S3 Connected Health

Strategy | Solutions | Platform

How Pharma Can Use Behavioral Science to Balance Global Strategy with Local Relevance

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Introduction

Pharma companies increasingly recognize that delivering healthcare programs at scale requires more than strong global direction. While global strategies provide consistency, strategic alignment, and compliance, their real-world success depends on how well they adapt to the structural, cultural, and behavioral realities of local healthcare systems.

Healthcare systems are shaped by clinical workflows, reimbursement structures, physician incentives, operational constraints, cultural expectations, digital maturity, and patient behavior. As a result, even when clinical objectives remain broadly consistent across markets, the environments in which those objectives must be achieved can vary significantly.

This raises a challenge for pharma companies that want the consistency and scalability of a global strategy and the relevance of local adaptation, while avoiding duplication of effort, fragmented solutions, or multiple vendors rebuilding similar work across markets.

Historically, many pharma companies have either had highly centralized global models or extensive local customization. Both approaches have limitations. Excessive standardization often fails because it overlooks the operational realities shaping adoption within local healthcare systems. Excessive localization, meanwhile, creates fragmentation, duplicated investment, inconsistent experiences, and the rebuilding of similar capabilities across markets.

However, it is not a binary choice. The more important challenge is determining which aspects of healthcare engagement are fundamentally universal and which are genuinely shaped by local context.

Behavioral science provides a framework for making these decisions systematically. By distinguishing between universal behavioral barriers and local implementation realities, organizations can determine what should remain globally standardized, where adaptation genuinely creates value, and how to scale solutions without sacrificing relevance.

This whitepaper presents a practical framework for doing that. It demonstrates why most behavioral barriers are universal, why most implementation realities are local, and how successful global pharma programs standardize the behavioral backbone while adapting environmental fit.

The industry challenge: Global strategy or local relevance?

"Every global company faces the tension between efficiency through consistency and local relevance through customization. In healthcare, the stakes are particularly high because the differences between markets, and increasingly between individuals, are so important to acheive best health outcomes."
Richard Cassidy, SVP, Astellas Pharma

In today's global healthcare landscape, where scientific innovation transcends borders, physicians collaborate internationally, and digital communication enables the rapid sharing of clinical information, product narratives, and patient experiences, achieving global consistency is more important than ever. These factors make aligned strategic narratives and standardized processes that function efficiently across different markets even more important.

At the same time, healthcare delivery remains profoundly local.

While pharma companies operate globally, patient care is delivered within national and regional healthcare systems that differ significantly in structure, incentives, workflows, reimbursement models, regulatory expectations, and operational realities.

This creates a fundamental challenge for pharma organizations: how can they preserve the strategic value of a global approach while remaining relevant within highly variable healthcare environments? And the key is understanding which aspects of healthcare engagement are fundamentally universal and which genuinely require local adaptation.

Building the right organizational model

Successfully navigating this challenge requires the right organizational structure.

A strong global team with clear strategic objectives, KPIs, and direction, bringing a wealth of experience to the table, is the starting point. Over time, global teams develop experience across multiple markets and become better at distinguishing genuinely important local needs from differences that may not require significant adaptation.

> *"Global teams themselves should not exist in isolation. The strongest organizations often rotate people from local markets into global roles so they can bring local experience into broader strategic decision-making while also gaining a wider perspective themselves."*
> *Richard Cassidy, SVP, Astellas Pharma*

Within that strong global team, representatives from major markets should be invited to participate directly in research discussions, strategy development, and the interpretation of insights.

Local affiliates bring valuable expertise because they understand their own markets in depth and bring a detailed understanding of their own healthcare systems, regulations, cultural norms, reimbursement environments, and physician behaviors, but they may not always have visibility into how other markets operate. Global teams, on the other hand, usually have a broader cross-market perspective, but may lack a detailed understanding of local nuances.

The intention is not necessarily to reflect every market perfectly, but rather to ensure that the realities of the most commercially and strategically important markets are embedded in the foundation of the global strategy.

> *"In terms of benefits, one of the most valuable outcomes of this approach is the quality of insight it produces. When you bring all stakeholders together across functions and regions you get a much richer understanding of opportunities, barriers, and real-world challenges."*
> *Claudia Cramer, VP Global Asset & Commercial Strategy, Merz Therapeutics*

This co-creation approach also delivers organizational benefits beyond strategy development itself. Involving local affiliates early increases engagement, motivation, and alignment because both local and global teams feel they are contributing to a shared process rather than operating in isolation. Affiliates excluded from the design of a global program are far more likely to resist or rebuild it, regardless of its quality.

