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IHI JU Science & Innovation Panel (SIP)
14th Report to the IHI JU Governing Board

14th MEETING OF THE SIP

15 September 2026 (09:00 – 17:45 CET)

This report summarizes the SIP opinions related to the following agenda items:

1. IHI governance bodies report

1.1. Report from the last meeting of the IHI JU Governing Board (GB)

The IHI Executive Director reported on strategic discussions in the GB on future scientific priorities and opportunities in view of the evolving EU legislation for the biotech and health sector, and the experience with advisory bodies and the ideas mechanism.

The SIP welcomed the report and expressed interest to discuss how IHI or a similar JU could support the EU innovation initiatives and how further synergies between research and innovation funded projects could be created; these topics are proposed for the next meeting of the SRG and SIP.

In this context, two upcoming IHI workshops with multiple projects concern clinical studies and translation for impact; SIP members have been invited.

1.2. Report from the last meeting of the IHI JU States' Representatives Group (SRG)

The SRG representatives reported high interest of SRG members, Horizon National contact points (NCPs) and applicants in 'new' types of IHI funding calls, such as the applicant-driven calls and incubator networks in call 13. They responded to SIP questions that there was high interest and many new applicants, and the opportunity was welcome to propose ideas and topics, by academia and SMEs.

Further details are in the 2025 SRG annual report (link).

2. IHI Progress report

The IHI Executive Director and IHI Office colleagues reported.

2.1. IHI portfolio

The draft IHI work programme 2027 is in preparation; the period for its consultation is planned for 2026-10-14 to 2026-11-104. The year 2027 is the last year for committing budget. The SIP welcomed that 'Open door' meetings will be organized during the consultation period.

The IHI portfolio of projects is growing steadily, and newly started projects were highlighted, which can be seen to support key EU initiatives, e.g. by contributing to setting standards (FORTIFY, Ligand-AI,

Hospital@Home, MEDTECHLABEL; EHDS and EU device sector) or are related to enabling using new EU legislative opportunities (BRIDGE; regulatory sandboxes pharmaceutical legislation). Also, clinical trial networks have been very successful, such as the INNODIA and related T1D projects. The last remaining IMI1 project was recently closed, and the impact of IHI projects will continue until 2024 at least. The IHI projects map very well across the JU's Specific objectives, therapeutic areas in medicine, areas of industry / technology and other characteristics. The IHI open calls (applicant-driven calls) have worked well to address the specific objectives and led to keep a high innovation momentum. The Bibliometrics report also reflects IHI's large impact.

The recent report "Securing Europe's biotech lead" (link) was authored and flagged by the Commission DG RTD; it summarises the health biotech R&I impact, reviews a portfolio of funded projects and spotlights several projects in detail.

The SIP found the overview useful and impressive and is interested in further impact stories (follow-up planned). The SIP also welcomed the detailed Consolidated Annual Activity Report (CAAR) and is interested in the briefer Spotlight reports by the IHI Office.

2.2. Synergies with other initiatives

The SIP acknowledged the substantial and broad activities by the IHI Office to create synergies with other initiatives, at the strategic and project level. This includes the reuse of outputs from previous in new projects, ERDERA and ERNs were mentioned as example. Also, the "IHI RWE Alliance for Impact" was noted, recently started by several IMI/IHI projects. It was flagged that the ongoing activities of the IHI Office with Europe's regions and regional stakeholders are highly important.

The SIP is interested in the outcomes and value of such activities and noted that efforts and resources are needed to create synergies. It was mentioned that it is difficult to find information about projects are related, collaborating and synergising, and thus to efficiently navigate in the project ecosystem. The SIP also stressed the importance of practical application, providing technical resources, such as the RWE alliance might facilitate. Thus, 'horizontal' and 'vertical' synergies are relevant to be pursued.

2.3. Engagement with contributing partners (CPs)

The SIP acknowledged the reported engagement.

