GDA news

GLOBAL DEVELOPMENT ASSOCIATION GMBH · VIENNA



2027

Building the Next Cycle

Pharmacy and biosimilars

Hospitality, then and now

Ecology and the built environment

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01 — DIRECTIONS FOR 2027 AND THE YEARS THAT FOLLOW

Letter from the Owner

Dear readers, dear clients, dear friends,

As we look toward 2027 and the years that follow, the operating environment for every organisation that designs, equips, operates or invests in specialised facilities is changing at a pace that rewards clarity of method. Artificial intelligence has moved beyond experimental pilots. It is already embedded in tools used for early layout exploration, literature and evidence synthesis, occupancy and flow modelling, document comparison and multi-scenario testing. At the same time, the constraints that have always shaped successful projects — the geometry and services of existing buildings, the non-negotiable requirements of regulators and brands, the availability and skill of labour, the precise obligations written into management and franchise agreements, and the daily routines of the people who must deliver the service — remain as binding as ever.

Global Development Association GmbH has concentrated its work at the precise intersection of these layers: pharmaceutical practice spaces and equipment specification, research support for hemodiafiltration and related dialysis modalities, architectural and interior design executed under operational and brand constraints, consulting that produces clear and usable decision frameworks, hotel exit and transition agreements, and the structuring of real-estate development that includes the eventual user from the first concept sketches. We are grateful for the trust our partners have placed in us over the years, and we remain committed to delivering work that is both practically useful and respectful of the constraints each client faces.

The service industry as a whole is shifting from purely labour-intensive delivery toward hybrid models in which human judgment is amplified, but not replaced, by data and automation. Clients increasingly expect shorter intervals between an initial question and a usable recommendation, together with transparent visibility of risks, options and residual uncertainties. In consulting work this translates into faster preparation of feasibility outlines, regulatory pathway summaries, comparative option matrices and risk registers once the underlying questions have been correctly framed. Artificial intelligence already accelerates the assembly of evidence and the side-by-side review of lengthy contractual or technical documents; by 2027 such assistance will be standard rather than exceptional. The enduring challenge is not the speed of the tool but the quality of the question posed to it and the professional accountability retained for the answer that is finally delivered. We will continue to treat artificial intelligence as an accelerator of disciplined analysis rather than a source of finished recommendations. Every engagement will still rest on observed workflows, the actual text of agreements, and the physical constraints of the building in question, now examined across a wider set of scenarios and in less elapsed time. Our partners should be able to see both the accelerated work and the explicit points at which human responsibility remains.

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Hospitality illustrates these pressures with particular clarity. Brand standards remain mandatory under the great majority of management and franchise agreements, yet owners must improve the economics of assets that cannot be closed or fully rebuilt without disproportionate cost and disruption. Guest expectations for speed of arrival, flexible use of public areas, consistent service and some sense of place continue to rise, while labour markets in many European cities stay tight. From 2027 we anticipate sustained demand for targeted interior and architectural interventions that raise throughput, reduce non-productive movement and create modest new revenue opportunities without violating brand rules. These are the same class of constrained redesigns already carried out in hotel lobbies, lounges and public zones — shallower reception desks, reoriented seating, adjusted lighting within permitted ranges, and the conversion of under-used alcoves into bookable or revenue-generating corners. AI-supported flow and occupancy modelling will help locate bottlenecks before any furniture is moved or any capital is committed. Parallel to design work, portfolio adjustments will continue. Exit and transition processes for branded properties, including those operating under economy and mid-scale flags such as the Ibis family and its peers, will remain a practical requirement for owners seeking to recycle capital or realign strategy. We approach these assignments with the same care we would wish for our own assets.

Healthcare and pharmaceutical settings will be driven by rising documentation, quality and environmental expectations on one side and the physical limits of existing buildings and workforces on the other. Pharmacies and compounding facilities that introduce higher-complexity preparations, hazardous-drug handling or stricter environmental controls frequently discover that layouts designed a decade earlier for simpler dispensing become the binding constraint on capacity and compliance. The method we have applied — spending full working days inside the operation, following prescriptions from receipt through verification, compounding, final check and counselling, mapping real movement and process collisions, separating clean and support flows, defining pressure regimes only where they are truly required, and specifying equipment only after the spatial logic is sound — will stay directly relevant. Artificial intelligence can accelerate the later analysis of process data once it has been collected on site and can test alternative layouts against regulatory checklists more rapidly. It cannot yet replace the direct observation of how a team actually works. Our partners in this field have taught us

The enduring challenge is not the speed of the tool but the quality of the question posed to it.

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that the most valuable contribution is often the one that removes friction rather than the one that adds equipment.