> *"We must bear in mind that global teams are made up of individuals who come from specific local markets themselves. Nobody starts out as a "global" person; everyone has experiences shaped by their own healthcare system, market environment, and professional background. Even when someone is trying to think globally, their own background can influence how they prioritize or interpret what local affiliates are saying.*
>
> *Because of that, I think the issue is often less about specific functions or activities and more about team dynamics and how global teams operate together. If a global team is structured in a way that includes meaningful representation from key local markets, and if the team actively creates space to challenge assumptions and biases, then those dynamics can work very well."*
> *Richard Cassidy, SVP, Astellas Pharma*

The goal is disciplined adaptation

"Global teams often underestimate how powerful local adaptation can be, while local teams sometimes overestimate how unique their market is. There's often a belief at the affiliate level that "Our country is completely different; a global strategy could never work here." And while there's truth in the idea that local nuance matters, the reality lies somewhere in between. Not every global strategy will be relevant in every market, but equally, not every local variation is justified."
Sean Gill, Director of Behavior Science, S3 Connected Health

In practice, while meaningful local nuances certainly exist, many of the underlying clinical challenges, patient needs, and physician behaviors are remarkably consistent across markets. The core questions surrounding diagnosis, treatment initiation, adherence, patient confidence, and long-term disease management often look far more similar than different.

The role of global strategy is therefore to identify those patient and healthcare professional (HCP) needs, behaviors, and treatment challenges that remain consistent across markets, establishing a common strategic foundation.

Once this foundation has been established, organizations can then determine where local adaptation genuinely adds value. In practice, this often means distinguishing between non-negotiable global elements and areas where flexibility is appropriate.

Different companies take different approaches to managing this balance. Some operate with highly centralized models in which global strategy and materials are expected to be implemented largely unchanged except where regulation requires adaptation. Others allow greater local autonomy, particularly in markets that were not directly involved in the original co-creation process. In these cases, affiliates may be given more flexibility because there is recognition that certain local realities may not have been fully captured during development.

The key is to avoid either extreme.

"I've experienced both extremes: highly top-down approaches and more fragmented approaches where markets simply pick and choose elements of a global strategy. Neither tends to work well. What does work is involving everyone from the beginning, building the foundation together, and then iteratively refining it, brick by brick. For me, that collective ownership is what drives success."
Claudia Cramer, VP Global Asset & Commercial Strategy, Merz Therapeutics

The strongest approaches instead combine clear global strategic direction with meaningful local input, creating strategies that address shared patient needs while remaining grounded in the realities of clinical practice and healthcare delivery.

Ultimately, the objective is not complete standardization or unrestricted localization. The goal is disciplined adaptation: maintaining the strategic consistency and shared behavioral foundation of the global program while enabling targeted flexibility where local variation genuinely improves outcomes.

"The key point is that the global strategy is not developed in isolation. Instead, it is anchored in the realities of the most important local markets."
Claudia Cramer, VP Global Asset & Commercial Strategy, Merz Therapeutics

Key Takeaways

- **Most differences are environmental, not behavioral.** Patient and HCP needs are often shared across markets, while healthcare systems create the greatest variation.
- **Co-create global strategies with local markets.** Early affiliate involvement improves both strategic quality and implementation.
- **Don't mistake every local difference for a reason to localize.** Focus on the differences that will materially affect adoption and outcomes.
- **Avoid false choices.** The objective isn't complete standardization or unrestricted localization; it's disciplined adaptation.
- **Build one global foundation, then adapt only where evidence supports it.**

Determining what to standardize versus localize in global program design

The elements that should remain globally consistent

- Most organizations increasingly recognize that not every element of a healthcare solution benefits equally from localization. Certain components create substantially more value when standardized globally. These typically include:

1. Scientific and medical foundations

The scientific narrative, clinical evidence base, safety information, and regulatory-approved claims form the fixed center. These elements must stay uniform across markets to maintain compliance, medical accuracy, and trust.

2. Solution architecture and behavioral logic

The high-level design of the solution, its purpose, behavioral objectives, structural components, and user-journey logic should be globally defined. The core decision-making model, segmentation of behaviors, and the primary drivers or frictions targeted remain consistent across markets.

