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Dear reader,

EATRIS ERIC presents its Strategic Plan 2019-2022. This document reflects our vision for the future of the Infrastructure and our ambition to advance the field of translational medicine. Our Mission and Vision define EATRIS as a transnational space where members contribute all relevant resources to transform scientific breakthroughs into life-altering interventions for patients, and effective preventive measures for better health.

The rationale for this strategy derives from a comprehensive analysis of our past actions and activities, identifying the challenges in the translational medicine landscape and presenting a coherent package of actions empowering EATRIS as one of the main actors supporting the development of novel medicines in the 21st century.

Since start of operations in 2014, EATRIS has served as a research services provider matching supply and demand by providing access to high-end infrastructure and expertise for high quality translational and experimental medicine projects. Our unique preclinical and clinical services, complemented by our specialised support including consortium building for grant proposals, translational feasibility assessments, innovation management and regulatory guidance have created a strong network of technological and operational assets, removing disciplinary boundaries, and creating a framework where we all work toward the benefit of the patient.

Our strategy will be effectuated on the basis of a yearly Operations Plan, combining the objectives, specific activities and KPIs for each pillar. This yearly action plan will be the follow-up instrument by which EATRIS monitors the realisation of this agenda and provides specific indicators of our performance, not only to our community, but also to policy-makers and European society. We will use this strategy as a stimulus to gain courage and take the risks that are necessary to launch EATRIS into a new era where Science becomes an inspiration for Society. Quoting Prof. Mazzucato, “Rather than let the challenges overwhelm us and feed rising populism we have an opportunity ...to turn these challenges into opportunities for change, for new forms of interactions, and for revived innovation-led growth”.

ANTON USSI
Operations & Finance Director

TONI ANDREU
Scientific Director
Developing our Strategic Plan

**Information gathering and planning**
- Summer 2017
- 50 Interviews with key Stakeholders.

**Strategic Plan outline**
- September 2017
- Agreed with EATRIS internal stakeholders.

**Refined and approved draft**
- May 2018
- Input from BoND and C&S in April and approval.

**Fully developed Strategic Plan**
- Kick-off 2019
- Formally approved November 2018 by BoG.
EATRIS Vision and Mission

**VISION**

Making translation of scientific discoveries into medical products more effective to improve human health and quality of life.

**MISSION**

To support researchers in developing their biomedical discoveries into novel translational tools and interventions for better health outcomes for society.
SWOT Analysis

**STRENGTHS**
- Multidisciplinary, truly translational
- Client orientation (flexibility, tailored solutions)

**WEAKNESSES**
- EATRIS visibility not fully developed
- Community cohesion - limited sense of identity to members

**OPPORTUNITIES**
- Policymakers and research funding organisations in Europe serious about innovation
- Academia, Industry, Regulators and Policymakers venturing into collaborative mode

**THREATS**
- Not achieving credibility within academia
- Lack of commitment from nodes, institutes & KOLs
Challenges

1. To reinforce the EATRIS transdisciplinary communities in the field of translational medicine, actively developing novel research tools needed for implementing successful patient-targeted interventions.

2. To turn EATRIS into the space where all stakeholders can interact and use their capacities for tackling ambitious challenges together, not only at the national or EU level, but on a global scale.

3. To reduce granulation in the global landscape of medical research, increasing cost-effectiveness and delivering seamless patient-oriented services beyond single infrastructures in the medical research domain.

4. To update EATRIS communication strategy, focused on increasing visibility to key stakeholders.

5. To improve educational and training tools offered for the Translational Medicine community and promote their access, utilising existing resources where possible for maximum efficiency.
Goals

1. BUILD ON OUR ACADEMIC CREDENTIALS: REINFORCING EATRIS COMMUNITY

2. CREATE AN EFFECTIVE TRANSLATIONAL MEDICINE ECOSYSTEM

3. SYNCHRONISE THE CAPACITIES OF THE MEDICAL RIs

4. RAISE EATRIS AWARENESS

5. EDUCATION AND TRAINING AS A DRIVING FORCE FOR THE TRANSLATIONAL MEDICINE COMMUNITY
Goal 1
BUILD ON OUR ACADEMIC CREDENTIALS: REINFORCING EATRIS COMMUNITY

EATRIS will take actions to further empower our scientific community. The community will be structured to deal more effectively with public bodies to come up with solutions to problems and ideas to make the most of new opportunities. We will tackle complex challenges and break silos by working on transdisciplinary scientific projects and programmes for the development of better tools and models to improve clinical success rates of new therapies.

