Bibliometric Analysis of Ongoing Projects

15th Report - 2024

Co-funded by the European Union

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1 Executive Summary

The Innovative Health Initiative Joint Undertaking (IHI JU) is a public–private partnership in the European Union which funds projects to address public health needs, improve patients' lives, and boost the competitiveness of Europe's health industries. From the initial call for funding in April 2008 through the Innovative Medicines Initiative (IMI), there have been 41 funding calls — 34 for IMI and 7 for IHI JU — for researchers in Europe and across the world.

The funding has resulted in almost 11,400 research publications across the IHI JU and IMI programmes. In 2023, the first six IHI JU funded publications spanned 16 countries and multiple continents. Since 2010, IMI publications have received more than 390,000 citations, with its field-normalized citation impact (1.86) exceeding European research average and other European funding programmes, such as the Seventh Framework Programme (FP7) with 1.45 and Horizon 2020 with 1.42. Research funded by the IMI also performs strongly against global health funding bodies with only the Medical Research Council and Wellcome Trust having a better citation impact.

IMI funded research is highly collaborative and IHI JU supported publications already demonstrate similar trends. As an example, there are 133 countries that have at least one publication funded by IMI and there are 67 countries that have ten or more IMI funded publications. In addition, IMI funded research is characterized by cross-sector collaborations, with almost three-quarters (72%) of the research involving co-authorship across sectors such as education/academia, health care, corporate/industry, government and non-profit organizations.

This is the 15th annual report produced for IHI JU and it has been created by Nature Research Intelligence. It provides a bibliometric analysis of research from 2010 to 2023 funded by the IMI and IHI JU programmes, a benchmarking analysis against other global health research funders, and a landscape of the collaboration profiles and networks of the publications. The data used to create this report was exported from the Web of Science and Dimensions indexes on 1 July 2024.

1.1 Key findings

1.1.1 Impact of IHI JU funded research

- The first IHI JU funded publications, of which there are six, were all published in 2023 and are now visible on the Web of Science.
- Four of those publications are peer-reviewed articles and have yielded six citations.
- All IHI JU funded research to date has been published as open access documents.
- Research has been published on four of the IHI JU funded projects (PROMINENT, GUIDE.MRD, AD-RIDDLE and PREDICTOM), from a total of 16.
- IHI JU funded research already spans 16 countries in Europe, North America and the Asia-Pacific region.
- Sweden has the highest number of IHI JU funded publications (4) followed by the Netherlands, Spain, Germany and the United States (3).

1.1.2 Collaboration and geographical spread of IHI JU funded research

- All four IHI JU funded papers are the result of collaborative work, with 100% of the published papers to date involving collaborations between different sectors, institutions and countries.

- All four IHI JU funded papers involve international collaboration. Sweden is the most represented country, leading the rank of IHI funded papers with three of the four published papers having co-authors from the country.
- Across IHI JU stakeholders, research organizations have co-authored all IHI funded papers to date (100%), with high collaboration also noted from health-care organizations and providers (75%).
- Organizations belonging to the biopharmaceutical and medical technology healthcare sectors have contributed to cross-industry sector collaborated research, funded by IHI JU.

1.1.3 Impact of IMI funded research

- Since 2010, IMI funded projects have resulted in 11,389 publications
- Over the past five years, an average of more than 1,220 publications per year have been generated from IMI funding.
- IMI papers (articles and reviews) have received more than 390,000 citations, averaging 38.1 citations per paper.
- A 23.9% share of IMI papers are in the top 10% most cited papers worldwide, normalized by subject[1].
- IMI funded research is cited nearly twice as much as the world average (based on its field-normalized citation impact of 1.86) and exceeds the citation impact of research from 27 EU countries and the United Kingdom (EU27+UK - 1.37) by 36% based on the citations for publications with the same document type, year of publication and subject area.
- By field-normalized citation impact, IMI1 (1.75) and IMI2 (2.00) projects outperformed their EU funding counterparts FP7 (1.45) and Horizon 2020 (1.42).
- IMI funded research outperforms EU27+UK research across the top 20 Web of Science journal disciplines for field-normalized citation impact. The top three disciplines are medicine, general and internal (2.80 vs 1.50), the respiratory system (2.59 vs 1.79) and oncology (2.50 vs 1.56).
- IMI projects have been published in 1,857 journals to date and the average journal impact factor for IMI funded research is 7.49. In 2023 alone, across the 489 journals featuring IMI funded research, the average journal impact factor was 10.35.
- More than three-quarters (77.8%) of all IMI papers were open access and more than 25% of IMI papers feature in the top 10% most cited year on year.
- A total of 133 countries have at least one publication funded by IMI and 67 countries have 10 or more funded publications.
- The United Kingdom (4,906), Germany (3,702), the Netherlands (3,002), United States (2,842) and France (1,878) are the top five countries by publication volume.
- BTCure is the leading IMI project by number of publications (749).

[1] The mean field normalized citation impact is calculated by dividing the total citations count by the expected citations count for publications with the same document type, year of publication and subject area. When a publication is assigned to more than one subject area, the harmonic average is used. Values over 1 indicate that publications are cited more than would be expected.

1.1.4 Collaboration and geographic spread of IMI funded research

- The majority of IMI funded papers involve cross-sectoral (72%), cross-institutional (85%) and cross-country (66%) collaborations.
- Collaborations across sectors, institutions and countries yield a higher field-normalized citation impact than the IMI average (1.86), with papers resulting from international collaborations recording a field-normalized citation impact with more than double the world average (2.04).
- The academia/education (96%) and health-care (72% - including hospitals and private sector) sectors have the greatest share of IMI funded cross-sectoral collaborative papers among all sector types.
- A positive association exists between the number of countries affiliated on an IMI funded paper and the respective field-normalized citation impact for that paper (bilateral collaboration at 1.69; 3–5 countries at 1.97; and >5 countries at 3.09).
- IMI projects connect EU with research hotspots around the world, strengthening the EU research ecosystem

1.1.5 Benchmarking analysis comparing IMI funded research with ten international research funders

- IMI research publications rank third when comparing the field-normalized citation impact (1.86) with ten international health research funders, only trailing the Medical Research Council (2.34) and the Wellcome Trust (2.30).
- IMI funded research averages 38.1 citations per paper and ranks seventh among the selected comparators.
- IMI research papers rank fourth compared to the comparator set based on their share of highly cited papers, which account for almost one-quarter (23.9%) of papers in the top 10% most cited in the world.
- 7.1% of IMI funded papers are uncited, ranking eighth among the selected ten comparators. When 2023 papers are excluded from the analysis, the share of uncited papers falls to only 2.3% – ranking fourth overall.
- IMI ranks sixth among the comparator funders for open access publishing (77.8%), with five of the ten selected funders publishing more than 80% of papers via open access.

2 Introduction

2.1 Innovative Health Initiative Joint Undertaking (IHI JU)

'At IHI JU, we are working to turn health research and innovation into real benefits for patients and society.'

To ensure that Europe remains at the cutting edge of interdisciplinary, patient-centric health research, the Innovative Health Initiative Joint Undertaking (IHI JU) was launched in November 2021 as a public–private partnership (PPP) between the European Union and European life science industries. With scientific breakthroughs, increasingly involving cross-sectoral discoveries, it is imperative that industrial sectors involved in health research — pharmaceutical, digital, IT, medical devices — work in collaboration.

Pioneering a new, more integrated approach to health research, as well as shifting the focus from disease care to health care, is central to IHI JU's mission, starting with disease prevention, diagnostics and personalized treatments, and disease management. Using a total budget of €2.4 billion, available from 2021 to 2027, IHI JU projects focus on delivering safe and effective health innovations. Covering the entire spectrum of care is the overriding objective of the IHI JU, particularly in areas where there is an unmet public health need. One example is the development of precision medicine which uses AI (Artificial Intelligence) to analyze comprehensive patient information, leading to a better understanding of biological indicators that can signal shifts in health and produce better personalized treatments at lower costs.[2]

2.2 Transition from the Innovative Medicines Initiative

Ultimately, IHI JU is an evolution of the Innovative Medicines Initiative 1 and 2 Joint Undertaking (IMI1 JU and IMI2 JU), which started life in 2008 as a PPP between the EU and the European pharmaceutical industry. The overarching goal of the IMI programme was to 'significantly improve the efficiency and effectiveness of the drug development process with the long-term aim that the pharmaceutical sector produces more effective and safer innovative medicines. With a combined budget of more than €5.3 billion, the IMI1 (2008–2013) and IMI2 (2014–2020) programmes yielded 182 projects geared towards drug development and vaccine safety.

Research areas for IMI1 included neurological conditions (Alzheimer's disease, schizophrenia, depression, chronic pain and autism), diabetes, lung disease, oncology, inflammation and infection, tuberculosis, and obesity. Others focused on broader challenges in drug development, such as drug and vaccine safety, knowledge management, the sustainability of chemical drug production, the use of stem cells for drug discovery, drug behavior in the body, antimicrobial resistance and novel medicine discovery.

As the programme evolved into IMI2, the research focus moved to areas such as dementia, diabetes, cancer, Ebola and related diseases, and coronaviruses. IMI2 also saw the launch of a programme dedicated to 'big data for better outcomes' as well as more projects focused on digital health and the use of AI in health research.

With the heightened focus on cross-sectoral cooperation and the IMI2 programme ending, the European Commission decided to launch the IHI JU — a new PPP centered on a broad healthcare field. IHI JU is designed to address the lessons learnt from IMI and leverage the benefits of closer collaboration across

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[2] Zeeshan Ahmed *et al*., Artificial intelligence with multi-functional machine learning platform development for better healthcare and precision medicine, *Database* (2020)

diverse sectors and actors in research and innovation to better respond to current and emerging health needs.

2.3 Purpose and scope of this report

The IHI JU commissioned Nature Research Intelligence to produce the 15th bibliometric evaluation of its funded research under a public procurement procedure (reference: IHI J.2023.OF.119).

The purpose of this report is to provide a detailed bibliometric evaluation of the research produced by IHI JU funded projects. This report provides an analysis that allows IHI JU to have an impact measurement for the research that it has funded and to develop strategies to encourage research that benefits the health of the global community.

2.3.1 Significance of bibliometrics

Bibliometric analysis is a quantitative method used to evaluate the impact of research outputs to:

1. **Understand trends:**
    a. **Identification of emerging research fields:** analyzing citation patterns and publication trends allows for the identification of emerging areas of research.
2. **Map research landscapes:**
    a. **Research output**: providing a comprehensive overview of research output across different fields, institutions and countries.
    b. **Collaboration networks**: by examining collaboration networks, bibliometrics can reveal important partnerships within and across disciplines.
    c. **Funder analysis**: assessing the performance of research that has been awarded grant funding and providing a measure of return on investment.
3. **Guiding future research and innovation strategies:**
    a. **Strategic planning**: funding bodies can use bibliometric data to make informed decisions about where to allocate resources for maximum impact.
    b. **Policy development**: policymakers can use bibliometrics to develop policies that promote innovation and address gaps in the research landscape.
    c. **Forecasting**: predicting future research trends and identifying potential areas for new breakthroughs.

2.3.2 Scope of this report

Nature Research Intelligence has prepared this report, which is comprised of multiple sections to showcase:

- Impact of IHI JU funded research
    - Initial citation analysis, publication output by country and by IHI JU project, and journal use
- Impact of IMI funded research

    - Exploring publishing trends, open access research, citation performance benchmarked against publications generated under the Horizon 2020 programme, the EU27+UK and the global view, journal use and research fields

- Collaboration and geographic spread of IHI JU/IMI funded research

    - Uncovering the volume and citation impacts of sectoral, institutional and international collaborations relating to IHI JU/IMI funded research to create a collaboration profile

- Benchmark comparison of IMI funded research against a selection of ten comparative international research funders

    - Comparing outputs and a series of citation indicators, including field-normalized citation impact, share of uncited papers, share of highly cited papers and trends in open access research.

3 Methodology

3.1 Data sources

Nature Research Intelligence used the Web of Science database as the main data source for this report. Web of Science is a leading curated abstract and citation database, housing more than 21,000 of the highest impact journals – including open access journals – published worldwide in over 250 sciences, social sciences, arts and humanities disciplines. The database also includes conference proceedings, patents and book data. Each research output is curated by the Web of Science with multiple metadata fields – article title, author name, year of publication, journal name and reference list – which allows for a comprehensive analysis of research output, citation networks and collaboration clustering.

Through Dimensions, Nature Research Intelligence also extracted the respective research outputs for comparator funders used in this report. As Dimensions is a more comprehensive data source in terms of publication volume and metadata, Nature Research Intelligence was able to achieve superior levels of data coverage and linkage to respective documents. Once extracted from Dimensions, the identified data was merged with the Web of Science data for analysis.

3.2 Data extraction

Data extraction took place on 1 July 2024 and encompassed a publication range from 2010 to 2023, meaning that the publications included in the final dataset of this report have a publication date within this range. Publication types included in the dataset consist of articles, reviews, meeting abstracts, editorials, letters, proceedings papers, corrections, news items and data papers.

To maximize the precision, recall and robustness of the analyzed dataset, IMI and IHI JU funded papers were extracted using a combination of the three search strategies outlined below. This approach ensured that the results of this report track with the historical data points identified in previous reports. Notably, the combined use of these search strategies resulted in additional publications being identified for almost every year from 2010, when compared to the publications identified in previous bibliometric evaluations.

3.2.1 Search strategies used to identify IHI JU/IMI funded publications

IHI JU/IMI-related search

A search was conducted across title, abstract and acknowledgements using the following keywords:

“innovative medicines initiative”, “innovative medicine initiative”, “innovativemedicine initiative”, “innovativemedicines initiative”, “innova-tive medicines initiative”, “innovative medicinesinitiative”, “innovative medicines initia-tive”, “innovative medicines joint”, “innovative medicine joint”, “innovative medicines innitiave”, “innovative health initiative”, “-imi1”, “imi-”, “imi1-”, “imi2-”, “-imi2 consortium”, “-imi2”, “eu imi”, “eu-imi”, “imi funded”, “imi-funded”, “imi grant”, “imi-grant”, “imi ju”, “imi-ju”, “imi2 joint”, “imi2 ju”, “imi2-ju”, “imi2 pro”, “-imi2-”, “imi project”, “imi_ju”, “imi2_ju”, “imi2 grant”, “grant imi”, “grant imi/”, “grant imi-”, “grant imi_”, “imi, eu-”, “imi2, eu-”, “imi, eu”, “imi2, eu”

IHI JU/IMI project name search

All IHI JU/IMI funded projects are assigned a unique project name and it is common for researchers to include their project name in associated research publications.

Project names and acronyms were therefore sourced from IHI JU/IMI and searched across titles, grant identifiers (the grant code associated with the funding), funder names and acknowledgements.

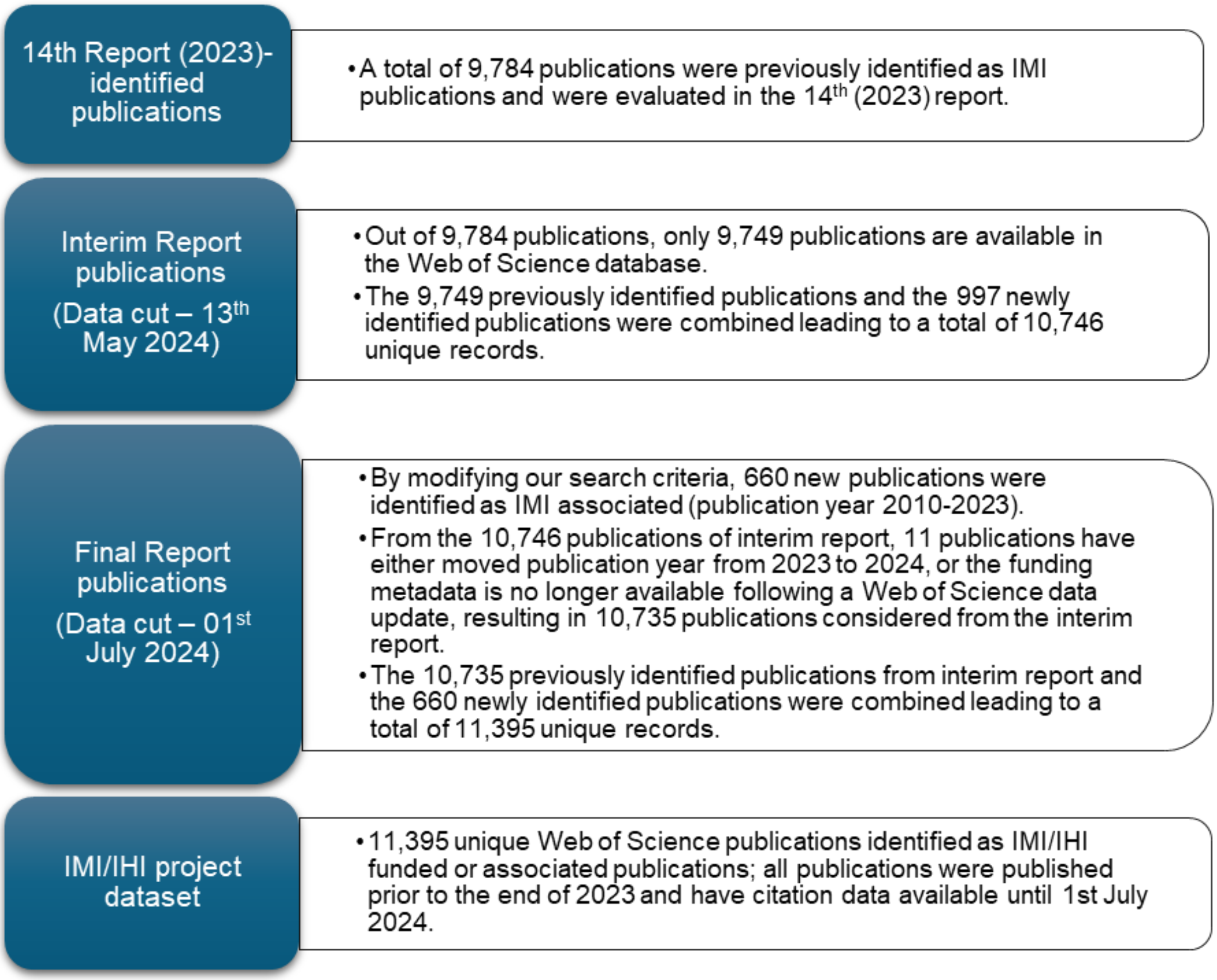
Some IHI JU/IMI project names, such as Protect, Direct, Decision and Advance are terms commonly used in the titles and abstracts of research publications; these project names were combined with the IHI JU/IMI related keywords listed above to reduce false positives in the dataset.

IHI JU/IMI project number search

All IHI JU/IMI funded projects are assigned a unique project number which will often appear in relevant research publications. As with project names, project numbers were sourced from IHI JU/IMI and searched across grant identifiers, funder names and acknowledgements.

3.2.2 Process and outcome for creating the final IHI JU/IMI dataset

The 14th IHI JU/IMI bibliometric report, which was published in 2023, included 9,784 publications. A further 997 publications were newly identified for the IHI JU/IMI interim report (June 2024), resulting in a total of 10,735 publications. A further 660 publications were identified after this, resulting in a total of 11,395 unique IHI JU/IMI research outputs for inclusion in this annual report.



3.2.3 Process for research attribution for analysis

Publications in Web of Science and Dimensions are indexed with metadata fields based on information supplied by the publisher to the databases directly from the publication. Examples of these fields include research categories or fields, institutions, funder, country and sector or stakeholder. The assignment of metadata fields ensures that publications included in the analysis are directly linked or attributed to these fields for analysis of funder, country, sector/stakeholder comparators. For example, if an IHI JU publication is identified with one author being affiliated to an organization in Sweden, and a second author affiliated to an organization in Australia, this publication would be assigned in the analysis as an international collaboration. However, some publications may not have all metadata fields populated in Web of Science and Dimensions. As a result, a publication with a missing metadata field may not be included for particular analyses which requires this information. For example, if a publication has no 'sector' metadata information, then this publication will not be included in sectoral analyses.

3.2.4 International funder comparators

A benchmarking analysis (see section 8) has been included in this report to provide a comparative landscape of bibliometric performance of research funded by other international funders compared to IMI funded research. In addition to the comparator set of seven funders used in the 2023 bibliometric analysis, three more international funders are included for analysis in this report: the National Institutes of Health (NIH), the National Health and Medical Research Council (NHMRC) and the Japan Agency for Medical Research and Development (AMED).

To conduct this benchmarking analysis, the research outputs funded by the ten comparative international funders were extracted using data from Web of Science and Dimensions (Table 3.1). Dimensions was used for data extraction for six of these comparators as its publication coverage was considerably higher than Web of Science.

Table 3.1: Comparative international research funders used for 2024 benchmarking analysis

Comparator funder	Database	Data extraction method
Commonwealth Scientific and Industrial Research organization (CSIRO)	Web of Science	Search was conducted across title, abstract and funding acknowledgements
Critical Path Institute (C-Path)	Web of Science	
Grand Challenges in Global Health (GCGH)	Web of Science	
National Institutes of Health (NIH)	Web of Science	
Foundation for the National Institutes of Health (FNIH)	Dimensions	Search was conducted by identifying publications that are funded by the respective comparator funders which are mentioned in the Dimensions metadata
Indian Council of Medical Research (ICMR)	Dimensions	
Medical Research Council (MRC)	Dimensions	
Wellcome Trust (WT)	Dimensions	
National Health and Medical Research Council (NHMRC)	Dimensions	
Japan Agency for Medical Research and Development (AMED)	Dimensions	

3.3 Data analysis

Research performance is commonly assessed using an array of bibliometrics. Research outputs accumulate citations over time when included in a reference list in more recent research, with citations indicating the value or influence that the research has had on later research. Using the research outputs derived from IHI JU and IMI projects as a starting point, the associated citations they receive from the academic community form the primary analytical method used for this evaluation.

Bibliometric indicators should always be used with a degree of caution as some fields publish at faster rates than others and some fields tend to have higher citation rates. For that reason, it is beneficial to normalize citation data where applicable. Normalization of data has been applied to this report where appropriate and the mean field-normalized citation impact has been used. It is calculated by dividing the total citations count by the expected citations count for publications with the same document type, year of publication and subject area. Values over 1 indicate that publications are cited more than would be expected.

Finally, collaboration analysis was also used in this report and was completed using co-authorship of research papers.

See Annex 1 for a review of data limitations, a glossary of terms, and indicators used in this report.

4 Impact of IHI JU funded research

Sections 4.1 to 4.5 of this report showcase the impact of IHI JU funded research publications to date, dissecting IHI JU funded research by document type and presenting a citation analysis. The geographical landscape of IHI JU project publications is then identified, followed by a breakdown of the IHI JU projects that have generated publications to date. The section closes with a view of the journals in which IHI JU publications appear and their associated research disciplines.

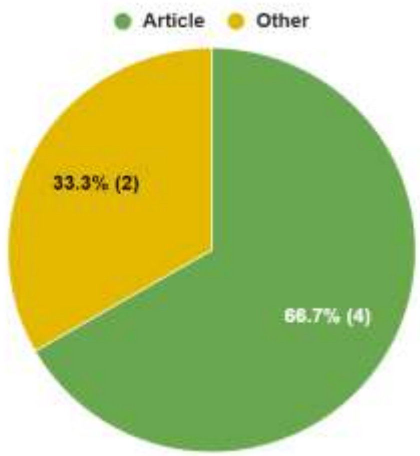
Key highlights:

- The first IHI JU funded publications that were published in 2023 are now visible on the Web of Science.
- Research has been published from four of the 16 funded projects.
- A total of six publications have been published from the IHI JU programme to date.
- All IHI JU funded research has been open access to date.
- IHI JU funded research already spans 16 countries in Europe, North America and the Asia-Pacific region.

4.1 IHI JU funded publications by document type

In 2023, the first publications resulting from IHI JU funding were identified in Web of Science. A total of six publications have been identified, including four articles, one meeting abstract and one editorial (Figure 4.1.1).

Figure 4.1.1: Percentage of IHI JU project publications by document type 2023.



4.2 Citation analysis for IHI JU funded research

There have been four articles published on IHI JU funded research, which have resulted in a total of six citations to date (Table 4.2.1). Note, articles and reviews are referred to collectively as 'papers' in this report. One paper[3] is in the top 10% highly cited for 2023. All papers have been published as open access.

Table 4.2.1: Summary of citation analysis for IHI JU supported research papers, 2023

	Number of publications	Number of papers	Total citations for papers	Citations per paper	Papers in top 10% cited	Number of open access papers	% of open access papers
IHI	6	4	6	1.5	1	4	100%

*Mean field-normalized citation impact has been omitted from this analysis due to the small sample size for IHI JU publications. As such, there is also no comparison against EU27+UK and world data.

4.3 IHI JU funded publications by country

Sixteen countries have been affiliated with IHI JU funded research to date, with Sweden leading the geographical landscape by IHI JU publication volume (four), followed by the Netherlands, Spain, Germany and the United States (all contributing three). Australia and Japan are the countries outside of the EU27+UK who have IHI JU funded publications attributed to them.

Table 4.3.1: Summary of countries with at least one publication for IHI JU projects, 2023.

Country	Number of publications
Sweden	4
Netherlands	3
Spain	3
Germany	3
United States	3
United Kingdom	2
France	2
Australia	1
Japan	1
Slovenia	1
Luxembourg	1
Finland	1
Belgium	1
Austria	1
Switzerland	1

[3]Costoya-Sanchez, Alejandro et al. (2023) Increased Medial Temporal Tau Positron Emission Tomography Uptake in the Absence of Amyloid-β Positivity, JAMA NEUROLOGY 80: 1051-1061

Denmark	1

4.4 IHI JU funded publication output by project

In 2023, four IHI JU projects — PROMINENT; GUIDE.MRD; AD-RIDDLE; and PREDICTOM — generated publications:

Table 4.4.1: Number of publications for IHI JU projects, 2023.

Projects	Number of publications	Number of papers	Number of open access papers	% of open access papers
PROMINENT	2	2	2	100%
GUIDE.MRD	2	0	0	0%
AD-RIDDLE	1	1	1	100%
PREDICTOM	1	1	1	100%

4.5 Journals in which IHI JU funded research is most frequently published

The six publications from IHI JU funded research are spread across six distinct journals (Table 4.5.1). All but one of the publications appeared in quartile one (Q1) journals – the top 25% of journals in their subject category. The Annals of Oncology is the highest ranked journal by impact factor (50.5 in 2022) to have featured an IHI JU publication.

Table 4.5.1: Summary of journals in which IHI JU project publications appear, 2023

Journal	Number of publications	Number of papers	Number of open access papers	Journal impact factor (2022)	Quartile	Web of Science journal categories
JAMA Neurology	1	1	1	29.0	Q1	Clinical neurology
Molecular Psychiatry	1	1	1	11.0	Q1	Biochemistry and molecular biology; neurosciences; psychiatry
Diabetes Obesity and Metabolism	1	1	1	5.8	Q1	Endocrinology and metabolism
Frontiers in Neurology	1	1	1	3.4	Q1	Neurosciences; clinical neurology
Annals of Oncology	1	0	0	50.5	Q1	Oncology
Scientific Reports	1	0	0	4.6	Q2	Multidisciplinary sciences

*Journal's Quartile rankings in WoS are derived from Journal impact factor (JIF) score and journals are ranked within a subject category. The top quartile (Q1) would then be all journals with a JIF in the top 25% based on the ranked list, Q2 journals would be those ranked between 26-50%, Q3 between 51-75%, and Q4 the remaining journals.

5 Collaboration and geographical spread of IHI JU funded research

Sections 5.1 to 5.4 of this report showcase the output of IHI JU funded papers by examining their collaboration profile, focusing on collaborations across industrial sectors, stakeholder types and countries. This collaboration profile was assessed by IHI JU project level and contributing sector, stakeholder type and country[4].

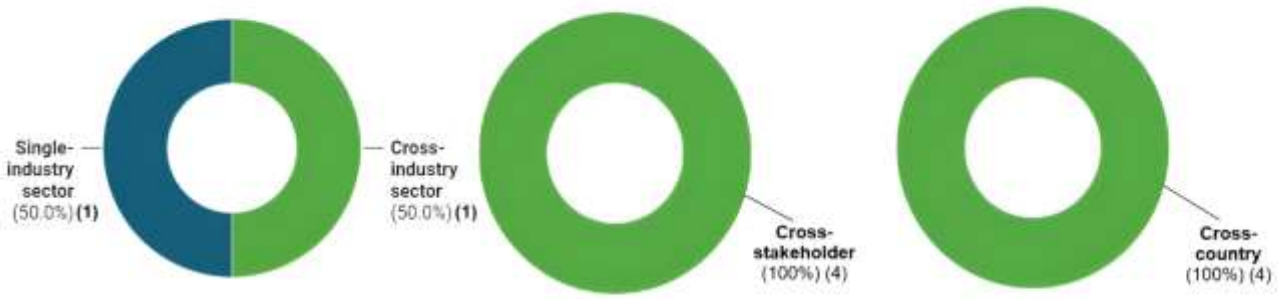
Key highlights:

- All four IHI JU funded papers are the result of collaborative work, with 100% of the published papers to date involving collaborations across stakeholder types and countries.
- All four IHI JU funded papers involve international collaboration. Sweden is the most represented country, leading the rank of IHI funded papers with three of the four published papers having co-authors from the country.
- Across IHI JU stakeholders, research organizations have co-authored all IHI funded papers to date (100%), with high collaboration also noted from health-care organizations and providers (75%).
- Organizations belonging to the biopharmaceutical and medical technology healthcare sectors have contributed to cross-industry sector collaborated research, funded by IHI JU.

5.1 Collaboration profile of IHI JU funded papers

All four IHI JU funded papers are the result of collaborative work, with 100% of the published papers involving cross-stakeholder and cross-country collaborations. Cross-sectoral collaborations are present in 50% of the published papers (Figure 5.1.1).

Figure 5.1.1 Collaboration profiles for IHI JU funded papers



*Created with Datawrapper

**Note, no affiliations to industrial sectors were found for 2 IHI papers. As such, the first pie chart only has a base total of 2 IHI papers.

[4] Publications in Web of Science and Dimensions are indexed with metadata fields based on information supplied by the publisher to the databases directly from the publication. Examples of these fields include research categories or fields, institutions, funder, country and sector or stakeholder. The assignment of metadata fields ensures that publications included in the analysis are directly linked or attributed to these fields for analysis of funder, country, sector/stakeholder comparators. For example, if an IHI JU publication is identified with one author being affiliated to an organization in Sweden, and a second author affiliated to an organization in Australia, this publication would be assigned in the analysis as a cross-country collaboration. However, some publications may not have all metadata fields populated in Web of Science and Dimensions. As a result, a publication with a missing metadata field may not be included for analyses which requires this information. For example, if a publication has no 'sector' metadata information, then this publication will not be included in sectoral analyses.

See [Annex 2, Table A2.1] for the associated data table of collaboration profiles for IHI JU funded papers.

5.2 Collaboration profile of IHI JU funded papers across countries

From the internationally collaborated IHI JU funded papers, visibility of the country contributions of this research becomes clear. Sweden's contributions lead the way (based on published papers), with co-authors on three papers. In addition to the handful of co-authors located in European countries, co-authors located in Australia, Japan and the United States also feature in this landscape (Figure 5.2.1).

Figure 5.2.1: Key country collaborations across IHI JU projects

*Numbers represent the volume of papers produced by international collaboration.
Nature Research Intelligence reports remain neutral with regards to contested jurisdictional claims in published maps and network charts

See [Annex 2, Table A2.2] for the associated data table of countries contributing to internationally collaborated IHI JU funded papers.

5.3 Collaboration profile of IHI JU funded papers across stakeholder types

IHI JU funded projects exhibit collaboration across stakeholder types. Of all the stakeholders involved thus far, research organizations have contributed the most, co-authoring all four (100%) IHI JU funded papers to date (Table 5.3.1). High collaboration is also noted from health-care organizations and providers (75%) and there has been some contribution (25%) from companies, non-profit and non-governmental organizations.

Table 5.3.1: Collaboration across stakeholder types for IHI JU funded papers

Stakeholders	Number of cross-stakeholder collaborated IHI papers	% of cross-stakeholder collaborated IHI papers (n=4)
Research/higher or secondary education organizations	4	100.0%
Health-care professional organization/ health-care provider	3	75.0%
Large-scale company	1	25.0%
Small and medium-scale company	1	25.0%

Non-profit/non-governmental organizations	1	25.0%

See [Annex 1, Table A1.2] for stakeholder types definitions.

5.4 Collaboration profile of IHI JU funded papers across industrial sectors

An examination of cross-industry sector collaborations reveals that IHI JU funded one paper which emerged from the healthcare industry, specifically from organizations belonging to the biopharmaceutical and medical technology industry sectors (Table 5.4.1). This paper was co-authored with researchers in other sectors such as academia, non-profit and heath-care professional.

Table 5.4.1: Collaboration across industrial sectors for IHI JU funded papers

Healthcare industry sector	Number of multi health industry sector collaborated IHI papers	% of cross-industry sector collaborated IHI papers (n=4)
Biopharmaceutical	1	25.0%
Medical technology	1	25.0%

See [Annex 1, Table A1.3] for IHI JU industry sector classification definitions.

Innovative Medicines Initiative Results

6 Impact of IMI funded research

Sections 6.1 to 6.9 showcase the output of close to 11,400 IMI funded research publications. IMI funded research is examined over time and by document type with an emphasis on the proportions of papers (articles and reviews) published. Following this, the geographical hotspots of IMI funded research are highlighted and a view of the projects driving publications is presented. Subsequently, a field-normalized citation assessment of IMI research is compared with EU27+UK and global research. The section is completed by highlighting the leading academic journals where researchers have published and the correlating research disciplines.

Key highlights:

- IMI2 funded research has been cited at a rate that is twice the global average, based on a comparison with citations for publications with the same document type, year of publication and subject area.
- Over 1,200 IMI funded publications were produced per year, on average, in the past five years.
- The United Kingdom drives country-level publishing of IMI funded research, accounting for 43% of the global volume mix.
- BTCure is the leading IMI project by number of affiliated research outputs.
- IMI funded research is cited nearly twice as much as the world average (with a normalized citation impact of 1.86) and exceeds the citation impact of other research in the EU27+UK by 36%.

6.1 Summary analysis for IMI funded research

IMI funded research projects are continuing to produce a significant number of publications, reaching 11,389 outputs to date. In 2023, IMI projects generated 1,060 publications, and over the past five years, an average of more than 1,220 publications per year have been produced. IMI2 projects have gathered the highest proportion of highly cited papers at 25.9% (Table 6.1.1).

Table 6.1.1: Summary of citation analysis for IMI supported research papers, 2010-2023

	Number of publications	Number of papers	Total citations of papers	Raw citation impact	Mean field-normalized citation impact**	Mean journal normalized citation impact	% of highly cited papers
IMI1	7,004	6,484	306,291	47.24	1.75	1.16	23.1%
IMI2	4,351	3,804	79,223	20.83	2.00	1.29	25.9%
All IMI*	11,389	10,287	391,613	38.07	1.86	1.22	23.9%

*324 publications that have been identified as IMI publications do not specify a project in the funding acknowledgements, so these have been labeled as IMI unclassified. Some publications belong to both IMI1 and IMI2.

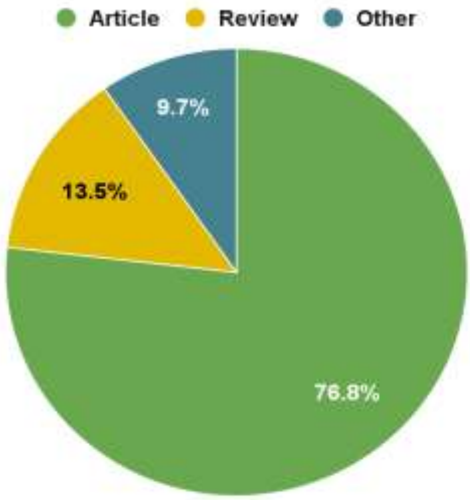
**The mean field-normalized citation impact is calculated by dividing the total citations count by the expected citations count for publications with the same document type, year of publication and subject area. When a publication is assigned to more than one subject area, the harmonic average is used. Values over 1 indicate that publications are cited more than would be expected.

See Annex 1 for data glossary.

