

# National coordinator report Israel

## Contents

Section1:	2-3
Section2	
2.1 about the programs- coordination, evidence based practice and collaboration with other national funders:	4-7
2.2 planning, reviewing and selecting projects:	7-9
2.3 the national context of the program:	10
2.4 interdisciplinary and multidisciplinary research:	10-11
2.5 ethical issues:	11-12
2.6 involvement of users:	12-13
2.7 dissemination and implementation of the program and projects findings:	13-15
2.8 evaluation of the program:	15-16
2.9 the future funding of the program:	16-17
2.10 international collaboration- including international funding cooperation:	17
2.11 any other issues not covered above:	18
Sources:	18-19
Interviews:	19
Section 3:	20-21
A final note:	22

## 1. Introduction

The National Coordinator report is based on the practice of Ageing research programs in Israel. The report has been compiled by interviewing managers of Ageing research programs and complemented by additional material retrieved from websites and printed information (see "sources"). The identification of good practices was generated from experiences of program managers, scientific managers and internal documents.

There are two major options for funding Ageing research in Israel: public and private. Private funds (Rockefeller fund, Arison fund) usually do not publish a Call for Applications and the application themes may or may not be prioritized (e.g., certain fields in medicine or certain socio- demographic themes). Many projects are funded in this method. The second option is by governmental support, e.g., the public funds. These funds are either **national** (ISF-Israel Science Foundation, NIHP- National Institute of Health Policy, CSO-MOH- Chief Scientist Office, Ministry of Health) or **binational** (GIF- the Germany Israel Fund, BSF- binational scientific fund). The binational funds do not run dedicated programs on Ageing, but Ageing research may fall into other categories such as neurodegenerative diseases, social sciences and even law and history. The national funds are further categorized into basic research funds and clinically oriented funds. This classification is merely for descriptive purposes and it should be noted that there is no clear border between these fields of research in either program.

The Israeli national coordinator report covers three main **public** research programs: the Chief Scientist Office at the Ministry of Health (CSO-MOH) program on Ageing population, the life sciences and medicine program in the Israeli Science Foundation (ISF) and the National Institute of Health Policy Research (NIHP) program on chronic patient and efficiency of Health Services. Despite the fact that exclusive research programs for Ageing research do not exist, ageing research is wide-spread in Israel. A possible explanation might be the existence of thriving Ageing research centers (e.g. BROOKDAYLE-JOINT-MAYERS), in concert with ageing R&D centers (such as "ESHEL") that offer a solid basis for manufacturing.(for more information see "dissemination").

## **Data collection**

Dr. Irit Allon, the national coordinator has conducted the meetings, interviews and prepared the following report in collaboration with Dr. Benny Leshem. For further details you may contact:

[allonirit@yahoo.com](mailto:allonirit@yahoo.com) , [benny.leshem@moh.health.gov.il](mailto:benny.leshem@moh.health.gov.il) .

### **Problems encountered during data gathering process:**

1. Ageing research in Israel is not performed under designated programs. This is the reason the program preparation stage is not relevant in this report.
2. The interview stage only substantiated the data already collected in meetings with managers in stage I of data gathering.

2.

## **2.1 About the programs- coordination, Evidenced based practice, Commissioning and Collaboration with other national funders**

### **Chief Scientist Office Ministry of Health (CSO-MOH)**

The term "Research program" in our organization is used for procedure of funding of high-quality applications sent in response to an annual Call for Applications in Medical or Biomedical fields.

Along with the high scientific merit of the funded applications, young investigators and projects applied by peripheral hospitals are given priority by the reviewers during the study sections.

The fund's board consists of the Chief Scientist, the Chief Scientist's assistant, a senior scientific consultant, the Fund's director, a representative from the Ministry comptroller office and a public representative. The board determines the fund's policy and approves funding for the projects recommended by the study sections.

Funding tools in Ageing are: research grants, feasibility studies and scholarships for clinicians.

Coordination between the projects is not required.

