

## The Innovative Medicines Initiative – get involved!

At the Innovative Medicines Initiative (IMI), our goal is to improve the medicines development process and make it more efficient. As well as cutting R&D costs for industry, in the longer term this will ensure that patients will have faster access to better and safer medicines. We do this by supporting collaborative projects that bring together all key groups involved in life science research. Through our projects, we are finding innovative solutions to the most pressing medical burdens of our time, including antimicrobial resistance, dementia, and diabetes. Eligible universities, small companies, biotechs, patient groups and regulatory bodies receive funding to support their participation in our projects. We also offer large companies and organizations the opportunity to invest in our projects and become IMI Associated Partners.

### Introducing IMI

IMI was set up in 2008 as a public-private partnership between the European Union (represented by the European Commission) and the European pharmaceutical industry (represented by EFPIA, the European Federation of Pharmaceutical Industries and Associations).

Our goals are to:

- improve the drug development process by supporting the development of tools, standards and approaches to assess efficacy, safety and quality of regulated health products;
- develop diagnostic and treatment biomarkers;
- reduce the time to reach clinical proof of concept in medicine development, e.g. for cancer, immunological, respiratory, neurological and neurodegenerative diseases;
- increase the success rate in clinical trials of priority medicines identified by the World Health Organization;
- develop new therapies for diseases for which there is a high unmet need, such as Alzheimer's disease, and limited market incentives, such as antimicrobial resistance;
- reduce the failure rate of vaccine candidates in phase III clinical trials through new biomarkers for initial efficacy and safety checks.

Today, we are globally recognized as a pioneer of open innovation and an attractive model for successful public-private partnerships (PPPs) in research.

#### Strategic Research Agenda 2014-2020

##### Health priorities

antimicrobial resistance  
 osteoarthritis  
 cardiovascular diseases  
 diabetes  
 neurodegenerative  
 diseases  
 psychiatric diseases  
 respiratory diseases  
 immune-mediated diseases  
 ageing-associated diseases  
 cancer  
 rare/orphan diseases  
 vaccines

#### Meet us at BIO!

- At the exhibition: **Booth 1943**
- **Will public-private partnerships take the leap into open science?**  
 Tuesday, June 5, 11:00 | Room 252AB, Level 2 | Session ID: 19842 (session organized by IMI)
- **The Value of Vaccines in AMR**  
 Wednesday, June 6, 1:45 | Room 251, Level 2 | Session ID: 36185 (IMI speaker)

## How we work – forging collaborations

We launch open, competitive Calls for proposals, through which consortia of researchers from diverse sectors can apply to be part of new collaborative R&D projects and receive funding. Proposals are assessed by independent experts. The resulting projects include leading experts from universities, research centers, the pharmaceutical industry, other relevant sectors (e.g. diagnostics, animal health, IT, imaging), smaller companies and biotechs, patient organizations, and medicines regulators.

The successes of our projects show that by bringing together the knowledge, expertise, resources and experience of different stakeholders, it is possible to make progress and make a difference in even the most challenging disease areas.

## The IMI funding model – a true public-private partnership

For period 2014-2020, IMI's total budget is EUR 3.276 billion (approx. USD 4 billion).

Of this, EUR 1.638 billion (half the budget) comes from Horizon 2020, the European Union's funding program for research and innovation. This funds the participation in our projects of eligible organizations like universities, small companies and patient groups.

EFPIA companies have committed EUR 1.425 billion to the program, and up to EUR 213 million can be committed by other organizations that decide to contribute to IMI as Associated Partners in individual projects.

EFPIA companies and IMI Associated Partners do not receive any EU funding through IMI, but contribute to IMI through 'in-kind' contributions. These contributions are mostly in the form of personnel costs (the time their staff spend working on IMI projects); other direct costs (e.g. samples, compounds, data); a financial contribution (e.g. to a university in the consortium); or through subcontracting (e.g. for data management, communication, and project management services).

## Benefits of taking part in IMI projects

- Contribute to tackling some of the biggest challenges in medical research and drug development
- Work alongside the best people in your field
- Enhance your reputation and visibility
- Gain access to the latest knowledge and resources
- Rapidly validate results
- Improve your understanding of different groups' needs and expectations
- Learn new ways of working
- Influence research (especially important for patients)
- Share risks in highly challenging areas

## Get involved – apply for IMI funding

IMI projects are born out of open, competitive Calls for proposals. Participation in IMI projects is open to all.

Organizations eligible to receive IMI funding are: academic institutions, small & medium-sized enterprises (SMEs), mid-sized enterprises (≤ EUR 500m), and non-profit organizations (e.g. research organizations, patient organizations, NGOs, public bodies, intergovernmental organizations etc.), based in Europe. Organizations based outside Europe are eligible for funding in exceptional circumstances.

**Find out more at**  
[bit.ly/IMIapply](https://bit.ly/IMIapply)

- Latest & forthcoming funding opportunities
- Tips for applicants
- Finding partners
- Get support

## Get involved – invest in IMI

The two simplest ways to invest in IMI are by becoming an IMI Associated Partner, or by becoming a member of EFPIA. Under the IMI funding model, the European Union matches contributions made to IMI projects by EFPIA members and IMI Associated Partners. This means that investing in an IMI project is a good way to leverage precious funds while benefiting from the skills, expertise and resources of your project partners.

### Join IMI as an Associated Partner

The Associated Partner scheme was created with the goal of opening up IMI's activities to a wider range of stakeholders. As such, examples of organizations that could become IMI Associated Partners include philanthropic organizations and charities that run their own health research programs, as well as organizations and companies working in sectors related to healthcare, such as IT, imaging, diagnostics, animal health, etc.

