



Strengthening Engagement in Public Health Research

STEPS

Report on National Workshop in Malta
26th March 2010, The Victoria Hotel, Malta

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1. Short General Description of Workshop

The Malta STEPS national workshop *Engaging Civil Society in Public Health Research* was held on the 26 March 2010 at The Victoria Hotel, Sliema. Thirty-nine (39) participants attended the workshop comprising representatives of CSOs, professional medical associations, University of Malta health faculty and ministry and government departments. The aim of the workshop was to provide a discussion forum for various stakeholders (CSOs, Public health associations, researchers) to describe the existing system on research in public health on a national level on specific themes; to make out suggestions on how to improve public health research through actions by the Ministries of Health and also to strengthen the engagement of different civil society organisations (CSOs) especially citizen health organisations.

The workshop was divided into two parts: presentations on the four main themes of the workshop given in the morning and small group discussions ending with a plenary session in the afternoon. Prior to the commencement of the four main themes of the workshop, an introduction was given by Dr Charmaine Gauci, President of the Malta Association of Public Health Medicine (MAPHM).

The themes were then as follows: Theme one was the *Description of the existing public health research system in Malta* delivered by Dr Neville Calleja, Director of Health Information & Research, Ministry of Health, the Elderly and Community Care. This was followed by theme two, entitled *The role of Civil Society in contributing to public health research* by special guest Prof. Gabriel Gulis, Associate Professor, University of Southern Denmark. Theme three entitled *Behaviour and Mental Health*, with a presentation named *Public Mental Health - Challenges* presented by Dr. David Cassar Head of Psychiatry Department, University of Malta. Finally, theme four *European Dimensions* was presented by Ms. Anthea Fabri, National Contact Point for FP7, Malta Council for Science and Technology and Ms Joanna Pullicino – Health National Contact Point, Malta Council for Science and Technology

The participants were then split into two groups for the discussions; each group was guided by a facilitator selected by the organising committee. A rapporteur was also appointed for each group.

The proceedings of the workshop were professionally recorded and the recording was used to compile this report which also includes the comments of the participants following the dissemination of the draft report.



Introductory Presentation by:

Dr Charmaine Gauci, President, Malta Association of Public Health Medicine (MAPHM)

The MAPHM is a non profit, non governmental organisation, set up in June 1999, with the main aims of promoting high standards of practice of public health in Malta and providing an independent forum for health and other professionals. One of the organisation's objectives is to encourage and support publications and research related to public health medicine.

Ms Gauci defined 'public health' as "the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organizations, public and private, communities and individuals" (Winslow, 1920).

Public health research in Malta is currently carried out by University staff and students, by government departments independently or as part of an EU project, as part of an audit, and by ngos. Coordination between these entities may be lacking and can be improved.

There are a number of challenges being faced by public health researchers in Malta. There needs to be continuous research into mechanisms of major diseases such as cardiovascular diseases and mental health illness. The social and behavioural aspect of public health research needs to be given more importance as studies done abroad may not always be applicable to Maltese culture. Financial and human resources for implementation research are limited and wider resources for funding need to be tapped. The message of health promotion research/behavioral medicine needs to be taken more seriously in order to improve public health. Target groups need to be prioritized at all life stages i.e. children, adolescents, young people, adults and the elderly.

Why is public health research needed? It is needed to provide training in evidence-based health policy, to evaluate evidence for policy-making and to support policy-makers with relevant information that can help them to make better and rational choices. Public health research can bridge the differences between researchers and policy makers, and ensure that the two do not have different values, aims and objectives.

It is imperative that policy is evidence-based and that public health research is not carried out to find evidence to fit a policy which has already been drawn up. Public health research can make a valid contribution to policy making.



The most valuable asset of a country is its population. The value of this asset is measured by its Health Status which depends on many determinants. If resources were unlimited all the determinants would be researched and acted upon, but since resources are limited determinants need to be chosen according to which have the greatest impact on health. Only through research can a country identify the key determinants for the health of the country.

A research agenda needs to be prioritised according to the limited resources, balance of interest of constituencies, and the level of coordination among players and levels of intervention needed. There are priority setting tools and processes which could be used to develop a research agenda, an example of which is the tool used to identify 'mental health' as the topic of this workshop.

The five steps in priority setting for public health research include asking the questions:

What is the burden of disease?

Why does the burden persist?

What is the present resource flow for that disease?

How cost effective are present interventions?

How cost effective could future interventions be?

The main question of relevance to the workshop remains 'How can communities participate in public health research?'.

Ms Gauci presented some insights from participants of a seminar held in Brussels on why they created a NGO researcher partnership (Goverscience civil society organisations seminar, 2008):

- We want to develop a user-led agenda for research, a map of what matters'
- 'Explore alternative scenarios on the use of natural resources'
- 'Give alternative research agendas space and a voice'
- 'Bring results back to civil society and spread knowledge through new channels'
- 'More scientific data and tools for use in advocacy activities'
- 'Learn new methodologies/ways of thinking'



- 'Confer greater credibility on other forms of knowledge'
- 'We would like to clarify the values which underlie normative research'

Community –based participatory research recognises community as a unit of identity, builds strengths and resources within the community, facilitates collaborative, equitable involvement of all partners in all phases, integrates knowledge and action for mutual benefit of all partners, promotes co-learning and an empowering process that attends to social inequalities, addresses health from both positive and ecological perspective, disseminates findings and knowledge to all partners, involves long term commitment and is of benefit to all communities involved. It gives researchers and policy makers a chance to work with marginalised communities, examining and addressing social and structural determinants of health and disease and it has the potential for translating research findings into policy changes. Only then does research fulfill its potential to have an impact on health.



