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Connect in Health

PwC Annual Executive Healthcare Summit 2025

September 2025

White paper

PwC's fourth Annual Executive Healthcare Summit brought together over 70 leaders from across the healthcare industry to discuss the current status and future path of healthcare in Belgium. This is Belgium's only healthcare summit that brings together stakeholders from biotech, medtech, hospitals, government, patient organisations, health insurance, pharma, the digital health sector and many others to connect, collaborate and shape the future of health. As the organiser of the event, PwC demonstrates the importance it places on a holistic approach to the healthcare sector, showcasing the current situation in Belgium and how it relates to the European perspective.

This year's theme – connect in health – highlighted the power of uniting the entire health ecosystem to drive integrated patient care. Throughout the summit, speakers and panellists focused on ways to embed impactful patient solutions that will transform healthcare delivery and improve outcomes for all.

This report represents the collective discussion, ideas and trends shared during the Executive Healthcare Summit.

Connect in Health

Patients are at the core of the healthcare sector. Across the ecosystem, stakeholders are uniting to deliver integrated, (value-based) healthcare, harnessing innovation, data, sustainability and teamwork to improve health, deliver impactful outcomes and elevate the patient experience.

As technology evolves – particularly the expansion of accessible data and the ubiquity of AI – leaders are using these capabilities to amplify the patient's voice and generate actionable insights that connect care across settings. In parallel, the focus on patient access is accelerating, making care faster, more seamless and equitable, and ensuring models are sustainable over time.

These themes shaped PwC's Annual Executive Healthcare Summit 2025. Below, we share perspectives from our inspiring keynotes and key discussion points from our expert panel.

Ted talks

Faster access, smarter care: unlocking the full value of innovation

Dr. Patricia van Dijck, Political and Medical Director, pharma.be

The journey from treatment discovery and clinical trials to registration and access is currently at least 10 years, often nearer to 20 years. And then patients still have to wait for the right diagnosis in order to access the treatments they need for the best possible outcome.

But does it have to be this way?

On the European level, there are several ways to accelerate this journey, including PRIME designation, accelerated assessment, rolling review and conditional marketing authorisation[1]. In Belgium, we have early temporary reimbursement, which has been shown to be unsuccessful, and EMA+1, a Belgian semi-automatic reimbursement mechanism for new indications for immunotherapy as from a month after European Medicines Agency (EMA) approval. As immunotherapy has dramatically improved cancer outcomes – for example, survival rates for melanoma cancers have increased to around 90% after 10 years – the sector has welcomed the EMA+1 approach.

Nevertheless, overall access to treatments in Belgium remains poor compared to our neighbours. Patients still need to wait 549 days for a treatment to be available after being approved. While this is better than France (597 days) or the EU average (578 days), it's still significantly longer than in Germany (128 days) and significantly longer than in Luxembourg (449 days) or the Netherlands (459 days).

How can we accelerate our access to innovative treatments?

As of 1 January 2026, the current approach will be replaced by a new early and fast access process. In case of high medical need and an approved compassionate use programme (CUP) or medical need programme (MNP) programme, access to treatments can be granted as early as 6 months before submission for marketing authorisation. While early and fast access have the potential to lead to smarter care and maximised value, it also comes with increased uncertainties and questions. For example, how do we define medical need and innovation? What is added value, who is it for and what outcomes is it based on?

[1] PRIME rolling review is the combination of the PRIME (PRIority MEdicines) scheme and the rolling review process. These are initiatives from the European Medicines Agency (EMA) and the UK's Medicines and Healthcare products Regulatory Agency (MHRA) to accelerate the approval of promising new medicines.

We also need to be careful when assessing risks. On one side, by giving early access we have the risk of false hope, potentially providing a patient with a treatment that eventually proves to be ineffective. Yet, on the other hand, if we wait for more evidence, we have the risk of missed chances from delaying treatments that are eventually confirmed to be more effective than existing treatments.

Therefore, evidence generation needs to be seen as a continuum along the lifecycle of a medicine. The evidence platform that is currently being set-up within the Belgian National Institute for Health and Disability Insurance (NIHDI/RIZIV/INAMI) will enable early dialogue, facilitate access to high quality data and support close collaboration between all involved stakeholders.

Looking to the future, it's important for all stakeholders to work together to ensure faster access to smarter care as the real value of innovation can only be unlocked if it's readily accessible to patients.

