



STrengthening Engagement in Public health reSearch

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

This information on national public-health research structures has been gained from country key informants and internet searches for STEPS (Strengthening Engagement in Public Health Research www.steps-ph.eu), a project funded by the European Commission Seventh Framework Research Programme. It builds on the country profiles and reports from Ministries of Health and Ministries of Science that were created previously for SPHERE (<http://www.ucl.ac.uk/public-health/sphere/sphereprofiles.htm>).

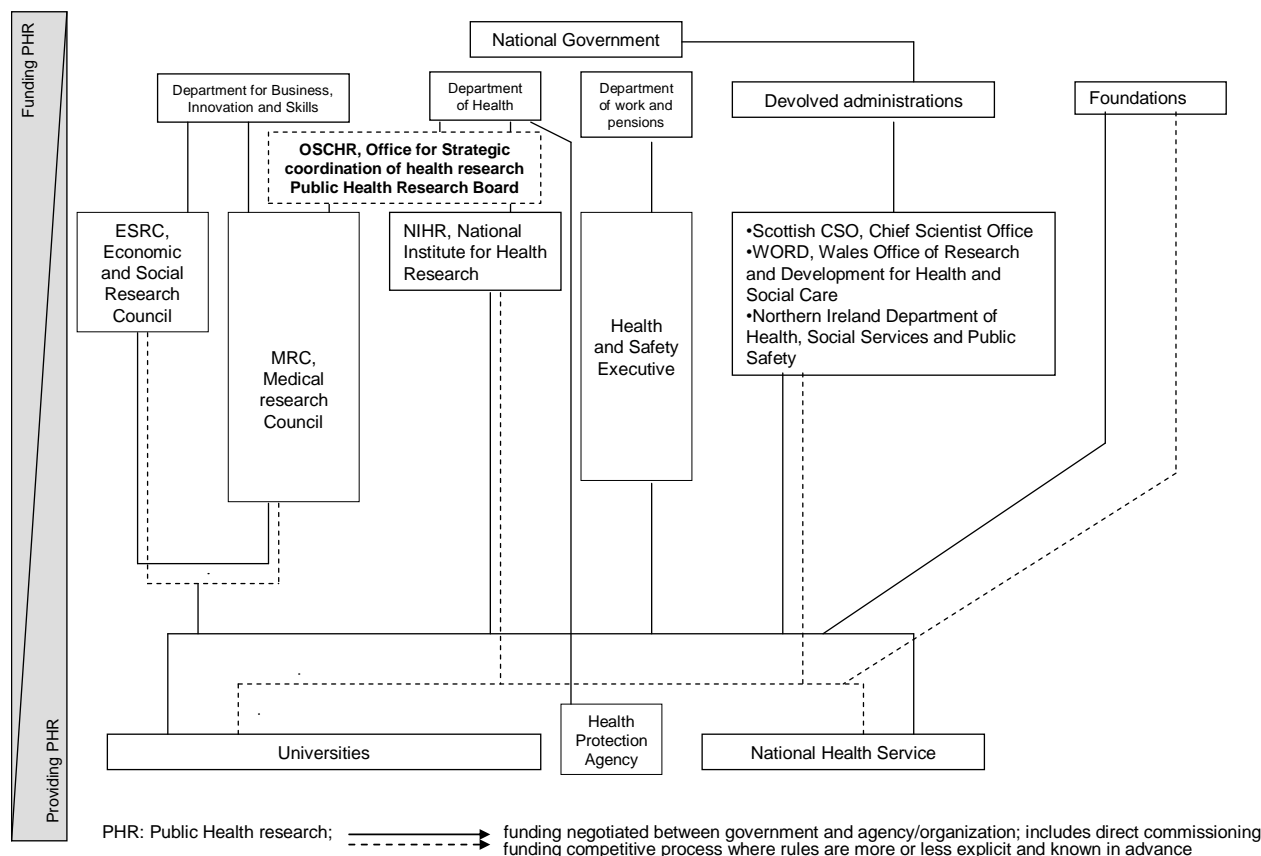


The organogram shows the structure for managing and providing public-health research from the perspective of financial flows.

