The Value of Chronic Care

Closing the gap between life and health spans

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Contents

Foreword

Living longer should mean better health, not just more years.

In many countries, the gap between how long people live and how well they live is widening.

Chronic diseases – hypertension, diabetes, cardiovascular disease, cancer, mental health conditions, to name a few – increasingly shape how hundreds of millions of people live, work, and plan for the future.

As life expectancy increases and lifestyles evolve, the impact of these conditions is rising. But these pressures do not play out in the same way everywhere. Countries with younger populations may experience low levels of chronic disease but face weaker health systems that struggle to respond as needs grow. In others, longer lives bring extended illness, heightening demands on even well-developed care systems.

Chronic diseases can play out over decades. Individuals require ongoing treatment and monitoring, while families shoulder additional caregiving responsibilities – increasing the need for financial resilience over longer periods of illness. Health care systems remain central to this response, but they are only one part of a broader ecosystem of prevention, treatment, protection, and support.

The Value of Chronic Care – the second report in Zurich's *The Value of Health & Wellbeing* series – examines two crucial questions: How prepared are countries to manage the chronic conditions that will define health in the decades ahead – and how must prevention and protection evolve in response?

Analyzing a decade of data for more than 200 conditions across 38 countries, the report brings together two distinct perspectives: the scale of chronic disease burden across populations, and the capacity, quality, and readiness of health systems in responding to it.

1 in 3

adults live with a long-standing illness or health problem

2023 data, OECD countries. OECD. Health at a Glance 2025: OECD indicators (2025)

While the index provides a benchmark of relative performance across countries, its purpose is to identify the patterns, tensions, and opportunities that shape how chronic disease care is delivered. Building a consistent, comparative view of these dynamics can help reveal how countries are adapting – an essential step toward building sturdier systems and more sustainable outcomes.

The data presented here, while numerical in form, reflects real people and real needs – our family, our friends, and our colleagues. The opportunity now is to stabilize how systems manage our health over time. It is our hope that this report informs and inspires efforts to help communities not only to live longer lives, but to live healthier ones.

Alison Martin
CEO, Life, Health & Bank Distribution

Key findings

Chronic diseases account for a growing share of health and economic burden across developed economies, as people live longer and health systems struggle to adapt. Collectively, they are the leading cause of death and disability, and already account for the bulk of healthcare spending. These diseases are long-duration and often progressive, but in many cases remain preventable and manageable through targeted intervention.

As morbidity impacts grow, health systems and financial protections that were designed for acute events are now being tested by lifelong condition management. This shift affects not only care delivery, but how individuals maintain income, financial resilience, and independence over time – requiring a broader, coordinated response beyond the health system alone.

The Chronic Care Index brings together two dimensions of this challenge – the scale of disease burden and how effectively health systems respond – across all 38 countries of the Organization for Economic Co-operation and Development (OECD). It provides a benchmark to highlight where performance is strong, where gaps persist, and where future pressure may emerge.

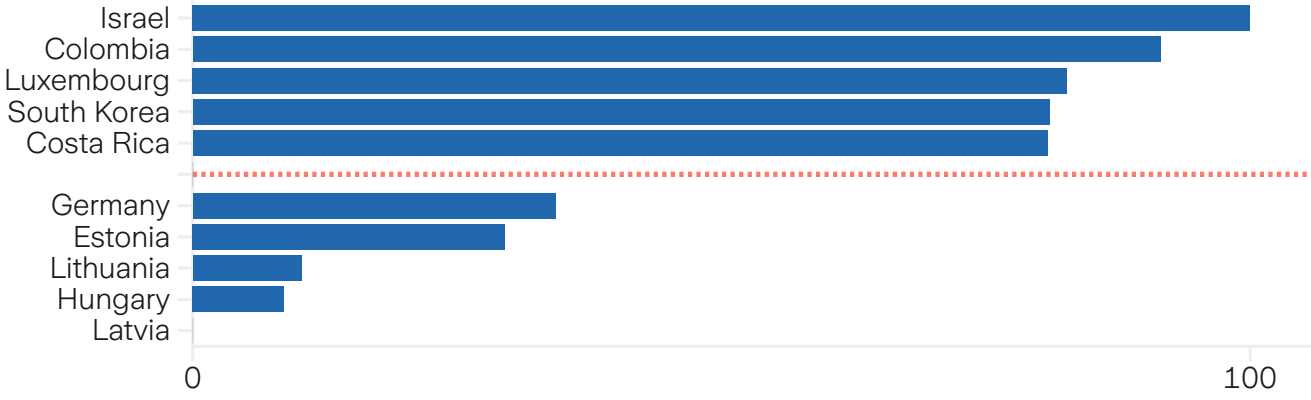
1. Grimshaw et al. Estimates of non-communicable disease expenditure by disease phase, sex, and age group for all OECD countries (2025).

