

# Importance of Central and Eastern European participation in IMI2 projects

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# Disclosure statement

The views and opinions expressed herein are those of the author and do not necessarily reflect the views of any organizations represented by the author

# FP7/H2020 health research grants per 100,000 inhabitants between 2007 and 2016 (in EUR)

Country	Research grants per 100,000 pop
Netherlands	4,074,757
Sweden	3,352,475
Denmark	3,257,336
Ireland	2,782,080
Belgium	2,450,295
Finland	2,223,829
United Kingdom	1,824,941
Austria	1,794,676
Luxembourg	1,500,282
Estonia	1,236,893
Germany	1,227,201
France	1,004,105
Spain	791,564
Italy	787,988

Country	Research grants per 100,000 pop
Cyprus	776,587
Slovenia	762,467
Greece	714,193
Portugal	427,556
Hungary	367,203
Croatia	308,180
Latvia	232,236
Czech Republic	221,762
Lithuania	152,247
Malta	113,927
Slovakia	103,966
Poland	95,492
Bulgaria	62,414
Romania	54,627

# FP7/H2020 health research grants between 2007 and 2016

## Overview of descriptive statistical calculations for EU-15 and EU-13 countries

	EU-15	EU-13
Total grant amount	5,631 million € (96.9%)	178 million € (3.1%)
Number of participants	3,259 (89.0%)	401 (11.0%)
Number of coordinations	1,446 (97.9%)	31 (2.1%)
Number of participations	10,408 (92.9%)	793 (7.1%)
Average participation per beneficiary between 2007-2016	3.6	2.1
Average grant amount per beneficiary	475,048 EUR	217,031 EUR
Average grant amount for first participation in the period	386,064 EUR	212,913 EUR
Average grant amount for subsequent participation in the period	508,788 EUR	220,934 EUR
Average grant amount for the beneficiaries with >10 collaborations	608,303 EUR	-

# Common problems of applied health care research in CEE

- Limited access to international research funds
- Limited availability of local research funds
- If local funds are available
  - milestone payments are usually not outcome based
  - lack of commercially meaningful success criteria
  - return of investment: poor track records
- Main objective in many research centers: publication
- Often limited originality → patentability
- Limited interest / knowledge about commercialization and business planning (e.g. NPV calculation, strategic pricing)
- Separation of public research centers from universities
  - duplication of infrastructure
  - low economies of scale and scope
  - no PhD programs in research centers → recruitment young talents from universities is not straightforward
- Brain drain from successful research centers in Western European countries



# Our personal story



- 2007: Plans to build a joint educational and research center at a prestigious Hungarian university
- 2008: University faculty leaders could not accommodate the research team → separation of education (international postgraduate program) and research (private research institute)
- 2008 - 2012: Initial period at Syreon Research Institute
  - consultancy & adaptation of international models sponsored by pharma
  - limited budget for original research
- 2013: Strategic decisions
  - only original research, limited room for consultancy
  - no local projects for pharmaceutical companies → international evidence synthesis, economic models, value dossier
  - focus on public international research funds (FP7 / H2020 / IMI / USAID, etc)

