executive insight
HEALTHCARE CONSULTANTS

R4F:
Ready 4 the Future?

Insights from pharma leaders and 4 key strategies to navigate the future

Contents

"In the midst of chaos, there is also opportunity"

This quote from Art of War author Sun Tzu encapsulates the situation facing pharma companies in a volatile external environment in 2025 and 2026. The industry is weathering a 'perfect storm' of external trends, from political and economic instability to AI and other rapid technological advancements. There is risk, but there is also opportunity.

This report examines five key industry-level trends, identified through conversations with pharmaceutical leaders, which may define pharma company trajectories in the years ahead. Adapt to these trends and companies can remain resilient in a dynamic environment. Failure to adapt could lead to diminished market standing, regulatory delays, and reduced patient access.

Gaining industry insights

We conducted 36 in-depth one-to-one interviews with leaders from 20 pharma companies across four key functions: Government Affairs, Medical Affairs, Market Access and Patient Affairs. The goal was to evaluate industry priorities and preparedness for current and emerging industry trends.

From this process, some clear strategic priorities and function-level critical success factors emerged to help guide pharmaceutical companies in future priorities.

Navigating an unprecedented time of change

Before we examine the pharmaceutical industry trends, let us briefly remind ourselves of the current wider macro environment, which is influencing and shaping the industry.

Political instability, driven by social inequality, discontent with traditional systems and declining trust in 'elites', is leading to more populist policy making with downstream impacts across all industries. We are seeing an 'unprecedented rise in global military expenditure,'[1] which inevitably comes at the expense of other budget areas such as health.

Global financial markets are being hit by a decline in business and consumer confidence. Although the pharmaceutical industry has long been considered "recession proof", it is expected to face significant financial headwinds.[2]

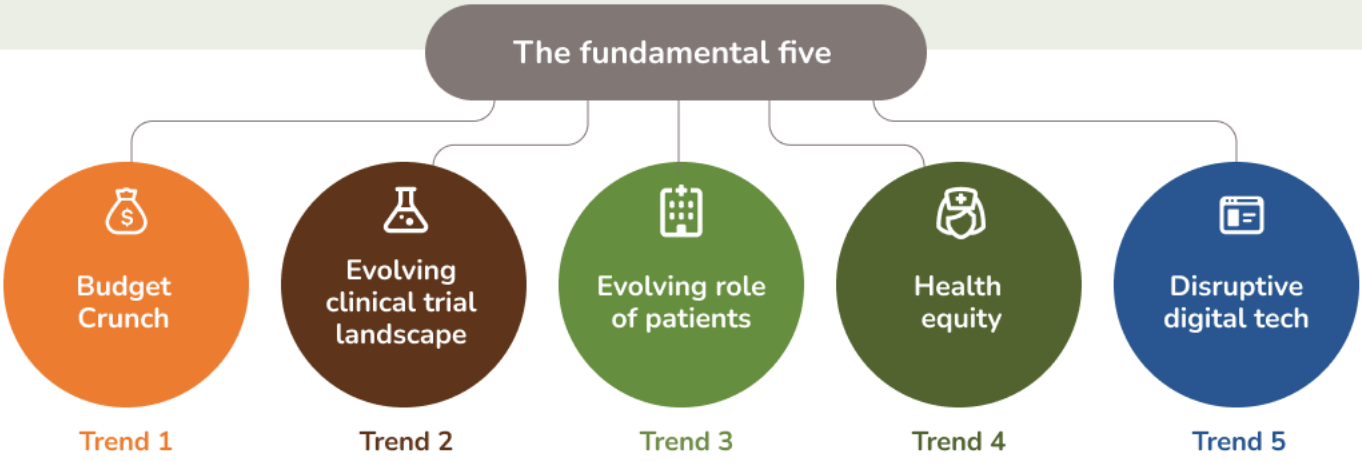
While the world is more connected than ever through data and digital innovation, elements of society are becoming more insular, with trade barriers, supply chain disruptions and more are contributing to an era of declining global connectedness. The rise of artificial intelligence (AI) marks a transformative development, yet brings with it many far-reaching economic, legal, regulatory considerations.

Meanwhile, global sustainability continues at pace, including a greater focus on net-zero targets and carbon reduction, and a shift towards circular economy principles like reuse and recycling.

"The fundamental five": Key trends that are defining an industry

So, what does this all mean for the pharmaceutical industry? In this fast-moving external environment, where do pharma companies focus? What are the trends above all others that will shape the industry in the years ahead?

In our discussions with leaders in the pharmaceutical industry, five key trends consistently emerge (see image below). These trends at the healthcare and pharmaceutical industry level are shaped by the macro environment and, in turn, should be key determinants of company-level strategy.



Trend 1: Budget crunch

Many countries are witnessing a decline in healthcare expenditure relative to gross domestic product (GDP), often prioritizing defense and other sectors[3]. Global healthcare budgets are under ever increasing pressure, driven by ageing populations and the rise of non-communicable diseases (NCDs).[4]

The high prices of modern pharma innovations have prompted broader discussion on the overall value of medications. Meanwhile, the pharma industry is facing spiraling costs associated with research and development, manufacturing, and the complexities of clinical trials. On the plus side, advancements in data analytics, digital technologies, and AI present significant opportunities for cost reductions throughout the pharmaceutical value chain.

Trend 2: Evolving clinical trial landscape

The drug development ecosystem is undergoing fundamental transformation, including more decentralized and technology-driven approaches.

Demonstrating the value of modern innovative therapies can be challenging in traditional clinical trial models. For example, while there is great potential for targeted combination therapies in cancer, the pharmaceutical value chain – clinical trials, regulation, payer assessment, pricing – is very much designed for monotherapies.

Regulatory agencies and payers are increasingly supporting the use of innovative clinical trial designs – such as enrichment designs, adaptive designs and master protocols[5] - to help support regulatory and reimbursement decision making. Technology such as AI and machine learning is having a huge impact on clinical trials, helping to automate routine tasks, analyze enormous amounts of data, predict outcomes and improve data accuracy.

Trend 3: Evolving patient role

Broadly speaking, patients today are more empowered in their own health than in previous years, with a shift away from the traditional, paternalistic model of healthcare. However, the extent of patient empowerment varies hugely among different countries and demographics.

The use of AI could be game-changing, making it easier for patients and patient organizations to collect data and use it to improve their own decision-making.

In terms of patient involvement in the broader healthcare system design and implementation, the overall trend appears positive. Patient involvement has been a fundamental element of regulatory and HTA activities for several years in many countries,[6,7] and patient capabilities are increasing.

However, patient involvement is still mostly in the form of consultation rather than genuine decision making. For patients to have a real say in decision-making, a more evidence-based approach is needed to demonstrate the value of patient involvement. Better reporting and measurement tools are required, with a shift towards evidence-based engagements with patients and patient advocacy groups (PAGs). At the same time, PAGs must continue to develop their capabilities to enable meaningful interactions with decision-makers.

