RWE4Decisions Symposium

Mobilising Real-World Data to Enhance HTA/Payer Decision-Making

2025 RWE4Decisions Annual Symposium

20 NOVEMBER 2025

Table of Contents

Executive summary

The **RWE4Decisions 2025 Symposium** gathered policymakers, regulators, leaders from HTA bodies and public Payers, patient organisations, and industry representatives to discuss how real-world data (RWD) and real-world evidence (RWE) can better support health technology assessment (HTA) and decision-making in Europe. Discussions focused on the early implementation of the **EU HTA Regulation** and the development of the **European Health Data Space (EHDS)**, both expected to significantly shape the future European evidence ecosystem.

Keynote speakers highlighted progress in strengthening data infrastructures and collaboration across Europe. **Maya Matthews** presented the implementation of the EU HTA regulation, including the introduction of Joint Clinical Assessments (JCAs) and Joint Scientific Consultations (JSCs) to support more coordinated clinical evaluations of medicines. **Hans Juul Hedegaard** emphasised the importance of strong national health data systems and investments in data access and analytics to support both regulatory and HTA decision-making. From the regulatory perspective, **Denise Umuhire** explained how the **European Medicines Agency** increasingly uses RWE to complement clinical trial data, supported by initiatives such as **DARWIN EU**, which enables large-scale federated analyses of health data across countries.

The multi-stakeholder panel highlighted the value of RWE from different perspectives. Patient representatives emphasised the ability of RWD to capture long-term disease progression and generate patient-relevant insights. Payers underlined its role in improving estimates of disease burden, treatment pathways, and long-term effectiveness to support reimbursement decisions. Industry representatives stressed that advances in personalised medicine and genomics are increasing the need for RWE to complement clinical trials and address evidence gaps.

Breakout discussions and the closing session identified several priorities for the coming years. These include improving data quality and access across countries, strengthening methodological standards, increasing patient involvement in evidence generation, and expanding collaboration between stakeholders. With the implementation of the EU HTA Regulation and the EHDS underway, participants agreed that stronger coordination and practical solutions will be essential to ensure that RWE effectively supports decision-making and accelerates patient access to innovative therapies.

Opening session: HTA and RWD Developments in the EU – How do we maximise use of RWE in Decision-Making?

Moderated by François Meyer, RWE4Decisions Facilitator

The RWE4Decisions 2025 Symposium opened with a session exploring the latest developments in the health technology assessment (HTA) and real-world data (RWD) landscapes, particularly focussing in on the implementation of the HTA and the European Health Data Space (EHDS) Regulations. The session featured three keynote presentations from **Maya Matthews** (Deputy Director for Digital, EU4Health and Health Systems Modernisation, DG SANTE, European Commission), **Hans Juul Hedegaard** (Head of Unit, Director General's Office, Danish Medicines Agency) and **Denise Umuhire** (Pharmacoepidemiology & Real-World Evidence (RWE) Specialist, Data Analytics and Methods Task Force, European Medicines Agency (EMA))**.** Their presentations were followed by a multi-stakeholder panel discussion, bringing together perspectives from regulators, HTA and payer bodies, patients, and industry. The panel included **Cláudia Furtado** (Director of Information and Strategic Planning, INFARMED), **Elizabeth Vroom** (Chair, World Duchenne Organisation), and **Matias Olsen** (Senior Manager, Public Affairs & Policy, European Confederation of Pharmaceutical Entrepreneurs), enabling a multidisciplinary discussion on the opportunities and challenges for integrating real-world evidence into decision-making.

Keynote addresses

Keynote presentation 1 – Implementing the HTA Regulation: Shaping the Future of EU Collaboration in HTA

Maya Matthews gave an overview of the implementation of the HTA Regulation, adopted in 2021, and in application since 12 January 2025. This Regulation sets up an EU-level framework for HTA cooperation, enabling Member States to collaborate in a common system underpinned by high data quality, evidence-based decision-making, transparency, and inclusiveness.

A central innovative element of the Regulation is the introduction of Joint Clinical Assessments (JCAs), which have already commenced for new oncology products and advanced therapy medicinal products. Orphan medicines will follow from 2028, and from 2030, the system will extend to all other centrally approved medicines. Joint Scientific Consultations (JSCs) and work on Emerging Health Technologies are also introduced, with the latter aiming to anticipate future technologies.

