



UNIVERSITÀ
DEGLI STUDI DI TRIESTE



Health research and innovation (R&I) in less performing EU regions

Presentation of results of the RegHealth-RI survey launched by Innovatec

Monica Plechero

DEAMS – University of Trieste, Italy

WP1 Team: University of Trieste: Claudio Cozza (leader); Monica
Plechero; Lovro Ziberna

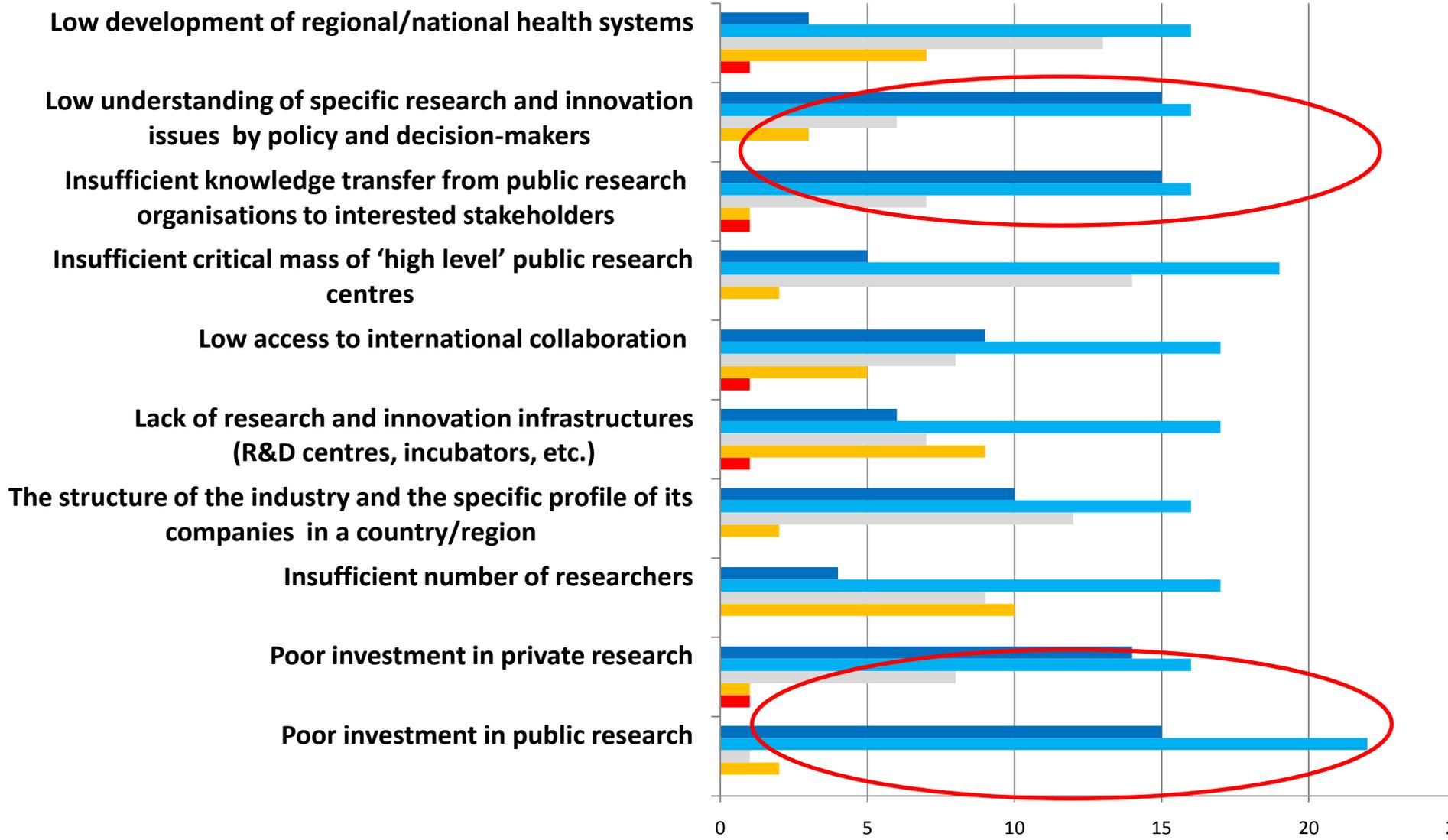
Madrid Workshop of RegHealth-RI, 18 June 2015

