

Advancing Equitable Access to Medicines in Southeast Asia*

A Position Paper of the
Southeast Asia Access to
Medicine Working Group

August 2025



*For the purposes of this paper, 'Southeast Asia' encompasses the ASEAN member states as well as India, reflecting shared health challenges, policy imperatives and opportunities for collaboration.
Approval number: C-ANPROM/GEM//0038 August 2025

This content is available for informational purposes only; it shall not be a substitute for a relevant position or opinion of competent bodies or authorities. The content was developed based on key points from the meetings, drawing on presentations and discussions. It reflects paraphrased remarks and generalized insights shared by presenters and participants at the Southeast Asia Access to Medicines (SEA AtM) Summit in Bangkok and the SEA AtM meeting held during the World Health Summit Regional Meeting in New Delhi. This Position paper was initiated, produced, and funded by Takeda.
©2025 **Takeda Pharmaceuticals International AG**. All rights reserved. Takeda and the Takeda logo are registered trademarks of Takeda Pharmaceutical Company Limited.

Disclaimer: This is intended for a general audience for informational purposes only. It should not be used for diagnosing or treating a health condition or disease. It is not intended to substitute for consultation with a healthcare provider. Please consult your healthcare provider for further advice.

The Southeast Asia Access to Medicine Working Group comprises

ACCESS
HEALTH INTERNATIONAL

avpn

SingHealth DukeNUS
ACADEMIC MEDICAL CENTRE

Global Health Institute

Takeda

Table of Contents

Executive Summary: Improving Equitable Access to Medicines in Southeast Asia	3
Call-To-Action: Policy & Strategy Recommendations for Equitable Access to Medicine in Southeast Asia	4
Foreword	6
Acknowledgements	6
Chapter 1: The Landscape of Access to Medicine in Southeast Asia	7
1.1. A patient-centered framing of access	9
1.2. Access to medicines as a continuum, not a single intervention point	10
1.3. Strengthening systems, data and infrastructure for informed decision-making	11
Chapter 2: Strengthening Governance for Inclusive and Scalable Health Systems	13
2.1. Elevating community voice and embedding inclusive governance	13
2.2. Embedding scalability and policy alignment from the start	14
2.3. Enabling government leadership through co-ownership and capacity building	15
Chapter 3: Data and Digital Technology as Cross-Cutting Enablers	16
3.1. Building foundational digital infrastructure and scalability	17
3.2. Community-centered co-design and trust building	18
3.3. Integration with systems, not standalone solutions	19
3.4. Ethical use and governance of digital health and AI	20
Chapter 4: HTA as Foundations for Evidence-Based Access	21
4.1. Advancing HTA in SEA	21
4.2. Community-centered evidence and HTA reform	22
Chapter 5: Innovative Financing to Drive Outcome-Oriented Access	23
5.1. Rethinking health financing	24
5.2. Current trends and future directions	25
5.3. Strategic investment in preventive approaches	27
5.4. Measuring success beyond traditional metrics	27
Chapter 6: PPPs as a Mechanism for Shared Accountability	28
6.1. Unlocking the value proposition of PPPs	29
6.2. Community and civil society engagement in PPPs	30
6.3. WHO's 2023 principles and ensuring sustainability	30
6.4. Advancing regional PPPs and harmonization	31
Conclusion: A Regional Commitment to Equitable Access to Medicine	33



Executive Summary

Improving Equitable Access to Medicines in Southeast Asia

At the inaugural Southeast Asia Access to Medicine Summit on 18 February 2025 in Bangkok and during the closed-door, open-forum session at the World Health Summit Regional Meeting in New Delhi on 27 April 2025, the following challenges, opportunities and next steps were identified.



The Challenge

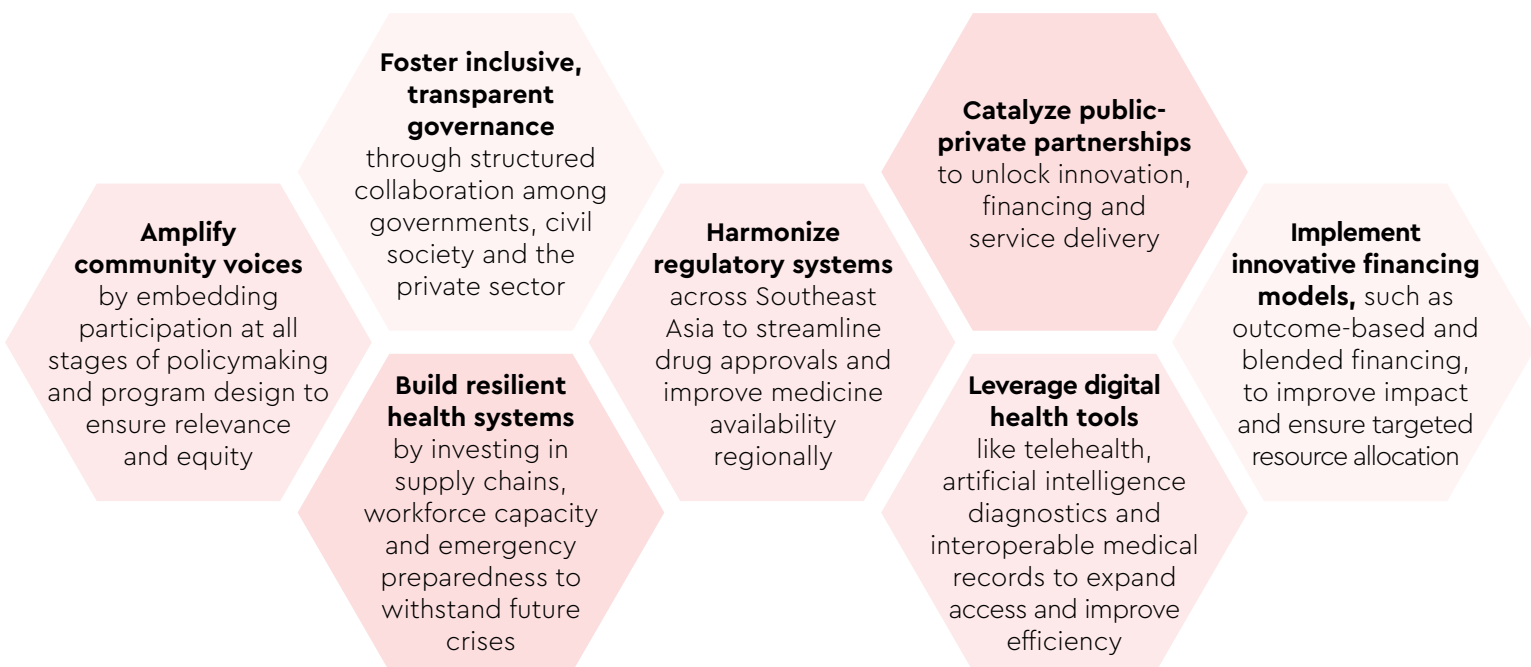
Access to affordable, high-quality healthcare remains a critical challenge in Southeast Asia due to reasons such as:

- **Fragmented regulatory systems** that delay timely access to medicines
- **Underfunded health infrastructure**, limiting availability of care
- **Unequal investment**, where public-private partnerships often bypass vulnerable communities

These issues are compounded by rising disease burdens, pandemic recovery and the pressures of rapid economic growth, making timely action essential.

The Opportunity

This position paper outlines transformative strategies to address these challenges, centered on building inclusive, efficient and sustainable healthcare systems across Southeast Asia.



What's Next?

The strategies outlined in this paper offer a practical roadmap for improving equitable access to medicines across Southeast Asia. By embedding community voices, advancing system resilience, harmonizing regulation and mobilizing cross-sector collaboration, the region can lead the way in delivering equitable and sustainable healthcare.



Call-To-Action: Policy & Strategy Recommendations for Equitable Access to Medicine in Southeast Asia

Regional level

1

Streamline regulatory processes and harmonization

- Implement region-wide regulatory frameworks for medicine approvals to reduce delays and ensure faster patient access.
- Establish a regional health technology assessment platform to coordinate and share evaluations, reducing inefficiencies and duplication.
- Develop fast-track health technology assessment pathways for high-priority conditions, such as rare diseases and high-burden illnesses.

2

Integrate cross-border data systems

- Standardize data formats and ensure interoperability across countries in Southeast Asia to enhance regional health system integration and enable real-time tracking of health outcomes.
- Facilitate shared digital infrastructure to improve access to healthcare services and bridge gaps in underserved areas.

3

Establish regional pooled procurement systems

- Develop joint procurement systems for medicines to leverage collective buying power, lower costs and increase access for countries in Southeast Asia.

4

Institutionalize inclusive governance

- Create structured, participatory governance platforms that embed civil society and community voices into health policy creation and innovation processes.
- Develop formal feedback mechanisms to enable meaningful and ongoing patient and community input into healthcare decision-making, ensuring transparency by clearly communicating decisions and their rationales.

5

Strengthen public-private partnerships

- Leverage public-private partnerships to advance regional cooperation in areas such as regulatory harmonization, capacity building and the establishment of shared manufacturing frameworks within the region.



Call-To-Action: Policy & Strategy Recommendations for Equitable Access to Medicine in Southeast Asia

National level

1

Accelerate efforts toward Universal Health Coverage

- Strengthen health insurance systems to expand coverage to include preventive care, diagnostics and innovative treatments to reduce out-of-pocket costs and ensure equitable access across demographic groups.

2

Develop national health technology assessment frameworks

- Establish health technology assessment frameworks to support evidence-based decision-making, with a focus on addressing high-burden and rare diseases for maximum impact on public health.

3

Implement innovative financing solutions

- Introduce outcome-based financing models to align healthcare investments with measurable health results, ensuring cost-effectiveness and sustainability.
- Deploy blended financing models that combine public and private capital to support high-impact healthcare initiatives.

4

Strengthen digital health infrastructure

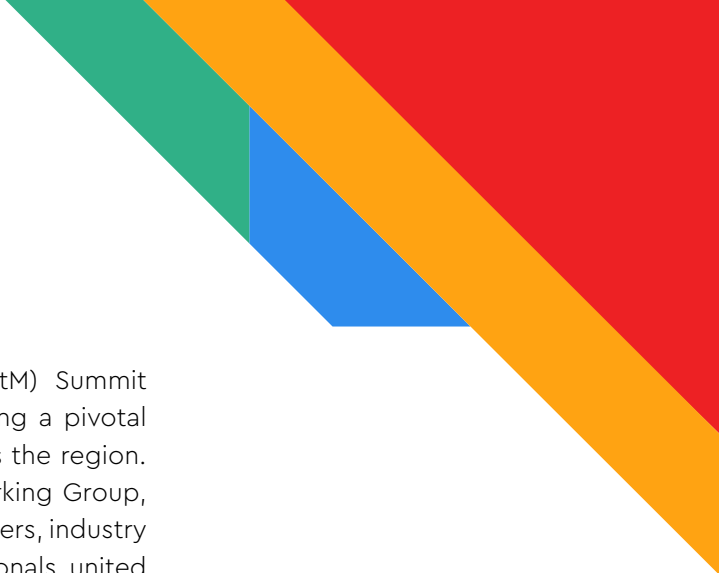
- Invest in digital technologies, including improved patient record management systems and artificial intelligence-enabled tools for diagnostics and supply chain management, to enhance system-wide efficiency and ensure outreach to underserved areas.

5

Foster public-private partnerships

- Build robust public-private partnerships at the national level to advance critical initiatives, such as expanding healthcare infrastructure, scaling access to innovative treatments and delivering essential healthcare services to underserved regions.

While this paper highlights regional strategies and national-level actions, specific approaches will need to be tailored to the unique contexts of individual Southeast Asian countries. Local health systems, regulatory frameworks and demographic structures will shape the implementation of these recommendations. Detailed country-specific solutions can be further developed in collaboration with policymakers and stakeholders.



Foreword

The inaugural Southeast Asia Access to Medicine (SEA AtM) Summit took place on 18 February 2025 in Bangkok, Thailand, marking a pivotal milestone in advancing equitable access to healthcare across the region. This landmark event, which was shaped by the SEA AtM Working Group, convened a diverse group of stakeholders, including policymakers, industry leaders, academics, patient advocates and healthcare professionals, united by a shared commitment to addressing the multifaceted challenges of access to medicine through collaborative, regionally-grounded solutions. Participants engaged in meaningful dialogue on key themes such as healthcare innovation, sustainable financing, capacity building, patient empowerment and regional harmonization.