2.4. In kind contributions to additional activities (IKAA)

The SIP acknowledged the report on IKAAs and the detailed available information.

3. Project highlights

The UNITE4TB Training programme

The IHI UNITE4TB project offers different trainings and professional development in the field (early-career researchers, mentorship) with the objective of competency and capacity building, and thus to sustain an internally connected and collaborative tuberculosis (Tb) research ecosystem. Educational trainings are also provided to patients and the public.

The IHI Office explained that the project is part of the ND4BB programme launched under IMI and comprising multiple projects.

The SIP was impressed by the dedication of the team and the multicultural dimension of the activities, including the community engagement. The SIP noted this can contribute to clinical trial readiness and was

interested in metrics for clinical research competencies. Also, the SIP heard that significant resources and high efforts throughout the project are needed, including to work productively across time zones, a notable challenge.

4. Looking forward to 2027

4.1. Timelines

The IHI Office provided an overview on the timelines for the planned funding calls 14 (single-stage) and 15 (two-stage), both planned to open on 2027-01-14, as well as their potential budget.

4.2. Single-stage call themes

The SIP supported all themes and offered comments.

4.3. Two-stage call themes

The SIP supported all themes and offered comments.

5. Designing a scientific advisory body for a future health Joint Undertaking

5.1. Lessons learned from the SIP chair's perspective

The SIP chair summarised the current, pre-final draft of the lessons learned document. The work and reflections were applauded by meeting participants.

5.2. Lessons learned from the IND perspective

The industry representatives flagged the progress from the advisory body in IMI, supporting ideation, to IHI's SIP, which additionally looks into outcomes and programme impacts. The value of the SIP was also seen in articulating relevant stakeholders' perspectives, and in the openness for informal exchanges, which some would like to further expand to receive input. It will remain important to maintain strong advice quality without unnecessary time and steps, and to ensure continuity.

5.3. Lessons learned from EC perspective

The Commission representatives indicated that may reflections resonated. While the SIP currently is mostly downstream of the ideation process, it might also be valuable for earlier strategic discussions. Agility was flagged as important, as was the ability to remain efficient even in larger configurations.

SIP discussion

It was clarified that the Lessons learned document will be finalised over the next week by the ten SIP members representing the scientific and wider healthcare community and should be understood to represent their views. Comments are invited on the version in the SIP Private Site.

The ten key principles (last section) in the draft document were well supported; they should form the main part of the final document, following an introduction to provide context, possibly with reflections and analyses annexed.

Foresight (principle 1) was considered important and impactful and could be achieved and improved through workshops and other meetings convened by the SIP or an advisory body. This principle suggests an earlier involvement of the SIP than for commenting draft topics.

Regarding principle 4 (“Expertise should take precedence over representation”), it was suggested that system expertise is more relevant than scientific expertise. Some draft topics on the other hand need very specific expertise. It could be added to the document that the current number of scientists (four) has been perceived as somewhat low, and that a distinction between a scientific and a wider healthcare role may not systematically be needed. Patient (organisation) participation could also be broadened. Access to a pool of experts to consult for specific aspects and needs would be useful.

The discussion highlighted some positive aspects of the ideas mechanism, such as being a channel into outside communities, stimulating creativity and having a proven potential to inform topics, even though it was not efficient and impacted the necessary balance of efforts.

It was highlighted that SIP discussions facilitated earlier alignment across its five representative groups and were perceived to increase the societal relevance of projects. The opportunities to monitor and learn from project and programme outcomes were welcome by the SIP. The SIP’s recommendations were generally well implemented.

In summary, the SIP noted that its ambition as an advisory body is to be as impactful as possible, that an advisory body is curious about complementary perspectives and thrives on them, and that it is invested in efficiently finding ways to identify and address cross-cutting issues and gaps in health.

6. Ideas incubator

The IHI Programme Office presented the state of play of the ideas incubator and explained that the ideas incubator has now been brought to a close.

The SIP reviewed the latest ideas submitted.