

# Resource Summary Report

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## Innovative Medicines Initiative

RRID:SCR\_003754

Type: Tool

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### Proper Citation

Innovative Medicines Initiative (RRID:SCR\_003754)

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### Resource Information

**URL:** <http://www.imi.europa.eu/>

**Proper Citation:** Innovative Medicines Initiative (RRID:SCR\_003754)

**Description:** Initiative to improve health by speeding up the development of, and patient access to, innovative medicines, particularly in areas where there is an unmet medical or social need. It does this by initiating and managing consortia composed of the key players involved in healthcare research, including universities, the pharmaceutical and other industries, small and medium-sized enterprises (SMEs), patient organizations, and medicines regulators. IMI is a public-private partnership between the European Union and the European pharmaceutical industry, represented by the European Federation of Pharmaceutical Industries and Associations (EFPIA), with a timeframe separated into two phases (2008-2013, 2014-2024) that are each defined by unique research agendas. The first phase (2008-2013) had four pillars that defined the focus of its research agenda: \* Predicting safety: evaluating the safety of a compound during the pre-clinical phase of the development process and the later phases in clinical development. \* Predicting efficacy: improving the ability to predict how a drug will interact in humans and how it may produce a change in function. \* Knowledge management: utilization of information and data for predicting safety and efficacy. \* Education and training: closing existing training gaps in the drug development process. Some of the consortia managed under IMI focused on specific health issues while others focused on broader challenges in drug development. Additionally, IMI launched a number of education and training projects during its first phases. The goal of the second phase (IMI2, 2014-2024) is to develop next generation vaccines and drugs. The focus is on delivering the right prevention and treatment for the right patient at the right time. There is a strong focus on the development of new medicines with an emphasis on tools and methods that accelerate patient access to new medicines. IMI2's agenda can be defined by four axes of research: \* target validation and biomarker research (efficacy and safety) \* adoption of innovative clinical trial paradigms \* innovative medicines \* patient-tailored adherence programs As part of its distinct goals, IMI2 aims to deliver: \* 30% better success rate in clinical trials of priority medicines identified by the WHO; clinical proof of concept in immunological, respiratory, neurological and neurodegenerative diseases in five years; \* new and approved diagnostic markers for

four of these diseases and at least two new medicines which could either be new antibiotics or new therapies for Alzheimer's disease.

**Abbreviations:** IMI

**Resource Type:** organization

**Keywords:** drug development, drug, tool development, biomarker, data sharing, target validation, safety, efficacy, clinical trial, medicine, adherence program, vaccine, consortium, diagnostic marker, oncology, drug discovery

**Funding:** European Union FP7 ;  
Horizon 2020 ;  
EFPIA ;  
Other life science industries or organizations

**Resource Name:** Innovative Medicines Initiative

**Resource ID:** SCR\_003754

**Alternate IDs:** Wikidata: Q1664196, nlx\_157984, grid.454814.8, ISNI: 0000 0004 0577 0821

**Alternate URLs:** <https://ror.org/019af4n30>

**Record Creation Time:** 20220129T080220+0000

**Record Last Update:** 20260829T182159+0000

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## Ratings and Alerts

No rating or validation information has been found for Innovative Medicines Initiative.

No alerts have been found for Innovative Medicines Initiative.

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## Data and Source Information

**Source:** [SciCrunch Registry](#)

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## Usage and Citation Metrics

We found 322 mentions in open access literature.

**Listed below are recent publications.** The full list is available at [NIF](#) .

Rattu A, et al. (2026) Predictors of Response to Biologics for Severe Asthma: A Systematic Review and Meta-Analysis. Allergy, 81(1), 24.

Kopanz J, et al. (2026) Why and how do we perform physical examination(s) in clinical trials? A use case of drug intervention trials in type 2 diabetes mellitus. British journal of clinical pharmacology, 92(1), 280.

Kiliç G, et al. (2026) Comparative Transcriptomic Analysis of Human Macrophages During Mycobacterium avium Versus Mycobacterium tuberculosis Infection. *Molecular microbiology*, 125(3), 185.

Janssen Y, et al. (2026) Uncovering the Impact of Center of Rotation of Angulation Location on High Tibial Osteotomy in Knee Osteoarthritis: A Potential Pathway for Improved Outcomes. *Cartilage*, 19476035261420279.

Zhao Q, et al. (2026) Global molecular landscape of early MASLD progression in human obesity. *eLife*, 14.

E JY, et al. (2026) Discrete Choice Experiment (DCE) as a Tool to Elicit Patient Preferences in a Complex Benefit-Risk Evaluation: A Case Study. *Clinical drug investigation*, 46(3), 343.

Shahbazi Khamas S, et al. (2026) Complementary Predictors for Asthma Attack Prediction in Children: Salivary Microbiome, Serum Inflammatory Mediators, and Past Attack History. *Allergy*, 81(2), 413.

Hansen JU, et al. (2026) The COMBINE pneumonia model: a multicenter study to standardize a mouse pneumonia model with *Pseudomonas aeruginosa* and *Klebsiella pneumoniae* for antibiotic development. *Microbiology spectrum*, 14(3), e0346425.

Miyahara Y, et al. (2026) Survival of ampicillin-treated uropathogenic *Escherichia coli* is independent of single-cell growth rates. *npj antimicrobials and resistance*, 4(1), 7.

Roper L, et al. (2026) Associations of baseline characteristics, patient-reported outcomes, and satisfaction with pain therapy with the patient's global impression of change: a prospective cohort study. *British journal of anaesthesia*, 136(4), 1341.

Ross-Adelman M, et al. (2026) Sleep, Steps, and Screens: Between- and within-person effects of digital markers of daily life behaviors on smartphone-based assessments of cognitive functioning in depression. *Neuroscience applied*, 5, 106985.

Tshilumba SM, et al. (2026) *Plasmodium falciparum* Malaria and Arbovirus Co-Exposure in the Boende Health Zone, Northwestern Democratic Republic of the Congo. *Tropical medicine and infectious disease*, 11(5).

Llorà-Batlle O, et al. (2026) 10 × Genomics Flex Gene Expression is a powerful tool for single-cell transcriptomics of xenografts models. *Genome biology*, 27(1).

Calvet-Seral J, et al. (2026) The ribosomal RNA synthesis ratio biomarker in *Mycobacterium ulcerans* for drug activity evaluation. *Infectious diseases of poverty*, 15(1).

E JY, et al. (2026) Methodological comparisons for benefit-risk assessment in complex decision-making: applications and insights from a case study. *Frontiers in drug safety and regulation*, 6, 1792441.

Leding AAM, et al. (2026) Population pharmacokinetics of TBAJ-587 and its main metabolites-Evaluation of different loading dose strategies and early dose selection. *British journal of clinical pharmacology*, 92(4), 1058.

Raaijmakers J, et al. (2026) Use of hollow fiber systems to model treatment of infections: A practical guide. *iScience*, 29(6), 115535.

Kopanz J, et al. (2026) Participant satisfaction across three trial arms with varying degrees of decentralisation in the RADIAL proof-of-concept trial. *Trials*, 27(1).

Jansen MP, et al. (2026) How are patient-reported pain outcomes associated with biomarker and structural pathology subtypes in knee osteoarthritis? An explorative evaluation in the IMI-APPROACH cohort. *Osteoarthritis and cartilage open*, 8(1), 100726.

Ross-Adelman M, et al. (2025) The Association Between Cognitive Functioning and Depression Severity: A Multiwave Longitudinal Remote Assessment Study. *Depression and anxiety*, 2025, 1509978.