

Advancing Preventive Health in Southeast Asia:

Recommendations for Malaysia, the Philippines, and Vietnam







Introduction

Healthcare systems today are at a crossroads. To ensure their sustainability and meet the demands of both present and future healthcare needs, countries around the world must choose between treating diseases after they occur or preventing them before they start. The current system, which often waits for diseases to fully manifest before intervening, is inefficient and unsustainable. This approach places an enormous burden on healthcare systems, drains financial resources, and, most regrettably, leads to preventable suffering and loss of life. A proactive approach to healthcare is no longer optional; it's a necessity.

Preventive healthcare offers a compelling and viable vision. The World Health Organization (WHO) defines prevention as "approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability." The spectrum of prevention encompasses five key types: primordial, primary, secondary, tertiary, and quaternary. Primordial prevention is focused on targeting the underlying social and environmental factors that determine health conditions and contribute to disease onset. Primary prevention consists of measures to avoid the manifestation of a disease ever occurring. Secondary prevention consists of early disease detection and preventing the progress of a disease. Tertiary prevention is focused on reducing the effects of a disease on an individual that has already been diagnosed. Finally, quaternary prevention is focused on reducing harms that can be caused by medical interventions.

To examine how healthcare systems can shift from treating diseases to preventing them, this paper narrows the WHO's definition of prevention to focus within a more specific framework of preventive health encompassing activities and actors within the traditional healthcare ecosystem, namely those relating to primary, secondary, and tertiary prevention. Within this framework, specific policies and interventions are carried out to achieve the goals of preventive health.

This paper represents the assessments of several major U.S.-based healthcare companies that are active in ASEAN member states and are members of the U.S.-ASEAN Business Council.

This paper was authored by Crowell Global Advisors and does not necessarily reflect the opinions of the US-ASEAN Business Council or its member companies.

Global Guidance on Preventive Health

While there are no established global framework or standalone global strategies for preventive health, it has long been a priority in public health initiatives.

One of the most significant public health strategies embedding prevention is the pursuit of universal health coverage **(UHC)**. The WHO has regarded primary health care (PHC) as a cornerstone of UHC since the Alma-Ata Declaration in 1978, which emphasized the importance of PHC in achieving health for all. This commitment was reaffirmed in the 2008 World Health Report, "Primary Health Care: Now More Than Ever," and continues to be a central focus of the WHO's strategy for achieving UHC; and was further reinforced in the 2018 Astana Declaration, which renewed global commitment to strengthening PHC to achieve UHC and the health-related Sustainable Development Goals (SDGs). The WHO recommends reorienting health systems using a PHC approach to achieve UHC, encompassing the full continuum of essential health services—from health promotion and prevention to treatment, rehabilitation, and palliative care. Central to strengthening PHC systems in the pursuit of UHC is the adoption and delivery of health promotion and preventionbased interventions.

Prevention is also embedded in WHO strategy on noncommunicable diseases (NCDs). In its Global Action Plan for the Prevention and Control of NCDs 2013-2020 the WHO has identified a set of cost-effective and evidence-based interventions, known as "best buys," to prevent and control NCDs. These interventions address the major risk factors for NCDs, including tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. The Action Plan also emphasizes the importance of integrating NCD prevention into national health plans.

Since the early 20th century, prevention has also been a fundamental component of infectious disease strategies, deeply embedded in efforts to control and eliminate the spread of infections. This approach encompasses a range of proactive measures, including vaccination programs, public health education, and sanitation improvements, all aimed at reducing the incidence of infectious diseases before they can take hold. Vaccinations, for instance, have been instrumental in preventing outbreaks of diseases such as measles, polio, and influenza. Public health education campaigns inform communities about the importance of hygiene practices, safe food handling, and the use of preventive measures like mosquito nets to combat vector-borne diseases.

