Before and after CAMbrella

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The Early Beginnings

The idea of fostering CAM in terms of an EU-funded project was influenced by SST’s research and EU project work in the field of occupational health. At the Viennese Academy of Integrative Medicine it was Wolfgang Marktl and Bettina Reiter who searched for potential international partners willing to support a CAM project at EU level. The first meeting for ‘CAM in FP 7’ (European Research Frame Programme No. 7) took place in June 2004 in Vienna, where 15 participants from 5 European countries met to make themselves familiar with FP 7, which at that time was in an early preparatory stage, and discussed ideas on how CAM might be integrated in the next framework program. It has been decided that a European umbrella organization consisting of institutions that are interested in supporting CAM research should be established in order to organize the work of the research groups for CAM in FP 7. In the course of these efforts, EURICAM (European Research Initiative for Complementary and Alternative Medicine) was set up, developing new ideas on how to promote CAM research on an institutional level. The results were presented at international conferences, e.g., a symposium in Exeter in November 2004, or at different CAM research meetings, e.g., the Forum Meeting in Essen in January 2005.

Contact was established with other umbrella organizations of CAM at European level, such as the ECPM (European Council of Plurality of Medicine), EFCAM (European Forum for Complementary Medicine), ECHT (European Committee for Homoeopathy), and ECHAMP (European Coalition on Homeopathic and Anthroposophic Medicinal Products). Several meetings with stakeholders were held in Brussels where potential political efforts had been discussed, aiming at supporting a legal basis for CAM research. The EPHA (European Public Health Alliance) supported these efforts and provided important information on relevant European institutions.

The preparatory FP 7 documents (amendment proposal June 28, 2006) contained an amendment on CAM where the aims and scope of CAM research were defined as follows: ‘Translating clinical research outcome into clinical practice. To understand how to create the knowledge base for clinical decision-making and how to translate outcomes of clinical research into clinical practice and especially addressing patient safety and the better use of medicines (including some aspects of pharmacovigilance and scientifically tested complementary and alternative medicines) as well as the specificities of children, women and elderly population.’

On December 18, 2006, the European Parliament and the Council made the final decision on CAM in FP 7. After 3 years of effort, the CAM research community finally had the opportunity to launch an EU-funded CAM research project.

The development of the research program had to be accelerated in order to be prepared for the call for CAM research projects. For this purpose, first strategy meetings of researchers took place and meetings with scientific officers in Brussels were held.

Vinjar Fonnebo, member of the research group around FP 7, proposed to link EURICAM more closely to ISCMR (International Society for Complementary Medicine Research). With this aim and in agreement with his colleague George Lewith, a meeting at the Munich CAM conference in May 2007 was organized in order to structure the cooperation.

In parallel, a first ad-hoc working group of CAM researchers started to develop first ideas for a CAM research project with the intention to be submitted as a proposal to get a grant under FP7 eventually. In the end, the application of the CAMbrella group has been successful, and the project could start in January 2010.
CAM-Related EU Projects after CAMbrella

Details on the great work done by the CAMbrella consortium are published in a supplement of Forschende Komplementarmedizin [1]; the final reports can be found on the CAMbrella website (www.cambrella.eu). One central document of CAMbrella, the CAMbrella research roadmap, is published online in Forschende Komplementarmedizin [2].

As for the European successor of the FP 7, ‘Horizon 2020’, in the end we failed to integrate ‘CAM’ in the final wording of the legal document adopted by the European Parliament and the Council by the end of 2013. An amendment especially for CAM was not maintained because this was not in line with one of the general policies of the EU research programs which are to avoid fragmentation in the field of scientific research and innovation.

Nevertheless, the section ‘societal challenges’ offers opportunities for funding of projects dealing with CAM. Looking at the details of the first program of the sub-section ‘health, demographic change and well-being’ for the years 2014–2015, a budget of EUR 303 million is allocated to goods and services to which CAM should be able to contribute. The call for research projects under the heading ‘personalising health and care’ [3] has been launched on December 11, 2013; deadline for applications was March 11, 2014.

There are 5 more programs (3 strategic programs, a novelty in the EU research program, and 2 work programs) to be published between 2014 and 2018, aiming at ensuring flow and continuity in CAM research within the EU. It is necessary to also foster continuity of CAM projects after the excellent start made by CAMbrella within FP 7 and to stay in close contact with the decision makers in order to make sure that CAM projects will be part of Horizon 2020. This should contribute to a better provision of CAM services and CAM products in EU. Between 100 and 150 million EU citizens are looking forward to better healthcare services in complementary medicine, legitimating more EU funding for research in this area.

References