A widening gap between lifespans and health spans

Chronic disease is changing in an important way. In many OECD countries, fewer people are dying prematurely, but more are living for longer with illness, often for decades.

This means more time spent managing conditions, more pressure on health systems and households, and a growing need for ongoing support. It also shifts the challenge from short-term events to long-duration risk – with direct implications for prevention approaches and care costs, as well as income stability and long-term financial planning.

Scores: Chronic disease burden, Highest and lowest rankings

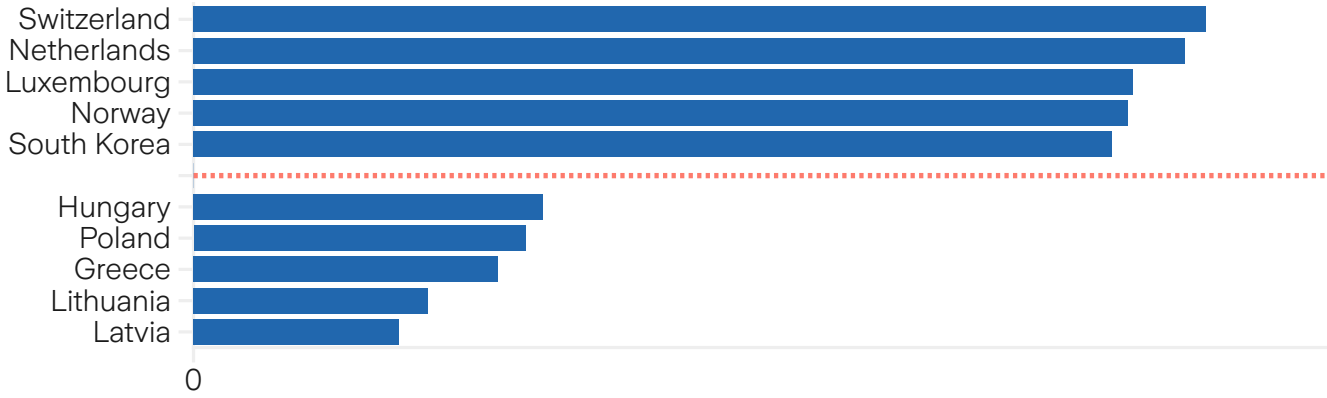


Quality drives comparative performance

Capacity matters, but it does not fully explain the gap in performance. Large gaps remain in quality and readiness across countries – particularly in access, coordination, and continuity of care.

This creates an access gradient that directly impacts disease outcomes: Individuals facing financial or geographical barriers delay seeking diagnosis, struggle to maintain treatment, or rely on fragmented care. And where out-of-pocket costs are high, or protection is limited, this can lead to financial insecurity.

