White Paper

Agility to Compete: From Promotion to Participation

Lessons for pharma from high-performing organisations that adapted under pressure

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Introduction

Pharmaceutical companies are entering a period unlike any previous commercial cycle. Growth opportunities are fragmenting, competition is intensifying, and the routes through which influence is created are shifting. Commercial models that worked in a world built around scale, access, and promotional reach may no longer be sustainable nor sufficient.[1,2]

Two assumptions have historically underpinned go-to-market models in the pharma industry:

1. High promotional investment delivers proportionate commercial returns.
2. Optimising pharma-owned, closed-loop channels is the primary path to commercial success.

Both assumptions are now under pressure, and what brought pharma here may not be the formula for success to take the industry forward.

Responding to these pressures requires agility: the ability to reinvent business models as internal portfolio realities and external market conditions shift. Agility is no longer a differentiator, but a baseline requirement.

This white paper is the first in a three-part *Agility to compete* series exploring how pharmaceutical go-to-market models need to adapt. It raises a fundamental question: How do organisations respond when the conditions that made them successful begin to change?

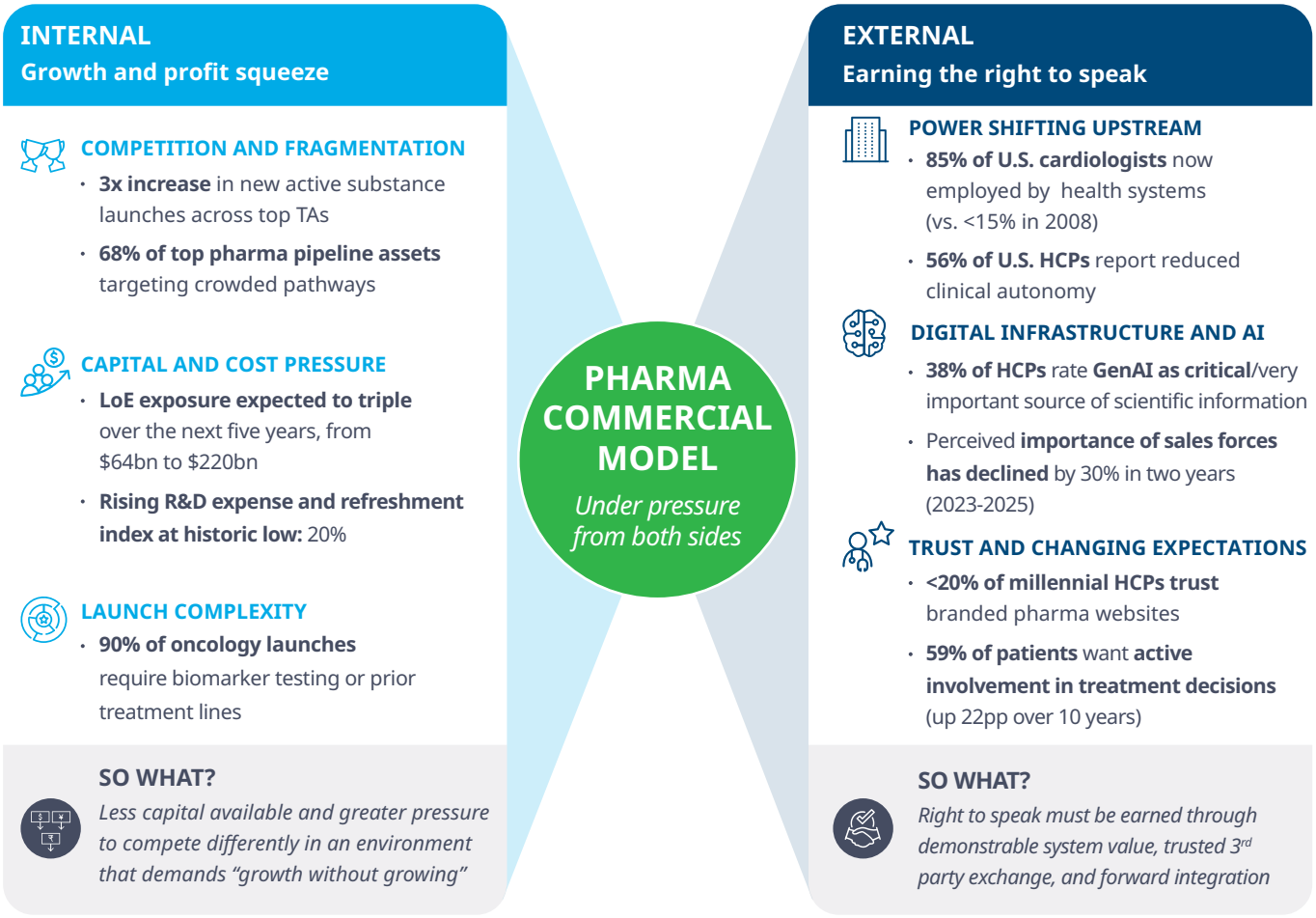
The answer may lie outside pharma. In industries that faced comparable disruption, leading organizations have out-competed their peers by adapting how they create value for customers. Their experiences provide fundamental learnings which we explore later in this paper, but first it is necessary to understand the forces reshaping commercial success within pharma itself.

