PANEL 1 | SESSION 01

NCD 2030

Rethinking Health Systems for Chronic Disease Management

MODERATOR

Dr. Gautam Chakraborty — Director, Innovative Financing, Impact Scale Ventures; Former Senior Health Finance Specialist, USAID/India. Over 30 years in healthcare financing; led the $300M SAMRIDH blended finance platform and India's first Development Impact Bond (Utkrisht); DBA in Blended Finance; recipient of U.S. Ambassador's Eagle Award 2024.

PANELISTS

1. **Dr. Dinesh Baswal**: Strategic Advisor, iKure; Former Additional Commissioner — Maternal Health, Government of India. 34 years in public health; pioneer of national programmes ASHA, PMSMA, and LaQshya; instrumental in reducing India's Maternal Mortality Ratio; Johns Hopkins Public Health Scholar.
2. **Soumitro Ghosh**: Chief of Party, Abt Global (formerly Abt Associates). 30+ years in global health and development; founding CEO of WISH Foundation India, transforming 1,500+ primary health centres; formerly led USAID private sector health systems strengthening in Afghanistan.
3. **Abhishek Mishra**: Associate Vice President, Digital Health Transformation & Innovation, iKure Techsoft. 10+ years in AI-driven health solutions; worked with India's National Health Authority and global organisations including PATH; leads digital health strategy and large-scale implementation at iKure.

1 PANEL OVERVIEW

Panel 1 examined the growing burden of non-communicable diseases (NCDs) and the urgent imperative to redesign health systems for effective chronic disease management by 2030. The discussion united perspectives from public health systems, financing, community implementation, and policy design — surfacing the systemic gaps that prevent effective prevention, management, and long-term disease control.

A central theme was the recognition that most health systems remain structured around episodic care models — prioritising diagnosis and treatment over prevention and long-term disease management. This design is fundamentally misaligned with the needs of conditions such as diabetes, hypertension, and cardiovascular disease.

The panel called for a decisive paradigm shift: from "sick care" to continuous, preventive, and community-centred healthcare systems — underpinned by integrated primary care, innovative financing, and data-driven approaches.

2 CONTEXT AND KEY ISSUES

The global rise of NCDs poses a mounting challenge for health systems, particularly in low- and middle-income countries. Unlike communicable diseases, NCDs require sustained management, lifestyle modification, and continuous monitoring — making them structurally difficult to address within conventional health system architectures.

Several interconnected issues were identified as central to this challenge:

- Misalignment between system design and disease burden: Current systems are built to manage acute conditions through clinical interventions, rather than supporting ongoing care pathways spanning prevention, early detection, treatment, and follow-up.
- Mortality vs. morbidity focus: Health systems frequently prioritise mortality reduction over morbidity management and quality of life — metrics that matter most to people living with chronic conditions.
- Fragmented care pathways: Patients navigate disjointed systems with limited coordination between screening, diagnosis, treatment, and long-term monitoring. This fragmentation undermines adherence and increases complication risk.
- Lifestyle and environmental determinants: NCDs are closely linked to diet, physical activity, work conditions, and socio-economic context. Addressing these determinants demands a system-wide approach that extends well beyond clinical care.
- Financing gaps: Outpatient care costs remain high and are often uninsured or unreimbursed, creating persistent barriers to sustained treatment adherence.
- Inadequate outcome metrics: Current performance indicators focus on outputs — tests conducted, cases detected — rather than outcomes such as disease control rates, adherence, and long-term health improvement.

3 INSIGHTS FROM THE DISCUSSION

From Sick Care to Continuous Care

The most fundamental insight from the panel was that healthcare systems must transition from episodic, treatment-focused models to continuous care systems that support patients across the long term. For chronic conditions, the true measure of system performance is not the volume of diagnoses — it is whether patients maintain controlled blood sugar, stable blood pressure, and other key indicators over time, and successfully avoid complications.

This requires integrated care pathways that connect prevention, screening, treatment, and follow-up — ensuring continuity across all levels of the health system. The panel emphasised the need to re-envision the patient experience around continuity and navigability, rather than discrete clinical encounters.

Prevention and Risk Reduction

The panel called for a decisive shift from treatment-oriented approaches to risk-reduction models. Rather than waiting for disease onset, health systems must proactively identify high-risk populations and implement targeted interventions. Key strategies discussed included:

- Early identification of individuals with behavioural and metabolic risk factors
- Community-based education and awareness programmes
- Improving food environments through better labelling, regulation, and access to healthier dietary options
- Promoting physical activity and active lifestyles across communities and workplaces

Prevention requires a whole-of-society approach — engaging health systems, communities, workplaces, and policy frameworks in concert. The panel also noted that self-care, while valuable, can be counterproductive when unsupported by proper guidance and system-level integration.

Life-Cycle and Contextual Approach to NCDs

NCDs must be understood through a life-cycle lens, as they affect individuals across different life stages and are shaped by diverse socio-economic and environmental conditions. A critical discussion point was the need to align lifestyle recommendations with real-world constraints.

Individuals working long hours in physically demanding jobs, or living in shared or resource-constrained environments, often cannot adopt standard dietary or exercise guidance without structural support. A case example illustrated this directly: a daily wage worker diagnosed with diabetes may initiate treatment, but fail to sustain follow-up due to income loss from clinic visits. This underscores the case for community-based and decentralised care models that reduce access barriers.

