THE STATE OF GLOBAL HEALTH

Announcer 00:00

Please welcome the panel on the "State of Global Health," moderated by Jeremy Lim, CEO, AMILI.

Jeremy Lim 00:37

Hello, everyone. A very good morning to you and all of you are the early birds, because there's still a bloody long queue of people for the registration. So kudos to all of you. For those of you who are based overseas, welcome. You have become Singaporean. You come early and you queue. So kudos. You are obedient people. So today, first, I must apologize for our poor Dr. Gan, who unfortunately was not able to make it today. Alright, and I flag her out also, so that none of you take photos of us and ungraciously call us a man-only panel or a "man-el." So totally unintended, but nonetheless, we have a very exciting lineup. We are three fantastic, very experienced—okay, they are old enough. I'll call them veterans of the health-care system, right? We have Wai Hoe over here, who's group CEO for the SingHealth Group, Singapore's largest public health-care cluster. Keith runs Haleon for the Asia-Pacific region, which is a huge geography. We were just chatting. The poor man spends more time in the airplane than at home, right? And of course, Paolo runs AC Health, which is the fastest growing conglomerate health care group now with seven hospitals, over 1,000 drug stores, and the ambition to be truly integrated, to bring very much needed health care into the Philippines. So where we are today—today's theme is the state of global health, and we could scratch the surface and cover everything very superficially, which is not what we want to do. We are all friends, so we will speak very candidly, very casually, about topics pertaining to three broad issues. One is on global health cooperation. Two is on the role of technology, and three will be around this notion of consumer health, or really self-care, particularly in this part of the world, because we are so desperately short of health-care workforce. So, it's not medical-care versus self-care. Oftentimes it's self-care versus no care. And how then do we cooperate? How then do we use technology to make things better? And maybe before we start, I'll just share two interesting factoids. Okay, firstly, before the pandemic, I was very struck by this joint report by the World Health Organization and the World Bank that articulated that 52 percent, okay, 52 percent of the world still lack access to essential health services, right? And in this same report in 2017 it also highlighted that 100 million households go into bankruptcy due to medical catastrophe. And, after the pandemic, with government resources very, very stretched, it's become clear that things are worse. The second interesting statistic comes from the World Health Organization, that the world is short of anything between 11 to 20 million health-care professionals. And, therefore, one of these interesting things is that we don't worry about technology displacing the health-care

workers, because there are no health-care workers to displace, and the needs are incredibly great and vast, and maybe let me then start off by asking—I'll just ask Paolo, since he's not based here in here in Singapore, so if I ask him bad things, he has to board a plane and go back to the Philippines. So it's fine, but let's start with Paulo. You have built up AC Health, and one of the flagship projects is the Healthway Cancer Hospital that has a partnership with the SingHealth Group, with the National Cancer Centre, and in the spirit of global health and in the spirit of cooperation, could you share a bit more about how this partnership works and really what's happening now, and what's next?

Paolo Borromeo 04:39

Yeah, well, I was explaining—first of all, good morning to everyone, and thank you for being here and delighted to be here, Jeremy. In the Philippines, you know, talking about global health, I'm a big believer that health care is very local, and that even though, fundamentally, we all battle the same challenges, ultimately, I think it's still deeply localized and different solutions for different markets. And I'm sure Keith would appreciate this, having to see different markets. Cancer in the Philippines is a big problem. Third leading cause of death. We diagnose about 180,000 cases per year for a population of 112 million people, that's actually very low. But relative to Singapore, I was telling Wai Hoe earlier, that translates to maybe .1, .2 percent of the population. In Singapore, I think they diagnose 25,000 cases per year, right? So 180,000 sounds big relative to 25,000. That 25,000 is .4/.5 percent of your population, right? So, in terms of relativity, we feel like we have more scale. But it's sad, because the 180,000 is probably less than half of what the real cases are. It's because we underdiagnose, we under screen. So, in reality, the Philippines should probably have 400 or 500,000 cases per year of new cancer screenings, new cancer detections. So compare that to Singapore, and I think there are huge opportunities to work together. One is we do have that kind of scale, that kind of access to different cases, to different treatment patterns, etc, but Singapore also has access to newer technology and newer medicine, and I think it's a great opportunity to collaborate. And, again, even though our markets are very different, fundamentally, we're trying to solve the same thing, which is provide better cancer treatment to patients. So our partnership, Jeremy, with the National Cancer Centre of Singapore is an important one for us. We do tumor boards with our colleagues from NCCS. I was just here yesterday with a team of our breast surgeons and medical oncologists, and it's part of our usual regular huddle where we compare our most complex cases and we learn from each other. And I think it's a fantastic opportunity to collaborate, and hopefully we find more ways where we're able to collaborate moving forward in terms of, you know, joint pathways and even research.

