



Part 1: A Conversation with Dr. Jill Biden, Chair of the Milken Institute Women's Health Network, and Ong Ye Kung, Minister for Health for Singapore

[Video Plays]

Announcer 01:57

Please welcome senior associate, Programming, Asia, Milken Institute, Ami Firdaus.

Ami Firdaus 02:11

Hello. Everyone's looking good. Hi. Hi. I'm up here to give some opening remarks. Yeah? Good afternoon, everyone, and a very warm welcome. Thank you for joining us for lunch here in the Four Seasons ballroom and for this conversation on the future of health, reimagined. Now, the genesis of our work at the Milken Institute has very strong roots in health. Really, the work began around a vision to expand global prosperity and solve pressing societal challenges by connecting market-based efficiency of the capital markets, strategic investments, job creation, and public health into one. In particular, we were pretty much reimagining the future of health through enabling pathways and access to capital for solutions and innovations that people need. Fast forward to today: we're still doing that. The Institute's international reach and efforts continue to beat this drum through our various convenings, working groups, as well as other programmatic and research approaches. We don't just do events. Okay? Yeah. So, as we continue to reimagine the future of health at the Milken Institute with our partners and all of you, I'd like to open the next hour with three simple questions. First, what exactly are we reimagining here? At the Milken Institute, that means looking beyond health care alone and thinking through various lens, such as public health, healthy aging, biomedical innovation, food systems, women's health, and mental health, among others. It's also about looking at the financing models, the policy, innovation, and design that's possible, as well as what technological advancements in AI and elsewhere can do to make better health possible. Second, why does this matter? Basically, it's because the health of our populations and the demographic inflections and implications within is inextricable from the health of our economies. That's why we're having this opening plenary, right? It

affects productivity, workforce participation, innovation, and ultimately our competitiveness. Yet, too often, we still struggle to make the long-term investments needed to improve health and prevent disease. And that brings us to the third question. How do we actually reimagine the future of health? Now, you know, we love our events at the Milken Institute. So, one way an event and a convening supports that is—supports a rethinking of the future of health is by breaking down silos between prevention and treatment, between health and finance, between the public and private sectors, and bringing together the people who can turn ideas into action. That's all of you, by the way. This is what we hope to do, and we invite you to join us. So, I'm going to stop there and leave the rest of the conversation to the remarkable leaders joining us on stage over the next hour to bring this visionary thread to life. Thank you to our speakers for sharing their time and expertise, to our generous supporters for making this summit and our work possible, and most importantly, thank you all for being here. Now, please enjoy this conversation on the future of health, reimagined. Thank you.

Announcer 05:47

We thank the following organizations for their support, allowing us to achieve our mission of accelerating progress on the path to a meaningful life.

Please welcome Dr. Jill Biden, chair, Milken Institute Women's Health Network. In conversation with Ong Ye Kung, minister for health and coordinating minister for social policies, Singapore. Moderated by Esther Krofah, executive vice president, Health, Milken Institute.

Esther Krofah 07:54

All right. Good afternoon, everyone.

Jill Biden 07:58

Hi.

Esther Krofah 07:58

Usually it's a good afternoon.

Jill Biden 08:01

Friendly crowd.

Esther Krofah 08:04

Well, I am so delighted to be in conversation with Dr. Jill Biden and Minister Ong on this important topic around the health of women. I know so many of you care about this topic and are sitting here in the audience or watching us live, that are thinking about how do we improve the health of women, that represent over 51 percent of the global population? Unfortunately, oftentimes women's health is under-invested in, under-researched, and we see the gap that translates, unfortunately, into poor outcomes for women over their lifetimes. People celebrate longevity and say, well, women live longer than men. But the last quarter of their lives are often spent in poor health. So, I am just excited to be in this conversation, especially with Minister Ong and Dr. Biden, because both of them have been real champions for prevention and for longevity. And Minister Ong, I would love to start with you. You launched Healthier SG, Healthier Singapore 2023. And the whole focus was how do we really change the

trajectory of health? We have increased chronic disease, an aging population. We are seeing much more in acute care rather than in community. And you're trying to bend the cost curve as well, right? You're taking care of the health of 6 million Singaporeans, spending \$17.1 billion doing so. And you saw this trajectory going up and said, "You know what? How do we start to really push it down?" So, how has it been in the last three years in implementing Healthier SG?

