Joint response to the European Commission’s consultation on the Europe 2020 strategy
October 2014

Executive Summary
This joint response is submitted by a group of leading UK medical research and healthcare organisations engaged in the EU policy-making process. These organisations include the Academy of Medical Sciences, Alzheimer’s Research, Arthritis Research UK, the Association of Medical Research Charities, the British Heart Foundation, Cancer Research UK, Genetic Alliance UK, the International Brain Tumour Alliance, the NHS European Office, Parkinson’s UK and the Wellcome Trust.

We work with a number of pan-European networks and organisations from other member states on research and policy. Consequently, we understand that our concerns and priorities are shared by medical research and healthcare organisations across the European Union. Our hope is that this response will give voice to common challenges.

We welcome the opportunity to respond to the Commission’s consultation to further the development of the Europe 2020 strategy and, ultimately, Europe’s research output. Our response focuses on the areas of research, development and innovation.

Key points
• We welcome the inclusion of research and innovation within Europe’s growth plan and support the Commission’s goal to increase the proportion of EU GDP invested in research and development (R&D) by 2020.

• EU investment in R&D is crucial to bolster investments made by individual member states. Given the importance of Horizon 2020, we are very concerned that the science budget is at risk. The cuts proposed by Council could be detrimental to the EU’s competitiveness and growth and would limit the potential health gains that can be realised from Europe’s R&D.

• In addition to highlighting the need for greater R&D investment, Europe 2020 should promote measures to ensure a supportive environment for research.

• European policies that develop a skilled workforce and promote collaboration and researcher mobility will be critical to ensure the maximum impact of our R&D investment.

• To maximise the potential of Europe’s research infrastructure and expertise for the benefit of patients and the public, there needs to be a supportive regulatory environment:
  o For clinical research, it is important that improvements set out in the European Clinical Trials Regulation are realised in its implementation.
  o To support medical research, the European institutions must work together to ensure that the proposed European Data Protection Regulation does not inhibit the conduct of research using patient data.
  o It is vital that world class research involving animals that is conducted under high welfare standards can continue in the EU.
  o The revision of legislation on Medical Devices and In Vitro Diagnostic Devices must ensure that regulation in this sector is proportionate.
The importance of investing in R&D

1. **We welcome the inclusion of research and innovation within Europe’s growth plan and support the Commission’s goal to increase the proportion of EU GDP invested in R&D by 2020.** As member state economies become increasingly knowledge-based, they must continue to invest in science as a basis for growth.

2. **Governments’ investment in medical research supports economies in a number of ways:** It attracts private investment from overseas and builds a skilled workforce. It contributes towards the generation of income from commercialised products and supports the development of more effective and efficient treatments and prevention strategies, allowing commissioners to make savings while also improving outcomes. It helps to develop and pilot more sophisticated screening techniques which allow us to diagnose disease earlier and, in some cases, prevent it altogether. Research fundamentally improves the health of citizens within Europe and, as such, has the potential to deliver savings to governments by reducing the incidence of disease or limiting its impact.

3. **Investments in medical research produce substantial financial returns.** Cancer Research UK, the Department of Health, the Academy of Medical Sciences and the Wellcome Trust recently commissioned research to estimate the economic return of public and charitable investment in cancer research in the UK. Published in 2014, this research found that each pound invested in cancer-related research by the taxpayer and charities returns around 40p to the UK every year. This includes health benefits equivalent to around 10 pence, plus a further 30 pence which is the best estimate of the ‘spillover’ effect from research to the wider economy. These findings build on those from similar research conducted in 2008, which found that every pound spent on cardiovascular and mental health research in the UK generated health benefits equivalent to an annual rate of return of 39 pence and 37 pence respectively.

4. **By investing in science, governments leverage investment from charities and industry, generating further scientific and economic growth.** For example, in the UK, recent research commissioned by the Campaign for Science and Engineering (CaSE) has shown that universities that receive higher levels of government funding generate more research income from other sources (such as charity, industry and overseas).

5. Research is often supported by multiple funders and a diversity of funders is essential for a healthy research and innovation landscape. For example, two thirds of cancer research publications in the UK acknowledging external support have relied on multiple funders, while just under half benefited from overseas funding and almost a fifth are also supported by industry.

---

3. Health Economics Research Group (Brunel University), RAND Europe, and King’s Policy Institute, 2014, Estimating the returns to UK publicly funded cancer-related research in term of the net value of improved health outcomes.
4. Health Economics Research Group (Brunel University), RAND Europe and the Office of Health Economics, 2008, Medical Research: What’s it Worth?
5. Health Economics Research Group (Brunel University), RAND Europe and the Office of Health Economics, 2008, Medical Research: What’s it Worth?
6. OHE and SPRU, 2014, Exploring the interdependencies of research funders in the UK.
Importance of EU funding for R&D

6. EU investment in R&D is crucial to bolster investments made by individual member states. For example, of the €4.4bn invested in the UK through FP7 from 2007-2012, an additional €1.1bn was secured from other sources to meet total project costs of €5.5bn.

