

STRENGTHENING HEALTH SYSTEMS

Through Financing, Data, and Community-Centred Care

MODERATOR

Nilanjan Roy — Country-level Business Leader & Founder-Operator; Former Senior Leader, Times Business Group. 20+ years scaling technology-driven organisations; completed executive education at Wharton; works with innovation ecosystems including IISc; focuses on technology, financing, and healthcare system evolution.

PANELISTS

1. **Pompy Shridhar**: Director, India, MSD for Mothers. 20+ years of experience in healthcare and finance; specialises in outcome-based and market-driven financing to expand access to affordable, quality care.
2. **Reiko Yano**: Founder & CEO, Prourgn LLC, Japan; Former General Manager, Mitsubishi Shoji Taiyo. 37 years at Mitsubishi Corporation in Information Systems and global SAP implementation; strategic advisor and investor for iKure and other social ventures; leverages IT and AI to address healthcare disparities in emerging markets.
3. **Dr. Leena Robra**: Head of Academic Engagement, Swissnex India. Bridges Swiss and Indian research landscapes across health, sustainability, and digital transformation; focus areas include antimicrobial resistance, digital health, and planetary health.

1 PANEL OVERVIEW

Panel 2 examined the interplay between healthcare financing, data systems, and community engagement in building equitable and sustainable health systems. The discussion united perspectives from global health systems, impact financing, digital health, and grassroots implementation — exploring how financing structures, data gaps, and trust deficits shape access to care.

The panel addressed three interlocking questions: how health systems can scale impact without disrupting what works; how financing models influence care delivery decisions; and how data and technology can support more efficient, equitable systems.

A central argument was the need to shift from fragmented, provider-centric models toward integrated, patient- and community-centred approaches — particularly in low- and middle-income settings where system design choices have the most direct consequences for populations.

2 CONTEXT AND KEY ISSUES

Health systems globally are undergoing rapid transformation, driven by expanding insurance coverage, technological advancement, and rising demand for accessible, affordable care. These changes bring complex and simultaneous pressures: financing sustainability, data infrastructure deficits, and persistent inequities in service delivery.

Several interconnected issues defined the discussion:

- **Scaling without disruption:** Well-intentioned programmes designed to improve access can produce unintended consequences when they fail to account for local system dynamics, behavioural patterns, and stakeholder relationships.
- **Universal health coverage sustainability:** Drawing on international experience — particularly Japan's UHC model — panelists noted that broad access requires substantial, continuous financial contributions from governments, employers, and individuals. Rising costs, ageing populations, and growing demand intensify this pressure. High salary-linked contributions (estimated at ~30% in some models) raise important questions about long-term viability even in systems that have achieved wide coverage.
- **Outpatient and primary care financing gaps:** In countries where universal coverage is still evolving, financing for outpatient and early-stage interventions remains limited. These gaps drive delayed care-seeking and greater reliance on costly hospital-based treatment.
- **Fragmented health data systems:** In many settings, healthcare data remains inconsistent, fragmented, and paper-based. Without standardised, reliable data, effective policy design, outcome monitoring, and scalable digital solutions remain out of reach.

3 INSIGHTS FROM THE DISCUSSION

System Dynamics and Unintended Consequences

Interventions designed for impact at scale must carefully account for system dynamics and behavioural responses. Programmes that introduce external actors or resources without integrating them into existing systems can inadvertently disrupt local relationships and reduce overall effectiveness.

This underscores the importance of systems thinking in healthcare design — evaluating interventions not only for their immediate benefits, but for their second-order effects on communities, institutions, and trust over time.

Financing Models and Community-Based Approaches

Experiences from countries with established universal health coverage demonstrated that sustainable systems require diversified financing mechanisms — drawing on contributions from individuals, employers, and governments. However, replicating such models across different contexts is not straightforward.

Community-based mutual aid mechanisms offer a practical alternative and complement to formal insurance. Small, regular contributions from community members can create pooled funds that extend financial protection to underserved populations — providing an accessible entry point for those not yet reached by formal systems.

The Complexity of Outpatient Care Financing

Outpatient care remains one of the most structurally challenging areas for health system financing. High patient volumes, socio-cultural barriers, uneven technology adoption, and the risk of over-utilisation collectively make it difficult to design sustainable financing models.

Accessibility constraints — including distance, cost, and social factors — substantially influence utilisation patterns. Many individuals, particularly women and children, do not access care when it requires long travel. This reinforces the case for decentralised, community-level primary care services designed around where people actually are.

Data Systems and Digital Health Infrastructure

Data was identified as a foundational enabler of stronger health systems — and its absence a significant constraint. In many settings, care data remains fragmented, inconsistent, and paper-based, limiting its utility for planning, monitoring, and governance.

International examples showed how policy levers and financing incentives can drive digital transformation: linking reimbursement systems to digital reporting requirements, for instance, incentivises adoption of electronic medical records and improves data quality over time. As insurance coverage expands and digital systems mature, integrated health information platforms become both achievable and essential.

Power Dynamics and Equity

The panel highlighted the need to address structural power imbalances within healthcare systems, where providers and institutions often dominate decision-making at the expense of patients and communities. Low trust in these systems directly limits healthcare utilisation — and community-embedded actors play a decisive role in shifting care-seeking behaviour.

