Funding Cuts for Public Health Projects in Europe May Affect International Cancer Effort

The decision to halt funding for several major public health projects will force Europe to lose an “incredible opportunity” to build on the achievements of the Europe Against Cancer program, according to Peter Boyle, Ph.D., newly elected director of the International Agency for Research on Cancer in Lyon, France.

The European Commission (EC) Public Health Directorate, part of the European Union government system, has not renewed funding for the European Prospective Investigation into Cancer and Nutrition (EPIC), the European Network of Cancer Registries (ENCR), the European Breast Cancer Network (EBCN), and the European Concerted Action on Survival and Care of Cancer Patients (EUROCARE) study.

“There was no formal decision about this as such,” said Richard Sullivan, M.D., Ph.D., head of clinical programs at Cancer Research U.K. “It was just buried on a Web site. It’s a reflection of the way that the [European Union] works. Communication is not its forte.”

The threatened projects, including EPIC, EBCN, and ENCR, were launch as a major part of Europe Against Cancer, an EC-wide action plan aimed at reducing cancer mortality through public health efforts that range from encouraging healthy eating to introducing larger health warnings on cigarette packs. EPIC, the largest ever study of its kind, involves more than half a million people in 10 countries, has accumulated data on 25,000 cancer cases, and is just beginning to produce important findings, Boyle said. The ENCR has created quality control standards for cancer registration throughout Europe, preparing the way for EUROCARE, which has accumulated data from 67 population-based cancer registries in more than 20 countries.

The EC’s Public Health Directorate has become the enemy of many of Europe’s cancer scientists for its funding decision. But Boyle said that the directorate is aware that a public health approach has been successful and remains important. “Unfortunately, it appears that their hands have been somewhat tied by the legislation authorizing the distribution of the funding available,” he said. “Until recently they’ve been outstanding in funding major public health networks and initiatives.”

The funding decisions highlight the inevitable conflict between scientific objectives and other public priorities within the institutional triangle that lies at the heart of this unique brand of policy making: The European Commission includes 17,000 officials headed by 20 commissioners, including a health policy commissioner; the European Parliament has more than 600 members, directly elected every 5 years; and the Council of Ministers represents the governments of all member states and its approval is required for all major decisions.

In theory, the EC proposes law and policy and the Parliament and Council approve them. In practice, the EC needs support from the other two bodies to launch major new projects.

When Karin Jöns, a German member of the European Parliament and chair of the European Parliamentary Group on Breast Cancer, protested against not funding the projects, she said that she was told that the EU had made “a massive investment” in cancer over the previous 15 years compared with other major public health issues. Cancer epidemiology was “the most developed area of health statistics” and cancer networks were not seen as a priority. Health Commissioner David Byrne said that the EU had decided to focus “some of the limited resources in areas where the situation was at a critical embryonic stage, like cardiovascular disease, diabetes, and mental health.”

Boyle disputes this reasoning. “The results achieved by Europe Against Cancer in the field of tobacco legislation will have a great impact on a wide variety of diseases apart from cancer,” he said. In addition, he said, EPIC is an essential resource for investigating associations among nutrition, other lifestyle factors, and a variety of common, chronic diseases in addition to cancer. “Why stop public health activities which have been demonstrated to have a direct benefit on the health of the European citizen?”

Sullivan agreed that funding has to be seen as a long-term investment. “People in politics tend to assume that once something has been done, the relevant box can be ticked, and that it’s time to move onto to something else,” he said. “I don’t think they’re unusual here, but they need to get the balance right between cancer, cardiovascular, and other kinds of disease.”

He noted that projects can still receive funding from EU member states (25 countries in May 2004). However, “When EUROCARE was cut off at the knees, it was told to go to member states for money but, in effect, the member states said: ‘Don’t be ridiculous. This is a European issue.’”

The EC’s Public Health Directorate will accept a second round of submissions for project grants this year, said Max Parkin, M.D., Ph.D., who coordinates the ENCR. “It could be that next time around, they will be sympathetic to cancer projects,” he said. “But the earliest any new funding would be available would be the beginning of 2005.”

“Without additional funding the registries run by individual member states will continue to operate, but without ENCR support,” added Parkin, who is based at IARC in Lyon. “Several scientists have already lost their jobs.”
Last year the European Code Against Cancer was revised with the input of 200 European cancer scientists and accepted by the EC. In June 2003, public health commissioner Byrne set an official EU target of a 20% decline in cancer mortality for 2015. “By adopting a public health approach set out in the Code, 92,000 deaths were avoided in the year 2000 alone,” he said at the time.

Boyle believes this target was realistic despite demographic changes that will result in 22% more people older than age 65 and 50% more people older than age 85 in the EU by 2015. But now, he said, “With the recent changes in program priorities within public health, it is not clear how this target will be achieved.”

A $400 million EU action plan to create a “healthier Europe” is replacing a series of eight so-called “issue specific” programs, each focusing on individual health issues. One was dedicated to cancer. The EC claims that this old approach led to “fragmentation of effort.”

The new action plan has three priority areas: improving health information; improving reaction to health threats; and promoting “health determinants” such as tobacco control, nutrition, and physical activity.

—John Illman