Public health in the new European Union research programme

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Lobbying is needed

On 23 September 2002, the European Council and the European Parliament agreed the sixth Framework Programme for Research 2003–2008 (http://europa.eu.int/comm/research/fp6/index_en.html). The new programme reflects the lobbying and interests of many interested parties, including national research councils, industry, professional organisations, and politicians. Over the past 20 years, EU research programmes have given increasing prominence to health. The new programme has health as its first “priority thematic area”, with a budget of 2.3 billion euro over six years. But almost all of this budget will be for biotechnology research: epidemiology and public health have not fared well in the programme.1

A positive development has been creation of a new broad field of research—to support policy (http://fp6.cordis.lu/fp6/call_details.cfm?CALL_ID=17). The Commission’s research directorate took the innovative step of asking other policy directorates to propose areas for research. One of the three sections for policy research is entitled “Providing health, security and opportunity to the people of Europe”. The health directorate (Sanco) has a new public health action programme3 for the parallel period 2003–2008, addressing a broad range of issues. But the limited set of topics proposed for health policy research—communicable diseases, rare diseases, blood products and organ donation—have been on Sanco’s agenda for some years.

A second dimension for health policy research has been the growing interest of the Commission’s employment and social affairs directorate in health care.3 There are various converging strands: interest of the Council of Ministers of Health during both the Belgian and Spanish presidencies, anxieties for funding social insurance in aging societies, and the recognition (following decisions by the European Court of Justice) that cross border care is a legal right for EU citizens. While health care had previously been considered, under article 152 of the Treaty of Amsterdam, to be a responsibility only for member states, it is now acknowledged to fall within EU law on the internal market, including competition and free movement.

The Commission’s employment and social affairs directorate sent a questionnaire during 2001 asking member states to indicate their concerns about health care at EU level. The replies will form the basis for a report from the directorate on health and health care planned for March 2003. Some issues have been recognised for many years, for example, the impacts of new technologies on health care costs, the increasing knowledge and demands of patients, the rising proportion of elderly people. Other issues were more specific: keeping universal access in the face of rising costs; concern for waiting times; maintaining patients with disabilities in community care; raising the interest of professionals in cost control; and improving quality assessment. These may become areas for policy research in the future.

The Commission’s sixth research programme has other places where public health research is possible. The health “priority thematic area” indicates that applications taking a multidisciplinary approach will be preferred: public health dimensions can therefore be included, although this criterion will only considered at the second stage of evaluation after the scientific aspects have been assessed. Public health is indeed specified in the text for the cancer research subsection, as public health has already contributed to clinical practice in prevention, screening, and service evaluation. Other programme themes with potential public health aspects include electronic communication (“information society”), food safety (which has been another important area of work within the directorate for health), and environment (which also has its own policy research area). But there are losses. Through active lobbying from interested parties, including individual members of Sanco’s High Level Committee on Health, earlier EC research programmes had identifiable subsections for health services research1 (in the third and fourth programmes) and for public health1 (in the fifth programme). Although funding was often, in earlier years, limited to paying for coordination (called “concerted actions”), these collaborations strengthened the growing field of epidemiological research in Europe. However, there is little space for submitting proposals in the sixth research programme on aetiological epidemiology and disease registers, or on health inequalities, the wider determinants of health or health impact assessment.

Researchers in epidemiology and public health may therefore ignore the new programme and continue to turn for national funding sources. But European science is rapidly internationalising, and public health research may be left behind if is unable to compete either in size of collaborative groups or in European science influence. What can be done? At the November 2002 meeting of the European Public Health Association in Dresden, Hans Stein of the German Ministry of Health and a long standing advocate of health research, recommended looking to establish a better place in the seventh programme—six years away. Others did not want to wait, and wish to influence the current programme. There remain calls in coming years that may be open to a greater public health dimension.

It would be strategically wise for the European Public Health Association to take up advocacy of public health research, including through its place at Sanco’s European Health Policy Forum (http://europa.eu.int/comm/health/ph/health_forum/index_en.html). Another avenue should be through national ministries of health and national research councils, seeking to influence their members before European meetings. A third could be to establish a European Public Health Research Forum. Forums have already been established by the EC research directorate in the fields of genomics and aging (http://www.shef.ac.uk/ukncgr/Forum_euro.htm), with the intention of developing strengthening research capacity and moving towards an international market for research the European Research Area (http://europa.eu.int/comm/research/era/index_en.html). Whatever the means, epidemiology and public health research in Europe has to emerge from its protected environment and take on the task of self presentation and lobbying—as other academic fields do.

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