The main organisations are also briefly described, with their URLs, and other relevant national documents and information on public-health research.

Note: 'Public-health research' includes all health research at population, organisation and system level broadly relevant to health and health-care policy and practice. It excludes clinical and laboratory (biomedical) research.

1. Organogram



Following referendums in Scotland and Wales in 1997, and in both parts of Ireland in 1998, the UK Parliament transferred a range of powers to national parliaments or assemblies. The Scottish Parliament, the National Assembly for Wales and the Northern Ireland Assembly were established, and took control in 1999. The UK government remains responsible for national policy on all matters that have not been devolved (including foreign affairs, defence, social security, macro-economic management and trade). It is also responsible for government policy in England on all the matters that have been devolved to Scotland, Wales or Northern Ireland (such as health and education).

(Source:

http://www.direct.gov.uk/en/Governmentcitizensandrights/UKgovernment/Devolvedgovernment/DG_073306, accessed in May 2010)

2. Research Commissioners

2.1 Ministry of Health

Department of Health, <http://www.dh.gov.uk/>

The National Institute for Health Research (NIHR) provides the framework through which the Department of Health maintains and manages the research, research staff and research infrastructure of the NHS in England. In Scotland is the CSO (Chief Scientist Office), in Wales the WORD (Wales Office of Research and Development for Health and Social Care) and in Northern Ireland the Health and Social Care R&D Office.

2.2. Ministry of Science

The Department for Business, Innovation and Skills, <http://www.bis.gov.uk/>

The Office for Strategic Co-ordination of Health Research (OSCHR) works through its Partners (the NIHR, MRC and the Devolved Administrations) to facilitate the translation of health research into health and economic benefits through better coordination of health research and more coherent funding arrangements. It has responsibility for: translational medicine research; public health research; e-health records research; methodology research; and human capital. Developing public health research was an OSCHR priority for 2009, the Public Health Research Board monitors the coordination and implementation of the OSCHR Partners' approach. The MRC and NIHR have taken a strategic coordination lead in two major areas of public health: the MRC leads on Ageing (funding £10m) and on Addiction & Mental Health (funding £6m); and the NIHR leads on Obesity and on Infection through its Public Health Research programme with funding of £10m pa (see below).

(Adapted from: <http://www.mrc.ac.uk/About/Strategy/Governmentfunding/index.htm>, accessed August 2010,

http://www.nihr.ac.uk/about/Pages/about_oschr.aspx

http://www.nihr.ac.uk/files/pdfs/OSCHR_Progress_Report_18.11.08.pdf, accessed August 2010)

2.2.1. Research Councils, <http://www.rcuk.ac.uk/>

There are seven Research Councils, established under Royal Charter and under the statutory control of the Department for Business, Innovation and Skills (BIS). Council members are appointed by the Secretary of State for BIS who is answerable to Parliament for the Councils' activities. The UK Research Councils are: Arts and Humanities Research Council (AHRC); Biotechnology and Biological Sciences Research Council (BBSRC); Engineering and Physical Sciences Research Council (EPSRC); Economic and Social Research Council (ESRC); Medical Research Council (MRC); Natural Environment Research Council (NERC); Science and Technology Facilities Council (STFC). The Department for Business, Innovation and Skills also sponsors the Technology Strategy Board (TSB) and the Higher Education Funding Council, England (HEFCE).

2.2.1.1. ESRC, the Economic and Social Research Council (<http://www.esrc.ac.uk/>) funds research and training in social and economic issues. The planned expenditure for 2009/10 is £204 million, which funds over 2,500 researchers in academic institutions and policy research institutes throughout the UK. ESRC' strategic areas of research include economic and social health determinants and the understanding of human behaviour with consequences for health and wellbeing.

(Adapted from: <http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/about/>
<http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/strategicplan/challenges/default.aspx>, accessed in March 2010)

2.3. Other ministries

2.3.1. The Department for Work and Pensions (<http://www.dwp.gov.uk/>) sponsors the Health and Safety Executive

2.4. Regions

The National Institute for Health Research (<http://www.nihr.ac.uk>) was established as a part of the Government's strategy, "Best Research for Best Health" and provides funds for NHS and social care. "NIHR role is to develop the research evidence to support decision making by professionals, policy makers and patients, make this evidence available, and encourage its uptake and use." NIHR funds competitive proposals on thematic and open calls.

