European Union: the seventh Framework Programme resuscitates public health research

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There are occasions when the European Union (EU) policies exasperate even the most convinced pro-European. A case in point has been the sixth Framework Programme of research (FP6, 2002–2006), where a panoply of biological and medical research has been dressed up as generally relevant for improving the European citizens’ health, with essentially no place—except in indirect, circuitous ways—for the research that simple common sense would link to health, namely public health research. The new FP7 (2007–2013) is now starting, endowed with more than €53 000 million, an increase over FP6 conservatively estimated at 40% in real terms (estimates vary depending on how inflation and the actual years of spending are factored in). FP7 consists of four programmes: Cooperation, covering 10 major themes, with ‘Health’ ranking first and funds for €6100 million; Ideas, with the newly established European Research Council, aimed at developing ‘frontier research’; People, for education and training in research; Capacities for support of research infrastructures and the role of science in society.

The ‘Health’ theme sets anew the improvement of European citizens’ health as its objective to be pursued through three activities: (i) biotechnologies, generic tools, and technologies for human health; (ii) translating research for human health; (iii) optimizing the delivery of health care to European citizens. Some openings for etiological epidemiology are present within the Cooperation programme under the ‘Food’ and ‘Environment’ headings, while epidemiology and public health are among the subjects acceptable for support for the European Research Council. The health theme is now the responsibility of an EU unit auspiciously named ‘Medical and Public Health Research’. The second 2007 call for projects, with deadline for applications on 18 September, sets in motion activity 3, with 40 odd projects in health care epidemiology and such topics as trends in population health and interventions addressing the gradient of health inequalities. It also includes two epidemiological topics, on surveillance of newly emerging infectious diseases and on gene-environment interactions in carcinogenesis, to be financed as large epidemiological integrating projects at a level of €6–12 million per project.

FP7 is on the whole set forth to resuscitate EU-funded public health research. As for any resuscitation manoeuvre success depends on how well it is followed by stabilizing steps. The first step concerns the topics of future calls. Translational research starting from basic biomedical or technological settings is needed but equally or more needed is population-based research starting from the population problems in its demographic, epidemiological, social, and economic dimensions. The second step involves the topic details. Titles should be broad enough to prompt the emergence, through competition, of ideas and excellence in quality. If ongoing projects deserve continuous support, they should be openly treated via ‘ad hoc’ channels, rather than describing a topic in such a detail that only one project fits, pre-empting competition. Third, the common practice of ‘reverse parochialism’ whereby any biomedical scientist (whatever his/her specialist parish) becomes automatically a health expert should be proscribed. Trivial as it sounds, the preparation of calls and the evaluation and selection of projects needs experts in each specific area, and public health projects need public health specialists active in research. Fourth, the interim assessments of the FP7 should pay special attention to the pros and cons of the innovative experience of the European Research Council, self-governed and run by scientists. Fifth and final, researchers in epidemiology and public health should stand up to the challenge of demonstrating that EU-funded epidemiological research can match other scientific approaches in quality and outdo them in relevance to the FP7 stated objective of improving the European citizens’ health (read all citizens, including the less privileged, as there is no need of a EU for those who can in all cases afford the costs and reap the benefits of modern science and medicine).

References