# EU funded projects of

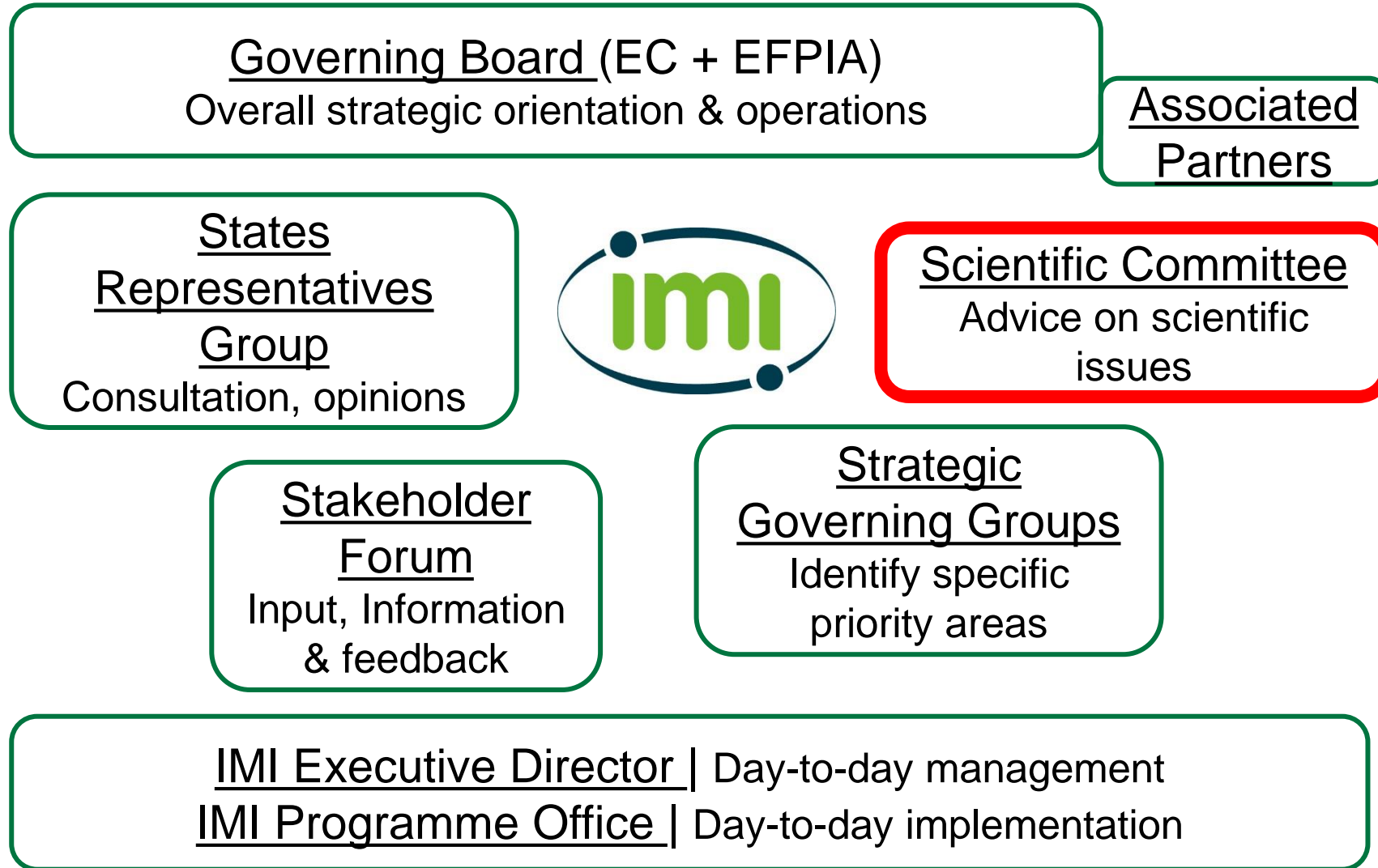


Status	Project acronym	Funded under	Duration (Y/M)	Theme	Syreon budget	Overall budget
Closed	<b>EQUIPT</b>	FP7	2013/10-2016/09	Return on investment of smoking cessation programs	<b>240 936 €</b>	2 592 351 €
Ongoing	<b>SELFIE</b>	H2020	2015/09-2019/08	Sustainable integrated care models for multi-morbidity	<b>429 238 €</b>	5 472 447 €
Ongoing	<b>EU-TOPIA</b>	H2020	2015/09-2020/08	Improved screening for breast, cervical and colorectal cancer	<b>253 250 €</b>	2 995 683 €
Ongoing	<b>COMED</b>	H2020	2018/01-2020/12	Cost and outcome analysis of medical technologies	<b>331 000 €</b>	3 017 025 €
Ongoing	<b>HEcoPerMed</b>	H2020	2019/01-2021/12	Healthcare- and economic models of Personalised Medicine	<b>225 000 €</b>	1 998 438 €
Ongoing	<b>VITAL</b>	IMI2	2019/01-2023/12	Vaccines and Infectious diseases in the ageing populations	<b>230 976 €</b>	6 390 690 €
Ongoing	<b>HTx</b>	H2020	2019/01-2023/12	Next Generation Health Technology Assessment to support patient-centred, societally oriented, real-time decision-making	<b>676 913 €</b>	9 640 775 €