Ong Ye Kung 09:42

I'm quite happy with it. I think the backdrop is, for a long time, modern societies, we deal with infectious disease. That's when the main KPI of a health-care system is longevity, lifespan, or infant mortality rate. But as people live longer, the question no longer is, "Can I survive life in a modern city?" but "Do I live well?" And therefore, you are not so obsessed with lifespan anymore. We are 84, average lifespan if you are 65 today, which is pretty long. What you want is the gap between lifespan and healthspan to be as short as possible. In Singapore, there's about 10 years. But you are very right: for women, it's 12 years. For men, it's slightly less than 10 years, I believe. And although women live four and a half years longer than men on average in Singapore, half of that is spent in ill health. So from infectious disease, we now look at quality of life and how to manage non-communicable diseases. So that's the idea behind Healthier SG. You need to take a leap of faith to say that preventive care works. Population health works. If we do things early, we can stall or delay or avoid the onset of non-communicable diseases, chronic diseases, cancer, and these are the biggest challenge in the health-care system today. So, Healthier SG, in case you don't know, is a system where we get adult Singaporeans 40 and above to be registered with a GP, moving preventive care to primary care. More than 60 percent have done so today. Others have already been capped for, so I think the actual percentage on the ground is probably higher. In most countries, registering with GPs—many countries have done it—but in most countries, the model is: the GP is a gatekeeper. So if you want to go to a hospital, go through the GP first. In our case, the GP is not the gatekeeper. The GP is a pathfinder. By checking in with the GP every year, the GP will examine you, go through the necessary health checks, vaccinations, and also recommend you to community resources that can help you stay healthy. So we try to demedicalize NCD prevention as much as we can, make it something very easy to access in the community. I can talk more about it, but I better stop here. It's only 20 minutes left.

Esther Krofah 12:11

Well, we will talk more about that and what that means for this topic that we're discussing today. Dr. Biden, you have spent actually your life advocating for health: the health of women, the work that you've done on cancer. You've shared personal examples of stories of friends that have gone through breast cancer, for example, in the early years that started your advocacy around health. So it's not new to you. And, when you were first lady at the White House, you launched the first-ever White House Women's Health Research Initiative, and directed \$1 billion in federal investment towards women's health.

Jill Biden 12:50

[Applause] Oh, thank you. Thank you.

Esther Krofah 12:53

Just such an incredible champion. So, why are you still focused on this topic now? You could have driven into the sunset in a nice Corvette and done a range of things.

Jill Biden 13:04

Oh, no, I can't drive.

Esther Krofah 13:06

Why have you continued to advocate, serving now as the chair for the Milken Institute Women's Health Network?

Jill Biden 13:15

Well, because, you know, sometimes in life something happens, and you can never see things the same way again. And it was 2023, as you're saying. We were in the White House. And actually, I was made aware of the lack of research and funding for women's health, and that actually everything was based on men's bodies. And I couldn't quite believe that. Because I thought, how can they—even the mice in the labs were males. So, how can you study menopause in a male mouse? You know, it all seemed so ridiculous to me. So I talked to my husband, Joe, about it. And I said, let's do something about this. And, like you said, Esther, we started the Women's Health Initiative, and we poured in one year over \$1 billion into research and funding. And we started ARPA-H, and there were, you know, we pushed things—research faster. And, a lot of this is just coming to fruition, a lot of the money that we poured into research. And, I find that when women get together—and I'm sure the women in the audience would agree with this. I mean, you talk about, your families or whatever, but it always comes down to health. And I think we don't have answers. And I felt the exact same way when I was going through menopause. And people—that was 30 years ago, over 30 years ago—and nobody even talked about it then. I mean, you didn't talk to anybody about menopause. And God forbid that my mother would ever have mentioned it to me. So I went to the doctor and I said, "What should I do? Should I get on it or should I not get on it?" And she said, "I don't know, Jill. You decide." And I'm like, "What do you mean I decide? You know, you're the doc. You should tell me what to do." And so I realized that we really need so much more information. And as I've gotten older and gone through menopause and postmenopausal and have gotten osteoporosis, I mean, just a year ago, a year ago, I mean, a doc said to me, "You know what? You really should be taking much more calcium." A year ago. Like, how my life would have changed had I known when I was maybe 20, 30s, 40s to start taking this seriously and maybe getting the DEXA scans a lot earlier. And, I've heard all about you and what you've done, and you just announced recently that you're going to make the DEXA scans earlier, age 50, right? In Singapore?

Ong Ye Kung 16:02

It's recommended.

Jill Biden 16:03

Yeah, yeah. And so, and I hope the United States follows suit. Because I think in the United States, it's at 60, and that we should—they say we should start getting DEXA scans. And I think that's way too late. So, anyway, there's so much—I think that right now, now that we're talking about menopause, it's like the new, the, you know—well, it's been the new buzzword. But I think things are moving on, or at least I hope they are, for most of these women in the audience. I know you're, you seem to be younger, but you have to start thinking now about postmenopausal. Like, what should you be doing now that's going to help you when you're 50 and 60 and 70? So that's why I'm continuing on.