Finally, prevention been a part of global pandemic preparedness strategy by the WHO since the publication of the 2005 WHO Global Influenza Preparedness Plan, iv which provides strategic actions for countries to strengthen



their preparedness for an influenza pandemic; and the implementation of the International Health Regulations (IHR) 2005, that provides a legal framework for countries to enhance their capacities to detect, assess, report, and respond to public health emergencies, including pandemics. More recently in 2022, the WHO released its strategy for supporting countries to accelerate the development, implementation and monitoring of their National Action Plan for Health Security (NAPHS) from 2022 to 2026; that ensures national capacities in health emergency prevention, preparedness, response and recovery are planned, built, strengthened and sustained in order to achieve national, regional and global health security.

Preventive care best practices from these public health strategies include immunization programs, counselling, increased access to better nutrition, population-based early detection and early diagnosis programs, maternal and child health programs, and improving the availability of affordable and effective medical technologies and medicines. These practices have proven to lead to improved health outcomes. For instance, a 2024 study published in The Lancet^{vii} found that, since its launch in 1974, the WHO Expanded Programme on Immunization has "averted 154 million deaths, including 146 million among children younger than five years of whom 101 million were infants younger than one year." The study also found that "for every death averted, 66 years of full health were gained on average, translating to 10.2 billion years of full health gained."

Recognizing the benefits of implementing preventive care best practices to public health programs, Australia designed a National Preventive Health Strategyviii that boosts action in focus areas such as tobacco use, nutrition, physical activity, cancer screening, immunization coverage, alcohol reduction, and mental health promotion. Australia's strategy – which also focuses on improving governance mechanisms, investment, and funding - is a pioneering example of how countries can incorporate preventive care best practices into a comprehensive, holistic, and bespoke preventive health framework.

About the Paper:

Articulating a Preventive Health Framework

Driven by the WHO's advocacy and reinforced by national reforms, there is a significant shift towards prevention and health-focused systems rather than disease-focused ones. This paper aims to identify and assess healthcare policy priorities, gaps, and opportunities in preventive health in three ASEAN countries—Malaysia, the Philippines, and Vietnam. Additionally, it provides specific and actionable policy recommendations to these countries and the region to advance preventive healthcare for better health outcomes.

For the scope of this paper, preventive health is defined as prevention strategies enabled by the healthcare ecosystem. This includes a wide range of policies, programs, and interventions that are delivered, facilitated, or implemented by various healthcare ecosystem players. These players encompass government bodies, healthcare providers, nongovernmental organizations (NGOs), community groups, and private sector stakeholders.

In assessing healthcare policy priorities, gaps, and opportunities in preventive health for each country, this paper adopts a three-prong framework: Policy, Interventions, and Financing. The first prong, **Policy**, focuses on government and public health policies, as well as legislative measures that emphasize preventive care. Specifically, these policies will be reviewed across the following major public health strategies within each country:

- 1. Strategy on the Pursuit of Universal Health Coverage
- 2. Strategy on Noncommunicable Diseases
- 3. Strategy on Infectious Diseases
- 4. Strategy on Pandemic Preparedness

The second prong, Interventions, focuses on assessing preventive care interventions across the primary, secondary, and tertiary levels of prevention. To achieve this, the paper introduces an ideal-state checklist (see Appendix), which is derived from international policy guidance and incorporates future trends and outlooks. The checklist outlines a comprehensive list of interventions that health systems should establish at each level of prevention and is structured according to the four public health strategies used in the Policy prong assessment. Each country is evaluated against this checklist based on the availability of these interventions, providing insight into the current state of preventive care interventions within each country.

Examples of interventions at each level of prevention include:

• Primary Prevention: Interventions aim to prevent the onset of disease before it occurs. Checklist Categories: Primary healthcare provider consultations and check-ups, health education and awareness campaigns, vaccinations

- · Secondary Prevention: Interventions focus on early detection and prompt treatment of diseases to halt their progression. Checklist Categories: Screening and diagnostics, health technology and digital solutions
- · Tertiary Prevention: Interventions aim to manage and reduce the impact of established diseases by preventing complications and improving quality of life. Checklist Categories: Medical treatments and essential medications, surgical interventions, rehabilitation and therapy, palliative care, nutritional support, health technology and digital solutions.

