



## **Joint statement of the public health associations of Europe (IEA, ISEE, EUPHA) on the health research programme 2014-2015 (Horizon2020) proposed by the European Commission**

The International Epidemiological Association (IEA), the International Society for Environmental Epidemiology (ISEE) and the European Public Health Association (EUPHA) are the major epidemiology and public health scientific associations in Europe representing thousands of health professionals. While welcoming positive aspects of the European Commission's work programme for Health research in 2014-2015 (Horizon2020), we are deeply concerned about the balance of priorities and we call for a major revision of this work programme.

The proposed health research programme:

- does not address adequately major public health problems of the European population and major personal, social, environmental and occupational risk factors of disease
- does not address, anywhere in the 50 page document, research on the health effects of the economic crisis or research on mitigation of these effects
- severely underestimates the importance of health systems and policy research
- heavily promotes research based on biotechnology and personalised medicine, which although important, cannot alone address effectively the health problems of the European population

The draft document on "Health, demographic change and wellbeing" circulated in September 2013 refers to the main funding programme on health related research in the European Union for the next two years. We call for a major revision of this work programme that will effectively focus health-related research in Europe to the major determinants of health and disease in the European population.

The proposed programme has, undoubtedly, major positive aspects including a decision to request applications on wide rather than very specific topics, the inclusion of research on environment health that was absent from the Health programmes in previous calls and the priority given to research on neurodegenerative disorders and healthy ageing. The draft document also correctly identifies in the introduction some of the major health problems that should be addressed in the framework programme. These include: "the ageing of the European population, an increasing communicable and non-communicable disease burden and the fall-out from the economic crisis. In combination, these factors are jeopardising the sustainability and equity of European health and care systems, on which Europe already spends nearly 10% GDP."

However, apart from these words in the introduction, the draft document does little in terms of identifying research priorities that would address these major public health problems. The draft

programme focuses instead on research on biotechnology and personalized therapeutic innovations and 32 of the 42 indicated priorities are under the “Personalising Health and Care” (PHC) section. Although personalized medicine and the development and use of biotechnology are important areas for health research that should be promoted, they cover a very narrow part of research conducted in Europe and do not provide the main answers to the current major public health problems in Europe, either in terms of research priorities or public health interventions.

Our major concern is that public health research, including research on the prevention of disease, and health services research plays little role in the proposed work programme. There is a complete absence of priorities on research related to the identification of the effects of the economic crisis and research on intervention programmes to alleviate effects of the crisis in populations and health systems. The word “crisis” appears one single time in the more than 50 pages document in the introductory text, and this is made to justify the choice for focusing on personalising health(!). We are also concerned that research in environmental health, such as air and water contaminants, is mostly mentioned in connection with basic research rather than research evaluating the impacts of these exposures, and exposure interventions, on the health of European population. We note the absence of research on major health problems of the European population as identified in numerous documents of the EU and the WHO, for example research on the prevention of musculoskeletal disorders which are among the five most common health disability problems identified by the WHO Global Burden of Disease study.

The underlying epidemic of non-communicable diseases in Europe is caused by a wide range of factors including poverty, inequality, urban design and lack of affordable public transport, as well as individual lifestyle factors such as diet, exercise, tobacco and alcohol and genetic factors. The recent Vienna declaration of the WHO Ministerial Conference on Nutrition and Non communicable Diseases (July 2013) argues that most premature deaths from non-communicable diseases could be prevented if appropriate policies were adopted in sectors other than health, rather than trying to tackle the problem through health policy alone. It is ironic that this approach to research in promoting health and preventing disease that has been ratified by the European governments, is absent from the proposed work programme of the European Commission.

The IEA, ISEE and EUPHA are willing to work with the European Commission to revise this document and further specify priorities for research, so that it addresses more completely and appropriately research on the health problems of the European population.

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