Trend 4: Health equity

Health equity – defined by the World Health Organization as "the absence of avoidable or remediable differences in health among population groups"[8] – is in the interest of us all. However, while all health stakeholders agree that health equity is an essential goal, health equity remains an aspiration.

If anything, the health divide is growing, with widening gaps in health outcomes between richer and poorer populations.[9] At the same time, a huge shift in the dynamic of the global population is occurring. By 2050, about 80% of adults aged 60 and above are projected to reside in LMICs[10] requiring substantial shifts in infrastructure, policies, and services to support their needs.

Health equity should be viewed as a social responsibility for the pharma industry. It may not be too extreme to say the industry's social license to operate is under threat. Public perception of the industry is low on trust, seeing high drug prices and a focus on financial performance over patient needs. A focus on health equity is also a strategically beneficial business imperative that can lead to improved patient outcomes, expanded market access, and long-term commercial sustainability.

Trend 5: Disruptive technology

Disruptive technology – in particular AI – is a trend that offers some potentially groundbreaking solutions for all the other four trends. AI / digital innovations are revolutionizing every aspect of pharma operations, from R&D acceleration and care delivery to treatment pathway design and patient engagement strategies. Ultimately it is hoped this will lead to faster drug discovery and development, reduced costs, and improved patient outcomes.

While the potential benefits are huge, pharma companies must learn to scale the use of AI and address the industry's unique challenges – such as the complexity of the industry's data and the uniqueness of its regulations and technology.[11] Such a seismic shift may require companies to rethink their traditional operating models and structures, which will not be easy.

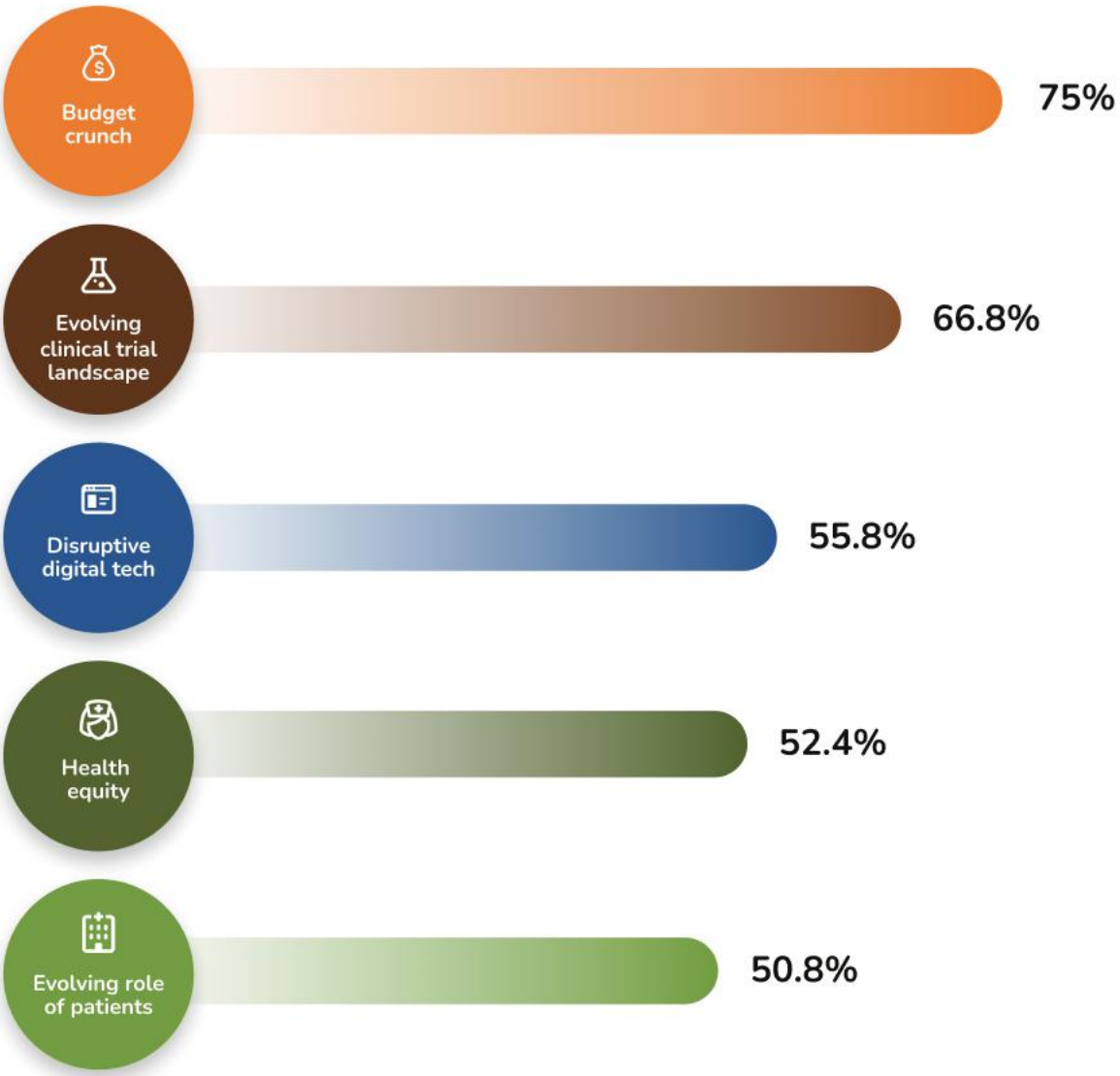
Attracting the best minds in AI will be essential – as will having the bravery to implement their recommendations. We are relatively near the beginning of this journey, and companies need to learn how to fully utilize and channel the power of AI.

What's the priority? Ranking the trends

Interviewees were asked to rank the relevance of the five healthcare trends to their function and company. The below image shows the overall results on the relevance of the trends as a percentage of all answers.