While the checklist primarily assesses the availability of interventions, a significant challenge that countries encounter is translating these interventions into actual access for their populations. After assessing the availability, the paper looks at the real-world access to these interventions. The subsequent step involves deriving insights vis-a-vis the real-world access, examining service coverage to determine who is covered and whether the coverage is equitable. We evaluate access across five main indicators in the three countries. These indicators encompass both traditional and novel measures to ensure a robust preventive health ecosystem. Traditional indicators include access to overall primary care, vaccines, and screening and diagnostic services. Specifically, the primary care indicator focuses on overall access to preventive and promotive health services, addressing disparities such as geographical and income-based differences in access to these services. Novel indicators focus on pandemic preparedness highlighted by the recent global pandemic which showed us the need for being ready for future outbreaks—and the utilization of digital tools, which are crucial for leveraging technology to enhance healthcare access.

As for the third prong on *Financing*, the paper delves into the funding mechanisms and budget allocations for preventive care in each country. This involves a review of how financial resources are distributed within the health system to support preventive health initiatives and whether these allocations are adequate to meet the population's needs.

In the next section, the paper presents country snapshots of preventive health policies, recommended interventions, and financing mechanisms in Malaysia, the Philippines, and Vietnam. It offers specific recommendations for each country, focusing on the Policy, Interventions, and Financing pillars. Subsequently, the paper proposes overarching recommendations for ASEAN to advance preventive healthcare across the region.



Malaysia

Population: 34.4 million | GDP per capita: USD 11,649 | Health expenditure as a share of GDP: 4.38%

Source: World Bank 2023 data

Policy and Legislation

(A) UHC & Primary Health **Care Strategy**

While Malaysia does not have a formal UHC legislation, it has a well-established public healthcare system that provides access to healthcare services for its citizens at minimal cost, effectively functioning as a form of UHC. At the Primary Health Care level, Malaysia focuses its efforts extensively on addressing risk factors for NCDs

- National Immunization **Program** was initiated in the 1950s, with a primary goal is to safeguard children from potentially life-threatening diseases through life-threatening diseases. Its scope currently protects against 13 diseases
- **National Health Screening** Initiative was aunched in July 2022 to address the low rate of health screening among the public, it includes subsidized health services at health facilities under MOH
- **Strengthening Chronic Disease Management at Primary Care** Level through the Enhanced Primary Health Care (EnPHC) Initiative was embarked by the MOH since July 2017, designed to improve the management of non-communicable diseases (NCDs) across community, primary, secondary, and tertiary care levels.
- KOSPEN Kommuniti is a community-based intervention program that began in 2013, with the goal to empower communities to adopt and maintain healthy lifestyles and to enhance their participation in programs aimed at preventing and controlling NCDs.

(B) Noncommunicable **Disease Strategy**

The MOH has established several National Strategic Action Plans in place to address NCD burden as a whole, and for specific prevalent NCD conditions

- · National Strategic Plan for Non-Communicable Diseases 2016-2025, focuses on three main types of NCDscardiovascular diseases, diabetes, and cancer-and four shared risk factors: tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol.
- **National Strategic Plan for Cancer Control Program 2021-**2025 aims to mitigate the adverse effects of cancer by reducing morbidity and mortality rates and enhancing the quality of life for cancer patients and their families
- Action Plan Towards The **Flimination of Cervical Cancer 2021-2030** aims to achieve the 90-70-90 targets set by WHO.
- **Policy Options to Combat** Obesity in Malaysia 2016-2025 was a result of the formation of a taskforce to address the increasing prevalence of obesity, and outlines 48 prioritized and feasible policy options to address
- National Strategic Plan for Active Living 2016-2025 aims to enhance the continuity and structure of NCD prevention and control programs in Malaysia and outlines six key strategies to create a healthy and active community.