3. Data models and measurement frameworks

Consistency in measurement underpins scale. Defining how outcomes are measured, which metrics matter, and how data flows across platforms ensures that insights can be compared, aggregated, and used to refine the global strategy over time. Markets should not invent their own definitions of success.

4. Global messaging pillars

While tone, emphasis, and language will adapt locally, the core messaging pillars, value proposition, therapeutic rationale, and key themes must remain aligned globally.

Even when a solution has already been developed globally, launching it locally still requires substantial adaptation, approvals, and operational work. That adds complexity, extends timelines, and increases costs. Therefore, aside from necessary regulatory adaptation, there is often a view that any further localization may add little additional value. Pharma companies typically have a deep understanding of patient journeys within their therapy areas and frequently find that many core patient needs remain consistent across markets. Whether related to onboarding support, injection training, adherence education, or patient communication, the underlying value proposition is often broadly universal.

> *"The entire benefit of a global solution is lost once extensive localization begins. We know the importance of local tailoring, but there's a tension there: the more flexibility you allow, the harder it becomes to maintain the value of a global platform."*
> *Martin Peters, Head of Integrated Insights, CRM, Novartis*

Where local adaptation creates real value

"The closer an activity is to the external customer or stakeholder, the more it needs to be tailored. The further you move away from that external interaction and deeper into the organization, the more standardization becomes possible."
Richard Cassidy, SVP, Astellas Pharma

The mix of global standardization and local customization depends on some key factors including:

Regulation: Regulatory differences are very important because the rules about patient or healthcare professional support vary widely by region. Some markets permit more patient-facing services, while others impose strict limitations, affecting which parts of the program can be offered.

Cost: Markets with higher drug prices or greater sales potential can afford to invest in more complex services, such as staffed support centers or advanced device networks, while lower-revenue markets may only be able to support simpler or fully digital options. This leads to a tiered approach where some markets get the full range of services, while others have reduced versions.

The local healthcare system: Differences in service delivery, payment systems, and clinical roles affect whether a proposed healthcare solution fits into existing practices. A program that works well in a cohesive health system may not work in a more fragmented or resource-limited setting. Therefore, even standardized core elements must be adaptable to fit local processes and operational realities.

Organizational structure and capability: These significantly influence whether a global program can be launched consistently across geographies. Affiliates vary in size, maturity, and functional capacity. Large affiliates often possess established medical, scientific, and educational capabilities that support complex launch models, whereas smaller affiliates may lack the infrastructure to deliver programs requiring significant market shaping, clinical education, or specialized support.

Additionally, companies need to analyze the genuine need for localization.

"Adaptation should not be treated as an automatic requirement across every brand, therapy, or disease area. Instead, the level of localization and support should reflect the actual needs of patients and the extent to which intervention can meaningfully improve outcomes."
Martin Peters, Head of Integrated Insights, CRM, Novartis

Some treatments inherently demand more engagement and education than others. For example, injectable therapies may require onboarding support, training devices, or additional reassurance where patients experience anxiety or hesitation around self-administration. In these cases, tailored support solutions can play an important role in enabling adherence and improving the patient experience. In other situations, however, patients may already have a strong understanding of the importance of remaining on treatment, meaning additional support services add relatively little incremental value.

"The key is deciding whether what you're building is designed to scale globally or to deliver strong value in a few select markets. Each local market has its own success requirements: regulatory, financial, operational, and cultural. Balancing those realities with the consistency of a global approach is the core of the challenge."
Andrew Tubb, Director, Product Management, S3 Connected Health

Key Takeaways

- **Keep the strategic foundations global.** Scientific evidence, behavioral logic, measurement frameworks, and core messaging should remain consistent across markets.
- **Adapt delivery, not strategy.** Local variation should focus on how a program is implemented rather than changing its underlying purpose or objectives.
- **Local adaptation should reflect genuine need.** Regulatory requirements, healthcare systems, commercial priorities, and organizational capabilities determine where flexibility adds value.
- **The greatest need for localization exists closest to the customer.** Patient- and HCP-facing activities typically require more tailoring than internal processes or strategic assets.
- **The objective is scalable global programs with targeted local flexibility.** Standardize wherever possible and localize only where it materially improves implementation or outcomes.