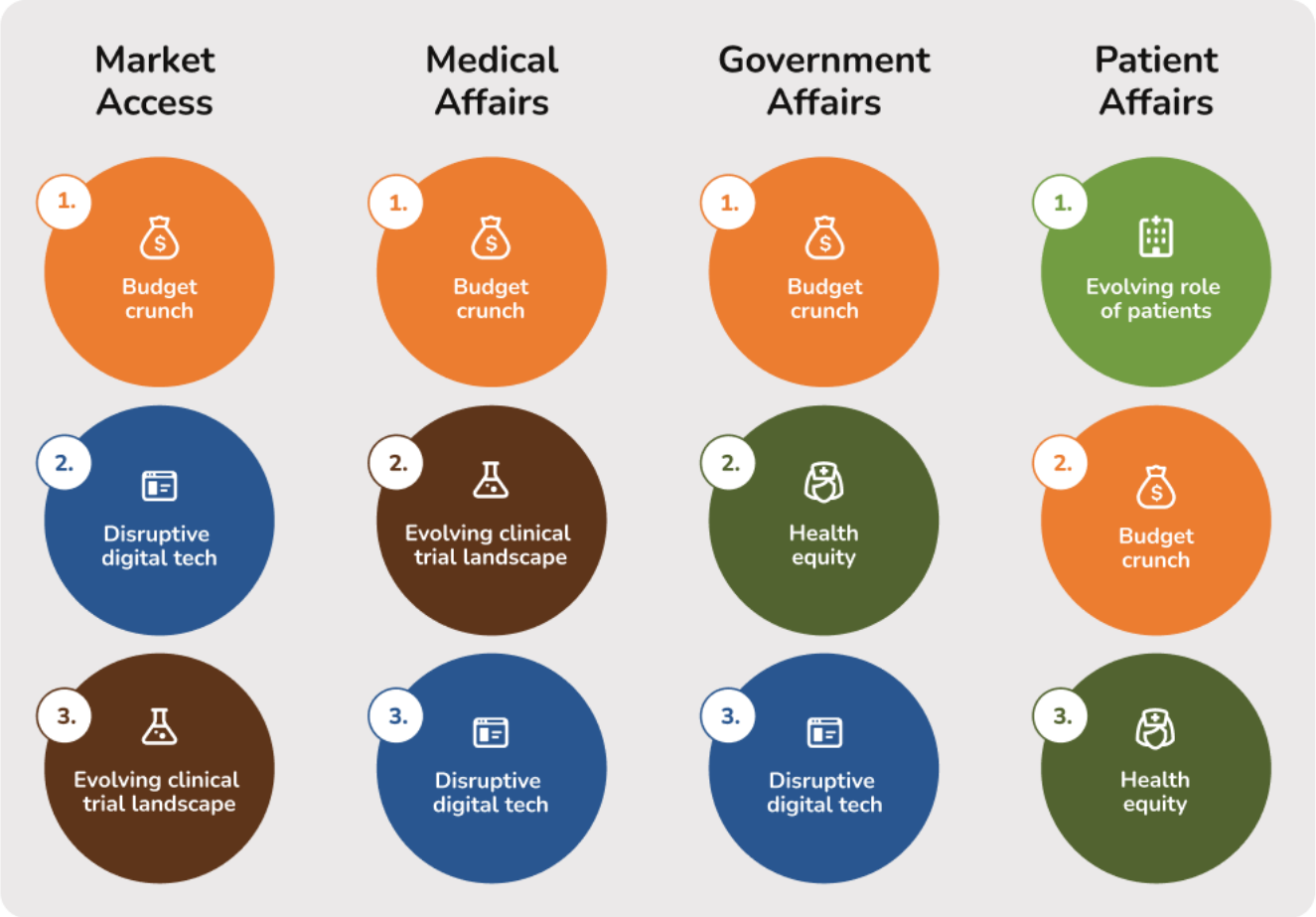
Summary of trend prioritisation across companies

Average percentage relevance of trends



Summary of Trend Prioritisation Per Function

Interviewees were asked to rank the relevance of each of the five healthcare trends to their function. Illustrated below are the top three trends by function:



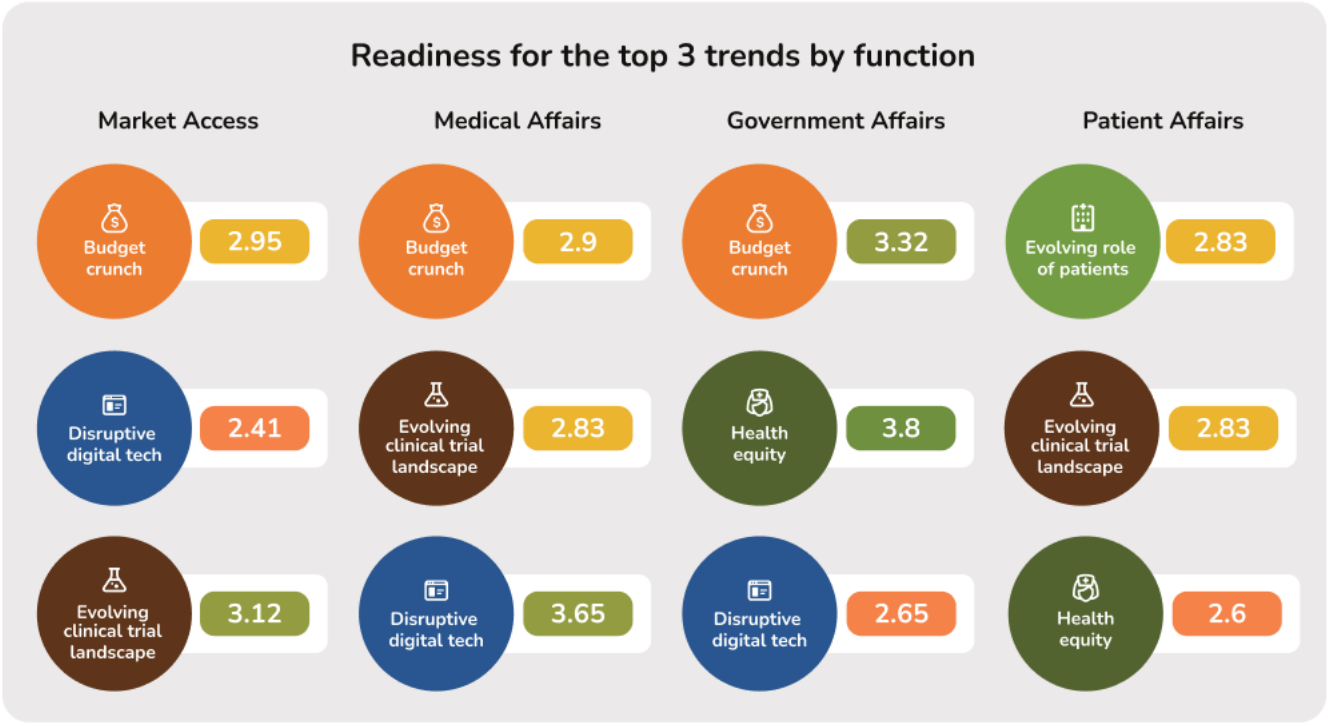
It is understandable that addressing the 'budget crunch' is considered the highest priority. Companies are trying to secure broad access for modern innovations in an environment of increasing financial restriction and scrutiny. Companies must present compelling value propositions that demonstrate significant clinical, economic, and societal advantages over current standards of care to a range of stakeholders, including payers, patients, investors, and regulators. Notably, the 'evolving clinical trial landscape' ranks as the second highest priority, reflecting the need for robust evidence that addresses specific clinical and economic requirements.