The work is governed by the Member States' Coordination Group on HTA (HTACG), containing four subgroups covering JCAs, JSCs, Identification of emerging health technologies, and Methodology. Stakeholder engagement is ensured through the HTA Stakeholder Network, which brings together 71 organisations representing patients, healthcare professionals, health technology developers (HTDs), non-governmental organisations (such as patient organisations), Payers, and learned societies. Collaboration is facilitated through a secure HTA IT Platform.

JCAs are conducted in parallel with the European Medicines Agency's Centralised Procedure. Patients and clinicians are also consulted during the assessment scope, when Member States define their data requirements, and on the draft JCA report. To support timely national pricing and reimbursement

decisions, the HTACG must endorse the JCA report within 30 days of the marketing authorisation. Once publicly available through the EMA, ongoing JCAs are published on the Europa website.

For JSCs, requests are submitted during defined *request periods,* and selection is done by the JSC Subgroup. Once selected, the HTD submits further information known as the briefing package. This provides the assessors with more information on how the HTD intends to conduct their data development in order for the assessors to give the HTD detailed advice on which data to gather to prepare for a JCA. Clinical experts and patients/carers are consulted by the assessors to also reflect their needs and suggestions. Towards the end of the JSC process, a meeting is held with the HTD, JSC subgroup members, assessors, and selected patients and clinicians to discuss proposals for changes to the HTDs data development plan. Finally, an outcome document is shared exclusively with the company. While aggregate numbers may be communicated, the JSC documents themselves remain confidential and are intended as support for HTDs, particularly in preparation for future JCAs.

At EU level, by November 2025, 17 patients and carers had already provided input for JCAs. The EU-level engagement of patients and clinicians in HTA joint work has also increased participation at national level, with some Member States now having set up stakeholder networks for national-level consultations.

Looking ahead, priorities include drawing lessons from the first JCAs and JSCs, further raising awareness about the Regulation and its objectives, and strengthening training and capacity-building efforts. Discussions are ongoing regarding the inclusion of RWE in evidence packages for JCAs and the potential use of AI, and practical experience from the first documents will inform future methodological development.

Keynote presentation 2 – Developing Data Availability for Danish Decision-Makers: RWD and HTA

The second keynote presentation was delivered by **Hans Juul Hedegaard**, who highlighted Denmark's long-standing experience in leveraging health data. Denmark has been collecting good quality health data for decades, with several national databases and registries dating back to the 1970s. Datasets are linked to a personal identification number, and centralised access is allowed for bodies such as the Danish Medicines Agency (DKMA).

However, he emphasised, good data is not enough: effective use of data requires strategic focus, large investments, and political commitment. At the European level, the European Health Data Space (EHDS) has created a clear strategic direction for health data, and HTA cooperation represents a great example of how RWE meaningfully underpin regulatory decisions.

In Denmark, this focus is reflected in substantial government investment in access to data, and additional funding has been granted through a new Strategy for the Life Sciences Sector, a new Strategy for Personalized Medicines, and a new Cancer Care Plan. The latter allocates resources to the Danish Medicines Council to develop new models for the use of RWD in evaluating hospital-level medicine recommendations.

Over the past 5 years, the DKMA has strengthened its RWD infrastructure, including through participation in collaborative projects such as the DARWIN-EU. In 2025 alone, the DKMA participated

in over 50 DARWIN-EU analyses, using Danish health data to address regulatory questions, enhancing national and European decision-making. RWE is seen as particularly valuable for HTA assessments related to accelerated approval of medicines, advanced medicines, and critical medicines, where post-launch evidence generation (PLEG) can help address evidence gaps and create new ways for the assessment of clinical effectiveness. RWE can additionally support pharmacoeconomic decision-making at a time of growing budgetary constraints across health systems. Harnessing heterogenous data types is key for improving RWE usage, and the DKMA is developing new models and methods to do so.

One example is DKMA's participation in IDERHA, an Innovative Health Initiative (IHI) project creating an open, federated dataspace based on the OMOP framework, with a strong focus on patient-reported data. By broadening the types of data available for analysis, IDERHA complements DARWIN-EU and strengthens the evidence base for regulatory and HTA decision-making.

