

## EURADIA Position on Horizon 2020

### The importance of European Health Research in Horizon 2020: chronic diseases, the case of diabetes

March 2012

EURADIA welcomes the Horizon 2020 package of proposals published by the European Commission in November 2011<sup>1</sup> and the ongoing discussions in the European Parliament and Council concerning European research and innovation. Under these proposals Horizon 2020 in the first pillar *Excellent Science – Research Infrastructure*, and the third pillar *Societal Challenges – Health, Demographic Change and Wellbeing* will tackle chronic (non-communicable) diseases such as diabetes that are becoming an unsustainable burden across all EU Member States.

#### Health Research Budget in Horizon 2020

EURADIA endorses the increase in the overall science and research budget to €80 billion from €55 billion in FP7 to *focus on the three pillars of excellent science, industrial leadership and societal challenges*.<sup>1</sup>

Although increased in absolute terms, the proportional allocation for health research is actually reduced from 12% in FP7 to 10% in Horizon 2020.<sup>2</sup> EURADIA agrees with the Alliance for Biomedical Research in Europe that **biomedical research should be awarded at least 20% of the total funding for research in Horizon 2020**, to hasten translation of basic science discoveries through to healthcare delivery.<sup>3</sup>

#### Urgent Societal Challenges

The European Commission states that biomedical and public health research contributing directly or indirectly to chronic disease prevention and treatment are some of the most important research areas.<sup>4</sup>

Europe's investment in research must correspond to its science policy and overarching goals: **the budget for research in healthcare must be allocated to reflect urgent societal challenges**, in particular:

- *Chronic diseases* (diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders), which account for approximately 86% of deaths and 77% of disease burden in the European Region.<sup>5</sup>
- *Changing demographics and the ageing population*. Europe is an ageing continent<sup>6</sup> and diabetes is more common as people get older.<sup>7</sup>

*The European Parliament Resolution on Addressing the EU Diabetes Epidemic* calls on the Commission to develop and implement a targeted EU Diabetes Strategy, in the form of an EU Council Recommendation on diabetes prevention, diagnosis, management, education and research.<sup>8</sup>

## **Excellence in Science – Research Infrastructures, and Societal Challenges**

Health research in Europe is in urgent need of better coordination, with common resources and overarching science policy. Modelled loosely on the National Institutes of Health in the USA, a newly proposed entity, the European Council for Health Research, is intended to ensure improved competitiveness and excellence in science, while offering direct benefit to the health and quality of life of EU citizens. **EURADIA strongly endorses the creation of the European Council for Health Research, which is being recommended by the Alliance for Biomedical Research in Europe.**<sup>9</sup>

Europe has a history of excellence in clinical research that has been lost in recent years to the USA, due to a lack of training and professional opportunities. At the same time, European citizens are not offered equal participation in clinical studies that may offer them an improvement in health and quality of life.

Renewed excellence in this critical area could be addressed through the creation of disease-focused clinical research infrastructures, under the umbrella of the proposed European Council for Health Research. **EURADIA proposes the model of a European Platform for Clinical Research in Diabetes (EPCRD)<sup>10</sup> that would coordinate European efforts in this clinical research space, offering common resources, training and standardized protocols.**

There is an absolute need for new longer-term instruments to ensure sustained funding under Horizon 2020. Such lack of sustainability has impacted negatively on return for investment under FP7. This reflects a broader need for long-term strategic planning and science policy in Europe based on solid scientific rationale.

The first European health research road map DIAMAP (FP7-Health-200701: A road map for diabetes research in Europe)<sup>10</sup> was most welcome and was followed by FUTURAGE: A road map for ageing research<sup>11</sup> and ROAMER: A road map for mental health research in Europe.<sup>12</sup> **Under Horizon 2020 this road mapping approach could most usefully be extended to the entire health research space. The newly proposed European Council for Health Research would then have a robust basis for coordinating the European biomedical research effort.**

## The EIT 'Strategic Innovation Agenda' and the new wave of Knowledge and Innovation Communities (KICs)

Both the proposed European Council for Health Research and the clinical research infrastructures have immediate relevance to the first wave of new Knowledge and Innovation Communities (KICs) to be set up in 2014 notably for improving the *quality of life and well-being of citizens of all ages*.<sup>13</sup> **EURADIA strongly endorses the Commission's plans to set up this first health-related KIC, which should have a strong focus on chronic disease research.**

### About Chronic Diseases: the Case of Diabetes

One of the most common chronic diseases is diabetes, which is estimated to affect more than 32 million EU citizens (nearly 10% of the total EU population), with an additional 32 million citizens not yet diagnosed, or with pre-diabetes.<sup>14</sup>