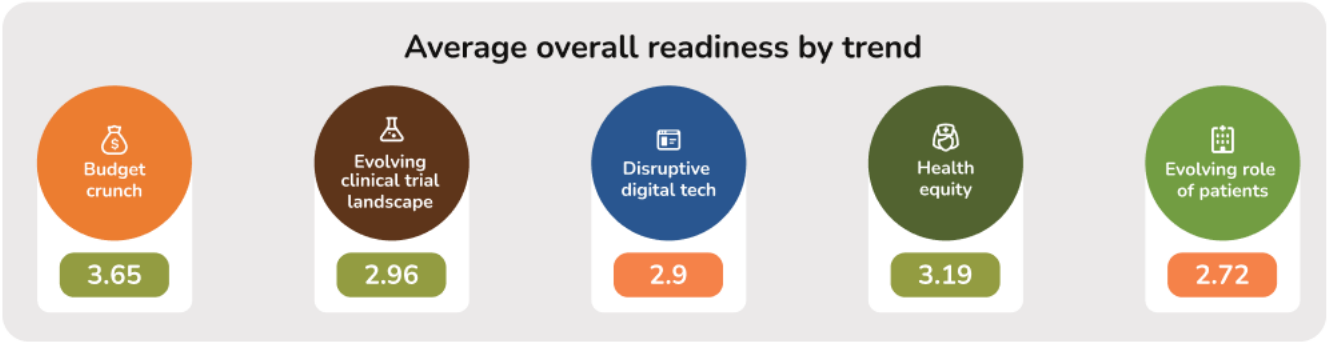
In contrast, while health equity and the evolving role of patients are important, they are often viewed as broader, aspirational objectives across most functions. The relatively lower emphasis on 'disruptive digital technology' suggests ongoing uncertainty regarding its optimal application, despite the transformative potential of digital solutions and AI.

Ready or not?

Interviewees were asked to rate their "readiness for the future" for a range of capabilities associated with each of these trends (see Appendix for more details). Participants scored their level of readiness for each capability from 1 (not ready at all) to 4 (completely ready). The average readiness scores, per function, per trend, are below.

not ready at all — completely ready





While it is important to recognize that capabilities differ by function, the variation in readiness scores among functions is notable. For instance, the scores suggest that Medical Affairs and Government Affairs are well prepared to address the Health Equity trend, whereas Market Access and Patient Affairs are less so. Government Affairs is the 'most prepared' to address the budget crunch issue, which aligns well with its remit and focus in dealing with health policy stakeholders.

Conversely, some of the lowest readiness scores are observed on the topic of disruptive digital technology, with both Market Access and Government Affairs stakeholders expressing relatively low readiness.
In contrast, Medical Affairs, which has made substantial progress incorporating disruptive digital solutions into routine practice, reports higher readiness in this domain.

Future proofing the industry: 4 key strategies

So, how can pharma companies navigate through an environment shaped by the trends outlined in this report?

Based on insight from industry leaders, research and analysis of emerging healthcare trends, we have identified 4 strategic priorities (below) to enable companies to be Ready 4 the Future. We believe these 4 strategic priorities can shape the future direction of companies while simultaneously supporting health system growth and sustainability.

Become a co-architect of sustainable health systems

Reframe pharma's role from supplier to co-architect of sustainable health systems, delivering prevention, equity, and global health – not just treatment.

Secure stakeholder trust & social license to operate

Pharma's social license to operate hinges on its ability to demonstrate transparency, ethical behavior, and genuine partnership with stakeholders.

Adopt a radical focus on value and integrated evidence

Evidence is no longer just a scientific output – it's a strategic lever and basis for impactful value demonstration that resonates with all stakeholders.

Move beyond digital – boldly embrace AI

Pharma must embrace AI not cautiously, but strategically and systematically. The challenge is no longer adoption – it's governance, ethics, and bold experimentation.

Become a co-architect of sustainable health systems

Rationale

Pharma's future relevance will be measured not just by innovation, but by its contribution to health system sustainability. This means stepping up as a partner in solving systemic challenges like e.g. affordability, access equity, and workforce strain. Pharma needs to reframe its role from a supplier to a co-architect of sustainable health systems. This can be achieved by actively shaping policy, enabling equity, and building resilience through cross-sector collaboration to improve healthcare systems that deliver for better prevention, equity, and global health — not just treatment.

Function roles to enable this priority

Government Affairs	Market Access	Medical Affairs	Patient Affairs
Leads strategic partnerships and policy innovation to ensure investing in the future of health is a priority.	Designs pricing and access models that support long-term system viability.	Partners to achieve evidence-based care for improving population health outcomes.	Advocates for inclusive, equitable access and patient-centric health system design.

Secure stakeholder trust & social license to operate

Rationale

In an era of rising scrutiny and shifting societal expectations, trust is no longer a soft metric —it's a strategic imperative. Pharma's social license to operate hinges on its ability to demonstrate transparency, ethical behavior, and genuine partnership with stakeholders. This means moving beyond transactional engagement to co-create value with patients, payers, policymakers, and healthcare professionals — including shared governance of data and outcomes.

Function roles to enable this priority

Government Affairs	Market Access	Medical Affairs	Patient Affairs
Shapes policy through trusted, long-term relationships.	Fosters payer confidence through ethical value demonstration and sustainable pricing.	Builds credibility through transparent, unbiased scientific exchange.	Leads authentic engagement with patient communities that also drives business strategy.

Adopt a radical focus on value and integrated evidence

Rationale

Evidence is no longer just a scientific output; it's a strategic lever. Pharma needs to move beyond traditional data silos to create dynamic evidence ecosystems that are the basis for impactful value demonstrations to shape access decisions, policy frameworks, and public trust. The challenge is not generating more data, but generating meaningful, actionable, and persuasive evidence that resonates across stakeholders—from regulators to patients.

Function roles to enable this priority

Government Affairs	Market Access	Medical Affairs	Patient Affairs
Uses data to shape policy and public health agendas.	Translates evidence into value narratives for payers.	Leads scientific integrity and innovation in integrated evidence generation & planning.	Ensures evidence reflects lived experiences and outcomes that matter to patients.

Move beyond digital – boldly embrace AI

Rationale

AI is not just another tool in pharma's digital toolbox; it's the new operating system. The future-ready pharma organization won't just use AI to optimize workflows; it will delegate decisions, predict stakeholder needs, and design interventions in real time. This is a shift from digital enablement to intelligent orchestration. Pharma must embrace AI not cautiously, but strategically and systemically – embedding it across evidence generation, stakeholder engagement, policy shaping, and patient support. The challenge is no longer adoption, it's governance, ethics, and bold experimentation.

Function roles to enable this priority

Government Affairs	Market Access	Medical Affairs	Patient Affairs
Engages in digital policy shaping and health system innovation.	Leverages data analytics to model value scenarios and payer behavior.	Uses AI and digital tools to scale scientific exchange and evidence generation.	Empowers patients through digital education, feedback loops, and co-creation platforms.