The role of the fund's director:

- ·Assembling the fund's Board that will set the policy.
- · Guiding the applicants and providing them with administrative and scientific consultation.
- ·Checking required documents (bioethical and biohazard).
- ·Sorting the applications by medical field.
- ·Calling review committees (study sections).
- ·Assigning applications to the reviewers.
- ·Chairing the study sections.
- ·Participating in the final funding decision in the funds board.
- ·Review and approval of scientific reports.
- ·Other responsibilities: Consultations to Parliament committees, Review boards of Research Funds in Israel, the US and the EC, Representation of CSO-MOH in several ERA-Nets.

## **Israel Science Fund (ISF)**

Dr. Rina Guy, the ISF scientific program director for life and medical sciences defines a program as a cluster of projects, preceded by a call for grant applications that were ranked by reviewers as excellent and are theme specific. Every program has its scientific director, secretary and IT specialist. Our programs are: life and medical sciences, exact sciences and social sciences. The role of the scientific director is to publish the calls, check applications, appoint the committees, locate reviewers, check project reports and assist the applicants. Our ranking is only on excellence basis and is evidenced based. Funded research is not clinical and has a propensity towards basic sciences.

Collaboration with other funding organizations is only possible in the scientist level, e.g., scientists can be funded by another source other than the ISF.

Funding opportunities consist of the ISF research grants, ISF centers of excellence, ISF international workshops, ISF equipment grants, ISF CERN/LHC ATLAS Detector. The BIKURA pathway for funding (e.g., grants for novel, interdisciplinary, high risk, non conventional initiatives) has also become available in the past few years.

The funded projects are not required to collaborate one with the other.

We monitor our projects by financial and scientific periodic reports, in the middle and conclusion of the funding period.

We have the ISF board, the ISF academic board and the ISF executive council. They all are scientists nominated by the Ministry of Education's planning and budget committee.

## **National Institute of Health Policy (NIHP)**

The Institute incorporates researchers, executives and policy makers from all sectors of the Israeli health care system: the Ministry of Health, Sick Funds, hospitals and health services, universities and research institutes. The Institute is interdisciplinary and includes physicians, health professionals, health administrators, health economists and other health-related professionals, both from the health services and from academia.

The Institute initiates, finances and administers research including that related to 1995 National Health Insurance Law.

The term "Research Program" in our organization means a national subcontractor for studying and evaluating the National Health Insurance Law since 1995. This is the scientific justification for the government's policy. We are responsible for answering the Health Councils upraised questions and are reporting it annually. The annual call is published according to the Health Councils queries. We do not cooperate with other funding organizations, but the scientists are entitled to have a few funding sources for the same project. Our practice is evidenced based, since the proposals are tested by scientists according to updated literature. Scientists participate either as reviewers or in the committees. My role as the scientific director is conduction of the calls publication, checking the applications, checking the relevance to the program/ call, checking the bioethical certificates, calling the research committees that assign the reviewers, follow up on reports, calling the reviewers and organization of meetings and workshops (see below).

The program's steering committee sets the policy and is composed of members of the NIHP but also senior executives from the Ministry of Health and Health system in general.

There are two funding opportunities in Ageing Research: Research Grants and PhD scholarships.

No collaboration between projects is required, however, scientists meet in the meetings and workshops organized by the NIHP. The program's vision is that science need not be coordinated in closed doors, but within the broad community. Therefore, a set of activities was gradually built, providing the different public sectors opportunities to discuss different issues in Health Policy: first and foremost there is a monthly meeting, **the Research seminar groups**: a regular series of research seminars where research outcomes, of the Institute and others, are presented and discussed. Eight meetings of the seminar are held annually, where research projects are presented. The audience is mainly composed of young researchers.

Above it, every 3 months, the program gathers the **Health Policy Forum**: a series of policy meetings of the top executive and academic leadership of the sector.

Important pertinent policy issues facing the sector are discussed in an informal atmosphere.

Six meetings of the forum are held annually. This is a restricted forum and only the chief executives of the health system are invited together with representatives of Sick Funds, hospitals and academia. This is a 4 hours meeting in which a topic is presented by the specialists in the field, followed by round table discussion, which is usually the interesting spicy part. Media representatives are also invited.