Achieving more equitable systems requires redistributing decision-making power toward communities — enabling greater participation of patients and local actors in both healthcare planning and service delivery. The role of private capital was discussed as a dual-edged reality: while private investment can accelerate innovation and scale, it can also drive consolidation and deepen inequity if not aligned with public health goals.

Preventive Care and Value-Based Models

The panel placed strong emphasis on the economic and clinical case for preventive care and early intervention. Early-stage investment significantly reduces long-term system costs and improves population outcomes. Yet preventive and outpatient care models can reduce immediate revenue streams for providers — creating misaligned incentives that work against their adoption.

Communicating the value of prevention effectively requires robust data and evidence. Individuals and policymakers alike struggle to appreciate long-term benefits without clear, quantifiable insight. The concept of value-based care (VBC) was discussed as a structural pathway forward — but transitioning from volume-based service delivery requires aligned incentives, strong evidence, and data systems capable of measuring outcomes meaningfully.

4 CHALLENGES IDENTIFIED

The panel identified several persistent structural and operational challenges affecting health system performance and equity:

- **System disruption risk:** Scaling interventions without disrupting existing local dynamics, relationships, and informal care pathways.
- **UHC financial sustainability:** Maintaining universal coverage systems under the pressure of rising costs, ageing populations, and high contribution burdens.
- **Outpatient financing gaps:** Limited and unsustainable financing models for primary and outpatient care — the entry point for most health needs.
- **Fragmented data infrastructure:** Inconsistent, paper-based, and siloed health data systems that cannot support effective policy or digital transformation.
- **Provider-patient power imbalances:** Centralised decision-making structures that reduce community participation and trust in healthcare institutions.
- **Private sector misalignment:** Risk of private investment driving consolidation and inequity when not aligned with public health objectives.
- **Weak evidence base for prevention:** Insufficient data and communication tools to demonstrate the long-term value of preventive and early-intervention models.
- **Volume-based incentive structures:** Existing financial incentives that reward repeated visits and procedures rather than improved health outcomes.

5 OPPORTUNITIES AND PROPOSED SOLUTIONS

The panel identified clear pathways to strengthen health systems for financing, data, and community-centred care. Each represents an actionable area for investment and reform:

Hybrid financing models: Combine public funding, private investment, and community-based contributions to improve financial sustainability and expand coverage. Community mutual aid mechanisms can serve as accessible entry points for populations not yet reached by formal insurance systems.

AI-enabled community health support: Deploy open, medically validated AI tools to support community health workers in remote and resource-constrained settings. These tools can augment frontline decision-making capacity and help bridge last-mile care gaps without requiring specialist infrastructure.

Primary care and outpatient investment: Prioritise investment in primary and outpatient services as the most cost-effective lever for improving health outcomes. Strengthening early-stage care reduces pressure on tertiary facilities and reorients the system toward prevention and continuity.

Digital health infrastructure and data systems: Use policy-driven incentives — such as linking reimbursement to digital reporting — to accelerate electronic record adoption and improve data quality. Strong health information systems are the foundation for effective planning, governance, and scale.

Community engagement and local ownership: Embed communities actively in healthcare planning and delivery to improve trust, increase utilisation, and ensure interventions align with real local needs. Community participation is not a soft add-on — it is a system-performance driver.

Impact-oriented private sector alignment: Channel private investment through financing models that explicitly align returns with public health goals. This can support innovation and scale while maintaining equity and accessibility as non-negotiable conditions.

6 KEY TAKEAWAYS

- Health system interventions must account for complex system dynamics — second-order effects and unintended consequences are as important as intended outcomes.
- Sustainable healthcare requires diversified financing — combining public, private, and community-based mechanisms to share risk and extend coverage.
- Primary care and outpatient services are the highest-leverage investment point for improving access, reducing costs, and shifting systems toward prevention.
- Data and digital infrastructure are foundational, not optional. Without reliable health data, effective governance, planning, and scale remain structurally impossible.
- Addressing power imbalances and promoting genuine community participation improves both equity and system effectiveness — trust is a health outcome.
- Transitioning to value-based care requires aligned incentives, strong outcome data, and willingness to reform the financial structures that currently reward volume.

7 IMPLICATIONS FOR FUTURE HEALTH SYSTEMS

Panel 2 made clear that health systems must evolve toward integrated, data-driven, and community-centred models — and that this evolution is as much a financing and governance challenge as a technical one. Future systems must balance financial sustainability with equitable access, ensuring that innovation and investment translate into outcomes that reach those who need them most.

Expanding insurance coverage, investing in primary care, and building digital health infrastructure are necessary but not sufficient. Policymakers must simultaneously reform the incentive structures that currently favour volume over value, and actively redistribute decision-making power toward communities. Private capital has a role to play — but only when anchored to public health goals through impact-oriented financing frameworks.

Community engagement is not peripheral to this agenda — it is central. Health systems that involve communities in planning and delivery build the trust that drives utilisation, adherence, and long-term impact. Ultimately, the shift from reactive, fragmented care to proactive, integrated systems requires that financing, data, and community ownership move together — not as separate reform tracks, but as a unified architecture for health equity.

“Financing, data, and community trust are not separate pillars of health system reform — they are a single architecture. Health systems that align all three will define what equitable care looks like in 2030 and beyond.”

— Panel 2 Closing Statement — Workshop Proceedings
