

POLICY PAPER

10 recommendations to improve EU innovation procurement in healthcare



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Executive summary

The Procure4Health (P4H) project has nurtured a community of European Health organisations focused on advancing innovation procurement. During its lifetime, the 33 founding partners have actively promoted knowledge sharing and capacity building, networking and matchmaking, needs identification, and the launch of joint actions to address them. Among other resources, it has authored an Action Plan, a guide to transform procurement practices in health and care service organisations.

Before the project officially concluded in June 2025, the partners developed a set of policy recommendations outlining concrete measures to help policymakers understand the barriers and priorities of innovation procurement in healthcare. The recommendations are:

- 1** Empower healthcare managers and opinion leaders to make innovation procurement a strategic priority.
- 2** Support the creation, alignment and uptake of standards and guidelines.
- 3** Foster the learning-by-doing of stakeholders and the delivery of targeted support.
- 4** Strengthen EU-wide collaboration and knowledge exchange.
- 5** Increase predictable, broad-scope funding on innovation procurement calls.
- 6** Adopt Value-Based Healthcare and Value-Based Procurement as guiding principles in healthcare transformation.
- 7** Enforce measures to systematically increase the adoption of successful results.
- 8** Provide clear rules and updated guidance to accelerate the uptake of innovation.
- 9** Reinforce existing networks to maximise strategic impact.
- 10** Align procurement with health system priorities: green, digital, integrated and precise.

Besides, the partners have collaborated with the broad ecosystem to prioritise common unmet needs that could be addressed using the innovation procurement approach. These unmet needs are grouped into four categories to make the delivery of care green, digital, integrated, and precise.



Rationale and objective

Innovation procurement is an approach that addresses unmet needs in healthcare systems by enabling the acquisition of novel solutions that enhance the quality, efficiency, and sustainability of care. It stimulates market uptake of emerging technologies, supports the scaling of successful pilots, and aligns public spending with broader policy goals. When implemented effectively, innovation procurement allows healthcare providers to become early adopters of high-impact and high-value innovations while reinforcing Europe's leadership and competitiveness, as recognised in the Draghi, Letta and Heitor reports.

The collaborative exercise promoted by P4H is a unique opportunity to inform policymakers about the benefits of investing in lowering barriers for innovation procurement. Fostering opportunities at the individual and cross-border level enables healthcare systems to pool resources, expertise, and demand to address shared challenges more efficiently. Streamlining tendering and contracting processes reduces administrative burdens and improves cost-effectiveness. Harmonised criteria promote regulatory compliance, interoperability, and consistent care quality across borders while reducing market fragmentation. Moreover, joint procurement incentivises suppliers to invest in innovation and sustainability by guaranteeing large-scale demand aligned with EU priorities.

This paper provides policymakers with the real-world experiences of actors in the field while advocating for improvements to overcome barriers and boost effectiveness and sustainability. Based on the P4H project's experiences and lessons learned, it makes recommendations and proposes measures to enhance understanding, capacity building, and scaling up of innovative procurement across Europe. It also provides a validated list of common unmet needs in four key areas: green, digital, integrated, and precision care.



References

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Policy recommendations

1 Empower healthcare managers and opinion leaders to make innovation procurement a strategic priority.

Investing in innovation procurement requires leadership commitment. When top and middle management support it, public organisations are better positioned to identify unmet needs, plan strategically, and allocate resources that lead to meaningful innovation. Yet innovation procurement remains a side topic in many cases, limited by risk-averse decision-making, short-term planning, perceived lack of support from decision-makers, or rigid budget structures. Encouraging leaders to take a more active role through strategic alignment, dedicated funding, and capacity-building can shift the organisational culture toward innovation. This is essential to move from isolated efforts to sustained, system-wide adoption of demand-driven solutions.

Proposed measures

1. Engage with the EC, national, and regional public administrations to increase the percentage of funding allocated to acquire innovation, either by using innovation procurement instruments directly or by significantly reducing the weight of price in their tenders. Also, set mandatory innovation procurement targets at the European level, which should be replicated at the national level.
2. Launch capacity-building initiatives targeting top and middle management to motivate the investment, reduce risk perception, and incorporate it into their strategic planning.
3. Advocate for allocating budgetary and personnel resources for the systemic identification of needs and their governance until solution deployment, effectively changing the organisational mindset to favour innovation.