2. Report on Four Themes

2.1 Theme 1: Description of the existing public health research system in Malta

Public health research system in Malta

Dr Neville Calleja, Director of Health Information & Research, Ministry of Health, the Elderly and Community Care

There is no document describing public health research in Malta, although it has been carried out for a long time, possibly on an informal basis.

Major influences on policy makers

There are a number of major influences on policy makers, including pressure from the public, the media and researchers. Since Malta became an EU country in 2004, EU policies too have been influencing and regulating Maltese health research and policy.

Characteristics of Maltese public policy makers

Characteristics of Maltese public policy makers (as identified in focus groups) include: working with restricted resources; facing indivisibilities and hyper public health costs; lack of specialisation (because they have to deal with so many different things at once); versatile and multi-talented; they are closer to the problem; interaction is easier and less costly, and they face less layers & structures. Possibly in Malta the media may have a greater impact on policy makers who may feel more responsible and accountable for superior quality policy-making.

On the negative side, policy makers in Malta encounter fewer alternative solutions to a problem; high personalism (client politics); limited economic players and high state dependence.

Dr Calleja presented the following quote to illustrate the impact of having to make policy in such a tight knit society:

“In Malta the effect of a public policy is felt more immediately. If the policy is right it quickly gets the right response and result. However if the policy is wrong, its negative effect is felt immediately. In Malta you literally don’t have space for making the wrong policy.”



Hon Dr Austin Gatt

Thankfully, policy makers are always in search of intelligence to inform new policy. In the absence of this, they may resort to using foreign data which may not be fully applicable.

Publications

In health, statistics take longer than in business practice, it's more complex and there is more need for verification. On the other hand, health statistics are less volatile than business statistics.

Project SPHERE (Strengthening public health research in Europe, Country Profiles, 2007) found that Malta is generating 58.4 papers in comparison with Europe, where 175 papers are generated per million population. This is an improvement on the number of papers generated in the not so distant past and is proof of the fact that public health research, particularly health promotion, is enjoying a healthy revival in Malta.

Barriers

The barriers faced when trying to implement public health research in Malta are in the main connected with economies of scale: financial constraints, lack of infrastructure and research personnel, small sample sizes.

Areas of public health research

Project SPHERE (2009) identified the following areas of public health research: disease control (infectious and non infectious diseases / target populations), health promotion (food safety and nutrition / environment); health services (sustainability) and methodologies. Through the project the following priorities were identified at a national level by the local research community: mental health, obesity and diabetes. These priorities fit in with the priority areas identified by southern European countries.

Players in the public health research field in Malta

The bulk of players in the public health research field in Malta lie within the University of Malta (Medical School- Department of Public Health / Institute of Health Care) and government departments.

The Department within the Faculty of Medicine & Surgery at the University of Malta runs a postgraduate MSc in Public Health and is involved in PhD projects, the main topics of which are mental health, obesity and cardiovascular health.



The Institute of Health Care runs a number of postgraduate courses and a doctorate programme which generate a volume of research on allied health professions, public health and health service management.

The main focus of research within the Ministry of Health is the Department of Health Information and Research, although other departments within the same Ministry do conduct some research. There are three sections within the department:

National Health Registers – responsible for the maintenance of national registers and databases related to them.

Public Health Surveys – responsible for the conducting of surveys as required and any database related to them.

Research and Statistical Consultation Services – which facilitates research exercises by providing data as well as analysis and interpretation of statistical reports.

One other main government player is the National Statistics Office. It is an autonomous public authority. It is the busiest survey institute in Malta, particularly since Malta joined the EU. Among the main surveys it carries out is the Survey on Income and Living Conditions, the Household Budgetary Survey and the Lifestyle survey. It is also a collator and clearinghouse of other statistics.

Another main player in public health research is the Social Policy Research Unit, Ministry of Social Policy.

Other research institutes include the Institute for the Aging (INIA), DISCERN (Church) and independent/NGO funded research institutes. Private sector funded research is mostly limited to market research. There is little in-house R&D carried out in Malta as most companies are multinationals operating in Malta but based elsewhere.

Sources of funding

Sources of funding for public health research can be local (public or private sector) or foreign (typically EU). It pays to be choosy when considering funding from the private sector as the origin of the funding can threaten the validity of the study and the possibility of publishing it.

Public funding in Malta is allocated through three channels: finance, health and education. Within finance the main player is the National Statistics Office; within health it is the Department of Health Information and Research and within education it is the University of Malta. All players also utilise EU



funds accessed directly through EU agencies or through the Malta Council for Science and Technology (MCST).

EU direct sources of funding include:

The Framework Programme (FP7) run by DG Research – this includes a substantial public health budget

Public Health Programme (PHP) – a dedicated programme run by EAHC (DG SANCO)

Direct grants - typically for implementation of surveys

Locally administered EU funding is typically accessed through MCST and is governed by its Research & Innovation Policy.

Sources for scholarships in public health research include:

The Commonwealth fund – calls are issued in early summer.

Chevening fund – run by the British Council.

STEPS – a large funding programme administered by MCST.