Role of Community, Family, and Workplace

Lifestyle change cannot be driven by individual effort alone. Sustainable behavioural change requires active support from families, communities, and workplaces. The panel identified three critical support layers:

- Communities and households: Shape dietary habits, physical activity, and treatment adherence.
- Workplaces: Serve as platforms for screening, awareness, and targeted wellness interventions.
- Caregivers and social networks: Provide essential support for long-term disease management and medication adherence.

Investing in these support structures is essential for sustaining the behavioural change required to manage chronic diseases effectively.

Technology, Data, and Innovation

Digital tools and data systems were identified as critical enablers of NCD management at scale. Their key applications include:

- Risk stratification and early detection
- Monitoring of treatment adherence and clinical outcomes
- Population-level health analytics for system planning
- Behavioural nudges and automated follow-up reminders

However, technology must be designed for usability and embedded within existing workflows — particularly for frontline health workers and community-based programmes. A persistent gap identified was the difficulty of translating improved detection data into sustained care pathways and long-term disease management. Effective digital ecosystems must support the full continuum of care, from risk prediction to long-term follow-up.

Financing and Incentive Structures

Health systems tend to prioritise what they measure and incentivise. Currently, systems reward diagnosis and detection — driving a focus on case identification volumes that does not necessarily translate into improved long-term outcomes.

The panel argued that incentive structures must be realigned toward continuity of care, sustained disease control, and patient engagement. Innovative financing models — combining risk-tolerant catalytic capital with long-term sustainable investment — can support the development of integrated primary care systems built around these outcome-focused priorities.

4 CHALLENGES IDENTIFIED

Despite the clarity of the strategic direction, the panel identified significant structural and operational barriers to NCD management reform:

- Episodic care architecture: Health systems are structurally designed for acute conditions, not the long-term pathways that chronic diseases require.
- Fragmented care delivery: Limited integration across services — screening, diagnosis, treatment, and monitoring — reduces adherence and increases complication risk.
- Misaligned performance metrics: Overemphasis on detection and diagnostic outputs rather than long-term disease control and adherence outcomes.
- Contextual misfit of interventions: Lifestyle recommendations frequently fail to account for the real-world constraints faced by patients across different socio-economic contexts.
- Weak prevention infrastructure: Inadequate focus on early risk identification and preventive engagement before disease onset.
- Under-utilised community and workplace platforms: Household and workplace-based interventions remain poorly integrated into formal health system pathways.
- Financing model gaps: Existing financing structures do not incentivise or sustain the continuous, integrated care models that NCDs require.
- Data underutilisation: Available data is insufficiently leveraged for tracking long-term disease control, monitoring adherence, and guiding population-level planning.

5 OPPORTUNITIES AND PROPOSED SOLUTIONS

The panel identified clear pathways to strengthen health systems for NCD management. Each represents an actionable area for investment and reform:

Integrated primary healthcare systems: Build primary care as the foundation for continuous NCD management — connecting prevention, screening, treatment, and follow-up into seamless patient journeys.

Community-based care models: Engage community health workers, local organisations, and social networks to improve accessibility, build trust, and sustain treatment adherence.

Preventive health strategies: Strengthen policy environments that improve food systems, promote physical activity, and support early risk reduction — reducing long-term disease burden.

Outcome-based measurement and incentives: Reform performance metrics to prioritise disease control, patient engagement, and long-term adherence — aligning system behaviour with sustainable impact.

Digital health and data infrastructure: Invest in digital systems that enable real-time monitoring, personalised interventions, and population-level insights — supporting the full continuum of NCD care.

Public awareness and sensitisation: Scale large-scale communication campaigns to improve population-level understanding of chronic diseases and encourage early, sustained care-seeking behaviour.

Innovative financing models: Combine public, private, and catalytic capital to develop and scale integrated care systems — supporting innovation while ensuring long-term financial sustainability.

6 KEY TAKEAWAYS

- Health systems must transition from episodic "sick care" to continuous, preventive care — with integrated primary care as the foundation.
- Prevention and early risk reduction are essential to managing the growing NCD burden sustainably.
- Lifestyle interventions must be context-sensitive — designed for the real-world conditions of diverse population groups, not idealised settings.
- Community, family, and workplace engagement are decisive levers for sustaining behavioural change and treatment adherence.
- Technology and data must be embedded into frontline workflows — not layered on as parallel systems — to generate sustained care pathways.
- Incentive structures must be reoriented toward long-term outcomes: disease control, adherence, and patient engagement — not short-term detection volumes.
- Integrated, community-centred primary care systems require financing models that blend public, private, and catalytic capital in support of sustained delivery.

7 IMPLICATIONS FOR FUTURE HEALTH SYSTEMS

Panel 1 made clear that addressing the NCD burden requires a fundamental transformation in how health systems are designed, measured, and financed. The challenge is not technical — it is architectural and systemic.

Future health systems must place prevention, continuity of care, and population health outcomes at their core — shifting investment and system logic away from reactive treatment toward proactive, community-centred delivery. Integrated primary care should serve as the backbone of this model, supported by community networks, digital infrastructure, and sustainable financing.

Achieving NCD 2030 goals will require collaboration across healthcare providers, policymakers, communities, and the private sector — with cross-sector accountability for long-term outcomes. Policy frameworks must move from fragmented programme logic to coherent, whole-of-system approaches that sustain engagement with patients over the life course.

> "By reimagining healthcare as a system that sustains health throughout the life course — rather than simply treating illness when it arises — health systems can transform the trajectory of chronic disease and realise the vision of NCD 2030."
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> **— Panel 1 Closing Statement — Workshop Proceedings**