As investors in, and contributors to the project, Associated Partners are involved in the definition of the project from the very beginning. Once the project is up and running, IMI Associated Partners join a vibrant, collaborative health innovation ecosystem, and enjoy benefits such as access to complementary skills, expertise, technology and data; the opportunity to share knowledge and risks in a non-competitive space; and the more efficient use of resources.

*'JDRF and IMI share a commitment to creating projects where people with diabetes can work alongside top scientists from industry and academia and contribute to advancing our understanding and cure of type 1 diabetes.'*

*Derek Rapp  
President & CEO  
JDRF International*

To find out more about the Associated Partner scheme, contact the IMI Program Office.

### IMI Associated Partners

Accelerate Diagnostics – Autism Speaks – Autistica – BD Switzerland Sarl – Bill and Melinda Gates Foundation – Bio-rad Laboratories – International Diabetes Federation – JDRF – Leona M. and Harry B. Helmsley Charitable Trust – Medicines for Malaria Venture (MMV) – Parkinson UK – Simons Foundation Autism Research Initiative (SFARI) – Software AG – Unitio (T1D Exchange) – Wellcome Trust

### Contribute to IMI as an EFPIA member

The European Federation of Pharmaceutical Industries and Associations (EFPIA) represents the pharmaceutical industry operating in Europe. All EFPIA members (including corporate members, members of national EFPIA associations, and EFPIA 'Partners in Research') are entitled to contribute to our projects and see that contribution matched by EU funding. As EFPIA members, they are also fully represented on the IMI Governing Board, and can contribute to EFPIA's broader research policies. For details of the different categories of EFPIA membership, contact EFPIA directly via [www.efpia.eu](http://www.efpia.eu).

*'Investing in public-private partnerships like IMI are critical to accelerating solutions to address the global burden of major medical challenges like infectious diseases and dementia.'*

*Paul Stoffels  
Chief Scientific Officer  
Johnson & Johnson*

## Intellectual property and open access

The IMI Intellectual Property (IP) provisions govern the IP regime of all IMI projects and apply equally to all project partners. The IP provisions are designed to promote the creation and exploitation of knowledge generated and reward innovation, while respecting the assets and interests of all project partners. IP issues should be agreed before the launch of the project. The flexibility of the provisions, coupled with IMI's neutral role in negotiations, have allowed IMI project partners to share resources and knowledge in unprecedented ways and deliver results that would not have been possible otherwise.

The IMI policy on scientific papers published by projects is that they must be open access. We also encourage our projects to take an open access approach to research data.

## IMI success stories

### Helping COPD patients to breathe more easily

#### PRO achieves regulatory qualification

Our **PROactive project** on chronic obstructive pulmonary disease (COPD) developed the first patient-reported outcome (PRO) tools capable of capturing both the amount and intensity of physical activity a patient actually carries out which are indicative of the success of medical interventions.

The PROs combine a wearable activity monitor with a simple questionnaire and the team has validated them in a number of clinical studies.

The European Medicines Agency (EMA) has issued a draft qualification opinion on the tools – if this goes through, it will mean that the EMA believes these tools are good enough to be used in future clinical studies of COPD treatments.

### Hope for people at risk of dementia

#### A game-changer in clinical trials for the prevention of dementia

We now know that signs of Alzheimer's disease can be found in the brain decades before the first symptoms appear. Researchers are therefore increasingly focusing their efforts on finding ways of tackling the disease during this pre-symptomatic phase.

Our **EPAD project** is building a 6 000-strong cohort of people who could be invited to take part in adaptive clinical trials aimed at testing interventions that could delay, or even prevent the onset of dementia.

Using an 'adaptive' trial design should deliver better results faster and at lower cost. Ultimately, the hope is that this project will reinvigorate the development of treatments for one of the most challenging diseases facing our ageing societies.

### Towards personalized treatment for diabetes

#### New disease subtypes identified

Scientists have identified five subtypes of diabetes, a finding that will pave the way for more personalized treatments for the disease. The work was funded in part by IMI through the projects **BEAT-DKD** and **RHAPSODY**.

Currently, two main types of diabetes are recognized, and diagnosis is through a measurement of a patient's blood sugar levels. In this study, scientists monitored over 13 000 newly-diagnosed diabetes patients, analyzing blood sugar levels, insulin resistance, insulin secretion, and age of onset among other things.

This revealed five distinct groups of patients with different risk levels for certain complications associated with diabetes. For example, patients in group 2 ('severe insulin-deficient diabetes') are at greatest risk of eye disease, while patients in group 3 ('severe insulin-resistant diabetes') had the highest incidence of kidney damage.

### Transatlantic collaboration against superbugs

#### US teams link up with EU studies

The Antibacterial Resistance Leadership Group (ARLG) has become the first US consortium to take part in clinical studies run by IMI's **COMBACTE** program on antimicrobial resistance.

The project described the news as a 'major milestone' that 'clearly demonstrates the benefits of public-private collaboration and international collaboration between COMBACTE and ARLG'.

The ARLG is joining two studies on treatments design to prevent pneumonia in people in intensive care who require a ventilator to help them breathe. The SAATELLITE study focuses on pneumonia caused by *Staphylococcus aureus*, while EVADE focuses on infections caused by *Pseudomonas aeruginosa*.

Currently, 15 US sites are slated to participate in the trials; the first, in Detroit, was activated in January.