Malta Government Scholarship Scheme – Ministry of Education gives dedicated funds for scholarships

MyPotential – a tax rebate scheme run by Malta Enterprise.

All these schemes, apart from MyPotential only give funding to full time students.

Collaboration opportunities

There are funding and collaboration opportunities for civic society. Time is precious and networking is vital. Networking avoids duplication of effort and can overcome limitations of resources and personnel. Those operating in the public sector know how difficult it is to recruit people due to recruitment restrictions. Such restrictions might not exist for NGOs and other entities and this could be of an advantage to them and to public sector entities they may collaborate with. NGOs and other entities can also benefit from partner search opportunities offered by MCST; access to datasets and information offered by the Department of Health Information & Research; collaboration with researchers at the



Department of Public Health and Institute of Health Care (among others); assistance with study design and analysis from the Department of Health Information & Research.

Sometimes the application form is the greatest barrier to accessing funds and it might be easier to partner other applicants. Affiliations can bring huge opportunities to NGOs and other entities.

Conclusion

Civil society has the potential to inform the public health research agenda.

Quote from SPHERE project participant:

“It is only through health research leading to more evidence –based policy making that the enjoyment of the highest attainable standard of health can be accomplished.”

Discussion

Most, if not all, of the participants present had taken part in public health research in some way. The topics were varied, among them:

- Studies done by NGOs/ Professional Associations - employment and mental health; an international study on drug and alcohol consumption; a service assessment among social workers; screening for a coeliac gene;
- Studies done by University staff / doctoral students - PSD and Dyslexia; mental health within a general hospital / university students; dementia in Malta; preventing the institutionalization of elderly persons;
- Studies done by government entities - Health Interview Survey; Health Examination Survey; sexual behaviour attitudes and STIs in youth; time flow analysis at the casualty department; Hep C in drug addicts.

However, a number of barriers to participating in public health research in Malta were mentioned by the participants, the main ones being:



Lack of networking. Most NGOs are unaware of what other organisations – other NGOs, government departments, University departments - are doing and this could lead to duplication of work.

NGOs run by government employees – this may create a conflict of interest, although it may sometimes be a strength as well as a problem. This issue occurs mostly due to the limitations of Malta's small size.

The majority of NGOs are manned by volunteers. Generally members of NGOs do not have the time to carry out research over and above their day job and their duties in the NGO.

NGOs may lack the technical know how and guidance to be able to carry out research of a quality standard which would allow for publishing and implementation.

NGOs may have difficulty accessing data because of data protection issues.

The objectives of the organisation may not be directly aligned with national interests. Each association needs to know clearly what its targets are, who its stakeholders are and what it can do to maximise its contribution within the field.

NGO sector does not have a research remit or research culture. Research culture is also missing in government entities on the whole. A great deal of data is collected as part of an audit but this data is not utilized for research.

Government and research departments do not involve civil society in research. Public health authorities need to recognise the potential of NGOs.

Professionals sometimes hijack areas of research and do not let others be involved in the research process. This protectionist behaviour can also be seen in civil society among NGOs.

Civil society sector lacks capacity and funding to be able to participate in public health research.



2.2 Theme 2: The role of civil society in public health research

The role of Civil Society in contributing to public health research

Prof. Gabriel Gulis, Associate Professor, University of Southern Denmark

Prof. Gulis started out by explaining how he became involved in the SPHERE (Strengthening public health research in Europe) project where he was asked to represent the newly established Slovak Public Health Association. The project was coordinated overall by Prof. Mark McCarthy from London, and Prof. Gulis coordinated the work package on civil society and public health research in Europe together with EPHA (the European Public Health Alliance).

The data on national and international public health research priorities was collected in three different ways:

- by contacting national governmental bodies, national research councils, Ministries of Health and Education to get their view on what their priority areas for public health research are and what they should be;
- by putting direct questions to national public health associations and professional NGOs;
- by contacting NGOs working in area of public health but not national public health associations or national medicines associations (this was part of Prof. Gulis' work package).

The identification of NGOs working in the public health area proved rather complicated. The researchers relied on the EPHA database which was extensive and it was difficult to establish which NGOs were active and which were not. The next step was to identify areas of focus. The assumption at the outset was that NGOs tend to focus on single issues, but this did not prove to be so.

The researchers then checked for areas of experience of the NGOs, including participation in international projects. The NGOs were asked how they view the areas identified as national and international priorities of public health research.

Eighty (80) responses were received from across Europe. The responses showed that NGOs are quite experienced in implementing public health projects – ranging from advocacy, promotion, the care of sick people, awareness raising to training across a range of areas - but only 5 NGOs reported carrying out research.



This raises the question of what the role of NGOs in public health research is.

Prof. McCarthy, the coordinator of the SPHERE project as well as the STEPS project, recently published an editorial in the European Journal of Public Health where he reviewed funding for public health research. Before the issue of funding can be discussed the concept of public health research needs to be defined. There are very different views regarding this definition. At the European preparatory meeting for the Global Forum for Health Research in Copenhagen Prof. McCarthy presented the STEPS findings and presented the evidence that there is very little public health research compared to biomedical research. Moreover most public health research describes the situation and there is very little action research. This is a key role for NGOs.

The reaction of the participants of the preparatory meeting was surprising. The participants claimed that there should not be a dichotomy between biomedical research and public health research – public health research covers all areas of health research.