The EATRIS scientific community identity will be strengthened by building on a strong portfolio of scientific activities that will complement each other and be deployed according to the priorities established on a yearly basis through the Advisory and Governing bodies of the organisation and aligned with future funding programmes such as Horizon Europe and the next IMI framework.
1.1 SELECT SCIENTIFIC PRIORITIES FOR THE DEVELOPMENT OF NOVEL TOOLS

At the core of the EATRIS SRIA is the recognition that the successful development of novel and sustainable therapies requires the pooling of resources and sharing of capabilities across the whole translational pipeline. EATRIS will undertake scientific and technical actions focused on the validation and deployment of next generation tools useful for the development of novel therapies and diagnostics, by supporting scientific initiatives of large consortia within the organisation.

The science-focused bodies of EATRIS, namely the Scientific Advisory Board (SAB) and Board of National Directors, will play a key role in establishing a yearly prioritisation that will drive the efforts of EATRIS resources and services. The composition of the SAB will be updated to reflect the broad range of disciplines in the translational field, with individuals from academia and industry.

1.2 REINFORCE NODE CAPACITIES AND NODE COHESION

EATRIS operates a hub and spoke model, with a set of reliable operational processes. However, not all nodes have equal access to local resources and expertise to integrate and operate the multi-disciplinary community necessary for translational medicine.

EATRIS C65 will support the development of a national plan for each member country, that focuses on national strategic priorities, and facilitates effective coordination of the local translational medicine community. The national plan forms the blueprint for activities to increase coordination, expand the local user base, and further embed EATRIS in the national landscape. Additionally, inter-node cohesion will be promoted.

1.3 FACILITATE COLLABORATIVE INITIATIVES AROUND QUALITY, HARMONISATION AND REPRODUCIBILITY

EATRIS wants to ensure quality in the research and development process, by providing a framework for tackling reproducibility-related issues. We will ensure the implementation of standards when available and develop those as necessary, identified through a bottom-up approach.

We will enable wide dissemination for a best practices approach through Translation Together, a unique collaboration of leading translational research organisations from around the world (NIH-NCATS – US, CD Rud – Canada, LifeArc – UK, TIA – Australia, AMED – Japan, EATRIS – EU; http://www.translati ontogether.org) and other Research Infrastructures (RIs).

1.4 FORM FLEXIBLE DISEASE TASK FORCES TO SUPPORT THE NEEDS OF THE ORGANISATION

To ensure a timely response to emerging issues in the rapidly changing fields of oncology, neuro-degeneration and rare diseases, we will adapt the already existing Disease Working Groups (Oncology, Neurodegeneration, Rare Diseases) into Disease Task Forces, whose aim will be to identify scientific and clinical challenges and opportunities, creating solutions of widespread utility by overcoming fragmentation, and combining complementary disciplines in joint projects and initiatives.

Special attention will be paid to the burning needs of underrepresented patient communities such as the paediatric community, creating a specific transversal task force that will create a portfolio of resources to address demands emerging from on-going initiatives and projects from those domains.
Translational medicine is often described as a linear process from bench to bedside and back involving various stakeholders in a sequential manner, with the patient at the end of the development pipeline. However, engaging with key global stakeholders to collectively address bottlenecks currently hampering translational medicine development is essential in order to successfully introduce cost-effective, patient-centred interventions.

Furthermore, rather than a linear process we are dealing with a multidimensional ecosystem that requires coordinated collaboration between multiple sectors and stakeholders, namely academia, industry, funding bodies, hospitals, regulators and patient organisations. Further developing the links between actors in this ecosystem will allow EATRIS to play a key role in developing tools for the translation process. Attention will be paid to bridging the operational capacities necessary to advance knowledge towards clinical application, and in particular the portfolio of industry services will be further optimised and expanded as needed.
2.1 ENGAGE KEY STAKEHOLDERS

EATRIS is the space where all stakeholders can interact and use their capacities for tackling ambitious challenges at the EU level and locally at national levels.