The RegHealth RI Survey

- Aiming at promoting critical analysis and debate during the workshop
- Targeting different stakeholders (from Universities and PROs; Industry and Business Sector, Policy and Funding Institutions; Regional Agencies)
- Data collected over the last three weeks
- 40 respondents out of 43

Q1. Factors influencing R&I performance of EU regions/countries on Health discussed by policy authorities

■ Strongly agree
 ■ Agree
 ■ Neutral
 ■ Disagree
 ■ Strongly Disagree



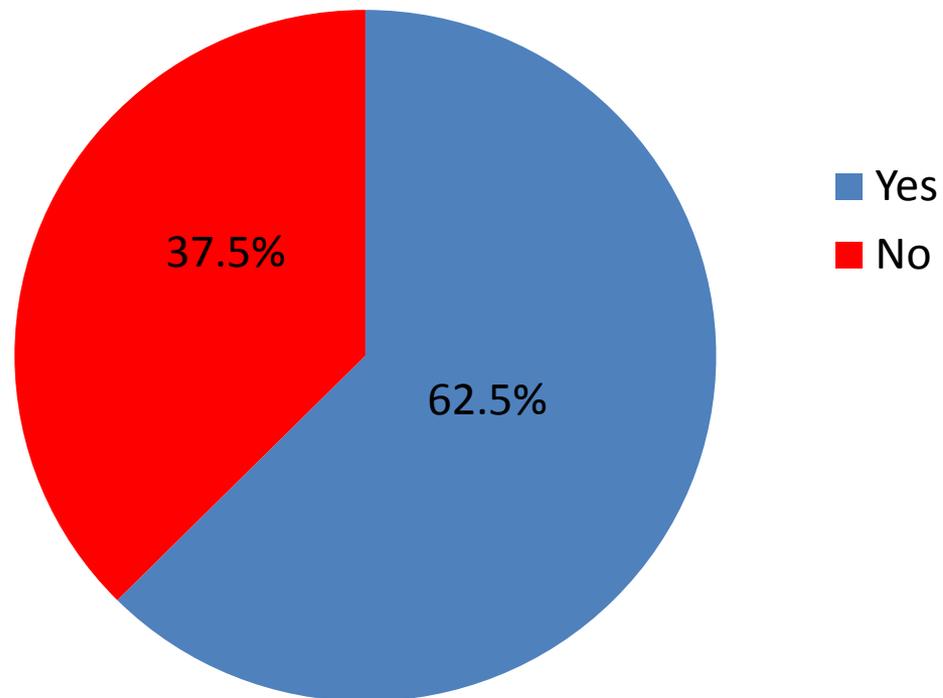
Q2. List other factors/causes giving rise to disparities in Health R&I across EU regions (I)

- ❖ **Peculiarities of new member states/small countries** and unfair competition with old member states (e.g. lack of critical mass and low attraction for investment; different level of bureaucracy and quality of governance, disparities in grants and salaries)
- ❖ **Capacity to match the ecosystem** (historical trends and institutions, cultural issues, regional or country health specificities, different capacity to access markets).
- ❖ **Lack of R&D strategic agenda**; lack of coordination between R&D policy and strategy and innovation policy & strategy; lack of long term sustainability
- ❖ **Weak collaborations** (public/private, inter sectoral and multisectoral) and lack of platform for connection

Q2. List other factors/causes giving rise to disparities in Health R&I across EU regions (II)

- ❖ **Administrative Structures** of Regional Health Systems (low involvement of regional government in RTDI issues)
- ❖ Shortage of national financing programmes (for innovation and research); complexity of EU **funding** mechanisms
- ❖ Inefficient **meritocratic system**, no rewording academia system, brain-drain, type of education system
- ❖ Access to **market** and type of market; protectionism and barriers to R&D investments, difficulties to match R&D with demand side; R&D too much market oriented
- ❖ **Fiscal issues**

Q3. Appropriateness of the composite indicator for measuring Excellence in Research (S&T) of EU countries