On the other hand, the Alliance for Health Policy and Systems Research reduces public health research to planning, management and finance of health services.

In his editorial Prof. McCarthy points out that health relates to life sciences, clinical sciences and public health sciences and so should health research.

A 'health development model' called EUPHID was recently developed by Bauer, Pelikan and Davies as part of an EU project on the classification of public health indicators. The model places different elements into one concise system which could be used as a framework to define the scope of public health research. Public health research should on the one hand be about keeping people healthy, looking for solutions on how to support health, finding individual and societal resources for promoting health. Public health research on the other hand should also provide a knowledge base of risk factors, targeting areas of health protection, disease prevention and health care. And lastly, public health research should study how the two main streams can interact in terms of planning, implementation and effectiveness. The model is currently being tested in Denmark at a municipal level.

What are the roles of civil society in public health research? Prof. Gulis sees civil society as having three main roles:

-to coordinate EU funding. The EU funding system lacks coordination. NGOs can help by putting public health research on the agenda the way SPHERE was instrumental in inserting public health as a topic in FP7.



-bridging between policy makers and researchers. Some see private consultancy as being the connecting vehicle between the two sides but NGOs are perfectly placed to do the job because they are neutral and they are professionally linked to both sides. NGOs could also help bridge the gap between the gathering of data and the use of data. They can help evaluate, refine and identify the missing data and monitor change. NGOs are also well placed to bridge the gap within professionals within the public health sector itself, helping to utilise research knowledge in practice.

-advocacy and communication – NGOs can work with public health researchers to identify the best methods for advocacy and for effective communication of research knowledge.

Civil society has an important role for public health research by

- Bringing “public” into public health (population health, health promotion, disease prevention orientation)
- Bringing “health” into the public (bridging research/practice and sectors, advocacy, awareness raising, communication, priority making)

Discussion

Civil society organisations must be involved at the very first stages of public health research and not just to do the dog work. Volunteers from the field must be involved in the methodological design of research instruments because of the expertise they have gained from working directly in the field being researched. This highlights the importance of a multidisciplinary approach.

NGOs can also be involved in reviewing projects and giving input on the research being conducted.

NGOs can provide the human element to research. By conducting a needs assessment among the NGOs and within civil society one can find what areas of interest need to be investigated.

NGOs can also improve research implementation. They are well placed to monitor populations at risk after conducting research and can disseminate the information produced by research .

Citizens too should be directly involved in the research process. Research within the public sector is paid through tax payers’ money and therefore citizens need to and should contribute and take ownership of their own health. Professionals should own the responsibility of listening and empowering civil society.



2.3 Theme 3: National Public Health Topic - Behaviour and Mental Health

Public Mental Health - Challenges

Dr. David Cassar, Head of Psychiatry Department, University of Malta

Dr Cassar gave the WHO (2001) definition of

‘health’: “not merely the absence of disease or infirmity but the state of complete physical, mental and social well being” ; and

‘mental health’: “a state of well being where an individual realises his or her own abilities, can cope with the stresses of life, can work productively and fruitfully and can contribute to his or her community”.

Mental health problems cause great suffering. People with physical illnesses, such as cancer, suffer but they can cope. People with mental health disorders suffer to a degree where they finish up committing suicide because of the great anguish and suffering. Ten percent of people with depressive disorders commit suicide; ten to twelve percent of people with alcohol related problems commit suicide. Unfortunately a lot of mental disorder is hidden and untreated. Mental health disorders are often neglected and are deeply stigmatized.

People with mental health problems also experience problems with learning, with finding jobs, with family. Most problems hit at the age of eighteen when people are starting out in life. Because they are fatigued and cannot concentrate they end up learning less and earning less. They have multiple unmet needs and end up socially excluded.

One in four families have a member suffering from mental health disorder (WHO figures). It is not just the person who has the disorder who suffers, it is the whole family. Families feel shame and are ostracized by society.

In 1990, the WHO estimated that 11% of the disease burden on the world was mental health. This is estimated to rise to 15% in 2020. Depression is expected to rise from seventh most frequent disorder in the world in 1990 to second by the year 2020.

Mental health is everybody’s business – individuals, families, communities, ngos, commercial entities, health professionals and policy makers. Commercial entities must realise that there are workers in their

ranks with this mental health problems. They have a role to play by providing work for people with mental health problems through positive discrimination.

Psychosocial factors related to mental health will affect the way people behave. For example, can a worker who is under great pressure at their place of work maintain a good diet, take exercise, control a smoking habit and alcohol levels? Or a person having marital problems?

Some psychosocial factors can protect against mental health problems. Good relationships with parents and partners, feeling good about life, feeling positive about oneself, being able to cope with stress and having the energy to cope with stress are all factors that can make a major difference to people's lives. To be able to have these factors in their lives people must be healthy.

Health behaviours can change and different entities have different roles to play in bringing about such changes by instituting preventive strategies, for instance:

Government

- instituting visits by nurses and community workers to mothers during pregnancy or mothers with mental health problems to safeguard against marital problems, child abuse etc;
- iodination of water to avoid certain health problems;
- enforcing the use of motor cycle helmets and seat belts to avoid head injuries.