Total annual spend of NIHR for England (population 50 million) is around £900m. Programmes broadly for public health, with about 10% of the total funding, include the Health Technology Assessment, Patient Safety, Service Delivery and Organisation, National Prevention Research Initiative, and a recent programme entitled 'Public Health Research' (10m per year) with a focus on interventions.

(Adapted from: <http://www.nihr.ac.uk/research/Pages/default.aspx>, assessed on March 2010)

Expenditure in Scotland, Wales and Northern Ireland is similar, in relation to the smaller populations (5 million, 3 million and 1.7 million respectively). Scotland has four priority areas: Cancer; Cardiovascular disease and stroke; Mental health; and Public health. CSO funds competitive grants on these areas but also outside (thematic and open calls).

(Adapted from <http://www.scotland.gov.uk/Topics/Research/by-topic/health-community-care/chief-scientist-office/6884/research-priorities>; <http://www.scotland.gov.uk/Topics/Research/by-topic/health-community-care/chief-scientist-office>, assessed on March 2010)

The Wales Office of Research and Development for Health similarly manages projects and initiatives which reflect government priorities. Since March 2009 it is part of the National Institute for Social Care and Health Research (NISCHR).

(Adapted from: <http://new.wales.gov.uk/topics/health/?lang=en>,
<http://wales.gov.uk/publications/accessinfo/drnewhomepage/Housingdrs/Housingdrs2009/nischrstryucgovern ce/?jsessionid=WM4nLn9PgYQqk1yLvHm16WPjchJrZDjY9dJLDGzt2dnjIDXQP1cXl1733788102?lang=en>, assessed on March 2010)

2.5. Foundations

2.5.1. The Wellcome Trust (<http://www.wellcome.ac.uk/>) is an independent scientific foundation with an endowment originally gained from the Wellcome vaccines and pharmaceuticals company. It supports biomedical research and the medical humanities and also addresses public engagement, education and the application of research to improve health. Charitable commitments in 2009 were £720m.

2.5.2. The British Heart Foundation (BHF) (<http://www.bhf.org.uk/>) is funded through public fund-raising. It supports research into the causes of heart disease and improved methods

of prevention, diagnosis and treatment. It promotes research through identifying new areas of relevant science, attracting researchers in the UK and from abroad, and providing funding, equipment and facilities. As well as competitive open awards, four BHF Centres of Research Excellence (multidisciplinary research teams located in the Imperial College London, King's College London; University of Edinburgh, University of Oxford) have been awarded funding up to £1.5 million per year over six years. Expenditure on research in 2008/09 was £79m.

(Source: <http://requirementslist.co.uk/docs/accounts2009.pdf>, accessed August 2010)

2.5.3. Cancer Research UK <http://www.cancerresearchuk.org/> is a charity funded through public fund-raising. Its strategy for 2009-2014 aims to: enhance research programmes in early diagnosis, screening and prevention; continue to fund research into behavioural change relating to tobacco control and sun awareness; develop activity in medical cancer prevention; work in partnership with others through the National Prevention Research Initiative and UK Clinical Research Collaboration to develop and test effective ways of bringing about behavioural changes which may reduce the risk of cancer. Charitable expenditure in 2008/09 was £344m.

2.5.4. The King's Fund (<http://www.kingsfund.org.uk/>) is an analysis and policy organisation supported by endowment (originally from public subscription) and charitable activities. It supports projects that can improve the health system in England, particularly broader services (such as primary care, palliative care, maternity care), and policy fields such as quality and workforce planning. These projects combine original research with objective analysis to influence health and social care policy, support managers in health care, and generate informed debate. Total expenditure on charitable activities in 2009 was £14m.