Building on the momentum, a closed-door, open-forum session was subsequently held during the World Health Summit Regional Meeting in New Delhi, India, on 27 April 2025 to gather expert input and practical recommendations on strengthening the SEA AtM initiative, particularly in areas such as digital health transformation, innovative financing and resilient supply chains. This position paper captures the collective insights from both meetings, outlining best practices, proposed pathways and key recommendations to advance access to medicines across SEA.

This paper aims to inspire action by highlighting regional strengths, showcasing scalable solutions, and fostering a collective vision to reimagine access to medicines for a more equitable and resilient future. For the purposes of this paper, 'Southeast Asia' encompasses the ASEAN member states as well as India, reflecting shared health challenges, policy imperatives and opportunities for collaboration. The region stands at a pivotal moment for healthcare transformation. Persistent health threats, shifting demographics and constrained local capacity, along with the impacts of climate change, disrupted global health funding and lagging progress toward the Sustainable Development Goals, demand urgent and innovative responses.

Acknowledgements

The SEA AtM Working Group comprises [ACCESS Health International](#), [AVPN](#), [SingHealth Duke-NUS Global Health Institute](#), and Takeda Pharmaceutical International. The SEA AtM Summit was initiated, organized and funded by Takeda Pharmaceutical International AG Singapore Branch, in collaboration with ACCESS Health International, AVPN and the SingHealth Duke-NUS Global Health Institute. Organizational support for the summit and editorial support for the position paper were provided by the Healthcare Practice of Weber Shandwick HK and SG.

The Landscape of Access to Medicine in Southeast Asia

Southeast Asia (SEA) faces a complex and evolving healthcare landscape where traditional and emerging challenges converge. The region continues to battle significant burdens of communicable and neglected tropical diseases, while urbanization and population

movements accelerate the spread of infectious diseases. Simultaneously, noncommunicable diseases (NCDs), mental health disorders and disabilities are rising dramatically.^{1,2}



Nonetheless, positive developments are emerging.¹⁷⁻¹⁹

- Many SEA countries have made considerable progress in strengthening their health systems.
- Increased public health spending, expanded insurance coverage, the implementation of national strategies for universal health coverage, and rising government health expenditure reflect a growing regional commitment to improving access.

However, global healthcare remains disproportionately shaped by the Global North, resulting in solutions that are often misaligned with the priorities and capacities of SEA countries. Correcting this imbalance requires positioning the region not merely as a recipient of external solutions but as a leader in health innovation — across domains such as drug development, diagnostics, governance, digital health, financing and health technology assessment (HTA). With the right investment and policy vision, the Global South has the opportunity to leapfrog outdated models and pioneer innovative, context-specific approaches to equitable access. Local ownership is key to developing solutions grounded in real-world needs and presents a powerful opportunity to shape a shared, forward-looking regional vision.^{20–22}

Achieving this vision will require deliberate and sustained efforts. Regional harmonization through aligned standards, data sharing, joint procurement and policy coherence can enable this transformation.^{21,22} The path forward must emphasize 'regional vision, locally actioned', which combines strategic regional cooperation with practical local implementation. The ASEAN Post-2015 Health Development Agenda (APHDA) 2021–2025 has explicitly called for the building of cross-border partnerships to enhance medical supply resilience and workforce training within the region, among other things.²³ Therefore, a collaborative framework bridging governments, private sector community organizations and international agencies is essential to address access challenges comprehensively.^{20–22}



Knowledge exchange platforms must bring together diverse stakeholders, such as academic institutions, non-governmental organizations, patient advocates, policymakers and healthcare professionals, to broaden participation and accelerate progress toward equitable access to medicine. By investing in regional coordination and amplifying local leadership, SEA health systems can become more resilient, inclusive and self-reliant, better equipped to serve their populations in the face of evolving demographic, environmental and geopolitical pressures.^{21,22}

The urgency for transformative action has never been greater. The COVID-19 pandemic, climate change and ongoing instability have exposed significant vulnerabilities in health systems. At the same time, global health financing is undergoing fundamental shifts and progress toward the United Nations Sustainable Development Goals, particularly those related to health and well-being, remains off track.^{24,25} These developments underscore the relevance of the insights generated through the SEA Access to Medicines Summit and the subsequent expert discussions held in New Delhi.

This is a pivotal moment for countries and regions to re-examine and, where necessary, reimagine their approaches to healthcare access, while stepping into leadership roles by designing scalable, context-driven solutions that respond to the needs of their populations. India's experience with universal health coverage and digital innovation offers valuable lessons for ASEAN,²⁶ while ASEAN's progress in regional harmonization and joint procurement can provide insights for India's health policy reforms. By fostering cross-border collaboration and sharing best practices, SEA can accelerate progress and set new global benchmarks for equitable access to medicines.

Grounded in regional strengths and shared experiences, this position paper seeks to highlight actionable pathways that can transform health systems, ensuring that access to medicines is not only improved, but fundamentally reimaged.

1.1. A patient-centered framing of access

In SEA, access to medicines transcends the narrow lens of price or product availability. A patient-centered approach redefines access as a holistic journey — beginning with awareness, progressing through diagnosis and treatment, and extending into long-term support and survivorship. This framework places people, rather than products or institutions, at the center of discussions, recognizing that breakdowns can occur at multiple points along this continuum.^{21,22,27}

- Patient-centeredness has gained global recognition as a cornerstone of healthcare quality. The National Academy of Medicine identifies it as one of six essential attributes.²⁷



- However, a truly comprehensive approach acknowledges broader challenges beyond clinical settings.
- People need information and empowerment to protect their health before they become patients.
- Healthcare must reach families and communities, while also recognizing that practitioners and health systems themselves comprise people whose needs and capacities must be considered for meaningful system improvement.

Rather than viewing patients as passive recipients, healthcare systems must recognize them as essential actors who drive demand, shape services and strengthen accountability. A patient-centered approach is not only essential but empowering. By placing individuals and communities at the center of healthcare design, countries and regions can drive demand, shape services and strengthen accountability. This approach redefines access as a holistic journey,

Key questions to guide a patient-centered lens on access:^{21,22,27}

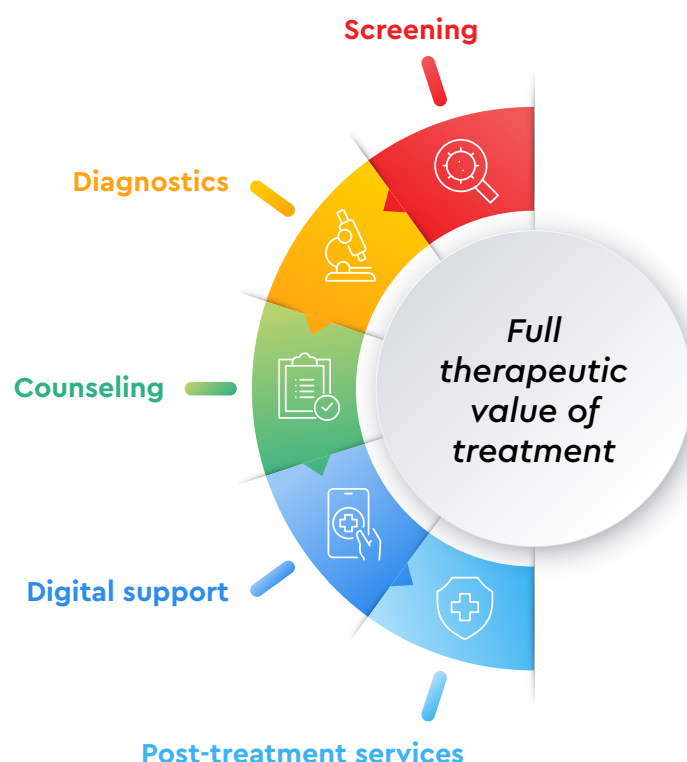
- 1** Are individuals and communities informed, empowered and supported to protect their health and access the care they need: before, during and after becoming 'patients'?
- 2** Can people and providers come together to navigate complex, fragmented systems that often lack continuity, coordination or cultural responsiveness?
- 3** Are all stakeholders, including patients, families, providers and communities, meaningfully engaged in decision-making, from health policy and clinical research to care planning and service design?

Such questions allow for a more accurate and inclusive diagnosis of access barriers and help design solutions that are not only technically sound, but also humane, equitable and responsive to lived realities.

from awareness and diagnosis to treatment and long-term support, and recognizes the vital role of patients as active participants in their own care. The opportunity here is immense: by integrating patient voices into policy, research and service design, SEA can build systems that are truly people-centered, resilient and responsive to local needs.^{21,22,27}

1.2. Access to medicines as a continuum, not a single intervention point

- 'Access to medicine' must be understood as part of a broader continuum of health where medicines are vital, but integrated within a larger healthcare ecosystem.^{21,22,28-30}
 - This continuum spans screening, diagnostics, counseling, digital support and post-treatment services, all of which are essential to realizing the full therapeutic value of treatment.
 - Embedding these elements within existing systems rather than through fragmented, vertical programs can help reduce inefficiencies, avoid duplication and drive sustainable, equitable progress.
- Indonesia's national health insurance, which includes diagnostics and treatment, and India's Ayushman Bharat, a large-scale, community-driven financing initiative, both exemplify this integrated approach.^{26,31}



This expanded framework necessarily challenges traditional definitions of 'essential medicines', which often fail to capture patients' lived experiences. What policymakers deem essential may be different from what patients require for dignity and quality of life. Consequently, communities must participate meaningfully in defining access parameters and shaping delivery systems that reflect their actual needs.^{13,21,22}

Health innovations, which include molecules, diagnostics, digital tools, governance, financing and HTA, must be embedded within existing systems rather than imposed as vertical programs. Fragmented implementation leads to duplication, inefficiency and widening inequities. Instead, innovations should enhance core services and strengthen foundational systems like primary care networks and national insurance mechanisms. While Indonesia's national health insurance covers both diagnostics and treatment, tight cost-effectiveness constraints highlight the ongoing need for robust prioritization tools and HTA integration.^{21,22,29,31,32}

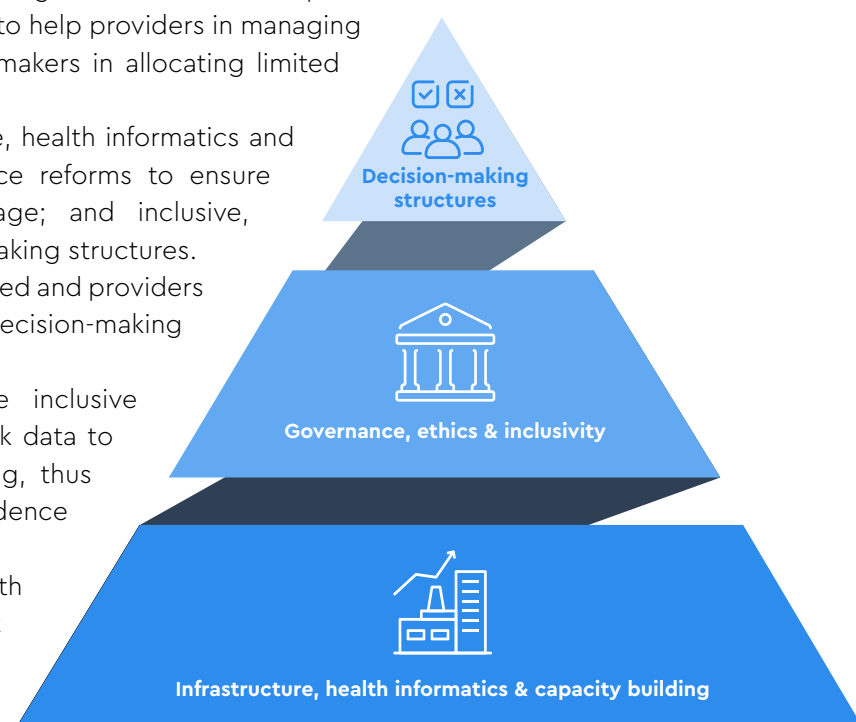
1.3. Strengthening systems, data and infrastructure for informed decision-making

A critical enabler of access across SEA is health system capacity to support timely, inclusive and evidence-based decision-making. Currently, many countries face considerable challenges in data availability,

interoperability and analytical capabilities. Health systems remain overly provider-centric, insufficiently incorporating community voices, patient preferences and real-world evidence.^{21,22}

Data system strengthening, therefore, must transcend basic surveillance or procurement functions.^{21,22,28}

- It should enable informed decision-making at all levels to empower patients in making care-related choices, to help providers in managing treatment plans, and to support policymakers in allocating limited resources effectively.
- This requires investment in infrastructure, health informatics and capacity building, alongside governance reforms to ensure responsible data sharing; ethical usage; and inclusive, transparent and accountable decision-making structures.
- When patients trust how their data are used and providers can act on meaningful insights, decision-making becomes more responsive and effective.
- Investing in such systems, alongside inclusive governance, can enable countries to link data to forecasting, supply chains and financing, thus closing the critical loop between evidence and impact.
- Institutionalizing community health governance will further ensure that patients, families, providers and policymakers all have a voice in shaping more equitable and resilient healthcare systems.