Society

- interventions reducing hopelessness, depression, aggressive behaviour, alcohol, smoking and drugs;
- programmes to cope with widowhood and bereavement.
- support systems for the elderly and lonely
- education and skills training aimed at couples reducing marital problems, separation and child abuse
- stress management skills at work
- counselling for retrenched workers



Making a difference means ngos working together and with professional services. Government services and ngos alone cannot do all that needs to be done. There is strength in community and in working together.

There is an enormous amount of research being done, some of it by University students which is not being tapped. To mention some research work that has been done:

Caritas conducted a PRIDE survey in 1991 which looked at 20, 815 students between the ages of eleven and seventeen. They found a high incidence of alcohol abuse.

The ESPAD school survey carried out in 21 European countries looked at secondary school students and found that in Malta cannabis use is lower than average, but alcohol use and inhalant use is twice the European average.

Dr Cassar conducted a survey in 1991 in a general hospital in Gozo and found that 33% of patients in a general hospital suffer from mental health problems. This figure was confirmed in another survey held at the Malta general hospital in 2000. The worrying aspect of this result was that the great majority of patients (more than 95%) were not identified and were not being treated for mental health issues.

In 2009, Dr Cassar embarked on a longitudinal project looking at the mental health of University students. Four weeks into the first term, 30-50% of first year medical students were found to be suffering from clinical depression and clinical anxiety.

Dr Calleja led a European Health interview survey on mental wellbeing which looked at mental wellbeing of the Maltese population. The survey found that 8% of the Maltese population suffer from anxiety, 7% suffer from depression, 18% feel very nervous and 11% feel tired all the time. Identified at risk populations included widowed persons, the elderly, persons with lower education and persons with marital problems. More research needs to be directed at these target groups.

Dr Cassar suggested areas for research including:

- suffering and problems at work;
- need for support in families with chronic disorder;



- stigma of mental health problems;
- effect of media projecting negative stereotypes; and
- loneliness.

The type of research needed is qualitative. Research needs to be carried out in collaboration between ngos, statutory organisations such as the Divisions of Health and Social Policy and with University.

Discussion

The majority of participants agree that mental health is the current health issue for Malta. The groups also made these additional comments:

There still needs to be more importance given to the mental health problem in Malta.

The EU itself is very reluctant to conduct research in mental health and to date there are few, if any, projects on this area. Maltese researchers should develop their own mental health research projects.

There is a lack of funding for mental health research. Even pharmaceutical companies have reduced the amount of research on medication for mental health issues.

There are many people affected by mental health issues that have no voice – abused children, victims of domestic violence.

The education system does not adequately promote good mental health and in fact, as it is it, actually puts too much pressure on children.

Good mental health should be mainstreamed across all society. There must be promotion of overall mental wellbeing and not simply a focus on abnormal mental health issues.



2.4 Theme 4: European Dimensions

European Dimensions

Ms. Anthea Fabri, National Contact Point for FP7, Malta Council for Science and Technology

The Framework Programme 7 (FP7) is the EU's main funding tool for supporting research and technological development in Europe and beyond. It will last for 7 years (2007-2013) and has a total budget of over €50 Billion.

FP7 supports research in selected priority areas and has 2 key strategic objectives:

- to strengthen the scientific and technological base of European industry
- to encourage international competitiveness, while promoting research that supports EU policies.

Researching at EU level helps to pool resources and expertise, thus countering fragmentation, and to foster human capacity and excellence in science and technology through international mobility and training of researchers, improved science and technology capabilities and EU wide competition for research grants.

The FP7 has the following main programmes:

Cooperation – collaborative research (€32,413mil)

Ideas – frontier research (€7,510mil)

People – Marie Curie actions (€4,750 mil)

Capacities – research capacity (€4,097 mil)

+ JRC non nuclear research, Euratom direct actions and indirect actions (€1,751 mil)

Cooperation



The Cooperation programme is allocated two thirds of the FP7 budget. It promotes collaborative research in Europe and beyond between universities, industry, research centres and public authorities; supports all types of research, aims to gain leadership in key scientific and technological areas and adopts a “top-down” approach i.e. the topics of project proposals must adhere to topics identified by the Commission in each call for proposals.

The Cooperation programme has 10 themes including *health* and *socio-economic sciences and humanities*. There are 2 main topics within the latter 2 themes:

- to set up a *Social Platform for innovative social* to suggest innovative research agendas for the improvement of social services including health, education and welfare services; and
- *Sustainable health behaviours in Europe* –to assess viability of the health systems in Europe.

Within the Cooperation programme health has been allocated €6,100 mil.

Ideas

The Ideas programme supports “frontier research” (innovative and high-risk research) and has a bottom-up’ approach i.e. the team of researchers propose research to be carried out. The sole criterion of evaluation is scientific excellence. Projects do not need any partners but project leaders can appoint their own team. This programme is implemented via the European Research Council (ERC).

People

The People programme provides support for researcher mobility and career development for researchers inside and outside the EU. It aims to make Europe more attractive to the best researchers from all over the world, encourage individuals to choose research as a career path and prevent brain-drain from Europe. It is implemented through a set of actions and adopts a ‘bottom-up’ approach.

Capacities

The Capacities programme aims to enhance research and innovation capacities throughout Europe and ensure their optimal use. It is implemented through various measures which are intended to bring together SMEs, European regions, civil society and Third Countries in the scientific community, and to reinforce the research potential of the various players and coherence between policies.