(Source: http://www.kingsfund.org.uk/current_projects/index.html, http://www.kingsfund.org.uk/about_us/who_we_are/how_we_raise_and_spend_our_money/, accessed August 2010)

2.5.5. The Nuffield Trust for Research and Policy Studies in Health Services is an independent charitable trust originally endowed by Viscount Nuffield. (<http://www.nuffieldtrust.org.uk/index.aspx?id=33>) Its mission is to promote independent analysis and informed debate on UK healthcare policy, with a focus on efficiency, commissioning, the organisation and delivery of care, competition, and international comparisons in healthcare. The Nuffield Trust brings together a wide national and international network of people; commissions research to inform policy debate; encourages interdisciplinary exchange; and supports evidence-based health policy and practice. Charitable expenditure in 2008/09 was £2.9m.

(Source: <http://www.nuffieldtrust.org.uk/uploadedFiles/aboutus/NuffieldAccounts2009.pdf>, accessed August 2010)

2.5.6. The Health Foundation (THF) is an independent charity endowed from the sale of Private Patients Plan Healthcare that works as a catalyst to improve the quality of healthcare across the UK. The Health Foundation's R&D strategy aims to: strengthen the evidence base on how to improve quality in the healthcare systems; use this knowledge to shape THF work programmes; and promote the evidence base to decision makers at all levels in the healthcare system. Charitable expenditure in 2009 was £23m.

(Source: http://www.health.org.uk/about_us/how_we_work/history_of_thf.html, accessed August 2010)

3. Research Performers

3.1. State Institutes

3.1.1. The Health Protection Agency (HPA) (<http://www.hpa.org.uk/>) is an organisation that protects the public from threats to their health from infectious diseases and environmental hazards. It reports to the Department of Health and provides support and advice to the NHS, local authorities, emergency services, and the devolved administrations. The HPA works closely with NIHR (through the NIHR HPA Biomedical Research Centre, annual budget £10.5m) and the MRC (through the MRC-HPA Centre for Environment and Health). (Sources: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1279618331803, <http://www.environment-health.ac.uk/>, accessed August 2010)

3.2. Mixed organizations

3.2.1. MRC, the Medical Research Council, <http://www.mrc.ac.uk/index.htm>

The MRC supports research across the biomedical spectrum, from fundamental lab-based science to clinical trials, and in all major disease areas. The MRC is independent in its choice of which research to support. However, it works closely with the Health Departments, the other UK research councils, industry and other stakeholders to identify and respond to the UK's health needs. The MRC provides research grants and career awards to scientists in UK universities and hospitals, and funds research centres in partnership with universities and through its own research facilities. The Population and Systems Medicine Board includes social epidemiology research. In 2008/09, the MRC spent £704.2 million on research.

(Adapted from: <http://www.mrc.ac.uk/About/Factsfigures/index.htm> accessed August 2010)

3.2.2. HSE, the Health and Safety Executive (<http://www.hse.gov.uk/>) is the national watchdog for work-related health, safety and illness. It is an independent regulator sponsored by the Department for Work and Pensions and acts in the public interest to reduce work-related death and serious injury across Great Britain's workplaces. The HSE's mainstream science activities give priority to reactive scientific and technical support for inspections and investigations into accidents, incidents and ill-health at work. HSE commissions research for scientific, technical and analytical knowledge and skills to improve regulatory activity and policy work.

(Sources: <http://www.hse.gov.uk/aboutus/inthepublicinterest/index.htm>, <http://www.parliament.uk/documents/lords-committees/science-technology/stf/hse.pdf>, accessed August 2010)

3.3. Universities

Most Public Health Research in UK is within universities. Around 30 universities have medical schools which each include a department of public health (or equivalent) with roles of teaching and research. Other health-related disciplines, including nursing, health sciences, psychology and sociology, are taught across the 100 UK universities. Most universities also have postgraduate courses for Masters and Doctorates, and compete for open awards in health research.

