

Innovate or stagnate?

**How science can drive us
forward, together.**



We need political courage to critically assess whether current policies are designed to delay innovation and limit spending, or whether they aim to recognize scientific advancement and improve health outcomes. Medicines and healthcare spending should not be viewed as costs but as investments in society.

SAMUEL HOLLIS

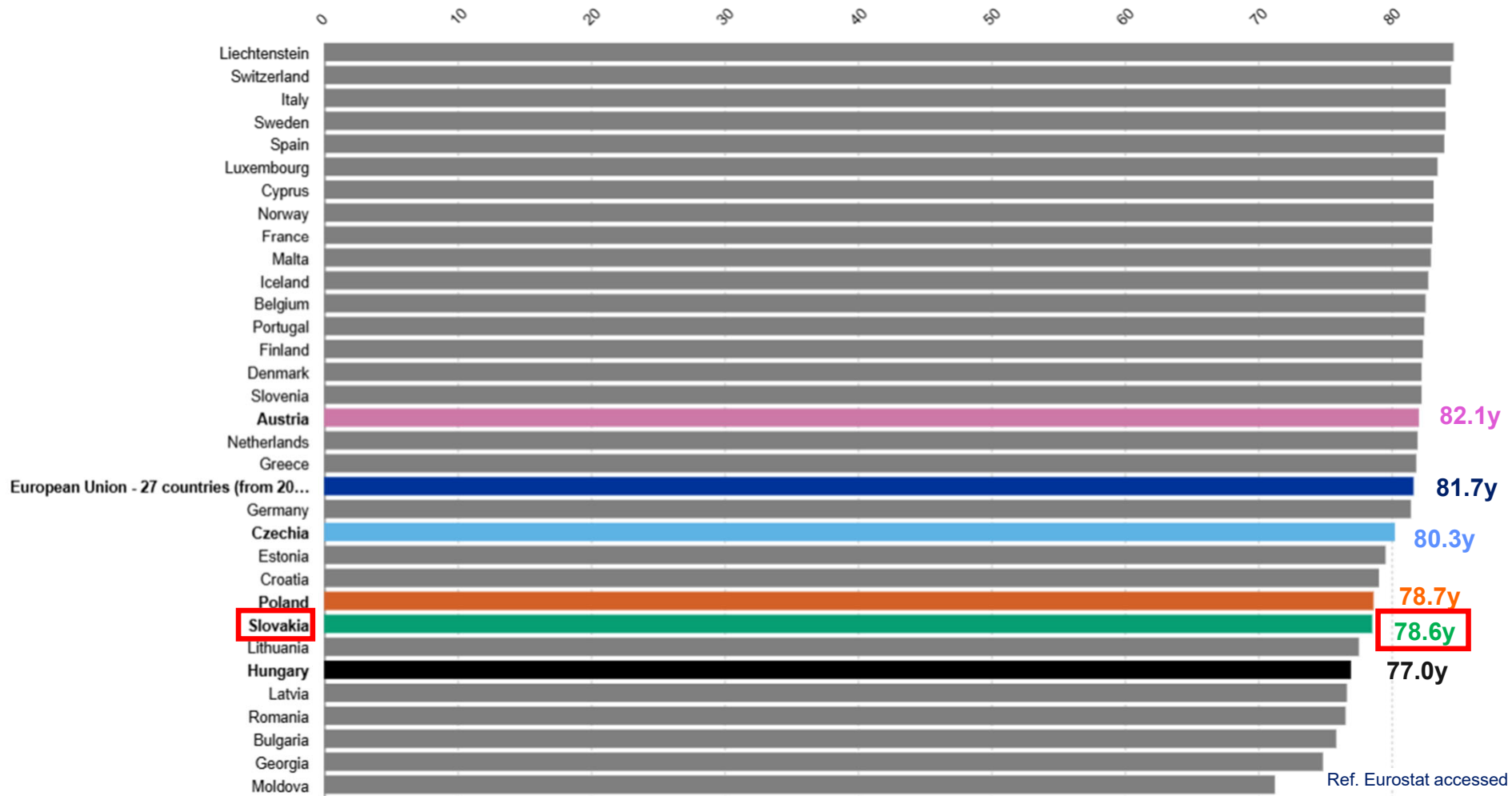
Country President,
Novartis Slovakia

**CARE
DATA
COSTS**

BRATISLAVA
MAR 3
2026

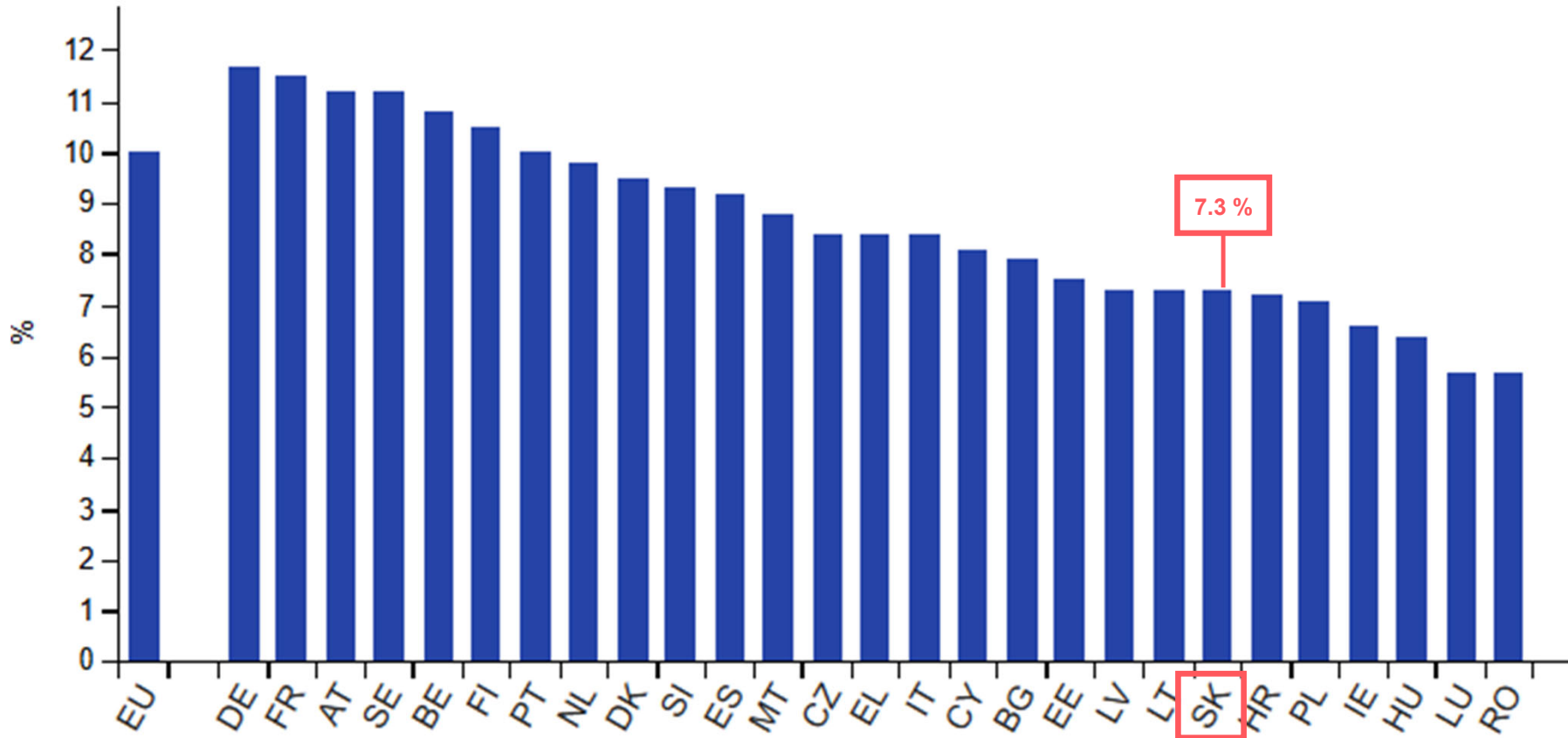


Life Expectancy at Birth, 2024, SK -3.1y below EU27

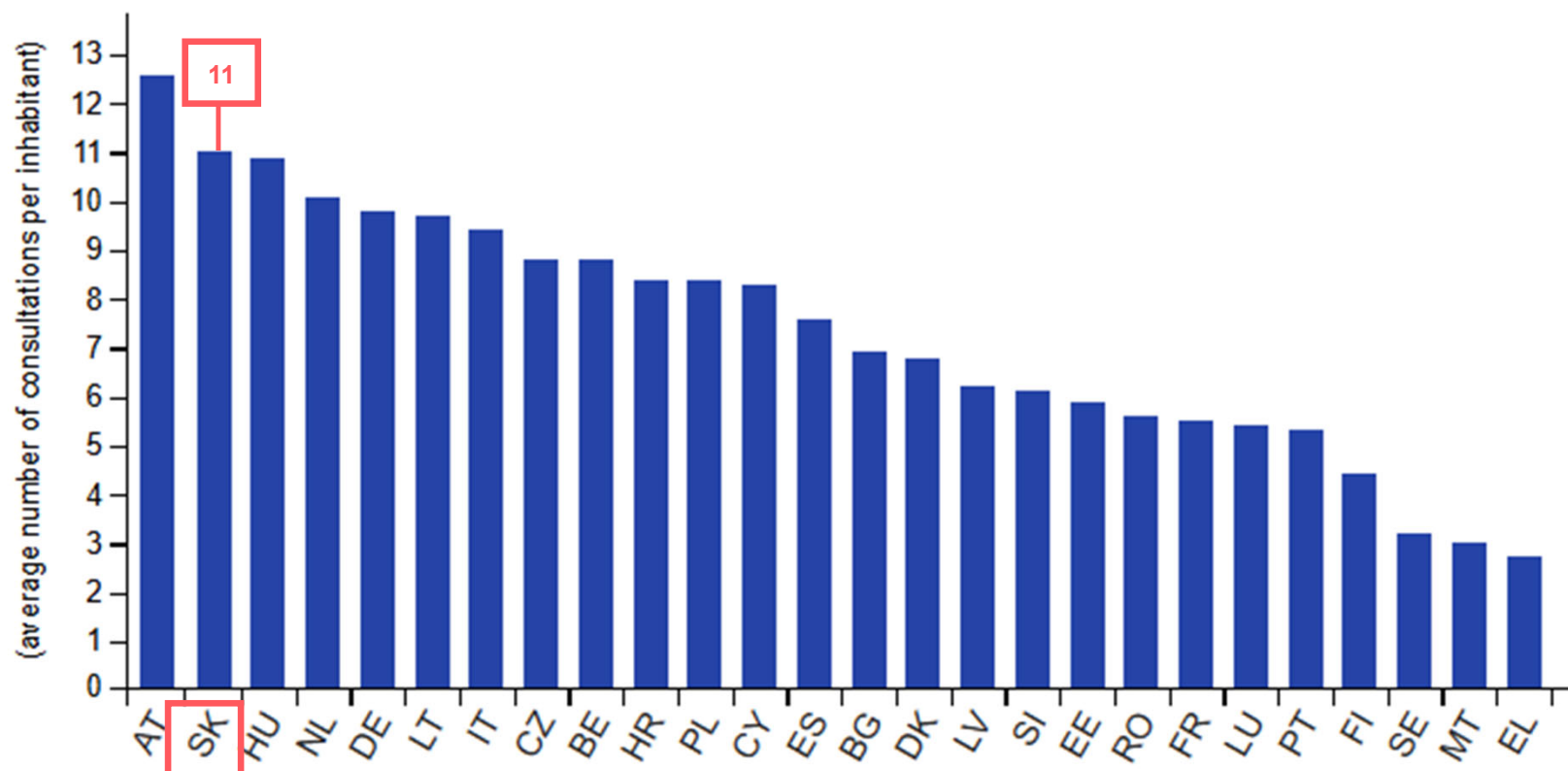


Ref. Eurostat accessed 20/2/26

Healthcare expenditure relative to GDP, 2023

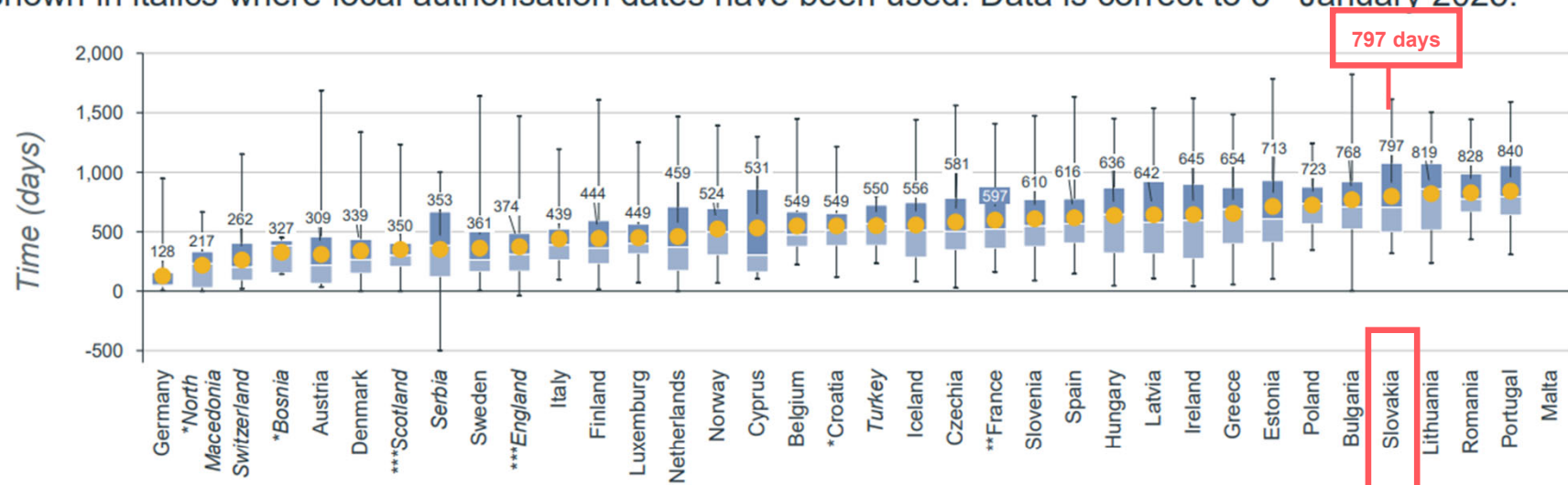


Consultations of a medical doctor per inhabitant per year, 2023



Time to availability of new medicines, 2020-2023

