited to these consultations. It is aimed primarily at implementational aspects of European research and innovation, and provides support for researchers (see Chapter 4). By informing those in the research field in good time of developments and opportunities on the European research and innovation agenda, the EiOI is also of major value to Dutch stakeholders seeking to contribute to the setting of the agenda in Brussels.

As well as the Permanent Representation in Brussels, Neth-ER (Netherlands house for Education and Research) is a second important organisation for the Dutch health sector in Brussels. Neth-ER, which was founded in 2006, is an international not-for-profit association that represents a significant proportion of the Dutch public knowledge field (organisations related to research, education, and innovation) in Europe, and which supports its members and followers in influencing policy processes in Brussels. This is a way of making the best possible use of what Europe has to offer to the Netherlands. Both the VSNU and the NFU are members of the association. Neth-ER is supported by the Ministry of Education, Culture, and Science, and it works closely with other ministries, such as Economic Affairs, Agriculture, and Innovation; and Health, Welfare, and Culture, and with employees of the Permanent Representation. Neth-ER is therefore a good example of an organisation that operates on the interface of formal input (from governments) and informal input (from stakeholders) in the creation of European policy. In addition to providing support and advice to its affiliated organisations, Neth-ER serves a broader interest by keeping the Dutch knowledge sector informed (by newsletters and seminars) of relevant European developments relating to education, research, and innovation. It also organises work groups on important themes and programmes, such as Horizon 2020, in order to help its members formulate their own interests and those of other members, and to ensure that input to Brussels is properly coordinated.

In 2009 the NFU, in cooperation with the Netherlands Organisation for Health Research and Development, set up a consultation body, the '*Commissie Internationaal*' (committee on international affairs) to better coordinate the activities in the field of health research at European and international level. The *Commissie Internationaal* represents university medical centres (UMCs) and seeks to get the priorities of Dutch health research onto the European agenda. This involves writing 'position papers', with which several highly active and

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involved representatives find their way to Brussels.<sup>12</sup> The priorities in the position paper of the NFU are drawn up by eight working groups, the members of which are mostly professors from UMCs.

Apart from the successful efforts of the *Commissie Internationaal*, Dutch UMCs have also managed to establish direct links with Brussels. From the point of view of Dutch health researchers as a whole, the parallel existence of this informal way of representing interests, alongside the coordinated representation on the part of the *Commissie Internationaal*, or other bodies, is largely ineffective and could actually be counter-productive.

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### 3.2.3 *Positioning in Brussels via the Taskforce European Connection*

It seems probable that the top sector policy of the previous Minister of Economic Affairs, Agriculture, and Innovation will be continued in the next few years. So-called innovation contracts have been drawn up for each of the top sectors, including Life Sciences & Health (LSH), in which public-private partnerships are encouraged in strong research and innovation fields of societal and economic importance. The LSH plans will play a major part in the near future in the coordination of Dutch health research. The LSH innovation contract consists of ten roadmaps, pointing the way ahead for research and innovation in the sector.

On the instructions of the Ministry of Economic Affairs, Agriculture, and Innovation, the top sectors are attempting to strengthen ties with European research and innovation. After the summer of 2012, LSH set about the task with a Taskforce European Connection. The LSH Coordination group, which is responsible for carrying out all LSH plans, set up the Taskforce and assigned it the task of making a plan of action in which ‘investing’ and ‘profiting’ will ultimately benefit the Dutch LSH sector. The Taskforce is concentrating on public-private partnerships and is initially concerned with the theme of active and healthy ageing. The Taskforce is aiming to link effectively the various Dutch programmes to JPIs and the public-private European Innovation Partnership on Active and Healthy Ageing, which falls under the Entrepreneurship and Innovation Programme (EIP). Another goal of the Taskforce is to involve the Agri&Food, High-Tech Systems and Materials (via Philips), and Creative Industry top sectors with LSH. It is possible that in the long term, the Taskforce will broaden its focus (and composition). Representatives from the NFU, major companies from the private sector, SMEs, the Netherlands Organisation for Health Research and Development, the Agri&Food and Creative Industry top sectors are taking part in the Taskforce. A broad-based support group has also been set up, whose members are experienced experts from the NFU, the Ministry

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of Health, Welfare, and Sport, the Netherlands Organisation for Health Research and Development, and Neth-ER, and which is linked (via official observers) to the Ministries of Health, Welfare, and Sport; Economic Affairs; and Education, Culture, and Science, as well as with the Permanent Representation. The composition of the Taskforce is shown in Annex E.

It is the intention that the Taskforce will make a strong push towards gaining a firm position in Brussels on behalf of the public-private partnerships united in the LSH sector, to which the State Secretary made reference in his first question to the Health Council of the Netherlands. From the timetable that is envisaged for the LSH-related initiatives that have been devised, it can be deduced that LSH will continue to play an important role for the time being in the coordination of the field when it comes to public-private cooperation in relation to European partnerships and programmes.

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### **3.3 Conclusion and problem areas**

Looking at the situation as a whole, the Committee is of the view that there is a well-functioning network of individuals and institutes, from the government and from the field, who down the years have generally managed to work together, and who have also operated reasonably effectively in relation to Europe. However, the Committee also believes, as does the State Secretary, that the coordination of Dutch input to Europe, and especially its effectiveness, could be improved. This concerns problem areas in the current situation and developments in the research and innovation policy in Europe to which the Netherlands must respond in order to continue its participation.

#### Little outward evidence of joint vision

In order to be well placed to help form the European research and innovation agenda, a clear long-term vision is required to which government and stakeholders want to commit, and which is therefore truly a joint vision. The changes in the field of European research and innovation make it necessary to update such a vision from time to time and for it to be portrayed again and again to the outside world.

## Formal route and informal route are insufficiently integrated

There are a number of government bodies in which coordination activities take place, and several more informal bodies involving stakeholders, each with their own character and focus. The coordination between them and the division of responsibilities leave something to be desired. The Health consultation group could play an important role as a mediator between the field and the government, but at present very little comes of this. This is because the members do not always feel responsible for providing broad-based input on time, which is therefore only partly put forward. As a result of this, the Programme Committee members largely have to rely on their knowledge of and direct contacts with the Dutch sector, and have to weigh up the interests of different stakeholders themselves. Moreover, the consultation group is contacted more on an ad hoc basis than a structural one.