Using behavioral science to design globally scalable, locally relevant solutions

Global healthcare programs often comprise multiple interventions, from patient support services and educational initiatives to market access activities. Increasingly, however, digital health solutions provide the platform through which many of these interventions are delivered, making them a critical focus when deciding what should be standardized globally and what should be adapted locally.

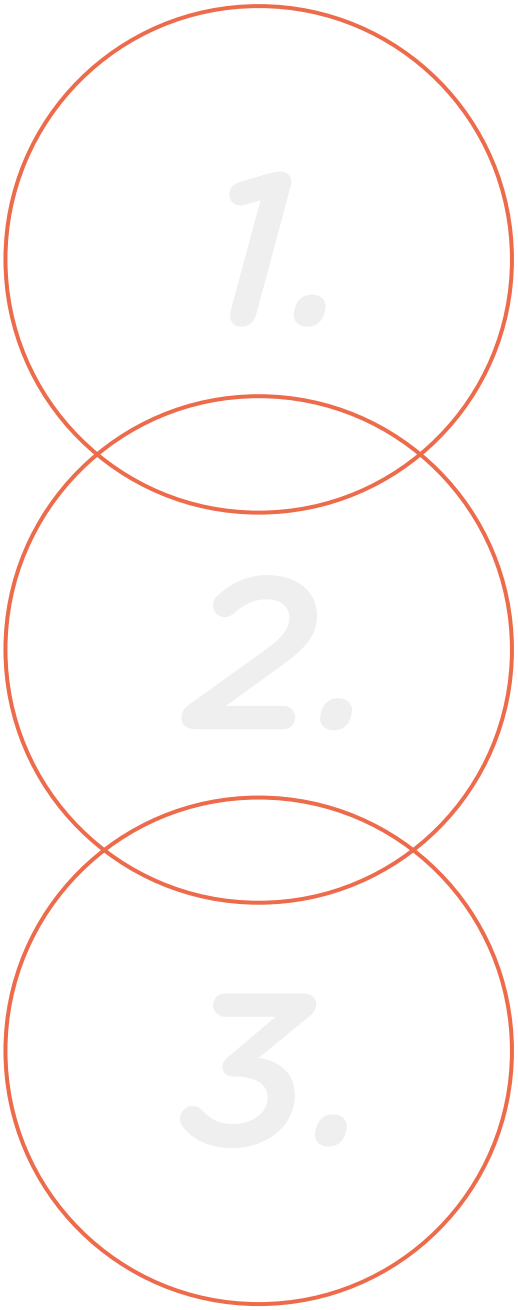
When designing these digital health solutions, organizations often begin by focusing on countries, healthcare systems, or cultural differences. Behavioral science provides a different lens. Rather than treating markets as the starting point, it focuses on understanding the behavior the solution is intended to influence and the environment in which that behavior occurs.

This distinction is important because while healthcare systems can vary significantly across countries, many of the underlying challenges influencing patient and healthcare professional behavior are often remarkably consistent. Across therapy areas and geographies, organizations frequently encounter similar barriers related to confidence, uncertainty, motivation, habit formation, and decision-making. At the same time, the environments surrounding those behaviors, including healthcare infrastructure, reimbursement models, regulatory requirements, clinical workflows, and cultural expectations, may differ considerably.

> *"One of the key challenges is that people naturally tend to focus on differences. That's true not only in business, but in almost any context involving people from different backgrounds or experiences. The real value comes when teams can identify common ground rather than concentrating solely on what makes each market unique."*
> *Richard Cassidy, SVP, Astellas Pharma*

Behavioral science provides a structured way to separate these two dimensions. By understanding both the behavioral challenge and the environment in which it occurs, organizations can make more evidence-based decisions about where a shared global approach creates value and where local adaptation is genuinely required.

The following framework provides a practical approach for doing this through three steps.



A 3-step behavioral science framework for deciding what to adapt

Step 1

Identify the behavioral challenge

Before determining whether a digital health solution should be standardized globally or adapted locally, organizations must first understand the behavior they are trying to influence.

Too often, discussions about localization begin with assumptions about markets, healthcare systems, or cultural differences. Behavioral science takes a different approach. Rather than asking whether a market is unique, it focuses on understanding the underlying behavioral barriers, motivations, and decision-making processes that shape patient and healthcare professional actions.