2 Support practical guidance, tailored assistance, and shared learning mechanisms

While high-level, comprehensive guidance is already available, its implementation in the health and care sector remains highly fragmented, and each case brings unique challenges. Procurers therefore need more than theoretical frameworks: they require concrete examples, hands-on tools, and tailor-made assistance adapted to the specific context of their organizations and projects.

To help overcome fragmentation, it is crucial to foster the exchange of experiences and good practices, providing procurers with a repertoire of reference cases in the healthcare sector while ensuring flexibility for local adaptation. Establishing a dedicated European Innovation Public Procurement Observatory for this particular sector (that could be enlarged on a later stage to cover other areas) would play a central role in this effort, serving as a hub for knowledge exchange, mutual learning, and expert support, ultimately enabling procurers to make innovation a realistic and feasible choice.

Proposed measures

1. Promote EU-endorsed frameworks, certifications, and reference tools that can facilitate complex procurements in deep-tech areas, while also supporting the assessment of environmental and social impacts.
2. Continue funding initiatives that create, update, and disseminate practical resources (such as guidelines, model tenders, and case studies) to accelerate the acquisition of innovative and complex solutions while harmonising and gathering all the knowledge at a central point.

3. Strengthen mechanisms for sharing know-how and good practices across the health and care sector, including success stories and lessons learned, and consolidate these efforts through a dedicated Innovation Public Procurement Observatory that acts as a hub for exchange, tailored assistance, and continuous learning.

3 Foster the learning-by-doing of stakeholders and the delivery of targeted support

Entities assessing the advancement of innovation procurement recommend investing in education and skills. Modern capacity-building methodologies suggest hands-on training significantly impacts learners more than plain theory consumption. New training approaches should combine theory with on-the-job scenarios based on the learners' reality, leveraging lean methodologies. Capacity building should involve all stakeholder types, from management to financial oversight, to streamline later full-blown deployment.

Proposed measures

1. Launch hands-on training programmes that combine theory with real innovation opportunities drawn from participants' organisational context, encouraging immediate application and cross-functional collaboration.
2. Support modular learning paths tailored to different roles (e.g. technical staff, legal experts, financial controllers), with shared sessions to build a common understanding across departments.
3. Design and pilot lean training formats that simulate a full innovation procurement process on real cases using simplified and less demanding approaches. These formats should mirror the key steps and roles involved, while remaining short, practical, and low-cost.

4 Strengthen EU-wide collaboration and knowledge exchange

Cross-border healthcare coupled with joint procurement makes EU purchasing more efficient, reduces costs and broadens access to innovative solutions. Regular cooperation among procurement professionals, clinicians and managers allows them to share best practices, co-design tenders, and confidently navigate cross-border rules. At the same time, exchanges with suppliers, user organisations, knowledge institutions and intermediaries help all parties stay updated and set up feedback loops.

Procure4Health has promoted this through the project activities (as the working groups and twinnings) and exchanges through the online platform and multiple events. However, once the project is over, the partners may be unable to continue delivering value at the same pace.

Proposed measures

1. Facilitate the formation of cross-border consortia to undertake joint procurement and pool demand.
2. Nurture communities of practice, networks and collaborative platforms where healthcare providers interact with one another and the ecosystem. The measures proposed in this paper affect many stakeholders, so their coordination is *sine qua non* to avoid adverse reactions while addressing the broad scope of topics within the area.
3. Connect the ecosystem through regular face-to-face conferences and niche workshops to facilitate continuous learning and collaboration.

5 Increase predictable, broad-scope funding on innovation procurement calls

Being innovation procurement a key instrument to increase EU competitiveness, it should receive higher funding to fulfil its potential across the funding sources available, such as FP10, ERDF, EFSD+, or through the European Investment Bank. At the regional level, Smart Specialisation Strategies could incorporate the principles of demand-driven innovation and allocate resources to promote it over time with their own funding.

Beneficiaries of funding opportunities are public organisations that operate at a relatively slow pace, making it difficult for them to align their internal readiness with the timing of funding calls.

Additionally, narrow-scope topics limit their options to address their truly unmet needs, tempting them to submit proposals that do not fully align with their priorities. Those bottom-up, real-world priorities should be collected and considered when drafting the calls.