Various stakeholders are aware that the consultation group has its limitations. They therefore organise their own contacts with Brussels, proposing priorities of their own. Although it is no bad thing that institutions are given space to contribute good ideas towards the formation of the European agenda, it is important that such efforts are made on the basis of a shared responsibility. From the perspective of the Dutch health research sector, individual initiatives are often ineffective. It is in any case important that the representation of the interests of stakeholders is properly coordinated with the formal Dutch representatives. The Committee therefore concludes that the formal and informal routes to Brussels should be more closely integrated.

## Stakeholders do not work closely enough together; small stakeholders see little opportunity to have their voices heard

The interests of various stakeholders are represented in Brussels along parallel routes. The NFU *Commissie Internationaal*, for example, attempts to get priorities on the European agenda, but at the same time, individual UMCs and (technical) universities also seek to make contact with Brussels. The European Commission receives position papers from many parties, and will attach greater weight to parties that operate together than it will to one operating alone.<sup>13</sup> This is also the reason that umbrella organisations like the VSNU and the NFU can make a powerful impact. The success of Dutch representatives in Brussels therefore depends in part on the degree to which activities are coordinated in the Netherlands and to which support is garnered.

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Three regions in the Netherlands are currently trying – independently of each other – to have a new KIC Health allocated to them. This kind of competition within the same nation is largely ineffective as KICs are allocated to only one main location. After the main location (and the other co-locations) has been selected, it is in the interest of Dutch health research that the winning consortium works wherever possible with the other parties.

Other, mostly small, stakeholders, from the healthcare research sector for example, lack the resources to deal actively with Brussels and generally rely on their interests being represented by the consultation group.

### Formal route is too fixated on framework programme

The Committee noticed in particular that the formal operational structure, including the IWK, the Programme Committee members and experts, and the consultation group are strongly oriented towards the framework programmes. The increasing importance of JPIs and other partnerships and programmes outside the framework programme will definitely need the attention of the various representatives of the health research sector in the future, including that of the government. Because the relationship between the framework programme and other programmes and partnerships is set to intensify, the ways in which interests are represented to programmes, initiatives, and partnerships inside and outside the framework programme will have to be linked up. From the description of the difficulties in getting the Netherlands involved in the JPI in the field of infectious diseases (see Section 2.2.2), it appears also that a sound structure by which stakeholders and government can identify opportunities is lacking. As a result, there is a threat that participation by the Netherlands in programmes and consortia of this kind depend too much on the ad hoc activities of just a few individuals or parties.

### Taskforce lacks a broad-based representative character that is needed to coordinate the entire health field effectively

The LSH Taskforce European Connection offers a suitable platform for establishing a relationship between research and valorisation, thanks to the membership of several important representatives from the private sector and their outstanding knowledge and experience of setting up public-private partnerships. The Taskforce has the decisiveness and experience of representing interests that are needed to make real progress in Brussels. Because other top sectors like Agri&Food are also involved, the Taskforce is, moreover, well

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equipped to think in cross-sectoral terms. This is an important quality, now that Brussels is much less sector-oriented and is placing greater emphasis on societal challenges. At the same time, it is clear that the Taskforce consists of a select group that does not adequately represent the whole sector; the members are selected by the LSH top sector. This means that the Taskforce does not have the open and representative character that is needed for effective coordination of the health field as a whole.





# Participation in European research and innovation

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The second request for advice by the State Secretary concerns how the Netherlands can respond most effectively to the opportunities offered by European research and innovation: how can Dutch health researchers take part in European programmes and projects to the best possible effect? This is the subject of this chapter.

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## 4.1 Participating in Europe: support for researchers

Participating in European projects and programmes is no cakewalk. The competition leading up to it is fierce, and requires not just excellence in terms of the subject matter, but also a good knowledge of the ins and outs of European programmes, of the rules of participation and of the criteria for receiving funding – which are not only based on academic or scientific excellence. In addition, cooperation with European partners is essential for success in Brussels. Researchers must invest in their knowledge of the field, and realise that they will be dealing with the best parties at international level.

Because it is difficult for individual researchers to keep up to date with every potentially useful initiative and facet relevant to competing for grants (and the actual participation in projects), a number of routes to help have been devised. The Committee believes that the responsibility for supporting researchers should lie with the university, UMC, or other organisation where researchers are employed. Both the formal and informal routes described in the previous chapter

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serve as conduits for information about new themes, forthcoming calls, and draft reports to Dutch knowledge and other institutes. During the early stages of European plans, grants offices and liaison officers at institutes provide researchers with the essential information and the necessary support and advice regarding the procedure that precedes the submission of a research proposal or participation in a consortium or programme. They have the most up-to-date knowledge of European research and innovation, including legal, financial, and management aspects.

Knowledge of the desired societal impact is crucial when seeking to participate successfully in European research and innovation. The impact criterion is not always highlighted as much as it should be in proposals by Dutch researchers, although they do score very well on the scientific excellence criterion. Given the growing importance of interdisciplinary research and innovation in tackling societal challenges, liaison officers at universities can offer significant added value by suggesting possible collaborations with other researchers from various disciplines.

Researchers are also well-advised to give extensive consideration to the perspective of patients in their European research proposals, as the European Commission is applying the ‘significance of research and innovation to end-users’ criterion with increasing frequency (part of ‘societal impact’).

The possibilities available from DG SANCO to health and healthcare researchers are often less well known among Dutch stakeholders. As a number of prioritised areas from the LSH top sector are highly relevant to the DG SANCO agenda, there are certainly some excellent opportunities here. Those providing support to researchers should refer them to the ‘information’ section at DG SANCO, under which research is set out with open calls for several previously selected parties. The same thing applies to the opportunities on the DG Connect agenda (the former DG INFSO), which covers the internet and communication. In more general terms, technology, ICT, and food research are offering more and more opportunities for health researchers.