Jeremy Lim 07:17

So there is a strong capacity building and really joint learning effort. There are potentials for really shared pathways. And do you mean shared care, where patients may come to Singapore for part of their care and then go back to the Philippines? Because, at least from where I am coming from, it certainly sounds that large countries offer volume as well as variety, where smaller but high-income countries have the technology as well as the expertise. Because for us as medical doctors, at least the older ones like Wai Hoe, myself, we had the privilege for the Singapore government to spend money to send us overseas for a year, two years to train in some of the best centers globally. So there's tremendous intellectual and heft and expertise that probably is a bit overpowered for a 6.11 million population. Yes, the number is totally accurate, right? So from yesterday's papers, maybe Wai Hoe, can

I ask you, what are your thoughts around what can Singapore do to contribute to the region but also benefit because we don't have volume, we don't have variety. How do we basically be better together?

Ng Wai Hoe 08:31

Yeah, I think, you know, Paolo says that health care is, well, largely local. I would say that maybe perhaps we could use a term that health care is "glocal." It needs to be locally contextualized. But at the same time, many of the challenges the health-care systems and health-care jurisdictions face all over the world are pretty similar. I guess if, when you travel to across nations, across jurisdictions, you find that nations of the world, health systems of the world, have similar challenges, workforce crisis, and aging population, how to deal with technologies and AI in health care. So I think that Singapore, as Jeremy puts it, 6.11 million population. Southeast Asia has over 700 million population, which constitutes close to 9 percent of the world population. So, I think, really, Singapore has a lot to benefit, to collaborate with, you know, centers such as Paolo's and other health-care systems and centers across Southeast Asia. Because, firstly, I think many of the issues we face are similar, and we can truly learn from one another. We learn from each other and develop our health systems in the way that's contextualized to our own local context and at the same time, you know, Singapore is a small nation. We don't really have that scale and size and the numbers that really would enhance our capability, and hence working in partnerships with Southeast Asian nations, with regional partners, can actually help us to enhance our skills. And one of the things that we're doing with Paolo's cancer center is with the National Cancer Centre Singapore, which is part of SingHealth, is multidisciplinary teams and discussions. And I think this really brings that wealth of the rich clinical case load from the Philippines with and—with the expertise that—of our cancer team. And we learn from each other. We learn from the rich tapestry of clinical cases. We exchange knowledge, and this is facilitated by technology of today. You don't need to fly across the country, although you brought your team here. It's, you know, once in a while, it's nice to have that physical handshake and, you know, have a meal together. But other times, this is done through telelinks—it's done virtually—we can much so easily collaborate now across jurisdictions with the use of technology.

Jeremy Lim 11:06

And since we have nicely warmed up, can I move to slightly more controversial topic, which is around the workforce, right? And I note from our Singapore Nursing Board annual report that we have 5,000 nurses here in Singapore who are of Filipino origin, and we're not counting those who have converted to become permanent residents and well citizens. So it's always been framed as a zero sum. There's a brain drain. But is there a win-win? Because Singapore, Manila, we're barely three hours away. We are near enough that can we be more imaginative and move away from this you win, I lose mindset to how can we, when it comes to workforce, and particularly nurses, can we all win? Maybe not at the same time, but over a lifetime? Can we all benefit? Please follow. Maybe you start and then Wai Hoe?