By fostering cross-border collaboration and adapting solutions to local contexts, countries and regions can set bold new standards for equitable access to

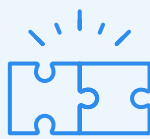
showcase that healthcare systems can be not only resilient but also transformative.

The landscape of access to medicines in SEA reveals key systemic challenges, such as fragmented regulatory frameworks, inequitable healthcare financing and limited community engagement.



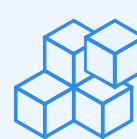
Key themes introduced in

Chapter 1: Foundational concepts like patient-centered access, access to medicines as a continuum and the importance of strengthening systems, data and infrastructure for informed decision-making



Framing concepts and what

comes next: Actionable solutions across the critical themes of governance, data and digital health innovation, HTA, innovative financing and public-private partnerships (PPPs)



Laying the groundwork

for action: Together, they offer practical strategies to address regional challenges and advance equitable access to medicines

References:

- Castillo-Carandang NT, et al. Moving Towards Optimized Noncommunicable Disease Management in the ASEAN Region: Recommendations from a Review and Multidisciplinary Expert Panel. *Risk Manag Healthc Policy*. 2020;13:803–819.
- Shah S, et al. Burden of Communicable Diseases and Cost of Illness: Asia Pacific Region. *Expert Rev Pharmacoecon Outcomes Res*. 2020 Aug;20(4):343–354.
- ASEAN Secretariat. Old Age Poverty and Active Ageing in ASEAN: Trends and Opportunities, December 2023. Available at: <https://asean.org/wp-content/uploads/2024/07/Old-Age-Poverty-and-Active-Ageing-in-ASEAN-Trends-and-Opportunities-250724.pdf> [cited May 2025]
- WorldOMeter. Population of South-eastern Asia, 2025. Available at: <https://www.worldometers.info/world-population/south-eastern-asia-population/> [cited May 2025]
- World Health Organization. Ageing and Health. Available at: https://www.who.int/southeastasia/health-topics/ageing#tab=tab_1 [cited April 2025]
- Rahman MM, et al. Health Care Expenditure and Health Outcome Nexus: New Evidence from the SAARC-ASEAN Region. *Global Health* 2018;14(1):113.
- Rajah R, et al. A Systematic Review of the Prevalence of Limited Health Literacy in Southeast Asian Countries. *Public Health*. 2019;167:8–15.
- Barcellona C, et al. Strengthening Strategic Health Purchasing in Southeast Asia: Progress, Opportunities and Recommendations. Available at: <https://sph.nus.edu.sg/wp-content/uploads/2023/10/Strengthening-Strategic-Purchasing-in-Southeast-Asia.pdf> [cited May 2025]
- Association of Southeast Asian Nations. Joint Report on the Situational Analyses of ASEAN Primary Health Care and Traditional and Complementary Medicine Capacities: Towards the Enhancement of Quality Health Care through Primary Health Care Capacities in ASEAN Member States; Jakarta, ASEAN Secretariat, December 2023. Available at: https://asean.org/wp-content/uploads/2024/03/Joint-Report-on-the-Situational-Analyses-of-ASEAN_rev21-Mar.pdf [cited May 2025]
- Alberto NRI, et al. Disparities in Access to Cancer Diagnostics in ASEAN Member Countries. *Lancet Reg Health West Pac*. 2023;32:100667.
- Sisubalan N, et al. Addressing Health Inequities in Southeast Asia: Challenges and Opportunities. *Lancet Reg Health Southeast Asia*. 2024;28:100455.
- World Health Organization. Improving Access to Safe and Quality Essential Medicines and Medical Devices: The Role of Pharmacy 2024. Available at: <https://www.fip.org/file/6065> [cited May 2025]
- World Health Organization. Access Medical Products in the South-East Asia Region 2023. Available at: <https://www.who.int/southeastasia/publications/i/item/9789290210924> [cited May 2025]
- United Nations Children's Fund. Regional Roadmap for the Triple Elimination of Mother-to-child Transmission of HIV, Syphilis and Hepatitis B in the Asia and Pacific Region for 2024–2030. Available at: <https://www.unicef.org/eap/media/18251/file/AP%20Triple%20EMTCT%20Road%20map%20fv.pdf> [cited May 2025]
- Wilson Center. The Climate Crisis and Southeast Asian Geopolitics. Available at: <https://www.wilsoncenter.org/blog-post/climate-crisis-and-southeast-asian-geopolitics> [cited May 2025]
- Krugman A. In Myanmar, Health Care Has Become a Battleground, March 2024. Available at: <https://www.thinkglobalhealth.org/article/myanmar-health-care-has-become-battleground> [cited May 2025]
- Dhillon I, et al. Advancing Universal Health Coverage in the WHO South-East Asia Region with a Focus on Human Resources for Health. *Lancet Reg Health Southeast Asia*. 2023;18:100313.
- Liu Y, et al. Health System Efficiency and Equity in ASEAN: An Empirical Investigation. *Cost Eff Resour Alloc*. 2024;22(1):86.
- Organisation for Economic Co-operation and Development. Health at a Glance: Asia/Pacific 2022. Available at: https://www.oecd.org/en/publications/health-at-a-glance-asia-pacific-2022_c7467f62-en.html [cited June 2025]
- Fane B, et al. A Tale of Two Pharmas – Global North and Global South. Oct 2023. Available at: <https://www.digital-science.com/tldr/article/a-tale-of-two-pharmas-global-north-and-global-south/> [cited May 2025]
- Presented at the Southeast Asia Access to Medicine Summit; Bangkok, Thailand; 18 February 2025.
- Presented at the Southeast Asia Access to Medicine Session at the World Health Summit Regional Meeting; New Delhi, India; 27 April 2025.
- ASEAN Secretariat. ASEAN Post-2015 Health Development Agenda (APHDA) 2021–2025, December 2023. Available at: <https://asean.org/wp-content/uploads/2024/04/E-Publication-ASEAN-Post-2015-Health-Development-Agenda-for-2021-2025-1.pdf> [cited May 2025]
- United Nations. The Sustainable Development Goals Report 2024. Available at: <https://unstats.un.org/sdgs/report/2024/The-Sustainable-Development-Goals-Report-2024.pdf> [cited June 2025]
- World Health Organization. Health in the 2030 Agenda for Sustainable Development. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_7-en.pdf [cited June 2025]
- National Health Authority, Government of India. Ayushman Bharat. Available at: <https://nha.gov.in/PM-JAY> [cited June 2025]
- World Health Organization. People-Centred Health Care: A Policy Framework. Available at: https://iris.who.int/bitstream/handle/10665/206971/9789290613176_eng.pdf [cited May 2025]
- World Health Organization. Primary Health Care on the Road to Universal Health Coverage 2019 Global Monitoring Report. Available at: <https://iris.who.int/bitstream/handle/10665/344057/9789240004276-eng.pdf?sequence=2&isAllowed=y> [cited May 2025]
- Bigdeli M, et al. Access to Medicines from a Health System Perspective. *Health Policy Plan*. 2013;28(7):692–704.
- Australian Government. Achieving Continuity in Medication Management – Guiding Principles. Available at: <https://www.health.gov.au/sites/default/files/2022-11/guiding-principles-to-achieve-continuity-in-medication-management.pdf> [cited May 2025]
- Ministry of Health, Labour and Welfare. Health Securities for Vulnerable, Elderly, and People with Special Needs. Available at: https://www.mhlw.go.jp/english/policy/affairs/asean/dl/22nd_sum_15.pdf [cited June 2025]
- Silalahi VAJM. Ten Year Evaluation of JKN: Strengthening Primary Health Care for National Resilience. *IJEMS*. 2024;2(4):651–670.

Strengthening Governance for Inclusive and Scalable Health Systems

While governance challenges have historically limited equitable healthcare access in SEA, there is now a clear opportunity to turn this barrier into a cornerstone for transformation. Fragmented regulatory systems, varying levels of political prioritization and capacity constraints within institutions can delay the timely introduction of health innovations. These issues have become more pressing in the wake of shifting global support structures, warranting the urgency for regional

self-reliance and stronger internal governance.¹ Importantly, governance gaps are not merely technical concerns, they directly impact the lives of patients. For example, inconsistent regulatory oversight and fragmented supply chains can result in medicines being unavailable at local clinics, forcing patients to travel long distances or pay high prices for treatment. Strengthening governance is, therefore, both a practical necessity and a shared responsibility.

2.1. Elevating community voice and embedding inclusive governance

One of the most pressing governance weaknesses in SEA is the limited inclusion of community and civil society voices in decision-making processes. Health governance structures have historically been top-

down, with limited participation from patient groups, community leaders and civil society actors, particularly during the design and regulatory phases of healthcare interventions.²

2 To correct this, inclusive governance structures must be institutionalized, ensuring civil society participation throughout the lifecycle of health innovations, that is, from research and development to regulatory approval, implementation and scale-up.²

1 This exclusion exacerbates health inequities and erodes public trust. Regulatory frameworks often lack formal input from those most affected by decisions, particularly in underserved or marginalized communities.

3 Moreover, establishing formal feedback mechanisms is key. These mechanisms should:²

- Enable patients and community representatives to provide input during early design and policy formulation stages
- Facilitate engagement in clinical trial design, evaluation and regulatory deliberations
- Promote transparency and accountability by sharing decisions and rationales in accessible ways

4 Additionally, access frameworks must intentionally include marginalized groups, such as migrants, refugees, and ethnic minorities, by embedding their perspectives into decision-making and implementation.

5 Community-based approaches should go beyond engagement to actively address barriers faced by these groups, ensuring inclusivity in outcomes and strengthening governance systems.²





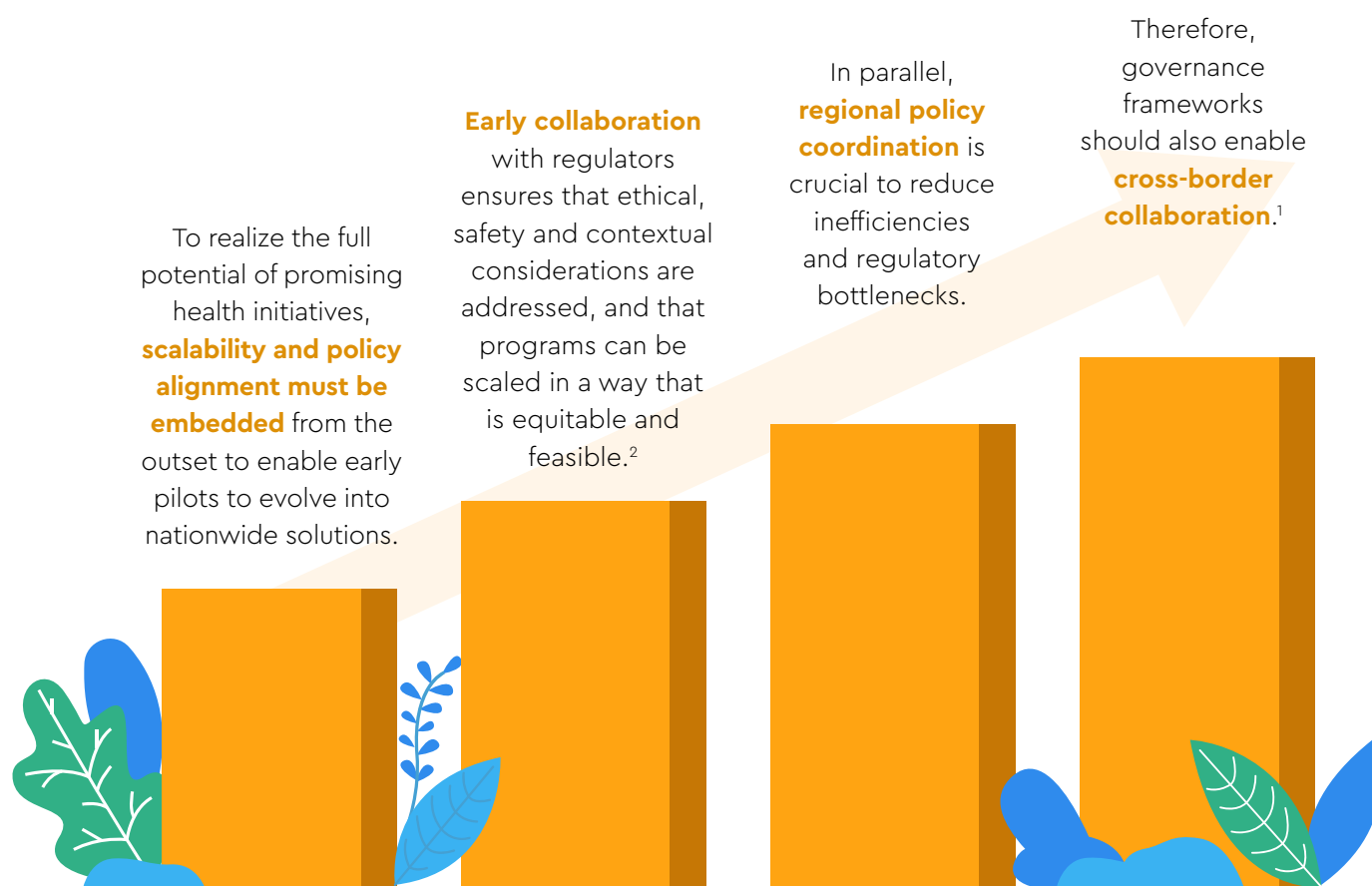
Thailand: A regional example of participatory governance³

Thailand's National Health Assembly (NHA) is a notable example of inclusive, participatory health governance. Known as the 'triangle that moves the mountain', the NHA brings together civil society, government and academia to co-create national health priorities. Over the past decade, the NHA has helped institutionalize community engagement in policy formulation and implementation, thereby strengthening universal health coverage. This model demonstrates the feasibility and value of upstream citizen engagement and offers a source of inspiration for other SEA countries seeking to institutionalize community voice.