This programme is organised in 7 sub-programmes, one of which - Science in Society: aimed at bringing science and society closer for the harmonious integration of science and technology in European society



– is of particular interest to the workshop as one of the main topics coming out in an imminent call is Health and Ageing (obesity and related health disorders / diseases; Alzheimer’s).

Participation in FP7 is open to any organisation, including but not limited to any company, university, research centre or other legal entity established in a Member State, Associated Country, International Cooperation Country. Industrialised high-income countries may participate as long as the minimum conditions have been met.

Different participation rules may apply, depending on the research initiative in question and the requirements set forth in each call for proposals. As a general principle, partnerships should be composed of at least three legal entities belonging to three different Member States or Associated Country; or for SICA funding Schemes, at least four legal entities, of which two must be established in a MS or AC and two in ICPC countries (Int. Coop. Partner Country)

FP7 is implemented through different funding schemes, namely:

- Collaborative Projects
- Networks of Excellence
- Coordination & Support Actions
- Individual Projects
- Support for Training and Career Development of Researchers
- Research for the benefit of specific groups – in particular SMEs and civil society organisations.

The funding limits for projects under the above mentioned schemes ranges from 50% - 100%.

Health in FP7

Ms Joanna Pullicino – Health National Contact Point, Malta Council for Science and Technology

The objective of the health theme under the cooperation programme of the FP7 is *to improve the health of European citizens and boost the competitiveness of health-related industries and businesses, while addressing global health issues (anti-microbial resistance, HIV/AIDS, malaria, tuberculosis and emerging epidemics).*



The work programme is developed through expert consultation and MS feedback and has 3 main pillars: Pillar 1- Biotechnology, generic tools and technologies for health; Pillar 2 -Translating research for human health and Pillar 3- optimising the delivery of health care and Pillar 4 – other actions.

Pillar 3, also referred to as the Public Health Pillar, is subdivided into 4 main areas:

1. Translating clinical research into clinical practise
2. Quality, efficiency and solidarity of health care systems
3. Enhanced health promotion and disease prevention
4. International public health and health systems

Since the start of FP7, Malta has so far participated in only 1 project under Pillar 3.

A call for proposals is issued annually and the next call should be published in July 2010 with an indicated budget of EUR 640 million; the EC is considering an earlier DRAFT publication of the work programme round about April – May 2010 in order to give all researchers the access to the documents and adequate time to prepare prior to the official launch.

The area open for the next call in Pillar 3 is **Health Promotion**, with the following topics:

-Developing methodologies to reduce inequities in the determinants of health

-Analysis of integrated strategies for sustainable behaviour change

-Developing and implementing methods for the transfer of research into policy in the fields of health promotion and disease prevention

-A road-map for mental health research in Europe.

International Public Health and Health systems

-Development and assessment of comprehensive and integrated interventions and programmes to improve reproductive health and health equity



-Building sustainable capacity for research for health and its social determinants in low and middle income countries

-Multilateral cooperation between Europe, Africa and Latin America on public health and health services research

The Health National contact point presented tips for success to the audience with regards to submission of proposals under FP7. It was mentioned that the competition for funding is tough. One key tip is to get in touch with foreign counterparts and enquire if they will participate; networking with experienced partners facilitates entry to consortia.

Submitted applications are subject to a peer review and an eligibility check.

Projects are assessed according to 3 criteria:

- science and technology excellence;
- implementation and management;
- potential impact.

Proposals are evaluated by experts and overseen by independent observers.

The documents needed to be able to submit a proposal under FP7 are:

- The work programme (topic and objectives, expected impact, funding scheme called and max. contribution)
- The guide for applicants (template for the submission, with page limits, tables for workpackages, deliverables). It contains the evaluation criteria. This can be found on: <http://cordis.europa.eu/fp7/calls>.

The National Contact Points at the Malta Council for Science and Technology can help applicants understand calls, find the right topic, find partners, disseminate profile and inform of conferences and brokerage events.

Further information can be found on the following websites:



- Gateway to European research and development: http://cordis.europa.eu/home_en.html
- FP7 Health web site: <http://cordis.europa.eu/fp7/health>
- FP7 KBBE web site: <http://cordis.europa.eu/fp7/kbbe/>
- NCPs: http://cordis.europa.eu/fp7/health/support_en.html
- Find a project: http://cordis.europa.eu/fp7/projects_en.html
- Registration as an Expert: <https://cordis.europa.eu/emmp7>
- *SMEsgoHealth*: www.smesgohealth.org
- *FP6 projects database*: www.lifecompetence.eu

Discussion:

The number of NGOs represented in the workshop who have tapped into EU funds to carry out research was limited to two – one NGO who has secured indirect EU funding (Structural Funds) and another who has tapped into both direct and indirect EU funding.

Most NGOs are hesitant to apply for EU funds because of the long and cumbersome application phase. They lack the time and the skills to identify the right funding mechanism to tap into and to fill out the application.

Most NGOs do not have the funds to co-finance projects.



3. Resume of General Discussions

Most of the participants present had taken part in public health research in some way and the topics varied. However, barriers to participating in research for NGOs included the following: lack of networking; the fact that NGOs are often run by government employees or they are run solely by volunteers; the fact that they lack technical knowledge linked to carrying out research; government and research departments do not involve civil society organizations in research.