Scores: Health system performance, Highest and lowest rankings

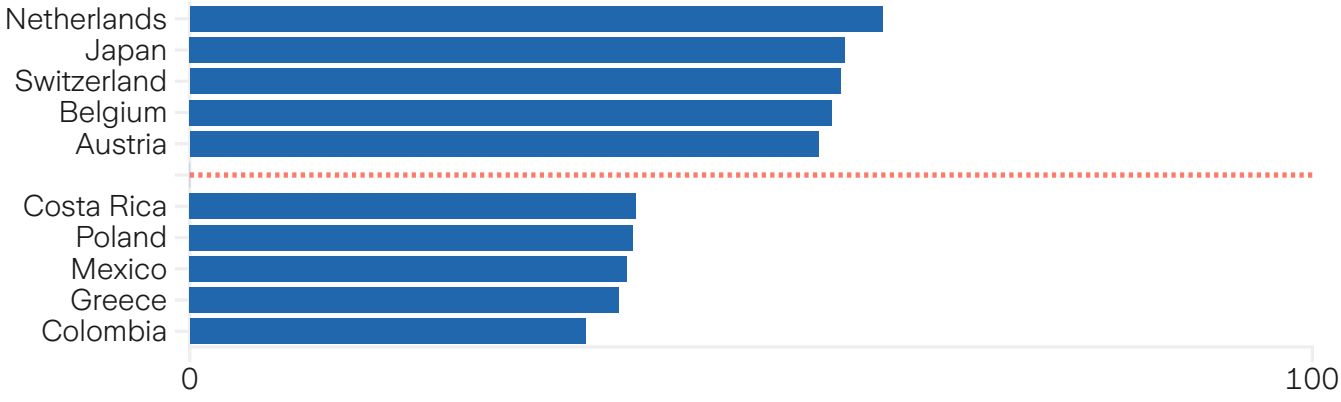


Resources alone do not guarantee outcomes

When disease burden and system performance are viewed together, a clearer picture emerges of how well countries are positioned to manage chronic conditions.

Demographics play a central role: countries with younger populations face rising pressure as populations age, while countries with older populations must find a way to maintain high performance under increasing demand. The result is two trajectories: one of prevention and preparation, and one of management.

Scores: Chronic Care Index, Highest and lowest rankings



Higher scores indicate stronger performance. Refer to Data and methodology for a full set of data sources, assumptions, and calculations.

Acute care systems facing a chronic reality

These findings may arise from a structural gap: systems built for acute events that are now being tested by lifelong condition management.

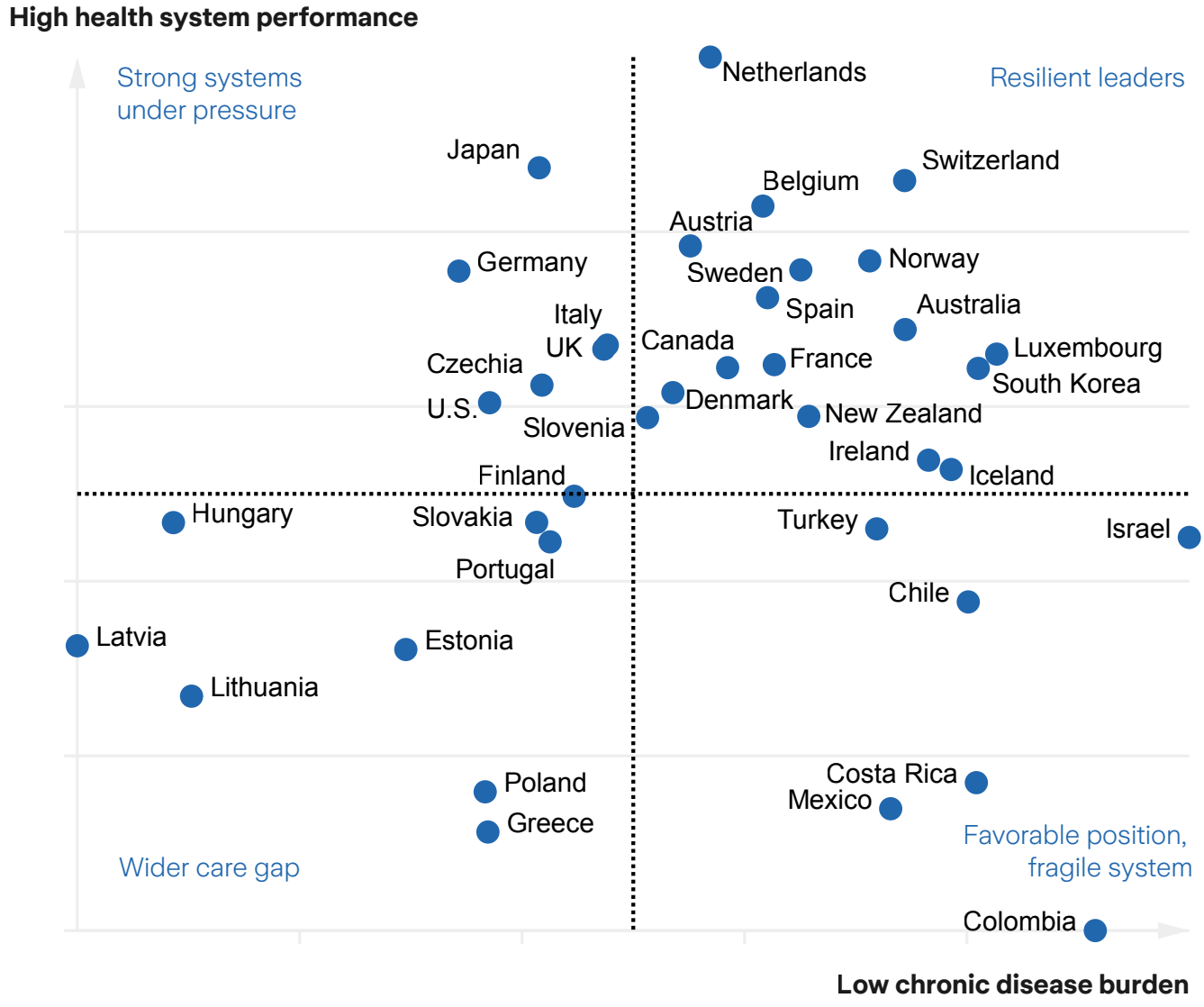
Countries that lead the Chronic Care Index – including Switzerland, the Netherlands, Luxembourg, Norway and South Korea – combine relatively low disease burden with strong health system performance, suggesting better management of both underlying risk factors and care delivery over time.

