

Medical Research Charities Group

La Touche House,
1 Grove Road,
Dublin 6.



Unity is our Strength

Today's Health Research Is Tomorrow's Healthcare

MRCG Pre-Budget Submission 2010

*The future for patient focussed medical research
in Ireland in a recessionary environment*

Contents

PRE-BUDGET SUBMISSION SUMMARY	3
INTRODUCTION	5
BACKGROUND	5
BUDGET REQUIREMENT	8
1. Funding for Patient Led Research	8
1.1 Continue the Joint Funding Scheme	8
2. Continuity of Funding for the Health Care Environment	9
2.1 Maintain or increase funding for dedicated health care research	9
2.2 National Genetics Testing & Counselling Services	9
2.3 Patient Registries	10
2.4 Protected Research Time for all healthcare professionals	11
2.5 Biobanks and Gene Library	12
APPENDIX	14
1. List of MRCG Member Charities	14
2. Reports relevant to the development of medical research	15
3. The National Centre for Medical Genetics - Background	15
4. Reports relevant to Biobanks	16

Pre-Budget Submission Summary

In this pre budget submission the MRCG is advocating for continuity of funding for:

- 1. Patient led research**
- 2. The health care research environment as a whole.**

1. Funding for patient led research

Continue the existing joint funding scheme

Amount: Continuation of the existing €1m revenue funding allocated to the HRB for MRCG projects. The MRCG is prepared to match additional research funds made available to the Group.

Reasons:

- The development of research in partnership with medical charities has created immense value for Ireland both in the quality and quantity of research being carried out*
- On the back of an annual €1m funding grant, MRCG charities matched and doubled the amount invested in 56 quality 3-year cycle research projects*
- Co-funding has brought together and added skills to medical charities in research processes*
- It has acted as the catalyst for the funding of research by new charities*
- The existing co-funding scheme has developed a strong partnership between the HRB and the MRCG and the reciprocal knowledge and skills acquired through this partnership has created value much greater than the funding itself*
- Patient funded research looks for improved patient outcomes and treatments*
- McCarthy Report substantiates the requirement for the exchequer to continue to make funds available for the co-funding of medical research with philanthropic and private organisations*
- MRCG charities are skilled in securing philanthropic and private enterprise funding for medical research*
- MRCG member charities between 2005-2010 will invest €60m in patient focussed medical research*
- MRCG member charities indirectly employ approximately 100 researchers driving cutting edge, patient outcome focussed research*

Continuity of Funding for the Research Environment

MRCG recognises that the health research environment in Ireland is very complex with multiple participating organisations that individually make valuable contributions to the success of medical research and the knowledge economy as a whole. This encompasses funding organisations, research establishments, academia, health care services and their personnel etc. The MRCG feels that if progress is going to be made in developing health research and the knowledge economy then the financial security of the various contributor bodies, such as HRB & SFI need to be closely monitored and supported. In addition essential research infrastructures have to be maintained or put in place.

MRCG acknowledges that there will be unprecedented pressure on total public expenditure during the current recessionary times and that this will have an effect on research spending and the underlying health infrastructure. MRCG believes that there is scope for improvement in efficiencies within the research community where greater returns can be secured for similar investment.

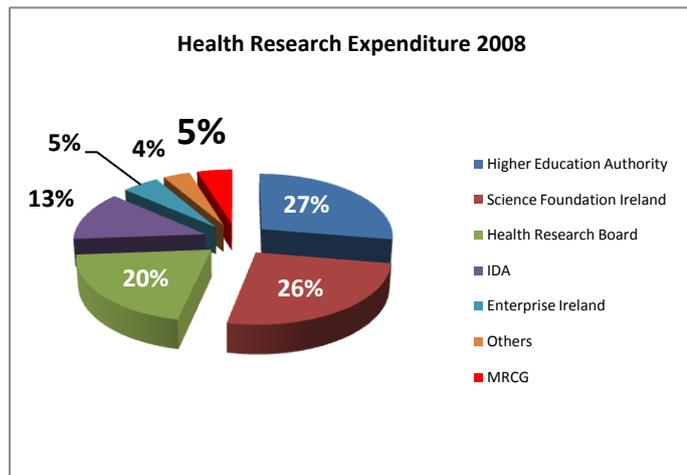
The MRCG wishes to highlight that it has concerns about:

- *the effect that the proposed merger of the HRB budget into a single stream of science funding would have on the amount of funds available for medical research*
- *losing the wealth of medical research intellectual property that currently resides within the HRB and the significant investment that the State has put into this body*
- *the lack of dedicated funding for the National Centre for Medical Genetics*
- *lack of continuity of funding for patient registries*
- *protected research time for health care professionals*
- *no provision of funding for biobanks*

Care must be taken so that financial issues do not take precedence over ethical issues. Health research dramatically improves people's lives, and to carry out clinical research the correct infrastructure and environment has to be in place. Expenditure in health research will pay dividends through: the improved health and quality of life of the general population; better trained and educated health care workers; and more efficient use of skilled personnel; scientific and clinical infrastructure, and other resources.

Introduction

Over the current 6 year period ending 2010, medical charities in Ireland have contributed €60m to patient focussed medical research and currently indirectly employ in the region of 100 researchers. This is a significant figure considering that the total health research funding by the State in 2008 was €199m. In the same period the Medical Research Charities Group (MRCG) members contributed €10m or 5% of the total health research expenditure of all state agencies (who spent a significant amount on capital expenditure). This equates to 28.5% of the total research spend (excluding operational expenses) of the Health Research Board. This is a startlingly high figure and illustrates the huge contribution that research projects privately funded through patient organisations / charities are making towards the development of the clinical research environment and the knowledge economy in Ireland. The MRCG proposed increase in co-funding of medical research would account for 300 high technology jobs that would contribute towards further development of the knowledge economy in Ireland.



MRCG members contributed €10m or 5% of the total health research expenditure of all state agencies (who spent a significant amount on capital expenditure). This equates to 28.5% of the total research spend (excluding operational expenses) of the Health Research Board. This is a startlingly high figure and illustrates the huge contribution that research projects privately funded through patient organisations / charities are making towards the development of the clinical research environment and the knowledge economy in Ireland. The MRCG proposed increase in co-funding of medical research would account for 300 high technology jobs that would contribute towards further development of the knowledge economy in Ireland.

MRCG members set high standards for their patient driven research. Collaboration with internationally recognised centres of excellence is the norm and ensures that focussed, cutting edge research is undertaken. Patient beneficial outcomes are expected from research funded by MRCG members.

In this pre budget submission the MRCG is advocating for a continuity of funding for:

1 Patient led research

2 The health care research environment as a whole.

Background

The Medical Research Charities Group (MRCG) is an umbrella group of medical research and patient support charities, which originally formed to represent the joint interests of charities specialising in restoring health through medical research, diagnosis and treatment and, where possible, the prevention of disease. A core belief of the group is that today's health research is tomorrow's healthcare.

The MRCG believes that patient organisations should lead and stimulate the critical medical research needed by patients, and provide leadership and support to charities in Ireland that are engaged in medical research.

“Towards Better Health” published in 2006 by Forfás and the Advisory Council for Science Technology and Innovation identified the Health Research Board (an executive agency of the Department of Health and Children), as having statutory responsibility to promote, commission and conduct health research. It is also defined as being the main funder of health research in Ireland. The same report recognised that funding for health-related research also comes from a number of additional public and private sources, including Members of the MRCG, Science Foundation Ireland, the Higher Education Authority, the Irish Council for Science Engineering and Technology, the Irish Council for Humanities and Social Sciences, the European Union Framework Programme, and the Wellcome Trust.