As well as the liaison officers at knowledge and other institutes, researchers seeking European grants can use the assistance of the EiOI expertise centre. The EiOI is formally the Dutch National Contact Point (NCP) for Brussels, and is responsible for implementational aspects of research and innovation.\* Every country has its own NCP, providing services in order to inform researchers and

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\* See [http://cordis.europa.eu/fp7/ncp\\_en.html](http://cordis.europa.eu/fp7/ncp_en.html).

project managers and give them practical support with European projects and project applications. In the Netherlands, the EiOI also organises the dissemination of information about opportunities in Europe for the Dutch research sector.

The EiOI helps Dutch organisations to participate in European programmes (especially the framework programme) through the provision of information and courses. Researchers can have their draft proposals examined in a pre-evaluation check in order to improve their chances of success. The EiOI also helps with questions from researchers about submitting proposals and the European rules of participation.

Finally, commercial agencies can be hired in for the purpose of preparing the submission of a European research proposal. Some of these agencies – and great care should be taken when deciding which to use – possess the expertise for making research proposals meet the European criteria as closely as possible. A frequently mentioned advantage is that these agencies have the capacity to provide extra support in the short term, if necessary.

The support given to researchers does appear to pay off, given the positive return percentages achieved by the Netherlands for FP7 (see Chapter 2 and Annex C). The Committee believes that particularly expert liaison officers and the various valuable services provided by the EiOI play a part in this.

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## **4.2 Participation requires prior investment**

It is clear that the second request for advice is closely related to the first question about how Dutch input towards the development of European research and innovation agendas is organised. After all, you have to lose a fly to catch a trout. The effort required in helping to shape programmes, projects, and partnerships can be earned back through participation in those same programmes, projects, and partnerships.

The government encourages the Netherlands Organisation for Health Research and Development and other institutes to participate in consortia and partnerships, such as the JPIs. Dutch parties have secured a good position in the European research infrastructure for biobanks (BBMRI), a major European partnership in the field of translational research (EATRIS), and the four JPIs in the field of health (see also Annex D). The Committee notes, however, that the encouragement by policy departments to take part in European research and innovation is not always accompanied by any financial commitment. This hinders preparations for taking part in European projects and partnerships. For a

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partnership like a JPI, for which the member states provide the financing for the research, a commitment of this kind is nothing short of essential.

Coordinating a European programme gives useful possibilities for influencing its substantive aspects. A frequent feature of the start-up phase of a programme is the search for a partner that is suitable as the coordinator. It is important that the government realises that being involved in coordinating requires extra manpower and financial resources, in addition to the investment in the actual research work, for the setting up of secretarial offices, for example. It would be helpful if the government were to make a budget available for matters of this kind.

The Committee points out that the benefits from participating in European research and innovation programmes and partnerships are not just financial – the substantive yields can also be considerable. Joint programming enables Dutch researchers and research groups to take part in large international projects, giving them indirect access to national funds from other member states. By having a coordinated approach within such initiatives, the Dutch researchers can better focus their national funding on specific sub-fields, in the knowledge that other sub-fields are being covered by other countries. The benefits from this type of coordination also justify a financial investment in advance of participating in European programmes and partnerships.

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### 4.3 Cash on the nail

European research and innovation grants cover only a part of the costs incurred by participants. It is usual for an institute that accepts a grant to be obliged to match that grant with its own resources. In 2004, the AWT pointed out the importance of sufficient co-financing possibilities and called for changes in the matching system.<sup>14</sup> In its 2009 recommendations, entitled '*Boter bij de vis*' (cash on the nail), the Advisory Committee for Health Research (RGO) stated that the matching obligation was threatening to restrict participation in European research and innovation programmes, as a result of which the development of research groups would be hindered.<sup>15</sup> In the Netherlands, it was the NIVEL (Netherlands Institute for Health Services Research), RIVM (National Institute for Public Health and the Environment), TNO (Netherlands Organisation for Applied Scientific Research), and Trimbos Institute national institutes in particular that had the greatest difficulty in meeting their matching obligations, as did the *Dienst Landbouwkundig Onderzoek* from the agro-food sector. This situation has not improved since the publication of the recommendations. On the contrary, universities and UMCs are finding it increasingly difficult to meet their

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matching obligations as well. Moreover, the pressing need for matching funds is threatening to impose too great a squeeze on free research. In its recommendations, the RGO concluded that the setting up of a matching fund could stimulate participation in European research and innovation. European rules allow for the use of funds of this kind, and a number of other European countries have or had a matching fund. The RGO also concluded that investing in a matching fund would be desirable even at a time of economic hardship, because the costs of the fund would be exceeded by the financial benefits in the form of European grants.

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#### **4.4 Participation by SMEs**

Participation by SMEs in European health research is often regarded as difficult, as shown by the Figures on participation in FP7 in Chapter 2. The horizon of European projects (often about five years) is said to be too long for businesses in this category. The role of coordinator of a project is not attractive for SMEs, who would prefer to leave it to universities and knowledge institutes, even if the costs associated with the role were to be reimbursed. It is not always logical for SMEs to take part in projects, as the European dimension is of insufficient relevance to their profile. That could be related to the markets in which they operate, the products they supply, or a lack of affinity with the comings and goings in Brussels. If SMEs do take part, they are sometimes subsequently alleged to have been “dragged in kicking and screaming”. In some cases, Dutch parties in a consortium ask the other foreign partners to involve SMEs from their country. It seems that companies that employ university graduates, as is often the case with spin-offs from knowledge institutes, are better equipped at participating successfully in consortia. It is in universities’ and institutes’ interests to involve the private sector, including SMEs, in European research and innovation. This could be achieved for example by taking responsibility and paying for the coordination activities themselves which, because of their onerous administrative tasks, do not appeal to SMEs.

