EU 7th Framework Programme for Research (FP7) 2007-2013

EUROPEAN PUBLIC HEALTH RESEARCH INTO POLICY

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The key objective of EU Research policy (Art. 173 of Lisbon Treaty): “strengthening its (Union) scientific and technological bases by achieving a European research area in which researchers, scientific knowledge and technology circulate freely, and encouraging it to become more competitive, including its industry” and “while promoting all research activities deemed necessary by virtue of other chapters of the Treaties” (Art. 168 – public health)

The core objectives for Health research in FP7 are “improving the health of the European citizens and increasing the competitiveness of the European health related industries and businesses...” with emphasis on “translational research”.

N.B.:
The European Commission currently manages about 5% of total public spending in R&D in the European Union.
The EU currently invests about 1.9% of GDP in research
FP6 – SCIENTIFIC SUPPORT TO POLICIES (SSP)

- Demand-driven
- Responsive to policy requirements:
  - European Social Agenda - ageing, combating discrimination, barrier-free Europe
  - EU Public Health Programme – monitoring, information, threats, determinants
- Clients:
  - DG SANCO, DG EMPL, DG ENV, DG ECFIN, DG ENTR
- Budget: +/- 50 million €
“Health, Security and Opportunities for the People of Europe”

- Health determinants, sustainable health care services and pension systems (in particular in the context of ageing and demographic change) Area 2.1

- Public health issues • epidemiology, disease prevention, rare and communicable diseases, allergies, secure blood and organ donations, non-animal testing methods Area 2.2
“Health, Security and Opportunities for the People of Europe”

- Impact of environmental issues on health (safety at work, methods for risk assessment, mitigation of risks of natural disasters) **Area 2.3**

- Quality of life issues relating to handicapped / disabled people (including equal access facilities) **Area 2.4**
Collaborative research in the Health theme

Main policy drivers:

- **Improving health** of European citizens
- **Increasing competitiveness** of European health-related industries and businesses
- **Addressing global health issues**, including emerging epidemics

**Budget:**

€6.1 billion over 7 years (2007-2013)
Health Theme Structure

**Pillar 1:** Biotechnology, generic tools & technologies for health

**Pillar 2:** Translating research for human health

**Pillar 3:** Optimising the delivery of health care

**Cross-cutting issues:** child health, the health of ageing population, gender-related health issues

**Activity (Pillar) 4:** Specific International Cooperation Actions (SICAs) and other actions across the theme — **EU policy needs**
3. Optimising the delivery of health care to citizens

Specific Programme text:

This activity aims at providing the necessary basis both for informed policy decisions on health systems and for more effective and efficient evidence-based strategies of health promotion, disease prevention, diagnosis and therapy.

- Translating clinical research into clinical practice
- Health care systems research
- Health promotion and disease prevention
The Third Pillar:

- a completely new activity – **health policy driven, informing policy**
- aims at developing new research methods
  - to generate a sound scientific basis
  - to underpin informed policy decisions on health systems
  - to achieve more effective and efficient evidence-based strategies of health promotion, disease prevention, diagnosis and therapy
- in a context set by the overarching values of universality, access to good health care, equity and solidarity aiming to make provision that is patient-centred and responsive to individual need

**Users:** EC, MS, WHO, OECD, clinicians, professionals, patients, other stakeholders
Support to Activity 3 after 4 Calls:

107 Projects  275 M€*

2007 – 2010 Budgets, 4th Calls to-date:
637.5M, 578.3M, 624.6M, 657.4M
Total of 2,497.8M€

5th Call – current one

Indicative budget of 662.5M
Activity 3 (+ SICAs) : 42M

* includes EU policy support projects
Support to Activity 3 Calls 1-4*

107 Projects - 275 M€

- 3.1: Translating clinical research outcome into clinical practice - 28 projects 67.5 million €
- 3.2: Health systems research - 26 projects 63.5 million €
- 3.3: Health promotion & disease prevention - 20 projects 47 million €
- 3.4: International public health & health systems research - 35 projects 97 million €

* includes EU policy support projects
SP Mandate 3.1:

Translating the results of clinical research outcome into clinical practice including better use of medicines, and appropriate use of behavioural and organisational interventions and new health therapies and technologies. Special attention will be given to patient safety including adverse effects of medication: to identify the best clinical practice; to understand decision making in clinical settings in primary and specialised care; and to foster applications of evidence based medicine and patient empowerment.

Focus will be on the benchmarking of strategies; investigating outcomes of different interventions including medicines, scientifically tested complementary and alternative medicines, and new health therapies and technologies, taking into consideration prescription strategies, some aspects of pharmacovigilance evidence, specificities of the patient (e.g. genetic susceptibility, age, gender and adherence) and cost benefits.
SP Mandate 3.2:

Quality, efficiency and solidarity of healthcare systems including transitional health systems, to allow countries to learn from the experience of other health systems and their sustainability, taking into account the importance of national contexts and population characteristics (ageing, mobility, migration, education, socioeconomic status and the changing world of work, etc).