2.2. Embedding scalability and policy alignment from the start

Healthcare initiatives in SEA are often implemented as standalone pilots, which can make it challenging

to scale or integrate them fully into national health strategies.



Cross-country learning can be actively leveraged for this. Lessons from middle- to upper-middle-income countries, such as Thailand and China; regional high-income countries, such as Singapore; and African

nations that have integrated scalability into governance structures, can offer practical models of learning for SEA countries who are keen to explore their options without needing to reinvent the wheel completely.

2.3. Enabling government leadership through co-ownership and capacity building

Governments must play a proactive leadership role in shaping and delivering health innovation not just as final approvers but also as co-owners of strategy, policy and delivery. From designing PPPs to scaling digital health tools, government stewardship is critical to ensuring alignment with public health goals and equity principles. However, this leadership must be underpinned by capacity-building investments, as governments may require technical, legal and operational support to oversee complex health partnerships and innovation pipelines. Importantly, governance must be rooted in accountability and transparency.^{1,2}

In essence, PPPs offer a practical avenue for governments to co-own innovation delivery while leveraging private sector agility and resources. Strategic PPP design can help strengthen regulatory alignment, improve service quality and embed scalability from the outset.¹

References:

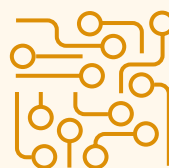
1. Presented at the Southeast Asia Access to Medicine Summit; Bangkok, Thailand; 18 February 2025.
2. Presented at the Southeast Asia Access to Medicine Session at the World Health Summit Regional Meeting; New Delhi, India; 27 April 2025.
3. Rajan D, et al. Institutionalising Participatory Health Governance: Lessons from Nine Years of the National Health Assembly Model in Thailand. *BMJ Global Health*. 2019;4:e001769.

Unlocking stronger governance: Practical pathways for SEA^{1,2}



Empower local and community leadership:

Institutionalize inclusive governance structures that enable meaningful participation of patients, families and communities in health policy and service design, ensuring solutions are responsive to local needs and realities.

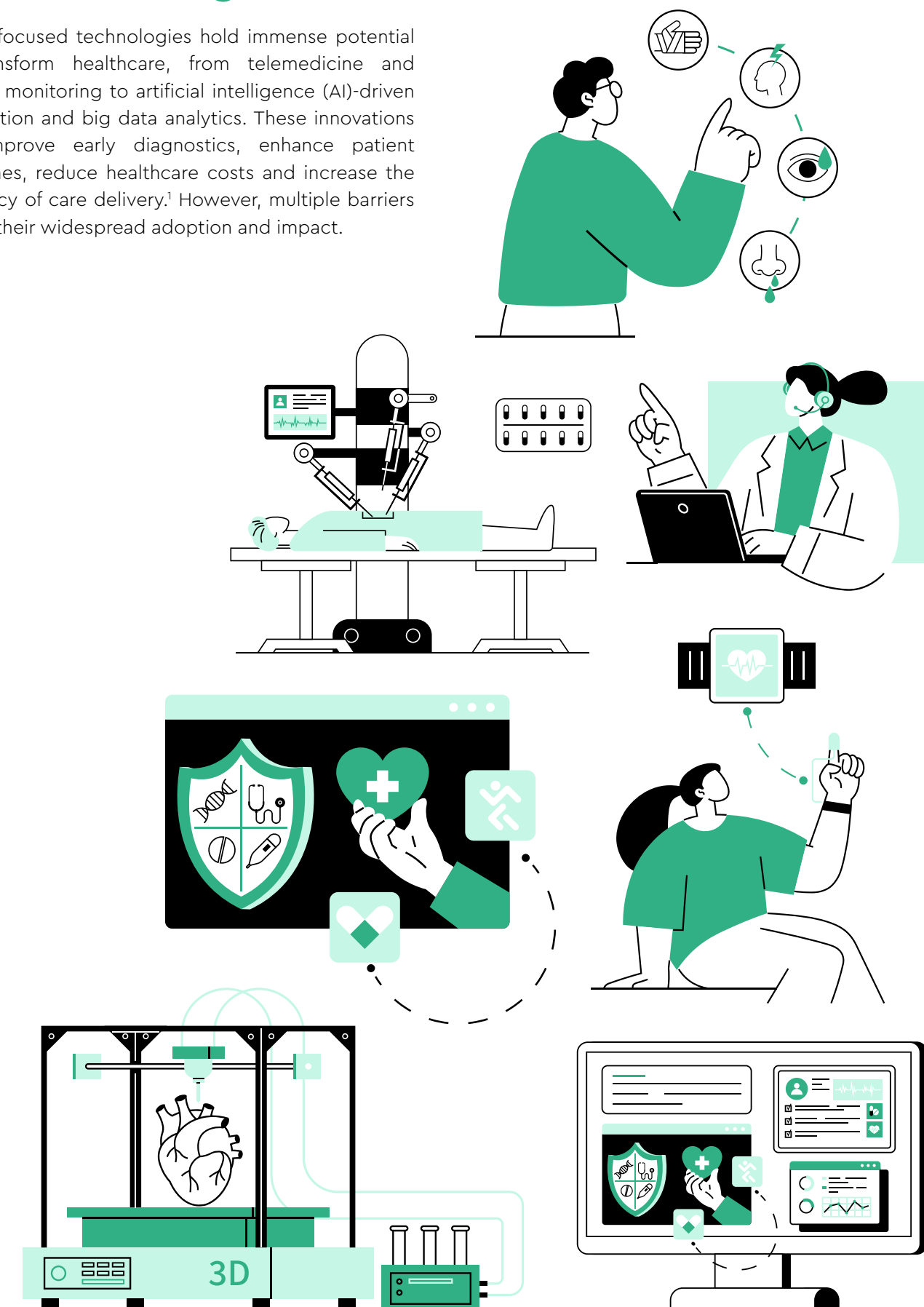


Invest in data and digital infrastructure:

Prioritize interoperable data systems and digital health tools to support evidence-based decision-making, transparent resource allocation and real-time monitoring of health system performance.

Data and Digital Technology as Cross-Cutting Enablers

Health-focused technologies hold immense potential to transform healthcare, from telemedicine and remote monitoring to artificial intelligence (AI)-driven automation and big data analytics. These innovations can improve early diagnostics, enhance patient outcomes, reduce healthcare costs and increase the efficiency of care delivery.¹ However, multiple barriers hinder their widespread adoption and impact.



3.1. Building foundational digital infrastructure and scalability

Countries in SEA continue to face significant disparities in digital infrastructure. Foundational challenges include inconsistent internet access, limited digitization of health data and low levels of digital literacy among both health professionals and patients. Additionally, some governments may be hesitant to share health

data across systems. Furthermore, complex privacy regulations, the need for extensive data processing and cybersecurity concerns further complicate the ecosystem. A robust foundation must be built to address these issues and unlock the full potential of digital transformation.^{2,3}

Standardizing digital health infrastructure and improving data interoperability and governance across the region

- 1 Integration of electronic medical data is a key step in building this foundation. For example, in Vietnam, dermatologists and allergists are collaborating to combine patient images with diagnostic information to create unified records that can also be used to educate other healthcare professionals.²
- 2 Establishing national and regional-level data standards is equally important. A notable example is the collaboration between the Vietnam Association of Preventive Medicine and hospitals to standardize data related to dengue epidemiology, which facilitates consistent reporting and analysis.²
- 3 Electronic health records can be linked to national procurement systems and diagnostic services to support real-time treatment planning and improve inventory management. Such integration can reduce both wastage and stockouts, enabling timely and appropriate care.³
- 4 Supply chain inefficiencies, workforce shortages and poor stock management are persistent barriers to quality healthcare. These can be addressed through the use of automated stock management systems and AI-enabled hub-and-spoke referral models that strengthen connections between rural clinics and major healthcare centers. This improves the flow of information and referrals, which in turn enhances both access and outcomes.²
- 5 Scalability must be embedded from the start when designing digital health interventions. Many pilot programs fail to scale because they are not aligned with national procurement processes or financing models. Ensuring scalability involves building flexible digital architectures and aligning innovations with national health strategies and systems from the outset.³
- 6 A crucial consideration is establishing a 'Minimal Threshold Alignment', that is, to ensure healthcare metrics and digital solutions align with each country's specific healthcare needs. For example, what works in a highly specialized system like Singapore may not be directly applicable to larger, decentralized markets such as Indonesia or the Philippines.²
- 7 Scalability becomes possible when digital innovations are designed not only to meet today's needs, but also to adapt and grow as health systems evolve.³



3.2. Community-centered co-design and trust building

A critical gap in SEA health systems lies in disease awareness and early diagnosis, which is widely seen in the case of rare diseases. Patients often experience diagnostic delays due to low disease recognition among healthcare providers.² At the same time, digital solutions risk excluding the very populations who need them most, such as older adults, migrants and individuals with low literacy levels, due to inaccessible design and poor user support.

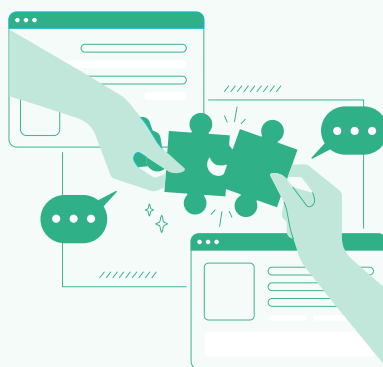
In many systems, access to digital health tools is further constrained by requirements such as one-time passwords and national ID numbers, which can exclude undocumented individuals or those working in the

informal sector. Additionally, there is often a sentiment of hesitation toward digital tools due to fears around scams, data privacy and misuse. Designing for inclusivity is, therefore, both a moral and practical imperative.³

Addressing community concerns around technology and data is essential to ensure solutions are not only accessible but also trusted and adopted. Structured community engagement within PPPs offers one pathway to achieve this, helping tailor services to local needs. Co-designed health programs, jointly developed by public institutions, civil society and private actors, can be effective in building trust and improving service uptake.^{2,3}

Building inclusive digital systems

- 1 Digital tools can enhance awareness and early diagnosis through various channels. Social media platforms can disseminate accurate and accessible health information, increasing public awareness and prompting earlier care-seeking. AI can also be used to simplify complex clinical guidelines, making them more digestible for frontline providers and patients.²
- 2 Collaborative innovation should be encouraged, such as through 'contributor-agnostic' HealthTech hackathons that involve stakeholders from different sectors. These initiatives foster the co-creation of solutions that reflect the real-world needs of patients and healthcare providers.²
- 3 Engagement of key stakeholders is essential for success. These include medical associations, healthcare policymakers, government ministries, technology companies and patient representatives. In addition, social media platforms and other widely used media can be leveraged to promote trustworthy health content.²
- 4 Supporting patients throughout their healthcare journeys, from awareness and diagnosis to treatment and follow-up, is critical. Digital tools can enhance this continuum through wearable technologies for continuous monitoring, gamification strategies that improve medication adherence, and AI-assisted diagnostics that increase both speed and accuracy of care.²
- 5 Digital health adoption strategies must reflect sector-specific needs. While the private sector is well positioned to drive innovation and serve higher-income patient segments, it can also play a vital role in developing and scaling digital tools that support lower- and middle-income populations, thus contributing to broader access and sustainability. Public systems require scalable, low-cost tools that prioritize equitable access and cost-efficiency. Across both sectors, automation and tech-assisted personnel can reduce the burden on clinical staff by managing non-clinical tasks, freeing up time for more value-added care.²
- 6 When digital tools are co-created with communities, they gain trust, drive adoption and become engines of inclusive, lasting change.³