The NIHP also initiates **International workshops**: The Institute conducts one to three-day workshops on a major policy-related topic of the health care system. The goal is to study in depth a major relevant policy issue, with the help of experts from Israel and other countries and to consider the appropriate changes in the Israeli system. These are 2-day working meetings and

only about 40 to 60 people are invited. We usually invite guests from abroad and the workshops are therefore conducted in English. Example: **old age workshop**, future hospital workshop, etc. The workshops are usually summarized by a final document that is meant to be used to improve working processes.

In addition, once a year the NIHP conducts **the Annual Dead Sea Conference for Health Policy**. This is considered to be the state of the art of conferences since all the top executives of the health system in Israel are invited. These include politicians, stakeholders, defense forces representatives and media. The topic is pertinent and the conference is summed in a final document with implications on the future Health Policy.

**A National Conference for Health Policy** is held annually. The agenda includes lectures and presentations on health policy issues.

Every three years the Institute hosts an **International Conference on Health Policy**, with participants from Israel and abroad.

The topic of the **First International Conference on Health Policy**, held in December 1995 in Jerusalem, was "Governments and Health Systems: Implications of Differing Involvement". This described set of meetings is considered by us as good practice.

## **2.2 Planning, reviewing and selecting projects**

### **CSO-MOH**

Despite the fine, hard-to-define line between basic and applied research, we fund projects which are closely connected to health and disease, integrating between basic and applied research. Close to half of our funded applicants are clinicians-

Our review process is continuously improving in response to feedback requested from both reviewers and applicants- This is considered by us as a good practice.

Nearly 35% of the applications are scored as "worth funding". However, due to lack of recourses, we are able to fund only 20-25% of the applications reviewed.

We collaborate with other funders such as the Public Committee for the Allocation of Estate Funds, which supports medical research. In this collaboration, CSO-MOH is responsible for the review of the grant applications.

## **ISF**

Projects submitted to the Israel Science Foundation (ISF) are funded based solely on their scientific merit -scientific excellence, innovation and originality. The evaluation of grant applications in the different programs combines individual, external expert peer reviews and subsequent discussions in broader Professional Committees. The Foundation maintains over 55-60 revolving Professional Committees within its three broad areas of interest Exact Sciences and Technology, Life Sciences and Medicine, Humanities and Social Sciences.

Each committee has 3-12 members, all recognized experts in their field. Each member assumes the primary responsibility for up to seven research proposals.

Towards the first Committee meeting, the members receive the proposals and a list of potential investigators who are suitable in judging each proposal (these people are located by the foundation's information specialists, sorted from various professional data bases, according to key words of each research plan). At the meeting, a list of 8 reviewers is chosen for each proposal. The goal is to receive at least three evaluations for each of the submitted proposals.

Contacting the reviewers is done mainly by e-mail. Each reviewer receives a reviewer number and a pin number which enables him to review the proposal on the Foundation's website and then send his evaluation online. The ISF staff will actively follow up sending the proposals to reviewers and receiving the evaluations. The follow up process will include sending reminders as well as searching for additional reviewers in case there is a need For the second and concluding Professional Committee meeting, each member brings their recommendation for those proposals assigned to him. Each Professional Committee member presents both the comments of the external peer reviewers and his own recommendations for the proposals (assigned to him) to the Professional Committee. After further deliberation, the Professional

Committee classifies and rates the proposals. Written summaries of the Professional Committees' deliberations and their final recommendations are then brought before the Area Chairman. The Area Chairman considers the various recommendations and submits them with his own comments to the ISF Academic Board. They, in turn, submit their recommendations to the ISF Board for final approval. Rankings are based only on scientific merit, without any relation to the researcher's institutional affiliations or his prior or present sources of funding. The Professional Committee and Area Chairman consider each project in relation to all other proposals assigned to him. All discussions are kept strictly confidential.

At the end of the process, the reviewers' main points of his analysis are brought to the attention of the researchers. This dual review method, described above, which combines specialized external peer review with discussion by broader committees, provides a particularly comprehensive evaluation process appropriate for ISF needs.

In 2004, 35% of the applications were funded.

## **NIHP**

The success rate in our program was decreased in the last two years. Not until long ago it stood upon 50% for scholarships and 40% for grant applications. In the last two years only 25% of grant applications are funded, while 50% of the scholarships are funded. Usually there are no high-ranked applications that are not funded.