Behavior is a function of the person and their environment. Motivation and ability describe the person (do they want to act, and can they?), while the physical and social environment describe the world around them (what enables or obstructs the action, and who influences it). Motivation and ability tend to travel across markets; the physical and social environment is where most legitimate local variation lives.

Within this framework, the practical unit of analysis is the moment of friction, the specific point at which a behavior breaks down. For each one ask: What behavior is failing, for whom, what is driving it, and is that driver universal or local?

Defining friction at this level is what separates a genuinely different behavioral challenge from the same challenge wearing a local disguise.

One useful way to think about these barriers is in layers.

Some barriers are "skeletal": fundamental challenges that appear consistently across markets and are critical to address at a global level. Others operate at a "muscle" level: common challenges that manifest differently depending on local healthcare systems, workflows, or infrastructure. Others are "skin-deep": surface-level differences in communication, language, or culture that may require adaptation without changing the underlying strategic approach.

Understanding these layers helps organizations avoid two common mistakes: assuming all markets are fundamentally different, or assuming all markets are fundamentally the same.

> *"When looking across regions and therapy areas, the interesting finding is that patient journeys are largely similar. There is a high degree of overlap in terms of clinical pathways and challenges. However, there are usually one or two key points in the journey where healthcare systems differ in meaningful ways. The differences are typically not so large that a common solution is impossible, but they may influence how something needs to be implemented locally. So while the core clinical challenges tend to be broadly consistent, the variation lies more in execution and rollout rather than in the underlying medical or clinical questions."*
> *Claudia Cramer, VP Global Asset & Commercial Strategy, Merz Therapeutics*

At the early stages of development, organizations typically work from broad behavioral insights and research-based personas or archetypes that capture common motivations, barriers, and decision-making patterns associated with a condition. These frameworks provide a consistent strategic foundation across markets while creating a shared language for discussing the needs of patients and healthcare professionals.

The objective of this first step is therefore to determine whether the underlying behavioral challenge is genuinely different, or whether the same behavioral barrier is simply presenting itself in different ways across markets. Only once this behavioral diagnosis has been established can organizations determine whether local adaptation is truly required.

> *"One thing to keep in mind is that patients are usually the same, systems differ."*
> *Martin Peters, Head of Integrated Insights, CRM, Novartis*

Step 2

Assess the environment in which the behavior occurs

Once the underlying behavioral challenge has been identified, the next step is to understand the environment in which that behavior occurs.

While many behavioral drivers are shared across markets, the systems, structures, regulations, and social contexts that shape those behaviors often differ significantly. These environmental factors can influence whether a solution is feasible, scalable, and effective within a particular healthcare setting.

As a result, organizations should avoid assuming that behavioral consistency automatically means a solution can be deployed identically everywhere. Instead, they must assess how local healthcare environments may influence implementation and adoption.

To understand where adaptation may be required, organizations should develop a clear picture of the local healthcare environment. This often begins with stakeholder interviews, client materials, and secondary research to build a baseline understanding of the healthcare system. These insights can then be refined through in-market workshops that help identify and prioritize the most significant barriers to adoption.

A comprehensive assessment should consider the competitive landscape, existing patient support services, treatment gaps, reimbursement pathways, regulatory requirements, and the workflows followed by both patients and healthcare professionals. By mapping these factors alongside patient and provider journeys, organizations can identify the environmental conditions most likely to influence success.

One useful approach is to examine both the physical and social environments that shape behavior.

Assessing the physical environment

The physical environment can be analyzed in more depth using the CRAFT checklist:

C — **Cues:** What prompts action? These may include reminders, clinical alerts, educational campaigns, workflow prompts, or other triggers that encourage patients or healthcare professionals to act.

R — **Resources:** What resources are available? This includes staffing, technology, funding, infrastructure, tools, and organizational capacity. Understanding available resources helps determine what is feasible within a given market.

A — **Access and availability:** How easily can stakeholders access and use the solution? This includes factors such as insurance coverage, reimbursement structures, eligibility requirements, geographic access, and the availability of virtual services.

F — **Friction:** What barriers create resistance or slow adoption? These may include administrative burden, poor usability, high costs, cultural barriers, low digital literacy, or complex workflows.

T — **Time:** Do stakeholders have the time and capacity to engage? Provider workload, patient schedules, training requirements, and time-to-benefit all influence whether a solution can realistically be adopted.

Assessing the social environment

Organizations must also evaluate the social factors that influence decision-making and adoption.

