

A new FONIS model, health policy *versus* health research?

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Some time ago I concluded an editorial by stating that “*It is naive to think that FONIS will offer FONDECYT’s terms and resources in the short term, but 36 months for projects and up to 50 million pesos (US\$72,000) in funding, along with an awarding rate close to 20%, do not seem an excessive request*”.¹ This was only a desire to improve the chances of being awarded one of these grants and once awarded, improve the conditions of implementation (financial and logistical).

Surprised and pleased (not without some objections), I realized that for the 2017 FONIS Call conditions have changed, a lot. In general, the changes seek to finance health research projects that may produce applicable knowledge. Beyond increasing project duration and available monetary resources, the most relevant change in this new FONIS model is that projects must have applicability. Let’s look at the main characteristics of the 2017 FONIS (Available at <http://www.conicyt.cl/fondef/files/2017/03/Bases.pdf>).

FONIS financially supports applied R&D projects, with strong scientific foundations that, in a relatively short time, may produce outcomes and obtain results that can be converted into new products, processes or services, such as Technical Norms, Protocols, Clinical Guidelines and/or Recommendations, with a reasonable probability of generating productive, economic and social changes.

FONIS is a funding instrument whose main objective is to financially support scientific and technological research projects that may have an economic and/or social impact... from health research that can contribute to solving priority health problems in Chile.

Proposals submitted to FONIS must involve an entity, different from the proposing and beneficiary entity or entities, which will function as the “Client” of the project. The main role of the Client will be to give relevance to the project, that is, to seek a broad and effective application of its outcomes to the benefit of its final recipients, and therefore it must take primary responsibility for the transfer of project outcomes, and for the massification and/or supply of the products or services in which the outcomes will be used, and also during the project and once it has finished.

The maximum project duration will be 30 months and the maximum amount granted by CONICYT will be up to 90% of the total cost of the project, with a maximum funding of 60 million pesos.

The beneficiary institutions, those that were awarded the grant, must finance at least 10% of the total cost of the projects. This financing may be in

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incremental or non-incremental amounts.

Eligible projects will be assessed taking into account four chapters of the proposal and the analysis of ethical implications. This evaluation will allow to select those projects that will be candidates for obtaining the grant awarded by CONICYT/ MINSAL. The chapters to be assessed are: Chapter 1: Justification and Planning; Chapter 2: Methodology; Chapter 3: Applicability; Chapter 4: Background of Proponents.

The first stage of evaluation is the assessment of Chapter 2 (Methodology). If the project scores below 3 in this chapter, it will be declared non-eligible. If the assessment of this chapter gets 3 or more points, the analysis of the ethical implications will be performed. If the analysis of ethical implications is approved, Chapter 3 (Applicability) will be assessed, if not, the project will be declared non-eligible. If the project scores below 3 in Chapter 3, it will be declared non-eligible. If this chapter obtains 3 or more points, chapters 1 and 4 will be assessed.

A proposal may be eligible for award if it obtains a minimum score of 3.0 in each of the chapters evaluated.

Once the evaluation process has been completed, the FONDEF Executive Director will present the results of the evaluations, as well as the ranking of the eligible projects, to the FONIS Council, so that this council can present its proposal to CONICYT. Based on the information received, the FONIS Council will recommend the projects that, in its opinion, must receive funding and that meet the minimum scores required, as specified above. In fulfillment of its functions, the FONIS Council may propose modifications to the project, and may also suggest budgetary allocations and deadlines that may differ from those proposed in the respective projects. In addition, the FONIS Council will make a waiting list with the non-eligible projects that have obtained the best evaluation scores.

It is readily apparent in this new FONIS model that researchers should strive not only to generate new knowledge that is valid and relevant to the priority needs of the country; from now on, FONIS applicants should also strive to ensure that valid and relevant knowledge is transformed

into tangible products. This is (it seems) a step forward to produce useful research; however, it is also a bureaucratic requirement that does not guarantee achieving that goal. Many health researchers (perhaps the majority of them) have focused their effort on generating knowledge; however, they do not have an “entrepreneurial profile” that may help them to create products or implement services based on that knowledge. The requirement of including a Client seems to facilitate the transition process from research to entrepreneurship, but this is not a simple transition and can have complex and unwanted consequences.

In the past, it was researchers who decided what to research. In this new model, researchers will have to adjust their projects to the needs of their Clients, that is, Managers of health companies, Directors of Public Services, Mayors, Directors of NGOs and the like. This change is positive to produce relevant research, but unexpected conflicts of interest may arise.

The increase in the amounts of funding to be awarded is impressive; it doubles historical maximum amounts, although they are still far below the funding granted by FONDECYT. Deadlines were only extended by 25% (6 months), which is not very significant if the aim of FONIS was to improve the quality (and complexity) of the projects.

Another interesting aspect is that the final decision on which projects FONIS will fund lies subjectively and discretionally with the FONIS Council, leaving out the quantitative (and apparently more objective) evaluation of Peer Reviewers.

It is clear that this new FONIS seeks to explicitly support applied research in health. For this purpose, FONIS has opted for a change in who makes the decisions during the implementation of health research projects and processes (politicians *versus* researchers).

Despite the above considerations, it is expected that this change in FONIS will improve the impact that Chilean health research has on the quality of life of the Chilean population.

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