



EDITORIAL

We need to improve the conditions of FONIS projects.

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It is a well-known fact that research in Chile is carried out basically in a few higher education institutions and is essentially funded by public instruments or programs. It is an ecosystem dominated by around eight universities, The National Commission for Scientific and Technological Research (CONICYT) and The Production Development Corporation (CORFO) to a lesser extent. As it often happens in research, our country has a concentrated ecosystem.

The National Fund for Scientific and Technological Development (FONDECYT) has been historically “the program” leader in funding research in Chile. FONDECYT currently has three funding instruments: Regular projects, Projects for Initiation in Research and Post-doctoral projects. If we look at the sheer numbers that reveal the level of concentration in the funding of Regular projects in 2015, only eight institutions were awarded at least 3% of the resources, accounting for 72.7% of total allocation of resources. In the case of Post-doctoral projects, 8 institutions accounted for 78% of the resources, and in Projects for Initiation in Research, 9 institutions obtained 67.7% of the total allocation of resources.

Apart from the figures given above, it is possible to perform an even more interesting analysis for clinical and epidemiological research. The G 2-G3 Group, which includes the areas of Clinical Sciences and Public Health Sciences, obtained only 4.3% of the 2015 funding for Regular projects. It also had the lowest resource-awarding rate of all areas with 26.5 %, being the overall average rate 38.8%. In the case of Post-doctoral projects, G2-G3 obtained 1% of the total resources; with a resource allocation rate of 33.3%; and in Projects for Initiation in Research, these rates were 5.6% and 25.5%, respectively.

It is still surprising that the funding in these areas averages roughly 3%, when health is or should be one of the priorities of any country. Furthermore, approximately

20% of the papers written by Chilean authors indexed in Web of Science (ISI) are published in journals of clinical and epidemiological research.

Perhaps as a way of compensating for this anomalous situation the Chilean government created the National Fund for Research and Development in Health (FONIS) in 2004. FONIS is defined as “*a joint initiative between the Ministry of Health (MINSAL) and CONICYT, with the goal of promoting applied research to quality health care, focusing on the generation of knowledge that is needed to address the health needs of the poorest sectors of the population. Both institutions contribute to the fund.*”¹

FONIS establishes two lines of action¹:

Encouraging and building capacities for applied research in health that is focused on Chile’s specific needs.

Generating information that can serve as a basis for decision-making in health and as guidance for public policies.

Although both lines of action are not identical to the one established by FONDECYT, which is to give “*financial support for individual research in all knowledge areas and at different stages of a researcher’s career*”², it is not possible to deny that their ultimate goal is similar.

However, even with comparable goals, the financing of FONIS projects is quite different from FONDECYT. While FONDECYT for Regular research funds projects from 2 to 4 years and up to 200 million Chilean pesos (US\$286.000), and FONDECYT for Initiation in Research funds projects from 2 to 3 years and up to 90 million pesos (US\$129.000), FONIS only funds projects for a maximum of 30 million pesos (US\$43.000) for periods of up to 24 months. But this is not all, while the awarding rate of FONDECYT is approximately 40%, the awarding rate of the 2014 FONIS projects was only 14.2%, and in 2015 was 5%.

In the era of evidence-based medicine, the one suppor-



ted by the best scientific evidence, taking into account the patient's needs and the resources available, it is difficult to understand why the funding of health research remains so low.

In more technical terms, it is also difficult to understand why there is such a marked difference in the amount of time and resources allocated to FONIS compared to FONDECYT projects. While many projects in clinical and epidemiological research can be accomplished in shorter time (less than 24 months) and with fewer resources, many others need more time (24-48 months) and more resources; they would otherwise be seriously flawed in terms of quality, both logistically and methodologically.

Chile needs more and better clinical and epidemiologi-

cal research. Although financial support from FONDECYT for these areas is valuable, resources are still very limited. Although the existence of FONIS certainly helps to improve the situation, financing terms and conditions should be adjusted and focused on Chile's specific needs of health research.

It is naive to think that FONIS will offer FONDECYT's terms and resources in the short term, but 36 month 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.

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