The pressure to evolve

The challenge facing pharma's commercial model is driven by the convergence of tightening margins and rapidly evolving customer expectations (Figure 1). Together, these shifts are changing both the economics of competition and the way influence is created.



Figure 1: The converging pressures reshaping pharma's commercial model



Sources: See references

Growth and profit squeeze

Three internal shifts are tightening the economics of competition and reshaping the conditions for commercial success:

- **Competition and fragmentation:** More assets are competing for smaller individual opportunities, while more crowded target landscapes reduce the likelihood of achieving meaningful differentiation and market share. Greater precision in treatment pathways further narrows eligible populations[3,4]

- **Capital and cost pressure:** While Loss of Exclusivity exposure is expected to triple, the challenge is no longer simply replacing what is being lost. Pipelines are being asked to replenish value in a market where achieving commercial success is becoming more difficult, placing greater pressure on portfolio productivity and investment decisions[1,5]

- **Launch complexity:** Novel modalities, crowded targets, and operational challenges such as trial recruitment place greater pressure on timelines and resources. The commercial model that once relied on a relatively small number of high-performing assets faces growing strain[6]

These shifts are tightening the economic conditions for growth. Success increasingly depends not only on investment scale, but on the ability to create value more selectively and efficiently.

Earning the right to speak

Three external shifts complement internal shifts, reshaping where and how influence is created:

- **Power shifting upstream:** Decision-making is becoming institutionalised. In Europe, digital health infrastructure is embedding protocols, data systems, and algorithmic decision-support tools into clinical practice, while in the U.S. network consolidation is creating similar institutional controls. The individual HCP remains critical but now operates within a broader system of continuously developing care pathways and protocol decisions, aligning with defined systemic objectives and measures of success. Influence is becoming more distributed, requiring strategies that extend beyond individual HCP interactions[7,8]

- **Digital infrastructure and AI uptake:** AI-enabled tools and integrated decision-support platforms are becoming embedded within clinical workflows, expanding how HCPs discover, interpret, and apply medical information. Pharma now operates within a broader information ecosystem rather than acting as a key route to knowledge and exchange. Platforms such as OpenEvidence are already delivering comparative clinical evidence at the point of need, bypassing traditional promotional infrastructure entirely. As of 2026, 80% of HCPs report using AI tools in clinical decision-making[9,10]

- **Trust and changing expectations:** Approximately one in three HCPs are expected to retire by 2030, reshaping established engagement patterns.[11] Newer generations favour personalised, on-demand, and practically relevant content over traditional promotional approaches.[12] At the same time, patients are becoming more informed participants in care decisions, with AI-powered tools raising expectations for accessible and trusted information[13,14]

These shifts are rapidly redistributing influence across the healthcare ecosystem. Traditional go-to-market channels remain important, but influence is no longer determined solely by HCP access and reach. Pharma now needs to earn the right to speak with its customers in new ways, requiring forward integration into a consolidating customer base and sideways integration with relevant third-party players.