6.2 IMI funded research by document type

IMI funded research projects have resulted in 11,389 unique publications. Of these publications, 8,746 were articles (76.8%) and 1,541 were reviews (13.5%) – collectively referred to as 'papers' (Figure 6.2.1). A further 1,102 publications (9.7%) are accounted for by 'other' document types, comprising 605 meeting abstracts, 256 editorials, 141 letters, 79 proceedings, 17 corrections, 3 news items and 1 data paper.

Figure 6.2.1: Percentage of IMI funded research publications by document type 2010–2023

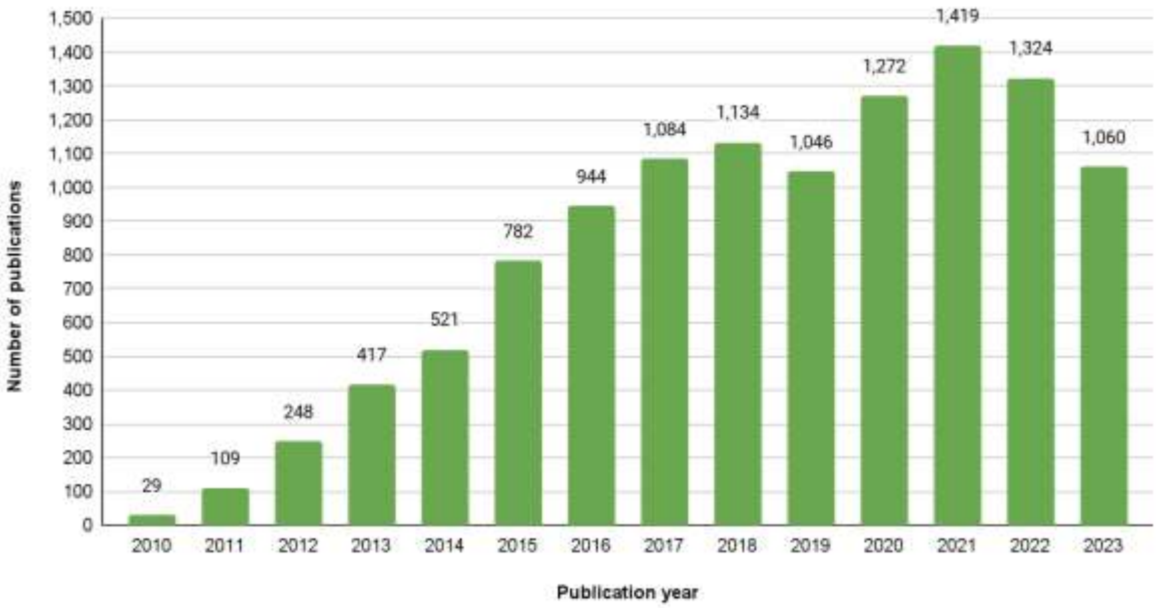


See Annex 3, Figure A3.1 for a breakdown of IMI funded research publication share by document type each year 2010–2023.

6.3 Trends in IMI funded research

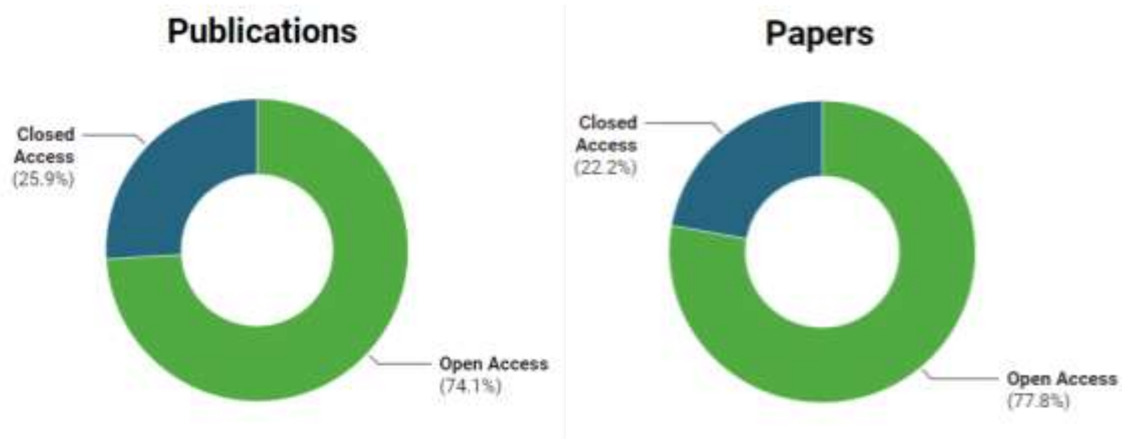
The publishing growth of IMI funded research between 2010 and 2023 has been impressive, achieving a 31.9% publication compound annual growth rate (CAGR) (Figure 6.3.1). As the IMI funding programmes reach maturity, with the IMI2 programme ending in 2020, outputs began to decrease from the 2021 publication peak, falling 25% over the past two years.

Figure 6.3.1: Number of publications for IMI projects by year, 2010–2023 (total 11,389)



Open access publishing has been strong for IMI funded research, with almost 75% of IMI project publications being free to read (Figure 6.3.2). Avoiding paywalls to view these research outputs is likely to improve the visibility of this research outside of the academic domain.

Figure 6.3.2: Share of open access publishing for IMI funded publications and papers[5] 2010–2023



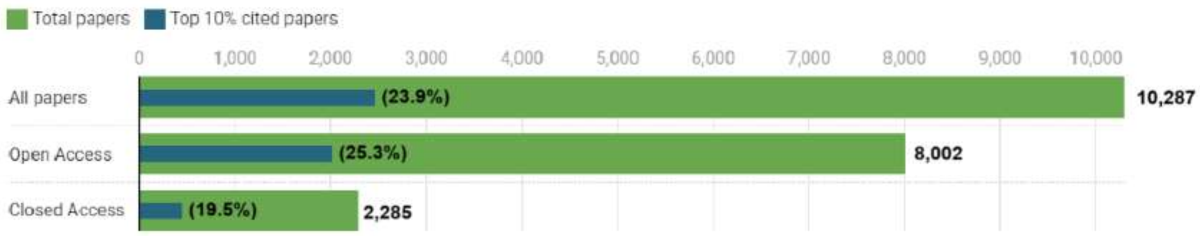
*Created with Datawrapper

An analysis of IMI funded papers by access type and by top 10% cited papers reveals that the open access papers have a higher proportion of their papers featuring in the top 10% most cited (25.3%) compared to closed access papers (19.2%). This insight highlights the greater impact that is created from publishing via open access (Figure 6.3.3).

5 Publication: Includes all content types: articles, reviews, meeting abstracts, editorials, letters, proceedings, corrections, news items and data paper.

Paper: A subset of publications that only includes substantive research ‘articles’ and ‘reviews’ that are peer reviewed.

Fig. 6.3.3: Number of IMI papers vs Top 10% cited IMI papers

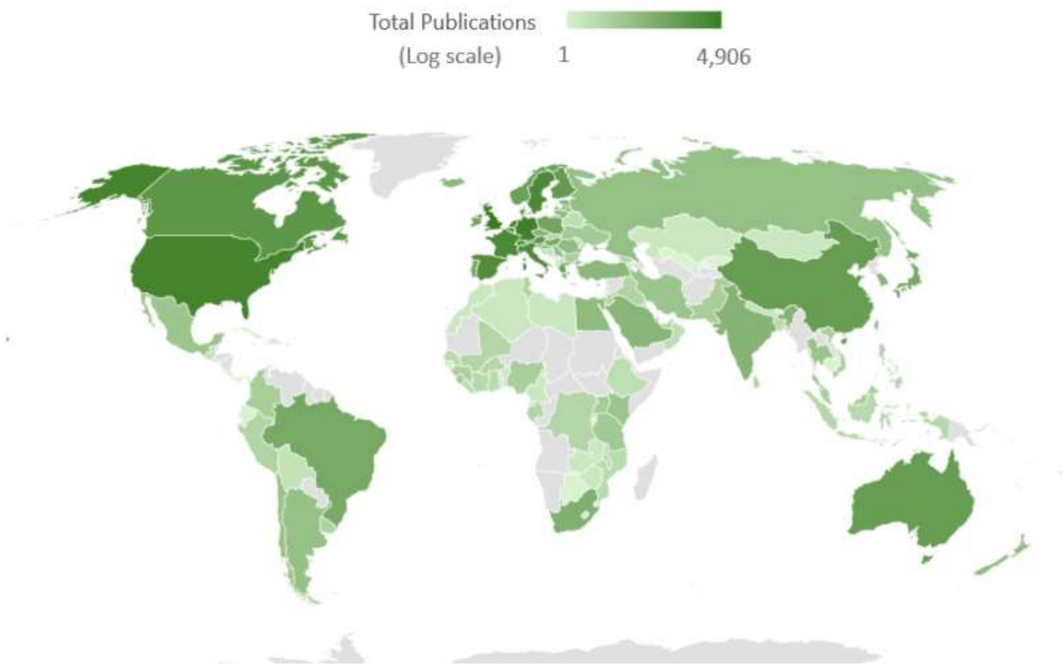


*Created with Datawrapper

6.4 IMI funded publication output by country

The global reach of IMI's research activities was also analyzed. In total, **133 countries** have at least one paper funded by IMI (Figure 6.4.1) and there are **67 countries** which have 10 or more IMI funded publications (Figure 6.4.2).

*Figure 6.4.1: Map of countries with at least one publication for IMI projects 2010–2023**



*Publications can be affiliated to multiple countries
Nature Research Intelligence reports remain neutral with regards to contested jurisdictional claims in published maps and network charts

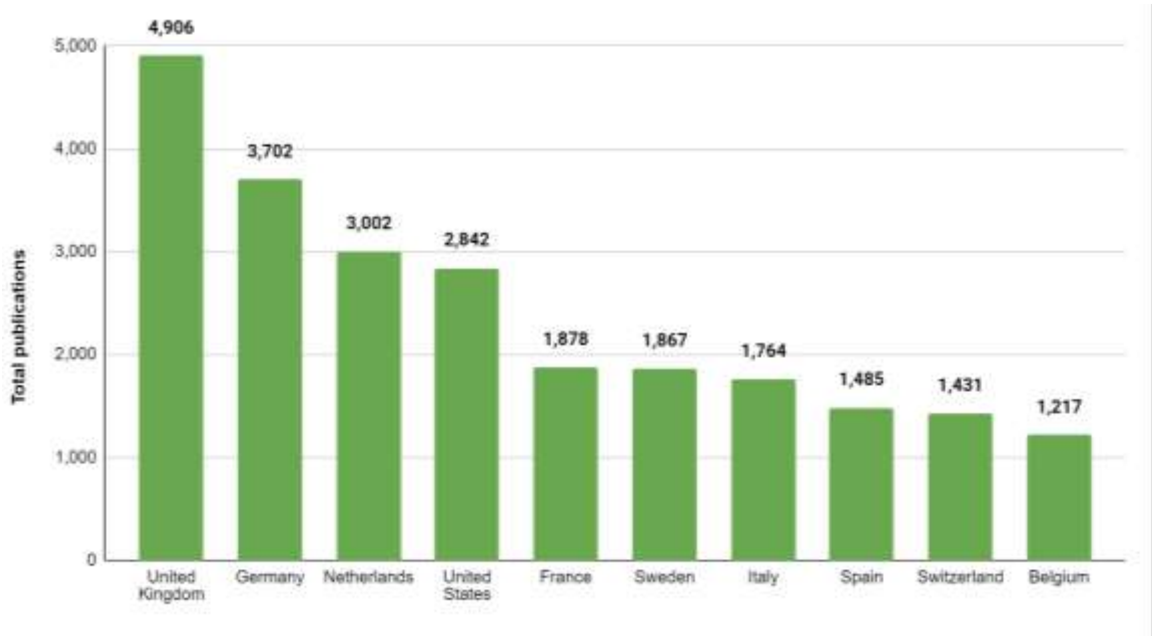
*Figure 6.4.2: Map of countries with at least ten publications for IMI projects 2010–2023**

*Publications can be affiliated to multiple countries
Nature Research Intelligence reports remain neutral with regards to contested jurisdictional claims in published maps and network charts

For a full list of all countries with at least one IMI project publication between 2010 and 2023, see [Annex 3, Table A3.2]

The leading five countries based on publication output include the United Kingdom (4,906), Germany (3,702), the Netherlands (3,002), the United States (2,842) and France (1,878). Most countries in the top ten are European with the only exception being the United States (Figure 6.4.3). Other non-European countries that appear in the top 20 include Canada (763), Australia (461) and China (433).

*Figure 6.4.3: Ten countries with the most IMI project publications 2010–2023**

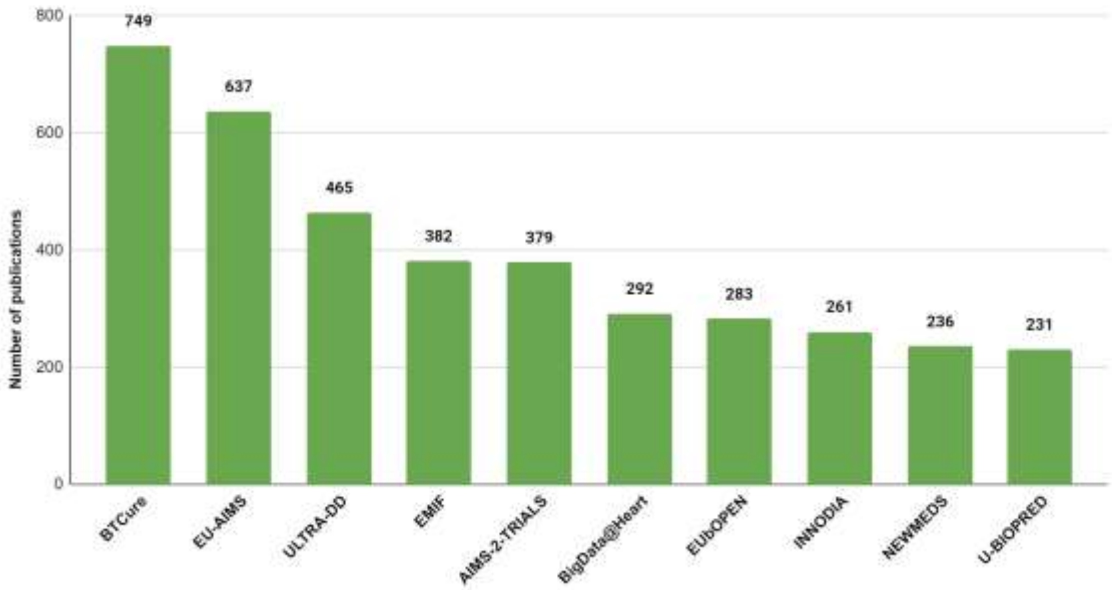


*Publications can be affiliated to multiple countries

6.5 IMI funded publication output by project

BTCure continues to be the most productive IMI funded project with 749 publications between 2010 and 2023. EUbOPEN and U-BIOPRED moved into the top 10 projects in 2023 based on publication volume, with CANCER-ID and RTCure not featuring in the top 10 for 2023 (Figure 6.5.1). The top 10 projects account for almost one-third (32.9%) of the total publications.

*Figure 6.5.1 Top ten IMI funded projects with the highest number of publications 2010–2023**



*Publications can be assigned to multiple projects

BigData@Heart is the leading project by proportion of papers published via open access (95%), when expanding the analysis to the top 20 IMI projects with the most publications (Table 6.5.1). All other IMI projects listed, except ORBITO (36.4%) and EUROPAIN (40.9%), have more than half of their papers published via open access.

LITMUS moved into the top 20 projects for 2023 and has the highest field-normalized citation impact, with 3.42. Of the top 20 projects, 8 have citations that are more than twice the world average when compared with other papers in similar disciplines with the same year of publication. EUROPAIN leads this subset of IMI projects by average citations per publication (76.5), followed by CANCER-ID (70.7) and NEWMEDS (65.0).

Table 6.5.1: Top 20 IMI projects by publications, open access publishing and impact 2010–2023

Projects*	Number of publications	Number of papers	Number of open access papers	% of open access papers	Average citations per publications	Mean field-normalized citation impact of publications
BTCure	749	696	497	71.4%	48.27	1.62
EU-AIMS	637	614	510	83.1%	41.71	1.77
ULTRA-DD	465	457	389	85.1%	34.27	1.58
EMIF	382	361	307	85.0%	48.77	2.12
AIMS-2-TRIALS	379	356	318	89.3%	20.19	2.24
BigData@Heart	292	260	247	95.0%	15.98	2.35
EUbOPEN	283	273	196	71.8%	10.62	1.44

INNODIA	261	216	189	87.5%	20.23	1.58
NEWMEDS	236	229	133	58.1%	65.04	1.96
U-BIOPRED	231	118	82	69.5%	24.64	2.07
CANCER-ID	229	200	157	78.5%	70.71	2.74
RTCure	214	182	146	80.2%	28.69	2.62
EUROPAIN	188	186	76	40.9%	76.50	2.34
TRANSLOCATION	177	176	117	66.5%	36.29	1.31
ORBITO	176	173	63	36.4%	35.38	1.73
LITMUS	166	134	105	78.4%	35.84	3.42
STEMBANCC	159	153	127	83.0%	44.08	1.67
BEAT-DKD	158	143	125	87.4%	20.72	1.82
SUMMIT	154	147	112	76.2%	30.94	1.26
IMIDIA	152	142	119	83.8%	55.05	1.49

*Publications can be assigned to multiple projects

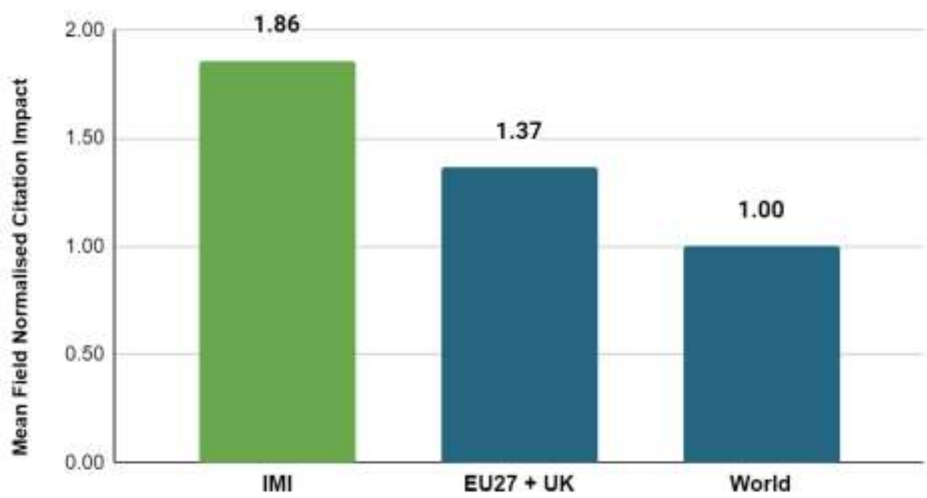
For a listing of all IMI funded projects by publications, open access publishing and impact, see Annex 3, Table A3.3.

6.6 Citation analysis for IMI funded research

The number of citations a paper receives is at least partly determined by the field to which it relates and the year of publication. Papers published about disciplines such as biomedicine and social sciences typically receive more citations than papers published in engineering, and older publications tend to accumulate higher citation counts than more recent research because they have had more time to accrue them. In this analysis, the field-normalized citation impact is used to allow comparison between years and research fields.

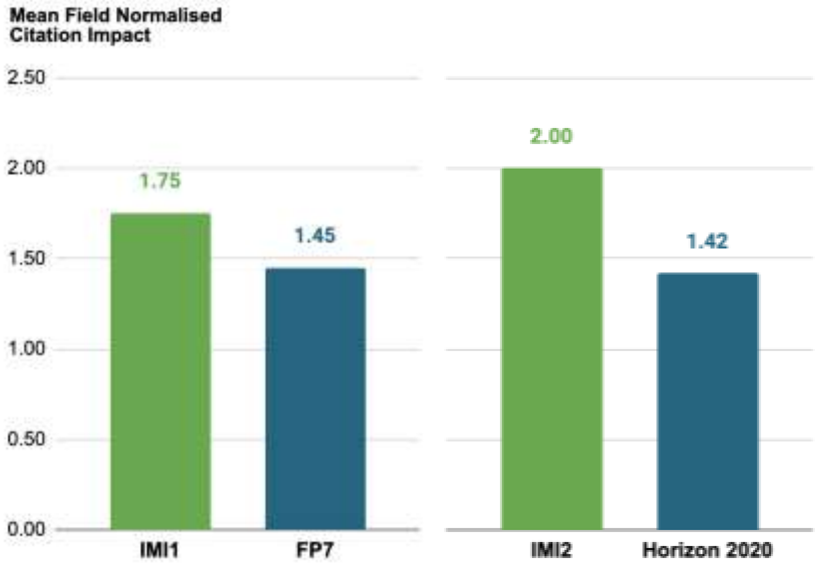
IMI papers had a field-normalized citation impact score nearly twice that of the world average (1.86), and 36% greater than the EU27+UK at 1.37 (Figure 6.6.1).

Figure 6.6.1: Field-normalized citation impact for IMI supported research papers compared to the average for EU27+UK and world papers 2010–2023



While the total number of publications from IMI projects (IMI1 - 7,004 & IMI2 - 4,351) are considerably smaller than FP7 (171,660) or Horizon 2020 (235,137), the research generated from these projects outperformed their counterparts with EU funding by a measure of field-normalized citation impact (Figure 6.6.2). Horizon 2020 trails IMI2 by a measure of field-normalized citation impact (1.42 vs 2.00). Notably, there has been a 25% increase in the field-normalized citation impact when transitioning from IMI1 to IMI2, while no increased citation impact was observed moving from FP7 to Horizon 2020 funding programmes.

*Figure 6.6.2: Field-normalized citation impact across funding programmes 2010–2023**



*Heterogeneity exists in the time periods for which these funding programmes operated; therefore direct comparisons of publication volumes generated should be approached with caution. The IMI1 programme ran 2008-2013; FP7 2007-2013; IMI2 2014-2020; and Horizon 2020 was 2014-2020

6.7 Journals in which IMI funded research is most frequently published

IMI projects have been published in 1,857 journals to date, and the average journal impact factor for IMI funded research is 7.49. In 2023 alone, the average journal impact factor across the 489 journals in which IMI supported research was published was 10.35.

The 20 journals in which IMI project publications appeared most frequently between 2010 and 2023 account for 2,286 (20.1%) of IMI's publications. The leading five journals listed account for more than 1,000 publications: Scientific Reports; Annals of the Rheumatic Diseases; PLoS ONE; Diabetologia; and Nature Communications (Table 6.7.1).

The Annals of the Rheumatic Diseases leads the top 20 journals publishing IMI project research based on its journal impact factor in 2022 (27.4). However, when citation impacts are normalized by disciplines and publication years, the American Journal of Respiratory and Critical Care Medicine achieved the highest mean journal normalized citation impact (2.3). The PAIN journal leads by a measure of citations per publication (289.5), far ahead of second-ranked Nature Communications (68.2).

A total of 209 IMI funded publications featured in the top 20 journals ranked by journal impact factor. These journals include The Lancet, The New England Journal of Medicine, JAMA, Nature journals – such as Nature Reviews Drug Discovery, Nature Reviews Molecular Cell Biology, Nature Reviews Immunology, Nature Reviews Microbiology, Nature Medicine and Nature Reviews Disease Primers – and The BMJ.

See [Annex 3, Table A3.4] detailing the distribution of IMI project publications across these high impact journals.

Table 6.7.1: Top 20 journals in which IMI project publications appear most frequently 2010–2023

Journal	Number of publications	Number of papers	Citations per publication	Mean journal normalized citation impact	Journal impact factor (2022)
Scientific Reports	243	243	26.22	1.22	4.6
Annals of the Rheumatic Diseases	230	137	37.77	1.01	27.4
PLoS ONE	229	229	24.76	1.23	3.7
Diabetologia	201	94	16.15	1.39	8.2
Nature Communications	172	171	68.17	1.03	16.6
Frontiers in Immunology	140	139	14.63	0.80	7.3
European Respiratory Journal	119	29	16.80	2.01	24.9
Journal of Medicinal Chemistry	114	114	20.54	0.95	7.3
Diabetes	102	61	21.50	0.88	7.7
International Journal of Molecular Sciences	89	89	35.91	1.18	5.6
Arthritis & Rheumatology	80	69	32.93	0.84	13.3
Journal of Alzheimer's Disease	79	78	23.56	1.20	4
Arthritis Research & Therapy	73	73	23.59	0.87	4.9
Translational Psychiatry	63	63	23.84	0.96	6.8
PAIN	63	60	289.48	1.81	7.4
Journal of Infectious Diseases	61	60	59.85	1.07	6.4
BMJ Open	60	60	20.53	2.14	2.9
Molecular Autism	57	56	47.89	1.07	6.2
American Journal of Respiratory and Critical Care Medicine	57	9	19.09	2.30	24.7
Proceedings of the National Academy of Sciences of The United States of America	54	54	76.57	1.09	11.1

The vast majority of IMI funded research across these top 20 journals is published open access (Figure 6.7.1.). In fact, six of these top 20 journals published IMI funded research exclusively via open access: Scientific Reports; PLoS ONE; Frontiers in Immunology; Arthritis Research & Therapy; BMJ Open; and Molecular Autism. In fact, only one journal from this subset published less than half of its papers via open access - PAIN, at 35%.

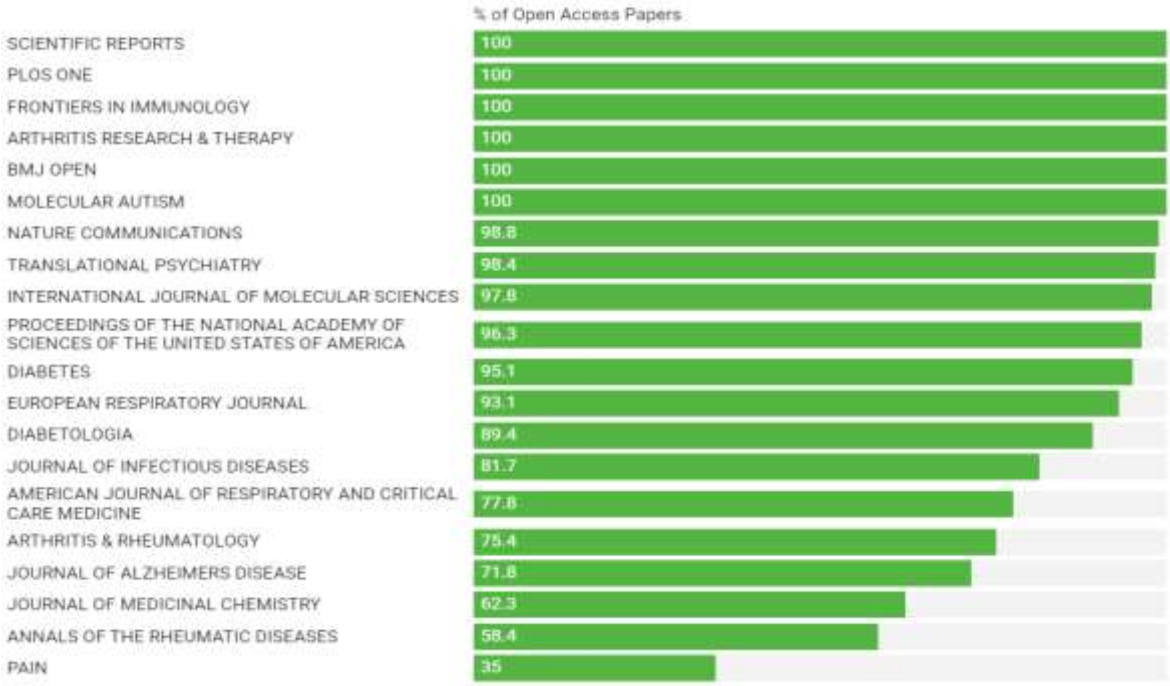


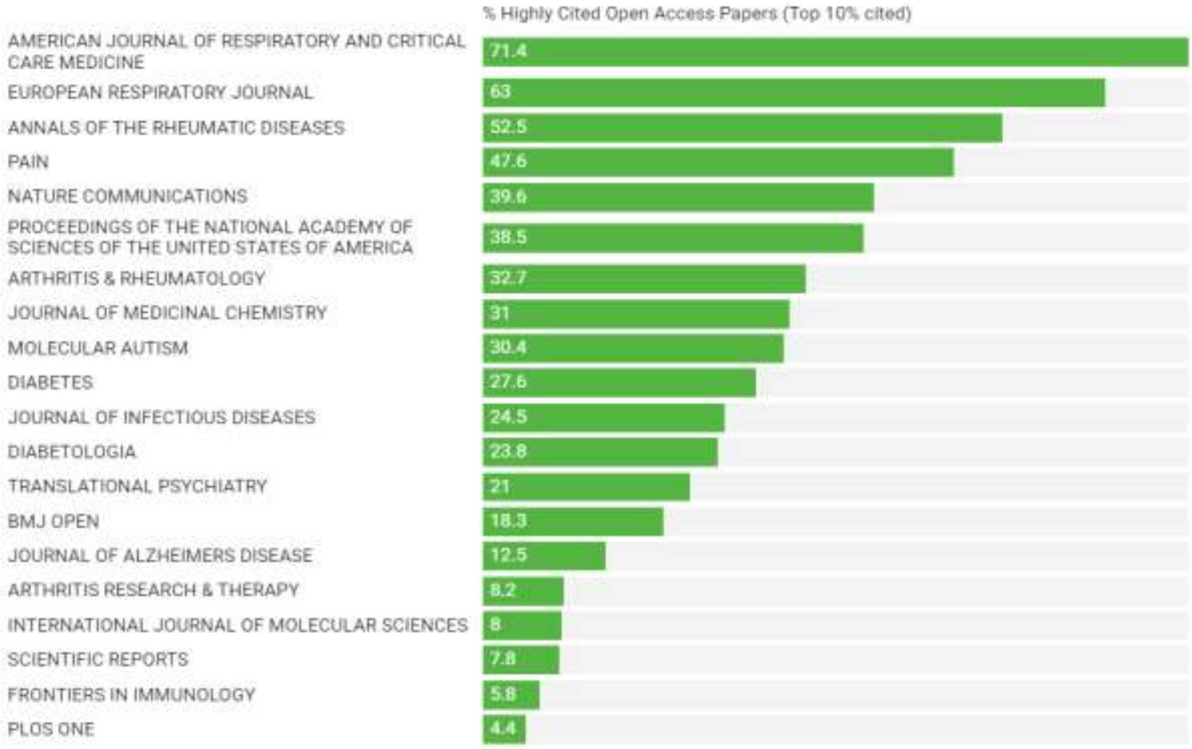
Figure 6.7.1: Proportions of open access papers publishing in the top 20 journals

*Created with Datawrapper

See Annex 3, Table A3.5 for a breakdown of open access publishing across the top 20 journals.

Open access publishing in the American Journal of Respiratory and Critical Care Medicine and the European Respiratory Journal lead this subset of journals in a rank of the highest percentage of open access papers which feature in the top 10% most highly cited papers for IMI funded research, at 71.4% and 63% respectively.

Figure 6.7.2: Proportions of top 10% cited open access papers publishing in the top 20 journals

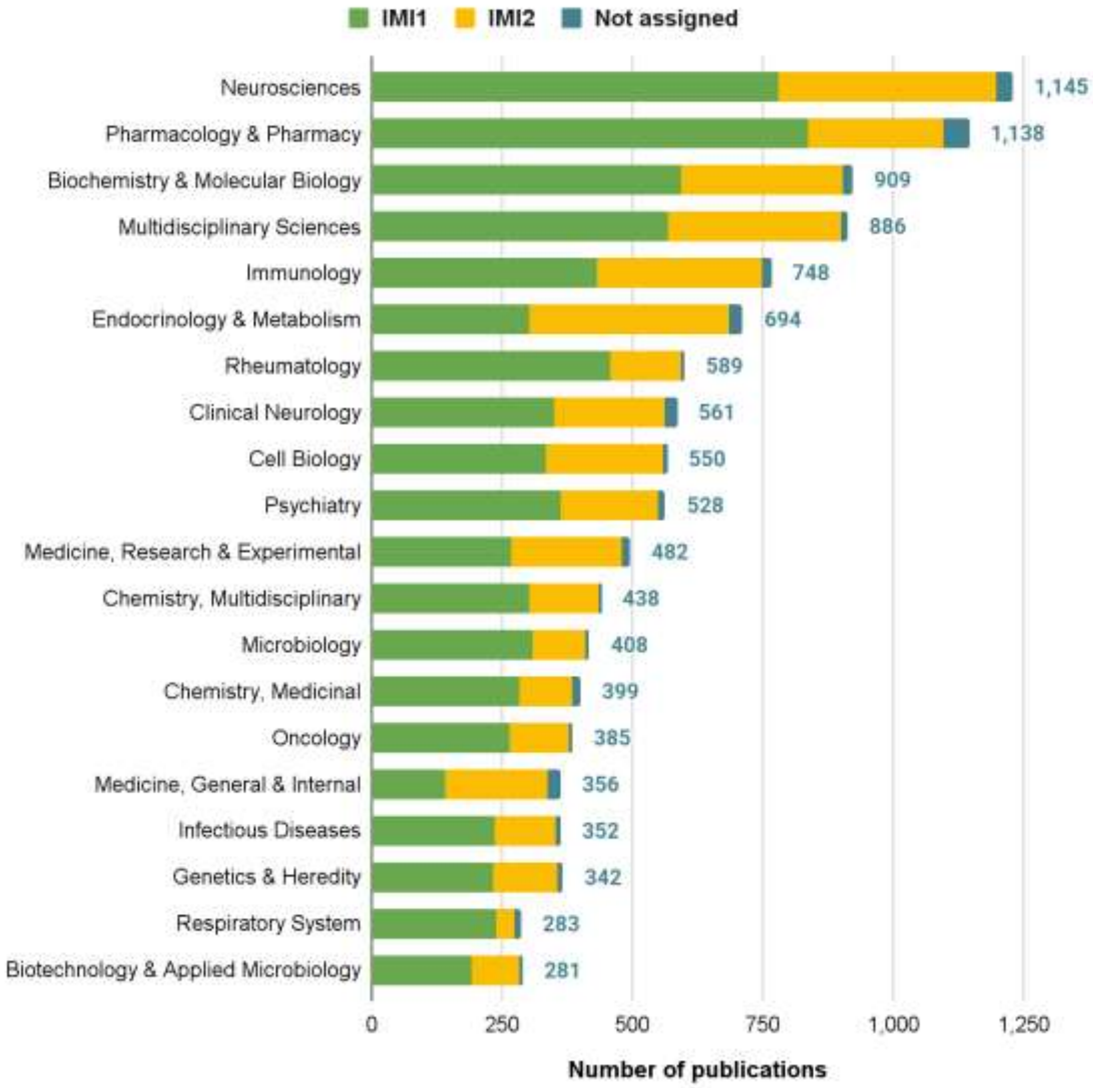


*Created with Datawrapper

6.8 Research fields accounting for the highest volume of IMI project publications

The leading research fields for IMI funded research include: Neurosciences (1,145); Pharmacology & Pharmacy (1,138); Biochemistry & Molecular Biology (909); Multidisciplinary Sciences (886; and Immunology (748). Combined, these research fields account for more than 4,800 IMI funded publications, which comprises 42% of all the 11,389 IMI publications. The data labels below show the total number of IMI project publications across journal categories (Figure 6.8.1).

*Figure 6.8.1: Top 20 Web of Science journal categories in which IMI funded research was published most frequently 2010–2023**



*Research fields are assigned to a group of journals by Web of Science based on content and themes. Publications can be assigned multiple journal categories.
**There were 324 publications that were unable to be assigned into either IMI1 or IMI2.

IMI funded research in 'Medicine, general and internal' (2.8), 'Respiratory system' (2.59), 'Oncology' (2.5), 'Genetics and heredity' (2.26) and 'Clinical neurology' (2.26) achieved citation rates more than double the world average for their research field and year of publication. IMI papers featuring in 'Cell biology' journals had the highest proportion of papers in the top 10% most cited (35.3%), despite only ranking sixth by mean field-normalized citation impact (Table 6.8.1).

'Oncology' was the leading journal category by average citations per publication (59.8), with all the top 5 journal categories for this measure averaging more than 45 citations per publication, including: Multidisciplinary sciences (51.2); Biochemistry and molecular biology (47.1); Genetics and heredity (46.7); and Cell biology (46.0).

