

General Information	
Preliminary title of the European Partnership	Innovative Health Initiative
Short description of the partnership	A partnership with the health related industries such as the pharmaceuticals, diagnostics, medical devices, imaging and biotech, to accelerate the development and uptake of safer health innovations, in areas of unmet public health needs.
Services directly involved	RTD; SANTE ; CNECT; GROW; JRC; MARE; AGRI; ENV
Context and problem definition	<p>The EU has an ageing population and a rising burden of diseases. This questions the sustainability of EU healthcare systems, which are under increasing financial and organisational pressure.</p> <p>Innovative health interventions can significantly contribute to addressing these challenges. However, many innovations are slow to reach the patients and healthcare professionals, or do not reach them at all if companies are unable to prove their safety and efficacy, if healthcare providers and professionals cannot organise for them, or if payers of the healthcare systems cannot afford them. The European health industry which employs more than 1.3 million of highly skilled employees (as in 2016) and generates a very significant EU trade surplus, represents a key asset to address this problem.</p> <p>The key drivers of this longstanding problem are the following:</p> <ul style="list-style-type: none"> (a) There is lack of complete understanding of diseases, to allow for the development of adequate prevention policies, timely and accurate diagnostics, and more targeted therapeutic interventions. (b) The EU is still relatively weak in translating health research into the development of actual health products and services, despite being a strong global actor for health research. (c) Collaborations between different health industry sectors are limited due to competition, diverging business models and varied development timelines across sectors, despite the increasing need for integration of technologies and of health innovations along the healthcare pathway. (d) Barriers hinder exploiting the transformative potential of digitalization and data exchange for health R&D. Barriers include the lack of data standards, interoperability and accessibility, inadequate or non-existing analytical methods and tools, or the need to tackle fundamental considerations around ethics, privacy and security. (e) Market failures and lack of adequate business models discourage companies from investing in R&D, in particular in some areas of high unmet public health need with potentially low return on significant investments.
Objectives and expected impacts	<p>The proposed partnership would build on the existing Innovative Medicines Initiative 2 (IMI2) between the EU and the pharmaceuticals industry, but would significantly increase the number of industrial sectors involved, considering that developing health innovations evolved in the recent years towards more technology integration. Accordingly, the scope would also evolve by focusing on cross-sectoral collaborations.</p> <p>The overall objective will be to facilitate technology convergence, in order to accelerate the development of safe and effective healthcare innovations that would directly respond to unmet public health needs, and that can be taken up by healthcare systems. More specific objectives, targeted to areas of public health interest, will be to:</p> <ul style="list-style-type: none"> ▪ Progress the understanding of health and disease through integration of technologies and sharing of knowledge and resources across academia and industry;

	<ul style="list-style-type: none"> ▪ Deliver tools, data, platforms, technologies and processes that enable the delivery of innovative health products and services to predict, prevent, intercept, diagnose and manage diseases more efficiently, that meet the needs of the end users and payers; ▪ Enable the combination of new products and services that provide innovative patient-centered solutions along the healthcare pathway; ▪ Overcome barriers that prevent exploiting the full potential of digitalisation and data exchange, through standards, methods and tools for interconnectivity and interoperability; ▪ Contribute methodologies and models to better assess the market value of new complex health innovations, and de-risk investment in them. <p><i>Scientific impacts:</i> The partnership will deliver technology developments, create new scientific knowledge, contribute to digitalization of healthcare, and increase health industry collaboration in an unprecedented way. It will accelerate the delivery of innovative products and services to predict, prevent, intercept, diagnose and manage major infectious and non-communicable diseases more efficiently and more safely. It will contribute to developing an improved and more attractive European innovation ecosystem where small and big companies can thrive.</p> <p><i>Economic impacts:</i> The partnership will strengthen the competitiveness of the European health industry, thanks to new business models and de-risked investments in novel products and services, to efficiency gains, and to faster time-to-market. It will directly and in-directly create highly skilled jobs in both academia and industry. It will also constitute an incentive for industry to invest in areas of unmet public health needs, such as antimicrobial resistance, brain disorders or diabetes both in the home and hospital environments.</p> <p><i>Societal impacts:</i> The partnership will facilitate the delivery of integrated care, with improved health outcomes, that meet the needs of the end users (patients, providers and policy makers), thereby increasing the sustainability of the healthcare systems. It will inform decision-making healthcare actors of the value and necessity of taking up innovative solutions and integrating them in EU healthcare systems. It will support the implementation of EU policies: (a) Priorities in the Communication on "<i>enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society</i>" (COM(2018) 233); (b) Priorities in the Communication on "<i>a European One Health Action Plan against antimicrobial resistance (AMR)</i>" (COM(2017) 339); (c) Priorities in the Communication on "<i>Effective, accessible and resilient health systems</i>" (COM(2014) 215); and (d) principle 16 of the EU Pillar of Social Rights: "<i>Everyone has the right to timely access to affordable, preventive and curative health care of good quality</i>". Globally, it will contribute to the achievement of the United Nations Sustainable Development Goals, in particular goal 9 on "Industries, innovation and infrastructure" and goal 3 on "Good Health and Well-being".</p>
Necessity test: rationale for a European Partnership	<p>Regular Horizon Europe calls for proposals can promote multi-national, multi-disciplinary and cross-sectoral collaboration but only at project level. Although collaborative projects can accelerate health innovations, these are targeted to a specific problem or product and alone cannot tackle systemic challenges, with a long-term perspective and at a scale that would enable maximizing impacts on patients' health and/or health systems. Moreover, regular calls would not benefit from additional industry contributions and long-term commitment, and could not attract as many industry participants from several sectors, if these industry sectors are not involved in setting commonly agreed research agendas.</p> <p>As opposed to regular calls, a European Partnership can bring together a broader spectrum of stakeholders, both private (large and mid-size companies, SMEs) and public (academia, research performing organisations,</p>