3.3. Integration with systems, not standalone solutions

The COVID-19 pandemic accelerated the adoption of telemedicine, but it also exposed key integration challenges. These include the difficulty of embedding new digital tools into existing hospital workflows, the high costs of implementation and the lack of supportive regulatory frameworks.²

While digital tools offer significant promise, their impact remains constrained when innovations function in isolation rather than being embedded within systemic workflows. They must be embedded within the broader healthcare system to ensure sustainability, scalability and impact.^{2,3}

Integrating digital systems

Regional harmonization of regulatory systems and supply forecasting tools are crucial for enabling viable regional manufacturing. Involving communities in supply planning and using digital transparency tools ensure that emerging needs are identified early and addressed efficiently.³



Long wait times for healthcare provider consultations, particularly during emergencies, are a persistent issue. Digital interventions can address this challenge through expanded access to telemedicine for remote populations, online appointment systems that support off-peak scheduling, and AI-powered triage tools that direct patients to appropriate departments efficiently.²



Successful integration requires collaboration across telemedicine providers, regulators and healthcare facilities to ensure interoperability and alignment with national systems.²



Last-mile distribution remains a weak link in many systems. Solutions include digitized fleet management, private-sector warehousing partnerships and community-led monitoring systems. For example, in Bihar, India, QR code-enabled platforms allow communities to track medicine availability in real time, increasing transparency and accountability.^{3,4}



Supply chain resilience is a key enabler of healthcare access, particularly in decentralized systems. AI and automation can improve forecasting, warehousing and distribution processes. However, these tools must be accompanied by reforms in logistics processes and investments in human capacity to manage and use them effectively.³



Pooled procurement mechanisms at the national or regional level can help reduce costs and wastage. For example, shared rate contracts between ASEAN countries could improve price transparency and increase negotiation power.³



An example of successful system integration is the drone delivery initiative in Tawi-Tawi, the Philippines. Philippine Flying Labs, in collaboration with WeRobotics, worked with local clinics and public health officials to deliver COVID-19 vaccines to remote communities. This locally-led program was enabled through cross-sector partnerships and targeted technology transfer, demonstrating how innovation can improve healthcare delivery in hard-to-reach regions.^{5,6}

PPPs can play a catalytic role in embedding digital tools within national health systems, supporting sustainability beyond the pilot phase. Collaborations in areas such as AI-assisted logistics, telemedicine platforms and

integrated data-sharing protocols help bridge public and private care. Inclusive partnerships can also expand outreach, such as those involving ministries of health, pharmaceutical companies and patient advocacy groups.

3.4. Ethical use and governance of digital health and AI*

AI holds tremendous promise for transforming health systems in the region, from accelerating drug discovery to enabling more accurate diagnostics and optimizing supply chains. However, it is essential to recognize that AI solutions are built on existing digital and health infrastructure, which often reflects (and can exacerbate) current inequities.^{2,3}

To truly deliver on its promise, the adoption of digital health and AI must be grounded in strong ethical principles and sound governance. Without appropriate safeguards, these technologies risk reinforcing disparities, breaching privacy and creating new barriers to care.^{2,3} Key considerations include:

Cybersecurity and data governance:

The 2023 PhilHealth cyberattack in the Philippines, where hackers leaked sensitive data including payroll records and hospital bills, underscores the urgent need for robust cybersecurity measures and responsible data stewardship.⁷

Foundational investment and system design:

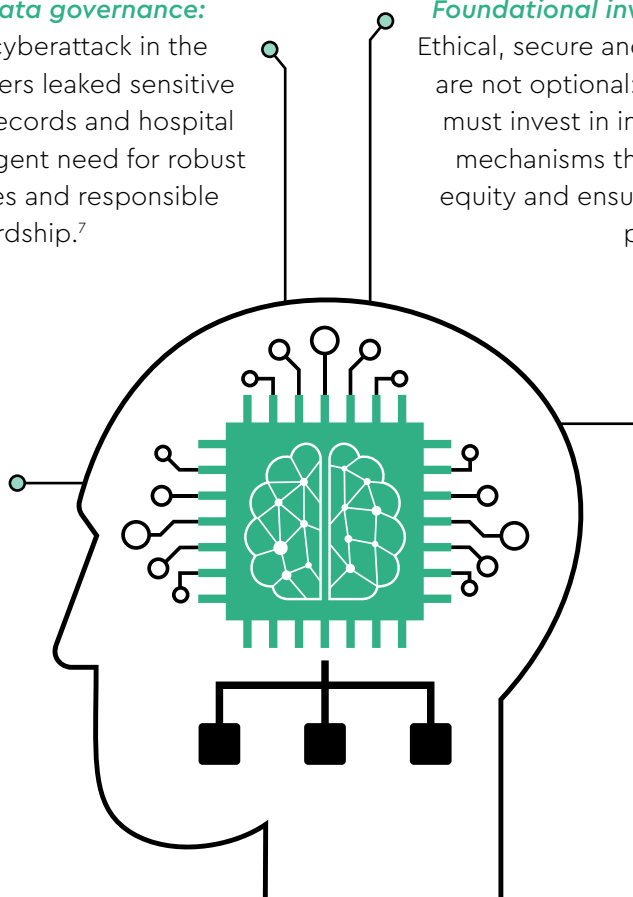
Ethical, secure and interoperable digital systems are not optional: they are essential. Countries must invest in infrastructure and governance mechanisms that uphold privacy, promote equity and ensure that digital tools serve the public good.^{2,3}

Equity by design:

Realizing AI's full potential requires inclusive data strategies, investment in underserved settings and continuous equity-focused evaluation and monitoring across the lifecycle of AI tools.³

Ethical frameworks and inclusive data:

Digital transformation must be guided by regulations that protect privacy, ensure informed consent and prevent algorithmic bias. AI models should be trained on datasets that reflect the diversity of SEA's populations to avoid perpetuating existing health inequities.³



By proactively addressing these risks, SEA can lead the way in using AI and digital health to close equity gaps,

proving that ethical innovation can drive both access and inclusion.

***AI as a supportive tool in healthcare:** AI is designed to assist healthcare professionals (HCPs) in tasks like diagnosis and treatment planning but cannot replace their expertise or judgment. Its use must be guided by HCPs, ensuring cautious implementation to prevent errors or over-reliance. Ethical integration is critical, prioritizing patient safety, transparency and alignment with clinical standards.

References:

- World Economic Forum. World Health Day: Here's How AI and Digital Health are Shaping the Future of Healthcare. Available at: <https://www.weforum.org/stories/2023/04/world-health-day-how-ai-and-digital-health-healthcare/> [cited March 2025]
- Presented at the Southeast Asia Access to Medicine Summit; Bangkok, Thailand; 18 February 2025.
- Presented at the Southeast Asia Access to Medicine Session at the World Health Summit Regional Meeting; New Delhi, India; 27 April 2025.
- Times of India. Hosps Introduce QR Code System to Track Medicine Availability. Available at: <https://timesofindia.indiatimes.com/city/patna/hosps-introduce-qr-code-system-to-track-medicine-availability/articleshow/121139984.cms> [cited May 2025]
- WeRobotics. Locally-Led Medical Drone Delivery in the Philippines. Available at: <https://www.youtube.com/watch?v=5SbiP7bSUw4> [cited March 2025]
- Manila Bulletin. NGO Provides Free Delivery of Covid-19 Vaccines via Drones to Far-flung Areas. Available at: <https://mb.com.ph/2022/5/2/ngo-provides-free-delivery-of-covid-19-vaccines-via-drones-to-far-flung-areas> [cited March 2025]
- Insurance Business. PhilHealth Hack Potentially Exposes 42 Million People. Available at: <https://www.insurancebusinessmag.com/asia/news/cyber/philhealth-hack-potentially-exposes-42-million-people-496453.aspx> [cited March 2025]

HTA as Foundations for Evidence-Based Access

As health systems in SEA strengthen their use of data and governance, HTA presents a valuable opportunity to guide healthcare investments that maximize clinical, economic and social value. Moreover, health systems are constantly evolving with the introduction of new treatments, technologies and models of care. To guide resource allocation and policy choices, HTA serves as a vital tool. It bridges research and policy by assessing the value, both clinical and economic, of health

innovations, enabling more rational, evidence-based healthcare decisions.^{1,2} While broader approaches such as value-based healthcare and outcome-linked pricing are increasingly relevant to equitable access, discussions at the February and April 2025 AtM meetings focused specifically on HTA as a foundational tool for guiding informed decision-making in the region and is thus the key feature of this chapter.³

4.1. Advancing HTA in SEA

HTA plays a pivotal role in guiding reimbursement decisions, optimizing value for money and improving patient access to care. Yet, several systemic and structural challenges continue to limit its implementation across SEA. Key barriers to HTA effectiveness in the region include weak institutional infrastructure and limited technical capacity to conduct HTAs in many countries; siloed operations and limited data-sharing between regulatory bodies and HTA agencies; long delays between regulatory approval and HTA recommendations, hindering timely patient

access; absence of community or patient voices in defining what constitutes 'value'; and redundant data requirements, where both HTA bodies and regulators often request overlapping information.² For example, in Malaysia, a drug must be registered with the Drug Control Authority for at least 12 months before it becomes eligible for evaluation by the country's Ministry of Health's Medicines Formulary.⁴ This, combined with requirements for extensive safety and effectiveness data, creates lengthy delays between approval and access.²

Adaptive HTA as the path forward²

- **Strengthen infrastructure and enable regional collaboration:**

A robust HTA framework begins with strong infrastructure, legal mandates and accessible health databases. Countries must assess system readiness and invest in data infrastructure and technical expertise. At the same time, cross-border collaboration and transparent data-sharing, including a regional platform for HTA outcomes, can reduce duplicative effort and bridge gaps between regulatory approval and reimbursement timelines.

- **Streamline and accelerate HTA processes:** HTA systems must be both efficient and adaptable. Aligning data requirements across regulatory and HTA bodies can eliminate redundancies and shorten access delays through parallel assessments. Fast-track pathways, particularly for rare diseases or conditions with limited trial data, can be introduced. AI tools can further support faster evaluations by enhancing predictive analytics, but they must be applied ethically and transparently.

- **Prioritize resources for high-impact health needs:** Given limited HTA capacity across the region, efforts should ideally focus on therapies for rare diseases and high-burden conditions. Prioritizing these areas for expedited evaluation can significantly improve access to lifesaving treatments and deliver the greatest health impact.



4.2. Community-centered evidence and HTA reform

HTA frameworks must evolve to reflect real-world patient experiences, not just clinical trial outcomes or economic models. Incorporating lived experiences

and public perspectives into HTA processes can help ensure that decisions reflect the true value of treatments.²

Reforming HTA for inclusion, relevance and impact²

Ensure inclusive multi-stakeholder engagement

Effective HTA requires the active involvement of healthcare providers, policymakers, patient groups and the public. Empowering communities with accessible HTA information can build transparency and trust while aligning decisions with local needs.

Expand HTA scope beyond medicines

Comprehensive HTA frameworks should assess not only pharmaceuticals, but also medical devices, diagnostics and care models. A holistic approach allows for meaningful comparisons, helping to identify low-value services and prioritize innovations.

Promote targeted and continuous evidence generation

Clinical studies should be designed with HTA requirements in mind from the outset. Integrating HTA needs into research protocols can produce more relevant evidence and help industry stakeholders support faster reimbursement decisions. Furthermore, HTA evaluations should be updated over time, using Health Economics and Outcomes Research. Continuous learning ensures that HTA decisions stay relevant and reflective of evolving health needs, particularly as new real-world evidence becomes available.

Support phasing out low-value interventions

HTA can play a critical role in identifying and decommissioning outdated or ineffective treatments. Doing so requires not only technical capability, but also strong political will and public engagement to explain the rationale behind such decisions. Public education campaigns can build awareness around HTA's role and the importance of using high-value treatments, improving public buy-in.

Advance regulatory harmonization across ASEAN

Aligning regulatory and HTA systems across ASEAN countries can reduce inefficiencies and enhance access. Rather than developing entirely new systems, countries can adapt successful frameworks from others, like the Philippines' adoption of U.S. policy models. Cross-border academic and policymaker collaborations can further support harmonization efforts but must be guided by strong ethical standards and data governance.

