The Directorate General for Research & Innovation of the European Commission (DG-RTD) has provided funding of €425.46 million for public health research since 2000. In September 2012, we were asked to lead as chair (T.I.A.) and rapporteur (J.B.) an Independent Expert Group commissioned by DG-RTD to make recommendations about the future of European public health research in the period 2014–20, the Horizon 2020 funding stream. We here report the main recommendations, supported by all group members. The group was asked to address four questions:

- What should the thematic priorities for EU-funded public health research under Horizon 2020 be?
- How to best structure European Public Health Research in the future?
- How to develop stronger links and synergies between EU-funded research and national research activities, EU policy agendas and national policy agendas?
- How to improve the uptake of evidence generated from public health research in the development of public health policy?

An important recommendation is that EU public health research funding must require EU-added value, which refers to a scientific necessity or major advantage of conducting the research in a European rather than national setting. Funded projects must clearly demonstrate a potential for translation and policy uptake that will benefit the health of EU citizens. Major stakeholders, including citizens and patients, should be involved in the development of research programmes and projects.

We argue that there has to be room for researchers to produce innovative approaches to the formulation of research questions and designs; funding calls should not be so narrow and prescriptive that researchers cannot contribute their own insights. Transdisciplinary research is strongly recommended, bridging from biomedical research through political science and humanities. Researchers should be encouraged to take a systems view regarding social determinants and population health improvements and should focus on the incremental deepening of our understanding in these areas. We argue for a focus on health and well-being, in addition to disease, and for a focus on ‘what works’ to solve the EU’s major public health challenges. We recommend that close attention should be paid to the balance between descriptive and analytical research with a greater attention to what may contribute to the evidence base for public health actions.

We identified specific research priorities in four fields: (i) In the health promotion field, we need to deepen our understanding of the barriers to the adoption of healthy lifestyles, and use this understanding to develop innovative interventions. (ii) In the field of disease prevention, we need to continue funding cutting-edge research on the causes and management of disease but also pay more attention to the ‘deprogramming’ of interventions that are not cost-effective. (iii) In the field of health services research, we recommend a focus on innovations that improve the humanity, quality, safety, equity and efficiency of care and encourage an emphasis on prevention. (iv) In the health policy field, we have attempted to focus on the major policy challenges for public health in the coming decades. In addition, we recommend that dedicated funding be made available for methodological research and for the study of knowledge translation.

To date, EU public health research funding has been exclusively for one-off projects rather than larger programmes of research. This is an obstacle to the strategic co-ordination of research, and we therefore recommend that DG-RTD begin to support Research Networks to achieve incremental progress on a small number of priority themes. The work of these Networks should be coordinated by a ‘Board for Public Health Research’.

We identified areas where synergies could be achieved between EU public health research funding and the activities of policy makers and other funding agencies. The European Commission should present to the European Parliament and the Health Council a new EU health and health research strategy identifying common public health challenges and responses across the member states. Separately, DG-RTD should inform academia, policy makers and the general public of its public health research funding activities through an appropriate communication strategy. Finally, we have provided a series of recommendations about how DG-RTD can improve the extent to which its research is translated into practice. These make it clear that knowledge translation must become embedded in all aspects of the EU funding stream from the design of funding calls and project reporting requirements through to training for research consumers and brokers.

The report spells out and justifies recommendations that detail or add to those mentioned and is available at http://ec.europa.eu/research/health/pdf/eu-h2020-subgroup2-report_en.pdf. Despite the current economic crisis, the group recommends that Member States and European Institutions adopt a progressive attitude to European public health research over the next seven years and engage positively with the research community.

**European public health research in Horizon 2020**

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