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#### **4.5 European career development of researchers and officials**

The European Commission regularly encounters difficulties in finding good reviewers of research proposals from the Netherlands (and other member states). Dutch health researchers who have built up a good international position in their field can benefit from becoming active in Europe as reviewers. This enables them to see many calls cross their desks, it helps them learn the qualities of

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research institutes in other European countries, it gives them a clear idea of the state of the art in their research field, and they gain experience of the procedures in Brussels. Including review tasks is therefore a valuable instrument in career development, and deserves greater focus among young researchers in particular. It also gives the Netherlands the opportunity to safeguard the recognition of scientific excellence as the most important criterion for the purpose of assessing applications. In general, Dutch researchers score very highly on this aspect, and the policy position of the Netherlands is that this criterion should continue to be the most important in the future.

Managers of institutes should also acknowledge that successful participation in European research is a sign of quality. The institutes would be well advised to encourage their researchers to play an active role at European level, and to apply to be reviewers. Neth-ER and EiOI, among others, are able to inform the Dutch knowledge field if the European Commission is currently seeking to recruit reviewers.

Temporary positions are sometimes available in Brussels for which also Dutch officials are needed. As a means of enhancing their experience of decision-making processes, instruments, and programmes in the field of health research in Brussels, ministries would be well advised to deploy officials (or suitable individuals from other public-sector organisations like universities or institutes) in strategic temporary positions there.

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## **4.6 The rules of participation**

The European rules of participation set out the terms and conditions for cooperation between the European Commission and contracting parties, and between contracting parties themselves. These rules are important for the Dutch health research sector because among other things they prescribe how organisations may obtain funding. The rules of participation are also greatly important when it comes to valorising scientific project results: they determine how attractive it is for companies to take part. As far as SMEs are concerned, it is currently the complexity of the rules of participation that is the unattractive factor. It should be mentioned that the European Commission is working with one set of rules of participation for every component of Horizon 2020; in other

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words, there are no special rules relating to health research.\*

In order to set up effective consortia, the different types of participants need to make agreements between themselves that are compatible with the framework of the rules of participation. For this reason, it is very important that institutes possess in-house expertise in applying (and helping shape) the rules of participation. This requires a combination of financial, administrative and legal expertise. Large institutions often have this essential expertise at their disposal, but for more modest-sized organisations, with their lower budgets and smaller workforces, this is difficult to achieve.

The Ministries of Economic Affairs, and Education, Culture, and Science have a consultation group with specialists in the financial and legal rules for European programmes, on which many stakeholders have a seat and in which aspects of specific importance to health research can be discussed. However, it can be difficult for this consultation group to have a clear overview of the aspects that are of specific importance to health research.

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#### **4.7 Conclusion and problem areas**

Thanks in part to a sound support structure at knowledge and other institutes and the EiOI expertise centre, the Netherlands is participating in European health research with success. The Committee believes that responsibility for giving support to researchers participating, or seeking to participate, in European research and innovation often lies with the institute at which the researcher is employed. The Committee refers to the particular importance of a number of aspects pertaining to participation in European programmes and partnerships, such as the provision of timely and relevant information to research groups by the EiOI, Neth-ER, and other support bodies, the fulfilling of review tasks by researchers if there is demand for reviewers at the European Commission, and a clear understanding on the part of officials and stakeholders of the relevant rules of participation. The Committee is also of the opinion that a number of aspects relating to participation in European programmes and partnership could be improved.

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\* Many users of the framework programme have urged a simplification of the various financial, administrative, and legal modalities. Such a simplification is a current priority on the agenda of the European Commission.

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Desire to take part in European projects lacks commitment by the government

The government encourages institutes to take part in consortia and partnerships such as Joint Programming Initiatives (JPIs), but does not always link this with financial or administrative support. This hampers the successful preparation of projects or partnerships.

Matching obligations becoming more of a millstone

National knowledge institutes, universities, and UMCs are finding it increasingly difficult to meet the European matching obligations (which prescribe that a European Commission grant must be matched with resources from the organisation receiving it).

SMEs insufficiently involved in research programmes and partnerships

Given that the European Commission is attaching more and more importance to the involvement of SMEs in research and innovation (for valorisation purposes), the low level of participation among private-sector parties, especially SMEs, in programmes and partnerships is worrying. This should be an important area of focus for the Dutch health research sector if it wishes to remain relevant to the European agenda in the future.



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# Recommendations

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How can the Dutch health research sector position itself in Brussels in a coordinated, efficient, and sustainable manner so that it is able to make a positive contribution to the formation of the European research agenda? The Committee looked to find the answer to this first question in the request for advice in an amended coordination structure for input into Europe. Ideally, this means linking the existing (and largely successful) ‘formal’ and ‘informal’ initiatives aimed at Brussels and organising them on one footing, so that Dutch input for European programmes like Horizon 2020 can be managed in a coordinated and efficient manner, including in the long term.

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## 5.1 One coordination structure for future proofing input into Europe

The European research and innovation landscape is in a transitional phase: societal challenges are the crucial factor, the emphasis on valorisation is increasing, and programmes and instruments for research, innovation and regional development are becoming more intertwined. This means constant attention has to be paid to the European research and innovation agenda, and to the Dutch contribution to that agenda. From Chapter 3, it appears that there are a number of problems in the way in which Dutch input is organised. What is particularly lacking is one coordinating body that not only considers Dutch government policy, but also manages to organise and integrate the interests of the sector. This way, Dutch parties could make their presence felt in Brussels jointly

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(without competing against each other), more than is the case at present. As a result, they would be in a position to convey their position more persuasively, and this would increase their chance of success. In addition, it would mean the creation of a clear point of contact of relevant officials and researchers in the health research sector for the Permanent Representative in Brussels and for Nether, which would make the provision of information more effective. The recommendations from the Committee to the Ministries of Education, Culture, and Science; Health, Welfare, and Sport; and Economic Affairs therefore relate primarily to a tighter coordination structure.