3.3.1. PHRC, the Public Health Research Consortium (<http://www.york.ac.uk/phrc/overview.htm>), led from the University of York, is funded by the Department of Health Policy Research Programme and aims to strengthen the evidence base for interventions to improve health with a strong emphasis on tackling socioeconomic inequalities in health. The PHRC brings together senior researchers from eight universities, a survey research agency, a children's charity and a regional Public Health

Observatory, and includes expertise in public health, social epidemiology, sociology, survey and evaluation research, social marketing and health economics. The current programme (2005-11) has a focus on major health determinants, and includes projects on smoking, obesity and its associated risk factors, and, as an important wider determinant, the workplace. The three areas address barriers and facilitators to behavioural change in different population groups (e.g. children and young people) and evaluate the scope for different interventions across different settings (e.g. communities and schools) and using a range of strategies.

3.3.2. MRC Population Health Sciences Research Network (PHSRN) links twelve Medical Research Council Research Units and Centres. Its aims are to add value to members' individual work programmes and the MRC's overall investment in the population health sciences; encourage collaborative research on key questions in the population health sciences; provide a forum for discussing and responding to research and policy issues relating to population health; and build research capacity in the population health sciences. It has five main themes: the translation of population health sciences research into policy and practice; improving research into changing behaviour; developing and validating new and robust methods for measuring exposures; finding ways of reducing barriers to population health sciences research; evidence synthesis, capitalising on the methodological strengths in the Network and on the datasets available in and to the Units. (Source: <http://www.sphsu.mrc.ac.uk/research-programmes/ss/coll/phsrn.html>, accessed August 2010)

3.3.3. The UKCRC (UK Clinical Research Collaboration) Public Health Research Centres of Excellence is a joint initiative of eight public health research funding organisations in the UK. The Centres are intended to build academic capacity, increase infrastructure and promote multi-disciplinary working in public health research in the UK, and are designed to bring leading research experts together with practitioners, policy makers and wider stakeholders to tackle complex public health issues. Five centres were funded in 2008: the Centre for Translational Research in Public Health, led by Newcastle University in collaboration with Durham, Northumbria, Sunderland and Teesside Universities; the Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement, led by Cardiff University in collaboration with Swansea and Bristol Universities; UKCRC Northern Ireland Centre of Excellence for Public Health Research, led by Queens University Belfast in partnership with the Institute of Public Health in Ireland; the Centre for Public Health Research Excellence in Diet and Physical Activity, led by University of Cambridge in partnership with the University of East Anglia and MRC Centre Cambridge; the UK Centre for Tobacco Control Studies, led by University of Nottingham in partnership with University of Bath; University of Edinburgh; University of Birmingham; University of Stirling; Queen Mary's, University of London; and University College London. (Source: <http://www.ukcrc.org/researchcoordination/jointfund/publichealth/>, accessed May 2010)

3.4. Health Services

3.4.1. The National Health Service is a publicly funded health service. It provides the majority of healthcare in the UK and includes hospitals, health centres, emergency services, health authorities. Although funded centrally from national taxation, NHS services in England, Northern Ireland, Scotland and Wales are managed separately. (Source: <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx>, assessed September 2010)

3.5. Independent organizations

4. Research Strategies

4.1. UK Science and Innovation Investment Framework 2004-2014.

In 2004 the UK Government published the ten-year Science and Innovation Investment Framework (SIIF), setting out a long-term vision for UK science and innovation, and aiming for public and private investment in R&D to reach 2.5 per cent of GDP by 2014.

(Source: <http://www.bis.gov.uk/Policies/science/science-funding/ten-year-framework>, accessed August 2010)

The fifth annual report on the SIIF (Nov 2009) gives details of progress against six broad themes: world class research, responsiveness to the needs of the economy, business R&D and innovation, supply of scientists, public understanding and engagement, and science and innovation across Government.

(Source: <http://www.bis.gov.uk/assets/biscore/corporate/migratedd/publications/a/annual-report-2009.pdf>, accessed August 2010)

4.2. Department of Health's Science and Innovation Strategy

4.2.1. The NHS R&D strategy: "Best research for best health" was published in 2006 for a five-year period and aims to: support the government's ambitions to improve the nation's health and increase the nation's wealth as set out in the ten-year *Science and Innovation Investment Framework 2004–2014*; place people at the centre of a research system that focuses on quality, transparency and value for money; respond to changes in society and the environment; and respond to the challenges in the current system for applied health research.