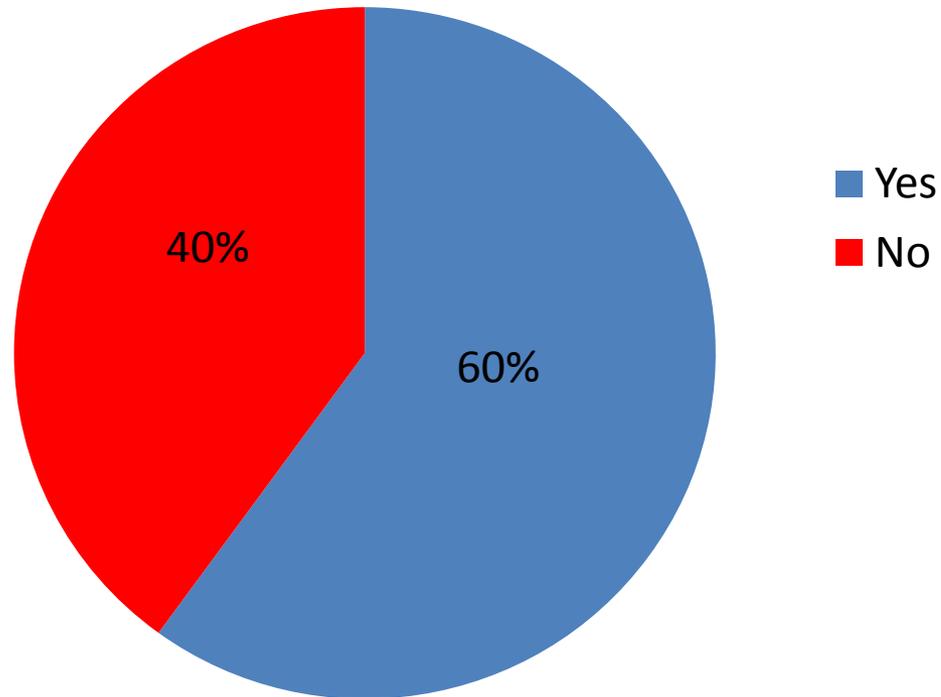
Q4. Why the indicator 'Excellence in Research (S&T)' may not be appropriate?

- ❖ Hidden differences and the value of each specific dimension (also for policies)
- ❖ Missing some important dimensions (e.g. internationalization, cooperation, type of system, creativity, the move from basic to applied research to innovation)
- ❖ Too elitist (e.g. ERC, patents)
- ❖ Too arbitrary and/or biased (e.g. quantity does not mean quality, difficult to define 'top', bibliometric evaluation may be not fair, citations depends on field, does not consider regional differences)
- ❖ Difficult to measure quantitatively
- ❖ Refer to specific years (need to be reviewed and evaluated periodically)

Some suggestions for better or alternative variables:

- Highly-used open data or policy/practice impact
- More general participation in international/EU projects
- Ratio of n° of exploited patents/patent application per million population;
- Increase in turnover of SMEs partnered with research units; n° of for-profit organizations (mainly SMEs) with R&I capacity

Q5. R&I Strategies for Smart Specialization (RIS3). Is the field of Health adequately covered in the Eye@RIS3 classification scheme of priorities?



Q6. Why the field of Health is not adequately covered in the Eye@RIS3 classification scheme of priorities? (I)

- ❖ Problem in the definition/classification of Health (too rough and generic category; complex sector, a lot of subsectors and related sectors that can not be taken properly)
- ❖ What about other activities and Health priorities that do not fall under the RIS3 platform but that are important? (e.g. health promotion-health protection)
- ❖ Classification is more R&D related and not product and process innovation as RIS3 is encouraging
- ❖ It does not take account of country specific needs; RIS3 strategies are different from country to country
- ❖ Not so useful for private industry (e.g no need to check there hubs of excellence)
- ❖ Favour only current research trends
- ❖ E-Health is not only application of ICT in the digital agenda

