

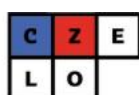
IGLO Health Working Group: Innovative Health Initiative

Date:	21.05.2026
Place of the event:	SwissCore, Rue du Trône 98, Brussels
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Innovative Health Initiative

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- Public-private partnership
- Change from Innovative Medicine Initiative (IMI) in Horizon Europe 2021–2027 to Innovative Health Initiative (IHI)
- Partnership between the EU and Europe's health industries (5 European initiatives): [EFPIA](#), [COCIR](#), [EuropaBio](#), [MedTech](#), [Vaccines Europe](#)
- Single-stage IHI's calls are thematic
 - IHI believes that more than one solution is possible, so they decided to fund 2-3 proposals in a single-stage calls (pre-identified wide problem)
 - Eligibility criteria: applicant consortia must ensure that at least 45% of the action's eligible costs are provided by contributions from industry members, their constituent or affiliated entities, and contributing partners.
- Call 9 – open call
 - 5 different topics, each reflecting a specific topic that reflected strategic area targeted
 - Objectives of the call:
 - To fund pre-competitive research and innovation actions that contribute to addressing the IHI JU's specific objectives as defined in IHI JU's legal basis and in the IHI JU (SRJA)
 - Science is not the problem in Europe, the challenge is to put it into practice
 - A major challenge with IHI calls is finding a consortium, when you might have to compromise and really work with the industry
 - The call 9 communication process was structured around a series of linked events and tools intended to increase participant preparation and support the formation of consortia
 - IHI is publishing the work programme at least two months in advance, and there are always webinars for the calls
- IHI organised a hybrid brokerage event to bring 633 participants together
 - Call 9 engagement metrics: 8 proposals out of 50 submitted by the call deadline were already presented on the brokerage platform
 - Outcome: 50 proposals submitted, 39 eligible/admissible, 25 above thresholds, 13 retained for funding (success rate 26 %)
- Ranking and budget flexibility
 - Rank list (per topic) as approved by the evaluators
 - Establishment of main/reserve list within budget availability per topic and 9 proposals identified for funding
 - Budget optimisation
 - Step 1: reallocation of Call 9 budget between topics
 - Step 2: mobilisation of additional budget
- Geographical distribution of applicants in proposal retained for funding – Germany, UK, Netherlands, Spain (mostly Western Europe)
- New applicants mostly apply for single-stage calls, this model suits the industry and innovation pathway much better
- SMEs' participation retained for funding in Call 9 was 21 % of the participation
- Call 9 was a pilot of an open, applicant-led approach – where did the applicant lead?
 - AI in Health



PODPOŘENO
PROJEKTEM
MŠMT MS2102

- Project: AI and Digital twins
 - Cardiovascular health
 - Project: Clinical studies and clinical trials and Cardiovascular and metabolic
 - Cancer
 - Digital Health and Advanced Imaging
- Some reflections
 - 39 eligible proposals submitted – wide range of healthcare stakeholders mobilised
 - 13 highly quality proposals addressing all 5 strategic areas of IHI have been selected for funding and have entered GAP
 - Available budget has been consumed and matched by private IKC (In-Kind Contributions)
 - Given the competitive nature of the call, some good quality proposals have not been funded
 - Some topics proved very popular – topic 2, not so popular – topic 5
 - Some submitted proposals requested high funding
- Call 13 is about to be launched
- [IHI European healthcare incubator network](#)

Questions and answers

- Industry and healthcare involvement
 - The IHI projects require strong links between research, healthcare and industry
 - Successful consortia usually need a full ecosystem of partners, including those who can develop, build, test, and use technologies in real healthcare settings
 - IHI is not a traditional product-development instrument or a purely industry-driven innovation programme.
- Participation of widening countries in IHI calls
 - IHI follows the same general rules as Horizon Europe. So far, there have been no specific geographical requirements in IHI calls, and none are expected before 2027
 - The Hop-on instrument does not apply to IHI, which makes it more difficult for widening institutions to join already funded projects
 - Existing networks from IMI 1 and IMI 2 can also create barriers for new or smaller institutions trying to enter IHI consortia
- Barriers for smaller institutions
 - Participation in IHI requires capacity, expertise and the right partners
 - Smaller institutions often need support from NCPs, but their chances depend strongly on the specific topic
 - In many cases, participation is difficult without hospitals, research labs or other specialised partners
- One-stage and two-stage calls
 - Following criticism that IMI was too pharma-centric, IHI has tried to use more single-stage calls and become more open
 - One-stage calls require a lot of effort from applicants. There is also a need to find a balance between very prescriptive call topics and broader, more open topics
- Industry often prefers speed and flexibility, while associations may worry about transparency and limited insight into the process. The Commission also has to respond to current political priorities. The main challenge is to find a compromise that works reasonably well for all sides
- Connection between IHI projects
 - IHI projects are not strongly interconnected in a formal way
 - However, shared portfolios and webinars are used to increase awareness across projects and avoid overlap
- Startups, scaleups and topic setting
 - Many SMEs coming from incubators are interested in participating, but they are not always ready for large European consortia. Industry partners play an important role in shaping topics and challenges