Healthcare system norms: Clinical decision-making structures vary significantly across markets. In some countries, multidisciplinary teams play a central role in treatment decisions, while in others physicians exercise greater individual authority.

Key influencers and messengers: Different stakeholders influence behavior in different healthcare systems. Professional societies, specialists, hospital leaders, nurses, patient organizations, and family members may all play important roles depending on the market.

Regulatory and operational expectations: Local rules and healthcare policies can shape how solutions are delivered, adopted, and maintained. These factors may create unique requirements that influence implementation.

Cultural context: Cultural norms can affect how patients perceive illness, treatment, family involvement, lifestyle change, and healthcare decision-making. Understanding these influences helps ensure that solutions remain relevant within local settings.

The objective of this step is not simply to catalogue differences between markets. Rather, it is to identify which environmental variables are most likely to influence adoption, engagement, and outcomes. Once both the behavioral challenge and environmental conditions have been assessed, organizations can determine the level of adaptation that is genuinely required.

> *"Global and local teams can get stuck in this binary: "We're totally different" versus "No, you're all the same." The better question is: where on the spectrum between universal and unique are we? And then: is the difference big enough to justify the investment to solve it differently?"*
> *Sean Gill, Director of Behavior Science, S3 Connected Health*

Step 3

Determine the appropriate level of adaptation

Once both the behavioral challenge and environmental conditions have been assessed, organizations can determine the appropriate level of adaptation required.

Traditional discussions about localization often focus on whether a market is different. Behavioral science provides a more useful perspective. Rather than treating markets as the unit of analysis, it examines the interaction between behavior and the environment in which that behavior occurs.

This creates a practical decision rule for determining when adaptation is genuinely required and when global consistency should be preserved.

This matrix shifts discussions from opinion-based debates about whether a market is "different" to evidence-based debates about which specific variables differ. Rather than asking "Should we localize?", teams can ask "Which variable justifies adaptation?" This moves the conversation from "I think" to "Show me the variable."

The adaptation decision matrix

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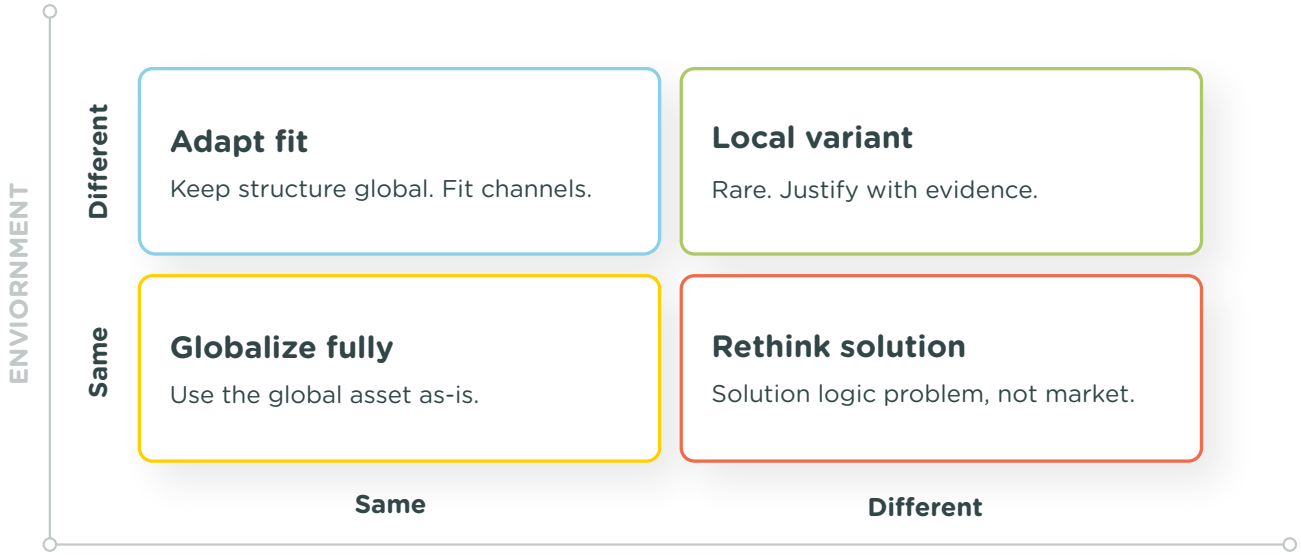

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Behavior similar, environment similar:

When both the behavioral challenge and environmental conditions are broadly consistent, the global solution can typically be implemented as designed. Extensive localization is therefore unlikely to create significant additional value.