The strategic goals are to: Establish the NHS as an internationally recognised centre of research excellence, including the establishment of the National Institute for Health Research in England (NIHR) (see below); Attract, develop and retain the best research professionals to conduct people based research; Commission research focused on improving health and care; Strengthen and streamline systems for research management and governance; Act as sound custodians of public money for public good.

(Adapted

from:

http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/Researchanddevelopmentstrategy/DH_412710_9;

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127152.pdf, accessed March 2010)

4.2.2. Policy Research Programme

The Policy Research Programme (PRP) is a national programme of research dedicated to providing an effective evidence base for policy-making in the Department of Health (DH). The PRP commissions research across the full policy remit of the DH including public health, NHS policy and adult social care. Priorities for the PRP are primarily determined by DH's strategic objectives and Public Service Agreements. The primary objective of the PRP is to assist colleagues in DH who are formulating, developing or evaluating policy by: providing evidence to inform policy development and implementation in timely and accessible ways, including assessment of its potential impact and cost-effectiveness; evaluating existing policies or experimental pilots before policies are fully implemented; commissioning research evidence for policy making over the longer-term.

(Adapted from:

http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/Policyresearchprogramme/DH_4001718, accessed August 2010)

4.3. Strengthening Public Health Research in the UK. Report of the UK Clinical Research Collaboration Public Health Research Strategic Planning Group. London: UK Clinical Research Collaboration, 2008

<http://www.ukcrc.org/publications/reports/>

The UK Clinical Research Collaboration (UKCRC) is a partnership of key stakeholders involved in health research in the UK, namely the main UK health research funding bodies, health departments, academia, the NHS, regulators, industry and patients.

Three specific areas, diet and nutrition; physical activity; and alcohol, tobacco and drugs, were identified as potentially having a large impact on improving public health.

This document establishes that the most effective framework for immediate joint action would be to: i) Fund research awards focused on analysis of existing datasets through phase 2 of the National Prevention Research Initiative and ii) Establish a number of Public Health Research Centres of Excellence in the UK aimed at boosting infrastructure and academic capacity.

4.4. Scottish CSO's 5-year health research strategy 'Investing in Research: Improving Health' was published in November 2009. Patient benefit and improving population health are central, and the returns on the investment of public money will be measured in these terms. Scotland became an OSCHR partner during 2008 and the research strategy reflects that participation. The strategy aims to: secure benefit by ensuring a step change in the translation of research findings into health and economic benefits; improve population health by strengthening the evidence base for improving health in Scotland and supporting research to develop and test population health interventions; value and invest in NHS research; and build and sustain research skills.

(Source: <http://www.cso.scot.nhs.uk/Publications/research.pdf>, accessed August 2010)

4.5. The Northern Ireland 2007-2012 Strategic Plan 'Research for Health and Wellbeing' continues to take forward the strategic initiatives that have been introduced in the last seven years, providing continuity and building on our achievements. This strategy focuses on five strategic priorities against which the DHSSPSNI and the Public Health Agency will deliver. These include: building infrastructure, research capacity, and a research portfolio, translating research findings into practice through innovation and building patient and public involvement.

(Source: http://www.dhsspsni.gov.uk/r_d2007.pdf accessed September 2010)

4.6. Medical Research Council Strategic Plan 2009-2014 'Research changes lives' sets the path for delivering better health and wellbeing through: developing prevention interventions, new treatments for diseases; producing well-founded policy guidance for research governance and ethics; and maintaining excellence in the basic research that underpins these activities. The strategic aims are: Picking research that delivers: setting research priorities which are most likely to deliver improved health outcomes; Research to people: bringing the benefits of excellent research to all sections of society; Going global: accelerating progress in international health research; Supporting scientists: sustaining a robust and flourishing environment for world-class medical research.