	<p>patients, regulators, Health Technology Assessment organisations, healthcare payers, providers and professionals), to align agendas across industrial sectors and implement activities needed for technology convergence, with a higher level of commitment and over a longer time-scale. Industry participation would drive academic research efforts towards applicable health innovations, while public partners would guarantee that projects address real unmet health needs, and deliver innovations that support and can be taken up by healthcare systems. A partnership would create a trustful environment for sharing expertise, resources and knowledge.</p>
Relevant for the following parts of Horizon Europe	<p>Pillar II 'Global Challenges and European Industrial Competitiveness'</p> <p><input checked="" type="checkbox"/> Cluster Health</p> <p><input type="checkbox"/> Cluster Culture, creativity and inclusive society</p> <p><input type="checkbox"/> Cluster Civil Security for Society</p> <p><input type="checkbox"/> Cluster Digital, Industry and Space</p> <p><input type="checkbox"/> Cluster Climate, Energy and Mobility</p> <p><input type="checkbox"/> Cluster Food, Bioeconomy Natural Resources, Agriculture and Environment</p> <p><input type="checkbox"/> Cross-cluster</p> <p><input type="checkbox"/> Pillar III 'Innovative Europe'</p>
Currently identified links with other partnership candidates / Union programmes	<p>This “<i>Innovative Health Initiative</i>” is closely linked with the proposed co-funded European Partnership on “<i>Large-scale innovation and transformation of health systems in a digital and ageing society</i>”. This other partnership will focus on the transformation of health care systems, and may identify necessary innovations that need to be addressed by the “<i>Innovative Health Initiative</i>”. Links between the two partnerships will be based on an appropriate governance.</p>
Does the proposed partnership build on currently active ones?	<p>The partnership builds on IMI2 that is operating until 31 December 2024, with last calls to be launched before 31 December 2020.</p>
Expected type and composition of partners	<p>The following industry sectors could be considered to partner with the EU:</p> <ul style="list-style-type: none"> – Pharmaceutical companies (EFPIA - European Federation of Pharmaceutical Industries and Associations - www.efpia.eu); – Medical technology companies comprising medical devices, diagnostics and digital health (MedTech Europe - www.medtecheurope.org); – Medical imaging, radiotherapy, health ICT and electro-medical companies (COCIR - European Coordination Committee of the Radiological, Electro-medical and Healthcare IT industry - www.cocir.org); – Biotechnology companies (EuropaBio - The European Association for Bioindustries - www.europabio.org); – Biopharmaceutical companies (EBE - European Biopharmaceutical Enterprises - www.ebe-biopharma.eu); – Vaccine companies (Vaccines Europe - www.vaccineseurope.eu); <p>Additional companies, notably from the digital sector, would also be needed considering the objectives of the partnership. Foundations and charities could also associate to this partnership, as is currently the case under IMI2.</p> <p>The participating companies, foundations and charities would implement activities together with other stakeholders being SMEs, academia, research performing organisations, regulators, healthcare payers, providers, and professionals, and patient organisations.</p>

Contributions and commitments expected from partners	<p>The participating industries, foundations and charities, are expected to provide financial contributions and in-kind contributions (expertise, resources and data) to implement activities together with other stakeholders receiving EU financial contributions, being SMEs, academia, research performing organisations, regulators, healthcare payers, providers, and professionals, and patient organisations.</p> <p>Academia and SMEs will benefit from expertise of industry in translational and clinical research, and will find the means to scale-up early research to proof of concept. Large companies will find an environment to collaborate with otherwise competitors on non-competitive domains, will partake of breakthrough scientific discoveries from academia, and will benefit from immediate feedback from patients and users. Other actors (regulators, patients, healthcare providers and professionals, etc.) will actively participate in trying out innovative solutions in healthcare systems, and will help shape the priorities and implementation in the partnership to ensure uptake of research results and innovation in the healthcare sector, and delivery of results for patients.</p>
Currently envisaged implementation mode(s).	<p><input type="checkbox"/> Co-programmed European Partnership</p> <p><input type="checkbox"/> Co-funded European Partnership</p> <p><input type="checkbox"/> Institutionalised European Partnership</p> <p><input type="checkbox"/> Article 185</p> <p><input checked="" type="checkbox"/> Article 187</p> <p><input type="checkbox"/> EIT-KIC</p>
Justification of the implementation mode	<p>A co-programmed European Partnership (option 1) is a looser form of partnership with partners to align their research agendas. This option would allow a relatively longer-term perspective and would attract higher level industry participation and additional in-kind and financial contribution from the partners as regular calls. However, this implementation mode cannot guarantee the critical mass and breadth of partners required and would not ensure the necessary up-front commitment of the industrial partners. It would also not allow a high level of integration of the stakeholder contributions and activities, and of businesses from different sectors.</p> <p>A co-funded European Partnership (option 2) is discarded as it is not suitable to industry partners.</p> <p>An institutionalised European Partnership (option 3) allows deeper integration, engagement of and up-front commitment from partners by creating a long-term dedicated implementing structure. IMI and IMI2 are regarded as a European success in health R&I. A new institutionalised partnership could capitalize on the well known IMI2 brand, and would bring the highest impact for the EU at European and international level. On the other hand, an institutionalised partnership would be more demanding than other forms of partnerships in terms of administration. This would partly be offset by the existing experience with IMI2.</p> <p>Within the institutionalised partnership option, further sub-options will be considered during the Impact Assessment.</p>
Proposed starting year	Year: 2021