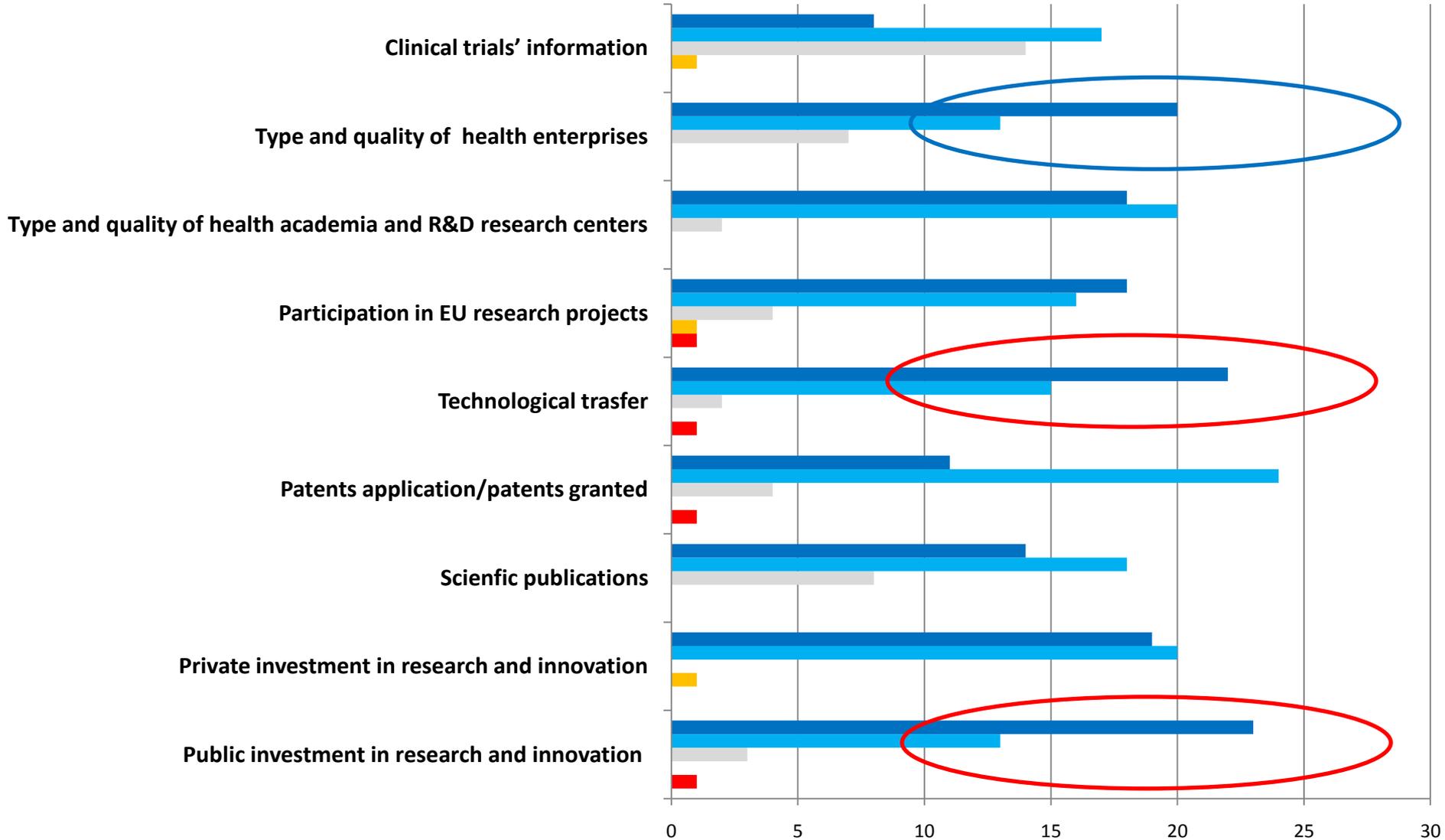
Q6. Why the field of Health is not adequately covered in the Eye@RIS3 classification scheme of priorities? (II)

Some suggestions for a better representation of the field:

- The UK HRCS by the UK Clinical Research Collaboration (UKCRC) is more appropriate. Use of the Classification System by the European Science Foundation's MED have better subgroups; other classification such as Web of Science or Scopus
- Other categories should be included (e.g. disease prevention as well as sustainability of public healthcare systems)
- An additional "catch-all" category "Other Health and Care related activity"
- Crucial to involve local universities, research centers and industry into the shaping of the RIS3 (their capacities and research force should count)

Q7. Relevance of the below variables for the analysis of Health R&I performance in EU regions

Very Relevant Relevant Neutral Irrelevant Very Irrelevant



Q8. Other potential variables to be included in the analysis of Health R&I performance in EU regions (I)