The more they can anticipate predictable and broad-scope funding opportunities, the better they can organise themselves to submit proposals that address their true unmet needs. This should increase the chances of solution adoption after the funding has been received.

Proposed measures

1. Increase funding for innovation procurement from EU, national, and regional sources.
2. Launch funding calls periodically, with a broad topic scope and minimum prescription, so public procurers can anticipate and prepare them accordingly.
3. Collect real-world needs from the ecosystem to align public funding with procurers' priorities.

6 Adopt Value-Based Healthcare and Value-Based Procurement as guiding principles in healthcare transformation

Value-Based Healthcare (VBHC) is about achieving better outcomes for patients with the resources that are available. A key part of this approach is Value-Based Procurement (VBP). When applied, it allows procurement professionals—working alongside clinicians and healthcare managers—to help implement promising new innovations earlier and improve the financial stability of healthcare services, while also delivering outcomes that matter most to patients. This approach benefits patients, healthcare providers, payers and suppliers alike and is enabled by provider organisations involving their procurement colleagues earlier in innovation activities.

Despite increasing interest and growing experience, VBP requires both technical and cultural change and still encounters some challenges. Particular issues are digital standards for collecting and sharing patient outcomes routinely and giving greater importance to long-term value and total cost of care, rather than just upfront price, when evaluating bids in healthcare procurement.

Proposed measures

1. Promote value-based risk-sharing mechanisms in procurement, such as outcome-based payment models and performance-based contracts, to incentivise innovation and high-value interventions and reduce activities of low value. Encourage the inclusion of Value Engineering clauses in procurement, to allow for changes and continuous improvement (and reduction of costs), to ensure the best outcomes of VBP.
2. Encourage longer-term partnerships for value with industry suppliers that promote

pathway-wide thinking and address health system challenges rather than a transactional focus on purchasing individual products at the lowest price.

3. Ensure that routine digital outcomes collection is standardised and considers the requirements for Value-Based Procurement in addition to clinical and patient uses.

7 Enforce measures to systematically increase the adoption of successful results

Numerous successful results produced using innovation procurement initiatives do not survive the "valley of death" of pilots and never get adopted. This undermines European competitiveness and harms the credibility of the procurement of innovation approach. Impactful innovation principles aim to maximise the likelihood that successful innovation results get adopted.

Early commitment from top management towards future adoption, or the definition of sound governance to facilitate a smooth transition from pilot to uptake, are best practices that can be incorporated by design during the process of co-creating innovation, always in compliance with public procurement principles.

Proposed measures

1. Update the proposal template and selection criteria of EC calls to incentivise commitment towards post-project adoption.
2. Support technical beneficiaries during collaborative R&D efforts to increase their chances of commercial traction afterwards.
3. Cultivate an *impact first* mindset by consistently messaging the ecosystem that generating impact and competitiveness is critical.

8 Provide clear rules and updated guidance to accelerate the uptake of innovation

Clear rules and regulatory understanding, as well as further guidance supported by experience is needed to address some uncertainties. A non-exhaustive list includes, how to safely select a fast-track PCP (as defined under Annex H) when applying for EC funding, the eligibility of co-creation partners under grant schemes in follow-up tenders, or the absence of streamlined post-project acquisition routes. An update of the EU public procurement rules should provide a clear definition of innovation procurement, and state that procurement shall not block innovation but contribute to it wherever possible.

Proposed measures

1. Clarify rules and procedures through accessible, authoritative guidance, enabling procurers and suppliers (especially SMEs and startups) to make more informed decisions. Particularly on the techniques that could accelerate innovation in all procurement procedures. This guidance should reinforce, not restrict, the flexibility provided by the EU procurement directives to enable innovation-friendly practices.
2. Update EU public procurement rules to include the definition of Innovation Procurement and enhance guidance to make procurement procedures innovation-friendly.
3. Launch dissemination campaigns to inform stakeholders about the updated guidance, targeting EU, national, and local policymakers, as well as the broader ecosystem. Engage the ecosystem in dialogues to jointly clarify the uncertainties.