Examples may include onboarding support, treatment initiation, or injection training programs where the behavioral challenge is consistent across markets and healthcare systems support similar implementation approaches.

Behavior similar, environment different:

This is often where many global healthcare programs sit.

The underlying behavioral challenge remains consistent, but differences in healthcare systems, regulations, reimbursement pathways, clinical workflows, communication channels, or stakeholder roles influence how the solution must be delivered.

Messaging channels are a common example: the same adherence-support behavior may be delivered via LINE in Japan, WeChat in China, and WhatsApp in Brazil. The behavioral objective is identical; only the channel that fits the local environment changes.

The variation typically lies not in what the moment of friction is, but in how it must be addressed.

Behavior different, environment similar:

When this occurs, organizations should resist the temptation to immediately localize an existing solution. Instead, they should revisit the underlying behavioral diagnosis.

A different behavioral challenge often suggests that the original solution logic may not be addressing the most important barrier in that context.

At this stage, organizations should return to the behavioral analysis and ask two critical questions to help determine whether a different intervention is required:

- Can we realistically make an impact on this problem?
- How significant is the problem, and for whom?

"The distinction between something being valuable versus something being the highest-priority intervention is one of the biggest strategic lessons the industry has learned over the last five years.

Importantly, a "solution" does not necessarily have to mean a sophisticated digital platform or app. Sometimes the best intervention may be something much simpler; even a paper-based tool or improved communication material.

Ultimately, the goal should be usefulness rather than technological sophistication."
Martin Peters, Head of Integrated Insights, CRM, Novartis

Behavior different, environment different:

When both the behavioral challenge and environmental conditions differ significantly, a local variant may be justified.

However, this should be the exception rather than the default approach.

Organizations often assume they are operating in this quadrant when, in reality, many of the underlying behavioral barriers remain consistent across markets. Across global programs spanning multiple therapy areas and markets, roughly 70–80% of the behavioral moments of friction encountered are shared, with only a smaller proportion reflecting genuine local variation.

As a result, local variants should only be developed where there is clear evidence that both the behavioral challenge and the surrounding environment differ sufficiently to justify additional investment and complexity.

The goal is not complete standardization or unrestricted localization. The goal is disciplined adaptation: maintaining the scale, efficiency, and consistency of global strategy while enabling targeted flexibility where local variation genuinely improves outcomes.

Global Adaptation Framework at a Glance

Step 1

Identify the behavioral challenge

- What behavior needs to change?
- What is preventing it?
- Is the barrier universal or market-specific?

Outcome

- A validated behavioral diagnosis.

Step 2

Assess the environment in which the behavior occurs

- What system factors influence adoption?
- What physical and social conditions matter?
- Which variables genuinely differ between markets?

Outcome

- An evidence-based understanding of local variation.

Step 3

Determine the correct level of adaptation

- Keep global where evidence supports it
- Adapt delivery where environments differ
- Create local variants only when behavior and environment both differ

Outcome

- A clear, evidence-based adaptation strategy.

Applying the framework in practice: A weight management program example

Consider a global weight-management support program designed to improve long-term treatment adherence.

At a global level, the behavioral challenge remains consistent. The objective is to help patients stay on therapy and maintain engagement over time. The underlying behavioral drivers are also largely universal. Patients need to develop new habits, build confidence in treatment, manage setbacks, and believe that the effort required today will deliver benefits in the future.

As a result, the behavioral backbone of the program remains unchanged. The core digital health solution logic, user journey, and success measures can all be standardized globally. The technology platform itself may also remain largely consistent, with a framework focused on adherence, persistence, engagement, and milestone completion.

However, when the local environment is assessed, important differences emerge. For example:

In Japan, patients prescribed GLP-1 therapies for obesity must complete at least six months of supervised diet and exercise before treatment can be initiated and reimbursed. While the underlying behavioral challenge is the same, the solution must adapt to support structured evidence capture of lifestyle change, progress tracking, and reminders aligned to this pre-treatment requirement.

In Brazil, food is often closely tied to family routines and social interactions. Weight management is therefore not solely an individual behavior challenge. The solution must account for shared meals, household habits, and family influences that shape treatment adherence and lifestyle change.