For more information, visit:
https://pharma.be

Your health, your data, your future

Hans Constandt,
Co-founder, CEO,
Investor and Board
Member, FAQIR Institute

Despite technology advanced faster and becoming cheaper every year – the phenomenon known as Moore's Law – drug discovery has gone the opposite way. Since the 1980s, it has become slower and more expensive, a reversal known as Eroom's Law. To give one example, developing a new drug cost around 800 million, today that figure has risen to over 3 billion[2].

If we want to turn Eroom's Law back into Moore's Law, we need one thing above all: accessible, high-quality data – and the intelligence to use it well.

Right now, medical data is locked away in silos, buried in PDFs, incompatible systems and fragmented hospital databases. The impact is felt everywhere. Patients wait longer for diagnoses or risk being misdiagnosed. Doctors waste precious time searching for information instead of caring for people. Pharma companies can only tap into 7-20% of the data that could make drug discovery faster, safer and more affordable[3].

But not all data is created equal. Connecting new sources isn't enough – the data must be FAIR: findable, accessible, interoperable and reusable. We believe that every person should have control and clarity over their own health data. That's why we're developing personal data vaults: secure digital places that bring together all your health information – from medical records and vaccination history to wearable data from devices like Garmin or Apple Watch. With a data vault, patients can choose to share data securely with doctors for a defined period, ensuring continuity of care. They can also contribute their anonymised data for research and innovation, helping pharmaceutical companies develop better treatments faster – while keeping control at every step.

By empowering individuals and unlocking ethical, high-quality data for research, we can make medicine smarter, faster and fairer for everyone. This is how we turn Eroom's Law into Moore's Law – one patient and one data vault at a time.

For more information, visit:
https://faqir.org/en

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[2] https://www.sciencedirect.com/science/article/abs/pii/S0167629616000291?via%3Dihub
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820566

[3] https://pubmed.ncbi.nlm.nih.gov/38564681/

Value-based healthcare: a primer for the healthcare provider

Prof. Jo Lambert, Chair Dermatology Department, UZ Gent and Senior Full Professor, UGent

Patients rarely experience a holistic approach to their healthcare. Instead, they are offered a fragmented and siloed solution, which often leads to delays in treatments, feelings of frustration and, ultimately, to worse patient outcomes. This is especially true for diseases that have higher rates of comorbidity and multimorbidity, such as skin diseases like psoriasis where patients have a higher risk of getting cardiovascular disease, anxiety, metabolic complaints, joint complaints and addiction.

UZ Gent established the PsoPlus Journey to organise care around psoriasis patients. Each patient is initially seen by a nurse who follows a standardised checklist that encourages the patient to share details of their situation starting with their expectations. We also added contact options between consultations, so that patients could call us if they were anxious about a side effect. This had the advantage of lifting up the quality of care and the patient's feelings about being cared for.

Compared to our previous treatment approach, patient outcomes have improved as overall costs fell. Patients require fewer follow up consultations with the PsoPlus approach as they start to feel better sooner thanks to the coordinated care they receive. However, there are criticisms, including the fact that we use more nurse and administrative resources.

And that's where value-based healthcare comes in. It's a simple equation: value is equal to the outcomes that matter to patients divided by the resources used. After following up on our patients, we see improved quality of life, earlier return to work, more satisfaction with their treatment, more continuous care and fewer future complications.

The good news is that this approach can be scaled up to treat psoriasis patients at other hospitals, as well as to treat other diseases.

For more information, visit https:
https://psogent.ugent.be/ or https://www.uzgent.be/nl/patient/zoek-een-arts-of-dienst/dermatologie/specialismen/psoriasis (Dutch)

Publications can be found at:
https://drive.google.com/drive/mobile/folders/1CjaS7ajYWje5_emkS1zgw5oF3-U-U1jE?usp=sharing

Unleash human empowerment

Heiko Reinhard, Global Chief Information Officer, Ottobock

For over a century, Ottobock has been pushing the boundaries of what is possible in the world of human prosthetics, including microprocessor controllers, neuro orthotics and exoskeletons.

AI has become increasingly important over the past decade, opening up new innovations and improving the opportunities for connected care. However, strategic thinking remains essential: not every AI innovation is a must have – what matters are the tangible, measurable impacts on business goals and patient outcomes. By prioritising patients, we focused on making decisions that would improve the situations for patients in both the short-term and the long-term.