(Source: <http://www.mrc.ac.uk/About/Strategy/StrategicPlan2009-2014/index.htm>, accessed August 2010)

4.7. The Economic and Social Research Council strategic plan 2009-2014

ESRC strategic plan 2009-2014 'Delivering impact through social science' identifies seven areas of strategic challenge for economic and social research: global economic performance, policy and management; health and wellbeing; understanding individual behaviour; new technology, innovation and skills; environment, energy and resilience; security, conflict and justice; social diversity and population dynamics. In each area the strategy lists the detailed challenges facing social science and the priorities ESRC will have achieved by 2014 are identified.

(Source: http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/Images/Strategic%20Plan%20FINAL_tcm6-32704.pdf, accessed August 2010)

5. Programmes and calls

5.1. Department of Health Research and Development Programmes

5.1.1. The National Institute for Health Research Programmes

National Institute for Health Research (NIHR) provides the NHS in England with the support it needs to conduct research funded by the Government and its partners, and also funds a range of programmes addressing a broad range of health priorities. These include the Public Health Research (PHR) programme that looks at the benefits, costs, acceptability and wider effects of non-NHS interventions to improve the health of the public and reduce health inequalities. (<http://www.phr.nihr.ac.uk/about/>). The PHR complements the HTA programme's Disease Prevention Panel that looks at NHS-led public health interventions (<http://www.hta.ac.uk/>) and the NIHR Health Services Research programme (<http://www.hsr.nihr.ac.uk/>). NIHR commissions research for the National Institute for Health and Clinical Excellence (NICE) (<http://www.nice.org.uk/>). NIHR supports the National Horizon Scanning Centre's appraisal of new technological developments, the UK Cochrane Centre, and the Centre for Reviews and Dissemination. The NIHR also funds programmes covering: Grants for Applied Research; Research for Patient Benefit (RfPB); Invention for Innovation (i4i); Research for Innovation, Speculation and Creativity (RISC). The total NIHR budget for 2010/11 is £992m.

(Adapted from: http://www.nihr.ac.uk/about/Pages/default_old.aspx, accessed August 2010)

5.1.2. The Policy Research Programme

The PRP funds approximately 300 policy-related research projects at any one time. Currently, these provide evidence to inform policy on: adult social care; child and maternal health, covering neonatal care, early years, child development and quality of care; health protection including antimicrobial resistance, healthcare acquired infections, CJD, infectious diseases and environmental issues; health promotion such as obesity, nutrition, tobacco, sexual health, drugs, alcohol, and physical activity; health inequalities and cross-cutting equality issues; health system reform; mental health; information and communication technologies; and specific disease areas such as coronary heart disease, stroke, cancer and diabetes, including screening policy. The current PRP budget is £33m pa. The PRP works alongside other national research programmes and consults when necessary with policy research programmes in the National Institute for Health Research (NIHR).

(Source: <http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/Policyresearchprogramme/index.htm>, accessed August 2010)

5.2. The National Prevention Research Initiative (NPRI) is a multi-disciplinary UK initiative led by the MRC and funded by government and charities for research into chronic disease. The 2008 call included analysis of existing data sets, including international, national or local, derived from surveys, cohorts, case studies, trials or other sources.

(Sources: <http://wales.gov.uk/topics/health/research/word/funding/fellowships/npri/?lang=en>, <http://www.ncri.org.uk/default.asp?s=1&p=7&ss=2>, accessed August 2010)

5.3. The Scottish Collaboration for Public Health Research and Policy (SCPHRP) was established in July 2008 with £3.5m of funding over five years from the CSO and the MRC. It aims to strengthen the evidence base for public and facilitate rapid uptake of research evidence in the development and implementation of policy.

(Source: <http://www.cso.scot.nhs.uk/Publications/research.pdf>, accessed August 2010)

6. European contacts

6.1. National FP7 Contact point (Health area)¹

6.1.1. Graham Hughes (Beta Technology Ltd), <http://www.fp7uk.co.uk>

6.1.2. Victoria Brewer (Medical Research Council) <http://www.mrc.ac.uk>

6.1.3. Jill Jones (Medical Research Council)

6.2. National DG SANCO Contact point²

6.2.1. To be nominated

¹ Source: http://cordis.europa.eu/fp7/ncp_en.html, assessed in February 2010

² Source: http://ec.europa.eu/health/programme/policy/index_en.htm accessed August 2010