

UK charities pick up the tab left by government shortfall

London

MEDICAL researchers in Britain are increasingly having to turn to charities to secure funds for projects that the government-financed Medical Research Council (MRC) cannot afford to support. The pressure on the charities, faced with mounting numbers of grant applications, is increasing despite MRC's assertion that "the charities cannot and should not be expected to meet shortfalls in government funding of research". The situation is starkly illustrated with the publication of figures from two of Britain's largest medical research charities, the Wellcome Trust and the Cancer Research Campaign.

Last year's flotation of 25 per cent of Wellcome plc increased substantially the income of the trust, which rose 76 per cent to £57.8 million in 1984-86 compared with the previous two years. Against the background of the shortage of government funds, the publicity surrounding the flotation resulted in what the trust describes in its biennial report "an almost overwhelming" increase in the number of applications for project grants. The trust was forced to expand its system for the assessment of applications and to create new panels of advisers in some areas.

In the past year, the total number of grant applications increased by 50 per cent, although in some subject areas the increase was far greater — a 100 per cent rise is expected this year in biochemistry and cell biology. Approximately half of all applications received meet the required standards for support.

The need for researchers increasingly to seek charitable support is exemplified by Professor David Kirk, of Queen Mary College, University of London. After failing to secure funding from MRC, Kirk successfully applied to Wellcome to support a three-year project to study the effect of inhibitors of ADP-ribosyl transferase on the immune system. "I have had a number of cases in the last two or three years of applications for MRC grants being approved on their scientific merit but not being funded. In that sort of situation I am much more inclined than previously to go to the medical charities for funding."

Wellcome's new-found wealth has now enabled it to direct its efforts to longer-term support of individuals with the creation of research programmes around them. Up to one-third of the trust's income will be used this way, "developing the strength and potential of British medical research". The first manifestation of this new policy was the award of a grant of more than £1 million to the University of Glasgow to set up a unit of molecular

parasitology, guaranteed for five years with the possibility of funding for five more.

At the Cancer Research Campaign (CRC), Britain's leading supporter of cancer research in universities and medical schools, government cutbacks are hampering its own research programme. According to CRC's annual report, despite an increase of 44 per cent in research expenditure since 1984 to more than £25.5 million this year, CRC is experiencing difficulty in meeting requests for funding.

CRC's scientific director, Dr Nigel Kemp, says that over the past two years the number of high-quality grant applications has outstripped CRC's resources to the extent that many approved proposals can no longer be supported. "For the foreseeable future there will be scientific initiatives waiting in the wings." Kemp says the situation has arisen principally because of a reduction in government funding of the universities and MRC, "which means that more campaign money is required to make good deficiencies". From October this year, CRC will increase its stake in the Institute of Cancer Research in London, which it funds jointly with MRC, each providing £3.5 million annually. From 1 October, CRC will take over MRC's share of the funding at an annual rate of 10 per cent, so that by 1997 MRC will no longer contribute.

Although the arrangement was ostensibly agreed to enable CRC to increase its involvement with the institute's research effort, problems were apparent with the joint-funding arrangement, with MRC finding difficulty in maintaining the *status quo*.

Sir James Gowans, secretary of MRC, emphasizes that there has not been a decrease in the number of applications for project grants, and that for the past three years the proportion of successful applications has been increasing, from 38 per cent in 1984-85 to 48 per cent in 1986-87, although many approved applications still do not receive funding. "I am delighted the charities can pick up the good applications we cannot support", he says, while maintaining that MRC by its nature will continue to be the agency that underpins basic medical research in Britain.

The situation is being closely monitored by the Association of Medical Research Charities (AMRC), which recognizes that many of its members are "under a lot of pressure" with increased grant applications. AMRC is particularly wary of suggestions that the government is considering advising universities to charge for the overheads incurred by charity-funded research, a move AMRC sees as directly overstepping traditionally agreed areas of support.

Simon Hadlington

Soviet research "swamped by bureaucracy"

London

SOVIET medical research is being swamped by bureaucracy and over-planning, Health Minister Evgenii Chazov warned recently in an interview on a Moscow radio programme.

Commenting on the need for major "restructuring" in the health sector, Chazov noted that the "scientific plan" for medical research embraces no fewer than 18,000 subjects, under the direction of 72 scientific councils and 509 *ad hoc* committees. The health service has 349 research institutes employing more than 330,000 scientists. Yet the outcome, Chazov said, is "the same old negative trend of extensive growth without qualitative content" that has characterized Soviet life for decades. Even the most eminent establishments are failing to fulfil their promises. For years,

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he said, the health service has been calling for the development of Soviet beta-blockers, cephalosporin antibiotics and the like. "But apart from promises, so far nothing has been received."

The main problem, he says, is "the low methodological level of research". "Are there many of our laboratories working today at the cell and molecular level?" "Do many of our institutes have immunology or genetics laboratories? It is these which today largely determine the level of scientific research."

Chazov's recommendations are to abolish bureaucratic bottlenecks, rethink priorities, improve "medical incentives for top-quality personnel" and establish "scientific-production associations". Most important of all, he urged "radical restructuring of the psychology and sense of responsibility of scientific personnel". On this and this alone, he said, the success or otherwise of the restructuring process ultimately depends.

Vera Rich

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