From research to equity in health systems: Generating, understanding and implementing evidence

Adelina Comas-Herrera
Director, Global Observatory of Long-Term Care
Care Policy and Evaluation Centre
London School of Economics and Political Science
www.goltc.org

1 July 2026

A step back in time: the beginning of the Covid-19 pandemic

- The World Health Organization and almost all governments were not monitoring the number of deaths linked to COVID outside hospitals, this led to an almost invisible tragedy.
- Building on the International Long-Term Care Policy Network, on 20th March 2020 we created a webpage to share, in real time, any data & evidence international researchers could provide on COVID in Long-Term Care systems: LTCcovid.org

GOLTC

What we did

- Newspaper reports from Italy, Spain, Belgium and France on large numbers of deaths in care homes and of care homes becoming “overwhelmed”.
- Used the International Long-Term Care Policy Network (ILPN) to create LTCcovid.org, initially a simple blog that started to document international reports on 20 March.
- Invited ILPN members and other experts on LTC to write reports about the situation in their countries, what measures were being adopted and share early research.

GOLTC

CNN World Africa Americas Asia Australia China Europe India Middle East United Kingdom

The world sacrificed its elderly in the race to protect hospitals. The result was a catastrophe in care homes

By Emma Reynolds, CNN
Updated 6:10 AM EDT, Tue May 26, 2020

CNN World Africa Americas Asia Australia China Europe India Middle East United Kingdom

Early struggles

Researchers based at the London School of Economics (LSE) created the Long-Term Care responses to Covid-19 (LTCcovid) group with its International Long Term Care Policy Network (LTCPN). LTCcovid is a global network of academics and experts in the field who gather and analyze official data from around the world, and found that many

World Health Organization
REGIONAL OFFICE FOR Europe

English Français Deutsch Русский

Search

Home | Health topics | Countries | Publications | Data and evidence | Media centre | About us

Health topics > Health emergencies > Coronavirus disease (COVID-19) outbreak > Statements > Statement – Invest in the overlooked and unsung: build sustainable people-centred long-term care in the wake of COVID-19

Coronavirus disease (COVID-19) outbreak

- News
- Latest updates
- About the virus
- Publications and technical guidance
- Country information
- Health System Response Monitor
- Weekly surveillance report
- Training courses
- **Statements**
- Multimedia

Statement – Invest in the overlooked and unsung: build sustainable people-centred long-term care in the wake of COVID-19

Statement to the press by Dr Hans Henri P. Kluge, WHO Regional Director for Europe

23 April 2020, Copenhagen, Denmark

Good morning.

Thank you for joining us today.

Over these past three months, since the first cases were reported, the WHO Regional Office for Europe has worked around the clock to support countries prepare and respond to COVID-19. As part of this support we have sent teams into countries to offer on-the-ground support and

23 April 2020, Copenhagen, Denmark, by Dr Hans Henri P. Kluge, WHO Regional Director for Europe

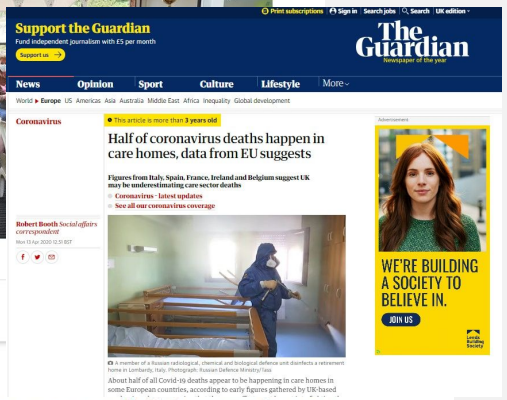
The Economist | Menu | Weekly edition | The world in brief | Search

Europe | Uncounted, unseen

Many covid deaths in care homes are unrecorded

Governments are waking up to a hidden calamity

May 9th 2020 | PARIS



euronews. My Europe World Business Sport

News > World

Coronavirus: Care homes could be where over half of Europe's COVID-19 deaths occur, says new study

Samme bilde i fem land: C… halvparten av coronado… skjer ved institusjoner

En fersk rapport fra London School of Economics vise… advarer forskerne mot beboere som kan være smitte…

The Washington Post
Democracy Dies in Darkness

This article was published more than **3 years ago**

CORONAVIRUS … and deaths by state | World map | New CDC guidance | When am I still contagious? | The people who