Ageing Research was a chosen theme for a few calls in the past and was also the topic of a workshop we held. Most of our projects are related to Ageing. In the last few years chronic patient handling and economic efficacy are the general themes. Since most of the patients that seek treatment in the sick funds are old, Ageing population is quite reflected in our projects. Raising more money in order to fund Ageing projects is done in concert with general budget persue, since our resources are relative to the income from the National Health Insurance Law.

## 2.3 the national context of the programs

### **CSO-MOH**

Ageing research has no defined priority at the CSO-MOH. Our efforts for increasing the Ageing research budget are done in concert with the ongoing efforts to increase the overall budget allocated to medical research.

### **ISF**

All aspects of science are included. Our review is based on excellence. We have no political / interest group preferences.

Nevertheless, our budget has decreased in the last years.

### **NIHP**

As previously explained, the NIHP is a subcontractor of the National Health Council. Its main role is to constantly test the implementation of the National Health Insurance Law in Israel. It is funded by law and the budget is relative to the total returns.

## 2.4 Interdisciplinary and Multidisciplinary research

### **CSO-MOH**

Research in Israel is done in a bottom-up manner. No interdisciplinary or multidisciplinary limitations, restrictions or prioritizations are lined. Pending on a significant increase in CSO-MOH budget, multi center research will be prioritized.

## **ISF**

Interdisciplinary research is not regarded as a priority in our program. However, there are some examples of combinations of a few scientific fields, usually from the life/ exact sciences.

An exception of the above is the BIKURA funding pathway. The BIKURA pathway was launched in order to support small groups that are characterized by a new, non-conventional attitude with interdisciplinary or high risk features. These include personal grants or institutional grants. This was conducted as a pilot for 5 years and since it was successful, it was implemented as an independent program.

## **NIHP**

Our projects are by definition Interdisciplinary and support the following areas: medicine and life sciences including nursing, physiotherapy and nutrition, economics, public management, welfare, social sciences, law, education, philosophy, production engineering. No adjustments are needed in order to support interdisciplinary research. However, as a program manager that originates from the field of medicine, I am only acquainted with this limited vocabulary, which is sometimes not sufficient to conduct discussions in collaboration with other professionals. This is a minor challenge, though.

### 2.5 Ethical issues

## **CSO-MOH**

The Ministry of Health is commissioned to regulate and control bioethical issues (human and animal experimentation and human genetics research). The CSO-MOH will not fund applications which are not adequately covered with such bio-ethical approvals.

Unfortunately, not all researchers are aware of the legal and ethical requirements and providing information and assistance in filling the requirements is part of our responsibility. Since Helsinki committees are appointed only in hospitals, researchers from other institutes have to find collaborators from hospitals to obtain Helsinki approvals.

## **ISF**

Bioethical certificates are a prerequisite for project approval, either Helsinki or animal experiment committee. One of my roles is to assist the applicants prior to the submission.

## **NIHP**

Many applicants use our help desk regarding the needed bioethical certificates. In addition, there are some research fields that "fall between chairs", e.g., the human bioethical forms are mostly focused on drug admission procedures. Research projects that do not suit this category are approved in the same form which is not relevant. Therefore, some projects are not checked in the bioethical aspect. This description states the situation in Israel in general.

### 2.6 Involvement of users

## **CSO-MOH**

No user involvement is required in our program. We do not foresee this as relevant for our program, or as a good practice. Therefore a future change is not planned.

## **ISF**

No user involvement is adapted in the ISF. No interest groups are involved in any stage of the review/ funding process.

## **NIHP**

Policy makers are our major user group and they are involved in program definition, reviewer selection and in the final funding decision. No old people or other public interest group takes part in the process.

In spite of this, the users are usually involved in the workshops and conferences that we organize. We are proud that our program meetings assemble the top management and stakeholders to one

room and these forums are neutral grounds to discuss pertinent issues. We consider it as a good practice.

## 2.7 Dissemination and Implementation of the Program and Projects findings

Note: In Israel, Dissemination and Implementation are interconnected definitions, used concomitantly.