It was pointed out that Civil Society Organisations must be involved at the very first stages of public health research and not just to do the 'dog' work. Volunteers from the field must be involved in the methodological design of research instruments because of the expertise they have gained from working directly in the field being researched. This highlights the importance of a multidisciplinary approach. It was also stressed that NGOs can provide the human element to research. Also, by conducting a needs assessment among the NGOs and within civil society one can find what areas of interest need to be investigated. NGOs can also improve research implementation. They are well placed to monitor populations at risk after conducting research and can disseminate the information produced by research.

The majority of participants agreed that mental health is the current health issue for Malta. The point was stressed that there still needs to be more importance given to the mental health problem in Malta and that there is a lack of funding for mental health research. Members from CSOs working with mental health patients also stressed that mental health should be mainstreamed across all society and that promotion of overall mental wellbeing (not simply a focus on abnormal mental health issues) was important.

Finally, the majority of the participants agreed that NGOs in Malta still lack the time and the skills to identify the right funding mechanisms to tap into funds and to fill out the application forms and that most NGOs do not have the funds to co-finance projects.

4. Conclusions and Recommendations

The following are the recommendations made by the workshop participants:

1. Create a network between entities which can be involved in public health research so that research ideas can be developed, implemented and disseminated within partnerships. NGOs should no longer simply be consulted at the end of a project but must be brought on board projects at the outset.
2. Create bi-monthly meetings at the University of Malta between researchers and NGO representatives to discuss potential research topics and methods and to create opportunity for networking and potential future partnerships.
3. Create a task force as part of the Malta Health Network (MHN) which focuses solely on public health research and which regularly communicates with other stakeholders in public health research in terms of potential collaboration. Also setting up a sub-committee of experts as part of the MHN which includes an expert on public health research in order to train and advise the NGO members of the health network on the subject.
4. Set up and maintain an inventory of NGOs and other organizations with research expertise so that there is a main source of information on what organisations are doing, expertise available and areas of interest.
5. Develop a national strategy for public health research within the context of the national research and innovation strategy to ensure that researchers are directed to carry out studies which are of priority to the country and for which funding is specifically available.
6. Conduct research with a purpose and not just collect data for its own sake. Carry out more action research and more intervention-type studies (e.g. what kinds of interventions work best in the local context?). There needs to be an implementation of sustainable services after EU projects are complete.
7. Lobby to have researchers employed with / attached to government departments.

8. Prioritise projects which will utilise data and information which is readily available rather than focusing on projects which need additional data. For instance, information on social problems such as child abuse has been available for a long time but still the services being offered are not meeting the needs.
9. Implement in-built evaluation and monitoring systems once a service has been running to assess whether the service is meeting its target, who is making use of the service and what its impact is. Lack of re-evaluation of services may make them outdated if they were originally implemented years ago within a completely different social landscape.
10. Raise awareness among NGOs of funding opportunities and create a system to help NGOs apply for such funds. One suggestion is for NGOs to join together to pay the salary of a full time experienced person who will fill in applications on their behalf.
11. NGOs have to sell themselves better and lobby with government entities and other organisations to be involved in research projects, particularly projects which bridge the gap between policy and practice.
12. Introduce the concept of research and research ideas in the curriculum at secondary school level. Start educating the general population at a young age on the value of research and in the long run create a research culture among workers.

The suggested follow-up actions to this workshop are:

The Malta Health Network (MHN) board to set up an expert sub-committee and a task force made up of MHN members which will focus on public health research.

The Department of Public Health within the Medical School at the University of Malta to set up a meeting with public health officials and MHN members to launch the idea of bi-monthly meetings at University to discuss potential research projects and create an opportunity for networking.

The Department of Health Information and Research at the Ministry of Health to set up a meeting with other key policy makers to discuss the possibility of setting up a priority list for public health research within the context of the national research and innovation strategy, which list which will form the basis of a national strategy for public health research.



The Department of Health Information and Research at the Ministry of Health to set up and maintain an inventory of NGOs and other organisations with public health research expertise.



Appendix 1

Programme of Workshop

STEPS National Workshop Malta - 26 March 2010- The Victoria Hotel, Sliema - Programme

Chair: Dr. Julian Mamo

- 08:30 Opening Speech: Purpose and Objectives of 'Engaging Civil Society in Public Health Research' -
Ms. Claudia Taylor East – Director SOS Malta
- 08:40 Introduction from Malta Association of Public Health Medicine (MAPHM)
Dr. Charmaine Gauci - President
- 08:50 The national public health topic: 'Behaviour and Mental Health'
Dr. David Cassar – Head of Psychiatry Dept. University of Malta
- 09:30 Address
Hon. Joseph Cassar - Minister for Health, the Elderly and Community Care
- 10:00 Description of existing public health research system
Dr. Neville Calleja - Director of Health Information & Research at the Ministry of Health, the Elderly and Community Care
- 10:45 COFFEE BREAK
- 11:00 The role of Civil Society in contributing to public health research
Dr. Gabriel Gulis - Associate Professor, University of Southern Denmark
- 11.45 European Dimensions
Ms. Joanna Pullicino / Ms. Anthea Fabri –National Contact Points, the Malta Council for Science and Technology (MCST)
- 12:30 COMPLIMENTARY WORKING LUNCH BREAK
- 13:30 Small group discussions
- 15:30 COFFEE BREAK
- 15:45 Plenary discussion and Conclusions