This has led us to introduce a range of AI-based projects that improve the patient experience. These include:

- **Reimbursements:** determining exactly what a patient's insurance company requires in order for the patient to receive the best possible treatment and reimbursement. This has had the unexpected benefit of also helping insurance companies to improve their efficiency.
- **Perfect sockets:** improving the fit quality of the above-the-knee socket so it feels like a second skin. This is the major challenge in the treatment process to fit prosthetics, so getting it right quicker saves both time and costs, as well as improving patient satisfaction.
- **Remote maintenance:** reducing the time that patients need to spend in our patient care centres by carrying out remote maintenance whenever possible.

As we move forward and see the difference that AI can make, we need to remember that AI is not a magic wand: we need to manage our expectations and understand that it takes time to develop a successful and responsible AI solution that improves patient outcomes.

For more information, visit:
https://ottobock.com/en-ex/home

Smart pills for smart care: ingesting the future of personalised medicine

Aniek Even,
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Ingestible technology may sound like it's an idea from science fiction, but it could be the future for monitoring our gut health.

Before we look at the technology, we need to cover some background. Guts are responsible for absorbing nutrients from our food and protecting us from invaders trying to access our bodies. In fact, 70-80% of our immune cells are located in our guts. Even though scientists have shown that by eating a healthier diet we help the immune cells in our guts and improve our general and mental health, about 25% of people still suffer from digestive complaints and disorders.

Currently, we can measure the microbiome in our guts by looking at faeces. We also perform invasive colonoscopies and endoscopies to get a view of what is happening in the less accessible parts of the tract. Unfortunately for our measurements, what is happening at one end of the intestine tract doesn't necessarily reflect the entire digestive system.

70-80%
of our immune cells are located in our guts

To facilitate taking measurements of our gut health, we're working on a smart pill: an ingestible capsule that contains sensors and an antenna to send data from the pill to a receiver. As a pill, it is easy for a patient to take, less invasive than the current options and requires fewer resources. This enables patients that have a higher risk of certain diseases or patients with a chronic disease to take a pill every week or month to closely monitor their health so doctors will be able to react quicker, shortening the time to treatment.

Other technology currently being developed is a sampling pill that we can remotely activate to deploy and collect a sample when it reaches the area we're interested in. This would allow for new biomarker exploration and microbiome studies of difficult to access gut regions.

As this technology is still being developed, there are aspects that still need to be expanded upon. For example, the unit price is relatively high, but this will fall significantly when the product has been scaled up. Additionally, large data sets need to be built to give medical professionals something to compare their results against as this technology includes completely new ways of looking at gut health.

For more information, visit:
https://www.oneplanetresearch.com/innovation/ingestibles-for-gut-health

Patient care pathways: guidance on appraising sustainability

Keith Moore, Programme Coordinator, Sustainable Healthcare Coalition

In 2008 the Stockholm Environment Institute measured the carbon footprint of England's National Health Service (NHS). The results led to the NHS' decision to become Net Zero by 2030 (scope 1 and 2) and completely Net Zero by 2045 (scope 3). These goals had a major impact across the NHS' supply chain, particularly in pharmaceuticals and medical devices, which together account for the largest share of the NHS' scope 3 emissions.

One of the steps that the NHS took was to form the Sustainable Healthcare Coalition along with different healthcare stakeholders, including representatives from the pharmaceutical and medical device companies. Together, the Sustainable Healthcare Coalition came to the conclusion that it wasn't enough to ask how to make treatments and devices more sustainable. Instead, the Coalition should focus on how to use innovation to change the way the health system itself operates. In other words, how could we change care pathways to be more effective, more efficient and more resource efficient, while hopefully costing less, improving patient outcomes and reducing the environmental footprint?

The Coalition defined a care pathway as all the consequences of delivering a patient outcome, including the indirect approach of an intervention. And for each, we developed rules for appraising it.

To give an example, a kidney consultant in North East England asked us to investigate his dialysis centre, including all inputs and outputs. Based on the results we could see that utilities, patient travel and pharmaceuticals were the three hotspots where we could make the most difference. Instead of simply giving some recommendations to the hospital on how to improve, we started conversations with other stakeholders about the kidney disease profile and the overall chronic kidney load in terms of the UK population. This pattern has been repeated for other care pathways, including maternity services, cancer care and orthopaedic surgery.