Table 6.8.1: Citation indicators of IMI funded research across the top 20 Web of Science journal categories 2010–2023

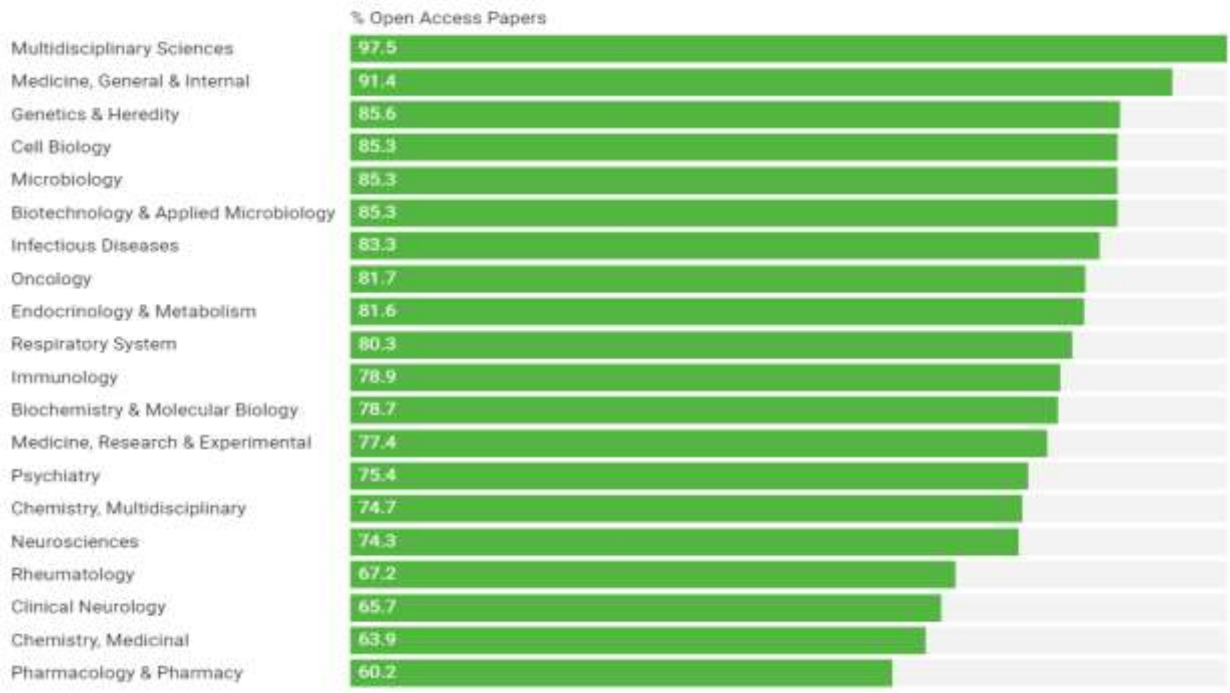
Journal categories*	Number of publications	Number of papers	Citations per publication	Mean field-normalized citation impact of publications	Highly cited papers (top 10% cited)	% Highly cited papers (top 10% cited)

Neurosciences	1,145	1,064	37.56	1.93	297	27.91%
Pharmacology and pharmacy	1,138	1,068	25.47	1.39	184	17.23%
Biochemistry and molecular biology	909	881	47.06	2.10	226	25.65%
Multidisciplinary sciences	886	880	51.16	1.94	184	20.91%
Immunology	748	717	31.11	1.49	116	16.18%
Endocrinology and metabolism	694	522	25.88	1.59	112	21.46%
Rheumatology	589	461	33.02	1.81	125	27.11%
Clinical neurology	561	493	44.51	2.26	167	33.87%
Cell biology	550	524	45.96	2.12	185	35.31%
Psychiatry	528	479	37.73	1.99	128	26.72%
Medicine, research and experimental	482	465	36.16	2.10	144	30.97%
Chemistry, multidisciplinary	438	434	38.37	1.34	77	17.74%
Microbiology	408	395	30.38	1.47	78	19.75%
Chemistry, medicinal	399	396	20.66	1.34	66	16.67%
Oncology	385	338	59.76	2.50	116	34.32%
Medicine, general and internal	356	336	45.36	2.80	117	34.82%
Infectious diseases	352	324	28.25	1.77	72	22.22%
Genetics and heredity	342	319	46.65	2.26	98	30.72%
Respiratory system	283	132	19.83	2.59	43	32.58%
Biotechnology and applied microbiology	281	252	37.60	1.72	58	23.02%

*Publications can be assigned into multiple journal categories
**There were 324 publications that were unable to be assigned into either IMI1 or IMI2.

Fourteen of the top 20 Web of Science journal categories have published more than 75% of IMI funded papers via open access. ‘Multidisciplinary Sciences’ is the leading journal category by proportion of IMI papers published via open access, at 97.5% (Figure 6.8.2).

Figure 6.8.2: Proportion of open access papers in the top 20 journals categories

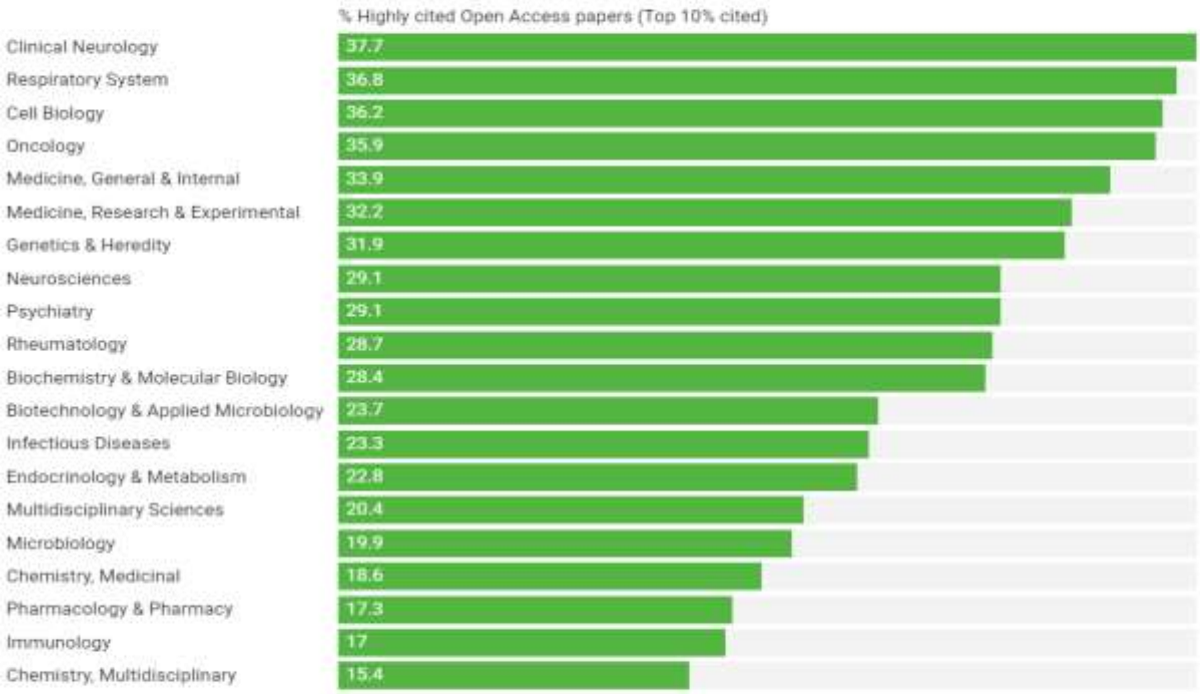


Created with Datawrapper
*Publications can be assigned into multiple journal categories
**There were 324 publications that were unable to be assigned into either IMI1 or IMI2.

See Annex 3, Table A3.6 for a breakdown of open access publishing across these top 20 journal categories.

Eleven of the top 20 Web of Science journal categories have more than 25% of its published open access papers feature in the top 10% most cited globally. Open access publishing in Clinical Neurology (37.7%), Respiratory System (36.8%) and Cell Biology (36.2%) leads this rank (Figure 6.8.3).

Figure 6.8.3: Proportion of top 10% cited open access papers in the top 20 journals categories

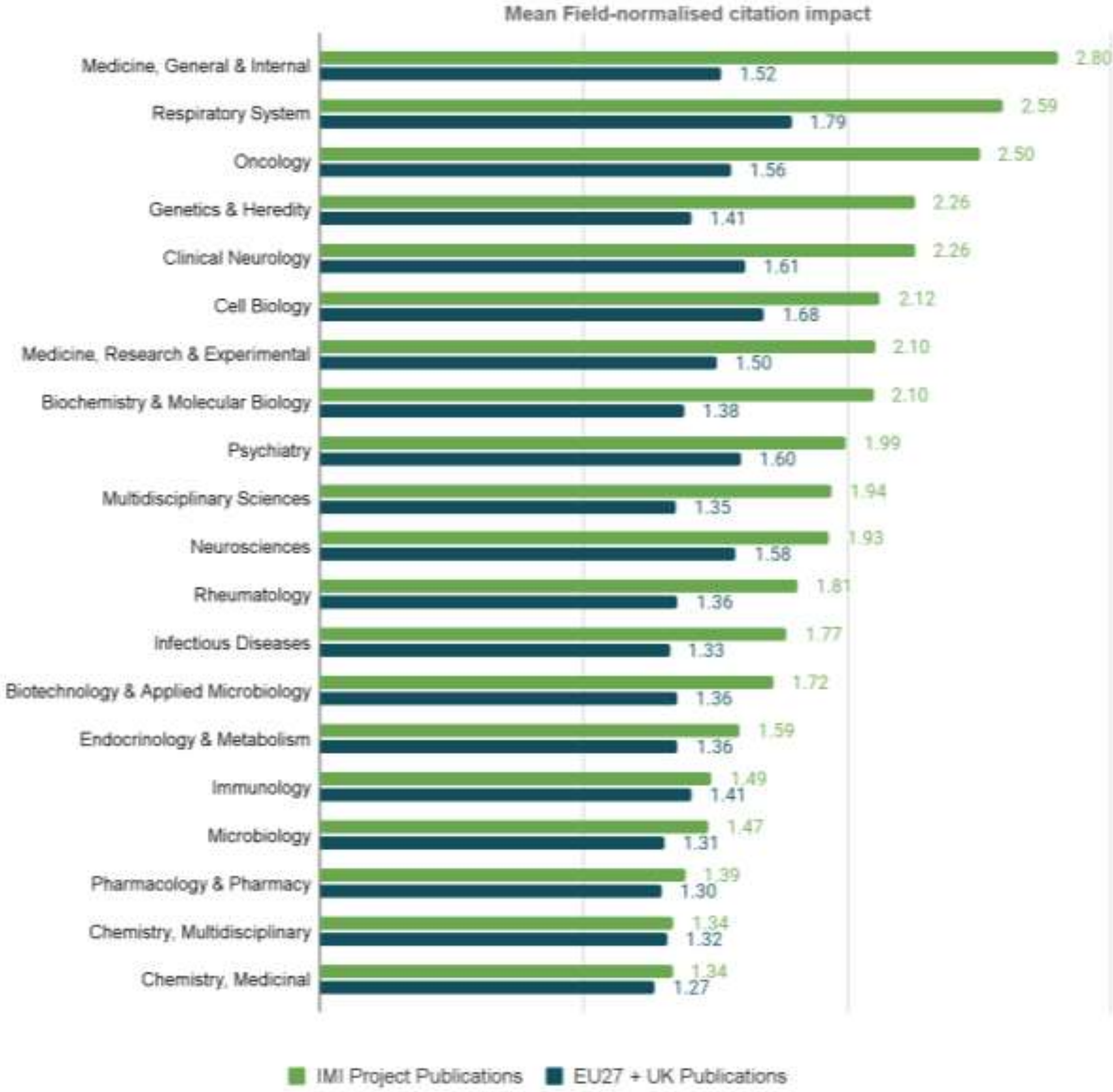


Created with Datawrapper
*Publications can be assigned into multiple journal categories

6.9 IMI research fields benchmarked against EU27+UK publications

IMI funded research outperformed EU27+UK publications across all top 20 Web of Science journal categories when considering the mean field-normalized citation impact (Figure 6.9.1). IMI project publications in 8 of the top 20 journal categories achieved citation rates over double the world average of 1.00, including: Medicine, General & Internal (2.80); Respiratory System (2.59); Oncology (2.50); Genetics & Heredity (2.26); Clinical Neurology (2.26); Cell Biology (2.12); Medicine, Research & Experimental (2.10); and Biochemistry & Molecular Biology (2.10).

Figure 6.9.1: Benchmarking of IMI funded research with EU27+UK publications in the top 20 Web of Science journal categories



See *Annex 3, Table A3.7* for a full comparison of IMI funded research against EU27+UK across these top 20 Web of Science journal categories.

7 Collaboration and geographical spread of IMI funded research

Sections 7.1 to 7.5 showcase the collaboration and geographical spread of IMI funded papers[6]. The collaboration profile of IMI funded papers is initially examined by sector, institution and country. After this, collaboration is analyzed across sectors and the relative citation impacts of IMI funded papers for domestic and international collaborations are explored. Finally, country- and city-based collaboration networks of IMI funded papers are examined.

Key highlights:

- Most IMI funded papers involve collaboration between sectors (72%), institutions (85%) and countries (66%).
- Collaborations across sectors, institutions and countries yield a higher field-normalized citation impact than the IMI average, with papers resulting from international collaborations recording a field-normalized citation impact that is more than double the world average.
- The education (96%) and health-care (72%) sectors have the greatest share of IMI funded cross-sectoral collaborative papers among all sector types.
- A positive association exists between the number of countries affiliated on an IMI funded paper and the respective field-normalized citation impact for that paper.
- The United Kingdom is the leading collaborator with EU27 countries for IMI funded papers.
- At a city cluster level, collaborations between Boston and New York have the highest field-normalized citation impact at 8.81, which is almost nine times the world average.

7.1 Collaboration profile of IMI funded papers

IMI funded papers have a large collaborative footprint, characterized by a high proportion of cross-sectoral partnerships (72%) and cross-institution collaborations (85%). Authorship of IMI funded papers also tends to be geographically diverse, with 66% of research papers affiliated with two or more institutions from different countries collaborating on their research (Figure 7.1.1).

Figure 7.1.1: Collaboration profiles for IMI funded papers 2010–2023

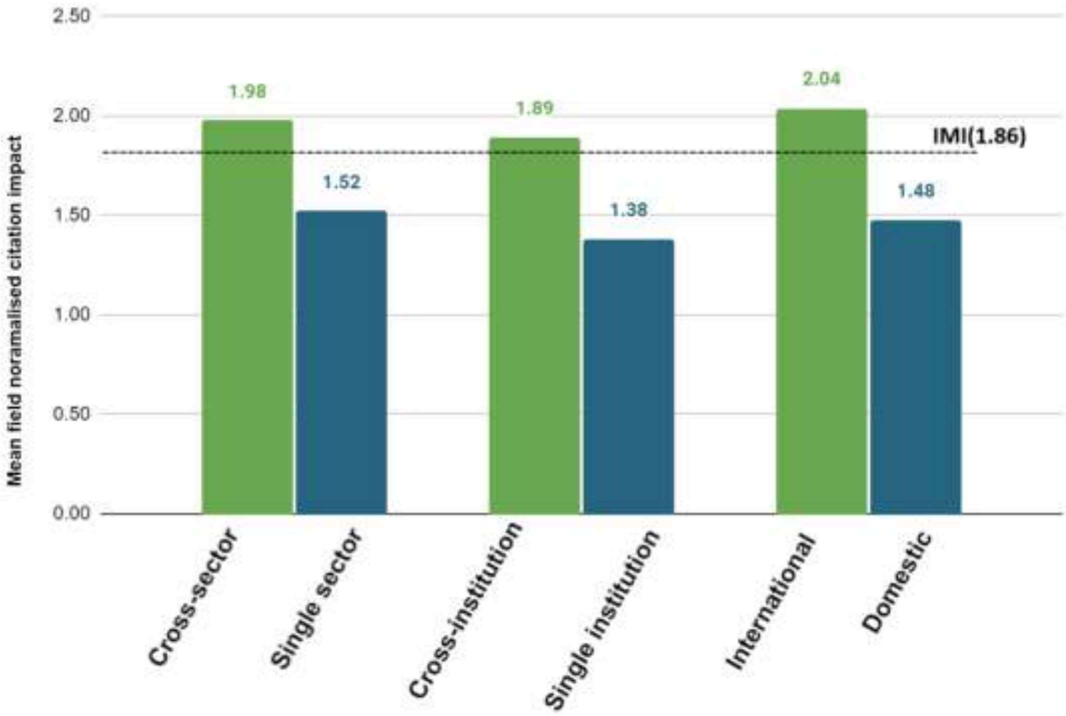
[6] Publications in Web of Science and Dimensions are indexed with metadata fields based on information supplied by the publisher to the databases directly from the publication. The assignment of metadata fields ensures that publications included in the analysis are directly linked or attributed to these fields for analysis of funder, country, sector/stakeholder comparators. For example, if an IHI JU publication is identified with one author being affiliated to an organization in Sweden, and a second author affiliated to an organization in Australia, this publication would be assigned in the analysis as an international collaboration.

*Created with Datawrapper
**Note, only IMI papers that have sector, institution or country affiliation data available are included in the base numbers for each donut chart.

See [Annex 4, Table A4.1](#) for a breakdown of the collaboration profile and associated impact of IMI project papers, 2010-2023.

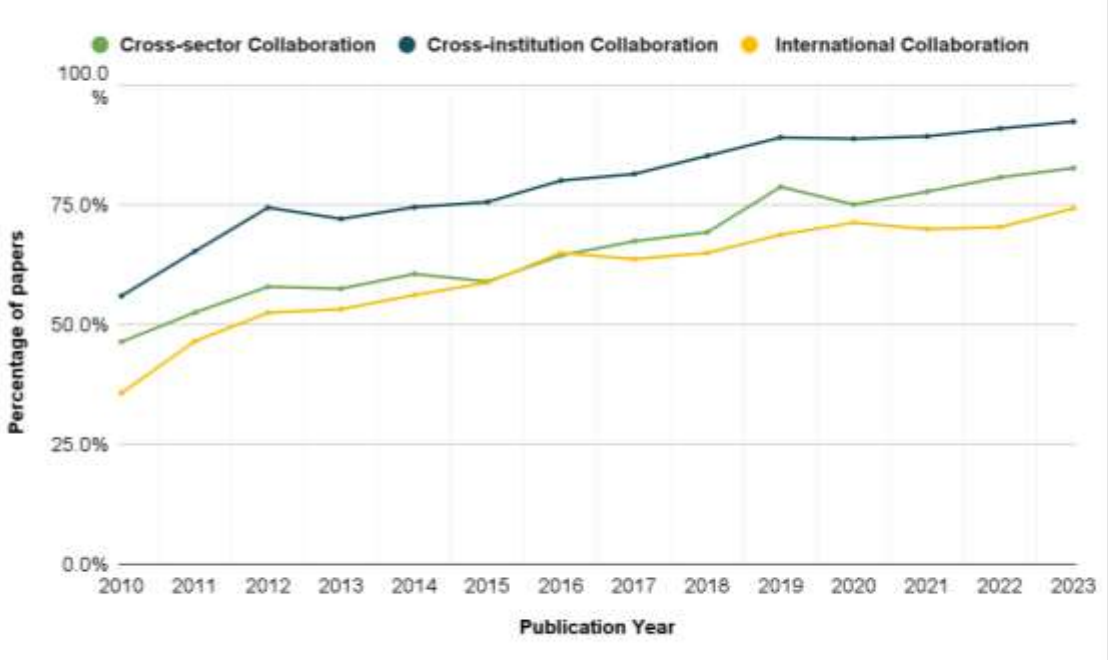
Collaborations across sectors, institutions and countries have had a positive effect on citation impact scores for IMI funded papers. Papers produced through cross-sectoral, cross-institutional and cross-country collaboration all yield citation impacts above the IMI average for all papers (Figure 7.1.2). Papers resulting from international collaborations record a field-normalized citation impact of 2.04, which is more than twice the world average. Cross-sector and cross-institution collaborations have citation rates close to double the world average, at 1.98 and 1.89 respectively.

Figure 7.1.2: Citation performance for sectoral, institutional and international collaborations from IMI funded papers 2010–2023



Over the past decade, IMI funded papers have become increasingly collaborative. The proportion of international collaborations has increased by 38.6% since 2010, while cross-sectoral and cross-institutional collaborations have increased by 36.3% and 36.4%, respectively (Figure 7.1.3). Papers involving cross-institutional collaborations have recorded the highest absolute share of IMI funded papers for any given year, with a 92.4% share in 2023.

Figure 7.1.3: Yearly trends in cross-sector, cross-institution and international collaborations by percentage share of IMI funded papers 2010-2023



7.2 Collaboration profile of IMI funded papers across sectors

Among IMI funded papers, collaborations across sectors are most prominent for the 'Academia/Education' (95.9%) and 'Health-care' (72.3%) sectors (Table 7.2.1). Cross-sectoral collaborations exhibit high field-normalized citation impact rates, with 'Health-care' (3.97), 'Academia/Education' (3.94) and 'Government' (3.86) all averaging close to four times the global average when compared with papers published in the same year and discipline.

See Annex 1, Table A1.4 for a list of definitions for each sector classification, as defined by Dimensions.

*Table 7.2.1: Profile of cross-sector collaborations for IMI funded papers, 2010–2023***

Sector	Number of cross-sector collaborated IMI papers	% of cross-sector papers (7,363)	Mean field-normalized citation impact
Academia/Education	7,063	95.9%	3.94
Health-care	5,321	72.3%	3.97
Other (Facility, Nonprofit, Archive, Other)	3,994	54.2%	3.87
Company	2,197	29.8%	2.61
Government	1,177	16.0%	3.86
Unknown	2	0.0%	0.46

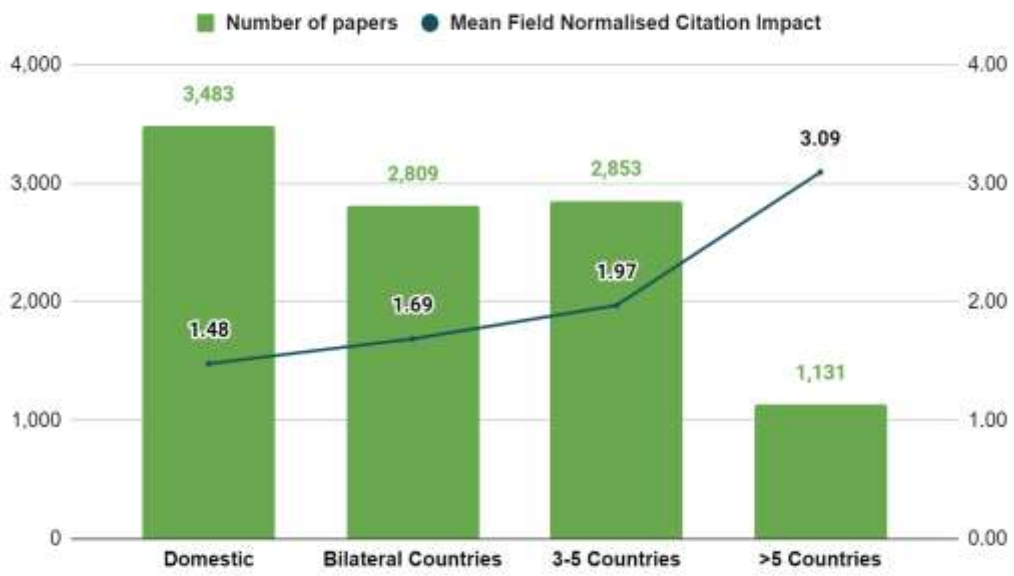
*A single paper may be affiliated to more than one sector.

** Sector and stakeholders are tagged as metadata fields based on information supplied by the publisher to the databases directly from the publication. Each publication is assigned a sector and this assignment ensures that all publications included in the analysis can be directly linked to a sector or stakeholder. Some publications may have missing data for this field and these publications are not included in the analysis.

7.3 Impact of domestic and international collaboration of IMI funded papers

A positive relationship exists between the number of countries affiliated to an IMI funded research paper and the field-normalized citation impact of that paper, indicating the strength of international collaboration (Figure 7.3.1). IMI funded papers which have five or more affiliated countries have citation rates more than three times the world average (3.09). This citation impact is more than double that of IMI funded papers which only feature domestic collaborators. Bilateral collaborations and those with 3–5 affiliated countries record a higher citation impact than domestic collaborations, at 1.69 and 1.97 respectively.

Figure 7.3.1: Collaboration citation performance for IMI funded papers by number of affiliated countries 2010–2023

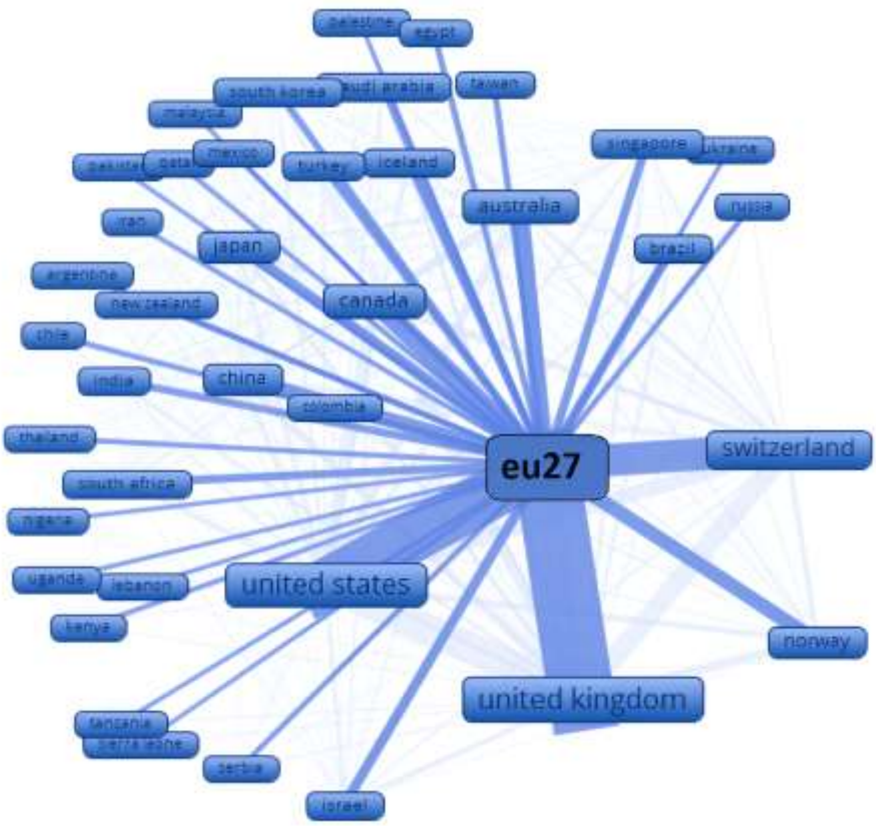


7.4 Collaborations between EU and non-EU countries for IMI funded publications

IMI projects connect EU with research hotspots around the world. The United Kingdom (3,329), United States (2,302) and Switzerland (1,128) lead country affiliations from IMI funded publications involving collaborations between EU and non-EU countries. Canada, Australia, China, Norway, Japan, Israel and Brazil are also in the top ten. Among the top ten non-EU countries, IMI funded publications involving collaborations between Japan and at least one EU country recorded the highest field-normalized citation impact at almost five times the world average (4.80), followed by Israel (4.07) and Australia (3.86). Figure 7.4.1 shows the extent of the collaboration network between EU and non-EU countries for collaborations with ten or more publications.

See Annex 4, Table A4.2 for a detailed list of the top countries collaborating with EU countries ranked by number of publications. Only countries with a minimum of 10 publications are displayed.

Figure 7.4.1: Collaborations between EU and non-EU countries for IMI funded research where there are 10 or more publications 2010–2023



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*The width of the lines indicates the volume of IMI funded research between EU27 and non-EU countries
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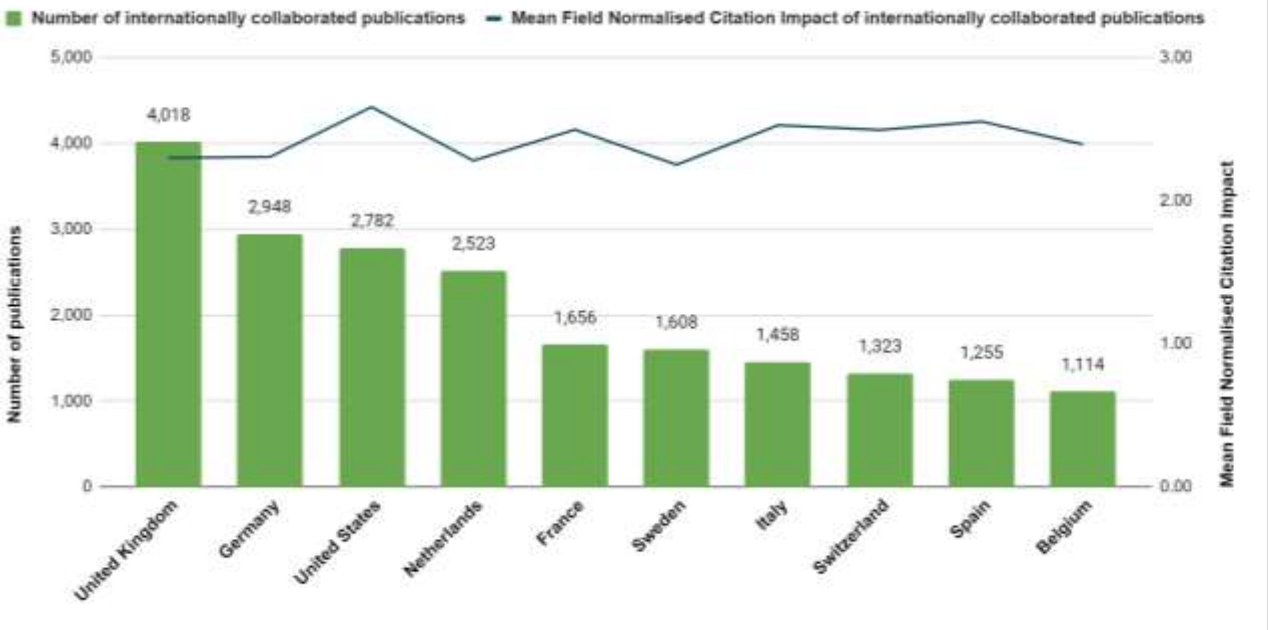
7.5 Collaboration networks of IMI funded publications

The five countries contributing to the most internationally collaborated IMI funded publications include: the United Kingdom (4,018); Germany (2,948); United States (2,782); the Netherlands (2,523); and France (1,656). Publications from the top ten countries with the highest international collaboration volume all had mean field-normalized citation impact of at least twice the world average (Figure 7.5.1).

See Annex 4, Table A4.3 for a detailed list of all countries and the volume of international collaboration publications.

Figure 7.5.1: Country-level collaboration publications for IMI funded research 2010–2023



The following subsections draw out a detailed collaboration network analysis, starting at a country level for the top five countries outlined above and city pairwise clustering for the top cities in these countries by publication volume which are London (2,446), Berlin (643), Boston (465), Amsterdam (951) and Paris (845). A city cluster is created by aggregating all IMI funded research from that city.

See Annex 4, Table A4.4 for a list of the top city clusters for IMI funded research and the volume of international collaboration publications (with a minimum of 50 publications).

For each city cluster collaboration analysis, a view of the top five organizations based on IMI publication volume are drawn out.

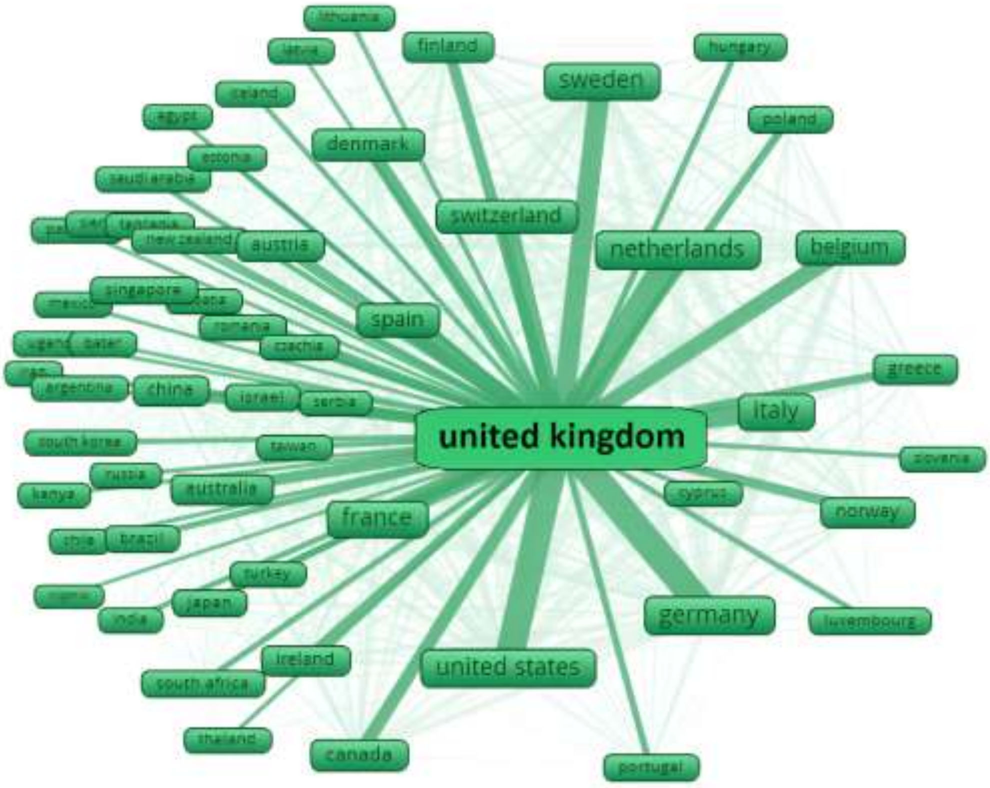
See Annex 4, Table A4.5 for a list of the top organizations in each city cluster for IMI funded research (with a minimum of ten publications).

United Kingdom collaboration network

With the United Kingdom as the leading collaborator publishing IMI funded research with 4,018 publications, a country level collaboration network analysis reveals Germany (1,568), United States (1,560) and the Netherlands (1,518) to be the top countries collaborating with the United Kingdom, based on the number of publications co-authored with researchers based in UK institutions (Figure 7.5.2). Of all the international partners with a minimum of 50 IMI funded publications produced in collaboration with the United Kingdom, collaborative publications between UK and Japanese institutions garnered the highest field-normalized citation impact at 6.2. Using 50 publications for this analysis ensures greater stability of the normalized citation impact metric.

See [Annex 4, Table A4.6](#) for a detailed list of the top countries collaborating with the UK ranked by number of publications. Only countries with a minimum of 10 publications are displayed.