In the field of dialysis and associated research the central question has already moved from the existence of outcome benefits with high-volume hemodiafiltration to the practical conditions under which ordinary centres can deliver adequate convective volumes consistently day after day. From 2027 more providers are likely to seek local pilot protocols, concise training frameworks and facility specifications that convert published evidence into measurable daily performance. We remain ready to support those who wish to translate evidence into reliable everyday practice.

Construction and real-estate development will absorb the combined effects of selective financing, extended permitting timelines and higher expectations that specialised end users are considered before plans harden. Across Slovenia, Slovakia, Serbia, Bosnia and Herzegovina and North Macedonia, market differences will remain material. Projects that insert end-user needs at concept stage and use realistic structures protect value. We have learned that the earlier the eventual user's technical requirements are understood, the more calmly the subsequent design and financing discussions proceed.

Our direction from 2027 is to integrate artificial intelligence where it measurably improves speed and coverage while preserving human accountability for site observation, contractual interpretation and the final recommendation. The method remains: begin with the outcome the client requires, assemble the smallest reliable set of observations, agree scope in advance, and remain accountable for the practical result. We will continue to communicate clearly about what can be accelerated and what must still rest on direct observation and professional judgment.

If the directions set out in this letter correspond to challenges you expect to face, I invite you to begin a conversation. We value the relationships we have built and look forward to supporting our partners with the same combination of careful analysis and practical respect for their constraints.

Thank you for your attention and for the trust you continue to place in our work. The years ahead will reward those who combine the speed of new tools with the discipline of careful judgment.

Enjoy your reading.

"The best way to predict the future is to create it." — Peter Drucker

Mag. Stoycheska
Managing Director
Global Development Association GmbH
Vienna



02 — PHARMACY

Pharmacy: Established Practice and the Directions of 2027

Journalistic review — past patterns, biosimulation and the forecast ahead

The transformation of pharmacy practice across Europe over the past fifteen years has been steady rather than sudden, yet its cumulative effect is profound. What began as a primarily product-oriented profession has become a hybrid of clinical service, specialised compounding, rigorous quality management and data-supported decision making. In community settings consultation rooms that were once rare are now expected. Structured medication reviews and adherence support occupy a growing share of the working day. In hospitals, aseptic preparation suites and hazardous-drug handling areas have expanded. Documentation, environmental monitoring and full traceability, once largely confined to industrial manufacturing, now reach preparation zones that previously operated under lighter regimes. The physical premises, however, have not always kept pace. Many pharmacies still occupy layouts conceived for simpler dispensing workflows. The practical result, documented repeatedly by teams who spend full working days observing real operations, is friction: unnecessary staff movement, equipment that cannot be fully utilised, difficulty scaling higher-complexity services, and constant workarounds required to protect product quality.

Quantitative indicators support the qualitative picture. In several EU member states the absolute number of community pharmacies has stabilised or declined modestly while the intensity of advanced services has risen. Vaccination support, point-of-care testing partnerships and compounding of specialised preparations have increased. Hospital pharmacy departments report higher volumes of patient-specific and small-batch work. Regulatory expectations around cleanroom classification, pressure cascades and continuous monitoring have tightened. Workforce surveys in Austria, Germany and neighbouring countries consistently highlight recruitment and retention difficulties in both community and hospital settings. When labour is scarce, every extra metre walked or every unnecessary process step carries a direct cost in overtime, error risk and staff fatigue. These conditions form the baseline against which the outlook to 2027 must be judged.

Global Development Association GmbH has worked inside this transition. Engagements typically begin with direct observation rather than with equipment catalogues. Prescriptions are followed from receipt through clinical verification, compounding where required, final accuracy check, counselling and any contract or wholesale supply. The recurring finding is that spatial relationships and building-services capacity are frequently more binding than the simple absence of newer machines. Once clean

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and support flows are separated, pressure regimes are defined only where they are truly needed, and equipment is specified after the spatial logic is sound, both throughput and reliability improve. Overtime previously linked to layout inefficiency declines. Higher-value preparation work becomes sustainable rather than exceptional. These lessons remain directly applicable as the profession looks forward.

Several forces will accelerate change between now and 2027. The volume and complexity of personalised and small-batch preparations are expected to continue rising, supported by advances in oncology supportive care, the growing number of rare-disease therapies that require individualised compounding, and the gradual expansion of hospital-at-home models that shift certain preparation steps closer to the patient. Quality and environmental standards will keep tightening: premises unable to demonstrate robust control of critical zones will face practical limits on the range of services they may offer. Workforce availability is likely to remain constrained, making layouts that minimise non-value-adding movement economically as well as clinically important. Digital tools, including artificial-intelligence applications for demand forecasting, interaction screening and preliminary protocol review, will move from pilot use into more routine support. None of these developments removes the requirement for validated processes and trained staff; they raise the performance threshold that the physical and digital environment must meet.