The EHDS has enabled large-scale data analysis, including regarding the real-world effects of medication and medicine recommendations. Building on learnings from DARWIN-EU, DKMA sees a need to develop new models of collaboration and access to data, standardization of data for federated analyses, and strengthened coordination. Looking forward, attention must shift to how the EHDS can be used as a platform to enhance collaboration and coordination on RWE analyses in HTA.

Keynote presentation 3 – DARWIN-EU: Harnessing EU-wide RWE to inform HTA/Payer Decisions

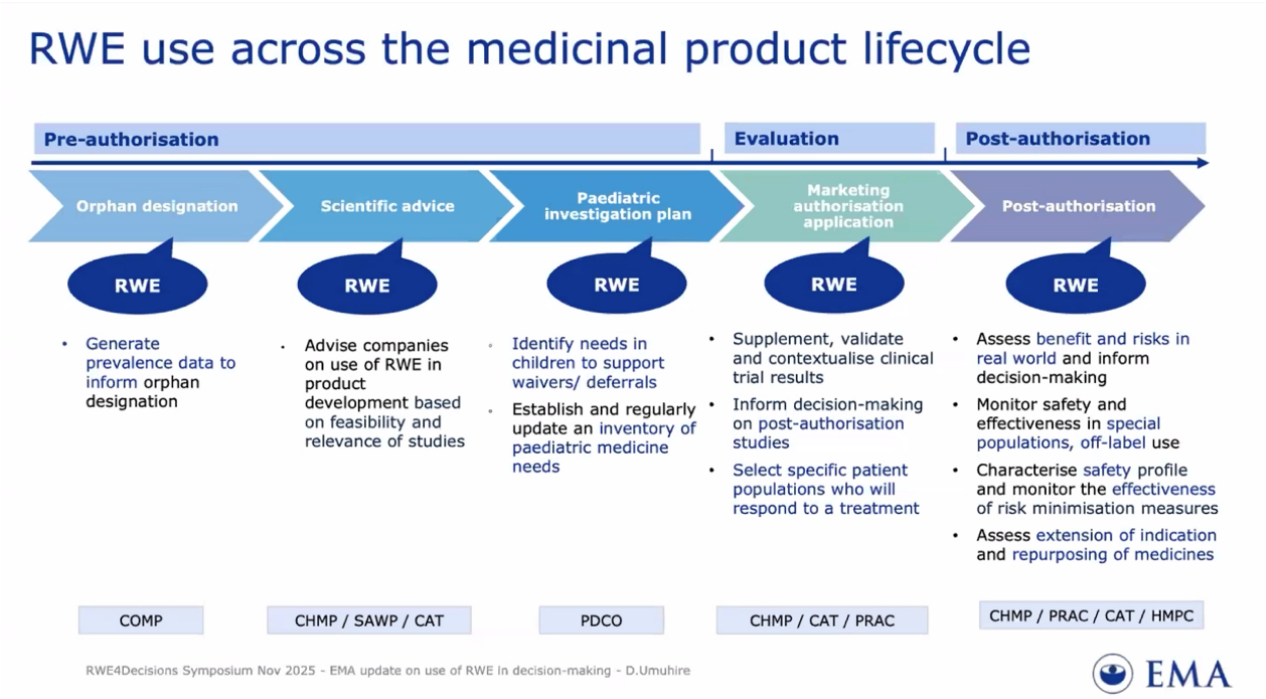
The final keynote presentation was delivered by **Denise Umuhire**, who outlined how RWD and RWE are increasingly integrated into the work of EMA, particularly through the use of initiatives such as DARWIN-EU.

In 2025, a position paper from the European Regulators' Network highlighted the key principles for evidence generation, underlining the place of the patient at the centre of the framework. It emphasised that evidence planning is driven by the research question, which determines the most appropriate data sources. While clinical trial data remains the core of benefit-risk assessments, clinical trials must be further sped up and optimised. Additional data, such as RWD, must enhance and complement clinical trial data, bridging evidence gaps to address all types of research questions. Transparency in evidence generation is necessary to build trust and support decision-making.