(C) Infectious Diseases Strategy

Malaysia has longstanding policies to address infectious diseases, and continually developed new and updated plans to deal with emerging infectious diseases

- · Prevention and Control of Infectious Diseases Act, 1988, was formulated to manage and mitigate the spread of infectious diseases. It includes measures to declare infected areas outside Malaysia, examine vehicles and individuals entering the country, and regulate the import and export of human remains and pathogens
- **Destruction of Disease Bearing** Insects Act 1975 (modified in 2000) establishes measures for the eradication and control of disease-carrying insects. It also includes provisions for the medical examination and treatment of individuals afflicted with insect-borne diseases, along with related matters
- National Strategic Plan to end Tuberculosis, 2021-2030 was developed to achieve the SDG and End TB Strategy targets by 2030. It serves as the guiding framework for TB management, control, and prevention and focuses on six key strategues
- **National Strategic Plan for** Ending AIDS, 2016-2030 adopts the vision of "Ending AIDS" for Malaysia, aiming to achieve the "Three Zeros": Zero new infections, Zero discrimination, and Zero AIDS-related deaths.

(D) Pandemic **Preparedness Strategy**

Malaysia typically takes heed from global and regional WHO guidance for pandemic preparedness, and tailors the guidance to the Malaysian

- MYSED II National Strategic Work Plan 2017-2021's scope is to enhance and improve public health security systems and their functions for public health emergency preparedness (PHEP) and response to all hazards, in alignment with the Policy and Mechanism of National Disaster Management and Relief.
- **Action Plan on Antimicrobial** Resistance 2022-2026 aims to (1) strengthen awareness and understanding of AMR, (2) enhance National One Health Surveillance and Research Efforts, (3) reduce the transmission of infection and disease, and (4) optimize antimicrobial use across relevant sectors
- **National Action Plan for Health** Security (in development)

(E) Other Relevant **Strategies**

· Health White Paper (HWP) prepared by the MOH was passed in parliament in June 2023. Aimed at reforming the nation's health system towards realising better health and well-being for the people, the policy paper sets out a structural reformation plan to respond to Malaysia's health challenges and to ensure greater equitability, sustainability, and resilience of the health system. Preventive health features as a key pillar in this paper

	Primary Prevention	Secondary Prevention	Tertiary Prevention
(A) UHC & Primary Health Care (e.g. Maternal and Child Health, Oral Health)	Comprehensive health awareness and education for maternal/child health and oral health through population level public campaigns are offered. At the individual level, routine and standardized consultations and access to full range of childhood and maternal vaccinations and basic dental treatments are available.	Most screenings are offered for maternal and child health and oral health at the population level Virtual consultations are available for maternal and child health, however, there are no guidelines for oral health.	 Medical and surgical treatment is strong overall for maternal and child health, however, surgical interventions are not available for oral health. Palliative care and nutritional support are comprehensively covered. However, rehabilitation and therapy are selectively covered, particularly for maternal health. Digital solutions only include virtual consultations.
(B) Noncommunica- ble disease	At the population-level, NCD health education and awareness efforts and vaccinations through public campaigns are available comprehensively. Consultation for certain NCDs are available at the population-level. However, guidelines do not require information on family history, chronic condition management, medication adherence, etc	 Screenings for diabetes, blood pressure, HPV, breast cancer, prostrate cancer are offered at the population-level, while certain screenings like bone mineral density tests are offered opportunistically. Only virtual consultations are available in digital solutions. 	 Medical and surgical interventions, palliative care, and nutritional support are offered comprehensively, as needed. However, rehabilitation and therapy are selectively provided and are primarily focused on speech therapy and mental health management. Digital solutions only include virtual consultations
(C) Infectious Diseases Programs	Vaccinations are comprehensively provided, but health education and awareness primarily focus on hygiene and safety practices to prevent infections, with little emphasis on monitoring and nutrition. At the individual-level, guidelines do not call for consultations and check-ups for infectious diseases.	 Screenings are offered opportunistically for infectious diseases. Digital solutions only include virtual consultations. 	 Medical and surgical interventions, palliative care are comprehensively covered, whereas, nutritional support and rehabilitation and therapy receive no coverage. Digital solutions only include virtual consultations.
(D) Pandemic Preparedness Programs	At the population-level, IPC programs, health education and awareness, and vaccination efforts are available. While framework on outbreak is available, disease surveillance measures such as data collection/management/modeling, novel tools to detect pathogens, network of laboratories, etc. are lacking.	Most screenings are offered opportunistically Virtual consultations, remote monitoring, and contact tracing are available but Al and machine learning for analytics are currently not supported	 Medical and surgical interventions, palliative care are comprehensively covered, whereas, nutritional support and rehabilitation and therapy receive minimum coverage or availability. Digital solutions only include virtual consultations.