Paolo Borromeo 11:58

Yeah, we're very proud of our nurses. I think we have the best nurses in the world, and you see them everywhere. Every time I'm in SingHealth or Mount Elizabeth, I see them, I hear them. Come home, right? But the truth is, I sit

as chair for the private sector advisory council for health, for President Marcos, and this is one of our big topics, the staffing, the shortage in the Philippines. We don't lose nurse—just nurses. We lose pharmacists, med techs, RAD techs, name it. But nurses are the biggest population. We don't just lose them to Singapore, Japan, Germany, the States or Canada. We also lose them to BPOs, call centers, and shared services that are in the Philippines. So think Optum, United, and other big facilities setting up shop, and they offer 2-3 times the pay of what the typical nurse would get in a hospital setting. So there's a lot of potential career paths for nurses, which I think is a great thing. And so I told the president, you know, because he asked me, Paolo, should we put the cap? Should we put the migration cap? And I said, no, I think that's an outdated policy. And I think who are we, you know, to stop people from looking at career opportunities overseas. And, ultimately, it benefits us because if they remit US dollars back home, then it's for us, you know, money flown into the country. So I think our job as a country is to produce, continue producing great nurses, and to produce them even more. And so our job is to encourage more students, more throughput, more schools, to produce quality nurses, to supply the world's demand for Filipino nurses. So I think it's actually a great opportunity, and so that's been the focus. It's us capacitating medical schools and universities to be able to provide more seats to train more teachers because you need more nurse teachers so that we can produce more. But I think that part of it's a global workforce that we're preparing for.

Jeremy Lim 14:03

And maybe, if memory serves me right, I think that the remittance from nursing and all other sectors about 10 percent of the Filipino GDP. But there is a social cost to this, and I guess Singapore is one of the—is—at least relative to Singapore's population, we do depend quite considerably on the foreign workforce, but we're geographically relatively near. So maybe Wai Hoe, given everything Paolo has shared and the social or the potential social consequences, how do you think we can make the passage for the nurse, not just from the Philippines or anywhere else, a little better from professional career development, family life and so on?

Ng Wai Hoe 14:47

Yeah. I initially thought that we had decided to stray from politically sensitive topics. Yeah, but I think in truth, it is—it's probably, as Paolo puts it, is outdated to adopt protectionistic policies, and perhaps we do need to focus on making our systems attractive to retain talent and so forth. And Singapore is also losing a lot of talent. And, in truth, the reality many of the Filipino nurses come to Singapore and use Singapore as a springboard to New Zealand, Australia, and the United Kingdom and the US. We know as a fact that the New Zealand Health Ministry doesn't do any further checks. Once a Filipino nurse has worked in Singapore, they just take it as you are accredited, and they just hire them, and they set up shop in Singapore, somewhere in one of the hotels along the Orchard road strip to recruit.

Jeremy Lim 15:48

Is it the Four Seasons?

Ng Wai Hoe 15:54

This place is probably a bit too costly. So I think—but I would say that end of the day, it is in some ways, a zero sum game and the reality is, we will not have the manpower to serve the health-care needs of the future and what the health-care system really needs to focus on. I mean, Einstein says that insanity is doing the same thing repeatedly and expecting a different result. What we need to do is to focus on transformation and innovation. We cannot deliver health-care tomorrow the way we do today. We have to look at transforming the health-care models. We have to look at innovation. We have to look at the adoption of technology and AI. That is the only way, and I think that is a solution to addressing these key issues, because we will never have enough manpower to meet the increasing needs of health care for the future.