A recent EMA reflection paper clarifies the definitions and sources of RWD and RWE. From a regulator's perspective, there are three main areas for RWE use at the EMA:

1) **Understanding the clinical context:** when describing disease epidemiology, clinical management, and medicine utilisation.
2) **Supporting the planning and validity of clinical trials:** for feasibility assessments and evaluation of patient representativeness.
3) **Investigating associations and impact:** considering, for example, comparative effectiveness, association of signals with side effects, and the effectiveness of regulatory actions (e.g. risk mitigation measures), where robust methodology is critical.

As illustrated in the figure below, RWE has numerous purposes across the medicines' lifecycle:



While much RWE is generated by marketing authorisation applicants and academic institutions, over the last years, the EMA has developed three pathways to conduct its own RWD studies. Firstly, it has access to a limited number of **in-house databases,** which can be rapidly analysed to generate support for regulatory questions. Secondly, it **collaborates with research organizations**, who conduct the studies on the EMA's behalf, answering to more complex research questions and generating evidence to support upcoming assessments. Thirdly, it has created **DARWIN-EU,** a federated network set up in 2022, which contains several databases standardised into a common data model to analyse RWD. The project has 31 data partners, representing over 180 million patients from 16 countries around Europe and beyond. It includes several registries, hospital data sources, claims data, and an international data platform, enabling assessors to address regulator questions within 3-4 months.

The EMA publishes an annual report summarising RWE experience, including the types of research questions received, the requesting committee or stakeholder, the predominant disease areas, and key lessons learned. Examples of studies include:

1) A paediatric study assessing the availability of patients with juvenile polymyositis and dermato-myositis. The study demonstrated sufficient patients, resulting in the Paediatric Committee setting an obligation for the Marketing Authorization applicant to further investigate the feasibility of clinical trials in the age of interest.
2) A study for the HTA bodies to pilot the feasibility of understanding comparative effectiveness in non-small cell lung cancer, comparing immunotherapies with chemotherapy. The results were consistent with clinical trials and literature evidence around these specific treatments.
3) A study on the association between doxycycline and the risk of suicidality, showing no causal relationship could be established and that no update to the product information was needed.

To further enhance transparency and reproducibility, the Heads of Medicines Agencies/EMA have developed a catalogue of the studies, including their data sources, protocols, and study results. The analytical scripts used in DARWIN-EU will also be soon uploaded.

Multi-stakeholder panel discussion

The keynote speakers then joined a multi-stakeholder panel discussion to discuss **the opportunities and challenges arising** in supporting HTA/Payers' use of RWE and enabling patient access to innovative therapies during the **key implementation years of the HTA and EHDS Regulations (2025-2026).**

To begin, **Elizabeth Vroom** (World Duchenne Organisation) offered a patient expert's perspective on these developments. She recalled that a decade ago, the Duchenne Muscular Dystrophy community issued a manifesto advocating for improved secondary use of health data. She emphasised that, compared to clinical trials, RWD offers access to a far broader and longer-term data, capturing up to 30 years of disease progression. For this reason, RWE holds significant promise for the community. Importantly, she noted considerations relating to RWD must go beyond patients, to include the general public, who may be interested to have their data used for research purposes.

Cláudia Furtado (INFARMED, Portugal) then offered a public Payers' perspective, noting that RWD can help address key knowledge gaps at the time of the reimbursement decision, particularly during the negotiation and financing of new medicines. RWD can improve estimates of disease prevalence, the number of eligible patients, natural history, treatment pathways, and duration of treatment, which are essential for validating the economic and clinical studies. In more complex contexts, it can also support assessments of long-term effectiveness and comparative effectiveness, particularly for small or underserved populations that are underrepresented in clinical trials. She highlighted the importance of initiatives such as DARWIN-EU and the EHDS for leveraging existing data sources, identifying their limitations, and improving data availability, quality, and granularity, which are essential for ensuring that data is useful for decision-making.

The pharmaceutical industry's perspective was offered by **Matias Olsen** (EUCOPE), who expressed strong optimism about the EHDS. In his view, it responds to the rapid growth of health data generated through apps and devices, and the need for healthcare systems in Europe to accelerate digitalisation. He also pointed to advances in understanding the genetic drivers of disease, particularly in oncology; as this understanding grows, RWD and RWE will be needed to close evidence gaps that cannot be addressed by randomised clinical trials. Looking ahead, he highlighted the importance of JCAs to build trust and harmonisation, alongside the EHDS as a system for data-sharing. While implementation is complex, he stressed that the focus should remain on the true purpose of these mechanisms: accelerating patient access and closing evidence gaps.