Figure 7.5.2: Collaborations between the United Kingdom and the rest of the world for IMI funded research where there are ten or more publications 2010–2023



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*The width of the lines indicates the volume of IMI funded research between the United Kingdom and other countries
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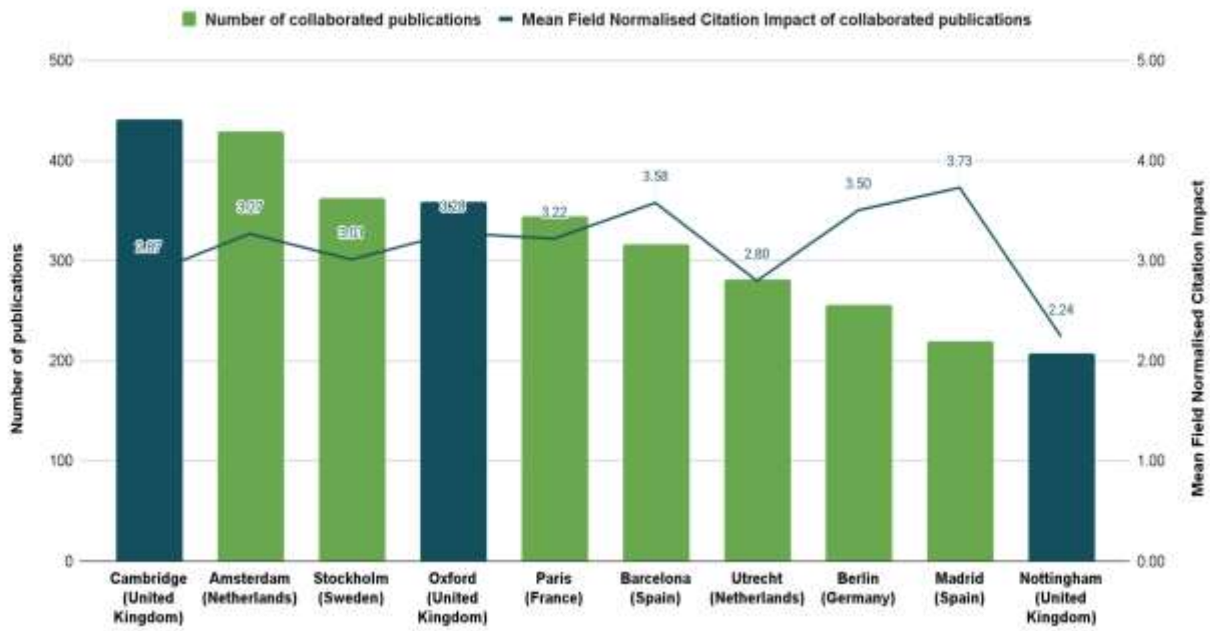
London city cluster collaboration

London has more than 2,000 internationally collaborated publications attributed to IMI funding. Within the top 10 collaborating cities, Cambridge, Oxford and Nottingham feature as domestic collaborators. The remaining seven collaborating cities in the top 10 are all EU cities. When considering these top 10 cities, two international collaborations with London – Madrid (3.73) and Barcelona (3.58) – had the highest field-normalized citation impact, which are more than 3.5 times the world average (Figure 7.5.3).

Within the London city cluster, the top five organizations based on publication volume include King's College London (926), University College London (618), Imperial College London (579), GlaxoSmithKline (197) and the London School of Hygiene & Tropical Medicine (113).

See [Annex 4, Table A4.7](#) for a list of the top 50 cities collaborating with London ranked by number of publications.

Figure 7.5.3: Top city collaborations for IMI funded research from London, 2010–2023



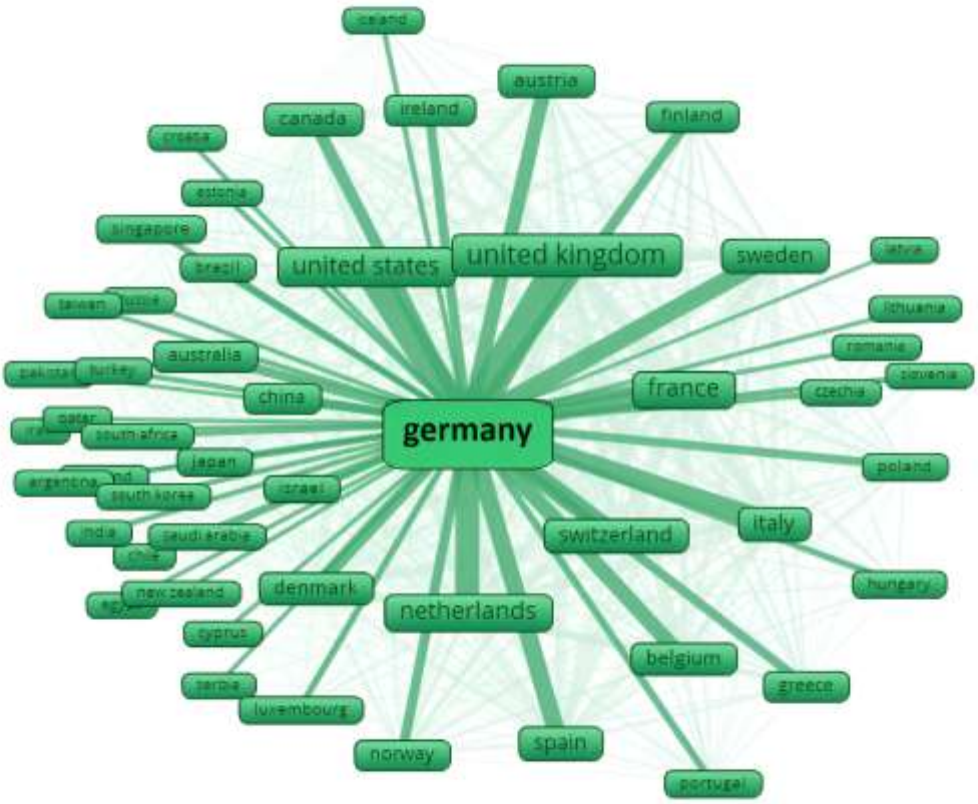
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

Germany collaboration network

Germany also displays an extensive collaboration network for IMI funded publications (Figure 7.5.4). The top five countries collaborating with Germany each account for more than 5,150 publications: the United Kingdom (1,568); United States (1,161); the Netherlands (936); France (841); and Switzerland (671). Of all the countries collaborating with Germany and considering a minimum of 50 IMI funded publications, collaborations with Czechia (6.89), Singapore (6.50) and Japan (6.18) have yielded the highest field-normalized citation impact.

See Annex 4, Table A4.8 for a detailed list of the top countries collaborating with Germany ranked by number of publications. Only countries with a minimum of 10 publications are displayed.

Figure 7.5.4: Collaborations between Germany and the rest of the world for IMI funded research where there are ten or more publications, 2010–2023



*Created with VoSViewer

*The width of the lines indicates the volume of IMI funded research between Germany and other countries
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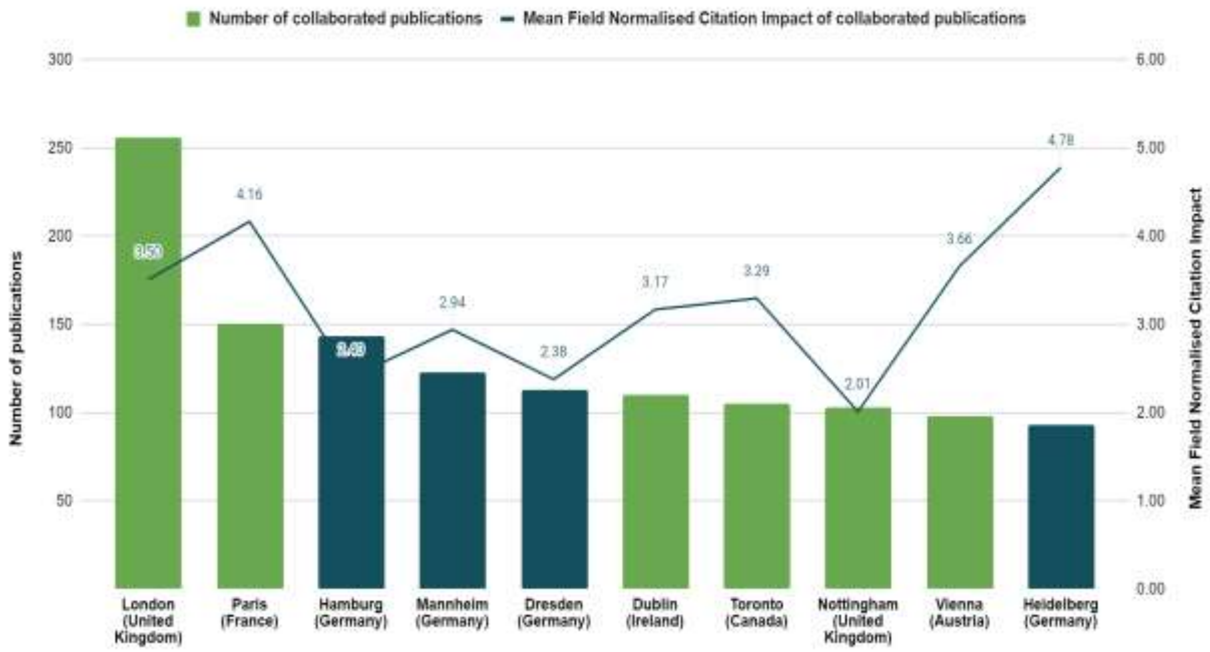
Berlin city cluster collaboration

Berlin has the most collaboration on IMI publications with London (256). However, almost half of the city cluster collaborations for IMI funded research with Berlin are domestic and include Hamburg (143), Mannheim (123), Dresden (113) and Heidelberg (93) (Figure 7.5.5). Collaborative publications between Berlin and Heidelberg had the highest field-normalized citation impact at almost five times the world average (4.78), followed by Paris (4.16), Vienna (3.66) and Toronto (3.29).

The top five organizations producing IMI funded research include Charité — Berlin University Medicine (286), German Centre for Cardiovascular Research (84), German Rheumatism Research Centre Berlin (48) Berlin Institute of Health at Charité — Berlin University Medicine (46) and the Humboldt University of Berlin (44).

See Annex 4, Table A4.9 for a list of the top 50 cities collaborating with Berlin, ranked by number of publications.

Figure 7.5.5: Top city collaborations for IMI funded research from Berlin 2010-2023



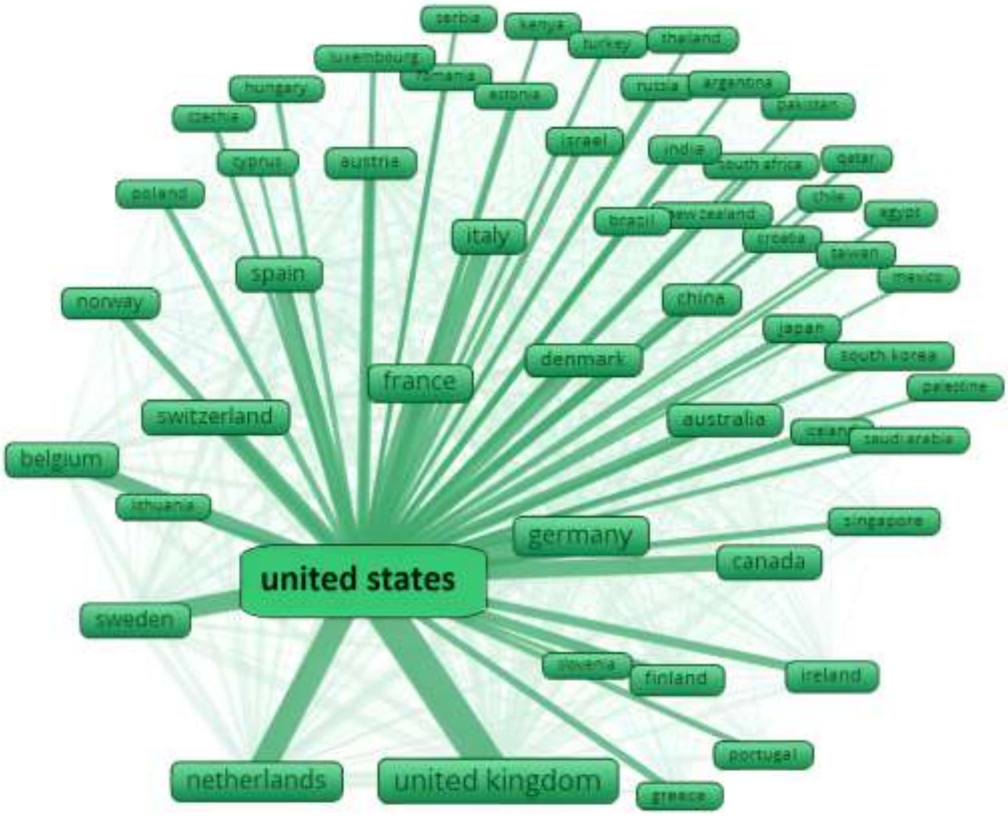
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

United States collaboration network

The top 10 countries collaborating with the United States on IMI funded research (minimum 10 publications) are led by the UK and feature a number of other EU countries (Germany, the Netherlands, France, Sweden, Italy, Switzerland, Spain and Belgium). The only non-European country to feature in the top 10 countries with the United States was Canada, which ranked ninth. Across the 51 countries that have collaborated with the United States on a minimum of 10 IMI publications, the citation impact was approximately three times the world average. Among the top ten countries collaborating with the United States, Spain had the highest field-normalized citation impact, at 3.68 (Figure 7.5.6).

See Annex 4, Table A4.10 for a detailed list of the top countries collaborating with the United States, ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.5.6: Collaborations between the United States and the rest of the world for IMI funded research where there are ten or more publications 2010–2023



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*The width of the lines indicates the volume of IMI funded research between the United States and other countries
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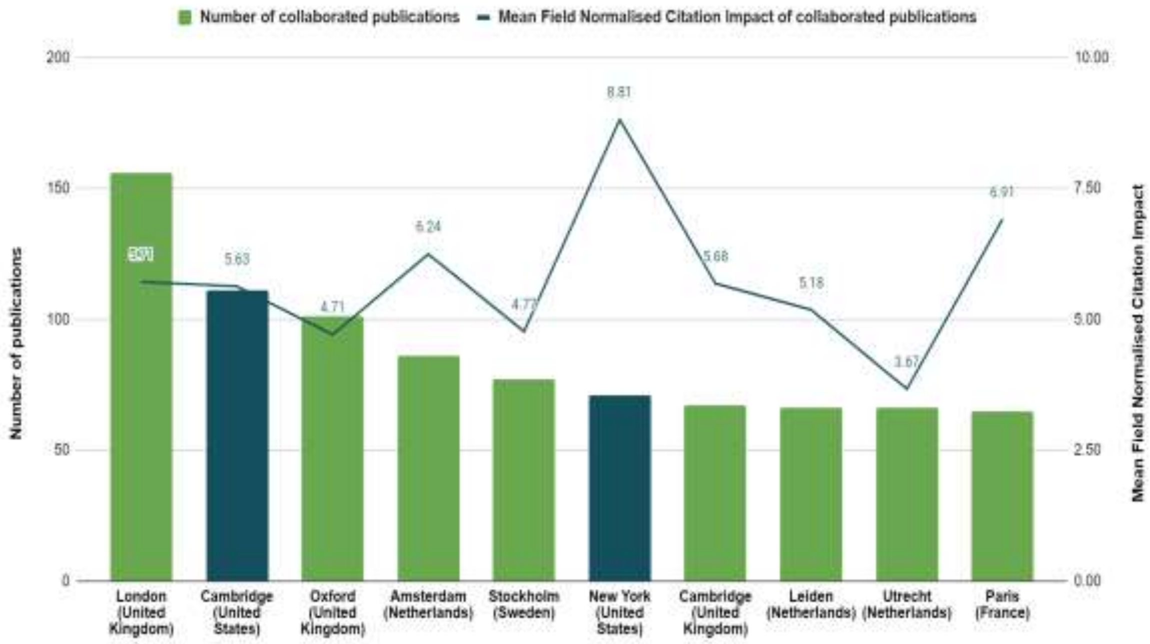
Boston city cluster collaboration

International collaborations for IMI funded research dominate the collaboration profile of Boston, with the international cities within Boston's top 10 collaborators all located in Europe. Domestically, Boston collaborates the most on IMI funded publications with Cambridge, Massachusetts (111) and New York (71). Collaboration between Boston and New York also yielded the highest field-normalized citation impact at 8.81, almost nine times the world average, followed by Paris (6.91) and Amsterdam (6.24) (Figure 7.5.7). Compared with the other city clusters detailed in this section, it is noted that nine of the ten city collaborations with Boston have a normalized citation impact above 4.

In Boston, the top five research organizations by publication volume include Massachusetts General Hospital (120), Brigham and Women's Hospital (78), Boston University (55), Beth Israel Deaconess Medical Center (44) and Boston Children's Hospital (42).

See Annex 4, Table A4.11 for a list of the top 50 cities collaborating with Boston, ranked by number of publications.

Figure 7.5.7: Top city collaborations for IMI funded research from Boston 2010–2023



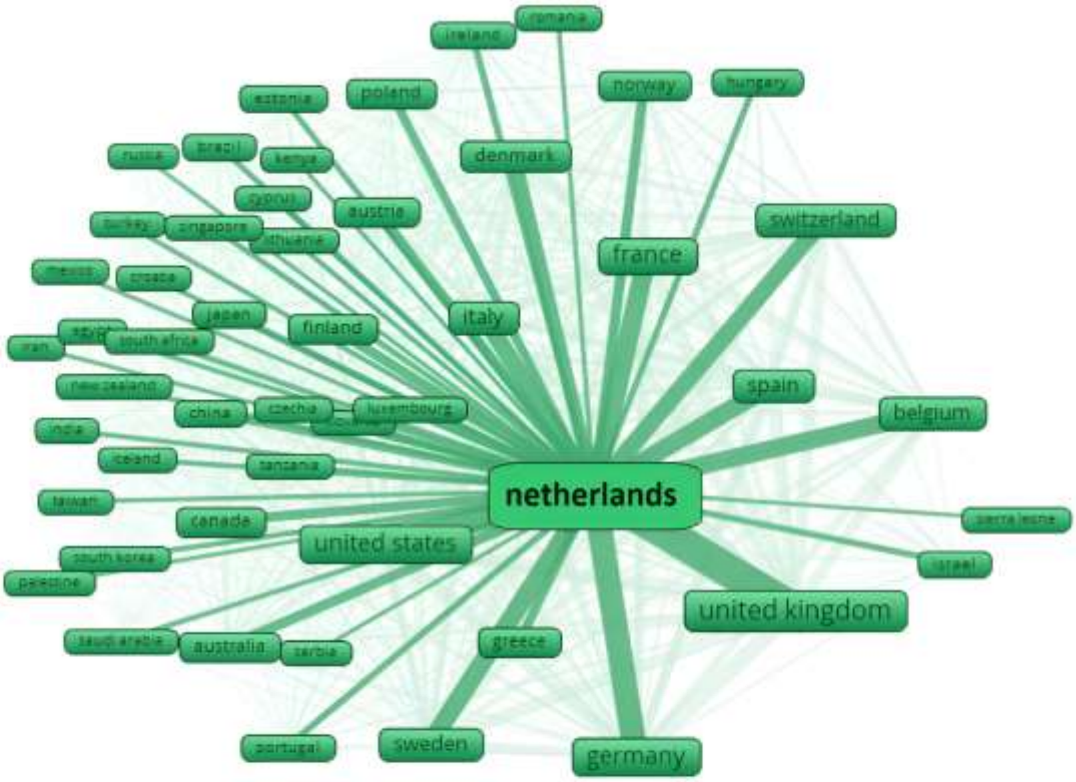
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

The Netherlands collaboration network

The Netherlands has a minimum of 10 IMI funded publications in collaboration with 50 other countries. In their top ten collaboration network, the United Kingdom, Switzerland and the United States are the only countries outside the EU (Figure 7.5.8). Among collaborating countries with co-authors of 50 or more IMI publications with the Netherlands, Japan (6.71), Brazil (5.75) and Portugal (5.58) yielded the highest field-normalized citation impacts.

See Annex 4, Table A4.12 for a detailed list of the top countries collaborating with the Netherlands, ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.5.8: Collaborations between the Netherlands and the rest of the world for IMI funded research where there are ten or more publications, 2010–2023



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*The width of the lines indicate the volume of IMI funded research between the Netherlands and other countries
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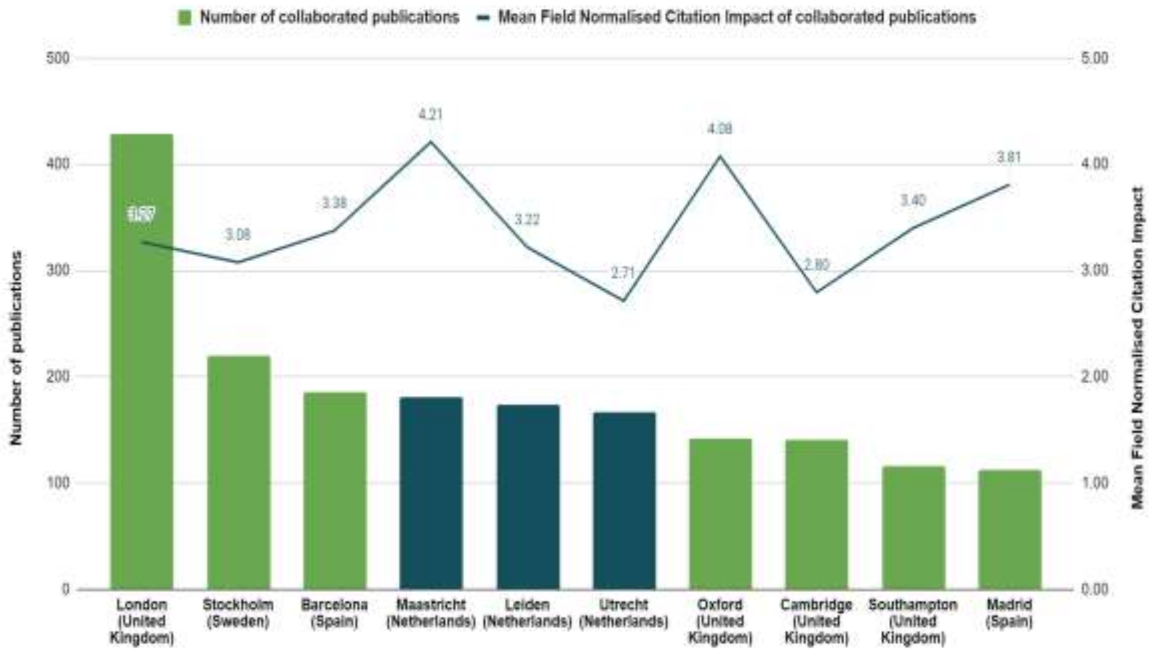
Amsterdam city cluster collaboration

The Amsterdam city cluster has collaborated with London on 429 publications, more than 200 papers more than Stockholm (220), which ranks second. In fact, Amsterdam's international collaborations are dominated by the United Kingdom, with four UK cities featuring in Amsterdam's top 10 collaborating cities: London (429), Oxford (142), Cambridge (141) and Southampton (116) (Figure 7.5.9). Despite this, Amsterdam is similar to Berlin in that it has a strong domestic collaboration profile for IMI funded research, with collaborations in the top 10 including Maastricht (181), Leiden (174) and Utrecht (167). The domestic collaboration with Maastricht also yielded the highest field-normalized citation impact among the top ten collaborating cities, at 4.21.

The leading organizations for IMI funded publications in the Amsterdam cluster include Vrije Universiteit Amsterdam (241), VU University Medical Centre (239), University of Amsterdam (213), Amsterdam Neuroscience (167) and the Academic Medical Centre (140).

See Annex 4, Table A4.13 for a list of the top 50 cities collaborating with Amsterdam ranked by number of publications.

Figure 7.5.9: Top city collaborations for IMI funded research from Amsterdam 2010–2023



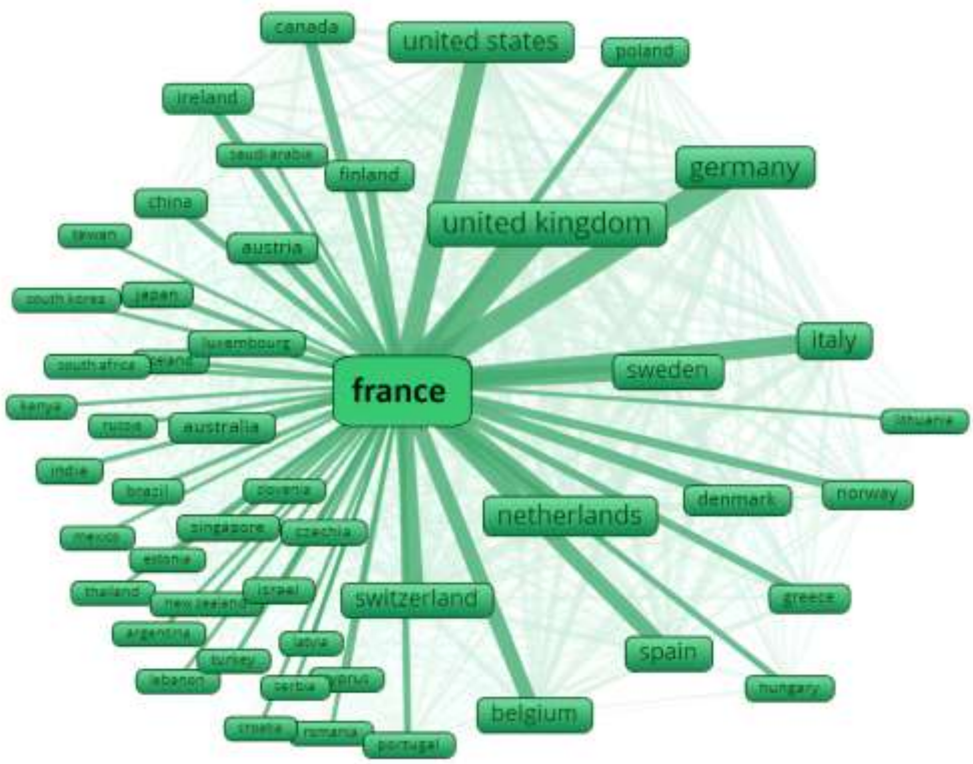
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

France collaboration network

Much like the countries noted above, the top ten collaborating countries working with France on IMI funded research are dominated by EU countries — Germany, the Netherlands, Italy, Sweden, Spain, Belgium and Denmark — with the United Kingdom, the United States and Switzerland rounding out this leading group (Figure 7.5.10). Among this subset of countries collaborating with France, collaborations with Denmark (3.65) and Italy (3.49) have the highest field-normalized citation impact.

See Annex 4, Table A4.14 for a detailed list of the top countries collaborating with France ranked by number of publications. Only countries with a minimum of 10 publications are displayed.

Figure 7.5.10: Collaborations between France and the rest of the world for IMI funded research where there are ten or more publications 2010–2023



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*The width of the lines indicates the volume of IMI funded research between France and other countries
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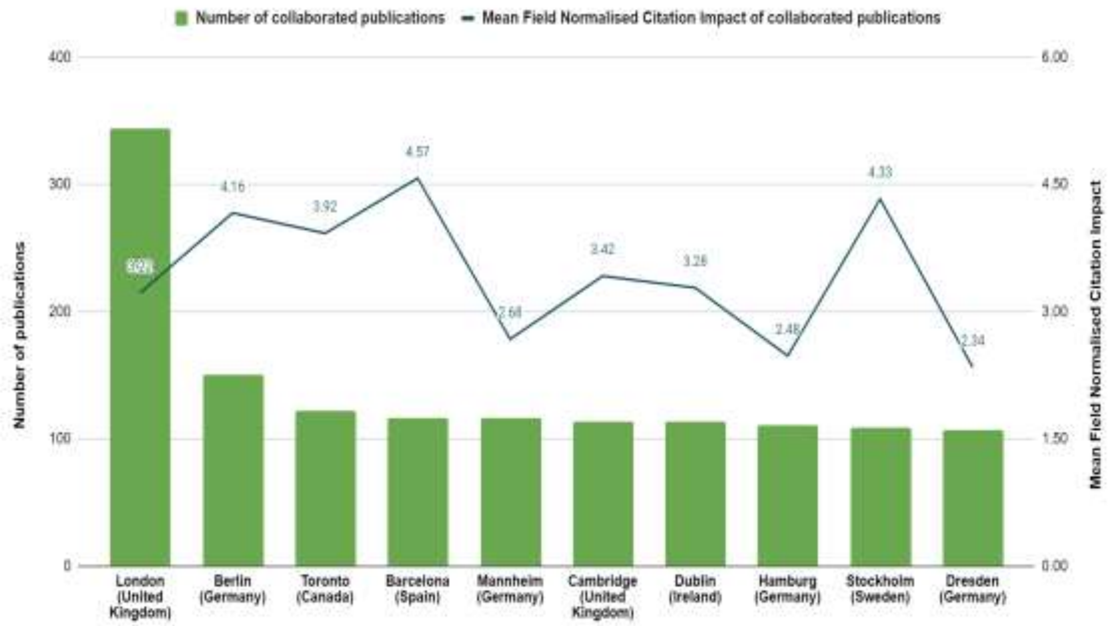
Paris city cluster collaboration

All the top ten city cluster collaborations that Paris has on IMI funded publications are international. Much like Amsterdam, IMI funded research collaborations between Paris and London have the highest volume of co-authored publications (344) (Figure 7.5.11). Collaborations between Paris and Barcelona (4.57) and Stockholm (4.33) have the highest field-normalized citation impact.

Université Paris Cité (203), Inserm (201), Pitié-Salpêtrière Hospital (100), Sorbonne University (99) and Institut Pasteur (96) are the leading organizations within the Paris cluster for IMI funded research. Sanofi is sixth with 85 publications.

See [Annex 4, Table A4.15](#) for a list of the top 50 cities collaborating with Paris ranked by number of publications.

Figure 7.5.11: Top city collaborations for IMI funded research from Paris 2010–2023



8 Benchmarking analysis comparing IMI funded research with ten international research funders

Section 8.1 to 8.6 compares IMI funded research with the research generated from a selection of ten international research funders. This benchmarking exercise starts with a comparison of publication output and publishing trends over time before using a series of indicators to measure citation impact. These indicators include field-normalized citation impact and the proportions of papers that are highly cited. The section concludes with a comparative analysis of open access publishing.

Key highlights:

- IMI research papers rank third when comparing the field-normalized citation impact (1.86) across ten international research funders, only trailing the Medical Research Council (2.34) and the Wellcome Trust (2.30).
- IMI research papers rank fourth based on their share of highly cited papers, which account for almost one-quarter (23.9%) of papers in the top 10% most cited in the world.
- IMI ranks sixth among the comparator funders for open access publishing (77.8%), with 5 of the 10 selected funders publishing more than 80% of papers via open access.

8.1 Summary of bibliometric indicators comparing IMI funded research with selected comparators

Although IMI has only been funding research for just over a decade, its performance compares well with established funders who have been active for much longer. This is evident in the summary of bibliometric indicators, where IMI is compared against ten international health research funders which have been used to benchmark research supported by IMI (Table 8.1.1). These comparators span multiple regions of the world, including Europe, North America, and the Asia–Pacific region.

Table 8.1.1: Summary of bibliometric indicators comparing IMI funded research against ten selected comparators 2010–2023

Comparator	Country	Region	Number of publications	Number of papers	Mean field-normalized citation impact of publications	Percentage of highly cited papers (top 10% cited)	Percentage of open access papers
Innovative Medicines Initiative (IMI)	Belgium	Europe	11,389	10,287	1.86	23.9%	77.8%
Medical Research Council (MRC)*	United Kingdom	Europe	198,576	182,256	2.34	28.1%	86.6%
Wellcome Trust (WT)*	United Kingdom	Europe	151,077	135,726	2.30	28.4%	91.7%
National Health and Medical Research	Australia	Australia	101,567	96,686	1.84	22.1%	69.9%

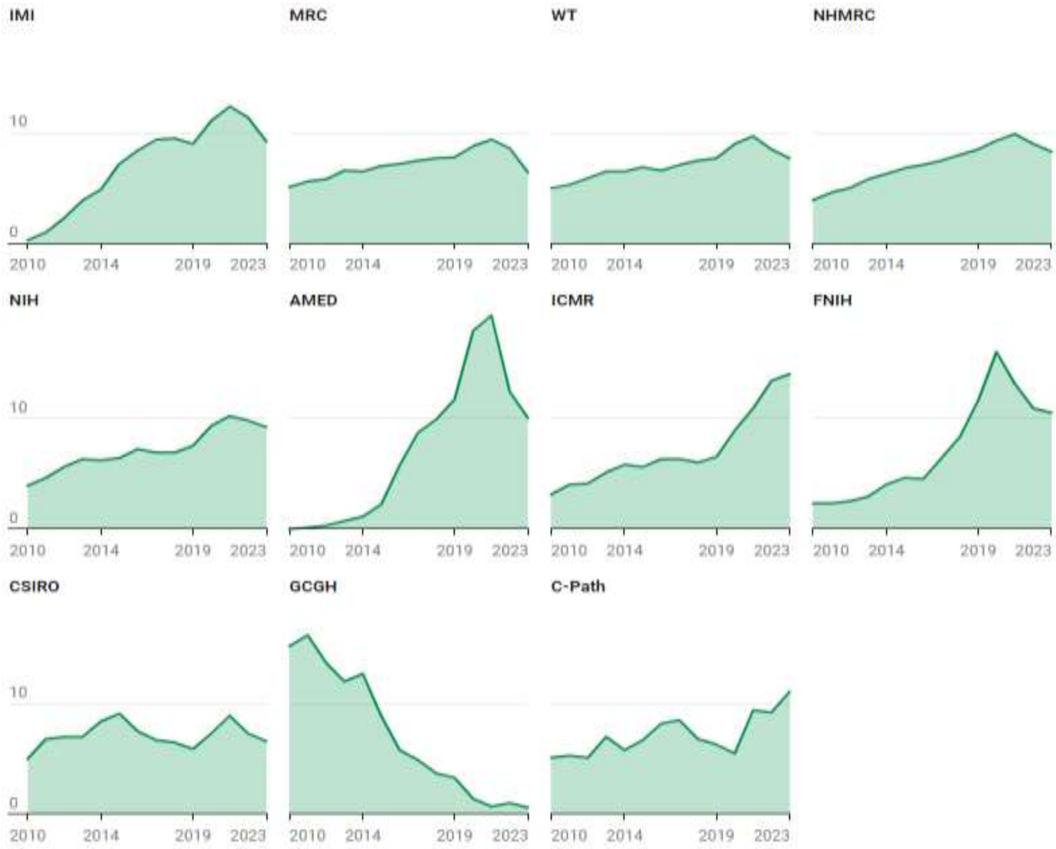
Council (NHMRC)*							
National Institutes of Health (NIH)	United States	North America	93,381	88,367	1.67	20.8%	82.4%
Japan Agency for Medical Research and Development (AMED)*	Japan	Asia	49,284	47,357	1.29	13.4%	71.7%
Indian Council of Medical Research (ICMR)*	India	Asia	25,238	23,893	0.96	9.8%	46.6%
Foundation for the National Institutes of Health (FNIH)*	United States	North America	8,520	7,889	1.72	24.4%	85.0%
Commonwealth Scientific and Industrial Research Organization (CSIRO)	Australia	Australia	1,173	1,143	1.53	21.2%	58.1%
Grand Challenges in Global Health (GCGH)	United States	North America	903	902	1.60	23.4%	80.2%
Critical Path Institute (C-Path)	United States	North America	778	586	0.84	11.4%	49.0%

*Publications and papers identified using the Dimensions database

8.2 Trends in research output comparing IMI funded research with selected comparators

The contribution of IMI funded research to the total number of papers supported across the ten comparators included in the benchmarking analysis has grown over the 2010–2023 (Figure 8.2.1). In 2010, IMI contributed 0.3% of total papers, however, over the last three years (2021, 2022, 2023), IMI funded research contributed 12.4%, 11.4% and 9.2%, respectively. The Japan Agency for Medical Research and Development (AMED), the Foundation for the National Institutes of Health (FNIH) and the Indian Council of Medical Research (ICMR) achieved the most marked increase to their contribution share between 2010 and 2023.

Figure 8.2.1: Trends in share of paper volume comparing IMI funded research against ten selected comparators 2010–2023



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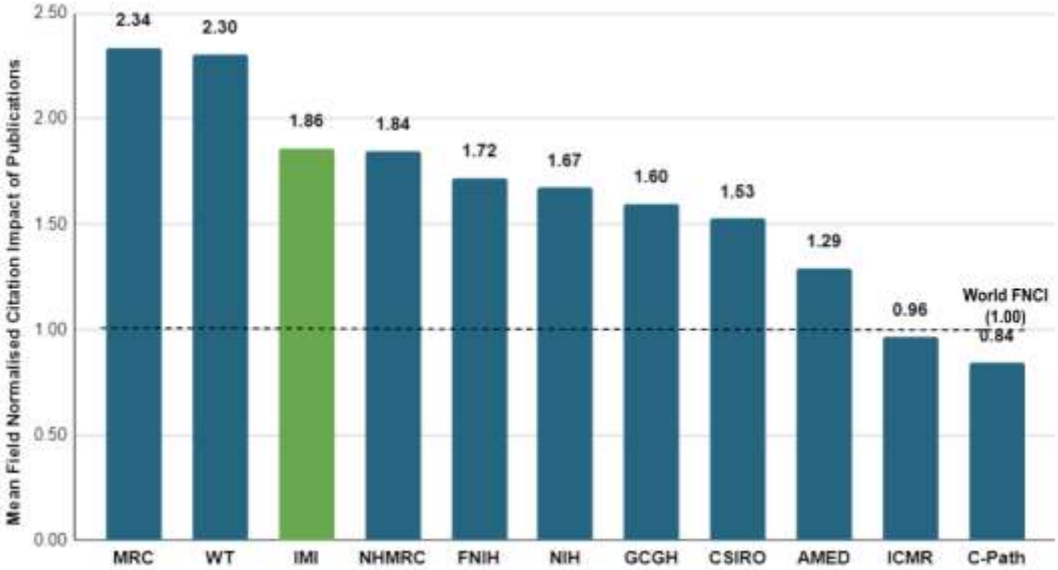
See [Annex 5, Table A5.1] for a breakdown of the total number of papers for IMI compared with the selected comparators in this analysis for every year between 2010 and 2023.