Jeremy Lim 16:52

And that's a wonderful segue to bring in Keith. Keith represents the consumer health sector and as a leader in his field, and we made this point around self care versus no care, particularly in this part of the world where we're so desperately short of the health-care workforce. Keith, can you build upon the points that Paolo and also Wai Hoe built up around what can consumers or citizens, patients, whatever we want to call them, do in partnership with companies such as Haleon? Where does technology come in, right? Please go ahead.

Keith Choy 17:26

Yeah, as Wai Hoe said, right, because really, the workforce is really, really tight, and you [inaudible] data if in Asia-Pacific only through half to the HCP ratio to people, it's only half to one per 1,000. So that's why, really the—is making more difficult for really a general consumer/patient, right, to reach out to consult a doctor. So that's why, per WHO, they say that health care is getting more important, and then they define health care as really for individual or families and even communities that they can not just manage the disease or illness, it's also to prevent health and also maintain health. So that's why the role of consumer health care is getting more important, just like in Haleon that we have various partnership with and in the ecosystem of this health care because with this difficulty for assessing to really health-care professional and even nurses, then we really have a critical way—role to play. And another data to share is, we partner with economists, you know, for several years on the Health Inclusivity Index. So based on, you know, it's a multi countries, it's a global and if a 25 percent of health illiteracy, you know, in Greece, they can bring 300 billion US dollar on the economic return. And in Asia-Pacific alone is $100 billion that we really can also relieve also the burden in the medical span for the multi—different governments. So we have this partnership with, in fact, with NUS on the long—longevity of a healthy aging population is across, you know, now it's the world in also Asia Pacific, in also in developed countries like Japan or even China. So there's one partnership, and also with partnership with your startup as well. [inaudible]

Jeremy Lim 19:45

I am also NUS faculty, so we partner with Haleon on multiple fronts.

Keith Choy 19:49

Yeah, also the gut health. So we see there's a quite a big, you know, conditional awareness versus the treatment gap. Many of you may not be also—whether you might have also bone health challenge. So for example, we did a lot of bone health density tests. It's like a 10 years in China with the government called Bone Up China, and helping the government partner with the government to set up a bone health guidelines is that have calcium supplementation, [inaudible] mass testing to help the diagnosis, training of related by, you know, also osteoporosis, kind of where there is some challenges, and then we can have an early intervention through calcium supplementation and healthy exercise and, you know, taking even, especially ladies. Normally, some teenagers girls, they want a lot of protection from the sun. The sun is help on the vitamin D, you know, absorption. So that kind of thing is that we really educate, help increasing the health illiteracy. And you can imagine that in China, in fact, 90 percent of population have calcium supplementation deficiency. So that's really the role to play, in partnership with different government and also health-care provider, even with Paolos in Philippines [inaudible].

Jeremy Lim 21:22

So Keith, maybe if I can ask you and can our two provider leaders also input, how would you like to work with the health-care providers? Because traditionally, we think of the health-care provider as being reactive. You have symptoms, you have disease, then you seek health care, right? But we all know now that the journey to good health begins very much earlier. How can you work better together?

Keith Choy 21:49

Yeah, I think that's why it's now important, it's related to this ecosystem. In the past, maybe more like a standalone. Right now, I see more—getting more important, resetting the ecosystem. It's a multi stakeholders, like, for example, Haleon, right, that we—because our purpose, deliver better everyday health with humanity. So how we can put health in more hands? So there's multi stakeholders, from government, from also health care. You know, solution providers, and even customers. The partnership with customers. So now we could be better, is really, say, defining this ecosystem and then the role of the—to play, and then leveraging the resources, not to deprecating resources. For example, for us, we do more like early screening, right, of diagnosis, even a nutritional supplement or something on oral health. Many of you, might not know that you know you have a health—tooth sensitivities, right? If we have to do the screening, even just a simple chill test to understand what you have a tooth sensitivity to improve the oral health, or just like I mentioned about nutritional supplement gap you might have that could be create some future, right, disease. So for this is the partnership defining the role for us, for example, as more preventative health. Early screening is not replacing more sophisticated like a diagnosis, but some earliest indication to certain bone health or, you know, other oral health, or even the pain management. And then to create this kind of, like conditional awareness versus a treatment gap. And then there's a go in to really say health-care provider.