Biosimulation, also known as model-informed drug development, occupies a distinctive place among the newer scientific directions. Mathematical and computational models of physiology, pharmacokinetics and pharmacodynamics are already used extensively inside research-based manufacturers to predict how a compound will behave across populations, to optimise dosing regimens and to reduce the number of purely empirical experiments required. While the heaviest application remains upstream, the consequences reach practice. An increasing share of new therapies arrives accompanied by model-derived dosing guidance for special populations — patients with renal or hepatic impairment, extremes of body weight, paediatric or elderly cohorts. Compounding pharmacies and hospital preparation units are therefore asked to produce precise, sometimes weight- or organ-function-adjusted formulations whose scientific rationale originates in earlier biosimulation work. Facilities that understand this origin can design the calculation aids, independent double-check steps and documentation trails that safe preparation requires. Those that treat each new protocol as an isolated recipe risk both inefficiency and preventable error.

Further emerging directions reinforce the same infrastructural demands. Concepts of point-of-care or near-patient manufacturing, still at an early stage of regulatory and practical development, point toward smaller, highly controlled preparation zones located closer to the point of administration. Certain biologics and advanced therapy medicinal products bring stringent



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cold-chain, handling and chain-of-identity requirements that older dispensaries were never designed to satisfy. Sustainability expectations — energy-efficient heating, ventilation and air-conditioning with heat recovery, reduced waste from expired stock through improved forecasting, and responsible pharmaceutical-waste segregation — are moving from optional corporate goals to expected operational standards. Artificial-intelligence tools can assist with demand prediction that cuts waste, support image-based verification steps and accelerate retrieval of stability or compatibility data. In every case the technology amplifies rather than replaces the need for a logical layout, appropriate environmental control and clear, trained standard operating procedures.

Translating these trends into concrete planning priorities for 2027 and the immediately following years is straightforward in principle and demanding in execution. Functional programmes must start from the actual and realistically forecast mix of services rather than from a generic pharmacy template. Separation of clean and support flows needs to be deliberate and documented. HVAC capacity and pressure-cascade design should be sized for the highest-criticality activities the facility intends to perform, with monitoring sufficient for both daily operation and regulatory demonstration. Equipment selection must follow the agreed workflow and incorporate total-cost-of-ownership and local service-support criteria rather than lowest initial price alone. Digital infrastructure for inventory management, preparation records, continuous temperature mapping and, where relevant, calculation support linked to biosimulation-informed protocols should be conceived as an integral part of the spatial design rather than retrofitted after occupation. Because a large proportion of projects will continue to involve the adaptive reuse of existing urban buildings, early identification of structural, floor-loading and services constraints remains essential if costly later alterations are to be avoided.

The experience of the past decade is unambiguous: simply adding machines or software to an unchanged layout seldom resolves underlying capacity or compliance pressure. The years ahead will favour organisations that treat the building, the process flows, the data layer and the scientific rationale of new therapies as a single integrated system. Biosimulation and related model-informed approaches will continue to shape what preparation units are asked to produce. Deliberate spatial design, appropriate environmental control and clear workflows will determine whether those requests can be met safely, efficiently and at a sustainable cost. That is the operational forecast. It is also the territory in which focused facility, process and equipment support continues to create measurable value for pharmacy owners, hospital departments and specialised preparation centres across the region.

Simply adding machines or software to an unchanged layout seldom resolves underlying capacity or compliance pressure.



03 — BIOSIMILARS

Biosimilars: Defining Direction in Pharmacy Practice

Market evidence, operational requirements and the outlook through 2027

Across European hospital formularies and community pharmacy shelves a structural shift is under way. Reference biologics that for years dominated treatment protocols in rheumatology, gastroenterology, dermatology, oncology supportive care and diabetes are being joined, and in many cases progressively replaced, by biosimilars. A biosimilar is a biological medical product demonstrated through a comprehensive comparability exercise to be highly similar to an already authorised reference biologic, with no clinically meaningful differences in quality, safety or efficacy. Because biologics are large, complex molecules produced in living systems, a biosimilar cannot be an identical copy in the sense of a classic small-molecule generic. Approval rests on extensive analytical characterisation, non-clinical data and targeted clinical studies. For the practising pharmacist this scientific distinction translates into everyday operational differences: substitution and interchangeability rules that still vary by country, distinct naming and device presentations, specific storage conditions, heightened batch-level traceability obligations, and the need for clear, non-alarmist patient communication when a switch occurs.