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### **Recommendation 1 – Set up a new and broad-based Health consultation group**

The consultation group to be set up by the relevant Ministers or State Secretaries of Education, Culture, and Science; Health, Welfare, and Sport; and Economic Affairs would be responsible for formulating substantive Dutch input in the field of European health research, advising the Programme Committee members and other formal representatives about such input. The Committee proposes that this consultation group should consist of representatives of stakeholders who have an excellent overview of their grassroots, and on whose behalf they also speak. The consultation group would have to meet on a regular basis at first, and thereafter at, say, six-monthly intervals. They could be consulted in writing with regard to any ad hoc developments. The Committee recommends that the consultation group be broad-based, with a maximum of approximately fifteen representatives, but certainly including:

- chairman
  - a representative of the NFU
  - a representative of the Netherlands Association of Universities of Applied Sciences
  - a representative of the Royal Netherlands Academy of Arts and Sciences, the Netherlands Organisation for Scientific Research, and the VSNU
  - a representative of the Netherlands Organisation for Health Research and Development
  - a representative of the RIVM
  - a representative of TNO/NIVEL/Trimbos
  - a representative of major companies
  - a representative of SMEs
  - a representative of patients' organisations
  - a representative of health funds.
-

The Committee recommends that the secretarial offices of the consultation group be housed in NL Agency, and that an observer from Neth-ER and official observers from the Ministries of Education, Culture, and Science; Health, Welfare, and Sport; and Economic Affairs be appointed. The remaining positions in the consultation group can be taken up by representatives of other societally relevant organisations (to be determined at a later time), such as healthcare insurance companies, local authority health services, and healthcare providers other than UMCs.

The new consultation group should advise the official representatives in European consultation bodies regarding the substantive contributions they can provide whenever the European Commission is working on new European work programmes or subjects related to the field of health, both inside and outside the scope of the new Horizon 2020 framework programme. Particular attention should be paid here to the links between various components and other related initiatives, such as the JPIs. The consultation group would represent the collective interests of the Dutch health research sector and to that end would formulate, in conjunction with representatives from the relevant ministries, a joint vision. Thanks to the broad-based nature of the consultation group, this vision would be an effective tool when shaping the European agenda. The public-related parts of Dutch health research, such as public health research and healthcare research, should therefore emphatically be involved in setting the priorities of the consultation group and the activities in Brussels. Aiming to make a coordinated contribution also means that the consultation group should attempt to encourage any initiatives by stakeholders towards Europe that are compatible with the jointly formulated Dutch input and, where possible, to discourage any initiatives that are not compatible. The Dutch officials who attend the meetings in Brussels should report to the consultation group in order that they remain firmly up to date on how discussions in the formal Brussels bodies are proceeding.

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**Recommendation 2 – Appoint an Executive Board for the consultation group, in order to make it more decisive and efficient**

The Committee recommends that the relevant Ministers or State Secretaries of Education, Culture, and Science; Health, Welfare, and Sport; and Economic Affairs appoint an executive board for the Health consultation group which, in consultation with the whole group, would draw up a vision and formulate proposals. In addition, the executive board itself would have to visit officials in

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Brussels at certain times, in preparation of and in addition to its formal official input. The Permanent Representative in Brussels and Neth-ER, as outposts of the Dutch government and the sector itself, should be closely involved in both drawing up the Dutch vision and proposals, and with the actual contact between Brussels and the executive board of the consultation group. They know what the best methods are that the Netherlands should use in successfully getting its substantive contributions across. The Committee therefore considers it important that Neth-ER will also be given the resources in the future in order for it to be able to provide the services required.

The Committee recommends that the executive board be composed of the following: chairman, representative of the NFU (consider asking the chairman of the NFU *Commissie Internationaal*) and a representative from the private-sector parties.

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### **Recommendation 3 – Ensure that the consultation group and Taskforce work well together**

The Committee is of the opinion that the recently set up Taskforce European Connection is a small and effective body that is well-suited to dealing with new European developments, such as the increasing importance of public-private partnerships, valorisation, and the integration of research, innovation, and instruments for regional development. On the other hand, it is clear to the Committee that this coordinating mechanism does not encompass the entire Dutch health research sector. The Committee considers that the existence of a dual coordination structure, with one structure for health research conducted in the public-private domain, and another structure for research that does not fall into that category, is undesirable. The Committee believes the solution lies in organising an intensive dialogue between the consultation group (or its executive board) and the Taskforce by means of a partial personal union. To that end, it recommends that the chairman and one member of the Taskforce be also included in the new Health consultation group. Consideration should also be given to appointing one of these two Taskforce members to the executive board of the consultation group.

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#### **Recommendation 4 – Set up work groups that can develop the details of priority themes**

The Committee recommends the setting up of ad hoc work groups to develop the details of themes that have a good chance of succeeding in relation to the current situation regarding the formation of European research and innovation agendas. In order to create the cross-sectoral links that are receiving so much attention in Europe, it is recommended that relevant parties from other fields (such as Agri&Food or High-Tech Systems and Materials) be also included in these work groups. The work groups would report to the consultation group in the form of position papers.

When setting up its work groups, the consultation group should bear the substantive work groups of the NFU *Commissie Internationaal* carefully in mind. Efforts should be made at avoiding the duplication of tasks, and the available expertise should be deployed efficiently. If a subject is to be dealt with that is related to another subject that has previously been examined by an NFU work group, it is obvious that the chairman of the latter group should be involved with that of the consultation group. Although it will often be effective for the executive board of the consultation group to visit Brussels, it will sometimes be more useful to use heavyweights from the scientific world for deciding on the substantive details of the themes and sub-themes on the European research and innovation agenda. The chairmen of the NFU work groups, with their knowledge and experience of European research and innovation and their mostly good contacts with the scientific officers, will be able to fulfil this role successfully.

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#### **5.2 Support and conditions for optimal participation in European health research**

How can Dutch health researchers participate, and continue to participate, as effectively as possible in European programmes and projects? To answer this second question in the request for advice, the Committee looked primarily at the support structure for researchers and the factors that both facilitate and impede participation in European research. Support for Dutch researchers is primarily a matter for the institute and its liaison officers where the researcher in question works. Practical support with regard to the rules of participation in European research and the criteria for being awarded a grant is very important in the process leading up to the submission of a research proposal or participation in a

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consortium or programme. For researchers, it is good to know that they can also use the services of the EiOI expertise centre, which provides support regarding virtually every aspect of participation in European programmes. The Committee attributes some of the Dutch success in FP7 to the expertise of the EiOI, and therefore regards it as important that the EiOI continues to receive the resources with which it can offer the necessary services. That applies also to the Neth-ER, which plays a significant role in providing information about opportunities on the research and innovation agendas. In order to improve the Netherlands' participation in European health research programmes and partnerships, the Committee asks that the Ministers of Education, Science, and Culture; Health, Welfare, and Sport; and Economic Affairs pay particular attention to the importance of matching and financing, the participation by SMEs, and the European rules of participation.