Jeremy Lim 23:33

Keith, if I can be—if I can play devil's advocate here, and I will turn to Wai Hoe saying, why my clinics are drowning in work. Then they come from this screening, "I have osteoporosis. Can you do something about it?" And then the waiting times jump from three weeks to three months. What are your thoughts around this?

Ng Wai Hoe 23:53

Yeah, I think it is actually understanding fully what is the whole spectrum of health care and that health care needs to the—I would say that there's this global trend of—and I would—this global trend is actually pivoting from a patient to a person. The traditional customer of a health-care system is a patient who walks into your clinics, into the physical infrastructure of the health-care system. But the pivot now is that your patient is actually a person in a community, and that the role of a health-care system is to look after the person from cradle to grave. In Singapore, because we are land scarce, we call it from conception to cremation, because we don't bury our dead, we cremate them. So we use the term conception to cremation, and it is actually changing that mindset, that it is your patient is now a person, and the person is a person in the home and in the community. And I think pivot those resources and invest in them appropriately. The other key thing that we need to know is that this whole continuum, what is social care and what is health care? And I think we need to blur that, and that social care is actually health care. And many of the things that we want to do in the health care is actually just providing what we call that the social determinants of health. Healthy exercise, adequate sleep, good nutrition, all the things that our grandparents used to tell us to do, but now, because, you know, we don't have our grand—we don't live with our grandparents. So I think we need to blur that line and look at health care as a continuum between social care and health care, and at the same time, don't over medicalize health care. Some of the things are just social issues. They are social aspects and go upstream and work with partners in the community.

Jeremy Lim 25:46

So how then do we balance out the ecosystem? Because we have used the word ecosystem very much, but classic public health teaching is that when we offer a health screening program, we need to be sure that there are downstream facilities, there's capacity to manage this. So when—and I'll just play it out, when a consumer health company launches a campaign for disease X or Y, there's an easy screening test. That's that. Then take the formal or the medical system by really surprise, and you then find that you have too many patients. And how do we coordinate better then?

Ng Wai Hoe 26:28

Yeah, certainly, when you know—as many of you may know, Singapore launch Healthier Singapore about two years ago, and that is looking into more preventive looking after the entire population. And so when we started this health screening, what we did in SingHealth was actually do some modeling. Hence, we looked at, what were the cancers were you going to screen in a bigger way, breast cancers, colorectal cancers, and model what is the expected turnup rate, expected no show rates. And based on those numbers, how would that translate into special outpatient clinic appointments, diagnostic facilities that were required, such as mammograms, colonoscopies, and so forth. So we did that modeling, and then we kind of then set in certain screening targets in the upfront, because we did not want to overwhelm the system. And increasingly, we are using AI to read the scan so that the

diagnostic facilities no longer become a bottleneck. But you are right. There is—we do need to look at the unintended consequences of doing huge amounts of screening without the downstream capacity to cope with the consequences of picking up. And there are two consequences. It is one, the true pickup of disease, and two, what we call in the radiological as incidentalomas—incidental findings that may have no consequence and yet require some form of follow up. So these are the two things we need to assess and, hence, calibrate what and how we're going to screen.

Jeremy Lim 28:04

And maybe, can I switch to the Philippines [inaudible]? Where does technology come in? Because really Wai Hoe mentioned the use of AI to basically massively raise physician and health-care workforce productivity. How are you using ready technology, particularly in the Philippines, which is an archipelago nation?