7. It is important that economic recovery in Europe is accompanied by a long-term plan for investment in R&D and innovation, and Horizon 2020 is an important part of this picture. Horizon 2020 will see the EU contribute nearly €80 billion over the seven year period. This investment will support the EU’s position as a world leader in science, help secure industrial leadership in innovation, and help to address major societal challenges.

8. The stability this kind of strategic planning provides to long-term research projects is immensely valuable to scientific progress. Long-term planning is especially important given that there is often a significant lag between investing in research and realising its impact. For example, recent estimates place the time lag between initial investment in cancer research and eventual health benefits at 15 years, for cardiovascular research this has been estimated at 17 years.

9. Given the importance of Horizon 2020, we are very concerned that the budget is at risk. The budget cuts that have been proposed by the Council of Ministers puts at risk the Commission’s ability to fulfil contractual obligations and to pay its beneficiaries. In the long-term, such cuts could be detrimental to the EU’s competitiveness and growth and would limit the potential health gains that can be realised from Europe’s R&D.

Maximising the impact of R&D investment

10. In addition to highlighting the need for greater R&D investment, Europe 2020 should promote measures to ensure a supportive environment for research.

11. Europe’s position as a strong research community is dependent on its ability to develop and attract a highly skilled workforce. It is also dependent on fostering strong international collaborations. For example, in 2012, 47.6% of UK-authored published articles were co-authored with at least one researcher based outside of the UK, and the impact of such internationally co-authored articles tends to be higher than that of nationally co-authored articles.

12. European policies that develop a skilled workforce and promote collaboration and researcher mobility both within the Union and internationally will be critical to ensure the maximum impact of our R&D investment.

13. To maximise the potential of Europe’s research infrastructure and expertise for the benefit of patients and the public, there needs to be a supportive regulatory environment. An example of where regulation has damaged the progress of research in Europe is the introduction of the European Clinical Trials Directive (CTD) in 2004. The CTD significantly increased the administrative burden and the cost of running academic clinical trials; it has also seen a decline

---

7 Department for Business, Innovation and Skills, 2013, Leverage from public funding of science and research.
8 Health Economics Research Group (Brunel University), RAND Europe, and King’s Policy Institute, 2014, Estimating the returns to UK publicly funded cancer-related research in term of the net value of improved health outcomes.
9 Health Economics Research Group (Brunel University), RAND Europe and the Office of Health Economics, 2008, Medical Research: What’s it Worth?
in the proportion of global clinical trials being run in Europe\(^{12}\). Furthermore, the CTD failed to achieve its aim of harmonising regulation across member states in order to increase the ease of running multinational trials. Such trials are especially important for rare diseases, where patient cohorts are too small in any one country to conduct a trial.

14. The Clinical Trials Regulation, expected to come into effect in 2016, is a considerable improvement on the CTD; introducing a streamlined applications process and proportionate approach to the monitoring and safety reporting of clinical trials. **It will now be important to ensure that the improvements set out in the Clinical Trials Regulation are realised in its implementation.**

15. The proposed Data Protection Regulation in Europe continues to be a major concern for the medical research community across Europe. The European Parliament position seriously threatens research, and ultimately health, in Europe by limiting the use of personal data in research\(^{13}\). The position fails to acknowledge that research is always conducted using strict ethical safeguards and that although seeking consent before using personal data is an important ethical principle, the obligation to seek specific consent could make a good deal of epidemiological and population based research unworkable or indeed impossible. **It is important that the European institutions work together to ensure that the proposed European Data Protection Regulation does not inhibit the conduct of research using patient data.**

16. The use of animals in research has facilitated major breakthroughs in medicine. The ‘Stop Vivisection’ Citizens’ Initiative seeks to repeal Directive 2010/63/EU and ban animal research. This should be opposed to ensure that Europe remains a world leader in biomedical research involving animals, while maintaining the enhanced animal welfare standards introduced by Directive 2010/63/EU.

17. The proposed EU Regulations on Medical Devices and In Vitro Diagnostic Devices will revise legislation governing the development, sale and use of medical devices. This review is particularly timely given the pace of product development in this area and the need to maintain trust in the regulatory system. It will be important to ensure that the new legislation is proportionate and promotes research in this area while maintaining patient safety.

We would be happy to provide further details on any of the points covered in this response. Please contact Catherine Castledine, EU Public Affairs Manager, Cancer Research UK, catherine.castledine@cancer.org.uk, 0203 469 5129.

---

\(^{12}\) Impact on Clinical Research of European Legislation, European Forum for Good Clinical Practice report, p.197

\(^{13}\) http://www.wellcome.ac.uk/About-us/Policy/Spotlight-issues/Personal-information/Data-protection-legislation/index.htm