

## EXECUTIVE SUMMARY

In June 2000, the Advisory Council on Health Research (RGO) received a request from the Minister of Health, Welfare and Sport, announcing a new assignment for a prevention programme to follow up the 1998-2002 Prevention Programme, of the Netherlands Organisation for Health Research and Development. The Council was asked to produce an advisory report on the priorities for the prevention research in the period after 2002.

The current Prevention Programme was established taking into account the guidance of the Council's report on Priorities for Prevention Research, published in 1996. The programme was adjusted in 1999, partly to achieve a more balanced spread of research into the various subjects. For some priorities, research proposals were temporarily not followed up, in anticipation of the results of research that was already underway, whereas the submission of research proposals for some other priorities was actually encouraged.

Details of an internal and external evaluation of the Prevention Programme were published in 2000. The Council took the evaluations' findings into account in its advisory report. The internal and external evaluations presented no reasons for any major changes in the design of the programme. Although there has not been sufficient time between the start of the programme and the evaluations to enable any statements to be made about the final impact of the research, the Council is now in a position to conclude that the design works and that the programme should continue, with some minor adjustments. Financial guarantees should be provided for this.

The Healthy Living Programme, another programme focussing on prevention, offers possibilities for financing research that involves a greater risk than the Prevention Programme, but lacks continuity in the longer term. It is precisely continuity that the Council sees as an important precondition for successful prevention research. Moreover, in the programme's future evaluations, it will be necessary to take into account that the practical social implications may only arise several years after the results of prevention research become available.

The priorities in the present Prevention Programme are limited to primary and secondary prevention. It will also not be necessary to make room for tertiary prevention in the following programme, assuming that the programme committee continues to take a flexible attitude to qualitatively good and relevant research proposals that are on the border between secondary and tertiary prevention.

The priorities in the present programme have been specified in detail. In connection with the problems to which this gives rise, the Council calls for less specific prioritising. This also offers the advantage that adjustments will be less often necessary. Less specific prioritising may also mean that the need to make use of the available margin will occur less often. Use of the margin (5% of the research budget) can then be reserved for research proposals arising from new insights and/or developments that were unforeseeable when the priorities were established. The Council mentions the prevention of infertility and the preventive aspects of reproductive medicine as new priorities. The Council refers to recommendations in some of its other advisory reports, which may also be relevant for the Prevention Programme.

The Prevention Programme is a five-year programme. This creates a problem for financing research that takes longer. However, conducting research over a longer period is unavoidable in the case of prevention. It can take more than ten years to obtain reliable answers to some questions. The Council believes this research over a longer period is justified by the social and financial implications of preventive measures. The Council therefore believes that long-term research should be made possible as part of the Prevention Programme.

The Council anticipates a budget of at least the same amount as that for the current Prevention Programme will be necessary to keep prevention research at the same level after 2002. This budget is not adequate for research into preventive measures outside the policy field of the Ministry of Health, Welfare and Sport. The Council cites several examples of this and therefore calls for inter-ministerial cooperation.