The market impact is already substantial. In multiple therapeutic classes the entry of biosimilars has generated price reductions ranging from 20 percent to more than 50 percent relative to the pre-biosimilar reference price, depending on the country, the tender mechanism and the number of competitors. Health systems have used the resulting savings to expand patient access or to reallocate resources to other priorities. Uptake rates differ markedly. Some markets have moved toward pharmacy-level substitution for designated products; others continue to require prescriber initiation or documented patient consent. During transition periods pharmacies routinely hold dual inventories. Staff must be trained on new injection devices or reconstitution steps. Counselling scripts are updated to explain similarity without creating unnecessary concern. Pharmacovigilance recording is strengthened so that any adverse event can be traced to a specific batch. These operational lessons constitute the baseline for the further expansion expected through 2027.

The forward trajectory is unambiguous. As additional reference biologics reach the end of market exclusivity, the number of authorised biosimilars will continue to increase. Further entries are anticipated in oncology, immunology, ophthalmology and selected metabolic and rare-disease indications. While formal interchangeability designations remain largely a national competence within Europe, day-to-day practice is converging. Procurement processes will remain price-competitive, yet security of supply, device usability, cold-chain robustness and the quality of accompanying educational materials will increasingly influence which biosimilar is preferred by formularies and tenders. Pharmacy information systems and physical layouts must therefore accommodate both automatic-substitution and consent-based models without generating selection errors or documentation gaps.

Daily operations register these changes in concrete ways. Inventory and dispensing software must distinguish unam-

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biguously between a reference product and each of its biosimilars, capturing strength, presentation, device type and exact storage requirements so that the intended item is selected and any switch is recorded. Patient counselling has to convey the meaning of high similarity while still highlighting genuine differences in pen design or administration technique. Traceability expectations are higher for biological medicines: batch numbers must be captured at the point of supply or preparation and must remain retrievable for adverse-event follow-up. In hospital or compounding settings the arrival of a biosimilar does not relax aseptic standards, environmental monitoring or the use of closed-system transfer devices where indicated; the same validated processes apply to both reference and biosimilar presentations.

Space, storage and equipment decisions acquire renewed importance. Cold-chain capacity frequently requires expansion or reorganisation because a growing portfolio of biological products may carry differing temperature ranges or light-protection rules. Clear physical segregation during the months when reference and biosimilar stock coexist materially reduces the risk of look-alike selection errors. Where reconstitution, dilution or aseptic preparation takes place, the layout must continue to support proper technique, appropriate pressure differentials and immediate access to documentation points. Digital systems that link every preparation or dispensing act to batch-level data move from desirable to essential. Pharmacies that address these elements during initial planning absorb successive biosimilar launches as routine operational additions. Those that do not face repeated workarounds, elevated near-miss rates and higher training overhead.

Supporting technologies will mature further by 2027. Electronic prescribing and clinical decision-support tools can automatically indicate a formulary- or tender-preferred biosimilar and can prompt the required counselling or consent actions. Artificial-intelligence applications may accelerate retrieval of stability and compatibility data, assist with interaction screening and support preliminary checks of preparation calculations. None of these tools replaces pharmacist verification or the necessity of validated procedures and adequately trained staff. Continuous professional education platforms will need to keep pace with new molecules and new devices. Organisations that invest early in clear standard operating procedures, scenario-based training and adaptable storage infrastructure manage product launches with demonstrably lower disruption and fewer incidents.





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The economic and access consequences reinforce the operational imperative. Biosimilars have already delivered substantial cost reductions across multiple high-expenditure therapeutic classes, allowing health systems to treat more patients within existing budgets. Realising those savings at scale depends on efficient, safe and well-documented switching at the pharmacy interface — both community and hospital. Practices able to counsel confidently, maintain uninterrupted cold-chain supply and produce clean, retrievable traceability records become preferred partners for payers and prescribers. Conversely, weaknesses in storage control or documentation can limit the range of biological therapies a given site is entrusted to handle. In summary, high similarity at the molecular level continues to demand high precision at the pharmacy level. Facilities and teams that integrate substitution policy, inventory design, patient communication, cold-chain capacity and batch traceability into space planning and information systems from the outset will convert each new biosimilar into a controlled, routine step rather than a recurring operational challenge. That preparedness is simultaneously a professional obligation and a practical competitive advantage in a market that will offer an ever-wider array of highly similar biological medicines.

High similarity at the molecular level continues to demand high precision at the pharmacy level.