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### **Recommendation 5 – Support participation in European programmes, including materially**

You must lose a fly to catch a trout: the government will have to translate its wish for intensive participation in European programmes and partnerships into support - financial and in terms of manpower - at an early stage. The question of how the Netherlands will contribute through national programmes to a JPI, for example, should be highlighted as early as possible; it is essential here that responsibility for the JPI is clearly embedded at official level.

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### **Recommendation 6 – Set up a fund for matching European research grants**

Institutes that have won European grants would be able to draw from this matching fund in order to meet their matching obligations. Because of the pressures on the financing of research in the Netherlands, a matching fund would be a good means of further developing the Dutch health research sector, in spite of the current economic difficulties. The Committee endorses the earlier recommendation by the RGO for the setting up of the fund.<sup>15</sup>

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### **Recommendation 7 – Set up a work group to examine the question of participation by SMEs**

The Committee considers an improvement in the level of participation by SMEs in health research in a European context to be of great importance for successful

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participation by the health research sector as a whole. The Committee recommends the setting up of a separate work group – to be linked to the new Health consultation group – that will investigate where the greatest opportunities and problem areas in relation to participation by SMEs lie. In doing so, the work group should give particular attention to best practices in other countries.

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**Recommendation 8 – Give the rules of participation the importance they deserve**

Proposals and initiatives by the consultation group will have to be checked against the European rules of participation and to see whether they are practically feasible. The Health consultation group will therefore have to involve relevant experts during its deliberations. Where changes to the rules of participation are desirable, the Health consultation group should, in consultation with the official representatives from the ministries concerned, establish priorities and contribute them to the decision-making process in Brussels.





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- A Request for advice
  - B The Committee
  - C FP7 Figures
  - D Programmes and partnerships for research and innovation
  - E Composition of Taskforce European Connection

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## Annexes



# A

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## The request for advice

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Letter dated 27 February 2012 (reference 377310) from the State Secretary of Education, Culture, and Science to the President of the Health Council of the Netherlands.

In the Strategic Agenda for Higher Education, Research and Science, I have set out the perspective for the research landscape for 2025. I see a number of distinct, internationally recognised, and competing research priority areas that are well placed to obtain European funds, given that they are firmly embedded in strong European alliances.

To reach this position, the cabinet has started the process for further highlighting the profile of our research landscape. In addition, and related to that, the cabinet has established the ‘top sector’ approach in the Business Policy, for our economic priority areas. As a result, Dutch research and innovation policy will be better streamlined.

A strategy is needed for the purpose of making the health research sector as relevant as possible to European research and innovation policy. Life Sciences & Health is one of the nine economic ‘top sectors’. An international agenda has been drawn up in the innovation contract of this sector, which will have to form part of the European strategy of the health research sector.

In 2010, I asked the Dutch Advisory Council for Science and Technology Policy (AWT) to describe the consequences for the Netherlands of the developments in European policy on research and

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innovation, and to advise me on how the Netherlands can best anticipate such consequences. The AWT advisory report, '*AWT Scherp aan de wind! Een handvat voor een Europese strategie voor Nederlandse (top)sectoren*' was recently published. The report offers a useful starting point for the strategy to be drawn up for the health research sector.

In the short term, I would like to ask you to draw up a practical advisory report for this strategy, the main theme of which should be how the Dutch health research sector can make itself relevant, or be made relevant, as effectively as possible to European research and innovation policy, concentrating in particular on:

- 1 how the Dutch health research sector can position itself in Brussels in a coordinated, efficient, and sustainable manner so that it is able to make a positive contribution to the formation of the European agenda, and
- 2 how Dutch health researchers can participate, and continue to participate, as effectively as possible in European programmes and projects.

I would like to ask you to do this in close cooperation with the Life Sciences & Health 'top sector', which is preparing an international agenda, and in consultation with ZonMw (the Netherlands Organisation for Health Research and Development), the NFU (the Dutch Federation of University Medical Centres), 3TU, and the Ministries of Health, Welfare, and Sport; Economic Affairs, Agriculture, and Innovation; and Education, Culture, and Science.

(signed)

The State Secretary of Education, Culture, and Science,  
Halbe Zijlstra

## B

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# The Committee

- 
- Professor E.C. Klasen, *chairman*  
Member of the Executive Board and dean (until 1 June 2012), Leiden University Medical Centre
  - Dr. P.Y.W. Dankers  
University Lecturer in Supramolecular Medicine and Biomaterials, Faculty of Biomedical Engineering, Eindhoven University of Technology
  - Professor G.A.M.S. van Dongen  
Professor of Experimental Head and Neck Oncology, VU University Medical Centre Amsterdam
  - Professor A.M.M. Eggermont  
Professor of Surgical Oncology, Directeur Général Institut de Cancérologie Gustave Roussy, Paris (France); professor of International Networking Cancer Research, Erasmus MC, Rotterdam
  - Professor P.P. Groenewegen  
Director of NIVEL, and Endowed Professor of Social and Geographical aspects of health and healthcare, Utrecht University
  - Professor P.C.W. Hogendoorn  
pathologist, Executive Board and dean (since 1 June 2012), Leiden University Medical Centre
  - F.C.A. Jaspers, MSc, MD, internist-np  
member of the Executive Board, University Medical Centre Groningen
-