8.3 Field-normalized citation impact comparing IMI funded research with selected comparators

A comparison of the total volume of publications between 2010 and 2023 for IMI funded research (11,389) against that of the ten comparators indicates that IMI ranks seventh for total volume. The MRC (198,576), the WT (151,077) and the NHMRC (93,381) have more than 19 times, 12 times and 10 times the volume of funded publications, respectively. Figure 8.3.1 shows that although IMI funded research has not been produced at the same volume as some of the comparators, the field-normalized citation impact for IMI funded publications sits third at 1.86, behind the MRC (2.34) and WT (2.30).

Figure 8.3.1: Mean field-normalized citation impact for IMI funded research compared with the ten selected comparators, 2010–2023

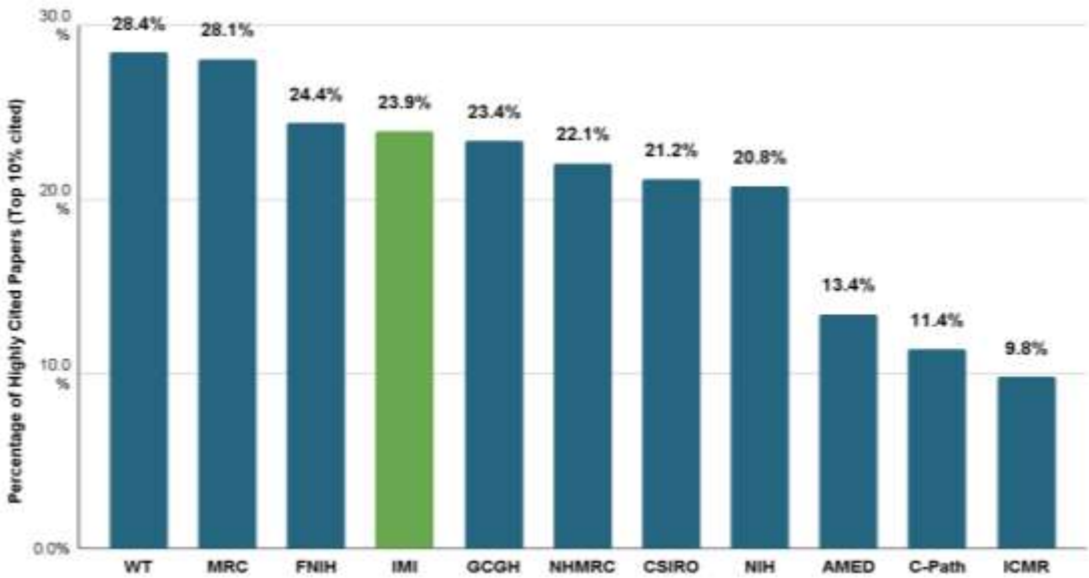


See [Annex 5, Table A5.2](#) for a breakdown of the field-normalized citation impact for IMI compared with the selected comparators in this analysis, for each year between 2010 and 2023.

8.4 Highly cited research (top 10%) comparing IMI funded research with selected comparators

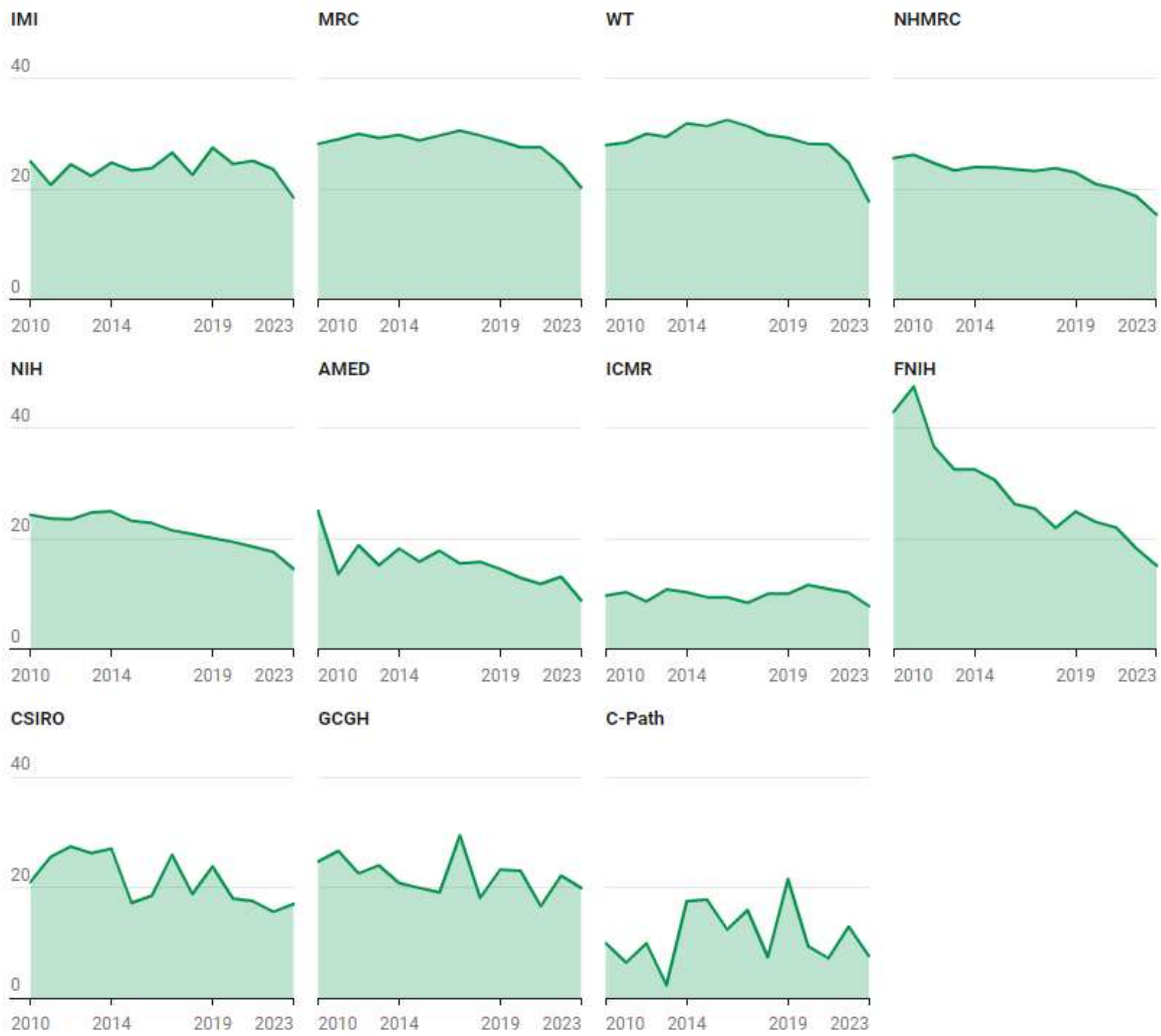
Almost one-quarter (23.9%) of all IMI funded research papers between 2010 and 2023 are highly cited papers, featuring in the top 10% most cited papers globally in their research field (Figure 8.4.1). IMI ranks fourth among the comparator set, only surpassed by the WT (28.4%), the MRC (28.1%) and the FNIH (24.4%).

Figure 8.4.1: Percentage of highly cited papers – IMI funded research compared with selected comparators 2010–2023



Since 2019, IMI has ranked third among the ten selected comparators for its share of highly cited papers per year, with the yearly share of papers that are highly cited peaking in 2019 at 27.5% (Figure 8.4.2). Wellcome Trust (WT) leads the comparator set for each year between 2015 and 2022, however, the MRC ranks first under this indicator for 2023 papers. Notably, all comparators show a downward trend in the share of highly cited papers over the last three years of the period given that more recently published papers have had less time to accrue citations.

Figure 8.4.2: Trends in share of highly cited papers from total number of papers per year — IMI funded research compared with selected comparators 2010–2023



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See [Annex 5, Table A5.3](#) for a breakdown of the percentage of highly cited papers (top 10%) from the total number of papers published for each year between 2010 and 2023, comparing IMI with the ten selected comparators in this analysis.

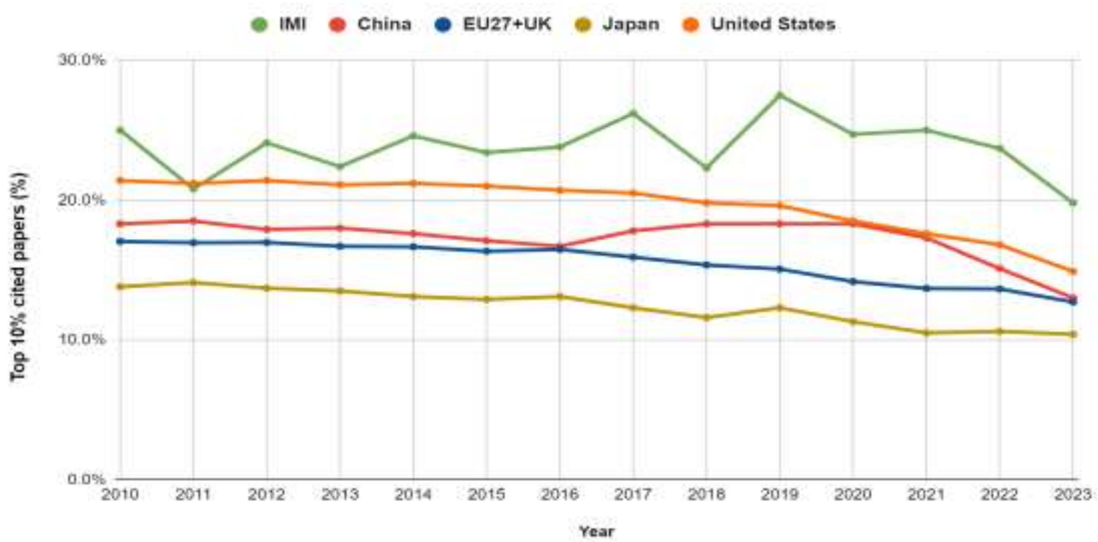
8.5 Highly cited research (top 1% & 10%) comparing IMI funded research with selected regions

Almost one-quarter (23.9%) of all IMI funded research papers between 2010 and 2023 are featured in the top 10% most cited papers globally in their research field. IMI ranks first among the selected comparator regions by this measure, followed by the United States with 19.5% highly cited papers (Figure 8.5.1)[7].

Figure 8.5.1: Percentage of highly cited (top 10%) papers – IMI funded research compared with selected comparators regions 2010–2023

IMI has ranked first among the selected comparator regions based on the share of its funded research papers featuring in the top 10% most cited papers globally in their research field throughout the analyzed period (Figure 8.5.2). In 2019, 27.5% of IMI funded papers were in the top 10% highly cited papers.

Figure 8.5.2: Trends in share of highly cited (top 10%) papers from total number of papers per year — IMI funded research compared with selected comparators regions 2010–2023

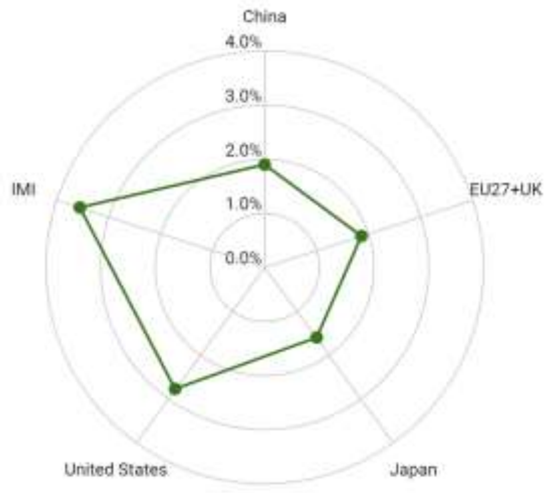


[7] Data criteria: To compare against the selected comparator regions for highly cited papers (top 1% and 10% most cited), only articles and reviews published in journals housing IMI or IHI papers have been included.

See [Annex 5, Table A5.4] for a breakdown of the percentage of highly cited papers (top 10%) from the total number of papers published for each year between 2010 and 2023, comparing IMI with the selected comparator regions in this analysis.

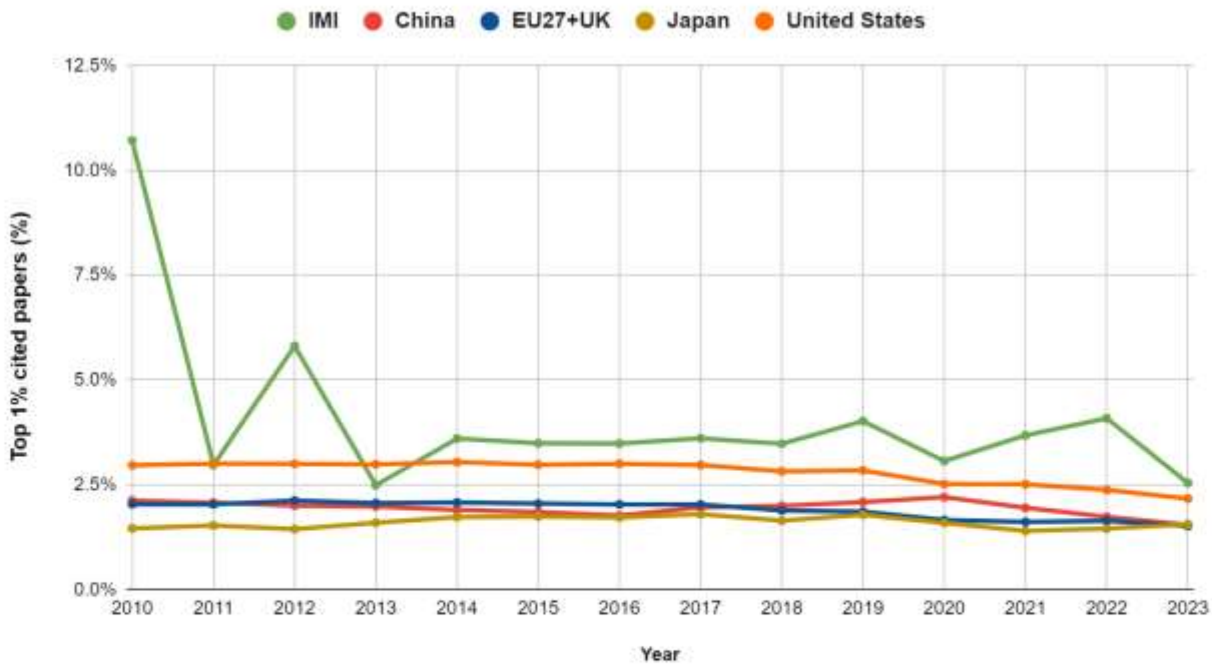
Of all IMI funded research papers published between 2010 and 2023, 3.5% are featured in the top 1% most cited papers globally in their research field (Figure 8.5.3). IMI ranks first among the selected comparator regions by this measure, followed by the United States with 2.8% highly cited papers (top 1%).

Figure 8.5.3: Percentage of highly cited (top 1%) papers – IMI funded research compared with selected comparators regions 2010–2023



IMI consistently ranks first among the selected comparator regions based on the share of its funded research papers featuring in the top 1% most cited papers globally in their research field across the analyzed period (Figure 8.5.4). Over the past 5 years, the highest proportion of IMI funded research papers appearing in the top 1% highly cited occurred in 2022, at 4.1%. Of note, the relatively small sample size of IMI funded papers published in 2010 can be interpreted as an outlier in this trend analysis.

Figure 8.5.4: Trends in share of highly cited (top 1%) papers from total number of papers per year — IMI funded research compared with selected comparators regions 2010–2023

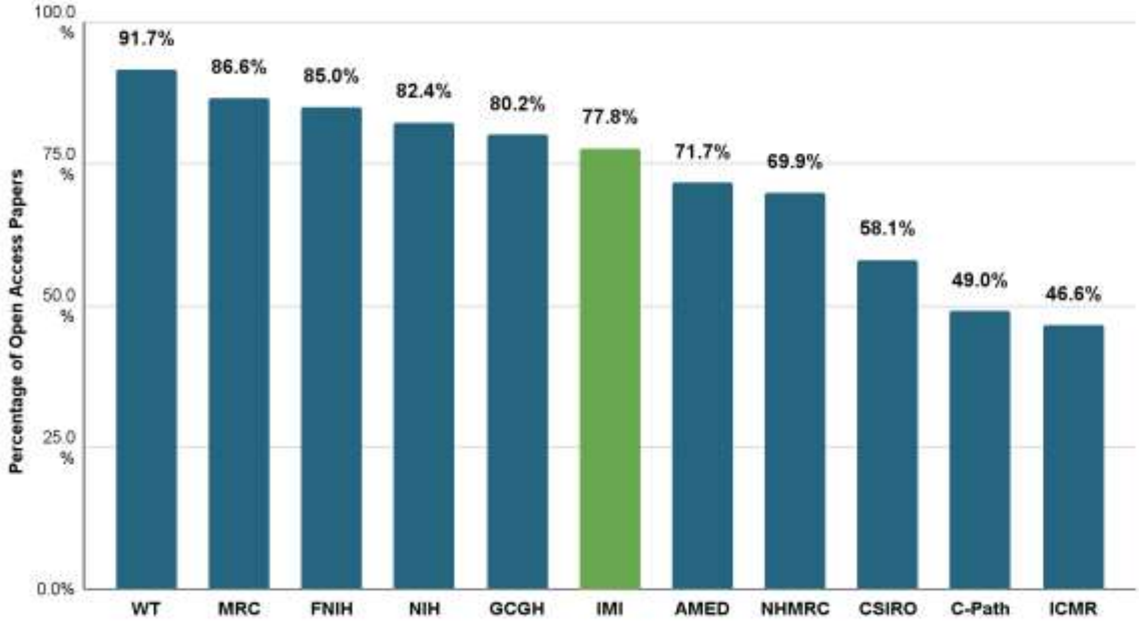


See [Annex 5, Table A5.5] for a breakdown of the percentage of highly cited papers (top 1%) from the total number of papers published for each year between 2010 and 2023, comparing IMI with the selected comparator regions in this analysis.

8.6 Trends on open access publishing comparing IMI funded research with selected comparators

Research funded by the WT leads by proportion of open access publishing at 91.7% for papers published between 2010 and 2023 (Figure 8.6.1). For five of the ten comparative funders, more than 80% of their respective funded research papers are published via open access — WT, MRC, FNIH, NIH and GCGH. IMI funded research ranks sixth in open access publishing within the comparator set, at 77.8%.

Figure 8.6.1: Total percentage of open access papers – IMI research compared with selected comparators 2010–2023



See Annex 5, Table A5.6 for a breakdown of the percentages of open access papers from the total number of papers published for each year between 2010 and 2023, comparing IMI with the ten selected comparators in this analysis.

Annex 1: Data limitations and glossary

Data limitations

Bibliometric and citation analysis originated in the 1950s[8]. Since then, citation analysis has been used as a proxy to measure the impact and quality of research. Citation analysis is based on researchers referencing or 'citing' other academic literature that is relevant to their own work and builds on the scientific literature in that field or discipline.

While citation analysis should be considered a valuable indicator of research quality and impact, there are limitations that are important to be aware of when assessing bibliometrics. These include:

- **Database used:** There is no database which captures all scientific literature[9]
- **Subject field**: Citation rates vary between disciplines and this can affect results, for example medicine research is cited far more than economics.[10]
- **Type of publication** Among the varying publication types, some, such as reviews, are cited far more frequently than others.[11]
- **Publication date**: Older papers will inherently have more citations than papers published more recently
- **Citation distribution:** Some publications are very highly cited, and many get cited rarely or never.[12] Very highly cited research is often a recognition of the significance of that research to the field.
- **Research volume**: The number of publications and papers produced from funded research is a measure of productivity, however, small sample sizes of papers can have significant effects on citation and field-normalized citation analysis. The addition of a small subset of highly cited publications can lead to substantial changes in impact indicators.
- **Subject categorisation**: There are multiple methods to classify research output into different fields, such as journal classification and fields of research classification. Assignment of a complete journal to a classification field assumes that the content of every article in the journal is aligned to that research field.[13]
- **Using one indicator in isolation**: Each indicator has its own set of limitations, for example an output volume provides a measure of productivity but no indication of quality or impact.

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[8] Garfield, E. *Citation Indexes for Science – New dimension in documentation through association of ideas. Science* **122**, 108–1–11.(1995)

[9] Agarwal A,*et al*. Bibliometrics: tracking research impact by selecting the appropriate metrics. *Asian J Androl*. **18**, 296–309. (2016).

[10] Dorta-González, P., Dorta-González, M. Citation differences across research funding and access modalities. *JAL* 49, 4. 102734 (2023).

[11] Miranda R., Garcia-Carpintero E. Overcitation and overrepresentation of review papers in the most cited papers. *J Infometrics.* 12, 4 (2018).

[12] Jamjoom HZ, Gahtani AY, Jamjoom AB. Predictors of citation rates for research publications in Neurosciences. *Neurosciences (Riyadh).* **27**, 2 (2022).

[13] Shu, F, *et al*. Comparing journal and paper level classifications of science. *J Infometrics.* 13, 1 (2019).

All things considered, citation analysis is a valuable tool to support research evaluations and should ideally be coupled with some form of qualitative assessment or expert review of the research. This is in line with the recommendations of the San Francisco Declaration on Research Assessment.[14]

The limitations outlined above can be minimized by using large datasets of literature, the application of normalized metrics, such as the field-normalized citation impact, and the use of multiple metrics together to diminish the effect of using any one metric in isolation.

For this bibliometric assessment, Nature Research Intelligence has employed a multifaceted approach to creating the dataset used for the analysis. All avenues have been exhausted to ensure that the recall and precision of the dataset is optimal. It is difficult to judge how many publications that should be attributed to IMI or IHI JU projects have not been captured. Nature Research Intelligence does not consider this to have had any effect on the overall results or trends noted in the report.

Some slight variations in year-on-year publication numbers are noted from the previous annual bibliometric reports, which results from academic publishers altering the publication date and this information feeding into Web of Science. These changes are minimal and have no effect on the overall identified trends.

This report is designed to be a bibliometric report and does not provide context on the societal impact of the research used in the dataset. There is a growing drive for research to be linked with its broader impact on communities and such research which has had positive effects is considered of high value. Broader impacts are often part of funding agencies' review criteria for research grants.[15] Societal impact is difficult to attribute using citation counts as citations are mostly used for measuring academic impact. Citations have high importance to reflect intra-scientific use, however, the application of the research is far less likely to be captured by citation counts in such journals[16].

Glossary

Table A1.1 Data and metric glossary

Data and metric	**Definition[17]**
Publication type	Classification of the content, for example article, review, conference proceeding, book, book chapter, editorial, letter, meeting abstract.
Research area	Research areas constitute a subject categorization scheme. As a result, you can identify, retrieve and analyze documents about the same subject.
Institution assignment	A publication is assigned to each institution whose address appears at least once for any author. An institution assignment can only be counted once for each paper so if two Harvard University researchers appear on a publication, the publication is counted only once for Harvard University. We have applied no weighting or fractionalised 'share' for an institution.
Country assignment	A publication is assigned to each country whose address appears at least once for any author. Country assignment can only be counted once for each paper, so if two researchers from Belgium appear on a publication, the publication is counted only once for Belgium. We have applied no weighting or fractionalised 'share' for a country.
Publications	Includes all content types: articles, reviews, meeting abstracts, editorials, letters, proceedings, corrections, news items and data paper.

[14] San Francisco Declaration on Research Assessment https://sfdora.org/read/

[15] Langfeldt L., Scordato L. *Assessing the broader impacts of research: A review of methods and practices* (NIFU Working Paper 8/2015). Oslo (2015).

[16] Aksnes, D.W., Langfeldt, L., Wouters, P. Citations, citation indicators, and research quality: an overview of basic concepts and theories. *Sage Open* **9** https://doi.org/10.1177/2158244019829575 (2019).

[17] https://clarivate.libguides.com/home

Paper	A subset of publications that only includes substantive research 'articles' and 'reviews' that are peer reviewed.
Article	Literature which reports research on original works. Includes research papers, features, brief communications, case reports, technical notes, chronology, and full papers that were published in a journal and/or presented at a symposium or conference.
Review	A study of previously published literature. Includes review articles and surveys. It usually does not present any new information on a subject.
Open access	Open access (OA) refers to the free, immediate, online availability of research outputs such as journal articles or books, combined with the rights to use these outputs fully in the digital environment. OA content is open to all and has no access fees.
Citation	When a publication appears in the reference list of another publication.
Citation count	The aggregate number of academic citations a given publication or group of publications has received.
Uncited publication/paper	A publication or paper that has not appeared in the reference list of another publication.
Average citations per paper/publication	Dividing the sum of citations by the total number of papers/publications in any given dataset.
Collaboration	Publication with more than one author.
Domestic collaboration	Research partnership between co-authors affiliated with a single country.
International collaboration	Research partnership between co-authors affiliated with two or more countries.
Cross-sector collaboration	Research partnership between co-authors affiliated with two or more sectors.
Single-sector collaboration	Research partnership between co-authors affiliated with a single sector.
Cross-institution collaboration	Research partnership between co-authors affiliated with two or more institutions.
Single-institution collaboration	Research partnership between co-authors affiliated with a single institution.
Academic–Industry collaboration	Publications with at least one author from an academic institution and one author from a corporate entity.
field-normalized citation impact (FNCI)	The ratio of the number of times a publication is cited compared to the number of expected citations. Anything over 1 means it was cited more than expected. The ratio is calculated by dividing an actual citation count by an expected citation rate for documents with the same document type, year of publication and subject area. The expected citation rate is calculated by dividing the actual citation count by the citation count per document type, year and subject area. When a document is assigned to more than one subject area, the harmonic average is used. The category normalized citation impact (CNCI) of a set of documents is the average of the CNCI values for all the documents in the set
Hot publications/papers	Publications/papers that received enough citations to place them in the top 0.1% of papers in their research field, year of publication and document type.
Highly cited publications/papers	Publications/papers that have received enough citations to place them in the top 10% of papers in their research field, year of publication and document type.
Journal impact factor	Impact factor is commonly used to evaluate the relative importance of a journal within its field and to measure the frequency with which the 'average article' in a journal has been cited in a particular period.

	Example: 2022 impact factor =A/B[18] where A is the number of times articles published in 2019 and 2020 were cited by indexed journals during 2021. B is the total number of citable items published by that journal in 2019 and 2020.
Compound annual growth rate (CAGR)	The compound annual growth rate (CAGR) is the annualised average rate of publication growth between two given years, assuming growth takes place at an exponentially compounded rate. The CAGR between years X and Z, where Z – X = N, is the number of years between the two given years and is calculated as follows: CAGR, year X to year Z = [(value in year Z/value in year X)^ (1/N)-1]

For consistency with previous reports, Clarivate's libguides (https://clarivate.libguides.com/home) were used for metric definitions. In addition, Nature Research Intelligence uses definitions from globally recognized metrics guides such as:

- **Snowball metrics**: https://snowballmetrics.com/wp-content/uploads/2022/07/0211-Snowball-Metrics-Recipe-Book-v7-LO-1.pdf
- **Metrics toolkit:** https://www.metrics-toolkit.org/
- **CWTS**: https://www.leidenranking.com/information/indicators

Table A1.2 IHI JU - Stakeholder types definitions (as provided by IHI JU)

<table>
<tr><th>Types of IHI sector</th><th>Definitions</th></tr>
<tr><td>1) Research / higher or secondary education organizations (private or public)</td><td><u>organization type:</u>

a) Universities
b) Research and Technology organizations (RTOs)
c) Other

<u>Definitions:</u>

<u>Universities:</u> A university is an institution of higher education and research which awards academic degrees in several academic disciplines. Universities typically offer both undergraduate and postgraduate programmes in different schools or faculties of learning.

<u>RTOs:</u> RTOs tend to be public or private non-profit organizations that provide a range of research, development and technology services, principally to business and governments.</td></tr>
<tr><td>2) Small and medium-sized enterprises (SME)</td><td>Small and medium-sized enterprises (SMEs) including start-ups are defined in the EU recommendation 2003/361. The main factors determining whether an enterprise is an SME are
1) Staff headcount
2) Either turnover or balance sheet total
<table>
<tr><th>Company category</th><th>Staff headcount</th><th>Turnover</th><th>Balance sheet total</th></tr>
<tr><td>Medium-sized</td><td>< 250</td><td>≤ € 50 M</td><td>≤ € 43 M</td></tr>
<tr><td>Small</td><td>< 50</td><td>≤ € 10 M</td><td>≤ € 10 M</td></tr>
<tr><td>Micro</td><td>< 10</td><td>≤ € 2 M</td><td>≤ € 2 M</td></tr>
</table></td></tr>
<tr><td>3) Mid-caps companies</td><td>Company (for profit legal entity) with an annual turnover of less than EUR 500 million and not under the direct or indirect control of a legal entity of a company with an annual turnover of EUR 500 million.</td></tr>
<tr><td>4) Large company (for-profit legal entity)</td><td>Company (for profit legal entity) with an annual turnover of EUR 500 million or more</td></tr>
<tr><td>If 2) SME, 3) Mid-Cap or 4) Large company is selected</td><td>Specify which Healthcare industry sector it belongs to (Level 2):</td></tr>
</table>

[18] Sharma M, Sarin A, Gupta P, Sachdeva S, Desai AV. *et al.* Journal impact factor: its use, significance and limitations. *World J Nucl Med.* **13,** (2):146 (2014)

a) Pharmaceutical (incl. vaccine)	The **pharmaceutical** industry discovers, develops, produces, and markets drugs or pharmaceutical drugs for use as medications to be administered (or self-administered) to patients, with the aim to cure them, vaccinate them, or alleviate the symptoms.
b) Biopharmaceutical	The **biopharmaceutical** industry discovers, develops, produces, and markets biologic(al) medical drugs, or biologic. A biologic is any pharmaceutical drug product manufactured in, extracted from, or semi synthesized from biological sources. Different from totally synthesized pharmaceuticals, they include vaccines, whole blood, blood components, allergenics, somatic cells, gene therapies, tissues, recombinant therapeutic protein, and living medicines used in cell therapy. Biologics can be composed of sugars, proteins, nucleic acids, or complex combinations of these substances, or may be living cells or tissues. They (or their precursors or components) are isolated from living sources—human, animal, plant, fungal, or microbial. They can be used in both human and animal medicine.
c) Medical (and digital health) technology	**Medical (and digital health) technologies** are products, services or solutions used in a healthcare setting. These can be instruments, equipment, appliances, software, implants, reagents, materials, or other articles intended by the manufacturer to be used along the continuum of care. Examples include pregnancy tests, ultrasound equipment, plasters, glasses, stents, MRI, hospital information systems, heart monitor apps, fertility apps, etc. ➔ **Drop-down under "Medical Technology" (Level 3):** **Subset areas:** • Medical imaging is the discipline in charge of generating internal images of the body. It contributes to better, more accurate diagnoses from the outset and, through ongoing monitoring and measuring, allowing for improved care decisions and more effective treatments and outcomes. X-ray, Computer Tomography (CT), and Nuclear Medicine [Positron emission tomography (PET) and Single-photon emission computerized tomography (SPECT)] all use Ionizing radiation, directing high energy particles (photons), to create anatomical, physiological, or functional, images. Magnetic Resonance Imaging (MRI) uses radio waves and a magnetic field to provide detailed images of organs and tissues. Diagnostic ultrasound uses high frequency sound waves to create images of the inside of the body. • Radiation therapy (RT) uses photons from X-rays to impact the tumours and destroy its genetic material avoiding its further growth • Digital Health (including artificial intelligence, AI) describes the application of Information and communication technologies (ICT) across the whole range of functions that affect the health sector. It includes tools for health authorities and professionals as well as personalised health systems for patients and citizens. The broad range of health digital products and services includes hospital information systems, electronic medical records and other specialty clinical information systems, integrated health information exchange networks, telemedicine and mobile health, secondary usage non-clinical systems (data analytics, public health, biomedical research) • Electromedical equipment includes all the electronic devices that are intended for medical use. They span from machines monitoring patient's health in intensive care units, like vital signs monitors also used during surgery, to simple devices which monitor single variables like blood pressure devices or glucometers that can be used by the patient himself. • Medical devices (MD): 'medical device' means any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the following specific medical purposes: ○ diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease, ○ diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or disability, ○ investigation, replacement or modification of the anatomy or of a physiological or pathological process or state, ○ providing information by means of in vitro examination of specimens derived from the human body, including organ, blood and tissue donations, and which does not

d) Biotechnology (non-pharma)	achieve its principal intended action by pharmacological, immunological or metabolic means, in or on the human body, but which may be assisted in its function by such means. • In vitro diagnostics (IVD): 'in vitro diagnostic medical device' means any medical device which is a reagent, reagent product, calibrator, control material, kit, instrument, apparatus, piece of equipment, software or system, whether used alone or in combination, intended by the manufacturer to be used in vitro for the examination of specimens, including blood and tissue donations, derived from the human body, solely or principally for the purpose of providing information on one or more of the following: (a) concerning a physiological or pathological process or state; (b) concerning congenital physical or mental impairments; (c) concerning the predisposition to a medical condition or a disease; (d) to determine the safety and compatibility with potential recipients; (e) to predict treatment response or reactions; (f) to define or monitoring therapeutic measures. Specimen receptacles shall also be deemed to be in vitro diagnostic medical devices; **Biotechnology (non-pharma)** sector includes companies that apply science and technology to living organisms to alter living or non-living materials for the production of knowledge, non-pharmaceutical goods and services. Examples are modification of plant genomes for disease resistance or nutrient enhancement, use of genetically modified microorganisms to produce innovative food and feed ingredients plus other product components such as fragrances, cultivated meat, production of biooils with photosynthetic micro-algae, biofuel produced through contemporary processes from biomass, etc.
5) Non-governmental organizations (NGOs)	Non-profit, voluntary citizens' groups, principally independent from government, which are organized on a local, national or international level to address issues in support of the public good.
6) Healthcare professional organization / Healthcare provider	Healthcare providers encompass organizations that deliver healthcare goods and services. Typical healthcare providers are hospitals, long-term care facilities, providers of ambulatory healthcare, laboratories, nursing care facilities, pharmacies, etc.
7) Patient / citizen organisation	Patients' organisations are defined as not-for-profit organisations which are patient focused, and where patients and/or carers (the latter when patients are unable to represent themselves) represent a majority of members in governing bodies. These could be: • General umbrella organisations (e.g. representing either European organisations and/or national umbrella organisations), or • European disease specific organisations (i.e. representing national organisations or individual patients on acute and/or chronic diseases).
8) Regulator or Regulatory body	Regulators refers in this document to the different bodies involved in the processes regulating medical products (e.g., scientific assessment, production of scientific guidelines, scientific advice to manufacturers, granting/refusal/suspension of marketing authorisations, post-market surveillance, withdrawing/recalling of devices put on the market, authorisation and oversight of clinical trials). It includes the European Commission, National Competent Authorities (NCA), the Medical Device Coordination Group (MDCG), and the European Medicines Agency (EMA). Notified Bodies, while designated to perform a regulatory function (verification of medical device/in-vitro diagnostics conformity), cannot be considered as regulators in the strict sense of this definition. However, the potential input and expertise of Notified Bodies may still be relevant for the design and implementation of the activities of the proposed initiative.
9) Notified Body	A notified body is an organisation designated - in accordance with (EU) 2017/745 or (EU) 2017/746 - by an EU country to assess the conformity of certain products before being placed on the market. These bodies carry out tasks related to conformity assessment procedures set out in the applicable legislation, when a third party is required. The European Commission publishes a list of such notified bodies.
10) Health technology assessment bodies (HTA)	Health technology assessment (HTA) is an evidence-based multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective health policies that are patient focused and seek to achieve best value. HTA focuses specifically on the added value of a new health technology in comparison to the existing standard of care in the healthcare system. HTA is not only used to inform local/national pricing and reimbursement decisions but also to support the development of evidence based clinical

	guidelines and public health recommendations.
11) Health care payers	Payers denote tax-funded national/regional payers and statutory/mandatory health insurance funds (social health insurance, SHI), National Health Services (NHS) and SHI ensuring publicly financed health care (the "benefits package"). In some Member States, additional products and services can be covered by voluntary complementary/supplementary private health insurance
12) Charities and Foundations	Associations typically promote the trade or professional interests of their members, whereas foundations spend their funds on projects or activities that benefit the public. The main characteristics of foundations are: • they are run by appointed trustees • their capital is supplied through donations and gifts • they may finance and undertake research • they may support international, national, and local projects • they may provide grants to meet the needs of individuals • they may fund voluntary work, healthcare, and elderly care.
13) Public authority	Public authority means: (a) any government or other public administration, including public advisory bodies, at national, regional or local level; (b) any natural or legal person performing public administrative functions under national law, including specific duties, activities or services in relation to the environment; and(c) any natural or legal person having public responsibilities or functions, or providing public services relating to the environment under the control of a body or person falling within (a) or (b).