Function roles to enable the strategies

The rationale for the 4 priorities is clear, but how can they be implemented? In this section, we outline the critical success factors for each function to make these 4 priorities a reality. We do not believe these will be seismic shifts for most companies. Many of these will likely be aligned with what functions / companies are already doing, or know they need to do – it is about prioritizing and accelerating these critical success factors in the near future.

Government Affairs

In today's environment, where in many markets, companies are required to demonstrate product value on a given set of metrics to justify health system expenditures, Government Affairs plays a critical role in advancing health system growth and sustainability. This function closely collaborates with governments and other policy makers to facilitate access to medicines while effectively managing costs.

> **"Health equity seems to be high on the agenda... but a unified strategy is missing."**
>
> - Government Affairs Leader

Government Affairs interviewees indicated that their functions are generally well-positioned to implement evidence-based policy making through collaboration with governments, academic institutions, and think tanks, and report strong alignment with internal stakeholders regarding proposed strategies. This alignment enables effective leadership in developing strategic partnerships and driving policy innovation.

> **"Our company is late at implementing AI software tools and support... leadership will need to be convinced of a new wave of AI implementation."**
>
> - Government Affairs Leader

Identified gaps include the need for Government Affairs to play a more instrumental role in promoting health equity. Currently, there is neither a consistent definition nor a clear narrative around global health equity within organizations and what it means for Patient Access in a broader sense, and no unified strategy has been established.

Additionally, while Government Affairs teams demonstrate a clear understanding of corporate digital strategies, they have yet to fully leverage digital tools such as AI-powered monitoring platforms for cost containment, to support the development of evidence-based, data-driven policies. Interviewees acknowledged opportunities for improvement, noting that best practices from other functions could inform more effective use of digital solutions to enhance health system efficiency.

Government Affairs critical success factors

Strategic Priority	Function Role	Critical Success Factors
Become a co-architect of sustainable health systems	Leads strategic partnerships and policy innovation.	• Engage in health system improvement and strengthening to support increasing health system efficiency and meaningful deployment. • Drive cross-stakeholder initiatives that co-create solutions on how to adopt innovation in a sustainable manner and making sure healthcare is seen as a key driver of high-functioning prosperous societies. Automated, AI-driven policy monitoring platforms are vital for this.
Secure stakeholder trust & social license to operate	Shapes policy through trusted, long-term relationships.	• Develop a well aligned internal positioning on “Patient Access” (i.e. fairness in health outcomes and impartiality in health (or health equity) that can be told across geographies and can support specific programs for affordability or equitable pricing.
Adopt a radical focus on value and integrated evidence	Uses data to shape policy and public health agendas.	• Develop policy strategies on pragmatic bridging pathways for situations where the value of innovation and the “ability to pay” at a given point in time do not match. Bridging pathways need to be built on meaningful evidence frameworks.
Move beyond digital – boldly embrace AI	Engages in digital policy shaping and health system innovation.	• Take the lead on environmental shaping of digital policies to maximize opportunities such as AI and big data while safeguarding patient and prescriber sovereignty over their data and decisions. • Implement automated, AI-driven, cost containment monitoring platforms allowing for real time updates and immediate flagging and action.

Market Access

In an environment of budget constraints due to economic slowdowns, increasing healthcare costs to manage ageing populations, and shifts in national budgets away from health (e.g. to defense spending), Market Access teams have the task of finding access solutions for increasingly novel premium-priced medicines.

Current discussions in the US around tying public and commercial pricing to jurisdictions outside of the US challenge the established status-quo for Pharma and increase the strategic weight on prices achieved outside of US.

> **"We're not ready to implement innovative contracting. In the end, payers tend to fall back on traditional models, and since the resistance is greater on their side than ours, there's little incentive to push for change."**
>
> - Market Access Leader

Among the Market Access contacts we spoke to, there appears to be a positive shift towards framing value in the long-term with a focus on innovative contracting solutions. However, implementation is uneven, often hindered by budget silos and limited openness among some payers for new approaches.

This needs to shift as the market is evolving with more complex therapies (e.g. combinations), which further strain pricing and reimbursement frameworks.

There also appears to be significant uncertainty around the best way to utilize AI in the sector, and implementation is currently relatively low. Regulatory concerns remain a major obstacle to uptake, and the feeling is that AI / digital technologies are evolving faster than regulatory frameworks and payer adoption.

> **"There is currently no clear understanding of the tools payers are using – whether for sharing outcomes of assessments or informing negotiations.**
> **This highlights the need for a dedicated digital platform to support formulary listing and optimization, especially as quality of care is a key performance indicator for hospitals and physicians."**
>
> - Market Access Leader

In terms of evidence generation, interviewees said they are integrating their market access plans early in the drug development program enabling clinical plans, pricing strategies, and evidence generation to become more connected, and focused on demonstrating value.

However, there is room for further improvement, for example by ensuring that health outcomes / utilities such as healthcare resource utilization (HCRU) are measured in clinical trials, allowing for the development of pharmaco-economic models.

Market Access critical success factors

Strategic Priority	Function Role	Critical Success Factors
Become a co-architect of sustainable health systems	Designs pricing and access models that support long-term system viability.	• Develop robust economic models and contracting frameworks (e.g., outcomes-based agreements) to prove long-term value in constrained HC systems. • Design adaptive, forward-looking evidence plans that anticipate regulatory and HTA shifts. • Prepare for increasing divergence between US vs. ex-US evidence requirements and associated impact if US pricing policies start to refer to selected OECD country prices.
Secure stakeholder trust & social license to operate	Fosters payer confidence through ethical value demonstration and sustainable pricing.	• Prioritize investments and R&D decisions by integrating macroeconomic, geopolitical, and payer landscape insights into asset valuation and portfolio strategy.
Adopt a radical focus on value and integrated evidence	Translates evidence into value narratives for payers.	• Create agile and forward-looking evidence generation strategies that keep pace with evolving HTA requirements, biomarker integration, and faster-changing standards of care. • Evaluate complex pricing scenarios, including for combination therapies, and prepare for increasingly rigorous HTA scrutiny and evolving reimbursement frameworks. • Support HEOR in developing differentiated evidence that demonstrates cost-effectiveness, real-world impact, and long-term value to payers and policymakers. • Develop adaptive payer value stories – integrate predictive biomarkers, real-world data, and patient-relevant endpoints to build differentiated value stories for payers.
Move beyond digital – boldly embrace AI	Leverages data analytics to model value scenarios and payer behavior.	• Build clarity and capabilities around leveraging digital tools and AI for RWE generation, health economic modeling, and payer engagement to transform access negotiations from reactive to predictive/proactive. • Evaluate digital maturity and identify strategic opportunities to integrate AI and digital tools across functions; distinguishing between short-term trends and long-term value drivers. • Develop guidance on evolving digital health regulations and how to generate evidence that meets payer and HTA expectations for AI-enabled solutions.

