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Health and Medical Research in Sweden

Observatory on Health Research Systems

Jan Tiessen

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Summary: Key Points

• Strong position of county councils in health research
• Important role of public universities
• Absence of independent research institutes
• Wide variety of research funding
• Strategic influence of government on research priorities is substantial, but there is strong researcher influence on funding decisions
• Research capacity has been increasing while many believe that translation and performance has decreased

This documented briefing gives an overview of the Swedish health and medical research system. It provides an account of the main actors, main funding streams within the system, and various aspects of process and performance, including the setting of research priorities, research translation, and evaluations of the research financing.

In an international perspective, some of the most striking features of the Swedish health and medical research system are: the strong position county councils have in financing clinical research; the important part public universities play in conducting research; and the virtual absence of independent research institutes in medical and health research, as known from the United States. The other main findings of this documented briefing include the following:

• There is a wide variety of research funders, including public, private non-profit, and private for-profit funders. With an annual budget of 12 billion kr (1.32€ billion) (0.42% of GDP) the pharmaceutical and biomedical industry is the largest funding body for health and medical research in Sweden, followed by the county councils and the Swedish Research Council, as the largest distributor of competitive research grants, handing out some 570 million kr (62€ million) (0.02% of GDP) per year to basic research in the field of medical research.

• Not-for-profit medical research is predominately conducted in universities and their hospitals, and in county council hospitals, which are the main providers of medical research next to industry's own laboratories.

• Almost all aspects of medical research can be financed through different types of grants; however, some overheads are not reimbursed and are carried by the county councils and the universities themselves.

• For all public research funders, the government can influence the research priorities through annual performance targets and through the mission objectives included in their founding statute. The Swedish Research Council, however, is a predominantly researcher-governed organisation that sets its own priorities in basic research.

• Over the past decade, research capacity, as measured in the number of research positions and the number of doctoral degrees taken, has greatly increased.

• Research translation from basic to commercial research is supported by three government agencies. The link between pre-clinical and clinical research had been described as a traditional strength of the research system; however, many believe that this system is eroding.

• If the performance of the research system is measured using bibliometric methods, Sweden’s position as one of the world’s top medical research nations has been deteriorating since the mid 1980s.

• Sweden has in general a lively evaluation culture, with various evaluations also carried out about the performance of the research system.

• Recent hot topics in the medical research policy debate include the future of clinical research, overall funding levels for medical research, fraud in the conduction of research, the distribution of funds, and the research policy of the incoming government.