Esther Krofah 16:48

Absolutely. And that is incredibly critical prevention.

Jill Biden 16:51

Prevention. Yeah. Yeah.

Esther Krofah 16:51

And you talked a lot about this, and this is also your big tenet as well.

Ong Ye Kung 16:56

Dr. Biden, are you doing weights?

Jill Biden 16:57

Oh yes.

Ong Ye Kung 16:58

You do weights?

Jill Biden 16:59

You didn't notice? [Laughter]

Ong Ye Kung 17:01

I just wanted to confirm.

Esther Krofah 17:05

So, Minister Ong, can you tell us a little bit about how are you using Healthier SG as a forum to talk about prevention for the health of women? Dr. Biden talked about all the things that occur post-menopause. And you need to prevent that, right? Because menopause is really an inflection point. It's a transition. And that transition goes over many years. And oftentimes women are not paying attention to all of the preventative elements that need to put in place until they reach menopause, which is oftentimes too late. So, as you think about Healthier SG, how do we need to educate women differently, implement programs differently, so that prevention really, truly is the priority?

Ong Ye Kung 17:42

First, I need to say that I cannot pretend that I understand menopause. I'm like one of those male mice in the lab. But I learned about.

Jill Biden 17:52

Look it up on Chat.

Ong Ye Kung 17:53

I tried to learn about it. I tried to learn. You men—Esther, you mentioned Healthier SG as a forum. I see it as a platform. We have two important platforms. One is Healthier SG, where at the primary care level, if you have a consistent GP, they can intervene and let you do the right thing, and not make you go for the test only at a fairly late stage. Second is another system that we have set up. We call it Active Ageing Centres, Active Ageing Centres. And we have 200-plus of them in Singapore. It's spread throughout. And these are really centers, they are located very near homes that anyone can walk in, and you will have activities, you have social connections, you have exercises, you have coaches, you have nurses once a week. We set it up for seniors, in general, but 70, 80 percent of the participants are women, mostly women. There's this thing about—I don't know whether it's just Singapore, Asia, or all over the world—women, when they are retired and they stop working or when their children grow up, they seek social connections, whereas men—

Jill Biden 19:01

Don't.

Ong Ye Kung 19:02

—kind of stay at home. Yeah, yeah.

Jill Biden 19:05

They're in front of the TV.

Ong Ye Kung 19:06

Yeah. Or the device. And so, through these two platforms, I think we can outreach to a lot more people, especially women. So we talk about some of the use cases through Healthier SG. We did the first one, we rolled out, and that's for HBOC, hereditary breast and ovarian cancer. So through the Healthier SG checkup, a GP can identify someone, a woman with higher risk of breast cancer, and they will be recommended. And we will support, we will provide financial assistance for panel testing for breast cancer and ovarian cancer-related genes such as BRCA1 and 2. And after which, preventative measures will also be subsidized and supported by the state. So this is ongoing. We do cascade testing as well, so we can discover as many women as possible with the BRCA1 and 2 genes. Next stage, as Dr. Biden, you mentioned, is osteoporosis and sarcopenia. And we want to roll this out through Healthier SG as well, such that we also identify women, go for the right tests, and able to then refer them to the Active Ageing Centres where you can just assess coaches, fitness training, weightlifting, and you don't have to sign up for an expensive gym package. All you need is a couple of dumbbells, a resistance band, and you can do a lot. I do exercises with two dumbbells and a resistance band. And I think we should make this as accessible as possible. Preventive health and population health has to be made accessible. It is not in the clinic. It is in the community. It's in homes.

Jill Biden 20:52

Yeah.

Esther Krofah 20:53

And that's where I think Singapore is an incredible example. We've been looking around the world when we launched the Women's Health Network to examine, what are the strategies, the different geographies, different

countries, different regions are employing around women's health. And there are two things that we found. One is that the investment ecosystem, unfortunately, is incredibly minimal. We do not see as much investment in these topics around women's health, as you're just referring to. The second thing that we see is a patchwork of women's health strategies, oftentimes led at the government level, at a federal level for those countries. But it has not really translated into a whole ecosystem effect, where you see early venture funding that translates to growth stage funding, that translates to scalable companies, that translates to benefits that women can experience. And as a result of that, many companies are bootstrapping, as they call it. We visited with some of them, over the course of this week, that themselves are looking for funding for their new ideas. Women are, they're impatient. Right? They're ready for change. So they're creating new ideas, and they're really trying to understand what the research that we have today offers, and how do we translate that into real benefit for patients. So, Dr. Biden, I thought you could perhaps just comment on, what are you seeing in Singapore's landscape, especially as you have this country that is a beacon of innovation? And how do we translate that innovation into impact for women?