Focus will be on organisational, financial and regulatory aspects of health systems (assessing the cost, efficiency and benefits of different interventions including as regards patient safety), their implementation and their outcomes in terms of effectiveness, efficiency and equity (including disadvantaged groups). Special attention will be paid to investment issues and human resources including home care strategies. The question of independence, life quality and mobility of the ageing population will be covered.
Activity 3
Optimising the delivery of healthcare to European citizens

**SP Mandate 3.3:**
Enhanced health promotion and disease prevention: to provide evidence for the best public health measures in terms of life styles, work and living circumstances and interventions at different levels and in different contexts.

Focus will be on the wider determinants of health and how they interact at both the individual and community level (e.g. diet, stress, tobacco, alcohol and other substances, physical activity, cultural context, socio-economic and environmental factors). In particular, mental health will be addressed in a life-course perspective.
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<th>3.3 PUBLIC HEALTH</th>
<th>Health promotion and disease prevention</th>
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<td>Quality/effectiveness</td>
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- Communicable diseases
- Non-communicable diseases
- Ageing
- Reproductive health
- Child health
- Mental health
- Surgical procedures
- Primary care
- Hospital care

- MEDCHAMPS
- HITTCIS
- HEALTHatWORK
- AMPHORA
- ROVER
- AAA-PREVENT
- FUTURAGE
- PAPA
- ENERGY
- CHANCES
- ECOSH
- PREPARE
- TEMPEST
- OSPI-Europe
- SEYLE
- WE-STAY
- GRADIENT
- OPTIMUNISE
- BECAN
- COPING
- CHICOS
- RICHE
- ENBREC
- INTEGRIS
- COHEMI
- APARET
**SP Mandate SICAs:**

Specific cooperation actions will be implemented in the areas formulated through bi-regional dialogues in third Countries/Regions and international fora, as well as within the context of Millennium Development Goals.

Such priority areas adapted to local needs and through partnerships may include: health policy research, health systems and healthcare service research, maternal and child health, reproductive health, control and surveillance of neglected communicable diseases (area 2.3) and emerging unforeseen policy needs in those regions.
Pillar 2

**Research into Practice (comparative effectiveness & health technology)**

**Clinical**

**Translation research**
(= from products to practice!)
- Covers gap between pillars 1 & 2 and implementation
- Policy support (SANCO, EMPL, DEV)
- Broad remit – wide scope

**SANCO**

**EMPL**

**Health Systems**
(equitable access to quality health services)

**Authorities**

**SANCO**

**Global health**
(MDGs, Council Conclusions)

**DEV**

**Public Health**

**EU Ministries of Health**
Building Bridges .....
• Building Bridges – what kind
• The Research – Policy Gap
• Knowledge transfer-brokering
• Understanding the translation – ‘translational research’ ...
• Fit for purpose?
• HS Research into policy - BRIDGE
• Facilitating implementation of research evidence - FIRE
• Long term care – INTERLINKS, Shelter,
• Health workforce – mobility & planning - MoHProf, Prometheus, R4NCAST
• Effective perinatal intensive care in Europe: translating knowledge into evidence based practice - EPICE
• Project evaluation – AIDCO, DEV ... - EVAL-HEALTH
FP7 Public Health Research Projects

- Occupational Health & Safety Economics - ECOSH
- An Inquiry into Health & Safety at Work: a European Union Perspective - HealthatWork
- Building a Knowledge Repository for Occupational Well-being Economics Research - ROWER
- Improved methodology for data collection on accidents & disabilities – integration of European Injury Statistics - INTEGRIS
- Improving Quality & Safety in the Hospital: the link between organisational culture, burnout and quality of care - ORCAB
5th Call Topic on translating research into policy

HEALTH.2011.3.3-3*

Developing & implementing methods for the transfer of research into policy in the fields of health promotion and disease prevention

* Closed 10 November 2010
What is scientific advice?

‘recommendations for policy, based on scientific knowledge, considering also expert judgement, ethical, cultural and societal aspects, and ‘experience expertise’
EuSANH

The **European Science Advisory Network for Health (EuSANH)**, founded in September 2006, is a network of national science advisory bodies in Europe which are active in the field of health.

In February 2009, the EuSANH network established a joint working programme on **Improving Science Advice for Health - EuSANH-ISA**, supported by FP7, with the general objective to improve the quality, effectiveness and efficiency of science advice for health across Europe.
Home

The European Science Advisory Network for Health (EuSANH), founded in September 2006, is a network of national science advisory bodies in Europe which are active in the field of health.

The objective of EuSANH is to promote independent scientific advice on health issues to national and European health authorities and to support evidence-based health policy. Reports published to fulfil this objective may also be of interest to health professionals and the general public.

To achieve this goal EuSANH will focus on European exchange of information (national reports), mutual consultation of national experts, coordination of work programmes and the joint work on the preparation of European science advisory reports on health.