In Germany, specialist endorsement plays a particularly important role in patient decision-making. As a result, greater emphasis may be placed on healthcare professional engagement, expert guidance, and trusted clinical recommendations to support adoption and ongoing participation.

In each case, the behavioral objective remains unchanged: supporting long-term treatment adherence. The solution logic also remains consistent. What changes is the way the solution fits into the local environment.

This illustrates an important principle. The adaptation is not driven by a belief that each market is fundamentally unique. Instead, it is driven by specific environmental variables that have been identified through systematic analysis. By keeping the behavioral backbone consistent while adapting environmental fit, organizations can preserve global scale while maintaining local relevance.

Closing the execution gap

Even a well-diagnosed, well-designed global program can fail for reasons that have nothing to do with the behavioral diagnosis. The most common is execution. A patient-support solution typically reaches the patient only after a representative has briefed the physician and the physician has decided to introduce it. If the field force is not engaged early, has no metrics tied to adoption, or simply has limited time, even an excellent solution never reaches the people it was built for.

> *"One of the key challenges is that people naturally tend to focus on differences. That's true not only in business, but in almost any context involving people from different backgrounds or experiences. The real value comes when teams can identify common ground rather than concentrating solely on what makes each market unique."*
> *Richard Cassidy, SVP, Astellas Pharma*

This matters for the global-versus-local question because divergent results are easily misread. When a program underperforms in a market, the instinct is to conclude the solution was wrong and to localize or rebuild it. More often the solution was sound and the execution was not. A useful rule of thumb: if eight of nine markets succeed and one does not, suspect implementation; if most markets stall, revisit the behavioral diagnosis.

Measurement is the other recurring gap. Without a feedback loop, adoption becomes a black box, leadership sees a headline number but cannot see where engagement breaks down, and cannot improve what it cannot observe. This is why the measurement framework belongs in the global backbone: it is what lets the organization tell execution problems apart from solution problems.

Finally, how a global team engages affiliates shapes whether a program is adopted at all. Leading with a finished solution often triggers "reactance", the instinctive resistance people feel when choice is removed. A more effective approach inverts the sequence: before presenting anything, ask local teams what problems they are seeing and how they have thought about solving them, then reframe the global solution in their language. It is a small change that turns a defensive negotiation into a shared diagnosis.

Conclusion

This paper has discussed the importance of keeping the following to the fore: Most behavioral barriers are universal. Most implementation realities are local. And the key is disciplined adaptation enabled by behavioral science. Put more simply: diagnose before you scale.

By anchoring global strategies in behavioral science and fostering a mindset of adaptability from the beginning, organizations can craft solutions that are both scalable and attuned to the distinctive realities of each healthcare system. A structured, evidence-driven approach allows pharma to distinguish universal barriers from truly local ones, directing investment where it can truly influence behavior and preventing unnecessary reinvention. This fortifies the impact of individual programs and cultivates a rich repository of insights, enhancing execution across therapy areas and geographies.

The organizations most likely to succeed will not be those that standardize everything globally or localize everything independently. They will be those capable of systematically identifying which aspects of healthcare engagement are universal, which are locally dependent, and how to adapt intelligently without sacrificing scale, consistency, or operational efficiency. By weaving together a robust global framework with meticulous local adaptation, underpinned by clear behavioral logic, pharma organizations can create solutions that are efficient to scale, compliant across diverse markets, and profoundly relevant to the communities they serve.

Contributors

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Additional sources

The behavioral science approach presented in this whitepaper combines components of the following established behavioral science frameworks with S3 Connected Health's experience and expertise in applying behavioral science within pharma and digital health programs:

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About us

S3 Connected Health partners with pharma companies to define and deliver therapy management solutions that improve treatment experience, adoption, and outcomes.

Using a multidisciplinary, behavioral science-led approach, we identify the patient and clinician barriers that impact timely diagnosis, therapy adoption, treatment experience, and long-term engagement. With Affinial, our regulatory-compliant digital health platform, we deliver targeted solutions ranging from above-brand programs that drive disease awareness and diagnosis to branded therapy management and patient support programs that strengthen prescription preference, improve persistence, and enhance patient care.

From strategy and solution design through to global deployment and measurement, we help pharma organizations translate treatment potential into realized value.

For more information, visit www.S3ConnectedHealth.com