- ✓ **Impact of science** (e.g. number of scientific conferences hosted/ participated in; citation in clinical guidelines; research-based higher education)
- ✓ Research staff such as number of researchers with PhD; new PhDs per year; n. of highly specialized scientists on total population; public and private n. of researchers; researchers view on performances
- ✓ **Key R&D** groups and key individual researchers
- ✓ National R&I stakeholders involved in R&I strategic agenda, policies & their implementation
- ✓ **Innovation** (patent exploitation; new products development and time to market; entrepreneurship offices; n° of start-ups and spin-offs, n° of companies created)
- ✓ Participation in national and international **research projects; funding** from pharma or biotechnological industry

Q8. Other potential variables to be included in the analysis of Health R&I performance in EU regions (II)

- ✓ **Health and Health Care Indicators** (e.g. intensity of use of innovative therapies; rates of startup creation in the Health and Care sector; volume of exports outside EU in Health and Care; number, type and quality of health facilities involved in R&I)
- ✓ The degree of specialization of the sector in the region
- ✓ **International** collaboration in research and innovation; mobility (Marie Curie & Erasmus activity); net migration/immigration of talent; foreign PhD students
- ✓ **Others:** judgment and assessment by users; growth friendly business environment; salary regressed by local living costs relative to the EU mean; lack of incentives to engage in innovation

Now it is your turn!

Divide in 4 groups: Group 1: Public Research Organizations; Group 2: Industry & Business Sector; Group 3: Policy & Funding Institutions; Group 4: Regional Agencies

Theme of the discussion:

FACTORS INFLUENCING THE RESEARCH AND INNOVATION PERFORMANCE OF EU REGIONS/COUNTRIES

Questions for you:

- During this morning, different factors giving rise to disparities across countries/regions were pointed out. Which ones should deserve more attention by the policy authorities in the future?
- Do you think that more data/other type of data should be considered to analyze the factors influencing the R&I performance of EU regions/countries?
- What common patterns between regions could be identified?
- Do you think that the point of view of your 'stakeholder group' has been well represented during this morning discussion?
- What else do we miss that may be important to take into account for your 'stakeholder group'?
- Can we learn something else from your group? Use concrete approach (Practical examples and best practices are very welcome!).

Methodology to follow

Each group has a moderator and a rapporteur and a location where to stay (find your place and role in the next slide)

- Time for group discussion: **until 3.45 PM**
- 15.45 -16.10 Coffee break
- 16.10 -16.50 all back in the **Auditorium**. Rapporteurs of each group will **present the results** to the all audience
- 16:50-17:30 **Open up the discussion** to the all audience

DISCUSSION GROUPS

Group 1: Public Research Organizations	Group 2: Industry & Business Sector	Group 3: Policy & Funding Institutions	Group 4: Regional Agencies
Room: Seminario 1	Room: Joaquín Pereira	Room: Pedro Díez	Room: Aula 3
Moderator: Ana Stavljenic-Rukavina Rapporteur: Lukáš Palko	Moderator: Illiana Paunova Rapporteur: James Turner	Moderator: María Muñoz Martínez Rapporteur: Toni Dedeu	Moderator: Jonathan Watson Rapporteur: Ingrid Jansson
<ol style="list-style-type: none"> 1. Pavlos Agianian 2. Irina Magdalena Dumitru 3. Modra Murovska 4. Stuart Anderson 5. Christina Pascual 6. Mike Galsworthy 7. Ana Hidalgo 8. Toivo Maimets 	<ol style="list-style-type: none"> 1. Sabeena Kalla 2. Antonio J. Gómez 3. George Stroglyopoulos 4. Leonas Kalétinas 5. Joaquin Guinea 6. Stojan Gorup 7. Attila Hajba 8. John-Edward Butler-Ransohoff 9. Claudio Cozza 	<ol style="list-style-type: none"> 1. Tim Nguyen 2. Argo Soon 3. Uldis Berkis 4. Jose María de la Higuera 5. Almudena Aguero 6. Raffaele Ruocco 7. Ferenc Marofka 8. Juan Riese 	<ol style="list-style-type: none"> 1. Urszula Markowska 2. António Ramos 3. Kama Kępczyńska-Kaleta 4. Monika Lubiejewska 5. Borkovits Balázs 6. Anna Torelli 7. Georgeta Smadu 8. Virginia Nieto 9. Robert Sinclair