By contrast, lower-performing countries – such as Latvia, Lithuania, Greece, Poland, and Hungary – may face a wide care gap: a heavier burden of disease without the system infrastructure, quality, and readiness to manage it effectively. And when a country falls behind on both dimensions, catching up can become structurally more difficult.

Crucially, the findings show that performance is not simply a function of spending or system size, nor does aging alone predetermine high disease burden. Closing this care gap requires coordination across public health systems, employers, and insurers – with insurers contributing through earlier intervention to reduce risk, stronger protection for income and financial resilience, and services that help people navigate support over time.

Chronic Care Index

Chronic disease burden and Health system performance scores (0 – 100)



Higher scores indicate stronger performance. Health system performance scores have been rescaled here to better visualize relative positioning of countries. Refer to Data and methodology for a full set of data sources, assumptions, and calculations.

Rebalancing risk: South Korea has a low disease burden despite a rapidly aging population, reflecting progress on behavioral risks. But rising metabolic risk is shifting the challenge toward earlier detection and long-term condition management.

Managing aging: Switzerland shows that aging populations don't have to mean worse outcomes. Strong coordination, high trust, and patient confidence support more consistent management of chronic conditions over time.

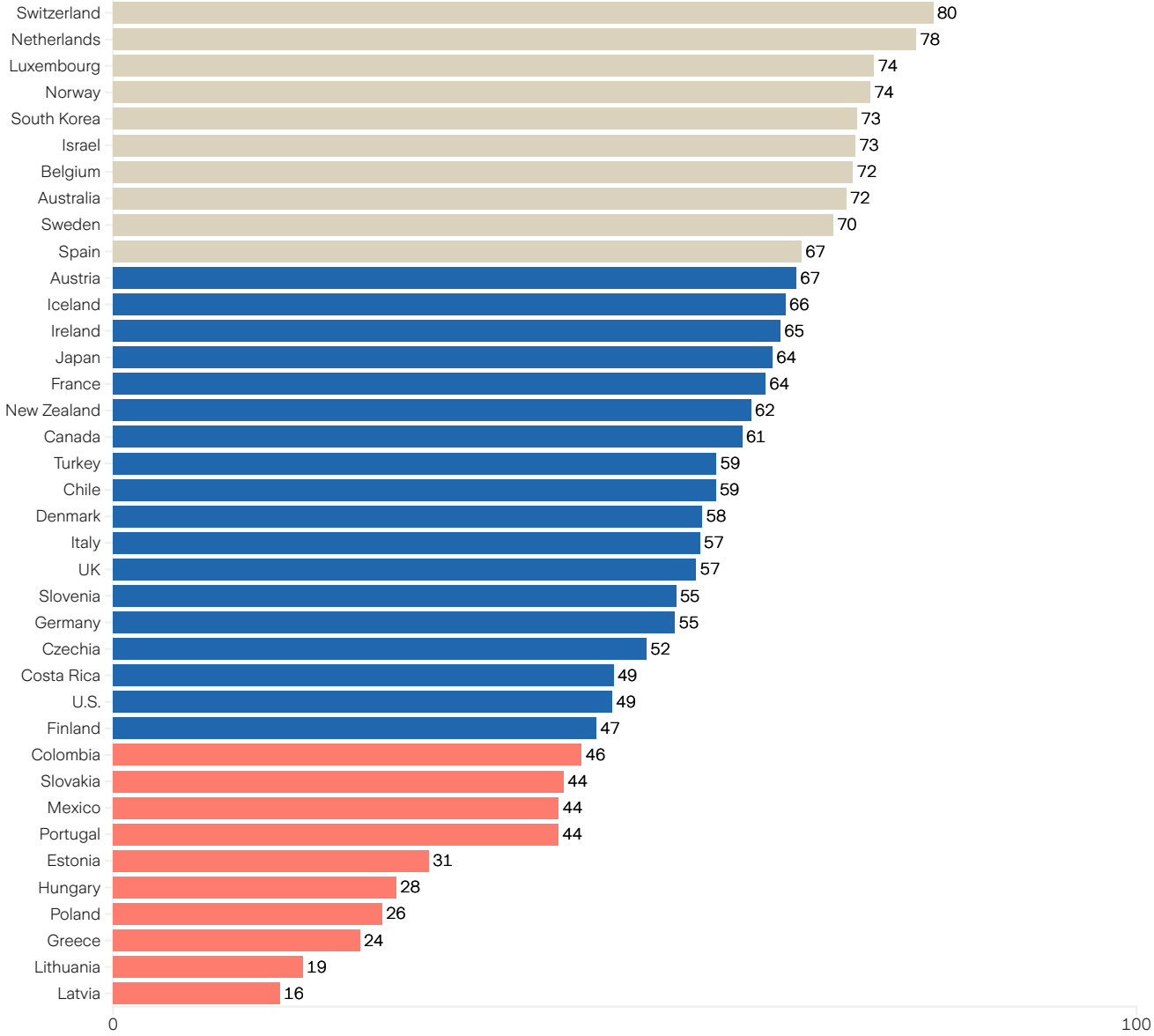
Access gap: The U.S. has some of the most advanced care available – but people do not access it evenly, which can lead to delays in diagnosis, inconsistent follow-up, and poorer control of chronic conditions.