A specific space, the stakeholder forum, will allow the various community members to debate on the specific needs and challenges of translational medicine in Europe. The forum will promote knowledge exchange and definition of joint projects, with the aim of building trust and competence.

2.2 EXTEND ALLIANCES BEYOND THE EUROPEAN LANDSCAPE

The EATRIS agenda will prioritise international collaboration in the field of translational medicine, advancing the joint output of the EATRIS flagship global collaboration initiative, Translation Together (www.translationtogether.org). Through this initiative, EATRIS will make available to the global community the outcomes and resources created for translational researchers to ensure a more efficient development of their activities.

EATRIS will work with other supranational organisations beyond Europe such as the Personalized Medicine Coalition or the European Society of Medical Oncology (which has global membership), to expand our reach and build consensus on policy-related issues.

2.3 DEVELOP NOVEL COLLABORATION & SUSTAINABILITY MODELS, IMPROVE PUBLIC-PRIVATE COOPERATION

Pre-competitive research and development of novel tools is costly and complex, with no economic model attached. Using successful precedents such as the GSK immune inflammation imaging hub, a new mode of collaborating with industry (https://eatris.eu/insights/unique-hub-collaboration-imaging-method-development-inflammatory-diseases), new multi-stakeholder collaboration initiatives will be developed, to improve funding and resource allocation in the tool development space, to advance the EATRIS Strategic Research & Innovation Agenda.

Other funding models - such as that of the Human+ initiative, a joint venture between public and private funds in the Netherlands to foster effective project selection and product development (http://www.humanplus.org/en/how), will be pursued to increase resources for early, high risk competitive research. Industry services and outreach will be further optimised towards SMEs.

2.4 REACH AND SUPPORT THE PATIENT COMMUNITY

For translational medicine to succeed as a concept, the R&D and implementation continuum must evolve in a way that ensures the involvement of all stakeholders, and particularly the patients, for whom the system has been created.

Patient empowerment will require meaningful patient engagement to reveal untapped opportunities to implement preventive interventions, improve self-management and adherence to treatments and ensure communication between scientists and health care professionals.

EATRIS will facilitate this development by working with our Patient Advisory Committee, to bring the patient voice into research and propose solutions on how to increase patient empowerment in earlier phases of the medicines life-cycle.
The Medical Research Infrastructures, EATRIS, BBMRI and ECRIN, share a common focus on the patient and together form the biomedical innovation chain, from the bench to the patient and back. In order for the research community to experience a seamless pipeline of services and support, and for Member States to enjoy cost-effective infrastructure provision, the medical RIs must accelerate the process of linking up to provide joint services, reduce undesired overlaps and seek economies of scale.

The objective of synchronisation is thus to move towards a federated medical RI landscape that shares resources, provides efficient access to a coherent services portfolio, and enhances quality and reproducibility through collaborative standardisation and harmonisation exercises. This is the rationale that will guide BBMRI, EATRIS and ECRIN to work towards federation in a step-wise approach, taking into consideration the different membership constellations, under the framework of a long-term collaboration agreement that will also facilitate coordinated scientific, technological and process-oriented activities.
3.1 DEVELOP NOVEL INTEGRATED SOLUTIONS AND SERVICES

A collaborative Medical RIs framework will be developed, to accelerate the development of new tools and offer multi-infrastructure services to both academia and industry. The framework will facilitate access to existing high quality tools and will promote the development of new ones, creating multi-disciplinary teams for effective validation in the context of use.

Having the patient at the end of our pipeline, the Medical RIs will further exploit this patient-centric services framework by interacting with ELIXIR and other Life sciences-oriented RIs, to expand the services capacities with the objective of providing novel solutions through to the clinical implementation level.

3.2 EXPAND QUALITY & REPRODUCIBILITY INITIATIVES

EATRIS, under the umbrella of the Medical RIs federative framework will develop quality initiatives to assure that the investment made by public and private funders is not wasted at the preclinical level and that efficient interventions are made at the implementation level.

Together, we will ensure the adoption and implementation of quality assessment activities to improve reproducibility of biomedical research in Europe.