Together, these reforms can transform HTA into a more inclusive, impactful tool that can potentially empower decision-makers and communities to co-create value-based, patient-centered systems.

References:

1. World Health Organization. Health Technology Assessment. Available at: https://www.who.int/health-topics/health-technology-assessment#tab=tab_1 [cited March 2025]
2. Presented at the Southeast Asia Access to Medicine Summit; Bangkok, Thailand; 18 February 2025.
3. Otte M, et al. Value Based Healthcare and Health Technology Assessment for Emerging Market Countries: Joint Efforts to Overcome Barriers. Expert Rev Pharmacoecon Outcomes Res. 2024;24(9):1061–1066.
4. Pharmaceutical Services Program. Guidelines on Submission of Dossier for Listing into the Ministry of Health Medicines Formulary. Second Edition. Available at: https://pharmacy.moh.gov.my/sites/default/files/document-upload/2nd-edition-guidelines-submission-dossier-listing-mohmf_0.pdf [cited March 2025]

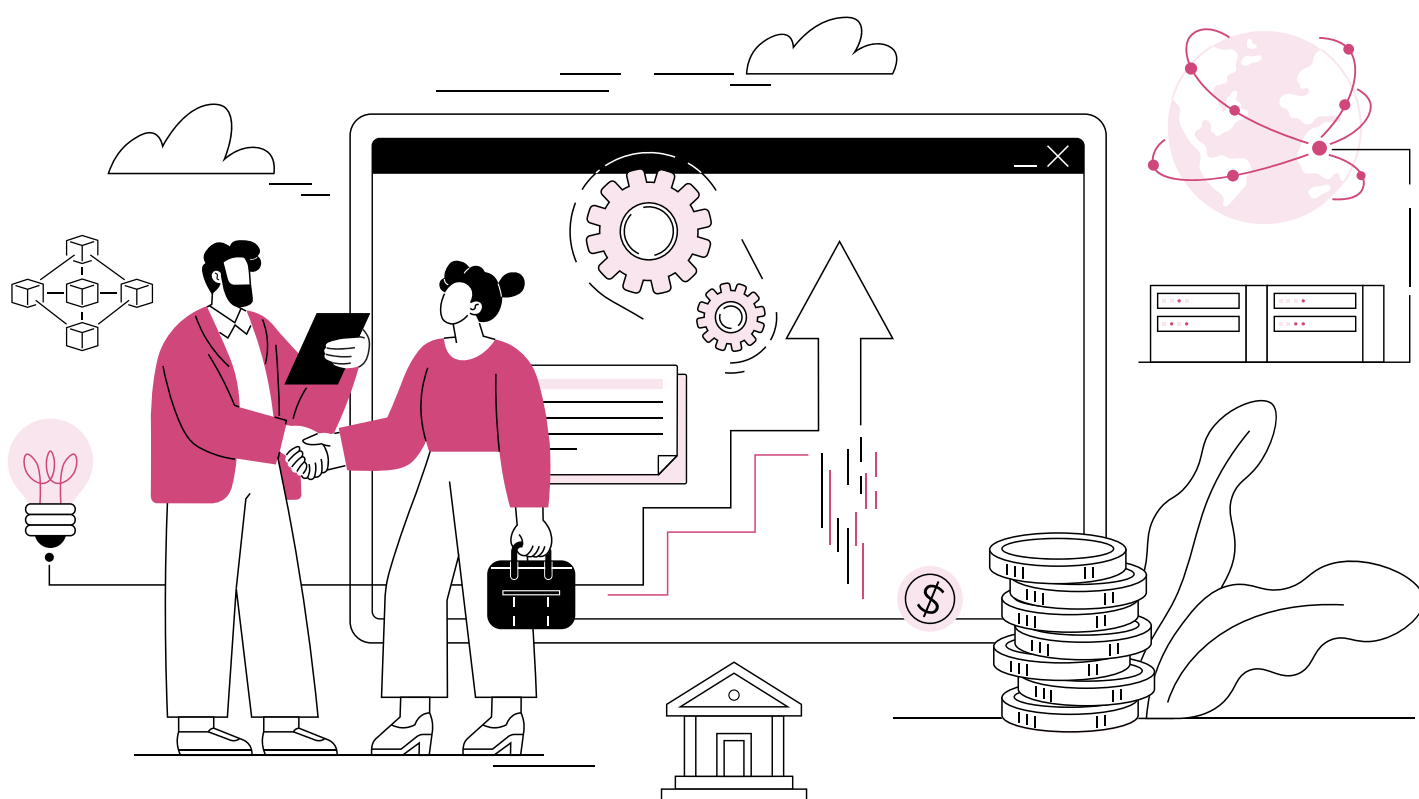
Innovative Financing to Drive Outcome-Oriented Access

Most countries in SEA, excluding Singapore and Brunei, are classified as lower- or upper-middle-income economies and face complex, context-specific challenges in improving access to medicines. Rapid population aging, escalating healthcare costs and limited fiscal space place immense pressure on public health budgets. In such settings, policymakers often prioritize immediate budget impact over the long-term value of innovation.^{1,2}

Compounding these issues are fragmented healthcare systems and disjointed financing mechanisms, which commonly span OOP spending, government spending, national health insurance and private insurance schemes. In many countries, social health protection systems are still evolving, and there is a lack of sustained political commitment. These challenges risk creating

financing structures that are both unsustainable and inequitable over time. Even where national insurance schemes are in place, substantial gaps remain in coverage, particularly for diagnostics, rare diseases, innovative medicines and preventive services.^{3,4}

However, this also presents an opportunity for countries in the region to move beyond outdated models and adopt integrated, data-driven approaches to financing and service delivery. By leveraging digital health infrastructure, real-world evidence and inclusive governance, countries can design financing mechanisms that not only expand coverage, but also prioritize value, equity and long-term health outcomes.^{1,3} Such approaches, as explored in previous chapters, can help ensure that financial protection and access to care evolve in tandem with population needs.



5.1. Rethinking health financing

Promising models across the region demonstrate that multilayered health financing can offer a more balanced and inclusive approach. By diversifying funding sources beyond the public sector, these models establish complementary systems in which costs are shared among governments, insurers, employers and individuals. This layered approach can help expand population coverage, reduce OOP spending and support the equitable pricing of innovative treatments based on value rather than volume.¹

Furthermore, health financing must be reframed around outcomes rather than inputs. Rather than simply expanding budgets, the focus should be on improving efficiency, incentivizing innovation and aligning financing mechanisms with national health priorities.³ Such approaches can potentially turn fiscal limitations into levers for innovation, ensuring that access and affordability go hand in hand.

Regional success stories



Singapore^{5,6}

Singapore offers a leading example of a well-functioning multilayer health financing system. Its approach combines public and private mechanisms to provide universal health coverage while maintaining system sustainability. Key components include:

- Basic subsidies targeting low- and middle-income residents
- Universal health coverage for essential medical needs
- Supplementary commercial insurance
- Personal medical savings accounts
- Public safety net fund supporting rare diseases and low-income populations

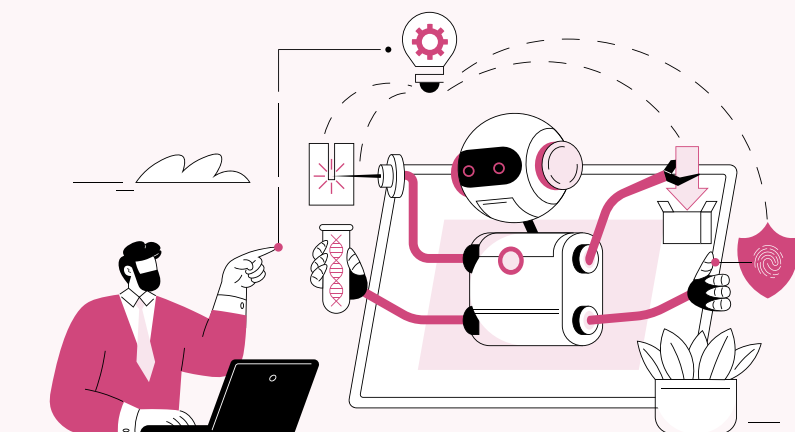
This flexible structure allows individuals to draw on different financing layers depending on their income and needs. While higher-income residents may rely more on savings and insurance, lower-income groups benefit from a broader safety net, ensuring equity without overburdening any single payer.



China^{1,7}

Over the past decade, China has built a multilayered health financing framework centered around a national insurance platform, social insurance and public funding. The system is bolstered by innovative models such as:

- Public-private supplementary insurance, which includes affordable, co-designed products that complement state-run insurance
- Technology-enabled mutual aid and crowdfunding, which includes emerging fintech platforms that allow individuals to pool resources for medical costs



5.2. Current trends and future directions¹

As the landscape of innovative medicines evolves, so must the systems that enable access. Future therapies are increasingly:

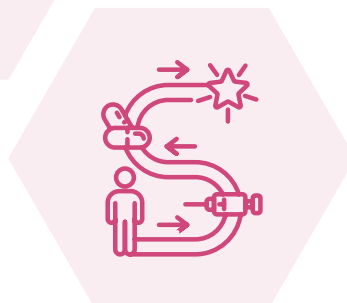
Preventive

Lowering the burden of infectious diseases through vaccines and public health interventions, as well as NCDs through early detection, risk reduction and targeted therapies



Personalized

Tailored to individual genetics and needs



Holistic

Addressing the full patient journey, including social and clinical dimensions

To accommodate these advances, countries must design policies that are forward-looking, culturally sensitive and built on resilient financing foundations. This may include integrating traditional financing methods with newer models such as digital mutual aid, employer-based schemes, philanthropy and

community solidarity. By drawing inspiration from regional leaders like Singapore and China, lower- and upper-middle-income countries in SEA can develop financing structures that not only expand access to innovation, but also uphold the sustainability and equity of their healthcare systems for years to come.

Blended and innovative financing mechanisms for sustainable access

It is important to adopt innovative financing models that reduce dependence on international aid and mobilize underutilized local resources to bridge healthcare gaps sustainably. Blended finance, which combines public and private capital to achieve shared objectives, offers one such approach. These models not only help address immediate healthcare needs, but also contribute to building long-term system resilience.^{1,3}

A key opportunity lies in mobilizing non-traditional funders already active within the region:¹

- 1 Local foundations and large corporates (e.g., IKEA Foundation, P&G Fund)
- 2 Infrastructure and telecommunications firms with Corporate Social Responsibility (CSR) budgets
- 3 Faith-based organizations such as the Tzu Chi Foundation (i.e., headquartered in Taiwan but present in many countries around the world)⁸
- 4 Tech giants like Alphabet and Meta, who generate significant regional revenue

5

Creative mechanisms like gamification-based fundraising can be leveraged. For example, Poland's War on Cancer game allows players to support real-life cancer patients through a mobile 'shoot-em-up game' that channels proceeds directly into cancer care⁹

6

Pooled funding models can be adopted. For example, Hong Kong's Samaritan Fund, a government-administered pooled fund in Hong Kong that was established in 1950 to support patients who cannot afford essential treatments not covered by public hospital fees. Assistance is based on clinical need and means testing. Funded by the government and charitable donations, it helps ensure no one is denied necessary care due to financial constraints.¹⁰ This model also demonstrates that hybrid public-private models can be scaled successfully with transparent governance and clinical need-based access.

A further, often overlooked opportunity comes from the intergenerational transfer of wealth currently underway across Asia. Enabled by tax-friendly financial hubs such as Singapore, Dubai and Hong Kong, a new generation of impact-oriented family offices* is emerging — well-positioned to fund health system strengthening if engaged with strategic intent.¹

Meanwhile, government-industry partnerships remain essential. These must be built on transparent governance frameworks where risks and rewards are clearly shared. A compelling example is India's tuberculosis social impact bond, where private investors receive returns based on achieving agreed-upon public health outcomes, demonstrating how innovation and accountability can go hand in hand.¹¹

These mechanisms show that sustainable access can be within reach when innovation meets inclusive intent.



*A family office is a private wealth management firm that serves ultra-high-net-worth families, overseeing their assets, developing long-term investment strategies, managing trusts and supporting philanthropic goals.