The MRCG undertook a survey of its members to establish their research spending over a six year period, 2005 to 2010. Of the 23 member associations that responded, a total of €60m was allocated for investment in medical research. Based on an informal survey of MRCG members in June 2009 it was estimated that MRCG members indirectly employ in the region of 100 researchers. It has been estimated by the HRB that health related expenditure by State funded agencies in Ireland in 2008 was €198.9m. In comparison to this, the MRCG investment in medical research would equate to 5% of all statutory agencies health related research expenditure. The percentage would be much larger if research focussed capital investment were removed from the equation.

Research Funding Provider	Health Related Research Expenditure 2008 €000	Percentage	Funding Scope
Higher Education Authority	€ 57,748	29.0%	Core recurrent & capital across all HE institutions in Ireland. Research programmes span all disciplines & HE institutions
Science Foundation Ireland	€ 53,625	26.9%	Funds investigator led & programmatic research in the fields of science & engineering underpinning biotechnology, ICT and sustainable energy efficient technologies
Health Research Board	€ 42,723	21.5%	Funds research across a broad range of basic & applied health focussed topics, including health services/systems and population and health research
IDA	€ 26,441	13.3%	Product development and platform technologies (pharmaceuticals & bio-pharmaceuticals, & medical technologies)
Enterprise Ireland	€ 10,600	5.3%	No specific research areas (investment in R&D, building capacity of universities and IT's to establish start-up companies and commercialise ideas)
Others	€ 7,763	4.0%	
Total	€198,900	100%	
MRCG Charities	€ 10,000	5%	Funds investigator led research that will benefit sponsoring patient groups

In November 2008, Minister for Finance, Brian Lenihan T.D., established a Special Group on Public Service Numbers and Expenditure Programmes to examine the current expenditure programmes in each Government Department and to make recommendations for reducing public service numbers so as to ensure a return to sustainable public finances. The findings of this group (The McCarthy Report) were published in July 2009.

The Report recommended that there needs to be a rationalisation of funding structures as funding of Science Technology & Innovation (STI) is dispersed through a large proliferation of supports, many targeting the same or similar activities. As part of this recommendation, it proposed that the Health Research Board merges within a single stream of science funding and that the focus on health research remain on patient focussed research. This would serve to improve the cost effectiveness and quality of services as well as opportunities for commercialisation.

Health research's pro-rata share of the €100m reduction recommended in all STI funding by the Group is €7.1m. The Group also recommends further efficiency savings in the HRB of €3.5m in the short-term followed by its closure and the transfer of its functions as appropriate. A total savings from the rationalisation of the HRB would be €10.6 million.

MRCG acknowledges that there will be unprecedented pressure on total public expenditure during the current recessionary times. One percent of the country's annual budget or €640m is invested in Science Technology & Innovation (STI) and 0.31% is invested in health related medical research. It is believed that this year's STI budget will be down 15% on last year's and 26% below the 2009 provision in the National Development Plan. The MRCG is concerned that cuts in the overall STI budgets will have a knock on effect on funds available for medical research. It is imperative that the funds available for medical research are maintained with savings being made through increased operational efficiencies. If the recommendations of the McCarthy Report are implemented and the HRB is merged into a single stream science funding it is imperative that the knowledge and skill sets developed by the HRB over the past 20 years are not lost and that patient-focussed healthcare research is not diluted in the overall funding of scientific research. If managed correctly, the formation of a single stream science funding body may present certain opportunities. The most important from a patient perspective would be an increased emphasis on translational research where products developed in the laboratory have an easier route through to clinical trials and market entry.

The budget needs to recognise the important role played by outcome focussed research that will improve the quality of life of patients and contribute as a whole to the knowledge economy.

The budget also needs to recognise the important roles patients and patient organisations play in health research and to affirm the importance of maintaining and improving health research effectiveness. Research discoveries are central to achieving the goal of extending healthy lives. Research into the cause of diseases, methods for prevention, techniques for diagnosis, and new approaches to treatment has increased life expectancy, reduced infant mortality, limited the toll of infectious diseases, and improved outcomes for patients with all forms of chronic diseases. It is a recognised fact that patient orientated clinical research tests new ideas and makes rapid medical progress possible.