Financing

1. Dedicated prevention budget

While there's no dedicated prevention budget, in the budget 2024-25, the government has allocated funds for preventive health interventions such as screening for hepatitis B, breast cancer, check-ups, etc. In 2023-2024, the Malaysian government pledged to allocate RM 130 million (of RM 41 billion allocated to health) for preventive health initiatives.

2. Preventive services covered by public reimbursement

- · Free or subsidized vaccinations for children and adults as part of the NIP
- Public healthcare facilities offer screenings for conditions like diabetes, hypertension, and certain cancers (e.g., cervical and breast cancer) at low or no cost.
- · Preventive services, including health education and prevention, antenatal care, postnatal care, and family planning provided at little or no cost at community health clinics.

3. Reimbursement of preventive technologies for low-income population

Under the PeKA B40 Program, recipients can receive up to RM20,000 worth of medical equipment - including heart stents, artificial joint equipment, hearing aids, heart pacemakers, spinal prostheses and implants, limb bone prostheses and orthoses, intraocular lenses, breathing therapy equipment and oxygen concentrators, nutritional support assistance, and wheelchairs. Those under the B40 income group can also avail the mySalam scheme which provides RM 8000 payment for critical illnesses and a cash payment of RM 50 per day for 14 days of hospitalization.

4. Promotion of financial incentives for health

- Annual income tax exemptions for individuals seeking medical services for themselves, their spouse, and children. This includes treatment for serious diseases, fertility treatments, vaccinations (including medical examination fees, COVID-19 screenings, and mental health examinations or consultations, subject to a limit of MYR 1,000), dental examinations or treatments, and expenses related to the diagnosis and early intervention of learning disabilities (up to MYR 4,000).
- Tax relief for activities to promote active living, expenditures related to the purchase of sports equipment, entry or rental fees for sports facilities, registration fees for sports competitions, gym memberships, and sports training.

- Application of incentives and disincentives to promote pro-health practices and behaviours outlined in the Health White Paper. This includes financial and non-financial incentives to individual-level, industrylevel, and employer-level; and healthcare providers at the primary and community level will also be incentivized to provide effective preventive services. Incentives and disincentives will be designed to improve the level of physical activity, nutrition, health screening and personal monitoring of health status, supported by behavioural science evidence as well as the roll-out of LHR and technology adoption initiatives including wearables
- Peka b40 Scheme provides an incentive of RM1000 for those patients who complete their cancer treatment. The government also provided a transport incentive under this Scheme of RM1000.



Malaysia's Preventive Health Strategy

Malaysia has articulated a vision for the future where preventive health is paramount for improved population health and the sustainability of health systems. In 2023, the Malaysia Parliament approved the Ministry of Health's 5-year vision for health system reform through the passage of the "Health Whitepaper for Malaysia: Strengthening people's health, future-proofing the nation's health system."* The Whitepaper sets out, in broad strokes, pivotal reforms to reshape the healthcare system in line with the country's current socio-economic and healthcare characteristics and trends.

Like most countries, Malaysia is currently facing a staggering increase in noncommunicable diseases, the lingering aftershocks of the COVID-19 pandemic, and a healthcare budget that is under significant strain due to rising healthcare needs. In this context, the Whitepaper delineates four pillars of reform under which preventive health strategies and interventions will be essential to their successful implementation and realization of health goals, as outlined in Table 1 below:

Table 1. Pillars in Malaysia's Health Whitepaper and implications for preventive health