Paolo Borromeo 28:22

Actually, yes. And I'll touch on the previous topic a bit too, Jeremy. I think one area where there may be a little bit of difference between Singapore and a country like the Philippines is we're heavily under screen. And so it's not so much a case of, do we have enough downstream capacity to take on the screening. It's do we have enough screening to begin with? Which is precisely what we built. We're an ecosystem. We mentioned the word a lot. Our ecosystem at AC Health is different from probably what you see elsewhere, like you said, we are 900 pharmacies, drug stores. We bring in our own medicine and biosimilars and genetics as we need to. We're a network of seven hospitals, 16 multispecialty clinics and over 270 corporate clinics. So our goal is to be able to reach patients, Filipinos, wherever or whenever they need access to care. So our thesis is create points of presence, because in a country where you have over 7000 islands, sometimes it's very hard to reach patients, but our ecosystem touches over 6 million lives. And in very remote areas where you may not have a doctor, you may not have a clinic, you may not have a hospital, we have a pharmacy, and for many Filipinos, unfortunately, the pharmacy is the primary point of care, so it's very important for us to continue building out this ecosystem of ours across drugstores, clinics and hospitals, and I think it allows us as well—having that ecosystem allows us to have unique opportunities with companies like Haleon and other big companies that provide product and services, because we are, on one hand, a distribution channel, on another hand, we're an ecosystem of a network of over 3,000 doctors, right? And it's a unique opportunity to be able to to bring in vital, essential medicine, products and technology, equipment, devices, and the like. So for instance, we partner with groups like Haleon, we partner with groups with AstraZeneca to provide life-saving cancer medicine at their cancer hospital, for instance, while at much cheaper prices, because we have a strategic relationship with them, where they—we are a channel, but we're also a partner. So I think they're just to say—there are huge opportunities. Technology for us is a big asset. It's not in and of itself, its own thing. For us, we feel like the brick and mortar network that we've assembled will benefit well from a technology overlay. So our—on one hand, our—all of our hospitals and clinics are integrated into one HIS, one EMR, but on another, we're building a connected platform whereby all of our 6 million patients, for instance, have access to remote post consultation with their doctors, for instance, or online prescriptions and e-pharmacies to any of our drug stores, so that we're creating a nice supplement—technology supplement to our brick and mortar network.

Jeremy Lim 31:35

And where would, say, those at risk for, say, osteoporosis or for any disease that is silent until it manifests in a hip fracture, a heart attack. How do these sorts of partnerships come about? Because as far as I'm aware, Healthier SG is probably one of the world's first nationally driven programs that really drive the integration of social as well as the formal health-care system centered on the individual, right? This doesn't happen very often elsewhere, which then creates opportunities for really private sector ecosystems such as AC Health to then step up. But to step up, we also need partners. So where would companies like Haleon and so on come in, in an integrated manner?

Paolo Borromeo 32:21

Well, one example I can think of is, again, just using the AstraZeneca example, we partnered on Lung Cancer Alliance in the Philippines, and it—we also have to remember that in the Philippines, we have to work closely with the public sector, so not just the Department of Health, but also local governments. So for instance, one thing we're doing is mass screening for lung cancer, integrating technology into it, in the form of an AI platform, where we go out to communities, we partner with local governments. We go out to communities where you have tens of thousands, if not hundreds of thousands of people, screen for initial layer of lung cancer using mobile X-rays and applying what we call Qure.ai and, you know, identifying any potential suspect nodules that we would then refer for a low dose chest CT-scan. But these are things that we're able to do through partnership, not just with companies like Haleon or AstraZeneca, but also with the local governments.

Jeremy Lim 33:20

Yeah, can I turn to Wai Hoe, and once upon a time, I was running global health for the National University of Singapore, and it was a very lonely time, because nobody in Singapore wanted to do global health. Today, global health is thriving. I think SingHealth has a SingHealth Duke Global Health Institute that is very vibrant. As Group CEO, what is your vision for Singapore or SingHealth's contribution to global health?