3.3 PERFORM JOINT ADVOCACY ACTIVITIES AND SUPPORT PUBLIC AND PRIVATE BODIES IN STRATEGIC DECISION-MAKING

EATRIS, in conjunction with other Medical RIs is in a unique position to be an effective advocate for advancing the biomedical innovation eco-system through effective policy and action. Our critical mass and identity will be leveraged to formulate policy positions and position documents, reports and consultation schemes for public funders and policy makers.

Such output will support in creating a future landscape of the ERA characterised by increasingly efficient R&D systems and cost-effective healthcare.
The core of EATRIS mission is to facilitate the collaboration of multiple stakeholders and to provide services to a diverse set of potential users, ranging from academia to industry, funders, charities, and patient organisations. Since the start of its operations, EATRIS has developed services tailor-made to each of its user groups, meant to provide solutions to longstanding obstacles particularly hampering health research and cross-sectoral collaboration; these solutions are unfortunately under-utilised simply because stakeholders in the field are not aware of EATRIS’ existence.

The diversity of EATRIS partnerships and its broad geographical coverage make it even more important that the infrastructure relies on a robust communications strategy that identifies potential users, partners and channels to reach them effectively, both at national and European levels. Additionally, the core mission of an infrastructure is to generate societal value, therefore raising awareness of EATRIS in society at large should also be a strategic objective of the organisation.
**ACTION LINES**

4.1 UPDATE EATRIS COMMUNICATIONS ROADMAP

EATRIS will create a communication policy with the aim of delivering timely and customised information to its user community and stakeholders. The operational instrument of this policy will be a yearly communications plan starting from 2019, which identifies target groups, messages, communication channels and key performance indicators, both at the European level (coordinated by C&S) and at national level (coordinated by node coordinators).

This map will be the main tool, to ensure a wide dissemination of EATRIS’ activities and contain not only a precise description of the communication strategy but also a self-assessment plan and a set of comprehensive criteria to monitor its development. The communication roadmap will be composed of actions directed towards Actions 4.2 and 4.3 as shown below.

4.2 STRENGTHEN OUR INTERNAL COMMUNICATIONS

EATRIS will act as an advocate for the decisive role of RIs in building a strong European Research Area. EATRIS should also be proactive in offering solutions for policy makers and funders to safeguard quality, enhance reproducibility and reduce funding waste in health research. This action will particularly focus on the European Commission and Member States, positioning EATRIS within the strategy of the next research-funding programme, Horizon Europe.

Along these lines we will plan a yearly portfolio of visibility-oriented actions based on the preparation of position papers and participation in key scientific and strategic conferences, as well as an agenda of visits to EC officers, National contact points, Members of Programme Committees and, in general National and European relevant actors in defining the development of the European research policies.

4.3 INCREASE EATRIS VISIBILITY WITH POLICY-MAKERS

With an increasing number of countries and institutions joining EATRIS, the flow of communications between the centralised coordination office in Amsterdam and national members must continuously improve to optimise networking opportunities and increase the sense of identity of EATRIS members. Due to the multidisciplinary nature of our organisation, we focus on reinforcing the mutual understanding of our capacities across the translational pipeline, forment cross-disciplinary dialogue and collaboration, and optimise our activities for the research community.
Goal 5
EDUCATION AND TRAINING AS A DRIVING FORCE FOR THE TRANSLATIONAL MEDICINE COMMUNITY

The global educational goal of EATRIS is to increase awareness of Translational Medicine in the research community which is currently limited, as well as to provide technology-specific training for more advanced researchers. A dedicated E&T strategic plan will provide academia with the knowledge and skills to foster their understanding of translational research and development and increase the development potential of their scientific discoveries to reach the clinic.

Furthermore, an ambitious digital and in-person training programme will reinforce the capacities of EATRIS infrastructure, its nodes, and the wider research communities, and will be the core for educating the next generation of scientists on the translational development process in personalised medicine. The E&T strategy will increase the visibility of EATRIS as an infrastructure and the capacity of its nodes as well as establishing novel ways of improving the provision of services to the community.
To enable the research community to navigate the complex through R&D maze, EATRIS has created a portfolio of research services to support researchers in assessing and optimising the translational feasibility and potential of their projects. Unfortunately, these solutions are under-utilised because the research community is unaware of EATRIS’ existence and its capacity to accelerate the development of scientific discoveries into products for patients.