Table A1.3 IHI JU – Healthcare industry sector classification definitions (as provided by IHI JU)

Health industry sector	Definitions
Pharmaceutical (incl. vaccine)	The **pharmaceutical** industry discovers, develops, produces, and markets drugs or pharmaceutical drugs for use as medications to be administered (or self-administered) to patients, with the aim to cure them, vaccinate them, or alleviate the symptoms.
Biopharmaceutical	The **biopharmaceutical** industry discovers, develops, produces, and markets biologic(al) medical drugs, or biologic. A biologic is any pharmaceutical drug product manufactured in, extracted from, or semi synthesized from biological sources. Different from totally synthesized pharmaceuticals, they include vaccines, whole blood, blood components, allergenics, somatic cells, gene therapies, tissues, recombinant therapeutic protein, and living medicines used in cell therapy. Biologics can be composed of sugars, proteins, nucleic acids, or complex combinations of these substances, or may be living cells or tissues. They (or their precursors or components) are isolated from living sources—human, animal, plant, fungal, or microbial. They can be used in both human and animal medicine.
Medical (and digital health) technology	**Medical (and digital health) technologies** are products, services or solutions used in a healthcare setting. These can be instruments, equipment, appliances, software, implants, reagents, materials, or other articles intended by the manufacturer to be used along the continuum of care. Examples include pregnancy tests, ultrasound equipment, plasters, glasses, stents, MRI, hospital information systems, heart monitor apps, fertility apps, etc. ➔ **Drop-down under "Medical Technology" (Level 3):** **Subset areas:** • Medical imaging is the discipline in charge of generating internal images of the body. It contributes to better, more accurate diagnoses from the outset and, through ongoing monitoring and measuring, allowing for improved care decisions and more effective treatments and outcomes. X-ray, Computer Tomography (CT), and Nuclear Medicine [Positron emission tomography (PET) and Single-photon emission computerized tomography (SPECT)] all use Ionizing radiation, directing high energy particles (photons), to create anatomical,

	physiological, or functional, images. Magnetic Resonance Imaging (MRI) uses radio waves and a magnetic field to provide detailed images of organs and tissues. Diagnostic ultrasound uses high frequency sound waves to create images of the inside of the body. • Radiation therapy (RT) uses photons from X-rays to impact the tumors and destroy its genetic material avoiding its further growth • Digital Health (including artificial intelligence, AI) describes the application of Information and communication technologies (ICT) across the whole range of functions that affect the health sector. It includes tools for health authorities and professionals as well as personalized health systems for patients and citizens. The broad range of health digital products and services includes hospital information systems, electronic medical records and other specialty clinical information systems, integrated health information exchange networks, telemedicine and mobile health, secondary usage non-clinical systems (data analytics, public health, biomedical research) • Electromedical equipment includes all the electronic devices that are intended for medical use. They span from machines monitoring patient's health in intensive care units, like vital signs monitors also used during surgery, to simple devices which monitor single variables like blood pressure devices or glucometers that can be used by the patient himself. • Medical devices (MD): 'medical device' means any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the following specific medical purposes: ○ diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease, ○ diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or disability, ○ investigation, replacement or modification of the anatomy or of a physiological or pathological process or state, ○ providing information by means of in vitro examination of specimens derived from the human body, including organ, blood and tissue donations, and which does not achieve its principal intended action by pharmacological, immunological or metabolic means, in or on the human body, but which may be assisted in its function by such means. • In vitro diagnostics (IVD): 'in vitro diagnostic medical device' means any medical device which is a reagent, reagent product, calibrator, control material, kit, instrument, apparatus, piece of equipment, software or system, whether used alone or in combination, intended by the manufacturer to be used in vitro for the examination of specimens, including blood and tissue donations, derived from the human body, solely or principally for the purpose of providing information on one or more of the following: (a) concerning a physiological or pathological process or state; (b) concerning congenital physical or mental impairments; (c) concerning the predisposition to a medical condition or a disease; (d) to determine the safety and compatibility with potential recipients; (e) to predict treatment response or reactions; (f) to define or monitoring therapeutic measures. Specimen receptacles shall also be deemed to be in vitro diagnostic medical devices
Biotechnology (non-pharma)	**Biotechnology (non-pharma)** sector includes companies that apply science and technology to living organisms to alter living or non-living materials for the production of knowledge, non-pharmaceutical goods and services. Examples are modification of plant genomes for disease resistance or nutrient enhancement, use of genetically modified microorganisms to produce innovative food and feed ingredients plus other product components such as fragrances, cultivated meat, production of biooils with photosynthetic micro-algae, biofuel produced through contemporary processes from biomass, etc.

Table A1.4 IMI - Sector classification definitions

Organization type	Sector	Definition[19]
Education	Education	An educational institution where research takes place and which can grant degrees and may have faculties, departments, and schools.
Healthcare	Healthcare	A health-related facility where primarily patients are treated. Includes hospitals, medical centers, health centers, treatment centers. Also includes trusts and healthcare systems.
Company	Company	A legal entity with the aim of engaging in business and gaining profit.
Government	Government	An organization operated mainly by the government of one or multiple countries / territories.
Facility, Nonprofit, Archive, Other	Other	**Archive:** Repository of documents, artifacts, or specimens. Includes libraries and museums that are not part of a university. **Facility:** A building or facility dedicated to research within a specific area. Usually contains specialized equipment. Includes specialist research institutes as well as laboratories and large infrastructures such as astronomical observatories and particle accelerators. **Nonprofit:** An organization that uses its surplus revenue to achieve its goals. Includes charities and other non-government research funding bodies. **Other:** Anything not belonging to any of the other categories, or where the primary function is unclear.
NULL	Unknown	If the affiliation is not available in the dataset, then it is assigned as unknown.

[19] How are organizations represented in Dimensions https://dimensions.freshdesk.com/support/solutions/articles/23000025993-how-are-organizations-represented-in-dimensions-

Annex 2: Data tables - collaboration and geographical spread of IHI JU funded research

Table A2.1: Collaboration profiles for IHI JU funded papers

Collaboration types	Total papers	Percentage
Cross-stakeholder	4	100.0%
Cross-country	4	100.0%
Cross-industry sector	1	50.0%
Single-industry sector	1	50.0%

Table A2.2: Countries contributing to internationally collaborated IHI JU funded papers

Country	Number of internationally collaborated papers
Sweden	3
Spain	2
Netherlands	2
United States	1
United Kingdom	1
Slovenia	1
Luxembourg	1
Japan	1
Germany	1
Finland	1
Australia	1

Annex 3: Data tables - impact of IMI funded research

Figure A3.1: Percentage of IMI funded research publications by document type, each year between 2010 and 2023

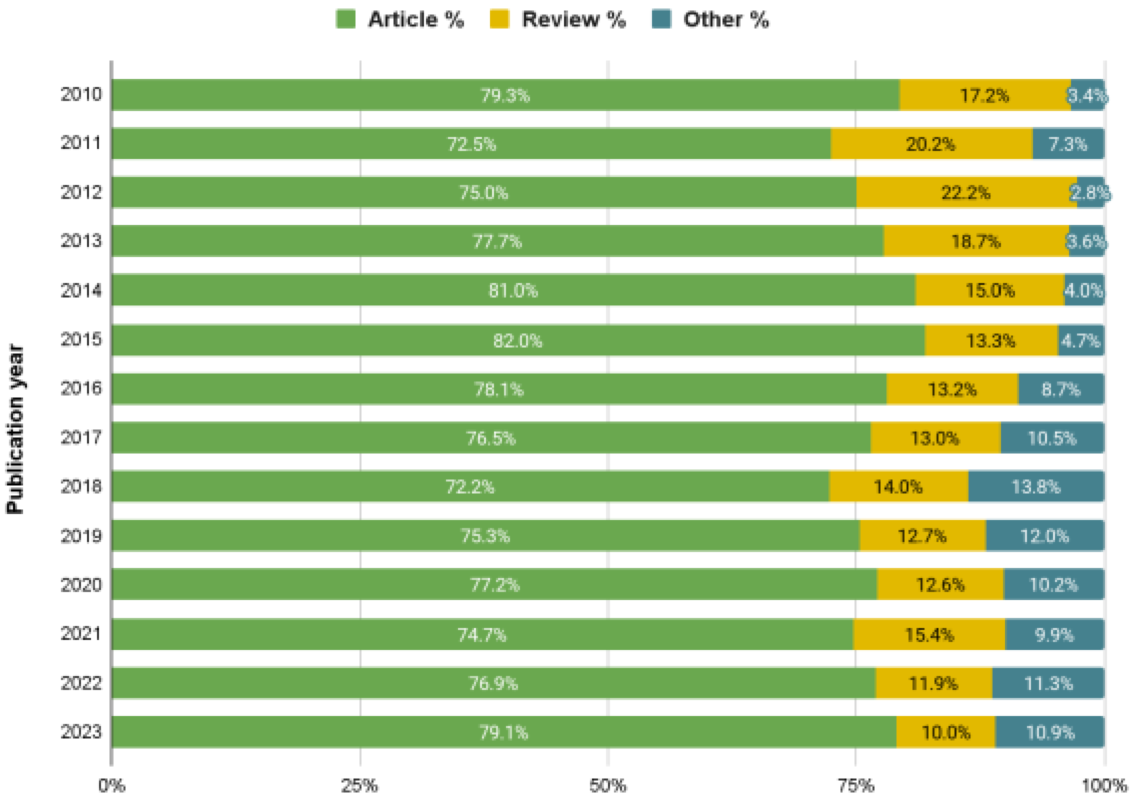


Table A3.2: Total number of publications from IMI projects by country between 2010 and 2023

Country	Number of Publications
United Kingdom	4,906
Germany	3,702
Netherlands	3,002
United States	2,842
France	1,878

Sweden	1,867
Italy	1,764
Spain	1,485
Switzerland	1,431
Belgium	1,217
Denmark	863
Canada	763
Austria	696
Finland	532
Australia	461
China	433
Norway	369
Greece	324
Ireland	278
Poland	247
Japan	218
Portugal	210
Brazil	180
Israel	177
Singapore	138
Hungary	135
South Africa	113
Luxembourg	110
Czechia	97
Estonia	90
India	88
South Korea	72
Saudi Arabia	70
Iceland	66
Turkey	66
Slovenia	57
Lithuania	54
Taiwan	54
Egypt	51
New Zealand	48
Croatia	46
Romania	44
Cyprus	39
Russia	38
Argentina	36
Serbia	32
Chile	31
Thailand	27
Kenya	26

Iran	26
Qatar	26
Mexico	25
Latvia	20
Ukraine	17
Tanzania	17
Uganda	16
Sierra Leone	15
Colombia	14
Pakistan	14
Lebanon	13
Palestine	13
Bulgaria	13
Malaysia	13
Vietnam	12
Nigeria	12
Liechtenstein	10
Guinea	10
Georgia	9
Uruguay	9
Slovakia	8
Iraq	8
Sri Lanka	8
United Arab Emirates	8
Kuwait	8
Peru	8
Philippines	8
Malta	8
Burkina Faso	7
Gabon	7
Mali	7
Jordan	7
Tunisia	7
Indonesia	6
Malawi	6
Bangladesh	6
Democratic Republic of the Congo	7
Cote d'Ivoire	6
Gambia	5
Senegal	5
Liberia	5
Monaco	5
Mozambique	5
Ghana	5

North Macedonia	4
Belarus	4
Oman	4
Ethiopia	4
Moldova	4
Bolivia	3
Bosnia and Herzegovina	3
Rwanda	3
Guatemala	3
Nepal	3
Libya	2
Kazakhstan	2
Benin	2
Algeria	2
Mongolia	2
Albania	2
Zimbabwe	2
Cameroon	2
Bahrain	2
Armenia	2
Morocco	2
Zambia	2
Maldives	1
Burundi	1
Kyrgyzstan	1
Andorra	1
Bhutan	1
Botswana	1
Ecuador	1
Cook Islands	1
Cuba	1
Jamaica	1
Uzbekistan	1
Kosovo	1
Cambodia	1
Costa Rica	1
Panama	1
New Caledonia	1
Micronesia	1
Saint Lucia	1

Table A3.3: Total number of IMI funded publications, papers and open access papers and impact by project between 2010 and 2023

Projects	Number of Publications	Number of papers	Number of open access papers	% of open access papers	Citations per publications	Mean field-normalized Citation Impact of publications
BTCure	749	696	497	71.4%	48.27	1.62
EU-AIMS	637	614	510	83.1%	41.71	1.77
ULTRA-DD	465	457	389	85.1%	34.27	1.58
EMIF	382	361	307	85.0%	48.77	2.12
AIMS-2-TRIALS	379	356	318	89.3%	20.19	2.24
BigData@Heart	292	260	247	95.0%	15.98	2.35
EUbOPEN	283	273	196	71.8%	10.62	1.44
INNODIA	261	216	189	87.5%	20.23	1.58
NEWMEDS	236	229	133	58.1%	65.04	1.96
U-BIOPRED	231	118	82	69.5%	24.64	2.07
CANCER-ID	229	200	157	78.5%	70.71	2.74
RTCure	214	182	146	80.2%	28.69	2.62
EUROPAIN	188	186	76	40.9%	76.50	2.34
TRANSLOCATION	177	176	117	66.5%	36.29	1.31
ORBITO	176	173	63	36.4%	35.38	1.73
LITMUS	166	134	105	78.4%	35.84	3.42
STEMBANCC	159	153	127	83.0%	44.08	1.67
BEAT-DKD	158	143	125	87.4%	20.72	1.82
SUMMIT	154	147	112	76.2%	30.94	1.26
IMIDIA	152	142	119	83.8%	55.05	1.49
RHAPSODY	151	126	118	93.7%	25.52	1.53
ELF	140	139	105	75.5%	25.20	1.09
CHEM21	138	135	71	52.6%	56.11	1.69
SPRINTT	136	129	73	56.6%	43.69	1.82
COMBACTE-NET	132	121	102	84.3%	17.05	1.31
PreDiCT-TB	126	123	112	91.1%	27.21	1.04
COMBACTE-MAGNET	123	112	93	83.0%	22.65	1.19
DIRECT	122	91	78	85.7%	56.25	2.42
MIP-DILI	118	109	71	65.1%	34.76	1.36

RADAR-CNS	117	87	74	85.1%	17.99	1.83
PRISM	110	96	77	80.2%	37.17	3.02
Quic-Concept	108	106	90	84.9%	142.80	4.43
ABIRISK	108	85	56	65.9%	24.35	1.21
PROTECT	103	102	48	47.1%	25.69	0.94
COMPACT	102	102	57	55.9%	60.06	1.88
eTOX	99	93	64	68.8%	50.74	1.69
Pharma-Cog	98	92	42	45.7%	38.26	1.12
INNODIA HARVEST	93	78	73	93.6%	10.80	1.26
EPAD	89	84	74	88.1%	20.11	1.77
AMYPAD	89	81	75	92.6%	22.49	3.09
IMPRiND	86	82	71	86.6%	75.74	4.17
PRECISESADS	84	62	41	66.1%	18.29	0.98
MOBILISE-D	84	78	65	83.3%	10.55	1.44
DDMoRe	84	79	57	72.2%	25.43	1.27
APPROACH	83	69	51	73.9%	40.58	1.94
AETIONOMY	80	76	61	80.3%	35.86	1.61
EHDEN	79	62	56	90.3%	10.18	1.46
Hypo-RESOLVE	79	46	41	89.1%	3.84	1.39
DRAGON	78	70	63	90.0%	15.69	2.56
RESCEU	77	72	61	84.7%	25.18	2.45
ZAPI	75	72	68	94.4%	52.96	2.87
K4DD	75	73	55	75.3%	35.83	1.30
TransQST	75	66	57	86.4%	32.83	2.52
BioVacSafe	75	73	59	80.8%	36.31	1.01
Open PHACTS	74	71	63	88.7%	96.57	3.77
Onco Track	73	69	52	75.4%	72.75	1.95
COMBACTE-CARE	70	65	56	86.2%	29.50	1.29
ENABLE	67	65	53	81.5%	30.58	1.53
iABC	66	43	31	72.1%	10.80	2.54
FLUCOP	63	61	52	85.2%	23.59	1.68
MARCAR	62	61	45	73.8%	26.45	0.83
DRIVE-AB	61	55	45	81.8%	30.31	1.21
eTRIKS	58	50	47	94.0%	37.97	1.55
3TR	57	47	39	83.0%	14.58	2.10

PREFER	55	38	36	94.7%	11.25	1.54
PHAGO	54	51	50	98.0%	57.48	4.49
BIOMAP	54	48	42	87.5%	22.37	1.90
Predect	52	49	43	87.8%	82.38	2.58
SOPHIA	52	47	36	76.6%	12.58	1.82
eTRANSAFE	51	42	36	85.7%	30.41	2.52
HARMONY	50	35	31	88.6%	15.66	3.52
IM2PACT	48	48	43	89.6%	11.31	1.67
RAPP-ID	48	48	33	68.8%	25.67	0.80
IMI-PainCare	48	36	27	75.0%	9.92	1.43
GETREAL	48	43	35	81.4%	27.67	1.45
CARE	45	42	39	92.9%	27.42	5.05
iPiE	43	42	28	66.7%	29.16	1.18
ADAPTED	42	40	36	90.0%	29.00	2.27
EBOVAC1	42	40	40	100.0%	28.24	2.10
PERISCOPE	40	39	35	89.7%	10.08	1.14
EU-PEARL	40	32	26	81.3%	6.90	1.61
EUC²LID	39	39	35	89.7%	25.36	1.23
EBiSC	39	35	33	94.3%	90.46	3.93
PROACTIVE	35	29	26	89.7%	52.34	2.27
IDEA-FAST	33	24	20	83.3%	14.18	1.37
TRISTAN	33	32	28	87.5%	19.88	1.36
TransBioLine	32	29	26	89.7%	10.31	2.22
ROADMAP	32	26	25	96.2%	13.66	1.25
HIPPOCRATES	32	25	19	76.0%	6.88	2.66
PD-MitoQUANT	31	31	28	90.3%	20.52	1.74
T2EVOLVE	30	26	19	73.1%	8.07	2.70
NeuroDeRisk	29	25	21	84.0%	3.93	0.75
DRIVE	29	28	24	85.7%	7.97	0.92
ADVANCE	29	28	26	92.9%	18.76	0.82
c4c	28	23	19	82.6%	4.21	1.10
CARDIATEAM	27	25	23	92.0%	40.33	3.95
MACUSTAR	27	15	14	93.3%	5.04	0.77
EbolaMoDRAD	26	25	17	68.0%	19.31	1.06
MAD-CoV 2	26	24	20	83.3%	27.42	3.20

VAC2VAC	26	26	23	88.5%	5.23	0.46
ConcePTION	26	24	19	79.2%	6.73	1.20
ITCC-P4	25	25	16	64.0%	21.52	2.05
SAFE-T	25	23	9	39.1%	31.68	1.18
EBOVAC2	24	24	24	100.0%	26.42	1.72
ERA4TB	24	23	20	87.0%	15.83	1.24
EQIPD	23	16	14	87.5%	29.83	2.91
IMMUCAN	22	15	13	86.7%	10.91	0.93
EHR4CR	21	20	15	75.0%	19.10	0.80
MOPEAD	21	21	20	95.2%	15.19	1.79
ReSOLUTE	20	16	13	81.3%	7.40	1.05
KRONO	19	16	16	100.0%	12.05	1.78
NECESSITY	19	13	11	84.6%	10.37	1.39
WEB-RADR	19	18	16	88.9%	20.11	1.16
iCONSENSUS	18	18	16	88.9%	6.67	1.23
VSV-EBOPLUS	17	16	14	87.5%	20.53	0.82
VITAL	17	17	17	100.0%	9.06	0.85
COMBACTE	17	16	10	62.5%	87.59	3.51
ARDAT	17	15	8	53.3%	5.53	2.78
VALUE-Dx	16	16	14	87.5%	13.06	1.17
COMBACTE-CDI	16	14	11	78.6%	5.69	0.97
RADAR-AD	15	12	10	83.3%	12.73	0.74
imSAVAR	15	13	13	100.0%	9.07	1.23
EBOVAC3	15	15	15	100.0%	8.53	0.96
PIONEER	14	12	12	100.0%	7.57	1.08
Immune-Image	14	12	11	91.7%	6.14	0.71
FAIRplus	13	12	12	100.0%	28.46	1.73
OPTIMA	12	11	10	90.9%	13.92	3.13
VSV-EBOVAC	12	11	8	72.7%	23.42	0.70
BIGPICTURE	12	9	9	100.0%	3.00	0.90
ImmUniverse	11	10	10	100.0%	10.09	1.38
EBiSC2	10	10	9	90.0%	7.00	0.75
Trials@Home	10	9	8	88.9%	6.50	1.44
Screen4Care	9	7	7	100.0%	4.89	0.70
DECISION	9	7	7	100.0%	9.44	1.18

PARADIGM	9	9	9	100.0%	10.00	1.00
EUPATI	9	8	8	100.0%	15.56	0.48
PREMIER	9	9	8	88.9%	3.78	0.69
Inno4Vac	8	8	6	75.0%	3.75	1.87
EBODAC	8	8	8	100.0%	33.00	3.33
MELLODDY	8	6	6	100.0%	10.75	1.23
HARMONY PLUS	7	4	4	100.0%	5.14	1.12
DO->IT	7	7	4	57.1%	23.14	2.31
PERSIST-SEQ	7	6	5	83.3%	14.14	3.56
Impentri	7	6	5	83.3%	3.29	0.81
COVID-RED	6	5	5	100.0%	9.33	1.19
VHFMoDRAD	6	6	6	100.0%	26.50	1.63
Eu2P	6	4	3	75.0%	23.67	2.58
SafeSciMET	6	5	3	60.0%	31.83	0.67
FACILITATE	6	4	4	100.0%	2.17	0.79
NEURONET	6	5	5	100.0%	4.83	0.79
UNITE4TB	5	4	3	75.0%	7.80	1.79
EPND	4	2	2	100.0%	3.25	0.95
ADAPT-SMART	4	4	2	50.0%	10.25	0.50
EBOMAN	4	4	4	100.0%	53.50	5.75
EMTRAIN	4	3	1	33.3%	1.25	0.03
Pharmatrain	4	4	4	100.0%	8.50	0.27
STOPFOP	3	3	3	100.0%	9.67	1.18
COMBINE	3	3	3	100.0%	6.00	0.48
REsolution	3	2	2	100.0%	4.33	1.57
PEVIA	3	3	3	100.0%	8.33	0.50
PRISM 2	3	2	1	50.0%	1.00	0.62
NGN-PET	3	3	2	66.7%	10.33	2.54
ND4BB	3	3	3	100.0%	71.33	1.20
H2O	2	1	1	100.0%	1.00	0.70
RealHOPE	2	2	1	50.0%	0.50	0.13
RespiriNTM	2	2	2	100.0%	23.00	1.25
PROTECT-trial	2	2	1	50.0%	2.00	0.48
PrIMAVeRa	2	1	1	100.0%	1.00	0.47
GetReal Initiative	2	2		0.0%	0.00	0.00

SISAQOL-IMI	2	2	1	50.0%	1.00	0.66
RespiriTB	1	1	1	100.0%	45.00	2.27
FILODIAG	1			-	10.00	1.24
EBOVAC	1	1	1	100.0%	50.00	2.93
ESCulab	1			-	0.00	0.00
Gravitate-Health	1	1	1	-	2.00	0.34

Table A3.4: Total number of IMI funded publications and papers across top journals by impact factor between 2010 and 2023

Journal	Number of Publications	Number of Papers	Journal Impact Factor (2022)	Web of Science Journal Categories	Quartile
LANCET	10	7	168.9	Medicine, General & Internal	Q1
NEW ENGLAND JOURNAL OF MEDICINE	4	3	158.5	Medicine, General & Internal	Q1
JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION	9	7	120.7	Medicine, General & Internal	Q1
NATURE REVIEWS DRUG DISCOVERY	18	8	120.1	Biotechnology & Applied Microbiology; Pharmacology & Pharmacy	Q1
NATURE REVIEWS MOLECULAR CELL BIOLOGY	2	2	112.7	Cell Biology	Q1
BMJ-BRITISH MEDICAL JOURNAL	15	14	107.7	Medicine, General & Internal	Q1
NATURE REVIEWS IMMUNOLOGY	4	2	100.3	Immunology	Q1
NATURE REVIEWS MICROBIOLOGY	2	2	88.1	Microbiology	Q1
NATURE MEDICINE	30	29	82.9	Cell Biology; Biochemistry & Molecular Biology; Medicine, Research & Experimental	Q1
NATURE REVIEWS DISEASE PRIMERS	3	3	81.5	Medicine, General & Internal	Q1
NATURE REVIEWS CLINICAL ONCOLOGY	11	10	78.8	Oncology	Q1
NATURE REVIEWS CANCER	2	2	78.5	Oncology	Q1
LANCET RESPIRATORY MEDICINE	9	7	76.2	Respiratory System; Critical Care Medicine	Q1
WORLD PSYCHIATRY	1	1	73.3	Psychiatry	Q1

NATURE REVIEWS GASTROENTEROLOGY & HEPATOLOGY	5	4	65.1	Gastroenterology & Hepatology	Q1
NATURE	34	34	64.8	Multidisciplinary Sciences	Q1
CELL	12	9	64.5	Biochemistry & Molecular Biology; Cell Biology	Q1
LANCET PSYCHIATRY	9	4	64.3	Psychiatry	Q1
CHEMICAL REVIEWS	4	4	62.1	Chemistry, Multidisciplinary	Q1
SCIENCE	25	24	56.9	Multidisciplinary Sciences	Q1

Table A3.5: Total number of IMI funded papers published open access across top journals by IMI project publications between 2010 and 2023

Journal	Number of Publications	% of Open Access Publications	Number of Papers	% of Open Access Papers	Citations per Publication	Mean Journal normalized Citation Impact	Journal Impact Factor (2022)
SCIENTIFIC REPORTS	243	100.0%	243	100.0%	26.22	1.22	4.6
ANNALS OF THE RHEUMATIC DISEASES	230	62.2%	137	58.4%	37.77	1.01	27.4
PLOS ONE	229	100.0%	229	100.0%	24.76	1.23	3.7
DIABETOLOGIA	201	43.3%	94	89.4%	16.15	1.39	8.2
NATURE COMMUNICATIONS	172	98.8%	171	98.8%	68.17	1.03	16.6
FRONTIERS IN IMMUNOLOGY	140	100.0%	139	100.0%	14.63	0.80	7.3
EUROPEAN RESPIRATORY JOURNAL	119	33.6%	29	93.1%	16.80	2.01	24.9
JOURNAL OF MEDICINAL CHEMISTRY	114	62.3%	114	62.3%	20.54	0.95	7.3
DIABETES	102	57.8%	61	95.1%	21.50	0.88	7.7
INTERNATIONAL JOURNAL OF MOLECULAR SCIENCES	89	97.8%	89	97.8%	35.91	1.18	5.6
ARTHRITIS & RHEUMATOLOGY	80	66.3%	69	75.4%	32.93	0.84	13.3
JOURNAL OF ALZHEIMERS DISEASE	79	72.2%	78	71.8%	23.56	1.20	4
ARTHRITIS RESEARCH & THERAPY	73	100.0%	73	100.0%	23.59	0.87	4.9
TRANSLATIONAL PSYCHIATRY	63	98.4%	63	98.4%	23.84	0.96	6.8
PAIN	63	34.9%	60	35.0%	289.48	1.81	7.4
JOURNAL OF INFECTIOUS DISEASES	61	82.0%	60	81.7%	59.85	1.07	6.4
BMJ OPEN	60	100.0%	60	100.0%	20.53	2.14	2.9

MOLECULAR AUTISM	57	100.0%	56	100.0%	47.89	1.07	6.2
AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE	57	19.3%	9	77.8%	19.09	2.30	24.7
PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES OF THE UNITED STATES OF AMERICA	54	96.3%	54	96.3%	76.57	1.09	11.1

Table A3.6: Total number of IMI funded papers published open access and impact by top 20 Web of Science journal categories between 2010 and 2023

Journal Categories	Number of Publications	Number of Open Access Papers	% Open Access Papers	Mean field-normalized Citation Impact of Open Access Papers	Highly Cited Open Access Papers (Top 10% cited)	% Highly cited Open Access papers (Top 10% cited)
Neurosciences	1145	791	74.34%	2.01	230	29.08%
Pharmacology & Pharmacy	1138	643	60.21%	1.41	111	17.26%
Biochemistry & Molecular Biology	909	693	78.66%	2.35	197	28.43%
Multidisciplinary Sciences	886	858	97.50%	1.78	175	20.40%
Immunology	748	566	78.94%	1.49	96	16.96%
Endocrinology & Metabolism	694	426	81.61%	1.76	97	22.77%
Rheumatology	589	310	67.25%	1.98	89	28.71%
Clinical Neurology	561	324	65.72%	2.58	122	37.65%
Cell Biology	550	447	85.31%	2.15	162	36.24%
Psychiatry	528	361	75.37%	2.08	105	29.09%
Medicine, Research & Experimental	482	360	77.42%	2.22	116	32.22%
Chemistry, Multidisciplinary	438	324	74.65%	1.22	50	15.43%
Microbiology	408	337	85.32%	1.47	67	19.88%
Chemistry, Medicinal	399	253	63.89%	1.44	47	18.58%
Oncology	385	276	81.66%	2.72	99	35.87%
Medicine, General & Internal	356	307	91.37%	2.36	104	33.88%
Infectious Diseases	352	270	83.33%	1.87	63	23.33%
Genetics & Heredity	342	273	85.58%	2.09	87	31.87%
Respiratory System	283	106	80.30%	2.52	39	36.79%
Biotechnology & Applied Microbiology	281	215	85.32%	1.69	51	23.72%

*Note: publications can be assigned into multiple journal categories

Table A3.7: Comparison of IMI funded research against EU27+UK by top 20 Web of Science journal categories between 2010 and 2023

Journal Categories	IMI Number of Publications	IMI Number of Papers	IMI publications Mean field-normalized Citation Impact	EU27+UK Number of Publications	EU27+UK Number of Papers	EU27+UK publications Mean field-normalized Citation Impact
Neurosciences	1,145	1,064	1.93	326,615	217,655	1.58
Pharmacology & Pharmacy	1,138	1,068	1.39	258,553	189,000	1.30
Biochemistry & Molecular Biology	909	881	2.10	351,040	292,809	1.38
Multidisciplinary Sciences	886	880	1.94	309,511	293,806	1.35
Immunology	748	717	1.49	206,518	126,328	1.41
Endocrinology & Metabolism	694	522	1.59	169,808	103,477	1.36
Rheumatology	589	461	1.81	98,545	33,726	1.36
Clinical Neurology	561	493	2.26	291,423	158,483	1.61
Cell Biology	550	524	2.12	182,470	139,908	1.68
Psychiatry	528	479	1.99	198,719	119,796	1.60
Medicine, Research & Experimental	482	465	2.10	140,099	102,471	1.50
Chemistry, Multidisciplinary	438	434	1.34	345,215	306,667	1.32
Microbiology	408	395	1.47	144,015	128,650	1.31
Chemistry, Medicinal	399	396	1.34	67,423	59,749	1.27
Oncology	385	338	2.50	390,590	193,521	1.56
Medicine, General & Internal	356	336	2.80	248,599	154,319	1.52
Infectious Diseases	352	324	1.77	117,303	84,714	1.33
Genetics & Heredity	342	319	2.26	140,062	103,921	1.41
Respiratory System	283	132	2.59	131,849	52,470	1.79
Biotechnology & Applied Microbiology	281	252	1.72	134,227	111,105	1.36

*Note: publications can be assigned into multiple journal categories

Annex 4: Data tables - collaboration and geographical spread of IMI funded research

Table A4.1: Collaboration profile of IMI funded papers, 2010-2023

Collaboration types	Total papers	Percentage	Mean field-normalized Citation Impact
Cross-sector	7,363	71.7%	1.98
Single-sector	2,908	28.3%	1.52
Cross-institution	8,573	84.8%	1.89
Single-institution	1,534	15.2%	1.38
International	6,793	66.1%	2.04
Domestic	3,483	33.9%	1.48

Table A4.2: Top countries collaborating with EU27 countries for IMI funded research, 2010-2023 (10 publications minimum)

Countries displayed have a minimum of 10 publications which have a European collaboration partner

Top Countries collaborated with EU27 countries	Number of Publications	Mean field-normalized Citation Impact
United Kingdom	3,383	2.32
United States	2,339	2.71
Switzerland	1,149	2.62
Canada	524	3.23
Australia	403	3.86
China	312	3.80
Norway	304	3.18
Japan	191	4.80
Israel	147	4.07
Brazil	145	3.01
Singapore	117	4.98
South Africa	93	3.95
India	78	4.74
Turkey	63	5.03
South Korea	63	6.73

Iceland	62	5.33
Saudi Arabia	59	3.12
Taiwan	46	7.73
Egypt	44	3.27
New Zealand	37	4.02
Russia	34	7.36
Argentina	34	6.14
Serbia	30	4.19
Chile	30	5.80
Mexico	26	4.91
Thailand	25	3.29
Iran	24	4.91
Kenya	24	6.50
Qatar	21	3.67
Tanzania	16	3.68
Ukraine	16	2.06
Uganda	15	2.73
Pakistan	14	5.95
Sierra Leone	14	2.09
Lebanon	13	3.87
Palestine	13	3.63
Colombia	12	9.96
Malaysia	11	7.34
Nigeria	11	3.11

Table A4.3: Countries contributing to internationally collaborated IMI funded publications, by number of publications and mean field-normalized citation impact, 2010-2023

Country	Number of internationally collaborated publications	Mean field-normalized Citation Impact of internationally collaborated publications
United Kingdom	4,018	2.30
Germany	2,948	2.31
United States	2,782	2.66
Netherlands	2,523	2.28
France	1,656	2.50
Sweden	1,608	2.25
Italy	1,458	2.53
Switzerland	1,323	2.49

Spain	1,255	2.55
Belgium	1,114	2.39
Denmark	762	2.36
Canada	700	2.89
Austria	600	2.31
Finland	487	2.68
Australia	457	3.69
China	433	3.30
Norway	345	2.99
Greece	302	3.15
Ireland	260	2.86
Poland	244	2.93
Japan	216	4.54
Brazil	178	2.67
Portugal	177	3.69
Israel	170	3.71
Singapore	138	4.53
Hungary	123	3.11
South Africa	113	3.70
Luxembourg	108	1.85
Czechia	93	4.53
Estonia	88	4.67
India	87	4.45
South Korea	72	6.31
Saudi Arabia	70	3.21
Turkey	66	4.86
Iceland	65	5.12
Taiwan	54	7.39
Lithuania	54	4.29
Slovenia	54	2.95
Egypt	51	2.99
New Zealand	48	3.34
Croatia	45	4.36
Romania	43	2.97
Cyprus	39	7.09
Russia	38	6.89
Argentina	36	5.81
Serbia	32	4.05
Chile	31	5.67
Thailand	27	3.06
Kenya	26	6.01
Iran	26	4.88
Qatar	26	3.65
Mexico	25	5.10
Latvia	20	6.76
Tanzania	17	3.72
Ukraine	17	2.00
Uganda	16	2.64
Sierra Leone	15	2.25