Healthcare whitepaper pillars	Implications for preventive health	
Pillar 1: Transforming Health Service Delivery	Primary health care encompasses a broad range of preventive health services, including maternal and child health, immunizations, health education and awareness, and basic screening and diagnostics. The MOH aims to harness digital tools and technologies to realize health goals and systems efficiencies. The Whitepaper emphasizes that electronic medical records (EMR), in particular, will not only serve as a "historical repository" but to "enable intelligent development of personalized treatment plans in the future."	
Pillar 2: Advancing Health Promotion and Disease Prevention	The Whitepaper describes preventive health measures for the prevention of chronic diseases, like heart disease and diabetes, as well as broader public health prevention, such as disease surveillance, monitoring and community-level risk profiling. It further foresees the provision of health education and promotion not only in healthcare settings, but extended to communities, schools, workplaces, and other public areas.	
Pillar 3: Ensuring Sustainable and Equitable Health Financing	Pillar 3 proposes a review of the current model of health financing (through general taxes) and the possibility of the establishment of a public insurance program. Such a program would entail the delineation of a benefit package that "encompass a range of evidence-based services, including promotive and preventive services, from primary healthcare up to hospital care, including potentially from digital health providers." The purchase of those services would be undertaken by a newly appointed "strategic purchaser" who would procure services through value-based payment models. The Whitepaper also stresses that the shift to primary health care and promotive and preventive approaches will result in "allocative efficiency."	
Pillar 4: Strengthening the Health System's Foundation and Governance	In this final pillar, the MOH envisions a separation of its current role as both health care provider and health care steward, to one that focuses solely on its governance services, leaving provision to the private sector. It proposes a review of "existing acts, regulations, and stewardship systems to make the health system more flexible and innovative." The Ministry will also invest more in healthcare workforce training that emphasizes the delivery of health services in the community and improved capacity for "delivering person-centred care.	

Malaysia's Preventive Health Landscape:

Assessment & Key Insights



I. Policy Insights

Malaysia has comprehensive policy frameworks in place that focus on preventive health

Malaysia has long recognized the value of prevention as disease prevention and health promotion are core public health strategies. While there is no standalone prevention strategy, prevention is a core component in its major health strategies and plans across priority health areas, maternal and child health, oral health, infectious diseases, noncommunicable diseases, and pandemic preparedness (See Country Profile).



II. Access Insights

Public provision of primary healthcare, where preventive health largely takes place, is underinvested and overburdened.

The Whitepaper articulates the importance of primary health care services as they receive far less funding and policy attention than tertiary-level hospitals, yet offer significant care to the population.

A 2022 study found that Malaysian public healthcare facilities, which make up 28% of total primary healthcare facilities in the country, offered a more regular and comprehensive set of preventive primary care interventions compared to their private counterparts. These public clinics also handle 64% of outpatient visits. Thus, public health systems are meeting the majority of demand for acute and preventive needs while receiving limited resources.

Vaccination rates for children have been historically strong, but overall vaccine rates have declined across all age groups.

Vaccination rates in Malaysia have historically been strong for children, but overall vaccine uptake has declined across all age groups due to the COVID-19 pandemic. During the pandemic, childhood immunizations, HPV vaccine uptake among schoolage girls, and other vaccinations significantly dropped. HPV vaccination rates fell from 85% (2011-2020) to zero coverage for the third dose and only 39% for the first dose in 2022. Childhood immunization rates declined from 86.5% in 2016 to



83.5% in 2022, below the WHO benchmark of 90% by 2030. However, it is noteworthy that certain vaccinations, such as the Pneumococcal conjugate vaccine (PCV), have high uptake rates. Malaysia has been performing well in this regard, with the coverage of the final dose reaching 94.54% as of 2023.

Another concern Malaysia faces is that of adult vaccinations. Adult preventive health vaccinations and screenings lag behind maternal and child health rates due to low awareness and vaccine hesitation. Malaysia has robust guidelines for maternal and child health services, but adult interventions require proactive efforts from both patients and providers.

While strong policies are in place, prevention, detection, and response mechanisms for pandemics and outbreaks need to be strengthened.