Ng Wai Hoe 33:47

So yeah, I think, as you know, the world is really getting smaller, and as I mentioned, the challenges that we face globally are quite similar. So we feel that at SingHealth, our focus for global health is in Southeast Asia, because we feel that these are within four to five hours of air travel. We actually can reach so many nations, 700 million population, and they are close proximity. It also makes that travel a lot more easier and accessible. So we focus on Southeast Asia. We focus, I mean, the—if you look at global health in its pure sense, it's about trying to bring about greater health equity, narrowing the disparity in health care. And I think that as a developed nation, we do have that responsibility to share with our neighbors, share some of the best practices, but at the same time, we learn a lot. We learn a great deal. And I think sometimes, arguably, when our teams go out into the region and work with partners such as Paolo, we benefit incredibly because of the greater complexity, the greater volume that we see. So the way we hope to develop global health is we have established three coordinating centers in Hanoi, Medan, and Jaffna. And through these centers, we work with the local communities, the local institutions, to develop longer term partnerships where we can actually help to build programs, exchange information, build up common databases, where we can co-create and do research together and address the global health issues collaboratively. And in this way, I think we can help to, you know, elevate health care, both in Singapore and in our regional

partners. So I think that is our goal, really, to elevate the standard of health care, to learn from one another, to learn to co-create and to do research and to build better health systems.

Jeremy Lim 36:02

And I want to, I want to double click on the Singapore-Philippine connection given Paolo I read in the newspapers the recent investment by ABC Impact, which is part of the Temasek Group. How would you see Singapore-Philippine health care interactions deepen? Because you are a very sizable player in the Philippines, and really, Temasek now has a strategic interest.

Paolo Borromeo 36:26

Well yes, we're very delighted to be partnering with ABC Impact and Temasek Trust. We brought them in as minority partners, and absolutely just thrilled with the opportunity to work together. Ayala and Temasek go back a long way, as many of you know, through Singtel and through other parts of our group, but this is the first time we're really collaborating on health. And health care is obviously an important topic for Temasek Trust and very important topic for us at the Ayala group. You know, I really think, just to Wai Hoe's point, glocal is so important, right? It's huge disparities in health-care systems between countries like the Philippines and Singapore. You know, for those who may not know, I think the Philippines our health-care expenditure per capita, Jeremy, is only $200 per person. Singapore is probably $4,000 and the US is $15,000 US. So can you imagine those inequities? 200 bucks for the Philippines, right? That's probably here in Singapore, Keith, that's probably like a lunch bill.

Jeremy Lim 37:36

I don't know where you guys eat but please go ahead.

Paolo Borromeo 37:40

Where there are opportunities, to your point, volume and variety, for us to be able—I think what we're very optimistic about in the Philippines is our growth rates, our utilization rates, our awareness rates for health care increasing. So more Filipinos are going to the doctor, more Filipinos are going to get themselves checked. But there's still a long way to go, and what we need to do is build capacity in the Philippines and build capability in partnership with ABC Impact, Temasek in partnership with NCCS, and our regional friends in partnership with Haleon. And I think that's the big opportunity for health systems and for or for players in the sector to be able to address solutions locally in collaboration with each other.

Jeremy Lim 38:25

Yeah, well, we are running a bit short of time, but I do want to ask Keith, where do you see the future of self-care? Right? We have read—in other parts of the conference has been so much talk about technology, AI, the empowered consumer, in so many other sectors, and a lot of health care is liberalizing in terms of many prescription only interventions have become more accessible. How would you see a consumer health giant enable self care in a safe way that integrates into the medical system much more effectively, so that we are integrated, and that we are a true ecosystem that benefits patients and benefits citizens?