Collaborative partnerships among communities of patients, their physicians, and teams of researchers to gain new scientific knowledge will bring tangible benefits for people in this country.

Budget Requirement

1. Funding for Patient Led Research

1.1 Continue the Joint Funding Scheme

Between 2005 & 2010 MRCG members will have invested a total of €60m in medical research. This valuable contribution has been recognised by the Minister of Health and the Department of Health & Children. In February 2006 the Minister announced the allocation of €1m to the base of the HRB budget for the co-funding of medical research projects with the MRCG charities. As a result of this MRCG members have been able to co-fund an additional 56 high calibre patient focussed research projects.

The MRCG are requesting that the existing annual funding stream of €1m be maintained and ring-fenced in the budget specifically for the co-funding of medical research projects. The Group is prepared to match any additional funding that the government makes available to expand the Joint Funding Scheme.

The MRCG believes that the McCarthy Report substantiates the requirement for the exchequer to continue to make funds available for the co-funding of medical research. Patient motivated and co-funded medical research will guarantee that cutting edge outcome-driven, patient-focussed research will take place at a substantially lower cost to the exchequer. A lower cost does not imply a lower research quality. All MRCG co-funded projects follow the HRB selection criteria. Projects are selected by open competition; all are peer reviewed, and are of world class quality. Collaboration with other world centres of excellence is encouraged. The maintenance of the existing co-funding scheme will also highlight the Government's continuing commitment to work in partnership with Patient Organisations through the MRCG and will encourage philanthropic participation in research.

The general population will be reassured that they have a say in the development of patient relevant research projects that they believe will benefit them in both the short and long term. The continuation of this scheme will allow MRCG members and the exchequer to leverage philanthropic funding and guarantee better value for each Euro invested. The required funding for patient-led medical research would indirectly maintain the number of high tech jobs employed under this scheme at approximately 150. Improved treatments through research will result in long term savings to the economy and increased participation in clinical trials has an immediate effect on increasing the quality of care in the clinical environment.

Budget requirement

The MRCG would like to see the development of matching funding from the State for every euro that members invest in medical research. The MRCG appreciates that there is severe pressure on funding but it imperative that the existing funding is maintained and if possible increased.

2010 Budget - Maintain the current annual allocation of €1m.

2. Continuity of Funding for the Health Care Environment

MRCG recognises that the health research environment in Ireland is very complex with multiple participating organisations that individually make valuable contributions to the success of medical research and the knowledge economy as a whole. This encompasses funding organisations, research establishments, academia, health care services and their personnel etc. The MRCG feels that if progress is going to be made in developing health research and the knowledge economy then the financial security of the various contributors needs to be closely monitored and supported.

2.1 Maintain or increase funding for dedicated health care research

The results of health related research play a major role in people living longer and healthier lives; in increased productivity and improved health outcomes; and in reducing the burden of disease on society. Patients, professionals and the healthcare system can be affected positively by involvement in health research. Patient care is optimal when clinical trial activity is present. Patients involved in clinical trials can benefit from access to new treatments in advance of market authorisation and drugs that are in short supply when first manufactured are prioritised to clinical trial sites. A well-funded and -governed, vibrant health research system will attract top-class clinical and biomedical researchers, and position Ireland as a leading location for the performance and commercialisation of health research in addition to improving the overall quality of care and outcomes within the health care system.

The McCarthy Report proposes the merger of the HRB into a single stream of science funding in order to save €10.6m. MRCG accepts the need to improve efficiencies and reduce costs however this should not be at the expense of patient-focussed medical research. If the HRB is merged into a single stream of science funding, it is critical that the focus of health research is not lost in the totality of scientific research. The HRB is an invaluable resource of health focussed skills sets and intellectual property. It would be a national disaster if these were lost or diluted as a result of an integration process. It also needs to be stressed that funding of medical research cannot be tied to short term economic gains.