The conversation then moved to an open Q&A with the audience, which highlighted the growing efforts to strengthen the use of RWD and RWE for regulatory and HTA purposes. Within DARWIN-EU 2.0, collaboration with HTA bodies has begun through pilot projects, moving from descriptive epidemiology towards more complex comparative analyses. While progress is being made, data access, quality, and heterogeneity remain key challenges, particularly in cross-country initiatives. Multi-stakeholder collaborations such as the Horizon Europe project, Real4Reg, illustrate both the potential and practical constraints of using RWD across several European countries, including legal barriers and differences in completeness and comparability.

The importance of making data FAIR[1] from the outset was emphasised by the patient expert, as this can significantly accelerate research compared to more complex federated approaches. While the multitude of disease-specific, product-specific, and national projects may appear fragmented, stakeholders agreed that these efforts are complementary insofar as they remain focused on the ultimate goal of improving patient-relevant evidence and access.

Looking ahead to 2026, participants expect important milestones: stronger patient involvement in HTA and data projects, reflection on the evidence already generated through DARWIN EU, and the first experiences JCAs under the new EU HTA framework. The implementation of the EHDS was seen as particularly critical. Continued commitment, methodological clarity, and early dialogue between stakeholders will be essential to ensure that RWE meaningfully informs decision-making and accelerates patient access to innovation.

[1] Nawel Lalout, Elizabeth Vroom et al, 'The FAIR journey of a patient-driven registry: Reflections and practical solutions from the Duchenne Data Platform FAIRification experience' (J Neuromuscul Dis, 1 Oct 2025).

Breakout Room Session: Reducing decision-relevant uncertainties using fit-for-purpose RWD

Following the keynote addresses and multi-stakeholder panel, participants split into three breakout rooms focusing on EU Payers, EU HTA, and international (UK and Canada) to discuss how to reduce decision-relevant uncertainties using fit-for-purpose RWD. These breakout rooms were facilitated by **Benedetta Baldini** (European Social Insurance Platform, ESIP), **Anja Schiel** (Norwegian Medicinal Products Agency, NoMA), **Andre Vidal-Pinheiro** (Takeda), **Colette Raymond** (Canada's Drug Agency, CDA-AMC), and **Eleanor Yelland** (UK National Institute for Health and Care Excellence, NICE), with the support of scribes **Melinda Hanisch** (MSD), **Matias Olsen** (EUCOPE), and **Rafaël Minacori** (Chiesi).

Discussions highlighted several key themes and challenges, including the persistent need for high-quality and timely data collection, the importance of engaging a broad range of stakeholders, methodological and access barriers to using real-world evidence, and opportunities for system improvement through initiatives such as the EHDS.

The need for high-quality and timely data collection

- The lack of comparator data in initial HTA assessments is a major issue, especially for rare diseases, making robust recommendations difficult and highlighting the need for earlier and more agile data collection. This challenge was particularly noted in the UK and Canada.
- Data quality remains a significant barrier to the effective use of RWE. Clear and consistent communication regarding data sources and analytics, and the methods used to assess them, is essential to build confidence in RWE and address methodological concerns.
- For EU Payers, the discussion highlighted the need to focus on "low-hanging fruits" and leverage existing datasets for multiple purposes while awaiting improvements from initiatives like the EHDS.
- RWE can inform the scope of JCAs by helping to identify key comparators and relevant clinical evidence across countries.

The importance of engaging a broad range of stakeholders

- Early engagement by HTA bodies and HTDs with patients and collaboration with patient organisations are critical to identify and address issues promptly (e.g. secondary disease impacts), ensuring that data collection reflects patient perspectives and experiences.
- Involving not only clinicians, but also a broader range of specialists, into the HTA process can help evaluate the wider impact of treatments, including social and demographic aspects.
- Patients are supportive of using RWE, and additional data (RWE or not) is welcomed to inform decision-making.

