EMBO Molecular Medicine

Alliance for biomedical research in Europe

Europe is facing one of the most challenging times in its history, with austerity measures being applied across member states that are leaving research programmes in uncertain territory. Funding for European research and development (R&D) programmes remains stagnant at 1.8% of European Union GDP, well short of the 3.0% that was committed to in the Lisbon summit of 2002. This stagnation occurs while all of Europe's major competitors – namely the USA (2.7%), Japan (3.4%) and most recently China – continue to invest in their biomedical research programmes. UNESCO data from 2007 shows that China's total R&D investment was one third of that of the entire EU. But continued investment and rising GDP means that China's investment is likely to quadruple by 2020, meaning its total R&D spending will overtake Europe in a few years. European biomedical research could be left behind unless major steps are taken to address this gulf in funding.

Yet it is not only how much money we receive, but how we spend that money, that has inspired the creation of the Alliance for Biomedical Research in Europe (Biomed Alliance) (see Box 1 for formation of the Alliance). For too long the voices of researchers in Europe have not had sufficient impact on proposed research programmes by the European Union. Such contact has, until now, been sporadic and not produced the desired results on research topics and priorities. Our new Alliance aims to give a single, powerful voice to the European biomedical research community, that aims to increase funding and ensure the correct research priorities are given funding across all biomedical disciplines.

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This does not mean that the Alliance can speak on behalf of its members on their specific research-related issues. Instead, we will focus on general issues common to all European scientists and scientific organisations. These include funding (both total and relative) of European biomedical research, the need for simplification of current EU procedures – both for application and reporting – and also the need to involve researchers in the conception, development and evaluation of innovative research. Here, the Alliance can both convey proposals from its members and help identify suitable reviewers of applications. This latter part is important since there is essentially no way to appeal decisions made by the reviewers of applications. The so-called redress procedure currently used has led to hardly any changes in decisions.

Another major problem that the Alliance will highlight is the lack of continuity of EU-funded research. The programs terminate after 3–5 years irrespective of whether or not unique results and infrastructures have been developed. There is no instrument in place for the European Commission (EC) to recommend a continuation, and experienced and successful collaborations that have achieving meaningful results are discontinued. This is a waste of taxpayers' money as well as resources and an inefficient use of innovative research. The new alliance will encourage the EC to create extension conditions that will allow work to continue where appropriate.

These are just some of the major issues that the Alliance has defined as major objectives in order to promote European biomedical research and to boost scientific excellence and knowledge as drivers of future growth (see Box 2 for a summary of aims). In fact, the Alliance and its members submitted a joint response to the EC Green paper consultation 'From Challenges to Opportunities: Towards a Common Strategic Framework for EU Research and Innovation Funding'. (The link to the Green paper can be found on Alliance homepage: www.biomedeurope.org).

The Biomed Alliance has been welcomed by the European Union. Our first meeting was attended by Dr Ruxandra Draghia-Akli, Director of the Health Directorate and the Directorate-General

BOX 1: Formation of the alliance

The Biomed Alliance officially formed at a meeting in Brussels in December 2010, consisting of the four founding societies: the European Association for the Study of Diabetes (EASD), the European Society for Cardiology (ESC), the European Respiratory Society (ERS) and the European Cancer Organisation (ECCO). This first meeting in Brussels was attended by 28 high-level executives from European biomedical societies, representing some 400,000 researchers across the continent. Nine of these societies have formally joined the Alliance: the European Association for the Study of the Liver (EASL), the European College of Neuropsychopharmacology (ECNP), the European Hematology Association (EHA), the European Society of Human Reproduction and Embryology (ESHRE), the European Association of Nuclear Medicine (EANM), the Federation of European Biochemical Societies (FEBS), the European Society of Radiology (ESR), the European Society of Hypertension (ESH) and the European Federation of Immunological Societies (EFIS). Other societies are in the process of joining.

BOX 2: Aims of the alliance

- To set up a structured communication between the Alliance and the European Commission, the European Parliament (EP) and Council of Ministers.
- To establish more support for biomedical research within the EP and EC, including lobbying for more funding.
- To simplify the bureaucracy around applying for European funding that many researchers currently find overly complex.
- To provide access to European funding to allow successful collaborations that have delivered results to continue their work.
- To facilitate researcher mobility across Europe.

for Research and Innovation in the European Commission (EC). She has pointed out that the new alliance has a fantastic opportunity to influence research programmes and lobby for extra funding, both from the EC itself and individual member states. She also foresees regular consultation with the alliance forming part of the formal procedures for the next funding cycle (Framework Programme 8) covering the period 2014–2020.

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The remit of the Biomed Alliance will extend beyond the issues of funding and research priorities. There are other issues that are best addressed together as one voice. Researcher mobility across Europe is an issue that affects all of us, no matter what our discipline. Researchers are currently reluctant to relocate between EU member states after they reach an age of 40 years, due to concerns about loss of pension entitlements. And we need to better communicate the importance of biomedical research to the general public in order to raise its profile and facilitate our drive for more funding.

Ultimately, Europe's biomedical research can only remain competitive if the member states meet their R&D spending commitments that they made in Lisbon 9 years ago. As far as EC funding is concerned, only 10% of the funds for 2008–2013 have been allocated for health.

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We believe this should be raised to 30%, since only at that level can we compete on a level with the US National Institutes of Health, that spend some US$30 billion per year on their research programmes. We must make policymakers understand the direct connection between a strong and competitive research sector and a healthy and active population. The actions to be taken by the Alliance will also help address such issues as Europe's ballooning chronic disease burden (chronic diseases account for 86% of the WHO European region's mortality). New innovations are needed to prevent and treat disease, and these aims cannot be accomplished without adequate backing from both member states and the EU. The Biomed Alliance will ensure that researchers are no longer on the fringe of policymaking, but at the heart of it.

The authors declare that they have no conflict of interest.

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