EUROPE

Nursing homes linked to up to half of coronavirus deaths in Europe, WHO say

By Michael Birnbaum and William Booth
April 23, 2020 at 4:42 p.m. EDT

Correio Braziliense Acervo

MUNDO

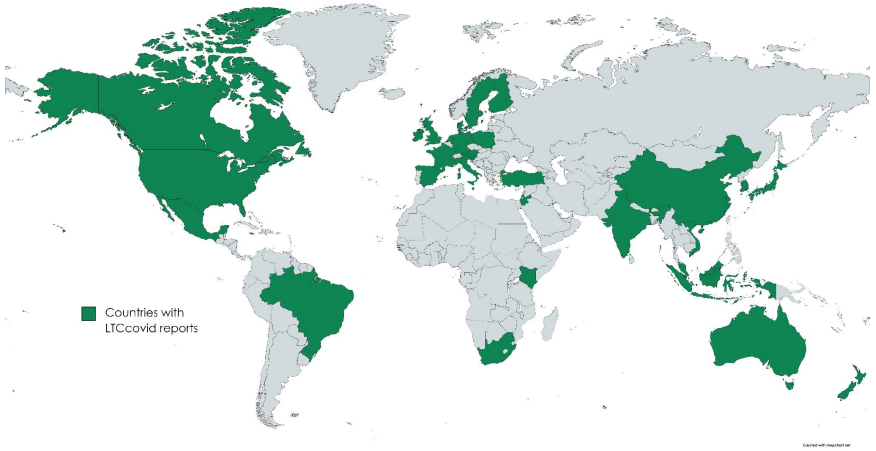
A face mais cruel da pandemia: abandono de idosos choca o mundo

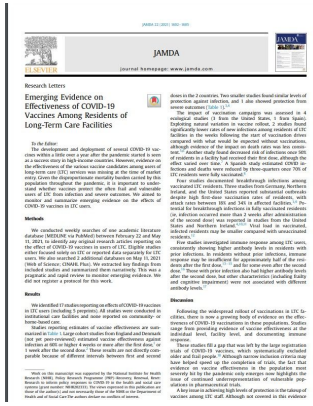
Metade dos óbitos provocados pela Covid-19 na Europa ocorreu dentro de asilos, revela relatório divulgado em Londres. Morte de 31 idosos e abandono de pacientes deixam o Canadá em estado de choque. Especialistas acusam governos de omissão

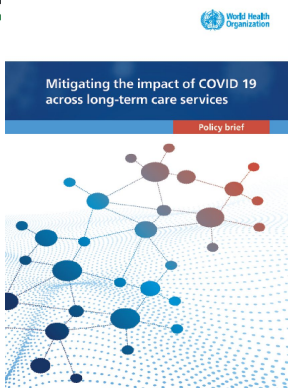
4/2020 - 12:54

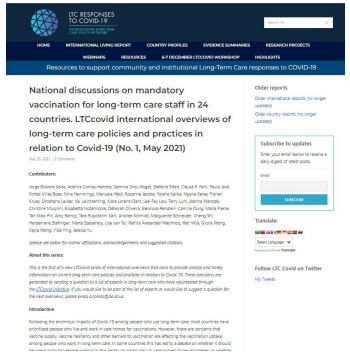
What we did next:

reports for WHO (Euro & Global), advising governments, continued collecting evidence









LTCcovid.org in figures:

- 456,782 website views
- 37 country reports
- 2,582 subscribers
- 30+ webinars
- 2-day virtual conference in December 2021 with 72 presentations

GOLTC

Key policy changes to address structural weaknesses exposed to the pandemic

- *Governance:*
  - Improving governance and system structures
  - Strengthening and guaranteeing the rights and voices of people who use and provide care
  - Better integration and/coordination across sectors/governments
  - Ensuring people who use LTC have access to the health care system

- *Sustainable finance:*
  - Improve financing/funding structures so enough funding is available to address care workers pay

- *Information, Monitoring and Information systems*:
  - Strengthening regulation and quality assurance mechanisms
  - LTC facility registration and regulation of providers
  - Residential care standards (consider scientific evidence on worse outcomes for larger/old care homes)
  - Developing or improving data and information systems

- *Workforce:*
  - Address pay and working conditions to promote staff retention
  - Improve support and/or training of unpaid/informal carers