- F.M. Kramer, MSc  
director of Neth-ER, Brussels
- Professor W.H.M. Saris  
professor of human nutrition, Maastricht University
- E. Vroom  
chairman of the Duchenne Parent project, Veenendaal
- W. Wolters  
Centre for Research Innovation, Support and Policy (CRISP), Maastricht University Medical Centre
- Dr. D.C. Zijderveld MPA  
Managing Director Earth, Environmental and Life Sciences, TNO, Zeist
- Dr. E.P. Beem, *advisor*  
Deputy Director of ZonMw (the Netherlands Organisation for Health Research and Development), The Hague
- S. de Wild-Chardonens, *advisor*  
Senior Advisor, Life Sciences and Health, NL Agency, Ministry of Economic Affairs, The Hague
- Dr. J.W.A. Ridder-Numan, *observer*  
Deputy Head of Scientific Fields, the Research and Science Policy Directorate, Ministry of Education, Culture, and Science, The Hague
- H.J.J. Seeverens, doctor, *observer*  
Directorate of Medicines and Medical Technology, Ministry of Health, Welfare, and Sport, The Hague
- L.M. Cornips, MPhil, *scientific secretary*  
Health Council of the Netherlands, The Hague

### The Health Council and interests

Members of Health Council Committees are appointed in a personal capacity because of their special expertise in the matters to be addressed. Nonetheless, it is precisely because of this expertise that they may also have interests. This in itself does not necessarily present an obstacle for membership of a Health Council Committee. Transparency regarding possible conflicts of interest is nonetheless important, both for the chairperson and members of a Committee and for the President of the Health Council. On being invited to join a Committee, members are asked to submit a form detailing the functions they hold and any other material and immaterial interests which could be relevant for the Committee's work. It is the responsibility of the President of the Health Council to assess whether the interests indicated constitute grounds for non-

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appointment. An advisorship will then sometimes make it possible to exploit the expertise of the specialist involved. During the inaugural meeting the declarations issued are discussed, so that all members of the Committee are aware of each other's possible interests.



## **FP7 Figures**

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### **Participation by the Netherlands in FP7 - general**

In general, the Netherlands is performing well in FP7. The return percentage – which indicates the percentage of the FP7 funds (in total, almost 25 billion euros) allocated to a particular country – is 6.7 per cent for the Netherlands. By way of comparison, the Dutch contribution to the European Union between 2007 and 2010 was 4.9 per cent of the overall EU budget. With a return percentage of 6.7 per cent, the Netherlands ranks sixth on the list of participating countries, based on the amount of FP7 funding received per country. The total number of projects to have received FP7 funding is 14,286, of which 3,009 have Dutch participants. Here, too, the Netherlands occupies sixth place, based on the number of approved FP7 proposals with one or more participants from the country in question. The Netherlands is also the coordinator of projects relatively frequently. In the Cooperation component, the Netherlands is coordinating 340 projects, seven per cent of the total number of approved projects. The success rate shows what proportion of the projects submitted has been considered eligible for financing. In the case of the Netherlands, this figure is 23.2, compared to the success rate for FP7 as a whole of 17.8 per cent.

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## Participation by the Netherlands in FP7 - Health

Of all the approved FP7 Health projects, the Netherlands is taking part in 340, which is 49 per cent of the total. More than one person from the Netherlands is involved in some projects – there are a total of 548 Dutch participants in the 340 projects. The Netherlands has been made the coordinator of eighty projects, or twelve per cent. The success rate of the projects submitted of which the Netherlands was the coordinator is also higher than the average for FP7 Health.

Table 2 Dutch participation in FP7 Health.

Total awarded FP7-Health funding (M€)	3,161.2
Funding awarded to NL participants (M€)	283.4
Return percentage NL	9.0%
Funding awarded to Dutch SMEs (M€)	22.8
Total number of approved FP7-Health-projects	690
Number of approved projects with NL participants	340
Proportion for NL	49,3%
Success rate, NL	26.1%
Success rate, FP7-Health	16.1

The diagram below gives a more detailed overview of Dutch participation in projects in the four different FP7 Health components.

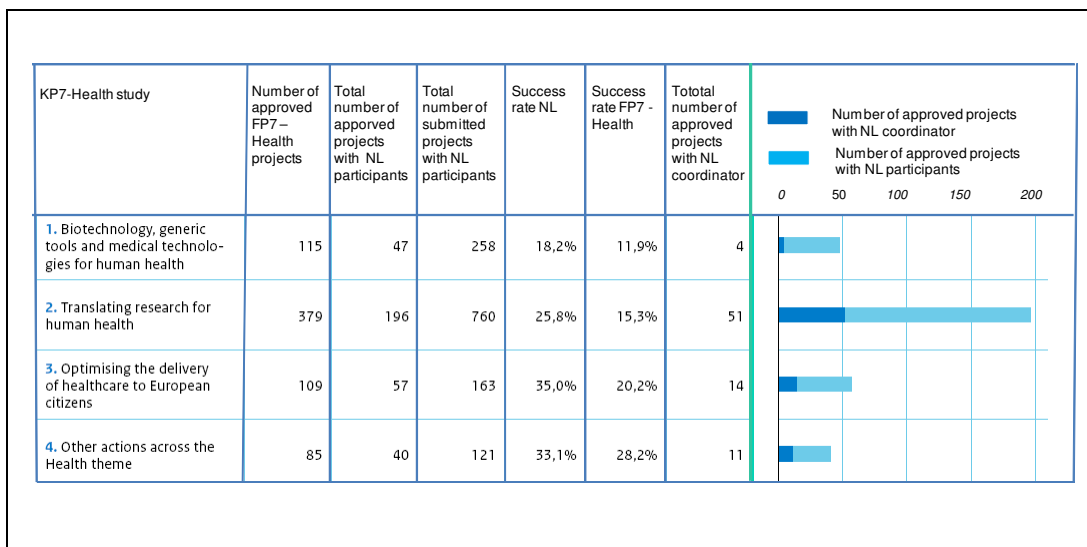


Figure 2 Dutch participation in FP7 Health components.

For components two and three in particular, it is the case that Dutch success rates are high in comparison to the FP7 average. The high proportion of translational research is especially notable, with 196 approved projects featuring Dutch participants. The country is particularly well represented in the major diseases (including cancer and cardiovascular disease) sub-component, under which almost half the successful projects fell. More than a quarter of the successful projects came under the major infectious diseases (including research into resistance, HIV/AIDS, and epidemics) sub-component.