The **time to availability** is the days between marketing authorisation and the date of availability to patients in European countries (for most this is the point at which products gain access to the reimbursement list[†]). The marketing authorisation date is the date of central EU authorisation in most countries, except for countries shown in italics where local authorisation dates have been used. Data is correct to 5th January 2025.

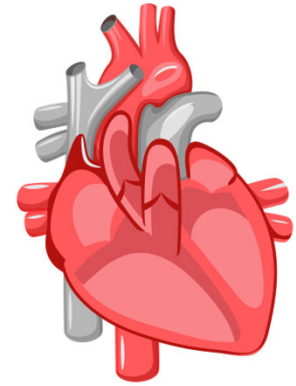


Available medicines / 173	156	13	127	15	142	103	98	16	86	113	143	87	101	100	64	63	88	46	6	59	106	103	86	123	47	31	53	75	42	68	91	47	28	33	94	17
Dates submitted / 173	156	9	81	7	141	79	98	13	86	113	143	85	89	100	62	15	88	32	6	59	102	80	85	123	47	28	53	55	41	65	90	47	26	33	50	1

■ Upper Quartile ■ Lower Quartile | Maximum / minimum — Median ● Mean (mean days)

European Union average: 578 days (mean %) (Note: Malta is not included in EU27 average as only 1 date was submitted in total †Country specific definitions are listed in the appendix. *Countries with asterisks did not complete