Colombia	14	8.75
Pakistan	14	5.95
Malaysia	13	6.24
Lebanon	13	3.87
Palestine	13	3.63
Bulgaria	12	10.45
Vietnam	12	4.93
Nigeria	12	3.61
Liechtenstein	10	2.34
Guinea	10	1.93
Georgia	9	7.24
Uruguay	9	3.42
Sri Lanka	8	12.60
Peru	8	12.56
Philippines	8	7.82
Kuwait	8	5.09
United Arab Emirates	8	3.48
Slovakia	8	3.10
Iraq	8	3.04
Malta	8	2.85
Jordan	7	6.49
Tunisia	7	4.71
Burkina Faso	7	3.04
Gabon	7	1.51
Mali	7	1.48
Indonesia	6	22.50
Bangladesh	6	7.21
Malawi	6	5.52
Cote d'Ivoire	6	5.47
Democratic Republic of the Congo	6	3.69
Mozambique	5	16.97
Ghana	5	16.33
Gambia	5	4.05
Senegal	5	2.68
Monaco	5	2.45
Liberia	5	0.74
Oman	4	5.15
Ethiopia	4	4.46
Belarus	4	1.31
North Macedonia	4	0.58
Moldova	4	0.29
Guatemala	3	7.47
Rwanda	3	6.55
Nepal	3	5.63
Bosnia and Herzegovina	3	1.83
Bolivia	3	0.19
Mongolia	2	37.05
Zimbabwe	2	28.52

Zambia	2	15.33
Benin	2	9.31
Libya	2	8.36
Bahrain	2	8.27
Cameroon	2	8.08
Morocco	2	7.97
Algeria	2	7.83
Albania	2	1.04
Armenia	2	0.70
Kazakhstan	2	0.30
Bhutan	1	58.82
Costa Rica	1	15.38
Panama	1	15.38
New Caledonia	1	15.38
Micronesia	1	15.38
Saint Lucia	1	15.38
Cambodia	1	15.28
Uzbekistan	1	9.10
Cook Islands	1	6.78
Burundi	1	2.28
Ecuador	1	1.75
Jamaica	1	1.63
Kyrgyzstan	1	1.61
Cuba	1	1.49
Botswana	1	0.46
Congo	1	0.44
Kosovo	1	0.17
Andorra	1	0.00
Maldives	1	0.00

Table A4.4: City clusters for IMI funded research, 2010-2023 (50 publications minimum)

City	Country	Region	Number of publications	Mean field-normalized Citation Impact of publications	Number of internationally collaborated publications
London	United Kingdom	Europe	2,446	2.43	2,071
Stockholm	Sweden	Europe (EU27)	1,045	2.19	875
Oxford	United Kingdom	Europe	998	2.54	852
Amsterdam	Netherlands	Europe (EU27)	951	2.69	814
Cambridge	United Kingdom	Europe	908	2.77	748
Paris	France	Europe (EU27)	845	2.59	742
Barcelona	Spain	Europe (EU27)	817	2.82	694
Utrecht	Netherlands	Europe (EU27)	817	2.02	698
Berlin	Germany	Europe (EU27)	643	2.75	545

Madrid	Spain	Europe (EU27)	625	2.57	502
Leiden	Netherlands	Europe (EU27)	617	2.04	464
Basel	Switzerland	Europe	515	2.18	488
Copenhagen	Denmark	Europe (EU27)	496	2.36	417
Milan	Italy	Europe (EU27)	489	2.85	404
Nijmegen	Netherlands	Europe (EU27)	485	2.18	417
Toronto	Canada	North America	477	2.87	421
Boston	United States	North America	465	3.75	464
Rome	Italy	Europe (EU27)	462	2.71	350
Rotterdam	Netherlands	Europe (EU27)	462	2.39	414
Vienna	Austria	Europe (EU27)	462	2.27	400
Uppsala	Sweden	Europe (EU27)	449	2.18	359
Frankfurt	Germany	Europe (EU27)	447	2.01	384
Groningen	Netherlands	Europe (EU27)	438	2.44	356
Maastricht	Netherlands	Europe (EU27)	404	3.53	375
Hamburg	Germany	Europe (EU27)	404	2.58	325
New York	United States	North America	397	3.76	391
Munich	Germany	Europe (EU27)	389	2.89	313
Geneva	Switzerland	Europe	385	2.79	347
Erlangen	Germany	Europe (EU27)	372	2.56	263
Manchester	United Kingdom	Europe	356	2.20	301
Leuven	Belgium	Europe (EU27)	355	2.89	323
Brussels	Belgium	Europe (EU27)	346	2.32	322
Zurich	Switzerland	Europe	334	2.88	305
Edinburgh	United Kingdom	Europe	330	3.30	272
Heidelberg	Germany	Europe (EU27)	312	3.33	272
Newcastle Upon Tyne	United Kingdom	Europe	304	2.86	270
Nottingham	United Kingdom	Europe	296	2.28	259
Mannheim	Germany	Europe (EU27)	294	2.43	255
Dundee	United Kingdom	Europe	291	2.37	238
Cambridge	United States	North America	287	3.88	284
Helsinki	Finland	Europe (EU27)	265	3.22	241
Bonn	Germany	Europe (EU27)	265	2.46	212
Gothenburg	Sweden	Europe (EU27)	264	2.87	242
Lausanne	Switzerland	Europe	260	2.54	233
Dublin	Ireland	Europe (EU27)	244	2.79	226

Hannover	Germany	Europe (EU27)	242	2.75	194
Beerse	Belgium	Europe (EU27)	225	1.90	209
Pisa	Italy	Europe (EU27)	222	2.33	173
Dresden	Germany	Europe (EU27)	219	2.60	191
Oslo	Norway	Europe	215	2.96	209
Tubingen	Germany	Europe (EU27)	211	2.79	171
Antwerp	Belgium	Europe (EU27)	209	2.43	177
Malmo	Sweden	Europe (EU27)	207	2.25	192
Montreal	Canada	North America	206	3.37	198
Birmingham	United Kingdom	Europe	205	3.54	169
Southampton	United Kingdom	Europe	202	2.67	188
Freiburg	Germany	Europe (EU27)	201	1.89	159
Lyon	France	Europe (EU27)	196	2.80	183
Molndal	Sweden	Europe (EU27)	192	2.47	184
Indianapolis	United States	North America	182	2.68	178
Marseille	France	Europe (EU27)	181	2.33	153
Liverpool	United Kingdom	Europe	180	2.47	139
Athens	Greece	Europe (EU27)	179	3.89	165
Stevenage	United Kingdom	Europe	174	2.38	162
Bethesda	United States	North America	169	4.05	165
Sheffield	United Kingdom	Europe	169	2.44	146
Melbourne	Australia	Oceania	166	3.91	164
San Francisco	United States	North America	165	5.51	165
Mainz	Germany	Europe (EU27)	165	2.99	141
Glasgow	United Kingdom	Europe	162	2.63	123
Lund	Sweden	Europe (EU27)	160	2.35	139
Chapel Hill	United States	North America	159	3.05	128
Bristol	United Kingdom	Europe	159	2.40	125
Gottingen	Germany	Europe (EU27)	157	3.38	138
Toulouse	France	Europe (EU27)	157	2.19	148
Graz	Austria	Europe (EU27)	154	2.54	125
Turin	Italy	Europe (EU27)	153	3.41	127
Ghent	Belgium	Europe (EU27)	153	2.39	142
Aarhus	Denmark	Europe (EU27)	151	3.75	132
Kuopio	Finland	Europe (EU27)	151	1.97	138

Ulm	Germany	Europe (EU27)	151	1.62	110
Kiel	Germany	Europe (EU27)	150	3.20	116
Brescia	Italy	Europe (EU27)	148	3.72	132
Seattle	United States	North America	146	4.58	142
Solna	Sweden	Europe (EU27)	144	2.05	123
Leeds	United Kingdom	Europe	141	2.60	91
Los Angeles	United States	North America	140	4.59	138
Cologne	Germany	Europe (EU27)	140	2.85	118
Padua	Italy	Europe (EU27)	140	2.21	114
Granada	Spain	Europe (EU27)	139	2.08	111
Exeter	United Kingdom	Europe	139	1.84	115
Singapore	Singapore	Asia	138	4.53	138
Bern	Switzerland	Europe	137	3.12	133
Cardiff	United Kingdom	Europe	133	4.20	111
Lille	France	Europe (EU27)	133	1.86	119
Bergen	Norway	Europe	132	3.83	111
Chicago	United States	North America	127	5.27	124
Baltimore	United States	North America	126	5.56	125
Umea	Sweden	Europe (EU27)	123	3.49	119
Dusseldorf	Germany	Europe (EU27)	123	2.41	97
Titusville	United States	North America	122	2.49	120
Philadelphia	United States	North America	121	5.20	118
Turku	Finland	Europe (EU27)	120	2.61	104
Neuherberg	Germany	Europe (EU27)	119	2.29	97
Seville	Spain	Europe (EU27)	118	3.03	94
Krakow	Poland	Europe (EU27)	116	2.05	113
Munster	Germany	Europe (EU27)	115	3.16	98
Montpellier	France	Europe (EU27)	113	2.62	91
Valencia	Spain	Europe (EU27)	112	4.06	87
Florence	Italy	Europe (EU27)	108	2.90	85
Aachen	Germany	Europe (EU27)	107	2.15	90
Leipzig	Germany	Europe (EU27)	106	3.11	89
Stanford	United States	North America	103	6.25	99
Orsay	France	Europe (EU27)	101	2.72	92
Burlington	United States	North America	101	1.43	100

Bologna	Italy	Europe (EU27)	98	2.87	82
Bilthoven	Netherlands	Europe (EU27)	98	2.11	82
Braunschweig	Germany	Europe (EU27)	98	1.88	75
Innsbruck	Austria	Europe (EU27)	97	1.91	91
Leicester	United Kingdom	Europe	95	4.14	82
Bremen	Germany	Europe (EU27)	95	1.33	67
Ann Arbor	United States	North America	92	5.94	90
La Jolla	United States	North America	92	5.93	92
Verona	Italy	Europe (EU27)	92	2.91	87
Wuppertal	Germany	Europe (EU27)	92	1.50	82
Budapest	Hungary	Europe (EU27)	90	2.54	84
Houston	United States	North America	89	4.96	89
Greifswald	Germany	Europe (EU27)	88	3.13	68
Bordeaux	France	Europe (EU27)	88	2.90	81
Gif Sur Yvette	France	Europe (EU27)	88	1.65	80
Sydney	Australia	Oceania	87	6.09	87
Naples	Italy	Europe (EU27)	85	3.72	79
Odense	Denmark	Europe (EU27)	85	2.99	80
Siena	Italy	Europe (EU27)	85	1.41	67
Stuttgart	Germany	Europe (EU27)	85	1.37	68
Beijing	China	Asia	84	4.75	84
Thessaloniki	Greece	Europe (EU27)	84	2.30	77
Tartu	Estonia	Europe (EU27)	82	5.36	80
Linkoping	Sweden	Europe (EU27)	81	2.75	77
Vancouver	Canada	North America	80	5.05	79
Lubeck	Germany	Europe (EU27)	80	2.73	71
Wurzburg	Germany	Europe (EU27)	79	4.14	67
Biberach	Germany	Europe (EU27)	79	1.82	67
St Louis	United States	North America	78	6.43	76
San Diego	United States	North America	78	3.73	77
Darmstadt	Germany	Europe (EU27)	78	1.47	71
Durham	United States	North America	77	3.35	72
Shanghai	China	Asia	75	5.79	75
Macclesfield	United Kingdom	Europe	75	2.02	58
Lyngby	Denmark	Europe (EU27)	74	2.14	64

Perugia	Italy	Europe (EU27)	73	2.99	66
Atlanta	United States	North America	72	6.21	72
Prague	Czechia	Europe (EU27)	72	5.10	68
Tel Aviv	Israel	Asia	72	2.22	67
New Haven	United States	North America	71	6.32	71
Brisbane	Australia	Oceania	71	6.14	69
Pittsburgh	United States	North America	71	5.68	71
Sao Paulo	Brazil	South America	71	4.32	71
Hinxton	United Kingdom	Europe	70	5.56	62
Lisbon	Portugal	Europe (EU27)	69	4.30	67
Windlesham	United Kingdom	Europe	68	2.52	61
Tokyo	Japan	Asia	67	6.21	67
Hong Kong	China	Asia	67	6.10	67
Belfast	United Kingdom	Europe	67	4.40	60
Bochum	Germany	Europe (EU27)	67	3.17	44
Santander	Spain	Europe (EU27)	66	2.00	50
Perth	Australia	Oceania	65	5.59	65
Reykjavik	Iceland	Europe	65	5.19	64
Guangzhou	China	Asia	65	3.67	65
Genoa	Italy	Europe (EU27)	65	3.19	54
Pavia	Italy	Europe (EU27)	64	3.46	49
Oulu	Finland	Europe (EU27)	63	4.30	62
Herlev	Denmark	Europe (EU27)	63	1.98	58
Salt Lake City	United States	North America	61	5.39	61
Villejuif	France	Europe (EU27)	61	2.09	51
Rochester	United States	North America	60	5.61	59
Guildford	United Kingdom	Europe	60	2.42	54
Tampere	Finland	Europe (EU27)	60	1.82	56
Luxembourg	Luxembourg	Europe (EU27)	60	1.51	59
High Wycombe	United Kingdom	Europe	59	2.64	59
Gainesville	United States	North America	58	3.09	56
Essen	Germany	Europe (EU27)	58	2.49	50
Magdeburg	Germany	Europe (EU27)	57	5.74	49
Valby	Denmark	Europe (EU27)	57	1.68	55
Campinas	Brazil	South America	56	1.37	54

Suresnes	France	Europe (EU27)	55	1.43	52
Catania	Italy	Europe (EU27)	54	2.20	51
Rostock	Germany	Europe (EU27)	54	1.63	39
Aveiro	Portugal	Europe (EU27)	54	1.25	35
Huddinge	Sweden	Europe (EU27)	53	2.43	48
Chilly Mazarin	France	Europe (EU27)	53	1.81	52
Iraklion	Greece	Europe (EU27)	53	1.44	45
Taipei	Taiwan	Asia	51	7.53	51
Santiago De Compostela	Spain	Europe (EU27)	51	4.45	46
Gentofte	Denmark	Europe (EU27)	51	2.70	48
Espoo	Finland	Europe (EU27)	51	2.53	46
Gaithersburg	United States	North America	51	2.16	51
Seoul	South Korea	Asia	50	6.64	50
Uxbridge	United Kingdom	Europe	50	2.26	46

Table A4.5: Top organizations within each city cluster based on volume of IMI funded publications, 2010-2023 (10 publications minimum)

City	Country	organizations	Number of Publications	Mean field-normalized Citation Impact of publications
London	**United Kingdom**	King's College London	926	2.13
		University College London	618	2.94
		Imperial College London	579	2.61
		GlaxoSmithKline (United Kingdom)	197	2.54
		London School of Hygiene & Tropical Medicine	113	1.57
		Birkbeck, University of London	109	1.46
		South London and Maudsley NHS Foundation Trust	96	2.36
		Queen Mary University of London	76	5.01
		Royal Brompton Hospital	68	3.69
		National Institute for Health and Care Research	68	3.43
		National Hospital for Neurology and Neurosurgery	50	3.47
		Health Data Research UK	47	2.76
		St George's, University of London	45	2.63
		National Health Service England	43	4.75
		Institute of Cancer Research	41	2.94
		Medicines and Healthcare Products Regulatory Agency	38	1.83

		The Alan Turing Institute	33	2.83
		The Francis Crick Institute	31	3.12
		Public Health England	30	1.01
		University of London	29	3.34
		UCL Biomedical Research Centre	29	1.63
		Medical Research Council	28	2.08
		University College London Hospitals NHS Foundation Trust	26	3.70
		NIHR Maudsley Dementia Biomedical Research Unit	26	1.78
		UK Dementia Research Institute	25	2.18
		Hammersmith Hospital	25	2.51
		Guy's Hospital	25	3.39
		University College Hospital	23	2.18
		King's College Hospital	23	3.73
		Guy's and St Thomas' NHS Foundation Trust	23	2.52
		London School of Economics and Political Science	20	1.77
		General Electric (United Kingdom)	20	1.84
		Royal Brompton & Harefield NHS Foundation Trust	19	4.00
		King's Health Partners	19	1.96
		Bethlem Royal Hospital	17	1.73
		King's College Hospital NHS Foundation Trust	16	3.46
		St Thomas' Hospital	15	1.37
		Royal London Hospital	14	3.33
		University of Westminster	12	2.27
		Imperial College Healthcare NHS Trust	12	3.11
		St Bartholomew's Hospital	11	1.66
		Brunel University London	11	3.26
		Royal College of General Practitioners	10	1.05
		Barts Health NHS Trust	10	5.39
Paris	**France**	Université Paris Cité	203	2.98
		Inserm	201	2.58
		Pitié-Salpêtrière Hospital	100	4.44
		Sorbonne University	99	3.88
		Institut Pasteur	96	2.74
		Sanofi (France)	85	2.91
		Assistance Publique - Hôpitaux de Paris	67	2.61

		Institut Cochin	65	1.88
		Hôpital Cochin	60	1.75
		French National Centre for Scientific Research	48	2.17
		Atomic Energy and Alternative Energies Commission	40	1.65
		Infection, Antimicrobials, Modelling, Evolution	33	2.03
		Centre de Recherche des Cordeliers	32	2.03
		Institut du Cerveau	30	2.94
		Institute Curie	29	2.39
		Hôpital Bichat-Claude-Bernard	29	1.95
		Hôpital Saint-Louis	21	1.90
		Hôpital Necker-Enfants Malades	19	3.12
		Délégation Paris 11	17	1.20
		Unit of Functional and Adaptive Biology	15	1.44
		Hôpital Robert-Debré	15	2.57
		Hôpital Européen Georges-Pompidou	14	1.64
		Hôpital Saint-Antoine	12	2.10
		European organization for Rare Diseases	12	2.10
		Institute of Cardiometabolism and Nutrition	10	7.70
Amsterdam	**Netherlands**	Vrije Universiteit Amsterdam	241	1.99
		Amsterdam UMC Location VUmc	239	3.16
		University of Amsterdam	213	3.76
		Amsterdam Neuroscience	167	2.93
		Academic Medical Center	140	3.78
		Amsterdam University Medical Centers	88	2.82
		European Medicines Agency	40	1.97
		Antoni van Leeuwenhoek Hospital	15	4.43
		Reade	13	3.86
		GGZ inGeest	13	2.34
Berlin	**Germany**	Charité - University Medicine Berlin	286	3.25
		German Centre for Cardiovascular Research	84	3.63
		German Rheumatism Research Centre	48	2.25
		Berlin Institute of Health at Charité - Universitätsmedizin Berlin	46	8.47
		Humboldt-Universität zu Berlin	44	6.91
		Max Planck Institute for Infection Biology	35	2.18
		Max Delbrück Center for Molecular Medicine	25	5.45

		Freie Universität Berlin	19	3.07
		Max Planck Institute for Molecular Genetics	16	1.44
		Technical University of Berlin	12	0.68
		Life Molecular Imaging	11	2.59
		Robert Koch Institute	10	17.30
		Leibniz-Forschungsinstitut für Molekulare Pharmakologie	10	2.08
Boston	**United States**	Massachusetts General Hospital	120	4.40
		Brigham and Women's Hospital	78	3.25
		Boston University	55	4.10
		Beth Israel Deaconess Medical Center	44	5.88
		Boston Children's Hospital	42	3.90
		Dana-Farber Cancer Institute	23	9.55
		Northeastern University	13	1.07

Table A4.6: Top countries collaborating with the UK for IMI funded research, 2010-2023 (10 publications minimum)

Top Countries collaborated with UK	Number of Publications	Mean field-normalized Citation Impact
Germany	1,568	2.65
United States	1,560	3.05
Netherlands	1,518	2.47
France	1,014	2.93
Sweden	928	2.73
Italy	844	3.04
Spain	805	2.84
Switzerland	776	3.00
Belgium	665	2.90
Denmark	477	2.92
Canada	430	3.36
Finland	323	3.06
Australia	317	4.43
Austria	311	2.87
Norway	258	3.65
China	254	4.49
Ireland	212	2.99

Greece	188	3.92
Poland	152	4.02
Japan	126	6.20
Israel	115	4.65
Singapore	105	5.37
Portugal	101	5.34
Brazil	89	3.51
Hungary	82	3.93
South Africa	77	4.63
Luxembourg	67	2.22
India	63	5.19
Estonia	60	6.00
Czechia	58	5.39
Saudi Arabia	57	3.63
Iceland	50	6.08
South Korea	49	8.35
Taiwan	47	7.94
New Zealand	39	3.81
Slovenia	38	3.30
Lithuania	38	5.01
Turkey	36	7.37
Croatia	35	5.39
Romania	32	3.65
Cyprus	30	8.63
Egypt	23	4.53
Russia	22	10.86
Chile	22	7.44
Thailand	19	4.00
Qatar	18	4.33
Kenya	18	7.53
Tanzania	17	3.61
Serbia	17	4.13
Argentina	17	9.09
Iran	15	7.52
Sierra Leone	15	2.27

Uganda	14	2.44
Mexico	14	7.79
Palestine	13	3.63
Latvia	13	9.76
Nigeria	11	3.64

Table A4.7: Top 50 city collaborations for IMI funded research with the London cluster, 2010-2023

Rank	City	Country	Region	Number of collaborated publications	Mean field-normalized Citation Impact of collaborated publications
1	**Cambridge**	United Kingdom	Europe	441	2.87
2	**Amsterdam**	Netherlands	Europe (EU27)	429	3.27
3	**Stockholm**	Sweden	Europe (EU27)	362	3.01
4	**Oxford**	United Kingdom	Europe	359	3.28
5	**Paris**	France	Europe (EU27)	344	3.22
6	**Barcelona**	Spain	Europe (EU27)	317	3.58
7	**Utrecht**	Netherlands	Europe (EU27)	282	2.80
8	**Berlin**	Germany	Europe (EU27)	256	3.50
9	**Madrid**	Spain	Europe (EU27)	220	3.73
10	**Nottingham**	United Kingdom	Europe	207	2.24
11	**Basel**	Switzerland	Europe	200	3.17
12	**Mannheim**	Germany	Europe (EU27)	196	2.71
13	**Milan**	Italy	Europe (EU27)	190	3.33
14	**Copenhagen**	Denmark	Europe (EU27)	183	3.41
15	**Manchester**	United Kingdom	Europe	183	2.70
16	**Toronto**	Canada	North America	178	3.65
17	**Nijmegen**	Netherlands	Europe (EU27)	178	2.72
18	**Edinburgh**	United Kingdom	Europe	177	3.91
19	**New York**	United States	North America	158	5.74
20	**Boston**	United States	North America	156	5.71
21	**Maastricht**	Netherlands	Europe (EU27)	155	4.41
22	**Geneva**	Switzerland	Europe	151	4.18
23	**Dublin**	Ireland	Europe (EU27)	151	3.25
24	**Rotterdam**	Netherlands	Europe (EU27)	149	3.65
25	**Southampton**	United Kingdom	Europe	147	2.85

26	**Montreal**	Canada	North America	141	3.83
27	**Hamburg**	Germany	Europe (EU27)	139	2.85
28	**Munich**	Germany	Europe (EU27)	138	4.74
29	**Dresden**	Germany	Europe (EU27)	137	3.26
30	**Leuven**	Belgium	Europe (EU27)	135	3.76
31	**Vienna**	Austria	Europe (EU27)	132	3.76
32	**Rome**	Italy	Europe (EU27)	127	4.78
33	**Brussels**	Belgium	Europe (EU27)	127	3.25
34	**Leiden**	Netherlands	Europe (EU27)	126	3.57
35	**Molndal**	Sweden	Europe (EU27)	121	2.91
36	**Zurich**	Switzerland	Europe	119	4.59
37	**Frankfurt**	Germany	Europe (EU27)	116	2.82
38	**Dundee**	United Kingdom	Europe	115	3.36
39	**Gothenburg**	Sweden	Europe (EU27)	113	3.47
40	**Groningen**	Netherlands	Europe (EU27)	111	5.15
41	**Uppsala**	Sweden	Europe (EU27)	110	2.91
42	**Cambridge**	United States	North America	106	5.12
43	**Newcastle Upon Tyne**	United Kingdom	Europe	103	3.14
44	**Oslo**	Norway	Europe	102	4.42
45	**Heidelberg**	Germany	Europe (EU27)	101	5.80
46	**Burlington**	United States	North America	95	1.47
47	**Hannover**	Germany	Europe (EU27)	94	4.08
48	**Lausanne**	Switzerland	Europe	92	4.22
49	**Bonn**	Germany	Europe (EU27)	92	4.01
50	**Beerse**	Belgium	Europe (EU27)	90	1.92

Table A4.8: Top countries collaborating with Germany for IMI funded research, 2010-2023 (10 publications minimum)

Top Countries collaborated with Germany	Number of Publications	Mean field-normalized Citation Impact
United Kingdom	1,568	2.65
United States	1,161	2.93
Netherlands	936	2.80
France	841	2.97
Switzerland	671	3.16

Italy	642	3.42
Sweden	636	2.93
Spain	564	3.08
Belgium	450	3.39
Austria	411	2.50
Denmark	363	3.43
Canada	303	3.29
Finland	221	3.26
Norway	195	3.88
Ireland	188	2.99
Australia	185	5.67
Greece	171	3.88
China	160	4.63
Poland	144	3.79
Japan	101	6.18
Israel	99	4.91
Portugal	99	5.05
Luxembourg	80	2.08
Hungary	72	4.38
Brazil	70	4.11
Singapore	61	6.50
Czechia	52	6.89
India	42	4.85
Estonia	42	6.49
Slovenia	41	3.31
South Africa	41	5.25
Turkey	40	6.69
Iceland	38	6.38
South Korea	33	8.27
Saudi Arabia	30	4.71
Taiwan	29	8.22
Croatia	28	4.28
Romania	26	3.11
Russia	25	7.01
New Zealand	22	3.59

Lithuania	20	8.19
Cyprus	19	8.61
Serbia	18	6.04
Chile	18	8.50
Argentina	18	5.35
Egypt	17	5.71
Thailand	14	4.48
Qatar	11	5.06
Pakistan	11	5.64
Latvia	11	10.28

Table A4.9: Top 50 city collaborations for IMI funded research with the Berlin cluster, 2010-2023

Rank	City	Country	Region	Number of collaborated publications	Mean field-normalized Citation Impact of collaborated publications
1	**London**	United Kingdom	Europe	256	3.50
2	**Paris**	France	Europe (EU27)	150	4.16
3	**Hamburg**	Germany	Europe (EU27)	143	2.40
4	**Mannheim**	Germany	Europe (EU27)	123	2.94
5	**Dresden**	Germany	Europe (EU27)	113	2.38
6	**Dublin**	Ireland	Europe (EU27)	110	3.17
7	**Toronto**	Canada	North America	105	3.29
8	**Nottingham**	United Kingdom	Europe	103	2.01
9	**Vienna**	Austria	Europe (EU27)	98	3.66
10	**Heidelberg**	Germany	Europe (EU27)	93	4.78
11	**Burlington**	United States	North America	93	1.47
12	**Cambridge**	United Kingdom	Europe	84	3.72
13	**Barcelona**	Spain	Europe (EU27)	83	5.55
14	**Munich**	Germany	Europe (EU27)	75	4.79
15	**Montreal**	Canada	North America	75	3.93
16	**Gottingen**	Germany	Europe (EU27)	73	5.01
17	**Oxford**	United Kingdom	Europe	70	5.32
18	**Stockholm**	Sweden	Europe (EU27)	69	4.80
19	**Basel**	Switzerland	Europe	69	4.53
20	**Madrid**	Spain	Europe (EU27)	64	7.85

21	**Bonn**	Germany	Europe (EU27)	63	4.55
22	**Orsay**	France	Europe (EU27)	63	1.66
23	**Erlangen**	Germany	Europe (EU27)	61	3.61
24	**Amsterdam**	Netherlands	Europe (EU27)	58	4.95
25	**Boston**	United States	North America	52	6.49
26	**New York**	United States	North America	51	7.74
27	**Utrecht**	Netherlands	Europe (EU27)	50	6.97
28	**Milan**	Italy	Europe (EU27)	47	4.37
29	**Braunschweig**	Germany	Europe (EU27)	46	2.17
30	**Gif Sur Yvette**	France	Europe (EU27)	46	1.58
31	**Copenhagen**	Denmark	Europe (EU27)	45	8.70
32	**Geneva**	Switzerland	Europe	42	2.83
33	**Zurich**	Switzerland	Europe	41	6.37
34	**Edinburgh**	United Kingdom	Europe	38	6.51
35	**Cambridge**	United States	North America	38	6.50
36	**Brussels**	Belgium	Europe (EU27)	38	4.77
37	**Uppsala**	Sweden	Europe (EU27)	38	3.91
38	**Rotterdam**	Netherlands	Europe (EU27)	36	8.18
39	**Leuven**	Belgium	Europe (EU27)	36	8.06
40	**Cologne**	Germany	Europe (EU27)	34	6.26
41	**Hannover**	Germany	Europe (EU27)	33	4.11
42	**Helsinki**	Finland	Europe (EU27)	32	8.71
43	**Frankfurt**	Germany	Europe (EU27)	32	5.27
44	**Tubingen**	Germany	Europe (EU27)	32	4.40
45	**Bethesda**	United States	North America	30	8.30
46	**Birmingham**	United Kingdom	Europe	30	6.31
47	**Leiden**	Netherlands	Europe (EU27)	30	4.17
48	**Kiel**	Germany	Europe (EU27)	29	3.56
49	**Oslo**	Norway	Europe	28	8.39
50	**Rome**	Italy	Europe (EU27)	28	7.63

Table A4.10: Top countries collaborating with the United States for IMI funded research, 2010-2023 (10 publications minimum)

Top Countries collaborated with USA	Number of Publications	Mean field-normalized Citation Impact

United Kingdom	1,560	3.05
Germany	1,161	2.93
Netherlands	940	3.24
France	666	3.43
Sweden	615	2.86
Italy	543	3.71
Switzerland	538	3.48
Spain	473	3.68
Canada	453	3.42
Belgium	426	3.40
Denmark	333	3.24
Australia	255	5.28
Austria	254	3.38
Finland	223	3.42
China	189	4.78
Ireland	164	3.15
Norway	158	4.28
Japan	121	6.76
Greece	103	5.09
Israel	89	5.06
Poland	86	4.89
Brazil	82	4.19
Singapore	76	6.51
Portugal	62	7.71
India	54	5.93
South Korea	51	7.85
South Africa	47	6.15
Iceland	44	6.00
Hungary	43	5.40
Saudi Arabia	42	3.42
Estonia	39	6.93
Czechia	38	6.71
Luxembourg	37	3.07
Turkey	33	8.46
New Zealand	26	5.42

Taiwan	25	10.71
Lithuania	25	6.65
Slovenia	22	3.94
Russia	22	10.77
Argentina	22	8.70
Romania	21	4.16
Croatia	20	8.25
Kenya	16	8.47
Chile	16	10.18
Cyprus	14	10.98
Serbia	14	7.31
Qatar	13	6.02
Pakistan	11	7.15
Thailand	11	6.19
Palestine	11	3.56
Egypt	11	7.47

Table A4.11: Top 50 city collaborations for IMI funded research with the Boston cluster, 2010-2023

Rank	City	Country	Region	Number of collaborated publications	Mean field-normalized Citation Impact of collaborated publications
1	**London**	United Kingdom	Europe	156	5.71
2	**Cambridge**	United States	North America	111	5.63
3	**Oxford**	United Kingdom	Europe	101	4.71
4	**Amsterdam**	Netherlands	Europe (EU27)	86	6.24
5	**Stockholm**	Sweden	Europe (EU27)	77	4.77
6	**New York**	United States	North America	71	8.81
7	**Cambridge**	United Kingdom	Europe	67	5.68
8	**Leiden**	Netherlands	Europe (EU27)	66	5.18
9	**Utrecht**	Netherlands	Europe (EU27)	66	3.67
10	**Paris**	France	Europe (EU27)	65	6.91
11	**Rotterdam**	Netherlands	Europe (EU27)	65	3.97
12	**Malmo**	Sweden	Europe (EU27)	62	2.29
13	**Copenhagen**	Denmark	Europe (EU27)	60	4.74
14	**Dundee**	United Kingdom	Europe	60	4.03

15	**Barcelona**	Spain	Europe (EU27)	59	7.44
16	**Toronto**	Canada	North America	57	7.64
17	**Berlin**	Germany	Europe (EU27)	52	6.49
18	**Helsinki**	Finland	Europe (EU27)	50	5.99
19	**Baltimore**	United States	North America	46	10.44
20	**San Francisco**	United States	North America	46	9.02
21	**Los Angeles**	United States	North America	45	7.54
22	**Umea**	Sweden	Europe (EU27)	45	4.81
23	**Manchester**	United Kingdom	Europe	43	4.74
24	**Groningen**	Netherlands	Europe (EU27)	42	9.27
25	**Bethesda**	United States	North America	40	8.44
26	**Oslo**	Norway	Europe	40	6.60
27	**Gothenburg**	Sweden	Europe (EU27)	40	3.54
28	**Edinburgh**	United Kingdom	Europe	39	8.31
29	**Munich**	Germany	Europe (EU27)	38	9.33
30	**Vienna**	Austria	Europe (EU27)	38	6.29
31	**Maastricht**	Netherlands	Europe (EU27)	37	11.25
32	**Chicago**	United States	North America	36	11.06
33	**Milan**	Italy	Europe (EU27)	36	4.56
34	**Stanford**	United States	North America	34	12.16
35	**Geneva**	Switzerland	Europe	34	11.10
36	**Uppsala**	Sweden	Europe (EU27)	34	3.11
37	**Philadelphia**	United States	North America	33	11.56
38	**Chapel Hill**	United States	North America	33	9.71
39	**Melbourne**	Australia	Oceania	33	9.13
40	**Madrid**	Spain	Europe (EU27)	32	8.50
41	**Frankfurt**	Germany	Europe (EU27)	32	3.20
42	**Heidelberg**	Germany	Europe (EU27)	31	9.34
43	**Newcastle Upon Tyne**	United Kingdom	Europe	31	3.21
44	**Seattle**	United States	North America	30	10.07
45	**Lausanne**	Switzerland	Europe	30	8.55
46	**Singapore**	Singapore	Asia	29	9.55
47	**Salt Lake City**	United States	North America	29	9.19
48	**Bonn**	Germany	Europe (EU27)	29	7.38
49	**Houston**	United States	North America	29	7.15

50	**Mannheim**	Germany	Europe (EU27)	29	6.47

Table A4.12: Top countries collaborating with the Netherlands for IMI funded research, 2010-2023 (10 publications minimum)

Top Countries collaborated with Netherlands	Number of Publications	Mean field-normalized Citation Impact
United Kingdom	1,519	2.48
United States	939	3.24
Germany	936	2.80
France	645	3.15
Sweden	599	2.61
Spain	578	2.67
Belgium	571	2.78
Switzerland	520	3.11
Italy	512	3.24
Denmark	320	2.64
Austria	207	3.30
Australia	201	4.69
Norway	195	3.69
Finland	192	3.15
Canada	172	5.53
Greece	158	3.75
Poland	141	3.42
China	110	5.43
Japan	85	6.71
Ireland	83	4.29
Portugal	75	5.58
Hungary	67	4.47
Israel	66	4.10
Brazil	51	5.75
Singapore	49	6.82
Estonia	49	6.01
Czechia	46	6.86
Luxembourg	45	2.70
South Africa	44	5.42
Iceland	38	5.94
South Korea	37	9.31

India	34	8.35
Saudi Arabia	33	3.35
Lithuania	33	5.65
Turkey	29	8.87
Egypt	29	4.30
New Zealand	25	5.48
Slovenia	24	2.74
Croatia	23	6.67
Romania	22	3.81
Taiwan	19	10.25
Kenya	17	8.15
Cyprus	16	9.69
Mexico	16	5.95
Iran	15	7.33
Tanzania	15	3.74
Serbia	15	6.76
Russia	13	17.34
Palestine	12	3.63
Sierra Leone	12	2.35

Table A4.13: Top 50 city collaborations for IMI funded research with the Amsterdam cluster, 2010-2023