5.3. Strategic investment in preventive approaches

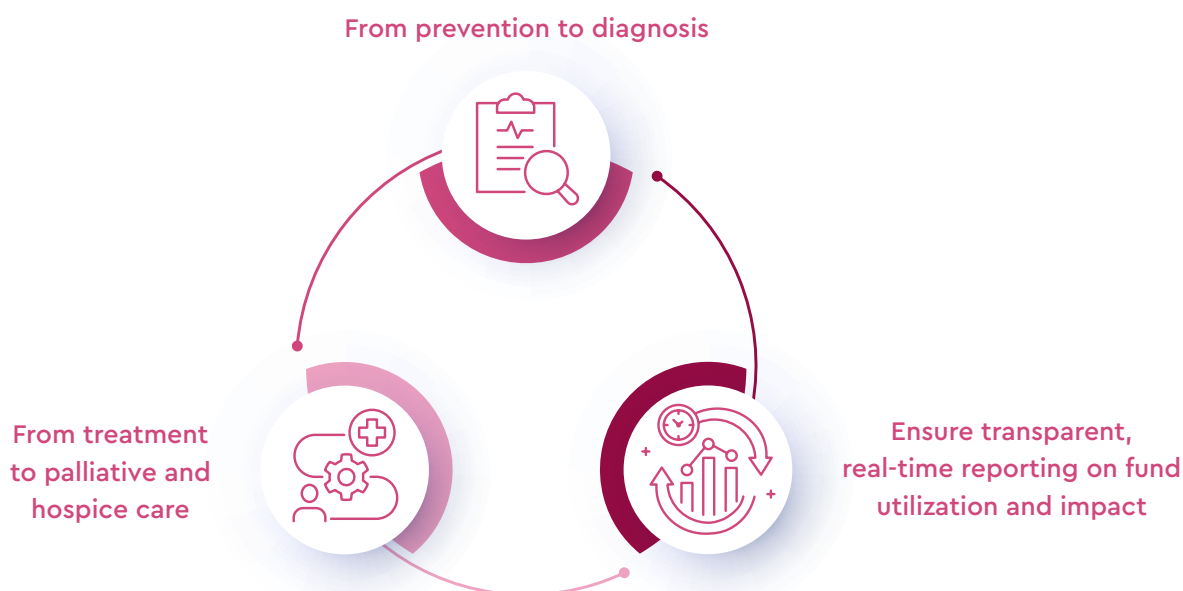
A disproportionate share of health funding is directed toward curative services, while preventive approaches, such as vaccination, screening and early intervention, often remain underfunded. One strategic avenue to increase funding for prevention is through the use of sin taxes on products like tobacco and alcohol. These

can create dedicated revenue streams to support early action and health promotion. Insurers and payers also have a clear incentive to invest in preventive measures, as they help reduce the burden of costly, late-stage treatments and improve long-term health system efficiency.³

5.4. Measuring success beyond traditional metrics

SEA countries must adopt broader metrics of success that reflect lived realities and system performance across the care continuum. While reductions in OOP

spending remain a key metric, they must be paired with data on foregone care, that is, instances where patients skip or delay treatment due to cost.¹



This broader approach also calls for condition-specific, multi-stakeholder platforms where patients, healthcare

providers, policymakers and private-sector actors collaboratively design solutions.¹

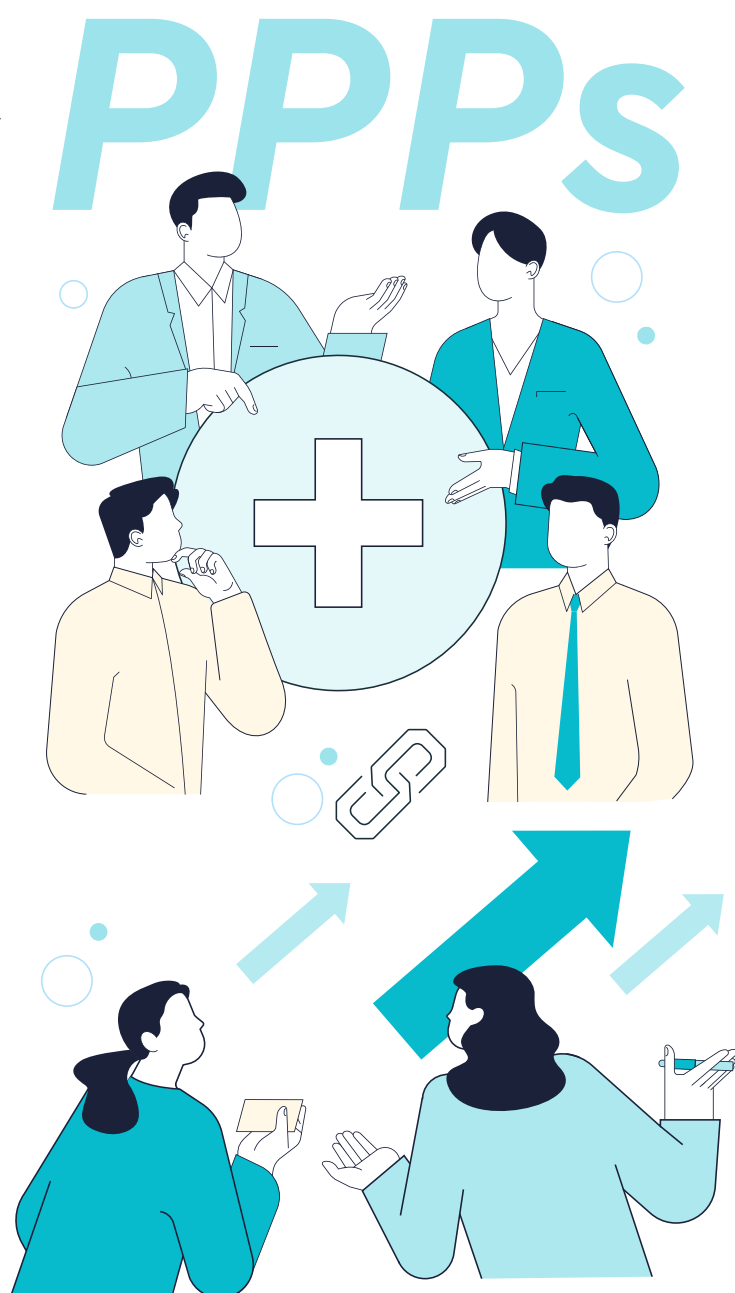
References:

1. Presented at the Southeast Asia Access to Medicine Summit; Bangkok, Thailand; 18 February 2025.
2. Lim MY, et al. Health Financing Challenges in Southeast Asian Countries for Universal Health Coverage: A Systematic Review. *Arch Public Health*. 2023;81(1):148.
3. Presented at the Southeast Asia Access to Medicine Session at the World Health Summit Regional Meeting; New Delhi, India; 27 April 2025.
4. Barcellona C, et al. Strengthening Strategic Health Purchasing in Southeast Asia: Progress, Opportunities and Recommendations. Available at: <https://sph.nus.edu.sg/wp-content/uploads/2023/10/Strengthening-Strategic-Purchasing-in-Southeast-Asia.pdf> [cited May 2025]
5. Ministry of Health Singapore. All Can Afford Healthcare. Available at: <https://www.moh.gov.sg/newsroom/all-can-afford-healthcare> [cited April 2025]
6. Commonwealth Fund. International Health Care System Profiles Singapore. Available at: <https://www.commonwealthfund.org/international-health-policy-center/countries/singapore> [cited April 2025]
7. Liu C. Health Financing Reform in China: Multi-layered Medical Security System and Payment Innovation. Available at: <https://apacmed.org/wp-content/uploads/2021/06/Health-Financing-Reform-in-China-Dr.-Chang-Liu.pdf> [cited April 2025]
8. Tzu Chi Charity Foundation. Available at: https://global.tzuchi.org/about-us_who-we-are [cited April 2025]
9. Creative Pool. The Mobile Game that Literally Fights Cancer. Available at: <https://creativepool.com/magazine/leaders/the-mobile-game-that-literally-fights-cancer.14262> [cited April 2025]
10. Hospital Authority. Samaritan Fund. Available at: https://www.ha.org.hk/visitor/ha_visitor_text_index.asp?Content_ID=10048&Lang=ENG&Dimension=100 [cited April 2025]
11. IPE Global. Impact Bonds for Improved Health Outcomes. Available at: <https://www.ipeglobal.com/pahal/resources/factsheets/impact-bonds-flyer-5th-december-2018.pdf> [cited April 2025]

PPPs as a Mechanism for Shared Accountability

Access to affordable, quality healthcare is a cornerstone of social and economic development. However, governments often face budgetary and capacity constraints that limit their ability to deliver equitable care.¹ PPPs have emerged as a critical mechanism to mobilize capital, improve service delivery and expand access to lifesaving health services.^{2,3}

PPPs have been a recurring theme throughout this paper, underpinning efforts in governance, digital integration, inclusive health system design and community engagement. This chapter builds on those foundations to explore PPPs as a distinct principle for shared accountability. It focuses on emerging models, global guidance and practical insights that can help SEA harness PPPs more effectively to close access gaps.¹⁻³



6.1. Unlocking the value proposition of PPPs

In SEA, PPPs are more than delivery models. They are vehicles for incentive alignment, capital mobilization and innovation at scale. The COVID-19 pandemic showcased the potential of well-executed PPPs in driving

rapid, impactful health innovation. When thoughtfully designed, PPPs can serve as powerful catalysts for scaling innovation and delivering high-impact solutions to the communities that need them most.

Examples of effective PPP contributions during the pandemic³

Opening public R&D infrastructure to private sector collaboration, particularly in high-risk research areas like antimicrobial resistance

Creating national clinical research networks that integrate public hospitals with private labs and research institutions

Implementing blended financing models, such as those used by Gavi and the Global Fund in the WHO's ACT-A initiative, to support equitable access to vaccines, diagnostics and treatments⁴

Utilizing pooled patent licenses across countries to create predictable markets and encourage affordability for new therapies

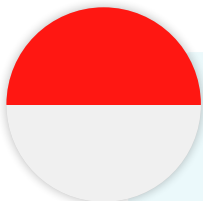
PPPs can unlock opportunities to bridge gaps in healthcare access and quality by combining the strengths of both sectors. The public sector plays a vital role in ensuring equity and care delivery, while the private sector brings innovation, operational efficiency and scalability. Public perception also influence partnership models; for example, despite higher costs, many patients in SEA express greater

trust in private providers. This dynamic opens the door for hybrid models, where both sectors can collaborate to expand reach, improve service delivery and build trust. For instance, in R&D initiatives, the public sector can focus on financing and promoting equitable access, while the private sector leads on innovation and implementation.³

6.2. Community and civil society engagement in PPPs

Community leadership and civil society engagement are critical for the legitimacy and effectiveness of PPPs. These actors bring local knowledge, build trust and

ensure culturally responsive services. Institutionalized mechanisms for community participation in planning and monitoring should, therefore, be central to PPP design.



Indonesia: 'Community kaders' as a public-community partnership model⁵

Indonesia's 'community kader' program illustrates a strong public-community partnership, which is an important dimension of people-centered PPPs. These locally appointed health volunteers support government goals by delivering services such as immunizations, family planning and nutrition at the community level. They also conduct follow-ups and engage in local committees. By 2014, 87% of children received basic immunizations, and kaders have been credited with improving life expectancy and reducing maternal and child mortality, showcasing how structured community engagement can enhance public service delivery.⁵

6.3. WHO's 2023 principles and ensuring sustainability

World Health Organization's (WHO) 2023 policy paper on PPPs outlines three key principles⁶

Without these foundations, PPPs risk becoming unsustainable or misaligned with public health priorities.⁶ The WHO's insights, although drawn from middle-income European settings, offer clear direction for SEA countries working to scale effective public-private collaboration.