a full dataset and therefore availability may be unrepresentative **For France, the mean time to availability (597 days, n=80 dates submitted) includes products under the Accès précoce system (n=4 dates submitted) for which the price negotiation process is usually longer. If one considers that products under the Accès précoce system are directly available (time to availability = 0), the average time to availability is 570 days. ***In the UK, MHRA's Early Access to Medicines Scheme provides access prior to marketing authorisation but is not included within this analysis, and would reduce the overall days for a small subset of medicines. In this analyses, MHRA dates have been used for 2021, 2022 and 2023 products and EMA dates used for 2020 products

Working together, towards a shared goal



Initial landscape

- **CVD is the biggest killer in SVK:** 1 in 6 patients after ACS die within the first year after discharge
- Lack of structured transitional care
- No regular CV rehabilitation or secondary prevention programs
- Need of standardization of post-ACS management and comprehensive risk factor control

Project IMPAKS

- **Pilot programme evaluating the effect of an intensified, standardized outpatient management within the secondary prevention, during the first year following discharge after STEMI**
- **Created and led by Slovak Cardiology Society and supported by Novartis**
- Based on a memorandum signed with Slovak Cardiology Society, MOH, Novartis and patient organization Union for a Healthier Heart
- 1000+ patients, 4 centres



Ministry of Health



Slovak Cardiology Society



HIC Dôvera



Union for a Healthier Heart



Novartis

Key learnings? Purpose-led collaboration is key

Results? Strong preliminary results regarding **key risk factor management from the first to the last visit**, specifically LDL-C, blood pressure, ejection fraction and smoking cessation – results expected at European Society of Cardiology Munich 2026