IMI Stakeholder Forum 2016 | Brussels, 28 September 2016
Pierre Meulien speaking notes

** CHECK AGAINST DELIVERY **

Welcome to the annual IMI Stakeholder Forum!

We all know that IMI is special - for so many reasons – and indeed today it remains a highly innovative model of collaboration between private and public – in this case - between the European Commission and the European pharmaceutical industry EFPIA.

Many of the visionaries behind it and the actors who put it together are here in this room today.

We have members of the States Representatives Group who were instrumental in designing the Strategic Research Agenda

- Marta GOMEZ QUINTANILLA
- Gunnar SANDBERG

We have members of the Scientific Committee who are key players in assessing and advising us on the scientific program

- Beatriz da LIMA SILVA
- Francoise MEUNIER
- Torsten SCHWEDE
- Carol LONGSON

And of course we have the Members (or Owners) of IMI - the representatives of the Governing Board

From the European Commission:

- Irene Norstedt
- Arndt Hoeveler
- Andrzej Rys
- supported by Jean Emmanuel Faure and Elmar Nimmesgern.

From EFPIA

- Paul Stoffels (Janssen)
- Christian de la Tour representing Marc de Garidel
- Salah-Dine Chibout
- Supported by Magda Chlebus

We have also most of the IMI office here today who I will be introducing as we go through the two days.

Without the full support of these key parts of the governance structure IMI could not have thrived as it has done.

Now that I have been here for just 1 year (I had my first birthday 2 weeks ago!!), I thought that I would give my first impressions and also tell you about some exciting things that are happening:

We know that PPPs are challenging from all aspects - Governance, alignment of objectives to operational issues every day. IMI is pushing the boundaries in this area - we are at the cutting edge world wide of PPP in innovative medicines

But when we get frustrated with this or that – Financial, Legal, IP, Resources) from time to time - all I have to do is go to the IMI website and read about some of the projects that IMI is funding

For me –this is energising and shows why it is worth the effort.

Examples:

- U-BIOPRED (severe asthma)
- European Lead Factory (compound collection & screening centre)
- EPAD (clinical trials for Alzheimer's disease).

Examples like these have allowed me and others to learn a lot about what makes a good IMI project, and how we should position IMI looking forward so that we can take the initiative to the next level.

Firstly, and hopefully obviously, IMI should be reserved for things that cannot be done by other means and where a neutral platform like IMI is needed to do these kinds of things.

The topics we deal with should be those where the Pharma Industry is willing to collaborate with each other where they will also commit resources to projects that have sufficiently big challenges that public sector partners are needed to help address them.

However, IMI also needs to deliver for public owners. It is no surprise therefore that the big ticket items in the IMI portfolio are directly targeted at the most risky areas – the diseases that drive the biggest financial burden on health systems worldwide and those that fall within the priority medicines as articulated by WHO in 2013, a key component of our Strategic Research Agenda.

More broadly, as IMI is a European initiative, IMI projects have to deliver for Europe.

Things can change fast in the pharma industry as it is a very risky business. But we should remember that on average they pour 15% of their revenues into R&D (collectively 30 billion euros per year in Europe).

This investment needs to stay in Europe - it needs to grow in Europe and it needs to be translated into new innovations for patients in Europe and beyond.

Finally, IMI can also operate at a scale others cannot and we should take advantage of this to initiate projects that can be truly transformative for a particular field.

- Antimicrobial resistance
- Alzheimer's disease and other neurodegenerative diseases
- Asthma, and other severe respiratory diseases like COPD
- Big enabling projects like the European Lead Factory
- We are also able to respond to crises like Ebola

So what next for IMI?

In many of the chronic disease settings what we do is very linked with the scientific knowledge that is driving the revolution in personalised or precision medicine. Science is indeed redefining the taxonomy of diseases. The description of disease is moving from an organ based view of medicine to a biological process (systems view) of medicine.

We hear lots of debate around personalised medicine - how much will it cost – how it will be for some of us but not all of us….

The fact is that even if there are a ton of things to sort out from the science to translational medicine – involving the patients in choices much more than before, involving regulatory bodies, HTA bodies, Payers etc. much earlier on in the innovation process…

The train has left the station!

It will be unethical in a decade's time NOT to treat patients in an individualised way if we can understand quickly what the underlying cause of their specific disease is – and choose a therapeutic intervention that will result in a positive clinical response.

This in turn of course means that a lot of systemic change needs to occur:

- How we train our doctors and other health care providers
- How we organise our hospitals
- How we reimburse costs
- How we use health economic data
- How we digitalise health systems
- How we organise the transition from clinical research to healthcare delivery

Everyone will have to adjust - the private sector, the public sector, patients, regulatory authorities, payer systems etc.

As a neutral platform, IMI has a role to play in this process by bringing these diverse stakeholders together.

Three exciting things that we will be doing over the next few years:

1. Bringing new partners on board
2. Making International linkages
3. Communicating on IMI results
    - Value for the public sector
    - Value for the private sector

However, we will only be truly successful in this if we have input from our stakeholders.

Over 500 people from different countries and different walks of life registered to take part in this event. We designed this event to be interactive.

I truly hope that over the next two days, you will use this opportunity to give us your thoughts and ideas on how IMI can move forward and I thank you in advance for your contributions.

Thank you.