### **CSO-MOH**

Projects with relevance to the broad public are published in lay language on the program's website. In addition, the **Israeli Medical Association Journal (IMAJ)** publishes some of the program's abstracts.

### **ISF**

No dissemination program is required from the applicants. The projects are presented on the ISF website and in the annual reports.

### **NIHP**

We have a website that publishes the abstracts of the funded projects. We also have printed annual reports.

The scientists are not required to present a dissemination program in the application. However, our program initiates meetings (previously elaborated). The state of the art of these meetings is the

Annual Dead Sea Conference of Health Policy. Working groups are composed of managers, stake holders, politicians and media. About 10% of the program's budget is spent on these meetings.

A general note on dissemination:

In Israel, dissemination and implementation are dealt with by the research programs only to a minor extent. Most of the work is done by "ESHEL", a Not-for-Profit organization specifically established to work on the practical applications of Ageing research. We regard the handling of dissemination and implementation of research results by distinct organizations, commissioned specifically for that purpose, as an example of **good practice**.

JDC-ESHEL is founded and supported by the Israeli government and the American Jewish Joint Distribution Committee. JDC-ESHEL and strives to improve the status of the elderly population in Israel, developing conditions and services to guarantee better quality of life for the elderly, and to improve the image of older people to society as a whole. JDC-ESHEL activities lean on Ageing research provided by Ageing research centers in Israel, especially the JOINT-BROOKDAYLE-MAYERS center.

ESHEL-NET is the web site of JDC-ESHEL, maintained to provide information for professionals, researchers, academics, lay people, the elderly and their families on JDC-ESHEL's programs and services for the elderly throughout Israel.

ESHEL-NET has descriptions of JDC-ESHEL's programs and services, as well as links to other sites of interest. Professionals who are interested in more detailed information about specific programs can contact our staff directly.

Example from the website:

**Homes for the Aged**

 **Day Care Centers**

 **Warm Homes**

 **Housing**

 **Employment Programs**

-  **Volunteer Programs**
-  **Health Promotion Programs**
-  **Programs in the Arab Sector**
-  **Projects for the Ethiopian Elderly**
-  **Publications and Videos**
-  **The Audiovisual Center for the Elderly**
-  GeronTech
-  Programs in the Arab Sector
-  Projects for Elderly Ethiopian Immigrants
-  Publications and Videos

For more details see <http://www.eshelnet.org.il/en/index.php>

## 2.8 Evaluation of the programme

### **CSO-MOH**

The fund's board monitors the fund's procedures. So far no international collaborations were conducted. In these days this is changing and a joint funding program with EU partner countries is planned, starting 2007. For more details see: [www.pathogenomics-era.net](http://www.pathogenomics-era.net)

External evaluation of the program is performed by the legal department of the Ministry of Health and the State Comptroller.

### **ISF**

The program is evaluated by both internal and external manners. No evaluation document is available. However, we have a good practice guide, which is updated according to in-house discussions we conduct when we complete a call round. This is our method for testing our program and a way to learn and improve. The good practice guide is not to be disclosed and only for interior use. We define ourselves as a learning organization.

## **NIHP**

Our evaluation is both internal and external and on few management levels: internal committee, the management board, the research committee in the health council and annual report to the health council. The program's evaluation process is not conducted according to a prefabricated document, nor are evaluation reports available. We are evaluated on daily bases. We have examples of minor comments.

Example of good practice: the health council, which is the body that operates us and that we report to, is composed of all stakeholders of the Israeli Health system including pharmacists, nurses, sick funds CEOs, etc. This composition guarantees a constant evaluation of the National Health Insurance Law execution and a reflection of these fields in Ageing research.

### 2.9 The future funding of the program

## **CSO-MOH**

The program depends on allocation from the annual State budget. Extension of the program, therefore, depends on additional funds to CSO-MOH.

## **ISF**

No future changes are anticipated. In the last few years we have managed to implement the BIKURA program, which began as a pilot in years 1997-2002.( for more details see "interdisciplinary research"). In the present it is another funding tool of the ISF. We consider this implementation process as a good practice.