Type 1 diabetes still cannot be prevented and its risk factors remain under investigation, while the complications of Type 2 diabetes can be prevented through early diagnosis and the promotion of a healthy lifestyle. However, Type 2 diabetes is frequently diagnosed too late as up to 50% of all people with diabetes are currently unaware of their condition.<sup>15</sup>

Diabetes is responsible for over 10% of healthcare expenditure in most EU Member States.<sup>16</sup> Healthcare costs for an EU citizen with diabetes are estimated to be on average €2100 a year.<sup>14</sup>

A recent study of the direct and indirect cost burden of diabetes in five EU countries gives a total of €188 billion for 2010.<sup>17</sup> A linear extrapolation would suggest that for 2010 the cost of diabetes for the EU-27 was around €300 billion. DIAMAP has reported that total spending on focused diabetes research in 2008 was approximately €0.5 billion.<sup>10</sup>

**Without greater investment in diabetes research towards improved prevention and more effective care, total costs will rise** with increasing numbers of people with diabetes, the ageing of the population and the associated rise in multiple co-morbidities (heart attacks, strokes, blindness, amputation and kidney failure).

## About EURADIA

As a unique alliance of NGOs and pharmaceutical companies, EURADIA's mission is to improve the lives of people affected by diabetes both now and in the future, through advocacy of diabetes research in Europe at the highest political and societal levels of influence, and by shaping the allocation of resources for diabetes research in Europe through increased awareness.

## For more information please contact:

Sarah.Hills@EURADIA.org

www.EURADIA.org

## References

1. Commission package of proposals on Horizon 2020 (2011), [http://ec.europa.eu/research/horizon2020/index\\_en.cfm?pg=h2020-documents](http://ec.europa.eu/research/horizon2020/index_en.cfm?pg=h2020-documents)
2. Research funding must focus on health, European Voice (15 December 2011), <http://www.europeanvoice.com/article/imported/research-funding-must-focus-on-health/72970.aspx>
3. Position Paper on 'Horizon 2020: Addressing the health challenge', BioMed Alliance (January 2012), [http://87.234.226.93/biomed/Press/BioMed%20Alliance\\_Position\\_Jan2012.pdf](http://87.234.226.93/biomed/Press/BioMed%20Alliance_Position_Jan2012.pdf)
4. EU reflection on chronic disease, European Commission Directorate General for Health and Consumers (March 2012), [http://ec.europa.eu/health/major\\_chronic\\_diseases/docs/eu\\_reflection\\_cd\\_questionnaire\\_032012\\_en.pdf](http://ec.europa.eu/health/major_chronic_diseases/docs/eu_reflection_cd_questionnaire_032012_en.pdf)
5. Non communicable diseases, World Health Organization Regional Office for Europe, <http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases>
6. [http://epp.eurostat.ec.europa.eu/statistics\\_explained/index.php/Population\\_projections](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Population_projections)
7. Diabetes, World Health Organization Regional Office for Europe, <http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/diabetes>
8. European Parliament Resolution on addressing the EU diabetes epidemic (March 2012), <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2012-0082&language=EN&ring=B7-2012-0146>
9. Key Opinion Leaders join BioMed Alliance to outline a vision for a European Council for Health Research. Press Statement (22 December 2011), <http://87.234.226.93/biomed/Press/BioMed%20Alliance%20press%20release.pdf>
10. DIAMAP: Road Map for Diabetes Research in Europe (2010), <http://www.diamap.eu>
11. FUTURAGE: A road map for ageing research (2011), <http://futurage.group.shef.ac.uk>
12. ROAMER: A road map of mental health research in Europe (2012), <http://www.roamer-mh.org>
13. European Institute of Innovation and Technology. The strategic innovation agenda, <http://eit.europa.eu/?id=200>
14. International Diabetes Federation. IDF Diabetes Atlas, 4th edn. 2009, <http://www.diabetesatlas.org/downloads>
15. Health in the European Union trends and analysis, European Observatory on Health Systems and Policies (2009), [http://www.who.int/pmnch/topics/economics/2009\\_whoeuro\\_E93348/en/index.html](http://www.who.int/pmnch/topics/economics/2009_whoeuro_E93348/en/index.html)
16. Diabetes -The Policy Puzzle: Is Europe Making Progress? (2011), <http://www.idf.org/regions/europe/publications/diabetes-policy-audit>
17. Diabetes expenditure, burden of disease and management in 5 EU countries, Kanavos P, van den Aardweg S, Schurer W. LSE Health, London School of Economics (January 2012) <http://www2.lse.ac.uk/LSEHealthAndSocialCare/research/LSEHealth/MTRG/LSEDiabetesReport26Jan2012.pdf>