

LSE-Roche WHA Event

Research Highlights: Health System Transformation Needs in Non-Communicable Disease Care

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THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

Outline



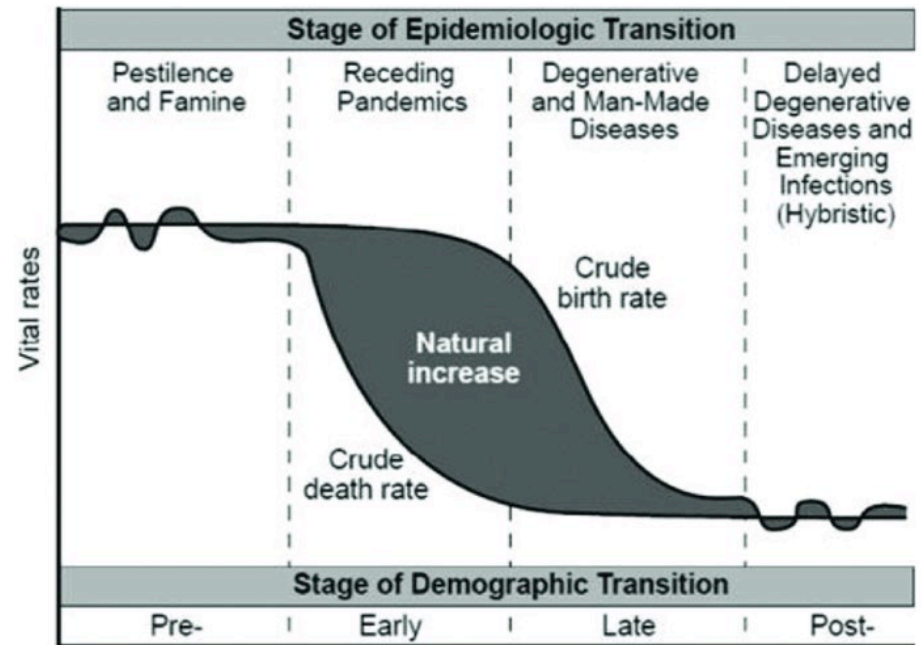
- Project context and objective
- Key research insights
- Identified policy barriers and enablers

Project Context



Transitions have increased ageing populations and NCD's

- Healthcare demand and financing affected
- War, pandemics, health workforce issues all impact health systems



- Health system transformation (HST) essential to effectively manage these challenges
 - ✓ Transition towards primary care and prevention
 - ✓ Increase efficiency and reduce waste
 - ✓ Objectively measure value of innovation

Objective - Identify examples of HST, specifically related to the three key focus areas of interest:



Service delivery decentralisation - A **deliberate shift** of healthcare services, decision-making, and resources from hospital-based systems **toward primary and community care** settings