# My contribution to IMI2

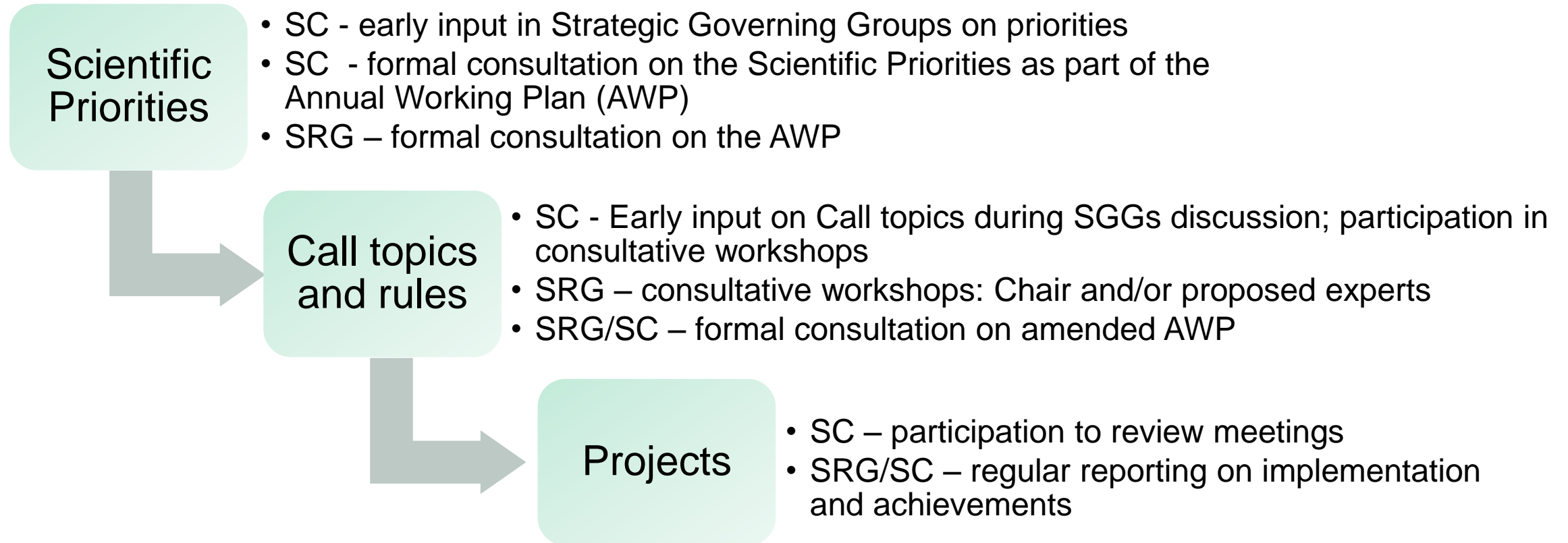


# IMI Governance



# Consultation process

**(SC - Scientific Committee; SRG - State Representatives Group)**



# IMI research grants

## *Overview of participants*

	Participants	EU member state	EU15	EU13
Participants	600	529 (100%)	512 (96.8%)	18 (3.2%)
Participations	1318	1175 (100%)	1154 (98.2)	21 (1.8%)

# Importance of Central and Eastern European participation in IMI2 projects

- **IMI Governing Board and Scientific Committee are keen on increasing participation from Central and Eastern European countries**
- Potential benefits
  - Improved equity in access to research funds
  - Reduced inequity in health
  - Taking into account heterogeneity in patient populations and unmet medical need in pharmaceutical R&D
  - Improved patient access to medical innovation in lower income EU member states

# Rationale of Central and Eastern European participation in IMI2 projects

- Compared to H2020 calls: more difficult to build a consortium, but fairly high success rate
- Collaboration with distinguished public and private research centers
  - international network for future collaboration
  - opportunity to publish with top international researchers
  - know-how on writing successful research proposals
  - increased scientific credibility
- Collaboration with distinguished industrial partners
  - know-how on business planning
  - improved chances for commercialization

# How to get into H2020 and IMI projects?

- Familiarity with IMI2 calls
  - Registration to be a reviewer of applications
  - Regular visit to IMI2 website
- Finding the right consortium partners
  - networking at IMI2 forums
  - contacting previous winners
- Proposal writing
  - reflection to each point in the call text
  - pay attention to seemingly unnecessary details (e.g. risk management plan)
- After the first successful application, the second is easier

**Thank you for your attention**