

## French research directorate

## Twelve-year rule relaxed?

The "12-year-rule" by which French research directors would have to resign after 12 years in the job (see *Nature* 14 October, p.569) was defended strongly last week both by M. Jean-Pierre Chevènement, minister for research and industry, and by M. Pierre Lazar, the director-general of the medical research council INSERM where reaction has been strongest. But the rule has been relaxed with the result that some are left wondering exactly what it will achieve.

For example, Chevènement made it clear at a press conference last week that a director could take a sabbatical year at the end of his 12-year-term — and then be reappointed. Also, said Lazar, a research unit could be split into different parts, with the old director appointed director of one of the new parts, or others federated under new titles. Further, the rule refers to 12 successive years, and so may perhaps be construed to be restarted after a period abroad during the term. The rule is therefore much more elastic than had been made out.

But according to Professor Pierre Chambon, a rebel member of the INSERM directorate, "this achieves nothing". The whole exercise, he says "has been a waste of time and money; it wasn't any better under the previous government".

According to Chambon — and to many others — the real problem is one of evaluation: how to judge effectively the value of scientific research groups. In France, this is done by largely elected committees which have a large trade union representation. Although the unions have no direct control over the membership of committees, their influence is too strong, Chambon believes. "I know of no other example in the world where scientific judges are effectively chosen on the basis of union membership", he says.

Moreover, the committees are too open: they should be chosen on the basis of expertise, and should involve foreign experts, Chambon argues. In the present reform of the research councils, the government "had a unique chance to change the way the committees were appointed but they have made the situation even worse". The result was the invention of the arbitrary 12-year-rule — a period too long for the worst directors and too short for the best.

Lazar, in fact, agrees with Chambon in many respects — but he has had the responsibility of constructing a politically acceptable system. "The goal [of the 12-year-rule] is to have true scientific judgements" he said last week. "But we have such heavy structures in France, the idea of stability of employment is so deeply engrained, that we have to struggle to find ways to reach the goal."

Last year, said Lazar, INSERM received a proposal for only one scientific director

(out of 250) to be changed. "Something had to be done to make the system move." There was no major reason, said Lazar, for thinking that the new assessment committees would have changed their method of judgement. The 12-year-rule "is a very soft system". By contrast, making negative judgements on a scientific director of 10, 12 or 15 years standing was "very hard".

Moreover, "there will be no destruction of good research units". Lazar insisted. "We do not want to smash research!"

### Tropical medicine

## WHO programme blessed

The World Health Organization (WHO) Special Programme on Research and Training in Tropical Diseases has done well during its first five years of operation, according to the report of an external review committee set up by Dr D.E. Bell of the Harvard School of Public Health at the instance of the WHO Council. But the special programme could face increasing difficulties if donors do not increase their financial contributions as field trials for drugs and vaccines make new demands.

The special programme was set up in 1976 to develop ways of controlling six major tropical diseases — malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy — by supporting research in established institutions and by strengthening new institutions in developing countries.

Five years later, the six diseases are still prevalent, and some even appear more common. The external review committee says, however, that the explanation may be more efficient identification of the diseases, and thus indirectly a mark of the success of the special programme. The committee's report says that although no single disease has yet been conquered, significant progress has been made, for example, towards a leprosy vaccine and the use of *Bacillus thuringiensis* as a biological agent for the control of vectors. It is estimated that the programme now accounts for about 25–30 per cent of all research on the six diseases.

The system of awarding research grants, along the lines adopted by national research councils, has its strengths and weaknesses, partly recognized in the review committee's report. It is cheaper than building new institutions and allows new people, perhaps working in disciplines not traditionally thought relevant to tropical diseases, to be brought in when appropriate. But the report does not mention the dangers of relying heavily on the infrastructures of established research institutions which may then come under threat from national research budget cuts. The

There has been a 6 per cent increase in jobs at INSERM this year, and a 30 per cent increase in budget.

There is also conflict between the medical profession and research interests on this issue, said Lazar. This is why there had been an "explosion" over the matter at INSERM but hardly a whimper from the non-medical Centre National de la Recherche Scientifique.

Too many INSERM research directors also hold hospital jobs and teaching jobs at universities, Lazar thinks. When a person becomes a research director, his other duties should be "lightened". Becoming a research director is not a matter of gathering titles.

**Robert Walgate**

London School of Hygiene and Tropical Medicine is a prime example (see p.671).

The report does, however, complain that the research grant system, which is run internationally, is too dependent for its success on excellent central coordination and management. The committee recommends that the operation of the academic steering committees which decide on the allocation of grants should be streamlined, and that greater care should be taken to avoid conflicts of interest when members of the steering committees apply for grants.

The committee also says that the special programme should be reviewed again in five years, when a judgement can be based on its record of research. Meanwhile, the committee points out that after a rapid initial increase the programme budget has declined in real terms since 1979 from \$21.7 million to an estimated \$17.3 million (1979 prices) in 1982.

Contributions have come from the United Nations Development Programme, WHO, the World Bank (since last year), charities, trusts and about 25 national governments of which the largest contributors have been Denmark, Sweden and the United States. Britain, which has received nearly 11 per cent of the money spent on research grants since the start of the special programme, has not paid up in the past two years. The British Overseas Department Administration, doubtless embarrassed, has, nevertheless said that it will resume contributions from 1983–84, but at a lower rate than the previous \$800,000 a year.

One solution canvassed by the committee is to ask the pharmaceutical industry as well as national governments for money. The programme has already established links with industry, which is expected to benefit by manufacturing and marketing the fruits of research, and this year signed one of the first agreements with a company, the Wellcome Foundation, to develop new drugs against filariasis. As products reach the stage of field trials, however, the strain on the budget will increase.

**Judy Redfearn**