Effectiveness gap: It is easier to enter care in Germany, but the bigger challenge is what happens next – care is not always well coordinated over time, making it harder to manage conditions consistently and avoid unnecessary escalation.

System design: The Netherlands shows how care design can influence disease burden, translating solid resources into consistent delivery through strong coordination and a clear focus on prevention and return-to-work support.

Scores: Chronic Care Index

0 – 100



Higher scores indicate stronger performance. Refer to Data and methodology for a full set of data sources, ssumptions, and calculations.

The next opportunity:
Closing the chronic care gap

Chronic conditions play out over decades. As people live longer with disease and disability, the value of chronic care will lie in how early and effectively countries organize, access, and sustain care, particularly through investment in prevention, integration, and shared responsibility:

1. **From management to prevention:**
   While treatment remains essential, acting earlier can reduce the likelihood that conditions develop into long-term disease, containing impacts on health, work, and financial stability. This is particularly important for conditions that can escalate over time, from cardiovascular disease and diabetes, to dementia and mental health disorders, reducing work capacity and driving long-term cost.

   Incidence and progression can be curbed by two sets of interventions: behavioral change targeting key risk factors, such as diet and physical activity; and identification and management of metabolic risk through screening and data.[2] As populations age, improvements in behavioral risks do not always coincide with reductions in underlying metabolic risk, meaning prevention must increasingly focus not only on reducing exposure, but on identifying, monitoring and managing risk earlier and more consistently over time.