Investment decisions should precede procurement, with healthcare needs clearly defined before choosing delivery mechanisms

Public sector capacity is vital, not just for strategic planning, but also for implementation and performance monitoring

Financial risk assessments must account for long-term impacts on governments, health systems and households

Despite their potential, PPPs face several challenges in the context of SEA, such as inconsistent political support, investor hesitancy due to perceived risks and lack of sustained engagement. Maintaining long-term

commitment across diverse stakeholders and ensuring sustainability are particularly difficult in settings with shifting political or economic priorities.³

Recommended risk mitigation strategies include:³

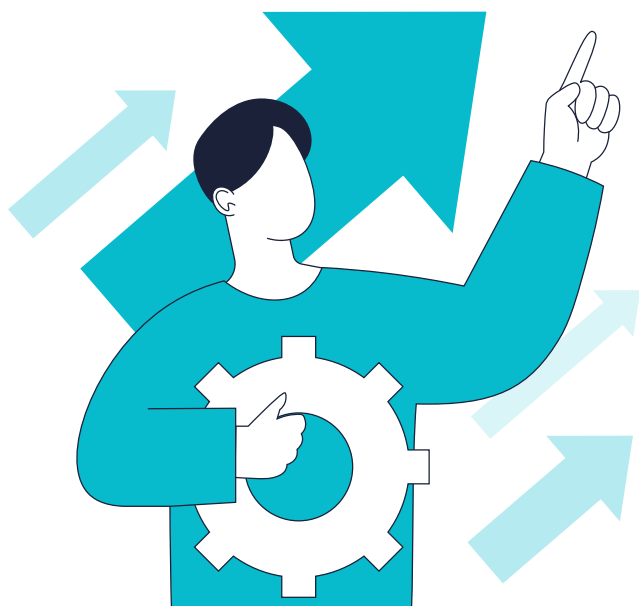
- Phased implementation with defined milestones to provide early wins and build confidence
- Upfront alignment on objectives, such as targeting underserved areas or high-impact interventions, to deliver tangible, measurable outcomes
- Robust monitoring and evaluation systems, established from the start, to track performance and demonstrate impact
- Broad stakeholder engagement, extending beyond PPP partners to include affected communities and regional bodies, such as ASEAN, thus reducing dependency on any single player as well as enhancing overall resilience and buy-in



6.4. Advancing regional PPPs and harmonization

While countries in SEA differ in culture, politics and economics, they share common ground in their healthcare challenges and aspirations. PPPs offer a

strategic opportunity to transform regional collaboration into collective strength, serving as a catalyst for harmonization and shared progress across the region.³



Ideas for advancing regional PPPs include:³

- Harmonizing regulatory standards to facilitate cross-border access to medicine
- Aligning health education and professional training to enable workforce mobility
- Creating cross-border treatment platforms for complex or rare conditions
- Supporting localized manufacturing to strengthen supply chains and reduce costs
- Establishing regional pooled patent licenses to expand access to essential medicines

A notable international-regional example is the partnership between Presidio Pharmaceuticals (USA) and Pharco Pharmaceuticals (Egypt), which led to the development of a new hepatitis C treatment. Anchored in a pro-access PPP model, the partnership enabled:⁷



Equitable licensing arrangements



Generic scale-up to increase production capacity



Rapid cost reductions for patients and health systems

The initiative also benefited from the participation of a Malaysian company, Pharmaniaga Berhad, who supported manufacturing and regulatory approval. The successful delivery of such treatment model, which is both affordable and effective, proves that PPPs can deliver both innovation and equity.⁷



Of interest, Pharmaniaga Berhad shows how strategic investments in the industry can help advance national health objectives. A government-linked company, Pharmaniaga manufactures and supplies essential medicines and logistics to public hospitals and clinics in Malaysia, which helps strengthen the resilience of the country's healthcare supply chain.^{8,9} This demonstrates how government-led investments can enhance medicine access and health system capacity.

References:

1. International Finance Corporation. Health. Available at: <https://www.ifc.org/en/what-we-do/sector-expertise/public-private-partnerships/health> [cited March 2025]
2. Duke-NUS. Public-Private Partnerships: A Key to Equitable Healthcare Access. Available at: <https://www.duke-nus.edu.sg/sdghi/news-events/news/public-private-partnerships-a-key-to-equitable-healthcare-access> [cited March 2025]
3. Presented at the Southeast Asia Access to Medicine Summit; Bangkok, Thailand; 18 February 2025.
4. The Global Fund. Impactful Partnership in Action: Global Fund, Gavi and WHO. Available at: https://www.theglobalfund.org/media/15327/partnership_impactful-partnership-gavi-global-fund-who_report_en.pdf [cited March 2025]
5. CHW Central. Indonesia's Community Health Workers (Kaders). Available at: <https://chwcentral.org/indonesias-community-health-workers-kaders/> [cited March 2025]
6. World Health Organization European Region. Public-private Partnerships for Health Care Infrastructure and Services: Policy Considerations for Middle-Income Countries in Europe. Available at: <https://iris.who.int/bitstream/handle/10665/365603/9789289058605-eng.pdf?sequence=1&isAllowed=y> [cited May 2025]
7. DNDi. Public-private Partnerships Can Accelerate the End of Hepatitis C. Available at: <https://dndi.org/viewpoints/2021/public-private-partnerships-can-accelerate-the-end-of-hepatitisc/> [cited May 2025]
8. Matrade. Pharmaniaga. Available at: <https://www.matrade.gov.my/en/choose-malaysia/directories/malaysian-brands-directory/213-pharmaniaga> [cited June 2025]
9. The Edge Malaysia. Pharmaniaga Signs Seven-year Concession Agreement with MOH for Medical Supply Logistics Services. Available at: <https://theedgemaalaysia.com/node/696135> [cited June 2025]

Conclusion

A Regional Commitment to Equitable Access to Medicine

The SEA AtM agenda calls for a decisive shift from fragmented, product-driven interventions to an integrated, people-centered approach to managing access to medicine, one that views it as a seamless continuum of healthcare and not a single intervention point. This position paper outlines a shared vision: one where regional collaboration, inclusive governance and cross-sector partnerships converge to deliver meaningful, equitable health outcomes.

A truly resilient health system in SEA places people not just institutions at its core, recognizing them not merely as beneficiaries but as active partners in shaping care. By aligning innovation, governance and financing with local needs, the region can move beyond incremental improvements toward system-wide transformation. The future of access to medicine lies not only in availability, but in its relevance, affordability and responsiveness to the realities of those it serves.



ASEAN 2045: A future-focused vision for health

A recent development that is independent from the AtM meetings, the Kuala Lumpur Declaration on ASEAN 2045—signed by all ten ASEAN Member States on 26 May 2025—reaffirms a shared vision of a resilient, innovative, dynamic and people-centered region.¹

The ASEAN Economic Community and Connectivity Strategic Plans further support this vision by promoting regional integration, sustainability and inclusive access to opportunities, laying the groundwork for coordinated health system strengthening. As megatrends reshape the region, ASEAN emphasizes the need for cross-sectoral collaboration to address emerging challenges and safeguard the well-being of its people.¹

Advancing the ASEAN 2045 agenda presents a timely opportunity to harmonize healthcare governance and innovation across borders, fully aligned with the vision of this position paper.

This paper is a declaration of collective intent building towards pragmatic action. Together, SEA can build an equitable and resilient roadmap for access to medicine — one grounded in shared values, sustained by robust data and governance, and propelled by a

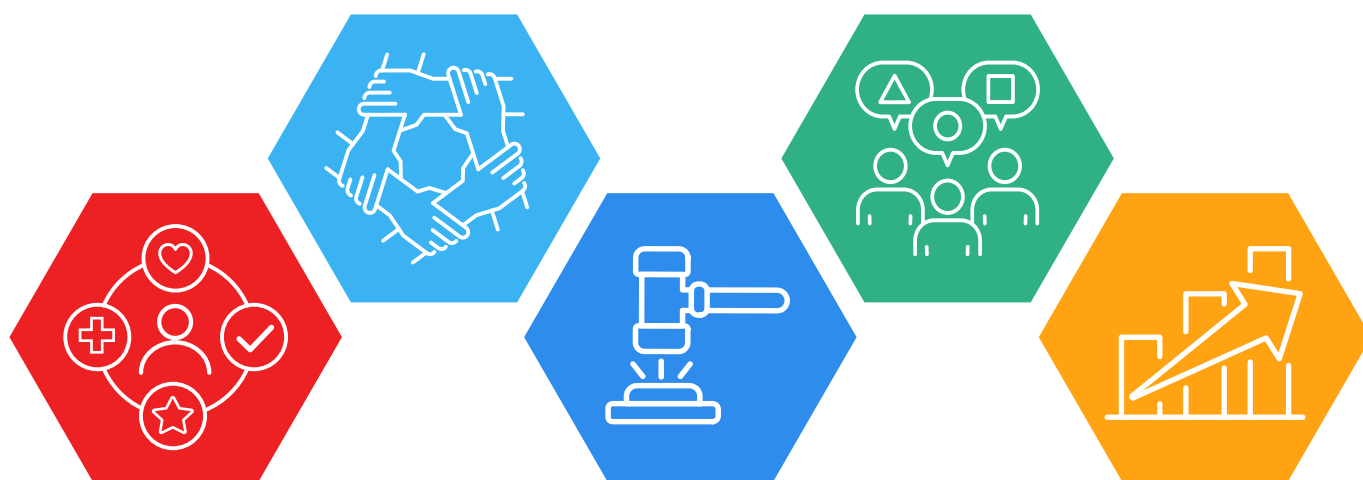
collective commitment to five core pillars in pursuit of health for all. Now is the time to turn shared ambition into collective action and to show the world how SEA can lead the way in building inclusive, innovative and equitable health systems.

Collaborate for innovation:

Forge and strengthen partnerships with relevant stakeholders and policymakers to scale solutions addressing diseases and conditions that disproportionately affect populations in SEA.

Elevate community voices:

Ensure the voices of communities most affected by health disparities are heard and integrated into decision-making processes, aligning efforts working in collaboration with partners.



Champion inclusive systems:

Work with stakeholders and mobilize them across the healthcare ecosystem, including governments, industry, civil society and communities, to prioritize equitable access to medicines.

Enable policy transformation:

Through thought leadership, support evidence-based policies that remove systemic barriers to medicine access and strengthen healthcare systems in SEA.

Demonstrate progress:

Support the creation of a concrete, measurable roadmap with achievable milestones towards access to medicines in SEA.

Reference:

1. ASEAN Secretariat. Kuala Lumpur Declaration on ASEAN 2045: Our Shared Future. Available at: <https://asean.org/kuala-lumpur-declaration-on-asean-2045-our-shared-future/> [cited June 2025]

Rules of using this Position paper of the Southeast Asia Access to Medicine Working Group hold in Bangkok 2025 and in New Delhi 2025 ("Position paper")

This Position paper is available for the general audience for informational purposes only; it should not be used for diagnosing or treating a health condition or disease. It shall not be a substitute for a relevant position or opinion of competent bodies or authorities. The content was developed based on key points from the meetings, drawing on presentations and discussions. It reflects paraphrased remarks and generalized insights shared by presenters and participants at the Southeast Asia Access to Medicines (SEA ATM) Summit in Bangkok 2025 and the SEA ATM meeting held during the World Health Summit Regional Meeting in New Delhi 2025.

The information, views and opinions of presenters and participants during the above-mentioned events do not necessarily reflect the views and opinions of Takeda Pharmaceuticals International AG, its subsidiaries and affiliates, and in relation to each aforementioned entity, its directors, employees, business partners and shareholders (collectively, the "Takeda Group"). While steps have been taken to ensure that the content published herein has been reviewed, the Takeda Group does not certify the accuracy and completeness of any information and shall not be responsible, or in any way liable for any errors, omissions or inaccuracies in such information. The Position paper published herein does not constitute any representation, warranty, obligation or liability on the part of the Takeda Group and the Takeda Group is not liable to the reader in any manner whatsoever for any decision made or action or non-action taken by the reader in reliance upon the information provided. The Position paper is subject to the relevant trademark and copyright protection. All content included in this document is protected by copyright. The trademarks, logos and service marks (collectively, the "Trademarks") used or mentioned in this Position paper are registered and unregistered trademarks of Takeda, one of its affiliates, one of its subsidiaries and/or Takeda's partners who are specified herein and are protected by applicable law. You may download, display or print information from this Position paper solely for non-commercial personal use or for use in noncommercial education and scientific work, provided that: 1. all copyright and other proprietary notices contained herein shall be retained in all copies. 2. the content shall not be modified in any way. 3. proper citation and acknowledgment are given. 4. such use shall not constitute any undue association with third parties or infringement of the rights of Takeda or any third parties (including, without limitation, defamation, or infringement of the right of privacy or right of publicity).

Any use of this Position paper must comply with applicable laws and industry regulations.

Any other use, reproduction, distribution or adaptation of this material – whether in part or in full – is strictly prohibited without prior written permission of Takeda.

Takeda does not recommend and does not endorse the content of any third-party websites. Your use of third-party websites is at your own risk and subject to the terms and conditions of use for such sites.

No contractual relationship

Use of the Position paper and any information given in the Position paper does not create any contractual relationship between the user and Takeda and/or its affiliates. Therefore, no basis for contractual or quasi-contractual claims against Takeda and/or its affiliates shall arise.

Update of the Position paper

Takeda reserves the right to alter or delete or revoke the Position paper at any time without prior notice.

This Position paper and your use of it shall be governed by and construed in accordance with substantive laws of Singapore. Any disputes arising from or in connection with this authorization shall be subject to the exclusive jurisdiction of the courts of Singapore.

Takeda Pharmaceuticals International AG Singapore Branch, #15-01 Marina Bay Financial Centre Tower 1, 8 Marina Boulevard Singapore 018981.