The use of RWE in HTA/Payers decisions-making

- RWE is increasingly used to address uncertainties in clinical trials, inform managed entry agreements, and support reassessment of therapies, not only for new medicines but also for older and high-wolume, such as those for obesity.
- RWE is expected to play a significant role in JCAs, not only for initial launches but also for future reassessments, helping to fill evidence gaps and inform both initial and post-launch processes.
- In the HTA context, RWE can help characterise disease, define relevant comparators to better inform the scope, and complement randomised controlled trials data, especially for

comparators and populations not foreseen in original studies. Advance preparation and early scientific advice are needed to ensure RWE quality and timely access to reliable and relevant data.

- The fast timeline of JCAs and the need for early discussion on post-launch evidence generation were emphasised, with RWE potentially playing a crucial role in reassessment.
- RWD can be utilised to achieve savings for Payers, for example reassessing established treatments and helping to ensure that reimbursement frameworks remain aligned with the delivered value.
- RWD can support learning healthcare systems and help payers assess the impact of not only individual products, but also entire classes of treatments over time.

Methodological and access barriers to using real-world evidence

- Access to RWD varies across countries, with companies tending to prioritise countries where data access is faster. This creates disparities and challenges in harmonising data collection and use.
- Methodological issues, such as the HTA body selection of appropriate comparators and the completeness of data, remain unresolved and require ongoing attention. For example, in conditions such as sickle cell disease, this creates significant challenges for HTA bodies as their decisions must often be made with limited evidence.
- Rountine data collection with patient consent is a challenge, especially regarding secondary use of data for research. Solutions include anonymisation and negotiating data gaps during Payer-industry discussions.

Opportunities for system improvement through other initiatives

- The EHDS Regulation is expected to improve data systems and facilitate cross-country data integration, but in the meantime, Payers are encouraged to optimise existing resources and fill gaps in current datasets.
- Linking health, social, and demographic data can create a fuller value picture for reassessment and resource optimisation.

Closing Session: How can we better mobilise the use of RWD in HTA?

Moderated by Karen Facey, RWE4Decisions Facilitator

The closing session of the Symposium brought together members of the RWE4Decisions Steering Group to reflect on the future of RWE in 2026, the importance of stakeholder collaboration, and strategies to better mobilise RWD in HTA. The panel included **Eric Sutherland** (Senior Health Economist, OECD), **Lara Wolfson** (Associate Vice-President & Head, HTA Statistics, MSD), **Niklas Hedberg** (Chief Pharmacist, TLV), and **Francis Arickx** (Head of Pharmaceutical Policy Directorate, INAMI-RIZIV), each offering perspectives shaped by their diverse roles in policy, industry, HTA, and payer decision-making.

RWE4Decisions Steering Group reflections: RWE4Decisions in 2026 – supporting stakeholder collaborations and dialogues

Eric Sutherland opened the discussion by emphasising that the true value of digitalisation in health systems is not in the technology itself, but in the data it generates. Historically, digitalisation efforts have focused on eliminating paper rather than prioritising data as a strategic asset. Eric called for a shift in mindset among policymakers, urging them to take ownership of the data narrative and to recognise data as a core asset for decision-making. Policymakers, not technologists, must drive the agenda to unlock the value of interoperable health data, as only they have the authority and incentive to ensure data serves broader health system goals. Currently, 30% of the world's data are in health, and health uses less than 5% of it.

Lara Wolfson built on this by highlighting the importance of data curation and consistency across the entire lifecycle of medicine's development and use. While there is a wealth of RWD available, its utility is often limited by inconsistent collection practices and a lack of integration across different sources and geographies. Lara advocated for a broader view of data sources, including those outside the traditional health sector, and called for the adoption of common data standards to enable interoperability. The challenge of transportability (using data collected in one context to inform decisions in another) can only be addressed through rigorous curation and harmonisation. Industry and other stakeholders need to align on standards such as OMOP (Observational Medical Outcomes Partnership), so that data generated by different actors can be integrated and used effectively for public health.