- *Service Delivery*:
  - Supporting home and community-based care
  - Ensuring coverage of unpaid carers
  - Harnessing useful technologies

GOLTC

Some positives

- Increased public and political awareness about Long-Term Care (at least in some countries/regions)
- Improvements in data and information systems
- Good examples of how well-established care coordination mechanisms worked
- Some innovative care approaches (Care ecosystems, smaller care homes) worked well
- Increased uses of technology
- Increased research focus on LTC: learning beyond COVID
- International lesson sharing

GOLTC

Harnessing the amazing LTCcovid collaboration to tackle broader LTC challenges

The Global Observatory of Long-Term Care (GOTLC)

- A platform for cross-national learning to improve and strengthen care systems
- Identifying key shared challenges and showcase how different countries and localities are addressing them, share research evidence and facilitate collaborations.
- For policymakers, industry, advocates, care professionals and academics.

GOLTC

MID 2026:
THE GLOBAL OBSERVATORY OF LONG-TERM CARE SO FAR

754 members

91 webinars

30 interest groups

19 country profiles

16 blog posts

3005 webinar registrations!

GLOBAL OBSERVATORY LONG TERM CARE

INTERNATIONAL LONG-TERM CARE POLICY NETWORK

So how are we doing since Covid?

- Despite the complex economic and political climate, we see improvements in care coverage in quite a few countries
  The main areas for improvement appear to be:
  - Support for family caregivers
    Improvements in working conditions
    Support for training/professionalization
    Expansion of Community and Preventive Services
- Japan and Korea have mechanisms for "continuous improvement," while other countries require more substantive reforms that delay improvements

Public Policy & Aging Report, 2026, 36(1), 14–23
https://doi.org/10.1093/ppar/prag006
Published: 14 May 2026
Policy Analysis Article

GSA GERONTOLOGICAL SOCIETY OF AMERICA
OXFORD

Public coverage of Long-Term Care in the post-COVID period: strengthening systems vs cost-containment

Adelina Comas-Herrera, MSc[1,*], Nazak Salehi, MSc[2], Alexander Chaverri-Carvajal, PhD[3], Mari Aaltonen, PhD[4], Başak Akkan, PhD[5], Simon Bottery, BSc[6], Jorge Browne, MD, MSc[7], Maria Cheshire-Allen, PhD[8], Margaret Dunham, PhD[9], Moira Dunsmore, PhD[10], Cengiz Erdoğan Cansu, MA[11], Ulrike Famira-Mühlberger, PhD[12], Maria Aurora Fenech, PhD[13], Leena Forma, PhD[14], Maya Fransz-Myers, MSL[15], Vlad Grigoras, PhD[16], Ester Gubert, PhD[17], Ali Hamandi, MD, PhD[18], Valentina Hlebec, PhD[19], Maša Filipovič Hrast, PhD[20], Lennarth Johansson, PhD[21], Marios Kantaris, PhD[22], Hongsoo Kim, PhD[23], David Knapp, PhD[24], Henk Nies, PhD[25], Eleonora Perobelli, PhD[26], Ruru Ping, PhD[27], Tjaša Potočnik, MSc[28], Jayeeta Rajagopalan, MSc[29], Roberta Sultana, PhD[30], Loïc Trabut, PhD[31], Cristina Vilaplana-Prieto, PhD[32], Pablo Villalobos Dintrans, PhD[33], Diego Wachs, PhD[34], Karen Watson, PhD[35], Raphael Wittenberg, MSc[36], Joseba Zalakain, BSc[37]