Medical Affairs

With under pressure healthcare systems seeking value for money, Medical Affairs teams are striving to demonstrate true differentiation of therapies over standards of care and to facilitate healthcare system efficiency through optimal capacity and resource utilization.

Interviewees noted that Medical Affairs organizations are adopting a more long-term perspective, which is having a positive impact on how the team interacts with stakeholders.

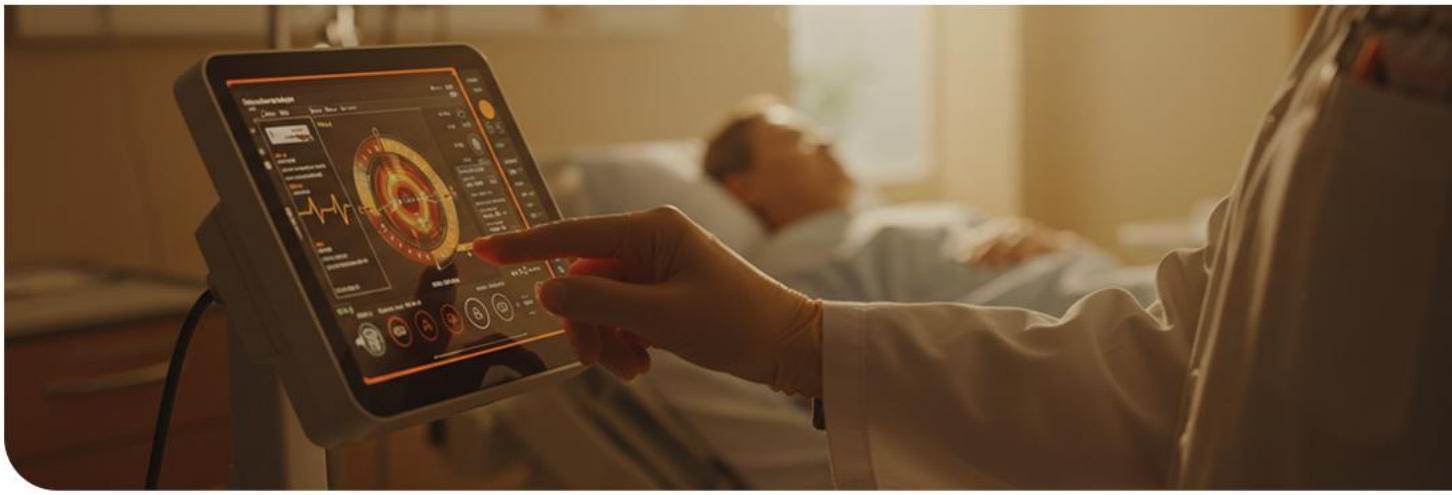
> **"In internal meetings when we're planning for a particular medicine and development, budgetary constraints are always at the front of my mind, and at each key inflection point that's always going to be a discussion that we have externally and internally."**
>
> - Medical Affairs Leader

Companies are navigating how to apply AI to clinical trials to demonstrate value to multiple stakeholders, enable meaningful collection of real-world evidence (RWE), and ensure patient centricity when designing clinical studies.

In terms of challenges, implementation of AI and digital solutions can be hindered when certain therapeutic areas lack digital opinion leaders. And despite strong strategic positioning, improving digital literacy within Medical Affairs teams remains a top priority.

> **"On one hand, I'm super excited about disruptive digital technology. I think there's so much we can do, but I'm also a little...I don't want to say disappointed...but it takes a bit of time before we can truly integrate it. That being said, we have, over the past couple of years, been doing more and more."**
>
> - Medical Affairs Leader

Some interviewees felt that cross-functional collaboration could be improved, and systems are still lacking, hindering internal knowledge sharing and collaboration. There are also some capability gaps when it comes to field teams engaging with HCPs on novel treatment modalities or complex trial designs, with respondents suggesting that HCP communications could be better tailored.



Medical Affairs critical success factors

Strategic Priority	Function Role	Critical Success Factors
Become a co-architect of sustainable health systems	Aligns evidence generation with population health and system outcomes.	• Identify healthcare improvement capabilities and strategy to address system barriers to optimal care. • Ensure consistent inclusion of health equity considerations as part of holistic medical strategy creation. • Initiate healthcare improvement initiatives to address identified system barriers.
Secure stakeholder trust & social license to operate	Builds scientific credibility through transparent, unbiased communication.	• Implement an agile strategy for Patient Assistance Programs – with ability to rapidly adjust to changing policy and care environment. • Enable MSL evolution to future proof engagement practices in an era of information overload.
Adopt a radical focus on value and integrated evidence	Leads scientific integrity and innovation in evidence generation.	• Develop early medical strategies including narrow and segmented target patient definition and optimizing value through precision medicine, evidence generation & early environment shaping, scientific engagement – driving "right drug - right patient" market positioning. • Implement integrated evidence generation strategy approaches, including early HEOR/RWE strategy.
Move beyond digital – boldly embrace AI	Uses AI and digital tools to scale scientific exchange and evidence generation.	• Clarify how and when to use AI and identify areas that benefit AI and screening of available tools.

Patient Affairs

Patient Affairs teams are managing a degree of pressure both externally and internally – on one hand managing rising patient expectations and demands and a greater focus on patient-centricity, and on the other, needing to justify their strategic value internally across the full lifecycle. Internal pressure is increasing in part because of the challenge of demonstrating meaningful impact.

Although patient strategies are in place and linked to business objectives, it appears that patient engagement in many companies still occurs sporadically at specific times in the lifecycle.

Interviewees revealed that while patient engagement capabilities are generally strong at the global level, there are gaps at the affiliate level, which is unsurprising given the 'generalist' role that many staff at affiliate offices must assume.

> **"The way we exited this disease area probably is not a master class in terms of having relationships with advocacy and leaving a category. Now we have an asset again in the pipeline, and we're knocking on those doors again to those same stakeholders and that environment isn't as friendly to us as we had before."**
>
> - Patient Affairs Leader

In addition, patient interactions are still somewhat transactional, with a short-term focus on pharma needs as opposed to building long-term relationships regardless of current need. Interviewees agreed that evidence generation is vital, and good progress has been made in terms of patients contributing to patient-centric clinical trial design.

However, there is room to improve PAG capabilities around designing, collecting and submitting robust patient-centric data for policy, regulatory or HTA decision-making.