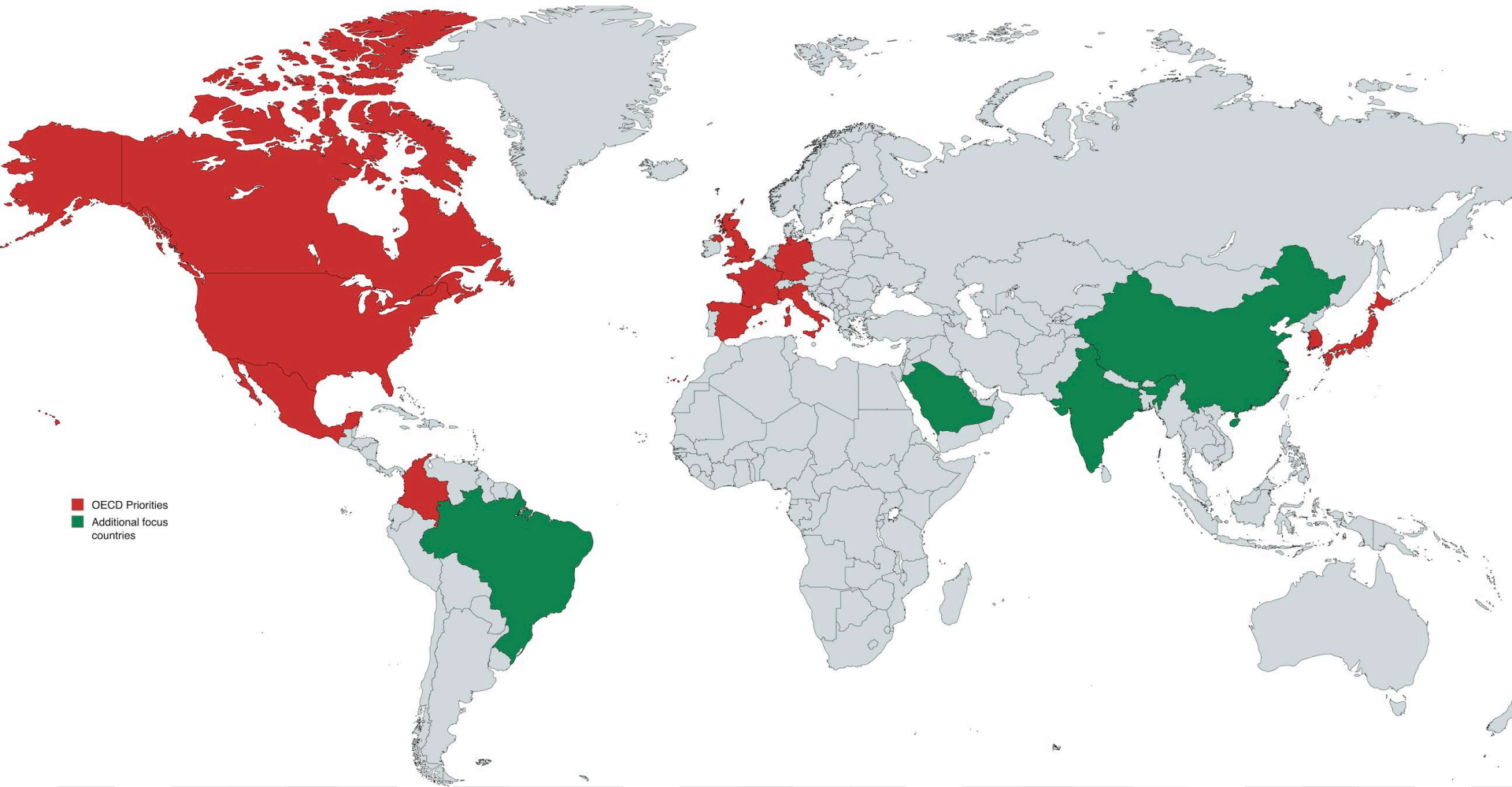
Effective and early screening, diagnosis & treatment - Efforts to **identify disease at the earliest stages** to improve outcomes, reduce costs / burden on secondary/tertiary care.



Health workforce development - Organised efforts to increase workforce **planning**, improve **retention**, effectively **up- and re-skill** where appropriate, redistribute **skill mix** and expand the scope of healthcare workers via **task shifting**.

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- ➔ Identify examples of transformation across the 3 areas (**case studies**)
 - ➔ Highlight common policy **barriers** - *factor that impedes / delays / negatively affects health system reform* - and **enablers / levers** - *factor that facilitates / accelerates / positively influences health system reform*.
 - ➔ Produce viewpoint piece for publication

Country Focus



Red - US, Japan, Germany, France, Italy, UK, Spain, Canada, Mexico, Korea, Colombia
Green (non-OECD) - India, Brazil, Saudi Arabia, China

Condition Focus



CVRM:

Obesity

Hypertension

Diabetes

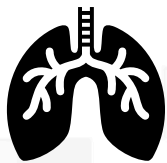


Ophthalmology:

Vision Health

Retinal Vascular
Disorders

Age related MD



Lung Health:

COPD



Neurology:

MS

Alzheimer's
Disease



Oncology:

Breast

Cervical
Lung

Research Insights



General Research Insights



- More than 100 transformation examples looked at
- Service delivery **decentralisation** seems to be the most common focus area
- The majority are at the **local level**, rather than national implementation
 - ➔ Most transformation processes are **bottom-up**
- Tend to be ‘triggered’ by local necessity
 - ➔ Transformations are **reactive** not proactive
- Most barriers and enablers cover health system transformation in general.