Therefore, EATRIS will develop a series of training activities and webinars that will increase the visibility of the infrastructure and the provision of its services to both the research community and industry. Also, EATRIS will emphasise its collaboration with other Research Infrastructures in the field, by promoting combined services and expertise and by jointly developing training activities to foster cross disciplinary collaboration.

EATRIS will develop a learning platform to support researchers, SMEs and patient experts to gain better understanding of translational medicine and personalised healthcare. This learning platform will be used to develop and provide access to several online modules, which will range in complexity, from introductory to the field for early career researchers and patient experts, to focusing on the use of specific translational technologies for academic and SME-based researchers developing personalised medicine approaches.

EATRIS will aggregate content and define learning methodologies, while EATRIS members and additional collaborators (scientific societies, medical research infrastructures and global and patient organisations) will also be invited to provide insights. In addition, other resources such as the EATRIS Webinar series will expand the inventory of our training opportunities.

The diversity of the scientific composition of our national nodes and their varying eco-systems reflects the richness of the organisation. To maximise the capacities of our multidimensional nature and make best use of pre-existing knowledge and the experience of professionals who are trained locally, a robust portfolio of national node-oriented training activities will be created in close dialogue with the key opinion leaders of EATRIS and, in particular with the National Directors and National Coordinators.

A handbook of operations will be a flexible tool for programming local educational modules adapted to the particular needs of the EATRIS community in a given node. This includes programmed staff exchanges and co-branded training modules with the local institutions.
Expected Impact

Our strategy will engender a vibrant and committed multidisciplinary scientific community utilising cutting-edge academic expertise and technology services to improve the flow of academic and SME knowledge towards the patient, while reducing barriers to public-private and public-public collaboration. We will develop tools and models to reduce the cost and time associated with early medicines development, therefore enhancing biomedical innovation at European and international levels.

The strategy will widen the circle of EATRIS’ close partners and collaborators, resulting in accrued visibility for potential users of the infrastructure, the patient community and society as a whole. Increasingly active nodes will embed in their national eco-systems, creating recognisable communities pursuing strategies based on their scientific strengths, contributing positively to the overall EATRIS offering. Additionally, coherent messaging and input into the policy-making process will help effectively address the systemic obstacles hindering biomedical innovation in Europe.
EATRIS ERIC Coordination and Support team
### List of abbreviations

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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AMED</td>
<td>Japan Agency for Medical Research and Development</td>
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<td>BBMRI-ERIC</td>
<td>Biobanking and BioMolecular Resources Research Infrastructure</td>
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<td>BoG</td>
<td>Board of Governors</td>
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<td>BoND</td>
<td>Board of National Directors</td>
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<td>CDRD</td>
<td>Centre for Drug Research and Development</td>
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<td>EATRIS</td>
<td>European Infrastructure for Translational Medicine</td>
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<td>EATRIS-C&amp;S</td>
<td>EATRIS Coordination and Support Office</td>
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<td>EC</td>
<td>European Commission</td>
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<td>ECRIN</td>
<td>European Clinical Research Infrastructure Network</td>
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<td>E&amp;T</td>
<td>Education and Training</td>
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<td>ERA</td>
<td>European Research Area</td>
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<td>ERIC</td>
<td>European Research Infrastructure Consortium</td>
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<td>EU</td>
<td>European Union</td>
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<td>GSK</td>
<td>GlaxoSmithKline</td>
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<td>IMI</td>
<td>Innovative Medicines Initiative</td>
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<td>KPI</td>
<td>Key Performance Indicator</td>
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<tr>
<td>NIH-NCATS</td>
<td>US National Institutes of Health - National Center for the Advancement of Translational Science</td>
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<td>R&amp;D</td>
<td>Research and Development</td>
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<td>RI</td>
<td>Research Infrastructure</td>
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<td>SAB</td>
<td>Scientific Advisory Board</td>
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<td>SMEs</td>
<td>Small and medium-sized enterprises</td>
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<td>SRIA</td>
<td>Strategic Research and Innovation Agenda</td>
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<td>TIA</td>
<td>Therapeutic Innovation Australia</td>
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