## **NIHP**

As previously explained, new programs can evolve only out of the Health Councils decision. A new program will be based in the existing infrastructure.

The opportunities for young researches in Ageing are grant applications and scholarships.

## 2.10 International collaboration- including international funding cooperation

### **CSO-MOH**

No international collaboration funding opportunities currently exist in this program.

However, as previously described, a joint funding program with EU countries is planned to begin in 2007.

### **ISF**

We would like to introduce the CERN/LHC ATLAS Detector as an example for international collaboration: Since modern cutting edge fields such as high energy physics often require high budget facilities to carry out their most advanced experiments, a multi national joint cooperation is required. In 1998, ISF council authorized the establishment of this special program which facilitates Israel's participation in such international research.

However, we are partners in ERA-Nano, ERA-Nest and ERA-System Biology. We have an open Joint call in ERA-Nano, which we participate in. Another Joint call is open in ERA-Nest, but we cannot participate in it since its common pot policy contradicts our board's policy.

### **NIHP**

The program will not fund exchange of scientists but is funding meetings, workshops and international conferences. As previously elaborated, scientists from abroad cannot apply for funding but local scientists can be also funded by other funders. In the present, we have no joint funded projects with other countries.

2.11 Any other issues not covered above

## **CSO-MOH**

No

## **ISF**

No

## **NIHP**

No

## **Sources**

CSO-MOH

Website

CSO annual reports 1994-2004

## **ISF**

Website

ISF annual reports 1994-2005

## **NIHP**

Website

NIHP guidelines

NIHP annual reports 1995-2005

NIHP international workshops

NIHP dead sea conference 1997-2003

NIHP International conference 2007

## **Interviews**

CSO-MOH: Dr. Benny Leshem, Director of the Medical Research Administration and the Director of CSO-MOH Research Fund; 11.1.06, CSO-MOH Offices, Jerusalem

NIHP: Prof. Alik Aviram, scientific director: 14.2.06, NIHP Offices, The Gertner Building, Sheba Medical Center

ISF: Dr. Rina Guy, Scientific Director of Life and Medical Sciences: 13.11.06, ISF Offices, Jerusalem

### 3. Table

#### 3.1 preparation - data not available

##### Operation

Good Practices	User friendly application form
Arguments	
Pitfalls and Problems	√Reviewers are not paid √Some excellent applications are not funded
Issues to be discussed	Increase budget

## Interdisciplinary and Multidisciplinary research

Good Practices	BIKURA program
Arguments	
Pitfalls and Problems	Review may be difficult
Issues to be discussed	Methods to overcome interdisciplinary review

## Ethical Issues

Good Practices	Scientific directors responsibility
Arguments	
Pitfalls and Problems	Some applications "fall between chairs"
Issues to be discussed	Need for new documents

## User Involvement

Good Practices	No interest group involvement
Arguments	-"-
Pitfalls and Problems	

Issues to be discussed	
------------------------	--

## Dissemination of results

Good Practices	√ <b>ESHEL</b> - especially established to disseminate and implement research results √Workshops, conferences and executive forums
Arguments	
Pitfalls and Problems	
Issues to be discussed	

## International collaboration

Good Practices	SHARE, LUXEMBURG, Joint Calls (JC)
Arguments	JCs are still premature and we do not have much experience regarding their success and added value
Pitfalls and Problems	Legal, conceptual, budget, operation
Issues to be discussed	-"

## Programme evaluation

Good Practices	
Arguments	No well established evaluation process
Pitfalls and Problems	
Issues to be discussed	Implementation of a standard evaluation form

## The future of the programme

Good Practices	Pilot and implementation according to success (BIKURA)
Arguments	
Pitfalls and Problems	
Issues to be discussed	

A Final Note :

These three programs/ organizations were chosen according to the author's personal view that was based on their ability to suit this report by answering the questions raised by the work package writers. Other funding organizations may have a higher relative impact on the Israeli Ageing Research map in one time or another, since, as stated in the introduction, there are many players in this field. These three chosen programs/ organizations presented a well documented bibliography in addition to proven quality and quantity in the Ageing Research.

**This report was written by Dr. Irit Allon , Jerusalem, March 2006.**