9 Reinforce existing networks to maximise strategic impact

The European innovation procurement landscape is already served by numerous communities and networks supporting public buyers. While many of these networks are performing effectively, they also entail substantial administrative and coordination burdens. Launching new networks often requires replicating foundational efforts—such as establishing governance structures, building infrastructure, and recruiting participants—leading to fragmentation and dilution of efforts. Moreover, overlapping initiatives across DGs and units contribute to inefficiencies and a lack of strategic coherence.

The Commission should shift from expanding the number of networks to strengthening those that are well-managed, deliver proven value, and contribute meaningfully to the innovation procurement ecosystem. Networks should not be extended for the sake of continuity, but only when their impact justifies continued support and their governance ensures quality and coordination.

Proposed measures

1. Establish a shared strategic framework across relevant DGs and implementing units to identify, coordinate, and support sustainable procurement networks, with clear criteria to avoid duplication.
2. Focus future funding on maintaining and enhancing networks that have a strategic role, rather than initiating new ones unless a specific gap and added value are clearly demonstrated.

10 Align procurement with health system priorities: green, digital, integrated and precise.

Procure4Health procurers have collaboratively identified four common areas to align their innovation efforts with their strategic priorities and the European ones:

- **Green procurement.** Environmentally sustainable and socially responsible purchasing, as the EU Green Deal promotes.
- **Digital health.** Adoption of digital solutions to advance care quality and interoperability, in line with the EU Digital Decade.
- **Integrated care.** Coordinated services across sectors and levels supporting the European Health Union goals.
- **Precision medicine.** Precision and predictive care tailored to each patient as promoted by Europe's Beating Cancer Plan.

A Working Group for each area has identified unmet needs of common interest. These needs have been fine-tuned through exchanges with other health organisations outside the consortium and the broader ecosystem, including open market consultations with suppliers. As a result, the consortium has created a portfolio of topics of common interest among cross-border healthcare organisations.

Proposed measures

1. Consider these areas and topics when promoting policies.
2. Allocate funding in future Work Programmes to co-develop suitable solutions to those unmet needs.

Prioritized unmet needs

The 11 unmet needs identified by Procure4Health partners in collaboration with the broad ecosystem

GREEN PROCUREMENT

Develop and promote the use of sustainable healthcare products, such as reducing waste and pollution by prioritising circular solutions—like reusable or remanufactured devices, take-back schemes, and non-toxic materials—and cutting down on single-use plastics.

The focus is on creating solutions that mitigate the environmental impact of disposable clinical protection systems while ensuring effective pathogen protection. The goal is to minimize the negative effects on both the environment and human health throughout the product's entire life cycle, from manufacturing to disposal and waste management.

Identification, control, and surveillance of infectious diseases.

Periodic monitoring of vector populations involves periodic monitoring of vector populations using strategically placed traps. This helps determine species types, population density, and virus presence in transmitting species. Real-time data is crucial for timely surveillance, control, and communication actions to prevent Vector Borne Diseases (VBD). High-specificity capture devices are needed to quickly identify species and detect potential virus circulation. Surveillance systems should be developed to gather real-time data on vectors, pathogens, reservoirs, and hosts involved in the transmission cycle of VBDs.



Reduction of high consumption of water in healthcare and non-care processes in hospitals.

A single regional hospital consumes over 1,000,000 m³ of water annually on average. The most significant origins of this consumption are laboratories, dialysis, operating rooms (washing, suction), laundry, hygiene for staff and users, kitchens, etc. This water consumption has not only a large environmental impact but also a significant economic cost for Health Services, so it is essential to reduce water consumption in both healthcare and non-healthcare processes by addressing any of the phases involved in consumption, such as reducing usage or reusing discharge water.



INTEGRATED CARE

Home-based care and remote monitoring. To effectively implement personalized integrated shared care plans for patients living with multiple chronic conditions.

4% of the population leaving with multiple chronic conditions is responsible for up to 30% consumption of health care resources (primary and hospital health care). The number of such patients is expected to increase, further straining the healthcare system. The shift toward home and community-based care, along with advanced technologies in fields like oncology, cardiology, and neurology, can reduce hospital reliance and strengthen primary care. AI-powered alert systems and virtual assistants empower patients to take a more active role in managing their own care.

Improved monitoring and optimisation of resources for personalised lung cancer care.