Appendix 2

List of Participants

Dr Julian Mamo	Dept. Public Health, University of Malta	Chairman
Ms Claudia Taylor East	SOS Malta	Speaker
Dr Neville Calleja	Director, Health Information & Research, Ministry of Health	Speaker
Dr Charmaine Gauci	Malta Association of Public Health Medicine	Speaker
Dr Gabriel Gulis	Assoc Professor, University of Southern Denmark	Speaker
Dr David Cassar	Head of Psychiatry, University of Malta	Speaker
Ms Joanne Pullicino	MCST	Speaker
Ms Anthea Fabri	MCST	Speaker
Dr Miriam Vella	Malta Association of Public Health Medicine	WG Chair
Doris Gauci	Richmond Foundation	WG Chair
Dr Charmaine Gauci	Malta Association of Public Health Medicine	Speaker/WG Chair
Dr Daniel Cauchi	Infectious Disease Prevention and Control Unit	Rapporteur
Ms Andee Agius	Midwife, Dept of Obstetrics and Gynaecology, Mater Dei Hospital	Rapporteur
Ms Dorothy Gauci	Researcher, Directorate of Health, Information and Research	Rapporteur
Ms Ruth Falzon	Psychology Department, University of Malta	Participant
Mr Pierre Galea	Community Mental Health	Participant

Dr Kenneth Grech	Permanent Secretary, Ministry of Health, The Elderly and Community Care	Participant
Dr. Miriam Dalmás	Director for Policy Development, EU and International Affairs	Participant
Dr Marija Axiak	Treasurer, Malta Association of Psychiatric Trainees	Participant
Ms Anthea Agius	Maltese Association of Social Workers/Foundation for Medical Services	Participant
Mr Daniel Croucher	Malta Medical Students' Association	Participant
Dr Tanya Melillo	Secretary, Malta Association of Public Health Medicine	Participant
Ms Sharon Martinelli	CommCare Assessment Unit, Primay Healthcare Dept.	Participant
Ms Antoinette Attard	Breast Care Support Group	Participant
Ms Antoinette Shah	The Malta Hospice Movement/Malta Health Network	Participant
Ms Mary Rose Caruana	Coeliac Association Malta	Participant
Ms Tessa Anastasi	The ADHD Family Support Group	Participant
Ms Joslyn Magro	Commission on Domestic Violence	Participant
Dr Nicholas Sammut	Malta Council for Science and Technology	Participant
Mr Joseph Borg	Friends of Attard Hospital	Participant
Dr Alec Lapira	Malta Council for Science and Technology	Participant
Ms Patricia Vella Bonanno	Medicine's Authority	Participant
Prof Herbert Gilis	Public Health Specialist	Participant
Dr Ray Galea	Malta Osteoporosis Society/ Malta Health Network	Participant
Mr Glen Cachia	Malta Red Cross	Participant
Mr Mario Fava	Health Services Standards	Participant
Ms. Nicola Critien	SOS Malta	Organiser



Ms. Susan Vassallo	SOS Malta	Participant
Ms. Joanne Cremona	SOS Malta	Organiser



Appendix 3

List of Steering Committee

Name and Surname	Organisastion	Role
Dr. Miriam Vella	Malta Association of Public Health Medicine	Member
Dr. Ray Galea	Malta Health Network	Member
Ms. Nicola Critien	SOS Malta	Member
Dr. Julian Mamo	Department of Public Health	Consultant

Appendix 4

Summary of the Evaluation

Evaluation

An evaluation form was inserted in the pack given to each participant on registration. The form was designed to assess to what extent the participants agreed that:

1. The topic of the workshop was of importance to Malta.
2. The workshop may help improve the situation on behaviour and mental health in Malta.
3. The speakers chosen were relevant to the workshop topic.
4. The presentations were relevant to the workshop topic.
5. The small working groups were effective.

The participants were also asked (6) whether they were satisfied with the organisation of the workshop and (7) how they feel the results of the workshop could be used.

Sixteen (16) feedback forms were handed in.

Feedback

1.

Respondents on the whole strongly agree that the topic of the workshop 'engaging civil society in public health research' is of importance to Malta. They feel that Malta needs bottom up research; that research is not complete without civil society input and that NGO contribution to society needs to be recognised.

2.

All but one of the respondents agreed that this workshop may help improve the situation on mental health in Malta, given that the evaluation is delivered to and adopted by policy makers. The more the subject is discussed the better the chance of it being given priority. The respondent who disagreed reported that this was because the discussion was not focused enough.



3.

All the respondents found the speakers chosen to be relevant to the workshop topic commenting that they showed a wealth of experience and were obviously committed to their work. One respondent commented that an FP7 case study would have added more value to the European Dimensions theme.

4.

All respondents agreed that the presentations given were relevant to the workshop topic and presented it from different perspectives. One respondent felt that the presentation on mental health in particular was excellent and the one on the current situation of public health research very informative. Information on funding instruments other than FP7 would have been welcome.

5.

All (but the 3 respondents who did not answer this question) agreed that the small group discussions were effective because the groups were small enough to exchange different views and brainstorm. One respondent felt that the discussion could have more focused.

6.

All respondents were satisfied with the organisation of the workshop with one complaint regarding the lack of clarity of some presentations some of which had slides which were hard for the audience to read.

7.

Among the suggestions on how the results of the workshop could be used were;

- to create awareness
- to improve public health policy
- to create a concrete action plan on how to involve NGOs in public health research
- to focus on different needs of NGOs e.g. networking
- to create a bridge between different NGOs and NGOs and government