Jill Biden 22:19

Well, I think, in our meetings in the last two days, I think Singapore is doing a great job on healthy aging, like you were talking about. And just like menopause has sort of been the buzzword the past two or three years, I think the new buzzword is going to be sarcopenia. Because most women have not heard about it. How many of you have heard about sarcopenia? Okay. Like maybe, what's that? Do you think a third of the room?

Esther Krofah 22:48

That was like 1 percent.

Jill Biden 22:49

Okay. So, but do you see? When you go through menopause, one of the things that happens to women is that you lose muscle mass. I mean, you lose like 20 percent of your muscle mass. So you have to know how to, like you're saying, build your bones and build your muscles back up. And so that's one of the things that we saw at SingHealth that they were conducting studies and doing research on that. So, I think that the United States has to take a page from your book and say, "Hey, healthy aging is really important, and we can't just keep focusing on menopause. We have to look at beyond." And we have to come up with these evidence-based studies and do our recommendations for women.

Ong Ye Kung 23:36

Yeah. I will try to speak to your Department of Health.

Jill Biden 23:39

Oh, thank you.

Ong Ye Kung 23:43

I meant it.

Jill Biden 23:44

Good luck with that.

Esther Krofah 23:50

Have you found that it's difficult to educate clinicians and providers, and just people, around what they need to do better for their health? Because behavioral change is just incredibly difficult. It's easier if you're ill to see your GP or be referred into hospitals. But as we talk about these subjects and as you're rolling out these community health hubs, how difficult is it to translate and change minds to do something differently?

Ong Ye Kung 24:13

For women, it's not difficult. I think women are very open-minded to clinicians' advice, to community advice. Men, we are stubborn.

Jill Biden 24:24

You think?

Ong Ye Kung 24:25

Yeah. I stubbornly think I am.

Jill Biden 24:30

From personal experience.

Ong Ye Kung 24:32

Yeah. But I'm generally optimistic. Because of the larger trend I said earlier, that people do feel that they are living longer, and they want to have a healthy life, and they are open to suggestions. And I think even industry, companies, things are changing. Because the era of infectious disease, while it's still there, is not top of mind now.

Jill Biden 24:53

Yeah, that's right.

Ong Ye Kung 24:54

In the health-care system, it's about NCD. It's about longevity, healthy longevity. And that, once you're focused on healthy longevity, you will recognize that women has a bigger challenge because biologically, women have to handle a lot more health challenges and have a lot more health vulnerabilities than men. So I feel—I'm optimistic that the tide has changed, and there will be more focus. And there will be more female mice in the labs.

Esther Krofah 25:20

Yeah, we certainly see that. We certainly see that as well. As you look at the next two to three years, look to the future, what can we expect from health, from Singapore? What should we be watching for and learning about?

Ong Ye Kung 25:33

Many, many things. Our infrastructure will have to expand. IT systems will be better. We have a very integrated IT systems. All patient records are shared across providers. But I think the most—to me, the most exciting thing is the convergence of three things. First, Healthier SG population health will garner steam, and we'll have more and more use cases, including for men as well as women. And so preventive care will become a priority, a bit more of a priority. So, the first direction is it will be more preventive. Yeah. Second is the AI technology. I know we're all worried about AI. That's good and bad. But we try to use it well in health care, which means if we have enough information, medical information of an individual, man or woman, we can tell what risks the person is subject to. Plus their family history. We can predict, to a certain degree of certainty, what are the most severe diseases that this person may encounter and take preventive measures beforehand. I mentioned HBOC. That's one good example. And there are other examples, such as familial hypercholesterolemia. That's also another indicator. And so, we also expect the system to become more predictive. In fact, from January next year, we are rolling out our first AI model through Healthier SG to make such predictions for diabetes, and I think for high cholesterol. Thirdly is genomics. With genomics, we are now in a phase to try to map the genome sequence for 450,000 Singaporeans. That's 10 percent of our population.

Jill Biden 27:22

Wow.

Ong Ye Kung 27:22

At some point, I do not rule out, we will raise the number even further. And with genomics, you have a blueprint of the person. There need to be guardrails and laws regulating how you use that information, but it also means that we can really, on an individual basis, tell you what's your risk, what kind of medication suits you better, what are the preventive measures that you can take to prevent severe diseases? So, the future of health care is the three Ps. It's preventive. It's predictive. And it's personal, and it's personalized. So I look forward to a much more sophisticated health-care system and population health system based on these three Ps.