From our work to date, it's clear that decarbonising our industry is still a work in progress, and we all have our roles to play in achieving our Net Zero goals.

For more information, visit:
https://shcoalition.org/

Panel discussion

Moderator

Stefaan Fiers
Chapter Head External Affairs at Roche BeLux

Panelists

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Chair at the Patient Expert Center

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Vice President at BVZD-ABDH

Federal Government perspective: future priorities

Before delving into the healthcare connections between stakeholders, the panel looked at future government initiatives, starting with the recent coalition agreement (February 2025) and the subsequent policy note from Frank Vandenbroucke, the Belgian Minister of Health. Together, these documents helped answer some important questions. What is the government's vision for greater cooperation in healthcare? What initiatives will they implement to encourage stakeholders to embrace technology and data innovation? And what is their position on the wider use of AI in healthcare.

The government's policy documentation refers to three categories of initiatives:

- **Strategic focus on digital health**
  Belgium's healthcare sector will continue to invest in digital infrastructure as this is a core enabler of more efficient patient care. This includes e-health platforms, administrative simplification, data registration and telemedicine.
- **Data sharing and interoperability**
  Increasing volumes of data won't help patients unless they are connected – in a harmonised and secure way that complies with relevant regulations such as General Data Protection Regulations (GDPR) and European Health Data Space Regulation (EHDS). There will also be guidelines on the collaboration between the federal and regional levels.
- **Stakeholder roles and responsibilities**
  Every stakeholder has a role to play. For example, healthcare providers are expected to adopt and integrate digital tools, medtech and pharma companies are encouraged to co-develop innovative solutions and contribute to data driven care models, and patients are empowered to access their own health data and follow digital literacy initiatives.

The patient's voice

With the latest Federal Government Agreement placing unprecedented emphasis on patients and digital tools, the path forward is clear: turning this momentum into patient-centric care that structurally and systematically embeds the patient's voice in decision making, both for medical practice and health policy.

Integrating the patient's voice into the healthcare sector could change how healthcare is experienced and delivered. One query is about patient care and the actual needs and expectations of patients. There is currently no systematic data collection to prove (or disprove) whether or not the healthcare sector is meeting patient expectations.

Another query looks at outcomes. What is the quality of life experienced by patients from different outcomes? What are the results of each treatment at the population level? What are the potential complications and how could they be avoided? Data is needed to ensure that we know the answers to these queries so we can deliver more efficient and effective solutions that patients appreciate.

While consent for data sharing is a work in progress, transparent communication and simple consent journeys, reinforced by patient education, can make data sharing easy and empowering.

Most patients are willing to share their data as they see the value for themselves and for others suffering from the same disease. Healthcare stakeholders now need to ask the right questions and find the right data to get the right answers.

One new tool that aims to help increase the volume of patient voices is the Patient Voice Database created by the Patient Expert Center and Curewiki[4]. In the short few months since the database launched, it has, so far, recruited over 15,000 patients to participate in surveys and panels enabling the sector to follow patient populations over longer periods of time.

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[4] https://patientexpertcenter.be/laat-je-stem-horen/ (Dutch) or https://patientexpertcenter.be/laat-je-stem-horen-fr/ (French)

Sharing data

We have already discussed the benefits of patients consenting to share their data in order for patients' voices to be heard and their expectations to be met. A further advantage of patients sharing their data is the way that it helps different stakeholders to find new ways to look at the challenges they are trying to overcome.

The Belgian Hospital-Industry Data Alliance (BELHINDA)[5], a collaboration between eight hospitals in the Federated Health Information Network (FHIN) and eight pharmaceutical companies, have joined forces to improve the treatment of non-small cell lung cancer (NSCLC) by enhancing the use of existing health data. By working together, these stakeholders are increasing both the quantity and the diversity of the data they have available. And this increased diversity of data is generating new insights and new ways of looking at the patient's full care journey. This has led stakeholders to ask new questions: which data points do we need in order to understand the patient's experiences and needs? Is it possible to collect this data? How can it lead to even more insights? And can we scale these insights to a wider audience?

The wider use of accessible data

While there is no data for some aspects of the patient experience, the healthcare sector still has access to large volumes of data. However, this data needs to be integrated to improve the quality of care we offer patients in the future. The integration of existing data sources to make them accessible where needed will require a large investment in an interoperable infrastructure that complies with current data sharing and privacy regulations.