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EuSANH-ISA Project Updates

- Work Package 6 - Dissemination:
  EuSANH organises a workshop at the European Public Health Association in Amsterdam, on Saturday 13 November 2010 from 10.30-12.00. The Steering Committee will take this opportunity to discuss the first results of the EuSANH-ISA project.
EuSANH Mission

- Promote independent science advice on health issues to national and European health authorities
- Support evidence-informed health policy
- With the objective to improve the health of the population
- Target groups: other SABs, policy makers, health professionals, other decisionmakers/ stakeholders, the general public
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EuSANH 2009 - 2012

Improving Science Advice for Health in Europe

- General objective: Improve the quality, effectiveness and efficiency of science advice for health across Europe

- Current performance in EuSANH member countries - policy analysis and thematic analysis of reports

- Can we do better - Common ‘best practice’ methodology for science advice

- How to organise - Communication and co-operation structure for the expanding network, using the Sinapse e-communication tool.

- Does it work - Test the common methodology and the functioning of the network by developing a case study for a European report.

- Exchange with policy makers & public – Dissemination of results
EuSANH Participants

- Beneficiaries: BE, ES, NL, PL, RO, SE

- External advisory committee:
  - EuSANH members: CZ, DE, FL, FR, PT, UK, CH
  - Permanent Advisors:
    - EFSA, ECDC, EASAC, FEAM, WHO Europe
  - Added Advisors:
    - EUnetHTA, LSHTM, European Observatory, IOM
EuSANH Members
Health Impact Survey - 2010

Questionnaire on one page

This survey is focussed on collaborative research carried out under the Health themes of FP6 & FP7 (i.e. in FP6, theme "Life Sciences, Genomics & Biotechnology for Health"; in FP7, theme "Health"). If your project is on-going and not completed yet, pls answer as best as you can.

The purpose of this survey is to gather data to assess the impact of these programmes, especially on questions that cannot be automatically derived from the information available at the end of the projects.

It is addressed to you in your personal capacity as a past or current EU collaborative project investigator, representing your own group/team, and not on behalf of the consortium (consortia). The questions still apply if you have left the institution(s) for which you carried out your share of the project.

Please complete this short questionnaire by clicking on the appropriate buttons. For some questions, you have the opportunity to add comments. The questionnaire will be closed on the 20/11/10

This survey is anonymous. Each reply will be assigned a random processing number. No technical identification data is being collected. The data controller certifies that the above information is correct and guarantees that the results will be used in an aggregated form that will not allow the identification of individuals within a response category.

This data processing operation has not been notified to the Data Protection Officer (DPO) in accordance with recital No 8 of Regulation (EC) No 45/2001.

1 Identification and affiliation
Increased focus on limited number of strategic areas, innovation, SMEs, EU2020, ERA,
Innovation Partnerships – Health, Ageing
Joint programming – Alzheimer, ageing, diet
Specific programme coverage & cross-thematic approaches
International cooperation
Socio-economic dimension
Dissemination actions, brokerage
Post FP7 – programming ...
Influencing factors ...

EU – Member States (n = 27)

Candidate/Accession countries
- Croatia
- Turkey

Countries associated with the FP
- Iceland
- Israel
- Norway
- Switzerland
Orientations from Europe 2020 and Innovation Union

- **Challenge-driven approach**, focussed on key challenges
- Stronger **socio-economic impact** - Innovation dimension
  - continue effort to increase SME participation by opening SME-relevant research topics with specific budgets
- **Balance** upstream research and activities closer to market in order to achieve short and medium-term impact
- More attention on **exploitation phase**: demonstration, tech transfer, IPR, dissemination & uptake
- **Support implementation of European Innovation Partnerships**, such as “Active and healthy ageing” – social innovation
European Innovation Partnership (EIP) overview

- Announced in **Communication on Innovation Union** adopted by the European Commission on 6 October 2010

- **Innovation Union** - one of the **Europe 2020 flagship initiatives** contributing to smart growth,

- EIP – a novel concept of the Commission to tackle **societal challenges** – ageing, climate change - through linking research and innovation and uptake and turn them into opportunities

- EIP on Active and Healthy Ageing – selected as a **pilot project** to be launched by January 2011, followed with a 6 month strategic work plan
Milestones – what next?

• On-line **public consultation** – launch in November

• **Stakeholder event** - 26 November, Brussels

• Discussion at **Competitiveness and EPSCO Councils** - end of November/ early December

• Approval by Head of States at the **European Council** - December 2010

• Possibly, adoption of a **common vision paper** on AHAIP work areas – January/February 2011

• Adoption of a **multi-annual strategic work programme** - early spring 2011
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**Framework Programme 7**: http://cordis.europa.eu/fp7

**Experts**: http://cordis.europa.eu/research_openings/

**NCP**: http://cordis.europa.eu/fp7/get-support_en.html
Thank you!

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