It is critical that the government maintains its commitment to medical research as it improves patient outcomes and care as well as adding to the knowledge economy and supporting inward investment.

Budget requirement – Maintain 2008 levels of health related research expenditure of €96.3m (HRB & SFI combined excluding operating expenses) and improve efficiencies.

2.2 National Genetics Testing & Counselling Services

Health research has a high value to society. It can provide important information about disease trends and risk factors; outcomes of treatment of

public health interventions; functional abilities; patterns of care; and health care cost and use. The science behind medical research is becoming far more complex with a movement towards personalised medicine. The goal of personalised medicine is to tailor prevention strategies and treatments based upon a patient's genetic composition and health history.

Ireland needs a properly resourced National Centre for Medical Genetics that can provide and co-ordinate the prompt testing and counselling of patients directly affected by genetically inherited diseases. The centre should be a source of invaluable data and research on the genetic composition of the nation.

The NMCG plays an active role in medical research and the support of medical research in Ireland. Considerable work is being done in the areas of hereditary heart disease, autism, muscular dystrophy, Huntington's disease, cystic fibrosis and many more genetic conditions.

In order to promote and support significant research in Ireland, including clinical trials, it is essential for Irish patients to have a reliable assessment of the genetic makeup of their disease. These assessments can and should be provided by a soon to be nationally accredited centre, such as the NCMG, and not by external agencies. Failure to maintain these genetic services in Ireland will lead to late diagnosis and treatment of patients with genetically inherited diseases and a reduced capacity to participate in research in Ireland.

The Harper Report states that the National Centre for Medical Genetics (NMCG) should follow the model of service delivery for other European countries. It recommended that a single integrated genetic service can provide for a population of 4 million people. The report recommends that there should be a centralised laboratory service which analyses samples from the whole country, and a clinical service which provides clinics on the basis of need on a "hub and spoke" model, with a central administrative base at the National Centre for Medical Genetics.

Budget requirement - € 2m addition to the existing €5.2m in order to cover genetic services for two thirds of the country. And additional €2.5m would be required to cover the requirements for the whole country.

2.3 Patient Registries

The Agency for Healthcare Research and Quality (AHRQ 2007) in the USA defines a patient register/registry as an "organised system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition or exposure, and that serves one or more predetermined scientific, clinical or policy purposes."

Patient registries play a key role in planning and auditing the provision of healthcare to specific patient groupings along with playing an invaluable role in supporting research. They assist the medical community to understand the natural history of different diseases and their treatments. They assist in the evaluation of the effectiveness of treatments. They provide information on drug and treatment safety. They facilitate clinical trials and provide information for education programmes. They assist in health service planning, provide

accountability for health funding, improve patient safety and ensure the provision of improved health care.

The only registry that is legislated for and funded on an ongoing basis is the National Cancer Registry. The second most recognised registry is the Cystic Fibrosis Registry of Ireland (CFRI) which is funded on a year by year basis through the HSE. The lack of sustained funding has been a major challenge and concern to all patient registries.

The MRCG in collaboration with the HSE, the HRB and HIQA have commissioned a study to review patient registries in Ireland and to make recommendations as to how they should be structured into the future. This review will be published in 2009 and from this the Department of Health & Children along with the HSE need to develop a strategy as to where within the health service these valuable resources should be placed and funded.

There is a critical need for continued funding of existing registries without which there is a real threat that these databases of valuable patient information be lost. Sixty-one patient registries have been identified which can vary considerably in size, the largest accounting for 27,000 new cases per annum with the smallest accounting for between 25-30 new cases.