This increased accessibility of data could be a foreshadowing of a complete transformation in the healthcare sector. From a patient's perspective, our healthcare system is organised into individual treatments from individual doctors, with regulators and administration following these individual interactions. It would be more efficient to turn this around and use accessible data to see how healthcare is organised from early symptoms to the end of the treatment and patient outcomes. This would reduce waste in the system, lower healthcare costs and improve patient outcomes.

The Transmural Platform (TMP – formerly the Telemonitoring Prescription Initiative)[6] is a good example of widely accessible data. Initiated by beMedTech, it has grown into a publicly funded pilot from FOD Volksgezondheid that aims to standardise telemonitoring in healthcare, starting with a neutral platform where hospitals, telemonitoring providers and electronic health record vendors can connect seamlessly. By reducing custom developments, the platform has enabled the easy sharing of primary and secondary healthcare data of over 1,250 patients on 16 standardised care pathways between the 56 hospitals, 11 telemonitoring providers and 8 electronic health record vendors already signed up to the initiative. TMP now plans to scale up from a subsided national pilot to a European platform.

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[5] https://pharma.be/nl/media/nieuws/belhinda-de-belgische-hospitaal-industrie-data-alliance-voor-beter-gebruik-van-gezondheidsgegevens (Dutch) or https://pharma.be/fr/medias/actualites/belhinda-les-hopitaux-et-les-entreprises-pharmaceutiques-belges-sunissent-pour-partager-des-donnees-avec-belhinda-lalliance-belge-des-donnees-hopital-industrie (French)

[6] https://transmuralplatform.com

Developing new digital tools

From a regulatory perspective, developing new treatments follows a well-structured and well-known pathway, with the majority of biotech and pharma companies contacting the regulator soon after starting work. After the company has received a permit for the resulting treatment, it only needs to be reevaluated every 5 years, assuming that nothing has changed.

In comparison, the development of new apps, digital platforms, wearable medtech and AI algorithms is challenging. On one hand, developers have creative ideas that could have a large, positive impact on patients. But on the other hand, developers often wait too long before contacting regulators to find out what they need to do to comply with relevant regulations, including In Vitro Diagnostic Medical Device Regulation (IVDR), Medical Device Regulation (MDR), General Data Protection Regulations (GDPR) and the EU AI Act. This delayed contact is usually due to developers being unaware of the relevant regulations and the interplays between them, uncertain of how or when to contact national or EU regulators, or lack the resources, time and funding to reach out to regulators.

Furthermore, developers also have to consider risks like cybersecurity, which wasn't an issue when some of the regulations were written. Together, these reasons often result in projects failing before they reach patient trials. While some stakeholders might feel that regulations are too slow for today's fast-paced healthcare environment, the regulations aim to keep us all safe.

Organisations like Biovia, a merger of flanders.bio and MEDVIA, are stepping into the gap: educating developers about their regulatory obligations and evolving regulations, as well as facilitating the collaboration between medical device innovators and notified bodies such as NoBoCap[7](the Notified Body Increased Capacity European project) to ensure we build an innovation-enabling regulatory environment.

[7] https://nobocap.eu

A patient first approach in hospitals

With the ever-increasing quantities of pilot schemes, new platforms, advanced technology and digital tools, it is challenging for healthcare professionals to be able to properly evaluate the options available to them to understand which will benefit patients the most.

While hospitals and other care facilities recognise the importance of patients, they often use a “patient first” mantra, instead of being “patient-centric”. This slightly different focus shows that they prioritise doing what is in the patient’s best interests and not necessarily what the patient is demanding or expecting.

Within their “patient first” focus, hospitals see their future role as being an intervention centre, using both physical and digital tools to follow patients both inside and outside the hospital walls, as they go through early detection testing and diagnosis to treatment, cure or disease management.

Moving hospitals towards becoming engines of innovation requires an innovation strategy that uses a more multi-disciplinary mindset, grouped around the technology healthcare that providers are using – digitalisation and automation, mobile health and data science. Each of these technology-based groups integrates specific skills, capabilities and infrastructure. Experience shows that achieving successful innovation in hospitals requires a combination of compassionate care by staff, a financially healthy hospital to cover costs, co-management with doctors and partnerships with industry.