[1]Care Policy and Evaluation Centre, London School of Economics and Political Science, London, United Kingdom
[2]Care Policy and Evaluation Centre, London School of Economics and Political Science, London, United Kingdom
[3]Centre d'Estudis Demogràfics, Universitat Autònoma de Barcelona, Bellaterra, Spain
[4]Department of Public Health and Welfare, Finnish Institute for Health and Welfare (THL), Helsinki, Finland
[5]International Relations Department, Istanbul Bilgi University, Istanbul, Türkiye
[6]Policy Directorate, The King's Fund, London, United Kingdom
[7]Department of Public Health, Pontificia Universidad Católica de Chile, Santiago, Chile
[8]School of Health and Social Care, Swansea University, Swansea, Wales, United Kingdom
[9]School of Health and Social Care, Edinburgh Napier University, Edinburgh, Scotland, United Kingdom
[10]Sydney Nursing School, The University of Sydney, Sydney, New South Wales, Australia
[11]Faculty of Sociology, Bielefeld University, Bielefeld, North Rhine-Westphalia, Germany
[12]Health Economics and Health Policy Unit, Austrian Institute of Economic Research (WIFO), Vienna, Austria
[13]Department of Health Services Management, University of Malta, Msida, Malta
[14]Unit of Health Sciences, Tampere University, Tampere, Finland; Department of Health and Social Management, University of Eastern Finland, Kuopio, Finland
[15]Center for Economic and Social Research, University of Southern California, Los Angeles, California, USA
[16]Social Protection and Jobs Global Practice, World Bank, Washington, DC, USA
[17]Department of Sociology and Social Research, University of Trento, Trento, Italy
[18]Health, Nutrition, and Population Global Practice, World Bank, Washington, DC, USA
[19]Faculty of Social Sciences, University of Ljubljana, Ljubljana, Slovenia
[20]Faculty of Social Sciences, University of Ljubljana, Ljubljana, Slovenia
[21]School of Health and Welfare, Jönköping University, Jönköping, Sweden
[22]Health Services and Social Policy Research Centre, Cyprus University of Technology, Limassol, Cyprus
[23]Department of Public Health Sciences, Graduate School of Public Health & Artificial Intelligence Institute, Seoul National University, Seoul, South Korea
[24]Center for Economic and Social Research, University of Southern California, Los Angeles, California, USA
[25]Department of Governance and Management in the Health and Care Sector, Vrije Universiteit Amsterdam, Amsterdam, Netherlands
[26]CERGAS, SDA Bocconi School of Management, Bocconi University, Milan, Italy
[27]Hitotsubashi Institute for Advanced Study, Hitotsubashi University, Tokyo, Japan
[28]Faculty of Social Sciences, University of Ljubljana, Ljubljana, Slovenia
[29]Care Policy and Evaluation Centre, London School of Economics and Political Science, London, United Kingdom
[30]Department of Health Services Management, University of Malta, Msida, Malta
[31]Mobility, Trajectories and territories Unit, French National Institut for Demographic Studies (Ined), Aubervilliers, France
[32]Faculty of Economics and Business, University of Murcia, Murcia, Spain
[33]1. Escuela de Salud Pública, Facultad de Medicina y Ciencias de la Salud, Universidad Mayor, Santiago, Chile 2. Centro de Observación y Análisis de Datos en Salud (CADS), Universidad Mayor, Santiago, Chile
[34]Social Protection and Jobs Global Practice, World Bank, Washington, DC, USA
[35]Sydney Nursing School, The University of Sydney, Sydney, New South Wales, Australia

Received: 15 September 2025. **Accepted:** 12 February 2026
© The Author(s) 2026. Published by Oxford University Press on behalf of the Gerontological Society of America.
This is an Open Access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited.

Downloaded from https://academic.oup.com/ppar/article/36/1/14/8678358 by guest on 29 June 2026

GOLTC

Steps towards sustainable LTC systems (1):

- Invest in risk reduction:
  - Preventing chronic conditions throughout the lifecourse
  - Managing long-term conditions to reduce disabling consequences
  - Focus on rehabilitation/reablement
  - Reduce the disabling consequences of inadequate housing
- Prioritise investment in community-based LTC infrastructure, building on existing community resources (including non-profit, religious organisations).
- Invest in data systems on care needs, access to care and care outcomes (regular national surveys, local information systems).
- Consider policies to ensure working carers (and younger carers) can combine care with their work or studies: replacement formal care, care leave policies, return to work support.
- Formalising the informal care economy means more taxpayers/insured population, one of the few sectors not affected by automation.

GOLTC

Steps towards sustainable LTC systems (2):

- Lack of adequate LTC funding results in increased residential/ hospital care costs.
- Finance LTC in a way that is as integrated as possible with how healthcare is financed in your country.
- Ensure that financing and regulatory tools work well together to incentivise investment in sufficient innovative and high-quality care
- Ideally a LTC financing system would have a high degree of flexibility to adapt to changing demographic, social and economic circumstances
- Consider that not spending enough on Long-Term Care may become politically unsustainable

GOLTC

Grazie!

a.comas@lse.ac.uk

www.GOLTC.org

GOLTC