Keith Choy 39:14

Yeah. First of all, I think self care will be rich, huge opportunity in a well—especially post-Covid, right? There's across the world, consumers are more like health cautious and also the digitalization empower consumers access to many kind of health-care solution, information. So I think for us, health-care companies like us really a big role to play, because we more empowering consumers in the early stage, managing their health in a preventive ways, right? I think one of the best investment, I say, is to invest in your own health, right? But across the board, we see a lot of conditional awareness on pain management, on oral health, on even, you know, bone health, and even, like health supplement. Just, you know, in Philippines, in fact, it's 90 percent of the population. They're deficient in iron and folate, and 75 percent is deficient in other, you know what, vitamin B and vitamin C. But many of them, they're not aware of that. So that's why, you know, for us, really provide more accessibility, educate them regarding the nutrition supplementation, and through also PPP right, private-public partnership, right, we have government do education and then help them to empower them to self manage first, and then do some kind of AI tools to help diagnosis whether they have some deficiency, and then if they can help self manage, that really can relieve a lot of burden, you know, on the medical government spend. If not minimal, go into the health-care provider, hospitals or health-care professional. So I think this is really a huge opportunity, and also it's our social responsibility to also educate consumers on managing their own health and setting some guidelines, partnering with the government. Osteoporosis is typical example. We have, like, a 10 years strategic partnership with the China government, and also we now expanding to Philippine and also Singapore as well. So I think there's still a room with still a lot of opportunities to job to be done that's to really partner with different stakeholders. I still feel some silos, but that's a good right, because they still get an opportunity for us to work better.

Jeremy Lim 41:33

So maybe just a closing question to take us back to the state of global health, and I would submit to all of you, the state of global health is much less healthy today than it was a couple of years ago. Given the retreats of various countries in the space of global health, the need to spend more on security, where do you see, and I'll start with Wai Hoe, what is your prognosis?

Ng Wai Hoe 42:04

Well, I think the nations of the world do need to, you know, look beyond our borders and that the world is getting smaller, not just because of, you know, air travel and, you know, also the technology. The thing is that the issues in the world now truly transcend borders and territories and I see, you know, the current geopolitics. I hopefully it's just a blip and that in the longer term, I guess the people all realize that we are in this together, that some of the

big challenges in global health, I think one big challenge that will affect us hugely is climate change. Because climate change will in itself, inherently bring about many global health issues. And I think these issues, you know, we learned from the recent COVID pandemic that pandemics do not respect borders. I think climate change will not respect borders. And these huge global health issues transcends borders, and I do hope that the current geopolitics will just be an emergency, and that we we will be able, as all the nations of the world, work together to promote better global health for the future.

Jeremy Lim 43:33

Well, I would say that this blip is encouraging nations to step up. Maybe Paolo over to you, and then, lastly, Keith.

Paolo Borromeo 43:39

Maybe a last thought, we learned a lot from COVID, Jeremy, I think sometimes it's easy to forget, but, you know, we worked a lot with the—with our respective governments. We're big partners with the Philippine Government. We worked a lot cross border as well. Singapore gave a lot to the Philippines during COVID. And so I think that becomes—that was a turning point for us in terms of the state of global health. I'm a big believer that emerging market health care is on the verge of a tipping point. And it's really—I call it the golden age of emerging market health care. So countries like the Philippines, Indonesia, Vietnam and India, where you see a lot more growth in terms of awareness and utilization, and then a lot more technology and services coming in to be able to address and provide services at much more affordable levels. And I think that's a unique opportunity for all of us.

Jeremy Lim 44:35

Oh that is optimistic. Keith, the last word?

Keith Choy 44:38

Yeah, I think it's really like getting consumers, right? It's more like self awareness, because it's still a lot of conditional awareness gap, and even they're aware, some they're not aware. So now it's really educate them to aware what's the health issue they have and how they create early intervention by themselves, and really closing the treatment gap. And leveraging technology and also partnership to make it more like personalization. Food, digitals, right? And also more scalable. I think scalable is very key that we can bring into mass population.

Jeremy Lim 45:13

So it only leads me to thank the three panelists. And let me sum up that the state of global health is ironically optimistic. We are positive about the future, because these recent blips have encouraged nations to step up to work more closely together. I think that the Singapore-Philippines partnership is just one example of the many out

there. There's so much potential in technology, enabling customers to enable consumers, and I really gratify that the consumer health companies no longer see themselves as product companies, but as really solutions, contributing to the broader ecosystem around prevention, around personalization. So, on this note, can we thank the three panelists for their words of wisdom?

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