Lung cancer is a leading example of personalized medicine, with only 15-20% of cases diagnosed at an early stage where surgery can be a curative option. Over the past decade, advances in genomic sequencing, particularly for non-small cell lung carcinoma (NSCLC) adenocarcinoma, and the development of targeted therapies and immunotherapy have revolutionized treatment for patients at advanced stages. Survival rates have improved significantly, from 5-10% to 35-60% at five years. Despite this progress, patient follow-up lacks standardization, relying mainly on expert consensus. The current challenge is to integrate clinical data and test results to develop predictive models, improving continuity of care and resource optimization.



DIGITAL HEALTH

Comprehensive patient surgical circuit management system.

The need arises from the absence of a surgical pathway management system in Public Healthcare systems, which would cover everything from procedure indication to patient discharge. The system should manage waiting lists, schedule procedures based on various patient parameters, and allocate operating rooms efficiently. It would also integrate with basic information systems to track health outcomes and standard procedure times. Implementing such a tool would optimize operating room capacity, reduce waiting lists, and improve patient health outcomes, ultimately leading to significant healthcare cost savings.



Cybersecurity for citizens secure access to their health data, including across borders, empowering patients in the precision medicine era.

Cybersecurity is crucial for ensuring secure access to health data, empowering patients in the Precision Medicine era. Precision Medicine changes the way healthcare is delivered, requiring patients to be aware of its impact, their rights, and how to safely contribute their data and samples. This shift calls for a cultural change in which medical consultations are more efficient, and patients are active participants in decision-making. The challenge is to promote Precision Medicine by enhancing communication, integrating it into clinical practice, safeguarding patient data, and facilitating research through secure and ethical processes.



Real-time information integration in invasive procedures.

Integrating real-time information into invasive procedures can improve efficiency, safety, and outcomes for patients by providing healthcare professionals with immediate access to critical data during surgeries. The system would combine preoperative and intraoperative information, 3D visualization for better anatomical understanding, surgical navigation, and simulation-based planning. This would allow professionals to anticipate complications, reduce errors, and improve decision-making. Additionally, it would support training in a virtual environment, facilitate tele-surgery, and assist in postoperative rehabilitation, ultimately reducing stress and anxiety for both professionals and patients.

PRECISION MEDICINE

Genomic neonatal screening.

Focuses on improving early diagnosis through population-based programs aimed at secondary prevention. Current neonatal screenings typically cover around 25 congenital diseases using biochemical methods like immunoassays and mass spectrometry, though they have limitations in sensitivity and specificity, particularly for conditions like cystic fibrosis. Precision Medicine, along with Next-Generation Sequencing (NGS), offers significant advancements by improving the accuracy of screenings. NGS, either as a first or second-level test, enhances diagnostic opportunities, allowing earlier detection of severe, treatable genetic diseases that lack biochemical markers.

Development, implementation, and integration of clinical, pathological, omics, and imaging biomarkers using Artificial Intelligence algorithms in genitourinary tumours with high incidence, prevalence, and mortality.

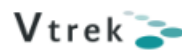
Prostate, bladder, and kidney cancers are common genitourinary tumours with high incidence, prevalence, and mortality. These cancers share several healthcare management challenges, including the need for improved early identification, the integration of prognostic markers, and the implementation of predictive markers for treatment response. To address these needs, innovative technology is required to: i) develop automated tools for integrating clinical, analytical, and radiological data, ii) establish new disease models and subgroups using radiological, histopathological, and omic markers, iii) identify responding patients, and iv) integrate all this information through an accessible interface to optimize disease management and resource allocation.



Selective therapies at the cellular level and precise diagnoses with radiopharmaceuticals for poor prognosis cancers.

For various types of cancer, especially those that are diffuse, infiltrative, or metastatic in nature, there are no effective treatment alternatives. In many of these cases, the patient is in very poor condition. At the same time, some new therapies are too expensive and difficult to be sustained by the public healthcare system. Neutron capture therapy, known as BNCT (Boron Neutron Capture Therapy), is an experimental external radiotherapy that could provide a treatment hope in these cases. Other selective therapies at the cellular level are those using radioisotopes incorporated into molecules that bind to specific receptors overexpressed on tumour cells. Therefore, it is essential to develop more effective, shorter, and more cost-efficient therapies. As a result, patients who do not respond to currently available therapies could improve their survival and quality of life, and it would help to optimize resources and reduce costs in palliative care.

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