Rank	City	Country	Region	Number of collaborated publications	Mean field-normalized Citation Impact of collaborated publications
1	**London**	United Kingdom	Europe	429	3.27
2	**Stockholm**	Sweden	Europe (EU27)	220	3.08
3	**Barcelona**	Spain	Europe (EU27)	185	3.38
4	**Maastricht**	Netherlands	Europe (EU27)	181	4.21
5	**Leiden**	Netherlands	Europe (EU27)	174	3.22
6	**Utrecht**	Netherlands	Europe (EU27)	167	2.71
7	**Oxford**	United Kingdom	Europe	142	4.08
8	**Cambridge**	United Kingdom	Europe	141	2.80
9	**Southampton**	United Kingdom	Europe	116	3.40
10	**Madrid**	Spain	Europe (EU27)	112	3.81
11	**Copenhagen**	Denmark	Europe (EU27)	110	3.45

12	**Geneva**	Switzerland	Europe	108	3.61
13	**Manchester**	United Kingdom	Europe	107	3.09
14	**Groningen**	Netherlands	Europe (EU27)	100	5.08
15	**Rotterdam**	Netherlands	Europe (EU27)	97	4.52
16	**Rome**	Italy	Europe (EU27)	91	4.96
17	**Nottingham**	United Kingdom	Europe	90	3.22
18	**Paris**	France	Europe (EU27)	87	5.50
19	**Boston**	United States	North America	86	6.24
20	**Molndal**	Sweden	Europe (EU27)	84	3.11
21	**Nijmegen**	Netherlands	Europe (EU27)	83	4.11
22	**Leuven**	Belgium	Europe (EU27)	79	3.88
23	**Stevenage**	United Kingdom	Europe	72	2.31
24	**Brescia**	Italy	Europe (EU27)	71	4.21
25	**Brussels**	Belgium	Europe (EU27)	70	3.27
26	**Milan**	Italy	Europe (EU27)	69	4.48
27	**Marseille**	France	Europe (EU27)	69	2.91
28	**Hannover**	Germany	Europe (EU27)	68	2.88
29	**Oslo**	Norway	Europe	66	3.97
30	**Lyon**	France	Europe (EU27)	65	4.09
31	**Basel**	Switzerland	Europe	64	5.26
32	**Gothenburg**	Sweden	Europe (EU27)	63	3.28
33	**Umea**	Sweden	Europe (EU27)	62	4.98
34	**Cambridge**	United States	North America	61	6.76
35	**Edinburgh**	United Kingdom	Europe	59	5.20
36	**Berlin**	Germany	Europe (EU27)	58	4.95
37	**Lausanne**	Switzerland	Europe	58	4.65
38	**Antwerp**	Belgium	Europe (EU27)	58	3.48
39	**Malmo**	Sweden	Europe (EU27)	58	2.58
40	**Vienna**	Austria	Europe (EU27)	57	5.00
41	**Dundee**	United Kingdom	Europe	57	2.46
42	**San Francisco**	United States	North America	56	9.37
43	**Bern**	Switzerland	Europe	56	3.42
44	**Newcastle Upon Tyne**	United Kingdom	Europe	55	4.57
45	**New York**	United States	North America	53	9.35
46	**Bergen**	Norway	Europe	52	6.53

47	**Bonn**	Germany	Europe (EU27)	52	5.77
48	**Munich**	Germany	Europe (EU27)	51	5.30
49	**Lille**	France	Europe (EU27)	51	2.60
50	**High Wycombe**	United Kingdom	Europe	49	2.96

Table A4.14: Top countries collaborating with France for IMI funded research, 2010-2023 (10 publications minimum)

Top Countries collaborated with France	Number of Publications	Mean field-normalized Citation Impact
United Kingdom	1,015	2.94
Germany	841	2.97
United States	667	3.44
Netherlands	645	3.15
Italy	521	3.49
Switzerland	447	3.17
Sweden	435	3.03
Spain	391	3.22
Belgium	356	3.33
Denmark	229	3.65
Canada	226	3.81
Finland	189	3.74
Austria	187	3.33
Ireland	153	3.23
Norway	148	4.11
Australia	147	5.82
Greece	119	4.59
Poland	98	4.40
China	91	7.11
Portugal	68	5.61
Hungary	62	4.67
Japan	62	8.46
Israel	57	5.73
Singapore	50	7.08
Luxembourg	48	2.46
Brazil	38	6.39

Czechia	33	7.70
India	32	7.20
South Africa	28	8.87
Iceland	28	6.81
Estonia	28	8.50
Turkey	25	10.40
Russia	22	10.28
South Korea	21	14.80
Romania	20	5.02
Slovenia	20	3.48
Croatia	19	5.79
Serbia	18	2.80
Lithuania	18	8.23
New Zealand	17	7.41
Saudi Arabia	16	6.26
Kenya	14	9.15
Taiwan	14	13.68
Argentina	13	11.66
Lebanon	11	4.49
Mexico	11	7.30

Table A4.15: Top 50 city collaborations for IMI funded research with the Paris cluster, 2010-2023

Rank	City	Country	Region	Number of collaborated publications	Mean field-normalized Citation Impact of collaborated publications
1	**London**	United Kingdom	Europe	344	3.22
2	**Berlin**	Germany	Europe (EU27)	150	4.16
3	**Toronto**	Canada	North America	122	3.92
4	**Barcelona**	Spain	Europe (EU27)	116	4.57
5	**Mannheim**	Germany	Europe (EU27)	116	2.68
6	**Cambridge**	United Kingdom	Europe	114	3.42
7	**Dublin**	Ireland	Europe (EU27)	114	3.28
8	**Hamburg**	Germany	Europe (EU27)	111	2.48
9	**Stockholm**	Sweden	Europe (EU27)	109	4.33
10	**Dresden**	Germany	Europe (EU27)	107	2.34

11	**Utrecht**	Netherlands	Europe (EU27)	100	3.89
12	**Nottingham**	United Kingdom	Europe	98	2.31
13	**Montreal**	Canada	North America	96	3.53
14	**Burlington**	United States	North America	88	1.50
15	**Amsterdam**	Netherlands	Europe (EU27)	87	5.50
16	**Vienna**	Austria	Europe (EU27)	84	4.36
17	**Milan**	Italy	Europe (EU27)	82	4.12
18	**Orsay**	France	Europe (EU27)	77	1.47
19	**Basel**	Switzerland	Europe	76	3.77
20	**Oxford**	United Kingdom	Europe	74	7.25
21	**New York**	United States	North America	68	7.36
22	**Madrid**	Spain	Europe (EU27)	66	6.39
23	**Leiden**	Netherlands	Europe (EU27)	66	2.74
24	**Boston**	United States	North America	65	6.91
25	**Brussels**	Belgium	Europe (EU27)	65	4.67
26	**Gif Sur Yvette**	France	Europe (EU27)	63	1.70
27	**Rome**	Italy	Europe (EU27)	62	5.67
28	**Newcastle Upon Tyne**	United Kingdom	Europe	61	4.27
29	**Copenhagen**	Denmark	Europe (EU27)	60	6.10
30	**Nijmegen**	Netherlands	Europe (EU27)	60	3.76
31	**Heidelberg**	Germany	Europe (EU27)	57	4.97
32	**Rotterdam**	Netherlands	Europe (EU27)	53	6.84
33	**Geneva**	Switzerland	Europe	52	4.11
34	**Gottingen**	Germany	Europe (EU27)	50	4.34
35	**Helsinki**	Finland	Europe (EU27)	48	6.80
36	**Frankfurt**	Germany	Europe (EU27)	47	3.16
37	**Lausanne**	Switzerland	Europe	47	2.89
38	**Zurich**	Switzerland	Europe	45	4.44
39	**Munich**	Germany	Europe (EU27)	44	7.25
40	**Lyon**	France	Europe (EU27)	44	2.55
41	**Braunschweig**	Germany	Europe (EU27)	43	2.13
42	**Oslo**	Norway	Europe	42	5.58
43	**Cambridge**	United States	North America	40	8.24
44	**Bonn**	Germany	Europe (EU27)	40	5.75
45	**Uppsala**	Sweden	Europe (EU27)	40	2.75

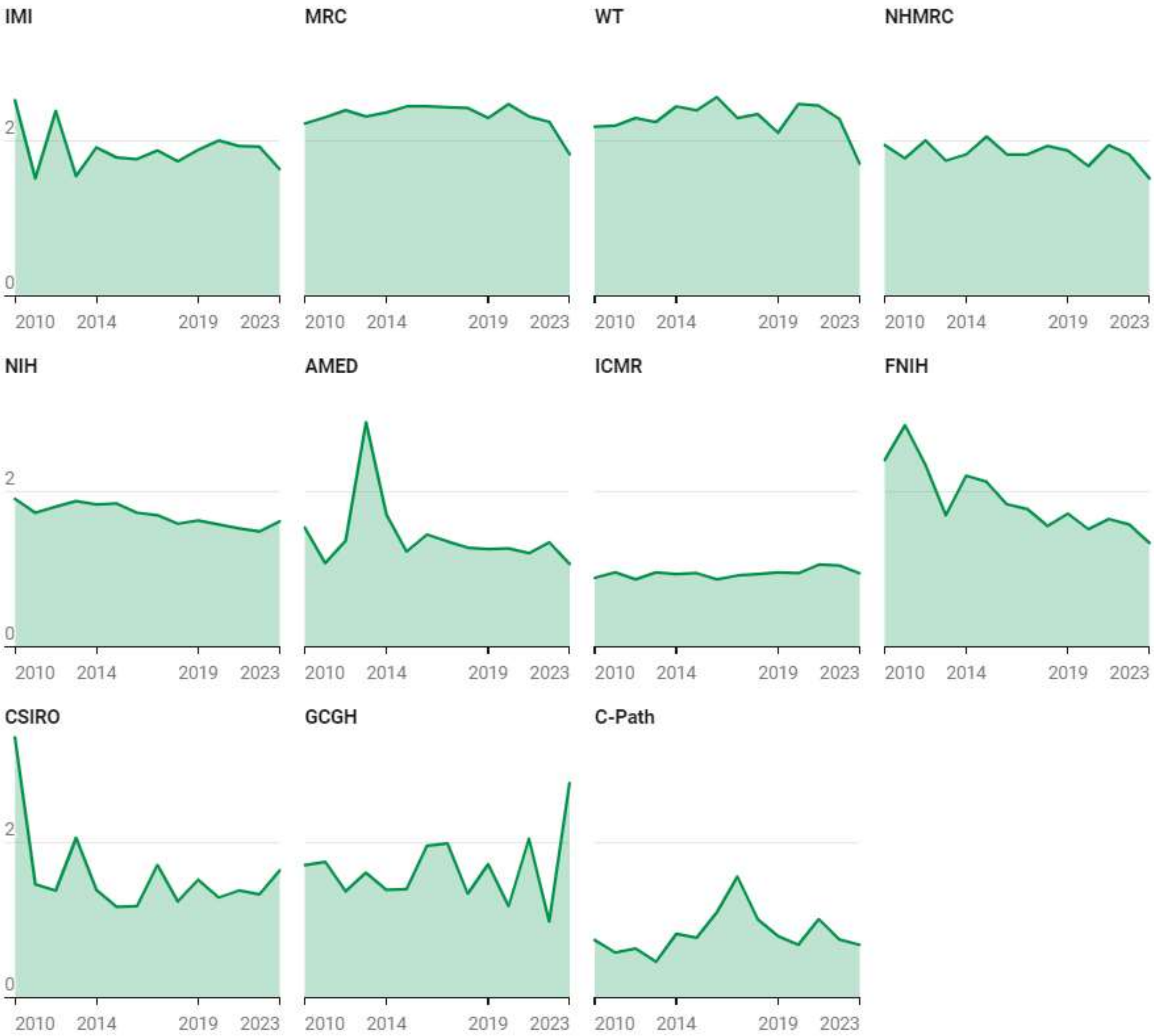
46	**Edinburgh**	United Kingdom	Europe	39	6.93
47	**Leuven**	Belgium	Europe (EU27)	38	7.92
48	**Bordeaux**	France	Europe (EU27)	38	4.03
49	**Erlangen**	Germany	Europe (EU27)	38	2.98
50	**Groningen**	Netherlands	Europe (EU27)	36	6.48

Annex 5: Data tables - benchmarking

Table A5.1: Yearly number of papers - IMI funded research compared with selected comparators, 2010-2023

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	FNIH	CSIRO	GCGH	C-Path
2010	28	9,343	6,725	3,784	3,417	8	743	182	57	137	30
2011	101	10,113	7,228	4,419	4,038	44	928	179	78	146	31
2012	241	10,493	8,020	4,859	4,910	160	949	194	80	124	30
2013	402	11,978	8,850	5,581	5,611	315	1,183	231	80	108	41
2014	500	11,888	8,830	6,076	5,476	537	1,333	317	96	115	34
2015	745	12,814	9,367	6,592	5,684	1,030	1,357	366	104	80	39
2016	862	13,155	8,981	6,865	6,325	2,698	1,517	359	86	52	48
2017	970	13,643	9,659	7,271	6,106	4,124	1,505	508	77	44	50
2018	978	13,960	10,175	7,687	6,104	4,684	1,448	653	74	33	40
2019	921	14,281	10,500	8,176	6,614	5,543	1,564	918	67	30	37
2020	1,142	16,049	12,184	8,949	8,259	8,462	2,138	1,259	83	13	32
2021	1,278	17,119	13,160	9,604	9,030	9,144	2,635	1,035	102	6	55
2022	1,175	15,689	11,550	8,748	8,628	5,890	3,225	858	83	9	54
2023	944	11,731	10,497	8,075	8,165	4,718	3,368	830	76	5	65
Number of papers	**10,287**	**182,256**	**135,726**	**96,686**	**88,367**	**47,357**	**23,893**	**7,889**	**1,143**	**902**	**586**

Figure A5.2 Trends in field-normalized citation impact – IMI funded research compared with selected comparators, 2010-2023



Created with Datawrapper

Table A5.2: Yearly field-normalized citation impact IMI funded research compared with selected comparators, 2010-2023

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	FNIH	CSIRO	GCGH	C-Path
2010	2.53	2.23	2.19	1.95	1.91	1.54	0.89	2.41	3.36	1.71	0.74
2011	1.52	2.31	2.20	1.78	1.73	1.08	0.96	2.86	1.46	1.75	0.58
2012	2.39	2.40	2.30	2.01	1.81	1.37	0.87	2.35	1.38	1.37	0.63
2013	1.55	2.32	2.25	1.75	1.88	2.90	0.96	1.70	2.06	1.61	0.46
2014	1.92	2.37	2.45	1.83	1.84	1.71	0.94	2.21	1.39	1.39	0.82
2015	1.79	2.45	2.40	2.06	1.85	1.23	0.95	2.13	1.17	1.40	0.77
2016	1.77	2.45	2.57	1.83	1.73	1.45	0.87	1.84	1.18	1.96	1.10
2017	1.88	2.44	2.30	1.83	1.70	1.36	0.92	1.78	1.71	1.99	1.56

2018	1.74	2.43	2.35	1.94	1.59	1.28	0.94	1.56	1.24	1.34	1.01
2019	1.89	2.30	2.11	1.88	1.63	1.26	0.96	1.72	1.52	1.72	0.79
2020	2.01	2.48	2.48	1.68	1.58	1.27	0.95	1.52	1.29	1.18	0.68
2021	1.94	2.32	2.46	1.95	1.53	1.21	1.06	1.65	1.38	2.05	1.01
2022	1.93	2.25	2.29	1.83	1.49	1.35	1.05	1.58	1.33	0.98	0.75
2023	1.64	1.83	1.71	1.52	1.62	1.07	0.95	1.34	1.64	2.77	0.68
Overall Mean field-normalized citation impact of Publications	**1.86**	**2.34**	**2.30**	**1.84**	**1.67**	**1.29**	**0.96**	**1.72**	**1.53**	**1.60**	**0.84**

Table A5.3: Yearly share of highly cited papers (top 10%) per year - IMI funded research compared with selected comparators, 2010-2023

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	FNIH	CSIRO	GCGH	C-Path
2010	25.0%	28.2%	28.0%	25.6%	24.3%	25.0%	9.7%	42.9%	21.1%	24.8%	10.0%
2011	20.8%	29.0%	28.4%	26.2%	23.6%	13.6%	10.3%	47.5%	25.6%	26.7%	6.5%
2012	24.5%	30.0%	30.0%	24.7%	23.5%	18.8%	8.6%	36.6%	27.5%	22.6%	10.0%
2013	22.4%	29.3%	29.5%	23.4%	24.7%	15.2%	10.8%	32.5%	26.3%	24.1%	2.4%
2014	24.8%	29.8%	31.9%	24.0%	24.9%	18.2%	10.3%	32.5%	27.1%	20.9%	17.6%
2015	23.4%	28.8%	31.4%	23.9%	23.2%	15.8%	9.4%	30.6%	17.3%	20.0%	17.9%
2016	23.8%	29.7%	32.5%	23.6%	22.8%	17.8%	9.4%	26.2%	18.6%	19.2%	12.5%
2017	26.6%	30.6%	31.4%	23.3%	21.5%	15.5%	8.4%	25.4%	26.0%	29.5%	16.0%
2018	22.6%	29.7%	29.8%	23.8%	20.8%	15.8%	10.0%	21.9%	18.9%	18.2%	7.5%
2019	27.5%	28.7%	29.3%	23.0%	20.1%	14.5%	10.0%	24.9%	23.9%	23.3%	21.6%
2020	24.6%	27.6%	28.2%	20.9%	19.4%	12.9%	11.6%	23.0%	18.1%	23.1%	9.4%
2021	25.1%	27.6%	28.1%	20.1%	18.5%	11.8%	10.9%	22.0%	17.6%	16.7%	7.3%
2022	23.6%	24.6%	24.8%	18.7%	17.6%	13.1%	10.2%	18.2%	15.7%	22.2%	13.0%
2023	18.5%	20.3%	17.8%	15.4%	14.5%	8.8%	7.8%	15.1%	17.1%	20.0%	7.7%

Table A5.4: Yearly share of highly cited papers (top 10%) per year - IMI funded research compared with selected regions, 2010-2023

Country	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
IMI	25.0%	20.8%	24.1%	22.4%	24.6%	23.4%	23.8%	26.2%	22.3%	27.5%	24.7%	25.0%	23.7%	19.8%
China	18.3%	18.5%	17.9%	18.0%	17.6%	17.1%	16.7%	17.8%	18.3%	18.3%	18.3%	17.3%	15.1%	13.0%
EU27+UK	17.0%	16.9%	17.0%	16.7%	16.7%	16.3%	16.5%	15.9%	15.4%	15.1%	14.2%	13.7%	13.6%	12.7%

Japan	13.8%	14.1%	13.7%	13.5%	13.1%	12.9%	13.1%	12.3%	11.6%	12.3%	11.3%	10.5%	10.6%	10.4%
United States	21.4%	21.2%	21.4%	21.1%	21.2%	21.0%	20.7%	20.5%	19.8%	19.6%	18.5%	17.6%	16.8%	14.9%

Table A5.5: Yearly share of highly cited papers (top 1%) per year - IMI funded research compared with selected regions, 2010-2023

Country	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
IMI	10.7%	3.0%	5.8%	2.5%	3.6%	3.5%	3.5%	3.6%	3.5%	4.0%	3.1%	3.7%	4.1%	2.5%
China	2.1%	2.1%	2.0%	2.0%	1.9%	1.8%	1.8%	2.0%	2.0%	2.1%	2.2%	1.9%	1.7%	1.5%
EU27+UK	2.0%	2.0%	2.1%	2.1%	2.1%	2.1%	2.0%	2.0%	1.9%	1.9%	1.7%	1.6%	1.6%	1.5%
Japan	1.5%	1.5%	1.4%	1.6%	1.7%	1.7%	1.7%	1.8%	1.6%	1.8%	1.6%	1.4%	1.5%	1.6%
United States	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.8%	2.8%	2.5%	2.5%	2.4%	2.2%

Table A5.6: Yearly percentage of open access papers - IMI funded research compared with selected comparators, 2010-2023

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	FNIH	CSIRO	GCGH	C-Path
2010	35.7%	66.2%	80.3%	52.3%	90.1%	62.5%	38.9%	81.9%	43.9%	76.6%	36.7%
2011	56.4%	67.7%	80.7%	56.4%	91.6%	63.6%	39.4%	83.2%	32.1%	77.4%	35.5%
2012	57.7%	71.5%	83.0%	60.5%	91.5%	70.0%	40.1%	87.6%	58.8%	71.0%	36.7%
2013	56.7%	76.0%	86.3%	65.1%	92.0%	67.9%	47.6%	79.7%	50.0%	76.9%	19.5%
2014	55.8%	79.1%	89.0%	65.7%	92.7%	59.7%	44.4%	87.1%	60.4%	79.1%	26.5%
2015	67.0%	84.9%	90.3%	66.4%	91.7%	66.3%	47.1%	86.6%	51.0%	85.0%	35.9%
2016	72.7%	90.9%	94.8%	69.1%	91.7%	66.0%	43.3%	86.6%	58.1%	92.3%	50.0%
2017	74.5%	92.6%	95.1%	71.1%	90.6%	67.3%	46.1%	87.4%	59.7%	90.9%	62.0%
2018	82.0%	93.0%	95.2%	72.4%	90.6%	67.3%	44.9%	85.5%	63.5%	100.0%	70.0%
2019	84.8%	92.3%	94.9%	71.6%	90.4%	66.4%	44.3%	86.8%	58.2%	86.7%	62.2%
2020	88.5%	92.9%	95.0%	71.7%	89.4%	71.1%	50.4%	88.2%	71.1%	92.3%	43.8%
2021	86.2%	93.7%	95.3%	72.8%	68.8%	76.1%	50.2%	83.0%	73.5%	66.7%	52.7%
2022	83.7%	93.7%	95.1%	77.6%	57.4%	78.5%	50.4%	85.2%	59.0%	77.8%	59.3%
2023	80.7%	93.1%	93.3%	81.5%	57.0%	75.7%	44.4%	78.4%	67.1%	100.0%	64.6%

Annex 6: Hot papers and Highly Cited papers

This section lists papers that have been identified as current hot papers or that have been identified as highly cited in the IMI project publications published between 2010 and 2023. Hot papers & highly cited papers have been defined as those articles and reviews which belong to the world's top decile of papers in that journal category and year of publication, when ranked by number of citations received.

Papers are listed in ascending alphabetical order (project) and unassigned papers are listed at the end of each section.

Hot papers associated with IHI projects

There are no IHI funded papers that perform above average as defined by citation counts in the top 0.1%.

Highly Cited papers associated with IHI projects

This section lists papers that perform above average as defined by citation counts in the top 10%.

Projects	Papers
AD-RIDDLE	Costoya-Sanchez, Alejandro et al. (2023) Increased Medial Temporal Tau Positron Emission Tomography Uptake in the Absence of Amyloid-β Positivity, JAMA NEUROLOGY 80: 1051-1061

Hot papers associated with IMI projects

This section lists papers that perform above average as defined by citation counts in the top 0.1%. Please note that the same paper can be assigned to more than one project.

Projects	Papers
AIMS-2-TRIALS	Moreno, Carmen et al. (2020) How mental health care should change as a consequence of the COVID-19 pandemic, LANCET PSYCHIATRY 7: 813-824
	Trubetskoy, Vassily et al. (2022) Mapping genomic loci implicates genes and synaptic biology in schizophrenia, NATURE 604: 502-+
	Peng, Han et al. (2021) Accurate brain age prediction with lightweight deep neural networks, MEDICAL IMAGE ANALYSIS 68:
	Kong, Xiang-Zhen et al. (2022) Mapping brain asymmetry in health and disease through the ENIGMA consortium, HUMAN BRAIN MAPPING 43: 167-181
AMYPAD	Frisoni, Giovanni B. et al. (2022) The probabilistic model of Alzheimer disease: the amyloid hypothesis revised, NATURE REVIEWS NEUROSCIENCE 23: 53-66
APPROACH	Mobasheri, Ali et al. (2016) An update on the pathophysiology of osteoarthritis, ANNALS OF PHYSICAL AND REHABILITATION MEDICINE 59: 333-339
BTCure	Arbore, Giuseppina et al. (2017) Intracellular complement - the complosome - in immune cell regulation, MOLECULAR IMMUNOLOGY 89: 45331
BigData@Heart	Kalkman, Shona et al. (2022) Patients' and public views and attitudes towards the sharing of health data for research: a narrative review of the empirical evidence, JOURNAL OF MEDICAL ETHICS 48: 45364
CARDIATEAM	Tschoepe, Carsten et al. (2021) Myocarditis and inflammatory cardiomyopathy: current evidence and future directions, NATURE REVIEWS CARDIOLOGY 18: 169-193
CARE	Vangeel, Laura et al. (2022) Remdesivir, Molnupiravir and Nirmatrelvir remain active against SARS-CoV-2 Omicron and other variants of concern, ANTIVIRAL RESEARCH 198:
CHEM21	Prat, Denis et al. (2016) CHEM21 selection guide of classical- and less classical-solvents, GREEN CHEMISTRY 18: 288-296

	Cioc, Razvan C. et al. (2014) Multicomponent reactions: advanced tools for sustainable organic synthesis, GREEN CHEMISTRY 16: 2958-2975
	Prat, Denis et al. (2014) A survey of solvent selection guides, GREEN CHEMISTRY 16: 4546-4551
DIRECT	Aguet, Francois et al. (2020) The GTEx Consortium atlas of genetic regulatory effects across human tissues, SCIENCE 369: 1318-1330
	Pedersen, Helle Krogh et al. (2016) Human gut microbes impact host serum metabolome and insulin sensitivity, NATURE 535: 376-+
DO->IT	Kalkman, Shona et al. (2022) Patients' and public views and attitudes towards the sharing of health data for research: a narrative review of the empirical evidence, JOURNAL OF MEDICAL ETHICS 48: 45364
DRAGON	Yang, Guang et al. (2022) Unbox the black-box for the medical explainable AI via multi-modal and multi-centre data fusion: A mini-review, two showcases and beyond, INFORMATION FUSION 77: 29-52
EBiSC	Zerbino, Daniel R. et al. (2018) Ensembl 2018, NUCLEIC ACIDS RESEARCH 46: D754-D761
EHDEN	Seinen, Tom M. et al. (2022) Use of unstructured text in prognostic clinical prediction models: a systematic review, JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION :
EPAD	Frisoni, Giovanni B. et al. (2022) The probabilistic model of Alzheimer disease: the amyloid hypothesis revised, NATURE REVIEWS NEUROSCIENCE 23: 53-66
EU-AIMS	Kong, Xiang-Zhen et al. (2022) Mapping brain asymmetry in health and disease through the ENIGMA consortium, HUMAN BRAIN MAPPING 43: 167-181
EUROPAIN	Treede, Rolf-Detlef et al. (2015) A classification of chronic pain for ICD-11, PAIN 156: 1003-1007
	Finnerup, Nanna Brix et al. (2010) The evidence for pharmacological treatment of neuropathic pain, PAIN 150: 573-581
	Finnerup, Nanna B. et al. (2016) Neuropathic pain: an updated grading system for research and clinical practice, PAIN 157: 1599-1606
	Kosek, Eva et al. (2021) Chronic nociplastic pain affecting the musculoskeletal system: clinical criteria and grading system, PAIN 162: 2629-2634
FLUCOP	Blomberg, Bjorn et al. (2021) Long COVID in a prospective cohort of home-isolated patients, NATURE MEDICINE 27: 1607-+
HARMONY	Sauta, Elisabetta et al. (2023) Real-World Validation of Molecular International Prognostic Scoring System for Myelodysplastic Syndromes, JOURNAL OF CLINICAL ONCOLOGY 41: 2827-+
IMI-PainCare	Kosek, Eva et al. (2021) Chronic nociplastic pain affecting the musculoskeletal system: clinical criteria and grading system, PAIN 162: 2629-2634
IMPRiND	Fitzpatrick, Anthony W. P. et al. (2017) Cryo-EM structures of tau filaments from Alzheimer's disease, NATURE 547: 185-+
LITMUS	Pfister, Dominik et al. (2021) NASH limits anti-tumour surveillance in immunotherapy-treated HCC, NATURE 592: 450-456
	Rinella, Mary E. et al. (2023) A multisociety Delphi consensus statement on new fatty liver disease nomenclature, HEPATOLOGY 78: 1966-1986
NEWMEDS	Nanni, Valentina et al. (2012) Childhood Maltreatment Predicts Unfavorable Course of Illness and Treatment Outcome in Depression: A Meta-Analysis, AMERICAN JOURNAL OF PSYCHIATRY 169: 141-151
	Sullivan, Patrick F. et al. (2013) A mega-analysis of genome-wide association studies for major depressive disorder, MOLECULAR PSYCHIATRY 18: 497-511
	Kapur, S. et al. (2012) Why has it taken so long for biological psychiatry to develop clinical tests and what to do about it?, MOLECULAR PSYCHIATRY 17: 1174-1179
	Kirov, G. et al. (2012) De novo CNV analysis implicates specific abnormalities of postsynaptic signalling complexes in the pathogenesis of schizophrenia, MOLECULAR PSYCHIATRY 17: 142-153
Open PHACTS	Pinero, Janet et al. (2017) DisGeNET: a comprehensive platform integrating information on human disease-associated genes and variants, NUCLEIC ACIDS RESEARCH 45: D833-D839

	Gaulton, Anna et al. (2017) The ChEMBL database in 2017, NUCLEIC ACIDS RESEARCH 45: D945-D954
	Bento, A. Patricia et al. (2014) The ChEMBL bioactivity database: an update, NUCLEIC ACIDS RESEARCH 42: D1083-D1090
PHAGO	Meinhardt, Jenny et al. (2021) Olfactory transmucosal SARS-CoV-2 invasion as a port of central nervous system entry in individuals with COVID-19, NATURE NEUROSCIENCE 24: 168-+
	Parhizkar, Samira et al. (2019) Loss of TREM2 function increases amyloid seeding but reduces plaque-associated ApoE, NATURE NEUROSCIENCE 22: 191-+
PRISM	Moreno, Carmen et al. (2020) How mental health care should change as a consequence of the COVID-19 pandemic, LANCET PSYCHIATRY 7: 813-824
	Trubetskoy, Vassily et al. (2022) Mapping genomic loci implicates genes and synaptic biology in schizophrenia, NATURE 604: 502-+
Predect	Metsalu, Tauno et al. (2015) ClustVis: a web tool for visualizing clustering of multivariate data using Principal Component Analysis and heatmap, NUCLEIC ACIDS RESEARCH 43: W566-W570
Quic-Concept	Lambin, Philippe et al. (2012) Radiomics: Extracting more information from medical images using advanced feature analysis, EUROPEAN JOURNAL OF CANCER 48: 441-446
	Aerts, Hugo J. W. L. et al. (2014) Decoding tumour phenotype by noninvasive imaging using a quantitative radiomics approach, NATURE COMMUNICATIONS 5:
	Lambin, Philippe et al. (2017) Radiomics: the bridge between medical imaging and personalized medicine, NATURE REVIEWS CLINICAL ONCOLOGY 14: 749-762
	Zwanenburg, Alex et al. (2020) The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping, RADIOLOGY 295: 328-338
	Coroller, Thibaud P. et al. (2015) CT-based radiomic signature predicts distant metastasis in lung adenocarcinoma, RADIOTHERAPY AND ONCOLOGY 114: 345-350
RESCEU	Li, You et al. (2022) Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in children younger than 5 years in 2019: a systematic analysis, LANCET 399: 2047-2064
RHAPSODY	Aly, Dina Mansour et al. (2021) Genome-wide association analyses highlight etiological differences underlying newly defined subtypes of diabetes, NATURE GENETICS :
RTCure	Cossarizza, Andrea et al. (2019) Guidelines for the use of flow cytometry and cell sorting in immunological studies (second edition), EUROPEAN JOURNAL OF IMMUNOLOGY 49: 1457-1973
	Mackensen, Andreas et al. (2022) Anti-CD19 CAR T cell therapy for refractory systemic lupus erythematosus, NATURE MEDICINE 28: 2124-2132
TransQST	Pinero, Janet et al. (2020) The DisGeNET knowledge platform for disease genomics: 2019 update, NUCLEIC ACIDS RESEARCH 48: D845-D855
	Margara, Francesca et al. (2021) In-silico human electro-mechanical ventricular modelling and simulation for drug-induced pro-arrhythmia and inotropic risk assessment, PROGRESS IN BIOPHYSICS & MOLECULAR BIOLOGY 159: 58-74
ULTRA-DD	Schapira, Matthieu et al. (2019) Targeted protein degradation: expanding the toolbox, NATURE REVIEWS DRUG DISCOVERY 18: 949-963
	[Anonymous] et al. (2019) TESSA EASTMAN, THE STRANGE NATURE 13th April - 16th May, CONNAISSANCE DES ARTS 62: 26-26
ZAPI	Okba, Nisreen M. A. et al. (2020) Severe Acute Respiratory Syndrome Coronavirus 2-Specific Antibody Responses in Coronavirus Disease Patients, EMERGING INFECTIOUS DISEASES 26: 1478-1488
	Siu, Kam-Leung et al. (2019) Severe acute respiratory syndrome coronavirus ORF3a protein activates the NLRP3 inflammasome by promoting TRAF3-dependent ubiquitination of ASC, FASEB JOURNAL 33: 8865-8877
eTOX	Bento, A. Patricia et al. (2014) The ChEMBL bioactivity database: an update, NUCLEIC ACIDS RESEARCH 42: D1083-D1090
	Mendez, David et al. (2019) ChEMBL: towards direct deposition of bioassay data, NUCLEIC ACIDS RESEARCH 47: D930-D940

eTRANSAFE	Pinero, Janet et al. (2020) The DisGeNET knowledge platform for disease genomics: 2019 update, NUCLEIC ACIDS RESEARCH 48: D845-D855
IMI Unclassified	Visscher, Peter M. et al. (2017) 10 Years of GWAS Discovery: Biology, Function, and Translation, AMERICAN JOURNAL OF HUMAN GENETICS 101: 45434
	Ahlqvist, Emma et al. (2018) Novel subgroups of adult-onset diabetes and their association with outcomes: a data-driven cluster analysis of six variables, LANCET DIABETES & ENDOCRINOLOGY 6: 361-369

Highly Cited papers associated with IMI projects

This section lists papers that perform above average as defined by citation counts in the top 10%. Please note that the same paper can be assigned to more than one project.

Projects	Papers
3TR	Bernardes, Joana P. et al. (2020) Longitudinal Multi-omics Analyses Identify Responses of Megakaryocytes, Erythroid Cells, and Plasmablasts as Hallmarks of Severe COVID-19, IMMUNITY 53: 1296-+
	Hoepel, Willianne et al. (2021) High titers and low fucosylation of early human anti-SARS-CoV-2 IgG promote inflammation by alveolar macrophages, SCIENCE TRANSLATIONAL MEDICINE 13:
	Schreiber, Stefan et al. (2021) Therapeutic Interleukin-6 Trans-signaling Inhibition by Olamkicept (sgp130Fc) in Patients With Active Inflammatory Bowel Disease, GASTROENTEROLOGY 160: 2354-+
	Stengel, Stephanie T. et al. (2020) Activating Transcription Factor 6 Mediates Inflammatory Signals in Intestinal Epithelial Cells Upon Endoplasmic Reticulum Stress, GASTROENTEROLOGY 159: 1357-+
	Kolmert, Johan et al. (2021) Urinary Leukotriene E-4 and Prostaglandin D-2 Metabolites Increase in Adult and Childhood Severe Asthma Characterized by Type 2 Inflammation A Clinical Observational Study, AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE 203: 37-53
	Charles, David et al. (2022) Real-world efficacy of treatment with benralizumab, dupilumab, mepolizumab and reslizumab for severe asthma: A systematic review and meta-analysis, CLINICAL AND EXPERIMENTAL ALLERGY 52: 616-627
	Khaleva, Ekaterina et al. (2023) Development of Core Outcome Measures sets for paediatric and adult Severe Asthma (COMSA), EUROPEAN RESPIRATORY JOURNAL 61:
	Badi, Yusef Eamon et al. (2022) Mapping atopic dermatitis and anti-IL-22 response signatures to type 2-low severe neutrophilic asthma, JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY 149: 89-101
	del Campo, Marta et al. (2022) CSF proteome profiling across the Alzheimer's disease spectrum reflects the multifactorial nature of the disease and identifies specific biomarker panels, NATURE AGING 2: 1040-+
	Badi, Yusef Eamon et al. (2023) IL1RAP expression and the enrichment of IL-33 activation signatures in severe neutrophilic asthma, ALLERGY 78: 156-167
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