There is also a clear need for earlier and better patient engagement specifically around new modalities such as gene therapies to understand the very specific implications that these may have for patients and even co-create solutions together

> **"There needs to be more cross-industry collaboration to drive the change that is needed in Regulatory, HTA and Policy for patient-focused decision-making."**
>
> - Patient Affairs Leader

Patient Affairs critical success factors

Strategic Priority	Function Role	Critical Success Factors
Become a co-architect of sustainable health systems	Advocates for inclusive, equitable access and long-term patient benefit.	• Lead development of the health equity narrative. Help to drive health equity through data, partnerships, and storytelling. • Institutionalize the patient voice in policy and regulation and empower patient organizations to drive system change aligned with lived experience.
Secure stakeholder trust & social license to operate	Leads authentic engagement and co-creation with patient communities.	• Involve patient communities early and meaningfully in authentic co-creation including shared ownership of outcomes • Embed patients in governance and strategy and move from an execution role into a core driver of company strategy shaping portfolio and business strategy e.g. by embedding patients in early decision-making on which assets to prioritize or develop. • Maintain human warmth and ethical boundaries especially in tech-enabled patient community interactions.
Adopt a radical focus on value and integrated evidence	Ensures evidence reflects lived experiences and outcomes that matter.	• Build deeper expertise in evolving patient experience data requirements for regulatory / HTA submissions to position Patient Affairs as essential for approval success and ultimately uptake. • Develop a Patient Impact Index – Quantify impact of patient involvement across lifecycle and link to business value.
Move beyond digital – boldly embrace AI	Empowers patients through digital education, feedback loops, and co-creation platforms.	• Leverage AI for health literacy innovation and innovative real-time patient engagement incl. co-creation and feedback loops • Collaborate with patient groups on patient-consented data coalitions powered by ethical AI frameworks

Conclusion

In a period of unprecedented change and uncertainty, companies need a clear and bold focus to navigate their way through. In this report, we set out four strategic priorities that we believe will enable pharma companies not only to endure, but to flourish.

All four priorities are purposely bold. This isn't the time for half measures. In a period when the environment is changing significantly at pace and health systems are working with tighter resources than ever, being brave, decisive and bold can help companies to harness and maximize new opportunities as early as possible and give them a competitive advantage. Having courage and certainty also helps with inspiring motivation and confidence in the company and provides a clear vision for all to follow.

Companies who embrace these strategic priorities – those who are genuine co-architects of sustainable health systems, those who boldly embrace AI and so on – will gain a head start and in doing so, are also more likely to gain vital strategic partnerships early on, which will help to enable success. Yes, there may be some missteps along the way, but taking calculated risks has never been more important – or more potentially beneficial.

We have outlined key actions at the function level to make these strategic priorities a reality. Many of these critical success factors will already be familiar to the functions. Now is the time to identify the ones where amplification and acceleration are required to make them a reality. Cross-functional alignment will also be vital, ensuring everyone is united behind a clear set of overall objectives.

In the midst of chaos, there is indeed opportunity. If we embrace this opportunity, we can ensure we are ready – now, and for the future.

Appendix

Function readiness scores

Interviewees were asked to rate their company's and function's readiness for a series of capabilities linked to each of the top three trends for each function, from 1 (not ready at all) to 4 (completely ready). For each function, the average readiness scores for each capability within each per trend are below.

1. Government Affairs

Readiness for priority 1: Budget crunch

Capability	Readiness
Evidence-based policy recommendations for most relevant CC policies tying back to sustainability principles and access for longer-term transformative solutions.	4.0
Evidence-based policy recommendations for most relevant CC policies tying back to sustainability principles and access for longer-term transformative solutions.	3.3
Ability to connect CC frameworks to the business, clearly outline their implications and bring forward meaningful solutions.	3.3
Institutionalized, regular exchange with Market Access, Commercial, Medical and PA on CC evolution, threats and opportunities, which ones are the top priorities for the company/portfolio, how it affects all key internal stakeholders and how they can mobilize their external stakeholders.	3.3
Automated (data-driven – AI based) cost containment monitoring platform/dashboards.	2.7

Readiness for priority 2: Health equity

Capability	Readiness
Regular scanning of health equity challenges (ESG: environmental, social and governance) especially in R&D and access to treatment.	4.0
Institutionalized, regular exchange with MA, R&D, CA/PA on equity challenges, their implications and what can be done.	4.0
Evidence-based policy recommendations for most relevant equity challenges focusing on human-centered and inclusive policy approaches (showcasing company's broader societal commitment).	4.0
Knowledge on UN Sustainable Development Goals and WHO framework on the social determinants of health.	4.0
Common definition and understanding of health equity.	3.0

Readiness for priority 3: Disruptive digital technology

Capability	Readiness
Clarity on company digital strategy enabling development and commercial operations as well as potential fully scaled suite of digital solutions.	4.0
Evidence-based policy recommendations for most relevant digital policies.	4.0
Utilizing social media to create a 2-way dialogue with all relevant stakeholders on important policy topics.	4.0
Automated (data-driven) platform collecting all data policy opportunity and challenges in line with company digital strategy (e.g., data collection, data storage, etc.).	2.0
Utilization of digital tools to develop evidence-based/data-led policies.	2.0
Digital literacy in understanding newest (e.g., centralized vs. federated hc-data models) developments in digital.	2.0
A baseline understanding of the digital policies around the Globe (health-care and beyond), regional differences and trends.	1.0

2. Medical Affairs

Readiness for priority 1: Budget crunch

Capability	Readiness
Strong medical – market access partnership, to optimally support payer education & engagement.	3.3
Medical strategy including engagement aiming at optimizing patient/population outcomes within given resource constraints	3.0
US Focused Agile strategy for Patient Assistance Programs – with ability to rapidly adjust to changing policy and care environment.	2.3

Readiness for priority 2: Evolving clinical trial landscape

Capability	Readiness
Identification of areas of high unmet medical need within a TA and strategic planning for how to position new therapies in these areas (including disease epidemiology, current treatment landscapes, and gaps in care).	3.5
Advanced data analytics integrating data from various sources (RCT, EHR, registries & insights) to inform evidence-generation requirements.	3.0
Early Medical Affairs team setup and engagement on advancing care, including disease state education and healthcare improvement activities.	3.0
Ability to tailor clinical evidence communication to meet the needs of a diverse range of stakeholders, including HCPs, payers, patients and regulators.	3.0
Consistent involvement of Medical Affairs teams as part of evidence generation decisions and forums across the lifecycle (incl. early involvement on trial design).	3.0
Strategic role of Medical Affairs recognized w/in organization as experts engaging in scientific exchange and informing XF strategy (e.g., clinical development approach).	3.0
Close cross-functional collaboration between HEOR/RWE and Medical Affairs to inform medical strategy with evidence.	2.7
Systems and processes in place for 360 degree coordinated view of KOL engagement across the organization.	2.7
Strong medical scientific capabilities for medical education & field teams to engage with HCPs on novel and complex trial design and treatment modalities.	2.7