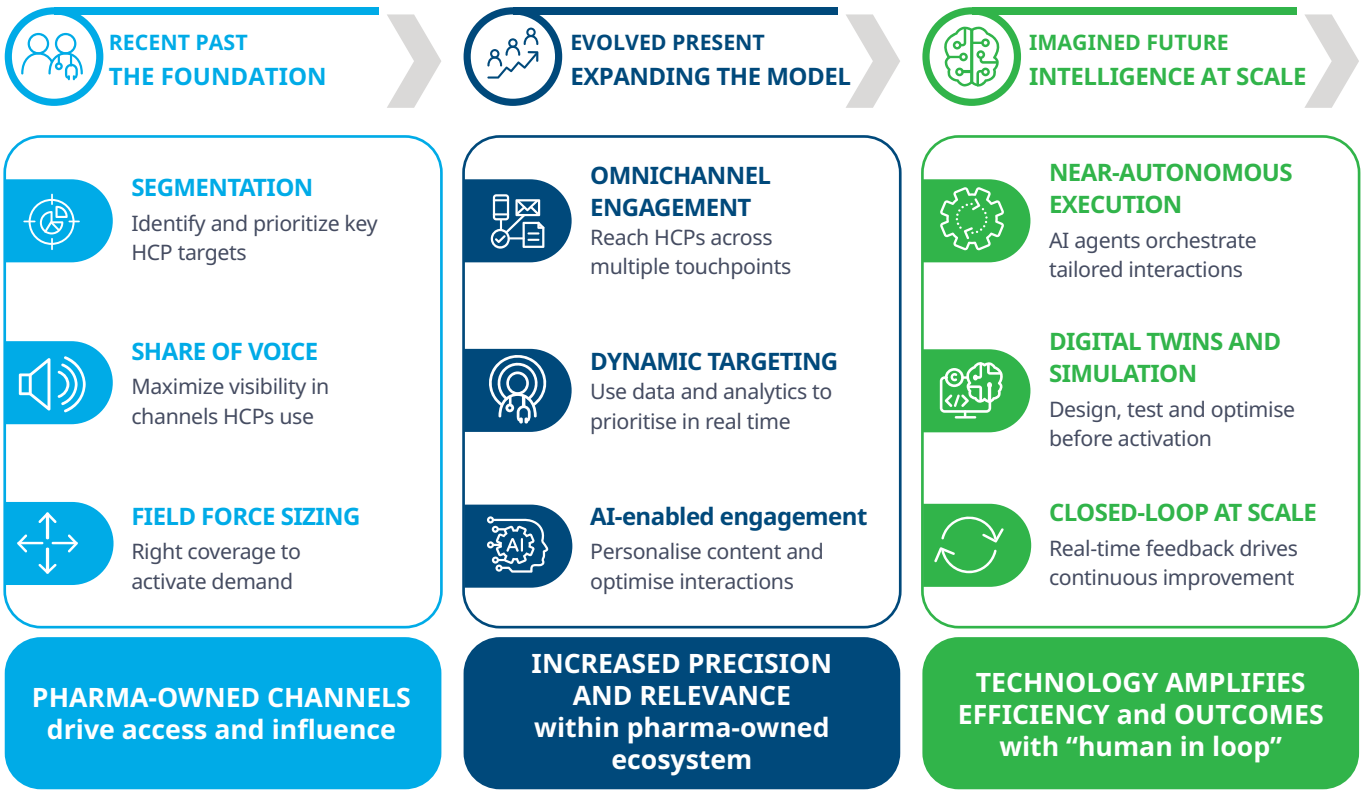


The augmented HCP centred model: Necessary but not sufficient

Many of the pressures facing pharma today are not new, and the industry has already taken measures to evolve its go-to-market approach. However, evolution within a model is not the same as reinventing the model itself.

The progression can be traced through three broad phases: the recent past, evolved present, and imagined future (Figure 2).

Figure 2. Evolution in go-to-market execution, continuity in core assumptions



In the **recent past**, pharma designed and scaled commercial effort around concentration curves, physician segments, channel affinity, and share of voice. The logic was straightforward: identify the right targets, maximise visibility through the channels they use, and scale field force coverage accordingly. Pharma-owned channels drove access and demand activation.

In the **evolved present**, omnichannel engagement, dynamic targeting, and AI-enabled capabilities have improved how companies identify and reach customers and personalise interactions. Precision and relevance have improved, and the model has become more sophisticated and data driven.

In the **imagined future**, the ambition extends further still. Agentic AI, digital twins, real-time orchestration, and near-autonomous systems promise to amplify efficiency and personalisation at scale. In this vision, AI agents deliver tailored interactions, digital twins predict and simulate outcomes, and feedback loops continuously refine performance, with humans shifting from operators to supervisors.

Each phase represents a genuine advance. However, despite greater sophistication, the underlying assumption in these models remains largely unchanged: pharma-owned channels serve as the primary route through which value is delivered and influence is earned in a model centred on HCPs as the main customer.

While augmented HCP centred models will go some way to release margin pressure and address customer expectations, this raises a fundamental question: for a company entering a new therapy area today with no legacy presence, would an HCP centred model still be the right starting point?