04 — HOSPITALITY

Hospitality Industry: Past and Present

From independent houses through branded systems to the current demand for precision

A Tuesday morning in the lobby of a mid-scale branded hotel in Central Europe captures decades of industry evolution in a single frame. Some guests pass the desk with mobile keys already active on their phones. Others still pause for a personal welcome. Breakfast service moves through its peak and then settles. In one corner two business travellers use a reconfigured seating area for an informal meeting. The lighting, the path to the lifts and the depth of the reception counter have all been adjusted, yet every change remains inside the brand's published design standards. None of these details is accidental. They are the practical outcome of an industry that spent half a century constructing predictability and is now learning how to operate that predictability with greater precision under tighter labour markets and rising guest expectations.

Before the widespread adoption of international and regional chains, hotels were predominantly independent properties. Reputation rested on the personality of the owner or manager, the reliability of the kitchen and the consistency of service on any given day. A traveller moving between cities could not assume that the room layout, the breakfast offering or the check-in process would resemble the experience of the previous night. That individuality created charm and also variability. From the middle of the twentieth century onward the logic changed. Branded flags introduced standardised room designs, detailed operating manuals and central reservation systems. For owners the brand supplied distribution reach and a measure of quality assurance that supported financing. For guests it reduced uncertainty. Economy and mid-scale concepts, including well-known families such as Ibis and its peers, proved especially powerful because they delivered a reliable basic product at a controlled operating cost. Management and franchise agreements became the dominant contractual form, cleanly separating asset ownership from day-to-day operation.

By the early years of the present century the model had matured.

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Large pipelines of branded rooms were developed and financed on the strength of the long-term cash flows promised by management contracts. Design standards grew sufficiently detailed that a guest could recognise the brand whether the property stood in Vienna, Warsaw or further afield. Public-area layouts, lighting levels and even material palettes were specified. Independent and boutique properties continued to thrive in selected markets by offering what chains found difficult to replicate: strong local character and highly personal service. The structure appeared stable.

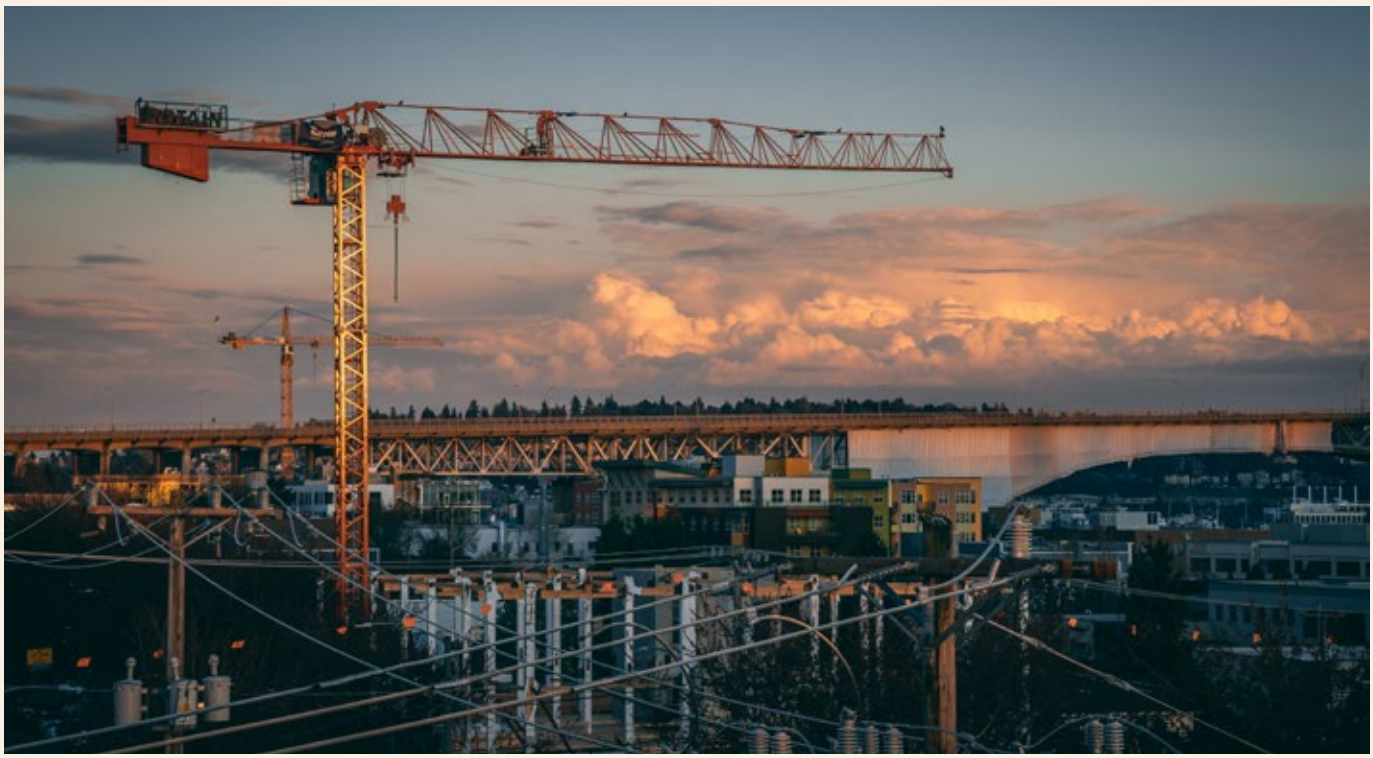
The past fifteen years have tested it. Digital distribution platforms shifted bargaining power toward online intermediaries. Review sites made every operational shortcoming immediately and publicly visible. Labour markets tightened across many European cities, raising both wage costs and recruitment difficulty for housekeeping, kitchen and front-office roles. Owners who had signed long-term management or franchise agreements discovered that the brand standards which had once protected asset value could also constrain operational flexibility and impose ongoing capital-expenditure obligations as brands refreshed their design manuals. When an owner's strategic priorities changed — portfolio rebalancing, a shift in holding period, or a desire to exit a particular flag — the process of terminating or restructuring the agreement became a specialised exercise involving contractual interpretation, employee-transfer rules under applicable law, residual brand works and the practical need to protect continuity for guests who remained in house.

