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International Epidemiological Association (IEA) – European Epidemiology Federation (EEF)

The future of european collaborative research in epidemiology and public health: time has come for epidemiologists to take action

The funding for joint research programmes in the European Union (EU) has been expanding and increasing in importance over the last forty years . These programmes will be even more important now, with the enlargement of the EU. They play a crucial role in the development of international collaboration: given its inherent trans-national character, exploiting differences of exposures, genetic structure, social conditions, health systems of different populations, European epidemiology has benefited of the support of these programmes till the recent past and leaves a fine track record of what the European "added value" can produce when set into proper epidemiological design.

A sharp, negative downturn has however taken place with the current "Framework Programme 6" of research (FP6) in which epidemiology and related population sciences do not appear as main titles of research. Two priority themes "Genomics and biotechnologies for health" and "Food quality and safety" are centred on life sciences, but their formulation reflects biological, physiological, pathological, pharmacological or technological viewpoints (with strong emphasis towards developments of industrial applications representing potential major markets) rather than specifically aiming at improving the health of people in Europe. This status of affairs, which can only marginally be compensated by the Public Health Programme (now oriented to actions rather than research and rather modest in funds), has come about despite the significant contributions to knowledge directly relevant to health that epidemiological projects supported by the EU have made in the recent past in such areas as – to mention a few – transmissible and environmental diseases, nutrition and health or cancer. Several factors have combined to produce this change: deficit of scientific governance within the EU research structures; increasingly complex decision processes; a free-market political orientation giving priority to competitiveness of industrial products; effective lobbying by other scientific circles, particularly those in the biotechnological areas; and – last but not at all least – weak and sporadic actions by epidemiologists and public health professionals, epidemiologists being increasingly divided among subspecialties without a sense of the need to unite in a common international organisation as the International Epidemiological Association.

Room is, however, available for epidemiologists to take "political" action before this status of affairs becomes irreversible: the current programmes can be (partly) modified, a European Centre for Disease Control and a European Research Council are envisaged and the FP7 is currently in preparation.

First as European epidemiologists we should take advantage of these windows of opportunity and argue that at present only a fraction of the research possibilities Europe offers in identifying determinants of health is in fact exploited. Europe has a population experience that reflects a wide distribution of potential hazardous conditions from life styles, to environmental, social and occupational conditions; it also has a large variation in health care systems, and all of this translates into substantial variations in mortality, morbidity and health conditions. This population experience can either be harvested or wasted. At present it is mostly wasted and there are no reported clear plans at EU level for how this situation may be improved, indispensable as this is to improve the health of citizens in Europe.

Second as epidemiologists we should forcefully make clear that any such plan cannot consists in simplistically stamping the word "for health" on almost any kind of life science related research nor in prompting at one level the collection of statistical health indicators and at another level biological, pathophysiological and clinical projects. Results at the latter level can only be beneficial in public health terms, and health indicators can only be interpretable, if analytical epidemiological studies have demonstrated their actual pertinence and value for health at the level of European populations.

Third epidemiologists should work out a long term strategy, that necessarily involves personnel as well as financial resources: we need to further develop epidemiological research capacities and we need a funding system that to a substantial extent driven by the health needs in the 25 states Europe. The strategy should include plans for coordinating large population based studies and request funding for such studies that includes proper overheads to maintain in the long term these studies. It should also include plans on how to make research data of public health importance available for all researchers, while retaining a key responsibility for those who developed the original idea of collecting the data and for those who actually did it. As to the EU funding system it should be requested that is fair and is based on the principle of equal competition of research ideas, rather than of research management capabilities, as it happens with the present FP6 funding system giving priority to very large and complex projects.

These are the key issues that need to be elaborated by all European epidemiologists concurring to strengthen the European research collaboration by taking part, now not tomorrow, in the research policy-making effort activated by IEA-EEF.

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