The challenge is not that the HCP centred model has failed. Omnichannel execution, dynamic targeting, and AI-guided engagement deliver meaningful value. However, optimising this model on its own may not be sufficient to thrive in an environment where the underlying conditions shaping competitiveness and influence are fundamentally changing.

Business models under pressure: Lessons in agility to compete

The disruptions facing our industry are not unique to pharma. Other industries have faced similar moments of compression and can be seen as a testbed for how high performers coined new commercial models. In the remainder of the paper, we will take lessons from three industries:

1. The restaurant business experienced a downturn during the pandemic with blurring of in-store and home, leading to digital enabled re-invention and a focus on experiential offerings and personalisation[15]
2. Established med tech companies faced a period of high economic pressure, with low-cost competition from new market entrants triggering a need to re-define their value propositions into healthcare[16]
3. The hospitality sector saw significant disruption during the Covid-19 pandemic, while online booking platforms caused disintermediation and reduced competition to a matter of price[17]

Within these sectors, a few companies stand out in how they responded to a changing environment, demonstrating genuine agility to compete by reinventing their business models around one of three key principles: Business-to-Consumer (B2C), Business-to-Business (B2B), and Business-to-Ecosystem (B2E).

By examining three cases, we will now show how these principles can provide inspiration for pharma as it navigates similar challenges and looks beyond the traditional "business-to-HCP" frontier.

Join the Soul Club: An out-of-industry example in Business-to-Consumer

In an ever-pressured restaurant business Wagamama gained fame as a hi-growth company laser focused on going "beyond service", establishing themselves as a highly innovative fast casual player on the food scene, offering continuous menu reinvention, a gateway to events and newfound convenience, and building a strong brand and bond with consumers.

One of the most striking features of Wagamama's value proposition is their Soul Club, an immersive loyalty experience hailed as a huge piece of retail technology innovation.[18] Soul Club now contributes approximately 19% of all revenue and has over 1.5 million active members, underlining the programme's growing importance to frequency and spend.[19]

Putting to the side the obvious differences between pharma and consumer retail, the example shows mastery of the ability to innovate around your core. In the case of Wagamama, offering a fast, casual, nutritious meal, on site, in the student hall, in the "food lab", or at home, allows a company, a brand, to be in tune with diverse audiences who in turn actively choose to participate in their menu range, and their community. In this context, the recent surge in the consumer-driven weight management medications market is an important sign of how consumer values and loyalties will exert new demands on the commercial models of pharma ranging far beyond individual therapy areas and the ability to supply a prescription medication at an affordable price.

Wagamama – A Case Study in Business-to-Consumer:

Redefined its business model around the consumer experience, turning the restaurant into a platform for continuous reinvention and community, "beyond service"

Challenge

- **Margin pressure**: Rising operating costs in a highly competitive market
- **Changing consumer expectations:** Customers demand speed, convenience, choice and experiences beyond the restaurant
- **Digital disruption:** New entrants and delivery platforms reshape how and where people eat
- **Highly competitive landscape:** Low switching costs mean loyalty is hard to earn and easier to lose

Response: How Wagamama reinvented it's business through a B2C model

PORTFOLIO

Expanded where customers interact

- UK's first high street restaurant to make half its menu vegan
- "Cook at Home" range and "Wok from Home" cook-along experiences
- Noodle Lab: immersive concept for consumers to be part of innovation
- Noodle Union: built specifically for students

PARTNERSHIPS

Extended the ecosystem

- Mastercard-backed offers extending the brand into everyday spending occasions

PLATFORMS

Created reasons for customers to return

- World-first "pay & go" model: order, eat and leave without waiting for the bill
- Soul Club app: replaces points with secret menus, member events and content
- A community that guests actively participate in

INVESTMENT

Consumer insight fueling investment

- Invested in plant-based menu innovation and culinary R&D
- New ways of capturing and acting on guest feedback
- Closed the loop: what customers say = what gets built next

Impact

89 NPS

20% revenue from Soul Club

+8% YoY sales growth vs. **5%** industry benchmark

Learning for pharma

Competitive advantage increasingly comes from being "in tune" with diverse audiences. Wagamama's *Soul Club* illustrates the power of creating something people actively choose to belong to. The question for pharma is whether it can create the equivalent of ***a Soul Club* for people living with chronic conditions**, moving beyond support programs to create communities that patients actively participate in because they strengthen connection and confidence.

Sources: Wagamama Annual Report and Accounts 2025; Wagamama Press Releases; Lumina Intelligence
Note: NPS performance reflects Wagamama vs. casual dining industry index.