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# Programmes and partnerships for research and innovation

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### ERA-NET, ERA-NET Plus, and Article 185 initiatives

A European Research Network (ERA-NET) is a network in which research financiers (such as the Netherlands Organisation for Scientific Research and the Netherlands Organisation for Health Research and Development) from different countries work together on a research programme, in the area of rare diseases for example, so that the work does not become fragmented. The European Commission regards it as a means of creating the European Research Area and only contributes funding for coordination purposes. When member states cooperate on a theme that is related to the societal challenges as defined by the European Commission, they are considered for funding via the ERA-NETs. For an overview of a number of ERA-NETs in the Knowledge-Based Bio-Economy, in which the food and health components also feature prominently, please go to: [ftp://ftp.cordis.europa.eu/pub/fp7/kbbe/docs/fafb-eranet-2010\\_en.pdf](ftp://ftp.cordis.europa.eu/pub/fp7/kbbe/docs/fafb-eranet-2010_en.pdf)

The European Commission also offers the option in FP7 of requesting a contribution for joint research costs: an ERA-NET Plus. The themes that are eligible for an ERA-NET (Plus) are set down in annual work programmes.

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Through what are known as Article 185 initiatives\*, the European Commission not only supports the coordination of national research initiatives, but also makes a substantial financial contribution. The European Commission has a say in the substantive direction of such initiatives. Article 185 initiatives provide a legal basis for long-term finance, but a disadvantage is that the decision-making process in Brussels with regard to Article 185 initiatives is very time-consuming. Existing Article 185 initiatives include the European and Developing Countries Trials Partnership (EDCTP) and Ambient Assisted Living (AAL).

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## **Research infrastructure**

The costs of setting up large research facilities (for both specific locations and in physical and digital networks) have become so high that individual member states are no longer able to afford them. For this reason, the European Strategy Forum for Research Infrastructures (ESFRI) has been set up, which draws up roadmaps for the construction of various infrastructures that are important for the development of European research and innovation. The implementation of the ESFRI agenda is one of the more major objectives of European research and innovation policy, and is financed partly from European research and innovation budgets, which are co-financed by the member states.

The Netherlands is taking part in a number of important joint infrastructures under the direction of ESFRI, such as Biobanking and Biomolecular Resources Research Infrastructure (BBMRI), European Infrastructure for Translational Medicine (EATRIS), and European Clinical Research Infrastructures Network (ECRIN). The ESFRI agenda is of major importance to UMCs and other knowledge institutes, because a lot of health research depends on the use of large pan-European infrastructures.

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## **Research and innovation in relation to regional development**

More than in the past, the European Commission is attempting to encourage innovation through regional development. The EU Structural Funds were set up to reduce the economic differences between regions. Structural Funds contribute, among other things, towards the setting up of regional public-private partnerships in order to stimulate the ‘smart specialisation’ of regions. In the

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\* The name refers to the EU treaty in which the legal basis exists for the EU to participate in member state research programmes.

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Netherlands, the European Regional Development Fund (ERDF) in particular offers resources to enhance the competitive strength of the regions, by investing in SMEs, for example, and in research infrastructure (buildings, facilities). Improved synergy between research and innovation programmes, Structural Funds, and regional development is one of the current priorities on the Brussels agenda.<sup>16</sup>

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### **European Innovation Partnership on Active and Healthy Ageing**

The European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) is an initiative of the European Commission, supported by the DGs SANCO, Digital Agenda, and Research & Innovation, and is aimed at the challenges associated with Europe's ageing population. The EIP-AHA is structured in a way that encourages public-private cooperation in Europe. The partnership is not a new funding programme or instrument, but instead brings different initiatives together.<sup>17</sup> The EIP-AHA strategic implementation plan includes fourteen priority areas in which calls for projects will be made in the next few years.

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### **Joint Technology Initiatives**

Joint Technology Initiatives (JTIs) are cross-border public-private partnerships between industry, research institutes, and public-sector organisations. The aim of them is to improve European competitiveness in several strategic areas, with the help of funding from the European Commission. JTIs are expected to become more important to health research in the next few years. The most prominent example is currently the Innovative Medicines Initiative (IMI), the aim of which is to accelerate the development of pharmaceuticals. There are plans to extend JTIs to the field of medical devices.

An overview of programmes and partnerships in the field of health can be seen on page 76.

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## **Overview of programmes and partnerships in the field of health**

The following programmes and partnerships are among those currently underway in the Health theme (the JPIs and KICs in the health field are described in Section 2.2.2).

### ERA-NETs

- E-Rare-2 (rare diseases)
- ERA-ENVHEALTH (coordination of national environmental and health research programmes)
- EUROCOURSE (registration of cancer and integration of national and regional programmes)
- HIVERA (harmonisation of European research into AIDS/HIV)
- NEURON (fundamental and translational research into brain diseases)
- PatroGenoMics (coordination of research into genome sequencing and genomics of pathogenic microorganisms)
- TRANSCAN (translational cancer research)

### Article 185 initiatives

- European and Developing Countries Trials Partnership (EDCTP)
- Ambient Assisted Living (AAL)

### Research infrastructure under the direction of ESFRI

- Biobanking and Biomolecular Resources Research Infrastructure (BBMRI)
- European Infrastructure for Translational Medicine (EATRIS)
- European Clinical Research Infrastructures Network (ECRIN)

### European Innovation Partnership (EIP)

- European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)

### Joint Technology Initiatives (JTIs)

- Innovative Medicines Initiative (IMI)

## E

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# Composition of Taskforce European Connection

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The following individuals are taking part in the Taskforce European Connection:

- Frans Jaspers (NFU), chairman
- Emmo Meijer (Friesland Campina, figurehead of the Agri&Food top sector)
- Hans Hofstraat (Philips Research)
- Huib Pols (NFU)
- Hugo Hurts (Ministry of Health, Welfare, and Sport)
- Ton Vries (SMEs, Syncom)
- Yuri van Geest (SMEs, member of the top team of the Creative Industry top sector)
- Edvard Beem (Netherlands Organisation for Health Research and Development)
- Officials from the Ministries of Health, Welfare, and Sport; Economic Affairs; and Education, Culture, and Science will support the Taskforce