Accurate, patient-specific information is the building block upon which planning for future health service delivery has to be built. The Department of Health and Children has put considerable thought and planning into the proposed new Health Information Bill to establish a legislative framework to enable information, in whatever form, to be used to best effect to enhance medical care and patient safety throughout the health system; to facilitate the greater use of information technologies for better delivery of patient services, and to underpin an effective information governance structure for the health system generally.

The MRCG supports the introduction of a Health Information Bill and would hope that the introduction of unique identifying numbers for all citizens (based upon appropriate consultation) will not be delayed as a result of cutbacks in the health service.

Budget requirement - €1m for the development and maintenance of patient registries under advisement from the MRCG/HSE/HRB/HIQA Patients Registry Committee.

2.4 Protected Research Time for all healthcare professionals

With severe pressure on front line medical staff it is important that time, workloads and funding streams are adjusted to allow health care professionals participate in patient-focussed research, supported by a professionally resourced administrative infrastructure.

One of the recommendations of the Advisory Council for Science Technology & Innovation report on health research (2006) was that research was to be a clearly stated component of the mission of academic teaching hospitals and of the Health Service Executive and that each teaching hospital should have a research strategy.

The HRB in its report Health Research – Making an Impact (2008) described how in the health service, research is generally not seen as a front-line activity underpinning high-quality healthcare. The HSE does not have a dedicated research function or budget. Most health professionals do not have dedicated time set aside for research and there is a shortage of academic clinicians. Health professionals who have research funding often find it difficult to reconcile research with their service commitments. The infrastructure for health research is underdeveloped, though the HRB is taking significant steps to address this deficit. A number of actions are needed to develop translational research so that the investment in basic biomedical sciences can be translated into improved healthcare.

Budget requirement – the HSE budget should include an itemised budget that will allow health care professionals (including dedicated research nurses) participate in patient focussed research without taking resources from front line services.

2.5 Biobanks and Gene Library

A biobank is a collection of blood and/or tissue donated by healthy volunteers and/or patients, with linked medical information which is made available for medical research and commercialisation of the products of medical research.

Across Europe, millions of samples with related data are held in different types of collections. While individual collections can be well organized and accessible, the resources are subject to fragmentation, insecurity of funding and incompleteness. To address these issues, a Biobanking and Bio Molecular Resources Infrastructure (BBMRI) is being developed across Europe, thereby implementing a European 'roadmap' for research infrastructures that was developed by a forum of EU member states and that has been received by the European Commission.

The concept of biobanks has already been accepted by the government. The 2008 recommendations by the Department of Health & Children's Expert Group for the establishment of a National Cancer Biobank outlined that economic, healthcare and research benefits can be associated with a national cancer biobank. It is only a matter of time before Ireland will have National Cancer biobank. The lessons learned during the process need to be applied to other major disease areas. Funds need to be allocated to investigate and prioritise the development of biobanks for other disease groups.

In February 2009, Molecular Medicine Ireland (MMI), in association with Queens University Belfast and the University of Ulster, proposed 'GeneLibraryIreland' an All Ireland Bio-resource Research Infrastructure which would provide a large standardised biological collection of DNA and tissue samples of the Irish population required to fuel the innovation and commercialisation of research.

The Gene-Library provides the population control samples against which any disease can be compared. It is a critical and necessary tool in driving biomedical research by providing biomedical relevant, quality assured biological specimens that are not easily obtained in large numbers. Having this information readily available will sling shot biomedical research to a new level and will assist the

pharmaceutical industry in developing targeted personal drugs, will reduce development time and costs, and maximise value for money.

The development of a project of this scale does not necessarily have to be funded in its totality by the State. The State however needs to make provision for co-funding of the Gene Library project and to be proactive in engaging with academia and the private sector so that this necessary national research resource can be made available. This will fuel innovation, disease research and the commercialisation of new high technology treatments that will benefit patients and the country as a whole.

The OECD has stated that biological resource centres are an essential part of the infrastructure underpinning life sciences and biotechnology and are essential for R&D in life sciences and human health.