Niklas Hedberg offered perspectives from both Swedish and European contexts, predicting that the use of RWE in HTA will continue to increase, particularly as it becomes more embedded in regulatory processes such as JCAs and scientific consultations. There is a need for greater alignment on what constitutes high-quality real-world evidence, and it goes beyond data quality to include agreement on assumptions, hypotheses, and the validity of evidence for decision-making. The importance of a lifecycle approach, where RWE is used not only for initial assessments but also for appraisals, reassessments, and optimisation of therapies. Niklas cautioned that while some data are better than none, not all data are equally valuable, and stakeholders must agree on clear criteria for what makes data fit-for-purpose.

Finally, the RIZIV-INAMI representative, **Francis Arickx**, highlighted the need to use RWE throughout the lifecycle of a medicine, not just for new medicines, but also for older therapies, especially when considering repurposing to new indications, or optimisation of use. He stressed the importance of linking clinical and socioeconomic data to inform reimbursement and resource allocation decisions, and called for pragmatic approaches that focus on filling evidence gaps and leveraging existing data. Standardisation is essential, and stakeholders need to agree on a common data standard and to focus on generating actionable evidence rather than debating the merits of different technical approaches. Managing expectations and fostering collaboration among all parties involved is also a key to success.

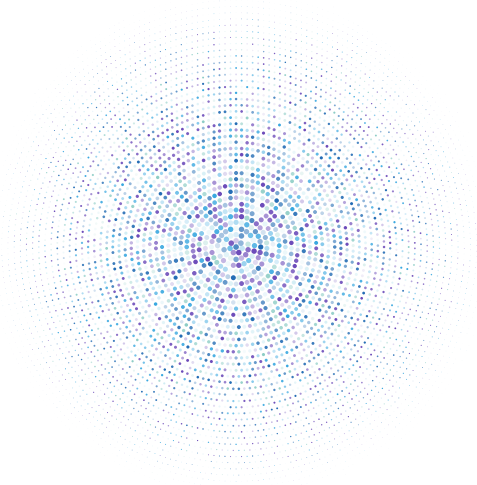
Steering Group members subsequently addressed questions from the audience regarding data standards, with consensus emerging around the value of OMOP and the DARWIN-EU network as current best practices for harmonising and federating data collection across borders. However, it was acknowledged that no single standard is perfect, and that flexibility and ongoing evolution of standards will be necessary as capabilities and needs change.

In their **closing reflections** on priorities for 2026 and beyond, panellists agreed on several key points:

- The need to define and adopt fit-for-purpose standards for RWE
- The importance of effective communication and collaboration across sectors and policymakers
- The value of focusing on practical solutions that address real-world challenges

They called for continued dialogue, transparency about obstacles, and a willingness to learn from both successes and failures. The session concluded with a call to action for all stakeholders to work together towards “better data, for better decisions, for better lives,” echoing the Symposium’s central theme.

François Meyer closed the meeting by reaffirming the commitment of the RWE4Decisions community to ongoing collaboration and continuous improvement. The RWE4Decisions 2026 Work Plan is ambitious, and the insights and proposals gathered during the Symposium will help shape future efforts. He encouraged all participants to remain engaged and to contribute to the shared goal of advancing the use of real-world evidence in health decision-making, together with RWE4Decisions.



RWE4Decisions REAL WORLD EVIDENCE

RWE4Decisions is an HTA/payer-led multi-stakeholder learning network, which has developed Stakeholder Actions that will better enable the use of real-world evidence in HTA/payer decisions about highly innovative technologies.

RWE4Decisions brings together experts from all stakeholder groups to engage in dialogues that consider how fit-for-purpose RWE can be generated over the life cycle of **highly innovative medicines** through:

- horizon scanning systems that identify medicines which are most likely to need RWE
- identifying what RWE is needed to inform HTA/Payer decisions
- clarifying how RWE should be generated by stakeholders and evaluated by HTA/Payers
- aligning planning and execution of effective Post Launch Evidence Generation (PLEG) studies.

The RWE4Decisions Secretariat is provided by FIPRA, with sponsorship in 2025 by the European Confederation of Pharmaceutical Entrepreneurs (EUCOPE), Astellas, AstraZeneca, Gilead, MSD, Roche and Takeda.

For further information, to watch the recording of the 2025 Symposium, and to access the slides and speakers' biographies, visit our website.

What are you are doing to progress learnings on the use of RWE?

Contact us at secretariat@rwe4decisions.com to join the RWE4Decisions Learning Network