Esther Krofah 28:05

You're providing a lot of tools to individuals with these priorities that you just laid out. And oftentimes 80 percent of household decisions are made by women. So educating women with how do you use these predictive technologies—

Ong Ye Kung 28:18

Really? 80 percent made by women. You don't say. I never—I thought it's hundred.

Esther Krofah 28:25

— I've heard the phrase here, “women hold up half the sky.” So, I thought that was, you know, upwards of 50, 60, 70 percent. So, I love that it's 100 percent. But as we think about how you're rolling out these tools and all of the things that we've talked about earlier, our ability to predict for early onset of cancer because of genetic risk factors, for example, absolutely critical. Even for cardiovascular disease conditions that impact women differently, the genetics also plays a role in that. That is also a prevention factor. Like, what do you need to do differently? Calcium intake and other things. And so, as we think about the future, Dr. Biden, I would love for you to comment around, if we got this right, if we can educate patients, if we can educate clinicians, if we can deploy these tools

that Minister Ong talked about, if we can increase investment into these companies, and you've met with so many of them that are innovating in this space, what does that look like? How is that different for women?

Jill Biden 29:24

Well, I think women really want a road map about where their health is, where it's going. And that should really start when women get their first periods and then all through till the end of life. And so that they know what's going to happen. And it's not like it just happens, like, you get your period and then you have, you know, it's not just reproductive health, and then it's not just menopause. We have to look at it as a steady continuum. And I think that if women have a road map and they know where they're going and they know about their own health, like the minister said, I think, you know, prevention plays a major part of that. And I think going forward, we can have all these conversations, but we're going to be remembered by the changes and the improvements we make now. I really feel like this is an inflection point in women's health. I think women are excited about it. And I think women are hopeful that change is going to happen.

Esther Krofah 30:22

I also think that it's incredibly important that we integrate the conversation about the health of a woman into just a normal health-care conversation.

Jill Biden 30:30

Exactly.

Esther Krofah 30:31

Too often, you look at women's health, and it's happening in a siloed conversation around social impact. But, Minister, as you talked about with all of the initiatives that you've rolled out, you're doing it in a very strategic platform of community health, reaching out to people, impacting the full health of the population. Do you think that it will be prioritized going forward? We visited A*STAR. We saw some early investments in research and development. Can you just tell us, as we close, what is the opportunity for that virtuous learning cycle? That we're investing early in research that's based on sex-based differences. We're investing early into prevention. We're seeing the difference in treatments and outcomes, and then we're learning from all of that. Do you think that is the future for women's health as we go forward?

Ong Ye Kung 31:13

Well, I certainly hope there's a virtuous cycle. I hope Singapore can be that open environment that we provide, that test bed that makes things work, and that will encourage industry to say, "This is worth investing." And Singapore is one reference point that you can look at it. I just want to add to a point that Dr. Biden raised, which is, I think it's exciting that we can develop this system. The challenge for most governments is the fiscal space, the fiscal space. If you are spending 17 percent of GDP on health or 12, 10 percent, it's already a very big expenditure. And I find that many health ministers, they do not have the luxury of investing more into preventive care, or their health-care workers can't handle it. So, Singapore has a unique opportunity. We spend 4.5 percent of our GDP on health care. With 84 lifespan, average lifespan. So, I think we have headroom. It's important for that headroom, and have the discipline, to divide that fiscal headroom between acute care, for curative care, as well as preventive care. Then I think we can possibly offer the world a reference point on how things are possible.

Jill Biden 32:26

We're counting on you.

Esther Krofah 32:30

So, Dr. Biden, as we close, what is your final call to action to this room? You talked about what we should see done differently. What do you want everyone here to take away from the conversation?

Jill Biden 32:39

Well, I hope everybody does something. I mean, just does something. Whether you're going to invest in it, whether you're going to educate yourself, whether you're going to educate people in your communities, we have to do something. We just can't remain complacent. And that's the only way to move the needle. So I'm challenging everybody to find a way to move women's health forward.

Esther Krofah 33:04

Well, Minister Ong, Dr. Biden, thank you for an incredible conversation.

Ong Ye Kung 33:08

Thank you.

Jill Biden 33:08

Thanks, Esther.

Disclaimer: This transcript was reviewed by individuals for accuracy and serves as a reference. However, it may still contain errors or omissions. Please verify any critical information independently.