From products to integrated solutions: Growing the Business-to-Hospital partnership

Over the last years, the med tech industry has come to rely on building deep portfolio and connected services strength to fend off lower cost product centred competition from frugal innovators.

Stryker, an outperformer on both growth and profit in a highly competitive industry, is no exception. With a portfolio spanning both classical "mass markets" in orthopaedic surgery and hi-specialty segments in neurosurgery and spinal implants Stryker has taken a leap forward with the acquisition and further expansion of a range of digital capabilities supporting integrated solutions that bundle devices, data-driven services and workflow support.

While this direction is no different than that of many peers, Stryker has demonstrated particular foresight in closing the loop across AI powered clinical and operational workflows supporting in- and out-patient care, and longitudinal EMR based patient information, so far culminating with their Smart Hospital Platform launch. This enables compound learning for journey management, health outcomes and cost, for instance linked to hospital readmissions. It sets the basis for enterprise scale partnerships and value propositions, and importantly, earning a seat at the table with hospital leadership, as data driven solutions support continuous tracking to health system and patient value.[20]

For pharma, the importance of cultivating strategic account partnerships tied to shared objectives of improving patient experience, quality outcomes, and cost to serve along the end-to-end care pathway is rising. As health systems consolidate, shift to value-based care, and become ever more data-driven, earning a "seat at the table" requires depth of insight — not just into product mechanisms of action and trial data but into care settings, system value, and real-world patient outcomes. This requires an expansive approach to Real World Data and pathway analysis, and solutions that measurably improve point of care coordination, quality outcomes, HCP and patient experience.



Stryker: A Case Study in Business-to-Business:

Moved from products that serve HCPs to integrated solutions that transform healthcare at hospital/"business" level

Challenge

- **Shift from volume to value:** Hospitals under pressure to improve outcomes and reduce costs
- **Complex clinical pathways:** Fragmented care and siloed solutions limit efficiency and outcomes
- **Commoditisation and competition:** Product-only competition driving price pressure and margin decline
- **Need for deeper relationships:** Hospitals looking for partners, not just product suppliers

Response: How Stryker reinvented it's business through a B2B model

PORTFOLIO

Expanded from products to integrated solutions

- Comprehensive portfolio across ortho, neuro, spine and medical-surgical
- Bundles of products, equipment and services for E2E care pathways
- Outcome-based value tied to total cost of care, not device price

PARTNERSHIPS

Extended the ecosystem to solve bigger problems

- Account-level selling to hospitals, not just surgeons
- Collaboration with surgeons and clinical societies
- Digital partnerships to enhance value prop, e.g. myoncare in Germany

PLATFORMS

Aquired technology platforms to drive insights and performance

- 2026 full-scale launch of dynamic Clinical Workflow Solution, an AI powered Smarthospital Platform
- Connects devices, data and care teams across the patient journey — closing loop to EMR

INVESTMENT

Invested for long-term transformation and capability

- Built internal capabilities in software, data science and services
- Invested in data infrastructure and cybersecurity

Impact

>1,000
Hospital partnerships globally

Improved clinical outcomes and operational efficiency

+1.9B
Services revenue

12% 5Y CAGR vs. **~6-7%** peers

Learning for pharma

The buyer has changed. The physician no longer decides alone. As health systems place increasing emphasis on total cost of care, patient outcomes, and protocol-driven performance, the question is no longer whether you can sell to the prescriber. **It is whether you can create value for the institution by supplementing the HCP-centered model with a solutions oriented B2B approach**

Sources: Stryker 2023 and 2024 Annual Reports; Stryker Launches Smarthospital Platform | Stryker

Localise the experience: A lesson in Ecosystem Ownership

As one of the world's largest hospitality companies, Marriott faced major disruption with the emergence of online travel agents and a digitally empowered customer base. It emerged from the COVID-19 pandemic with record-breaking growth, outperforming the industry on customer satisfaction, revenue per available room, alongside net room growth.[21] What's been their recipe for recovery?

As part of a wider strategy to go from "a room and a bed" to immersive, local, and personalised experiences, Marriott took to forward integration into the local experience economy via partners, and transformation of the guest and associate experience through data and AI driven innovation — investing as much as $1Bn in digital transformation year over year as part of a multi-year plan.[22]

By leveraging data-driven insights, integrating AI and digital tools, and fostering emotional connections through local partnerships and community integration, Marriott has created a loyalty ecosystem that enhances guest satisfaction and drives long-term loyalty, with Bonvoy reaching 271M members in 2025 and experiencing a 15% increase in direct bookings from loyalty members, demonstrating the impact of an enhanced customer experience.