   To support this, new models are emerging to expand access to risk assessment and screening, often delivered through employer-sponsored or insurance-linked platforms. This includes digitally-enabled risk profiling, condition-specific programs, and services that combine data, behavioral support, and clinical input over time. These models do not replace health systems, but extend their reach – enabling earlier identification of risk and more consistent support to sustain behavior change and manage conditions before they escalate.

2. Riley-Gibson et al. A systematic review to determine the effect of strategies to sustain chronic disease prevention interventions in clinical and community settings (2025).

2. From fragmented interventions to integrated journeys:

Chronic care is not a single event, but a multi-year journey involving multiple touchpoints – primary care, specialists, employers, and other support providers. In many cases, a lack of integration can leave individuals and employers without a clear pathway through care. This can determine whether people receive timely, consistent care – or experience delays, costly duplication, and gaps in support.[3]

The focus should now be on how these services connect: giving people a clear way into care, ensuring information flows between providers, and maintaining consistent follow-up as conditions evolve.

3. From system performance to shared responsibility:

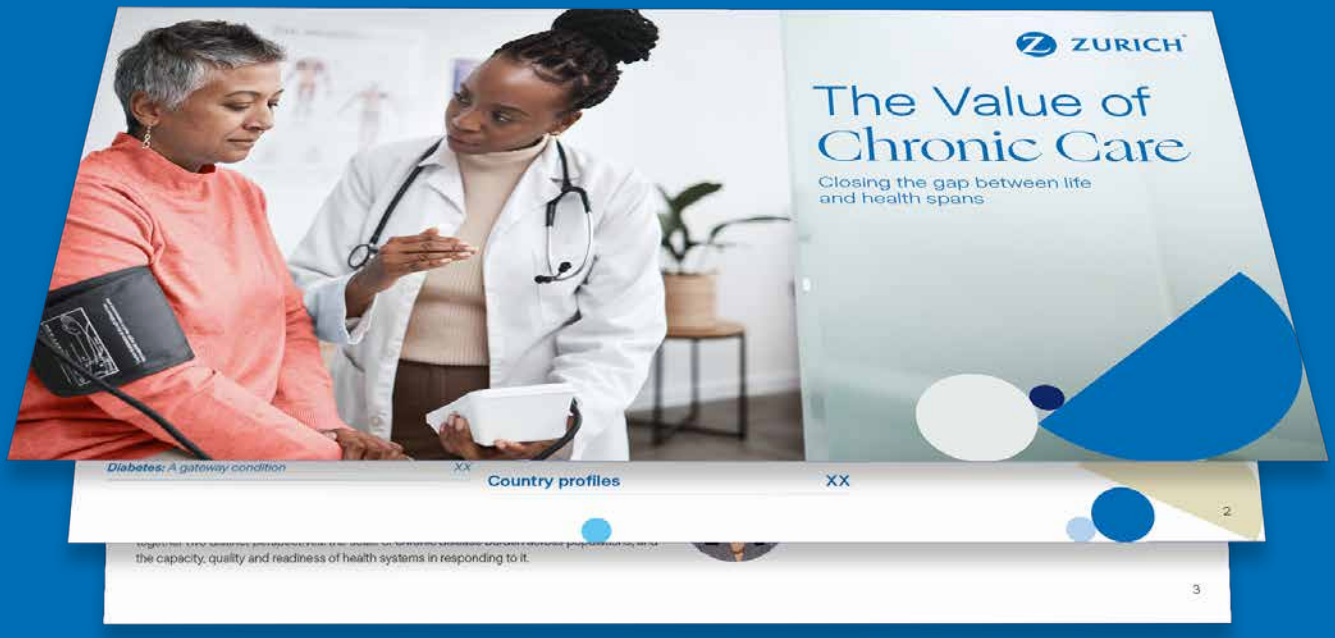
The scale and duration of chronic disease exceed what any single person or institution can manage alone. A shift is already underway toward shared responsibility across public systems, employers, and insurers.

Employers play a key role in shaping the workplace environment and reaching working-age populations.[4] At the same time, insurers are central to delivering access to prevention, early detection, continuity of support and ongoing condition management, complementing public healthcare systems.

3. OECD. Integrating Care to Prevent and Manage Chronic Diseases (2023).
4. Virtanen et al. Effectiveness of workplace interventions for health promotion (2025).

Visit us to read the full report:

zurich.com/the-value-of-chronic-care



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