Guest expectations evolved in parallel. The provision of a clean room and an adequate meal remains necessary but is no longer sufficient. Mobile check-in and digital keys have reduced the necessity of a prolonged front-desk interaction, yet a substantial share of guests still prefer a human welcome when they choose it. Breakfast has become simultaneously an operational peak and a visible brand statement; poor flow or limited choice generates immediate commentary. Lobbies and lounges are no longer merely transitional spaces; they are expected to support short-term work, informal meetings and relaxation, and in well-designed cases they generate incremental revenue through bookable corners or all-day offerings. Reliable connectivity is assumed. Sustainability credentials, once peripheral, now influence both corporate travel policies and leisure selection.

Labour remains the critical constraint. Persistent difficulty in recruiting and retaining staff means that processes and physical layouts which reduce non-productive walking, simplify room servicing or allow one colleague to cover peak tasks more effectively deliver direct and recurring economic value. Technology assists, yet it does not eliminate the need for thoughtful spatial design. Brand standards have become the boundary inside which improvement must occur. Targeted interventions can shorten queues, reduce complaint volumes and create modest new revenue without requiring full renovation or temporary closure.

Taken together, the present trends describe an industry that still rests on the branded systems constructed over previous decades, yet must now operate those systems with greater precision, lower environmental impact and more frequent strategic adjustment. The work of adapting spaces, clarifying agreements and structuring the next phase of an asset's life therefore remains central to hospitality practice.

Brand standards have become the boundary inside which improvement must occur.



05 — REGIONAL TRENDS

Regional Trends in Construction, Interior Design and Investment

Slovenia, Slovakia, Serbia, Bosnia and Herzegovina, North Macedonia — to 2027

From the motorway corridors of Slovenia and Slovakia to the construction sites of Belgrade, the regenerated streets of Sarajevo and the logistics parks outside Skopje, the built environment of the wider region tells a set of related but non-identical stories. Slovenia, Slovakia, Serbia, Bosnia and Herzegovina and North Macedonia have all been shaped by the long process of European integration, by substantial infrastructure upgrading and by the increasing mobility of development capital originating in Austria, Germany and other EU member states. At the same time, differences in regulatory maturity, labour-cost levels, administrative complexity and absolute market scale remain pronounced.

In the decade after 2010 the prevailing narrative across the region was one of catch-up and modernisation. Slovenia and Slovakia gained earlier access to structural and cohesion funds and attracted international industrial and logistics investors. Serbia drew manufacturing investment and later stronger residential and commercial development. Bosnia and Herzegovina advanced more unevenly. North Macedonia registered improvements in Skopje and selected logistics-oriented locations.

Labour and input-cost dynamics have become central to project feasibility. Construction wages have increased most sharply in Slovenia and Slovakia. Serbia has retained a relative cost advantage while building greater technical capacity. Material prices have fluctuated with broader European cycles. Developers who secured supply early or designed with substitution flexibility generally protected both programme and margin more effectively.

Interior-design standards have risen in parallel. Today end-users and operators expect higher performance in space efficiency, daylighting, acoustic separation and material durability. Design practices able to combine knowledge of local construction methods with Central European quality benchmarks are better positioned.

Looking toward 2027, energy-performance and sustainability requirements will tighten. Market differentiation will remain material. Projects that postpone detailed consideration of end-user technical requirements until after concept design has been frozen continue to incur avoidable redesign costs. Integrating design, technical and commercial considerations from the earliest stage remains the surest protection of value in this diverse yet interconnected region.