Appendix

1. List of MRCG Member Charities

Alpha One Foundation
Alzheimer Society of Ireland
Arthritis Ireland
ASH Ireland
Asthma Society of Ireland
Brainwave: The Irish Epilepsy Association
Children's Leukaemia Research Project
Children's Medical & Research Foundation
Cork Cancer Research Centre
Cystic Fibrosis Research Trust
Cystinosis Foundation Ireland
DEBRA Ireland
Diabetes Federation of Ireland
Duchenne Ireland
Fighting Blindness
Friedrich's Ataxia Society of Ireland
Friends of St Patrick's Hospital
Heart Children
Irish Cancer Society
Irish Heart Foundation
Irish Osteoporosis Society
Irish Thoracic Society
Meningitis Research Foundation
MS Ireland
Muscular Dystrophy Ireland
Parkinson's Association of Ireland
Research & Education Foundation, Sligo General Hospital
Research Institute for a Tobacco Free Society
Sightsavers International (Ireland)
The Cystic Fibrosis Association of Ireland
The Mater Foundation

2. Reports relevant to the development of medical research

The Department of Health & Children in its Strategy for Health Research in 2001 provided a framework for the development of health research to enhance health and quality of life and help ensure that Ireland's research compares favourably with the rest of the world. It highlighted that an active research community working close to the delivery of health care in clinical settings, laboratories, the community, third-level institutions and the healthcare industry was critical to the improvement of the quality of health services generally. The same strategy outlined that health research was vital for professional development and career satisfaction of health service staff and was also important for the translation of ideas into medical and IT products that would add value to our economy. The research strategy committed the government to enhancing substantially its support for "science for health" – investigator-led, bottom-up research – and for the first time to establish and support a research and development function in the health system.

The First Report on the Strategy for Science Technology & Innovation (SSTI) 2006-2013 outlined the need for a strong research culture if the health service is to offer a world-class standard of care to patients and retain professionals of the highest quality. It acknowledges that the system also needs to harness research to find better ways of improving the health of the population and delivering more efficient and effective healthcare.

The Advisory Council for Science Technology & Innovation report on health research (2006) identified that the total medical research expenditure while significant, was low by international comparisons. It identified a requirement to ensure that the health research needs of the Irish population were addressed by top-quality, adequately-funded research, both through the budget of the Department of Health and Children and under the Government's Strategy for Science, Technology and Innovation, 2006-2013. It also highlighted the significance of the potential benefit of health-related research to the social and economic well-being of the population.

3. The National Centre for Medical Genetics - Background

The National Centre for Medical Genetics is the national provider for genetic testing and counselling, and is based in Our Lady's Hospital for Sick Children in Crumlin. It was set up to provide genetic services for the whole of the country but was never resourced adequately and up to 1 ½ years ago it was covering two thirds of the country. Its funding is not separate from the Crumlin budget and as a consequence, the NCMG has experienced significant difficulties in maintaining services due of cuts to the Hospital's budget. For example the unit has had a loss in staff of 17% and has not been able to recruit replacements due to overall headcount and financial restrictions placed upon the hospital. As services are curtailed more and more genetic samples are being sent out of the country for analysis. The costs for the processing of these samples is still being incurred by the state but are being charged to the individual hospital. This is a false economy and does not take into consideration sample processing delays, result interpretation and counselling support.

4. Reports relevant to Biobanks

The Irish Government, through the Strategy for Science, Technology and Innovation 2006-2013, recognised the need to 'upgrade existing infrastructure and develop new facilities to support research' and invested significantly towards the establishment of a world class research infrastructure for Ireland. The Advisory Council of Science in its report 'Towards Better Health' recommended that significant investment is required to strengthen the capacity of the academic and health system to facilitate increased research of the highest quality that will attract industry to conduct collaborative research and to place research at the heart of the training of health care professionals. The expert group identified biobank and gene library facilities to be prioritised as strategic national research priorities.