Service Delivery Decentralisation



Triggers:

- Chronic workforce shortages, underfunding and overstretched primary care limit system responsiveness.
- Ageing populations, a growing NCD burden, and rising costs demand more flexible, long-term, and integrated care models.
- Technological advancements and the realisation that NCDs require collaborative, lifelong care rather than episodic, reactive care are pushing both patients and systems toward decentralised, patient-centred approaches.
- COVID-19 as a catalyst for rapid roll-out of telehealth / virtual consultations

Transformation Examples:

- Virtual wards / hospital @ home (UK – COPD and heart failure¹)
- Self-management & remote monitoring (rural Australia²)
- Health checks (BP) in community (Global – May Measurement Month³)
- ‘Innovative’ drugs taken at home (UK – cladribine for MS treatment⁴)

1. <https://nhsproviders.org/providers-deliver-trusts-in-systems/central-london-community-healthcare-nhs-trust>

2. <https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Services/Regional+Health+Services/Rural+Support+Service/24+7+remote+health+monitoring>

3. <https://www.maymeasure.org/>

4. <https://www.england.nhs.uk/2025/03/thousands-of-nhs-patients-to-benefit-from-take-at-home-multiple-sclerosis-tablet-in-european-first/>

Early screening, diagnosis & treatment



Triggers:

- Information gaps negatively affecting the patient journey from positive screening test to treatment
- Advances in diagnostic technology
- Shift towards value-based care

Transformation Examples:

- Blood pressure checks in the community (Global - May Measurement Month⁵)
- Novel cancer screening methodologies (Croatia – Lung cancer⁶)
- Novel screening in newborns (Slovenia – Familial Hypercholesterolaemia⁷)
- Health literacy campaigns (Mexico – Diabetes⁸)

5. <https://www.maymeasure.org/>

6. <https://www.lungcancerpolicynetwork.com/lung-cancer-screening-in-croatia/>

7. <https://screenprofh.com/2023/04/05/slovenia-introduces-universal-screening-for-fh/>

8. <https://www3.paho.org/hq/dmdocuments/2014/2-COFEPRI-Mexico-RicardoCavazos-17nov2014.pdf>

Health Workforce Development



Triggers:

- Widespread staff burnout and attrition
- Lack of collaboration and communication between different levels of care
- Deep systemic weaknesses exposed by pandemic - reinforced the need for a resilient, adaptable, and well-supported workforce.
- Shift to decentralised care delivery – demand for new skills and new roles

Transformation Examples:

- Workforce redesign – task shifting, upskilling, development of multidisciplinary teams (Switzerland⁹)
- Rejuvenation – effective training and continued professional development (Mexico¹⁰)
- Incentives to enhance retention and recruitment – particularly focused on rural areas (Canada¹¹)
- Horizon scanning and workforce planning (Saudi Arabia¹²)

9. <https://www.nfp74.ch/en/k2H1RdKmaev3cRav/project/project-simon>

10. <https://www.paho.org/en/news/8-6-2022-500000-health-workers-receive-training-under-new-joint-initiative-paho-and-united>

11. <https://www.canada.ca/en/services/benefits/education/student-aid/grants-loans/repay/assistance/doctors-nurses/eligibility.html>

12. <https://www.moh.gov.sa/en/Ministry/Structure/Strategic-Workforce-Planning/Pages/default.aspx>

Identified Barriers & Enablers



Barriers



Category

Example Challenge

 **Political / Governance**

Short-term interests override strategic health needs (e.g. investment in prevention / primary care).

 **Financial & Budgetary**

Short-term funding cycles, lack of sustainable long-term planning & investment.

 **Human Resources**

Training bottlenecks, workforce planning misaligned with system needs.

 **Structural & Systemic**


Fragmented integration across primary, secondary, social care, and diagnostics with ineffective care coordination.

 **Digital & Technological**

Clinicians & patients overwhelmed by data surge and new tools without support or effective training.

 **Cultural & Perceptual**

Resistance to change from clinicians/patients, especially around new models.

 **Operational & Service Delivery**

Inflexible, standardised care models ignoring patient diversity.

 **Evidence & Evaluation**

Minimal monitoring of outcomes, economic impact, or system-wide performance.

Enablers / Levers



Category

Example Enabler

 **Political / Governance / Policy**

Long-term, bipartisan leadership focused on wider political ecosystem & health system transformation.

 **Funding & Payment**

Dedicated investment in infrastructure, digital health, workforce & innovation plus targeted transformation funds.

 **Stakeholder Engagement**

Inclusive partnerships with NGOs, civil society, community groups, and private sector around shared goals.

 **Structure & Leadership**

Multidisciplinary care teams maximising roles for nurses, pharmacists, paramedics, and community health workers.

 **Digital & Technology**

Strong digital governance, data-sharing protocols, privacy protections, and patient data ownership.

 **Communication & Change Management**

Transparent, evidence-based messaging about new care models, technologies, and treatments.

Thank You



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