Readiness for priority 3: Disruptive digital technology

Capability	Readiness
Strategic alignment on the co-leading role of medical in omnichannel engagement (vs. supporting commercial).	4.0
Consistent use of latest digital channels to engage HCPs (e.g., through education), including social media.	4.0
Drive mindset shift towards use of new digital channels – and an omnichannel approach.	4.0
Identification and engagement in partnerships with innovative technology 'disruptors' entering healthcare, e.g., Google, Amazon.	3.5
Consistent use of data-driven approaches to segment HCPs in medical, including based on HCP affinity to scientific content/channel.	3.5
Engagement with emerging stakeholder types in medical, including digital opinion leaders.	3.5
Leveraging orchestration of medical engagement across channels to achieve a truly omnichannel approach in medical (including personal and non-personal channels).	3.5
Integration of AI and other technologies into insights generation approach, to evaluate, sort and return strategic insights from large amounts of input data/information.	3.5
Use of data analytics and technology to evaluate success of education and scientific exchange – including social listening.	3.5
Ensure digital literacy of medical affairs teams.	3.5
Use of advanced digital techniques for educating HCPs, including immersive VR/AR experiences, AI translation dubbing, etc.	3.0

3. Market Access

Readiness for priority 1: Budget crunch

Capability	Readiness
Establish a best practice sharing platform to allow for pragmatic, informal internal sharing of best practices across organization levels involving Affiliates, Regional and Global stakeholders.	3.45
Expand notion of cost saving from a "silo" to a "holistic" budget holder perspective (e.g. beyond MoH budget to also include societal/welfare budget to increase the relevance of indirect cost savings) and shift perspective from short- to long-term.	3.22
Ensure cross-functional alignment with commercial and GA.	3.1
Integrate market access strategy early in the development plan to anticipate payer/budget challenges and maximize opportunities/pricing.	3.06
Develop innovative solutions (contracting, services, evidence) to provide budget certainty to payers e.g. social return on investment (SROI) tools to link utility gains and outcomes to monetary values established by local guidelines.	2.8
Ability to identify and drive opportunities to co-create innovative solutions with stakeholders.	2.55
Monitor competitive space to identify early trends and innovative solutions (early horizon scanning TA/indication and later CI from competitors).	2.5

Readiness for priority 2: Disruptive digital technology

Capability	Readiness
US: Optimization of care pathways. Devices impacting the system finances/outcome. Cost effective.	3.5
Spot opportunities to provide a holistic "beyond the pill" solution to payers and patients through tools and IA (e-diary, reminders) to monitor outcomes, re-fill prescriptions/home delivery, adherence, coordination of patient support programs.	2.8
AI supported tools to integrate patient baseline characteristics to identify risk-modifying sub-groups e.g., most likely responders or non-responders.	2.4
Identify new/emerging opportunities to digitally collect patient outcomes/RWE, which can be used to inform outcome/value-based agreements.	2.38
Incorporate new technologies in Market Access CRM tools for tracking and engagement purposes (leverage MA/ negotiation knowledge across assets and TA to e.g. develop an AI-aided negotiation pathway, negotiation training with an AI-informed persona or identify CSF/predict negotiation outcomes).	1.8
Understand and anticipate how payers might use AI to inform access (negotiations, re-negotiations, listing, formulary optimization, etc.).	1.6

Readiness for priority 3: Evolving clinical trial landscape

Capability	Readiness
Develop a coordinated early market access strategy in parallel to clinical development program to best prepare for payer interactions at launch, e.g.: • Develop/adjust launch sequence scenarios in response to clinical trial | delays/shifting readouts • Prepare trade off scenarios for low-risk surrogates vs high risk hard endpoints • Plan for a statistical analysis across endpoint hierarchies and relative payer implications	3.5
Monitor evolving competitive clinical data and impact on early access strategy.	3.5
Develop capabilities for RWE planning and implementation.	3.25
Develop engagement material for external SH to support ongoing interactions/check points (e.g., early integrated value proposition).	3.13
Early identification of RWE needs at global and local level to support/expand access during the life cycle or close gaps not addressed during clinical phase.	3.13
In alignment with the clinical development team, engage as early as possible with regulatory and HTA bodies to identify requirements impacting P&R/HTA and access. Validate findings with Affiliates and ensure customer voice is represented (patient, providers, payers) in collaboration with other functions.	2.75
Ensure health outcomes/utilities are measured in the RCT (e.g., HCRU measurement) allowing for the development of pharmaco-economic models.	2.63

4. Patient Affairs

Readiness for priority 1: Evolving role of patients

Capability	Readiness
Patient function represented in key decision-making processes and cross-functional working group.	3.5
Patient Affairs strategy & process in place anchored to key business objectives.	3.0
Establish a robust, early and continuous process for patient engagement and incorporation of patient insights along the entire lifecycle.	3.0
Bringing in the patient perspective outside-in systematically e.g. via Patient Councils.	3.0
Compliance frameworks in place that enable meaningful patient engagement and co-creation.	3.0
Expert level patient engagement capabilities (e.g., on policy shaping, evidence generation, HTA involvement etc.) in the Patient Affairs function.	3.0
Patient Affairs recognized as a strategic function in the organization with appropriate resourcing.	3.0
Baseline capabilities established on patient centricity/patient engagement across the entire organization.	2.25
Measurement framework in place to demonstrate value and impact.	2.0

Readiness for priority 2: Evolving clinical trials

Capability	Readiness
Knowledge of relevant patient-centric regulatory and HTA mechanisms, processes & requirements for patient involvement and patient-centric design (e.g., FDA PFDD, EU JCA).	3.7
Continuous information exchange with patients e.g. on planned studies & study design, study outcomes & impact on clinical practice etc.	3.5
Close collaboration of Patient Affairs and R&D to design and recruit for patient-centric trials incl. patient-relevant endpoints.	3.3
Upskilling and activation of PAGS to support HTA, Patient Experience data (PED), etc.	3.3
Develop internal capabilities on defining and gathering patient experience data and how to incorporate into key decision-making processes.	3.3
Early and continued patient engagement around new modalities (e.g. gene therapies) to understand specific patient implications and considerations and co-create solutions to address these.	2.7

Readiness for priority 3: Health equity

Capability	Readiness
Integration of the patient perspective into all steps of the lifecycle (e.g., early research, development/trial design, approval/access and commercialization) to overcome health equity challenges.	3.0
Engage with and enable PAGs and/or multi-stakeholder coalitions to advocate for health equity.	3.0
Generating insights on patient equity challenges along the patient journey/care pathway and how it impacts patients/specific patient populations.	2.5
Common definition and understanding of health equity.	2.5
Knowledge on UN Sustainable Development Goals and WHO framework on the social determinants of health, and key patient-relevant initiatives like e.g., CSEM Health for All, etc.	2.0

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Acknowledgements

We would like to express our sincere thanks to all interviewees for their participation in this research project and for sharing their views and experiences which were invaluable to this study.

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Tanja Bosshard Becker (Partner), **Lisa Clark** (Principal), **Alex Kriz** (Principal), **Arman Nilforoushan** (Principal), **Anthony Schläpfer** (Director) and the wider Executive Insight team that supported the interviews and review of key findings