AI in healthcare

Artificial intelligence has been a gamechanger in the healthcare sector, with over 1,200 FDA approved algorithms for medtech. AI has delivered proven results from diagnosis to therapeutic guidance and resource management, and it has also been useful in correlating data in large datasets, immediately identifying possible links and connections which can significantly improve results for pharma, biotech, medtech and others.

In healthcare AI, the focus has moved from gathering case studies to making sure promising pilots are scaled up and become sustainable, practical, and affordable for patients, clinicians, and society. Part of the next challenge for AI is to decide how these different AI projects will be financed.

Access to innovation

51%

patients in Belgium have availability to new medicines and treatments

While Belgium is seen as an innovative country for healthcare, there is a problem with patient access to that innovation. Currently, patients in Belgium have 51% availability to new medicines and treatments, compared to over 90% in Germany[8], and they have to wait an average of 18 months to get access[9].

The answer is investment in innovation. Not just via R&D investments, but also through the valorisation of innovation and investment in data and AI, which will require us to try and challenge China's leadership position in AI. To achieve this ambitious goal, we will need to invest in collaborations across the EU, using the individual strengths of different countries to build a better future for patients.

Clinical trials

↓10%

the decline of total commercial trials in Europe in the past decade

One of the reasons for Belgium's declining access to innovation is the country's falling share of global clinical trials (per million capita). While Belgium is still ranked first or second in Europe (depending on the analysis), the continent is showing signs of decline when compared to the rest of the world: the share of total commercial trials in Europe fell from 22% in 2013 to 12% a decade later[10]. So even if the absolute number of clinical trials remains constant, relatively the region is declining compared to China and the US which have a stable or growing share. This has consequences for the entire sector including patients not having access to new treatments and medical schools not being up to date with the latest innovations.

Belgium is addressing this challenge by leveraging its strong regulatory framework and rolling out new initiatives. These include a clinical trial network and a fast-tracked evaluation process, aimed at enhancing clinical trials both in Belgium and across the EU.[11].

While collaboration across the EU could encourage more clinical trials to take place on the continent, there is the issue of national regulations. While the European Clinical Trial Regulation (CTR) has levelled the playing field with the aim of accelerating approval times, there is still insufficient alignment across the Member States on all aspects of the clinical trial procedure. Ethical committees are another area where there are often misunderstandings, usually regarding the full complexity of the clinical trial, which further add to the administrative burden for sponsors. Going forward, regulators in one country need to show more trust in their colleagues and their work.

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[8] https://efpia.eu/media/oeganukm/efpia-patients-wait-indicator-2024-final-110425.pdf

[9] https://efpia.eu/media/oeganukm/efpia-patients-wait-indicator-2024-final-110425.pdf

[10] https://www.efpia.eu/media/0ipkatpg/efpia-ct-report-embargoed-221024-final.pdf

[11] https://www.fagg.be/nl/news/fagg_versnelt_beoordeling_van_klinische_proeven_om_innovatieve_behandelingen_sneller_tot_bij (Dutch) or https://www.afmps.be/fr/news/lafmps_accelere_levaluation_des_essais_cliniques_pour_permettre_un_acces_plus_rapide_aux (French)

Key takeaways

Patient-focused, coordinated care using both current and new patient feedback systems
Capture patient expectations, experiences and outcomes systematically and use transparent, simple consent journeys to further expand participation.

Empower patients with control over their own health data
Support individual data vaults that allow patients to manage access to foster autonomy and better-informed medical decisions.

Implement value-based healthcare (VBHC) models
Focus on measuring patient outcomes relative to resources used to ensure improved quality of life and more efficient care delivery.

Smart pills, greener paths: Sustainable innovation to reshape care for better results
Innovation should focus on reimagining care paths to achieve better results with fewer resources, cutting costs and reducing the environmental impact. This involves pinpointing and addressing system hotspots – such as patient travel, utilities, and pharmaceuticals – through collaboration across stakeholders and smarter data use.

Harness AI responsibly in healthcare
Shift from pilots to scaled deployment of validated AI, with clear financing and adoption frameworks.

Accelerate access to new treatments
Use the early-and fast access procedure, starting 1 January 2026, to streamline reimbursements and shorten time to patient access.

Improve access to medtech
Develop mechanisms to accelerate access to medtech innovations to benefit patients.

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