06 — ECOLOGY AND THE BUILT ENVIRONMENT

Ecology and the Built Environment: Directions to 2027

From regulatory pressure to operational reality in pharmacy, hospitality, construction and regional investment

Ecology has moved from the margins of corporate reporting into the centre of decisions that shape buildings, supply chains and daily operations. Across Europe the combination of tightening regulation, rising energy costs, investor scrutiny and changing client expectations is forcing organisations in pharmacy, hospitality, healthcare support and construction to treat environmental performance as a core operating parameter rather than an optional addition.

The regulatory backdrop is clear. The European Union's energy-performance directives, the push toward nearly-zero and zero-emission buildings, and the expanding scope of sustainability reporting requirements are already binding in member states and are progressively influencing accession countries. Organisations that treat these developments as distant compliance exercises discover later that retrofit costs and operational constraints are higher than if environmental performance had been designed in from the start.

In the pharmaceutical and healthcare-support sector the ecological dimension appears in HVAC energy use, waste streams and water consumption. Better envelope design, heat recovery and demand-controlled ventilation can reduce consumption without compromising the conditions required for compounding or aseptic work. Hospitality faces demand for retrofits that improve efficiency while remaining inside brand aesthetic rules. Construction and real-estate development absorb the requirement most directly. Developers who model operational energy at concept stage can still adjust at relatively low cost.

Assets that can demonstrate lower operational energy use and credible waste-management practices are increasingly preferred by longer-term capital. The technical means are already available. The differentiating factor is the willingness to apply them early, with the same rigour previously reserved for cost, programme and compliance.



07 — WASTE AND RECYCLING

Waste and Recycling: From Compliance to Operational Value

Practical directions for pharmacy, hospitality, construction and regional facilities through 2027

Waste has ceased to be a purely logistical afterthought. Rising disposal costs, tighter regulatory controls, extended producer-responsibility schemes and growing client expectations have turned the management of waste into operational and financial questions.

In pharmacy and hospital preparation environments the waste profile is distinctive. Expired or unused medicines, contaminated packaging, personal protective equipment and residues cannot be treated as ordinary municipal waste. Segregation at the point of generation is essential. Prevention through improved forecasting remains the highest-leverage step.

Hospitality generates large volumes of packaging and food waste. Construction and fit-out projects produce the largest streams by weight. Early decisions on material specification and segregation logistics determine recovery rates. The financial case has strengthened. Prevention steps often deliver the fastest return because they eliminate cost rather than merely shifting it.

Organisations that design for waste from the outset face clearer operating economics through 2027.



08 — ECOLOGY AND GREEN BUSINESS

Ecology and Green Business: From Obligation to Competitive Advantage

How environmental performance is reshaping pharmacy, hospitality, construction and regional investment through 2027

Green business is no longer a marketing label. It has become a set of measurable operating conditions that affect financing costs, permit timelines, tenant and guest preferences, and the long-term value of physical

In pharmaceutical environments the green agenda intersects with quality obligations. The opportunity lies in meeting the same quality standard with lower consumption through better envelopes, heat recovery and demand-controlled ventilation. Hospitality illustrates the commercial side. Construction absorbs the requirement most visibly. The incremental cost of designing to a higher standard at the outset is almost always smaller than the cost of upgrading later. Organisations that integrate environmental performance early will hold a clearer advantage than those that continue to treat it as a later addition.