How can pharma with their global brands, study findings, and business models move towards forward integrated and participative delivery models, for example by translating evidence to local needs and drivers and prioritising "last mile" solutions? The case of Marriott shows how going hyper local and hyper personal can change a transactional, booking platform mediated relationship to long-term loyalty and drive higher share of direct interactions — a coveted goal for pharma.



Marriott – A Case Study in Business-to-Ecosystem:

Transforming from traditional hotel operator into a forward integrated and digitally powered hospitality platform delivering hyper-local, hyper-personalized experiences over and above online agents

Challenge

- **Heightened guest expectations:** Travellers expect seamless, personalised experiences across every touchpoint
- **Loss of "control":** online travel agents disrupt traditional model
- **Margin pressure and rising costs:** Strong cost discipline needed to fund growth while protecting returns
- **Operational complexity at scale:** Managing a global portfolio of brands, systems and guests across diverse local environments

Response: How Marriott reinvented it's business through a B2E model

PORTFOLIO

Expanded and shifted to meet customer needs

- Broadened brand portfolio from luxury to select-service and extended stay
- Launched Homes & Villas by Marriott International to capture alternative stays
- Designed experiences around key occasions (business, leisure, meetings)

PARTNERSHIPS

Extended the ecosystem and added capabilities

- Beyond the room: integrated into local experiential economy; travel, dining and lifestyle ecosystems
- Technology partnerships to enhance digital experience and data capabilities
- Enterprise partnerships for distribution and corporate travel solutions

PLATFORMS

Built digital platforms that personalise and simplify

- Marriott Bonvoy app as the digital front door for booking and custom service
- AI powered concierge personalise offers, content and experience
- Mobile key, chat and digital check-in for frictionless stays
- Data engine enabling hyper personalization

INVESTMENT

Long-term investment in technology and capabilities

- ~Multi-year digital program with $1bn invested in single year
- Augmenting "associates" with AI tools
- Reinvesting IT infrastructure savings into guest experience innovation

Impact

15% Direct bookings uplift from loyalty members

+25% guest satisfaction over transformation time span

271M Bonvoy members

+2% **RevPAR*** increase on top of solid net room increase

EBITDA growth

Learning for pharma

Lasting competitive advantage comes from delivering a superior experience that aligns with the values of your customer. For pharma, **that may mean moving beyond "promoting a global product" towards orchestrating relevant solutions that tie in with local needs and value drivers. Local real world evidence and last mile solutions, aided by new technology, will deliver evidence-based best practice sharing** valued by local customer-partners.

Sources: Marriott International 2025 Annual Report; Marriott gears up for another year of major tech spending | CIO Dive;
Note: RevPAR is a common KPI in hospitality indicating Revenue Per Available Room

Conclusion: The shift has already begun

Throughout this paper, we have explored two converging pressures reshaping the pharma industry. Internally, companies are being asked to achieve more with less as competition intensifies, launch complexity increases, and capital becomes more constrained. Externally, influence is becoming more distributed across health systems, digital platforms, AI-enabled tools, and increasingly informed patient-consumers. In this environment, commercial success depends not only on operational excellence, but on earning the right to engage.

The future is unlikely to be defined by a single commercial model. Instead, it will be characterised by a broader commercial ecosystem in which a diverse set of models operate alongside one another. The augmented HCP centred model will remain essential, particularly for scientific exchange and complex clinical decision-making. However, it is increasingly being complemented by models that engage patients directly (B2C), create demonstrable value within or across healthcare systems (B2B), and support employees as ambassadors, innovators, and entrepreneurs, integrating into local healthcare environments, aided by relevant solutions (B2E). Together, these models extend where and how value is created.

This shift is not a future vision. Early examples are already emerging across the pharma industry. Some organisations are building patient communities that extend beyond treatment and cure. Others are partnering more deeply with health systems to improve outcomes or investing in workforce capabilities that strengthen innovation and address local needs and drivers. Adoption remains uneven, but the direction of travel is becoming increasingly clear.

The organisations best positioned for the next decade will not simply optimise today's commercial model. They will demonstrate true agility to compete by combining multiple models, invest where value is shifting, and continually adapt as healthcare evolves.

The question is no longer whether pharmaceutical go-to-market models will diversify. It is whether organisations will adapt quickly enough to compete as they do.

The next paper in the *Agility to Compete* series explores early signs of emerging shifts across select therapeutic areas, and what they reveal about the future of pharmaceutical commercial strategy.



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