09 — RURAL TOURISM

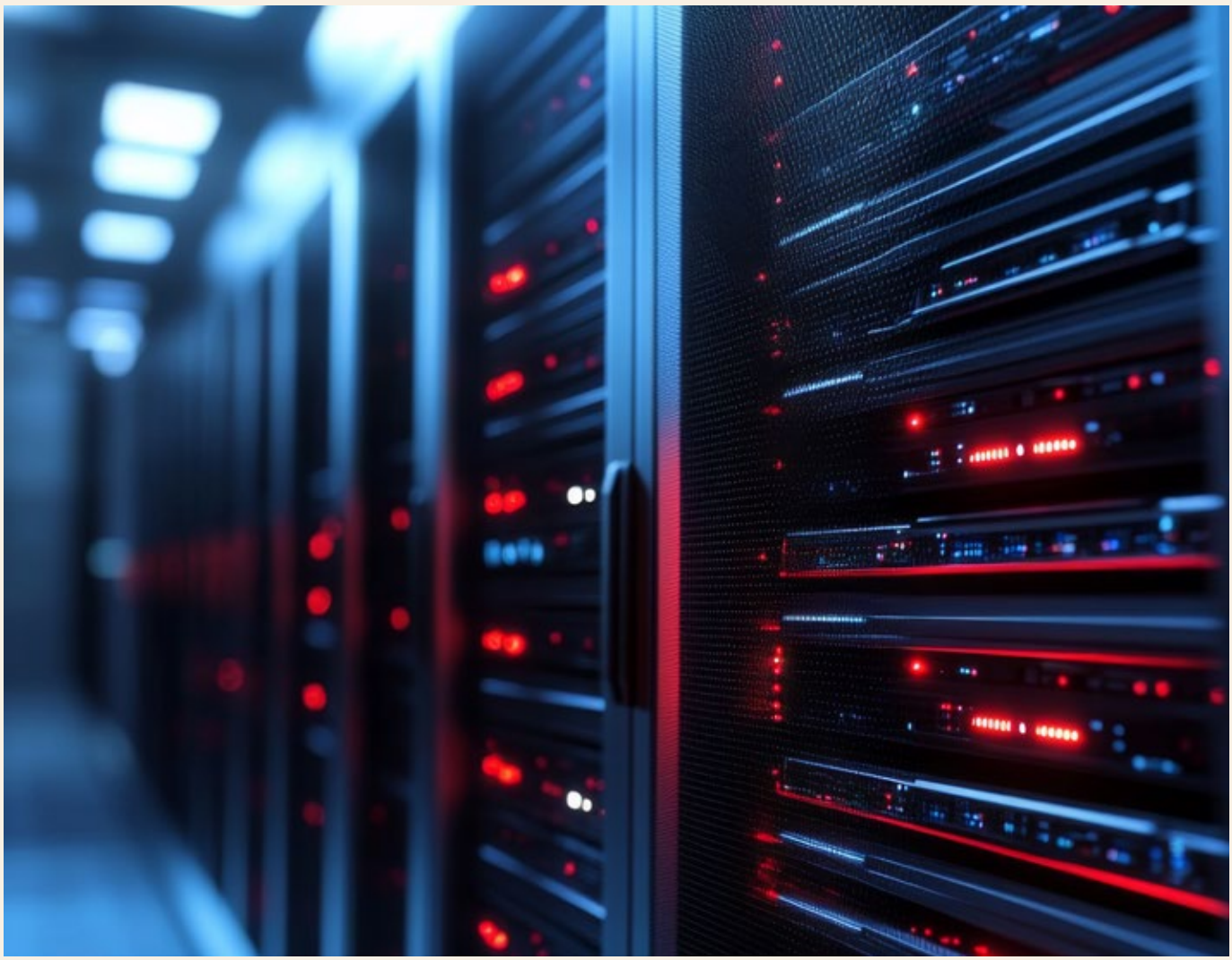
Development of Rural Tourism: Opportunities and Practical Directions to 2027

From seasonal stays to structured experiences across the region

Rural tourism has moved from a marginal complement to urban and coastal travel into a recognised segment with its own demand drivers. Visitors increasingly seek shorter breaks that combine landscape, local food, light activity and a sense of place.

Demand patterns have become clearer. A growing share of travellers look for stays of two to five nights. They value walkable surroundings, distinctive food and accommodation that feels rooted. The supply side remains fragmented. Many offerings began as farm stays or restored houses.

Infrastructure and access shape what is possible. Early assessment of utilities separates viable projects from those that encounter costly surprises. Product development follows recognisable paths: overnight accommodation as foundation, distinctive food, light activity, and partnerships with neighbouring producers. Successful development rests on realistic demand assessment, early resolution of utility and permitting questions, and disciplined control of scale.



09 — RURAL TOURISM

Data Centres in the Balkans: Progress, Potential and Constraints

Pros, cons and the current position of Slovenia, Slovakia, Serbia, Bosnia and Herzegovina and North Macedonia

Data centres have become critical infrastructure for cloud services, artificial intelligence, government digitalisation and regional connectivity. Across the Balkans the sector is still early compared with Western and Northern Europe, yet concrete projects and policy interest are visible.

Serbia is the most advanced. The state data centre in Kragujevac, operational since 2020, has hosted both government systems and commercial tenants. Installed capacity has been in the range of approximately 14 MW, with plans aimed at significant expansion. Slovenia combines EU membership, high renewable generation and a focused research effort. Slovakia has seen incremental commercial activity. Bosnia and Herzegovina presents ambitious announcements that remain at a developmental stage. North Macedonia is advancing a National Data Centre intended primarily for state systems.

Across the five countries the common advantages include geographic position and competitive cost structures in some markets. Common disadvantages include constrained power availability for large loads, high capital intensity, and the fact that most announced projects remain pre-construction. Through 2027 the region is more likely to see incremental, well-specified facilities than a sudden hyperscale wave, unless power and permitting constraints are resolved more rapidly than current timelines suggest.

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