Malaysia has established policies, such as the MYSED-II framework, to address future pandemics. However, this framework does not incorporate novel detection and tracing techniques, nor does it utilize data modeling to forecast future disease transmission trends. Additionally, the country's laboratory network remains fragmented between public and private sector, which could hinder effective pandemic response and management. There is also a lack of strategic stockpiling of medicines and vaccines for care continuity, leading to delayed patient care. MOH is actively working to strengthen its pandemic preparedness infrastructure by building Malaysia's National Center for Disease Prevention and Control (CDC) and a National Vaccine Development Roadmap.



Digital technologies for preventive health are underutilized and fragmented in use.

Our assessment pointed to basic to little implementation of digital tools and interventions for preventive health not only at the individual level, but notably also for pandemic preparedness. Patient-facing digital technologies mainly entail optional and opportunistic telemedicine services. Furthermore, our assessment noted weak or absent database and modeling tools for surveillance, and a fragmented network of laboratories.

The MOH recognizes its need to improve its use of digital technologies. In Pillar 1 of the Whitepaper, it has articulated a deliberate goal to use digital tools to complement and inform health care decisions at the patient, provider, and policy levels. Currently, data on public health is derived from the National Health and Morbidity Survey (NHMS).xiv In 2024, the MOH established as a priority the development of an integrated and comprehensive electronic medical record (EMR) system that would cover data from both public and private facilities and improve national health collection and monitoring.xv



III. Financing Insights

Malaysia offers a variety of financial schemes to bridge gaps in access for low-income populations that can be used toward preventive health.

Malaysia offers various low-cost or free preventive health services for general, low-income, and at-risk populations. Community clinics provide subsidized or free services like health education, antenatal care, postnatal care, and family planning. The National Immunization Program includes HPV, PCV, thalassemia, and pertussis vaccinations. While adult vaccinations (influenza, HepB, HPV) are available, they are typically not subsidized. Pneumococcal vaccines are subsidized for older adults in some states, and free annual influenza vaccinations for older adults will start in 2025. Public healthcare facilities also offer screening tests for conditions like diabetes, hypertension, and certain cancers (e.g., cervical and breast cancer) at low or no cost for Malaysians under the PeKA B40 Program and mySalam scheme., Additionally, the Ministry of Health (MOH) is working to enhance the uptake of preventive health interventions through the PERKESO Health Screening Program. This initiative specifically targets populations such as workers in small and medium enterprises, reaching them directly through their workplaces.xviii

Malaysia also has financial incentives for preventive health services, including tax exemptions and financial payments. Annual income tax exemptions are available for medical checkups for individuals and their families. Tax deductions can be claimed for purchases promoting active living, such as gym memberships and sports equipment.xix

Policy Recommendations for Malaysia

To realize the vision of the Whitepaper, Minister of Health Dr Dzulkefly Ahmad established the Health Transformation Office (HTO) in June, 2024.** The HTO office will be responsible for overseeing the transformation of Malaysia's health system as described in the pillars. In line with their mandate, we suggest that the HTO consider the following actions to strengthen the policy environment, access to healthcare interventions, and funding for preventive health in Malaysia.

Recommendations for Pillar 1: Policy

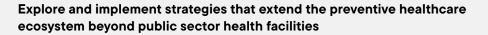
Embed a preventive health lens across all four pillars of Malaysia's healthcare transformation. Although Pillar 2 is the most directly focused pillar emphasizing preventive health, obesity and diabetes should be introduced as central themes owing to Malaysia's growing burden of these conditions. Further, the other pillars should also reinforce prevention goals. For example, in 2024, the Ministry of Health prioritized sustainable health financing (Pillar 3) as well as the development of a nationwide EMR system (Pillar 1). Health financing considerations should clearly state whether specific preventive health services are covered by current systems or public insurance. This means explaining if and how these health services are paid for, ensuring people know what preventive care they can access through existing health programs or insurance plans.

Develop financial and non-financial incentivization schemes for preventive health to stimulate preventive health behavior and care seeking.

Proactive and deliberate healthy lifestyles and seeking of preventive health services (e.g. influenza vaccines, screening for cervical cancer, cholesterol checks) are challenging to induce with health education and awareness efforts alone. In line with Pillar 2, the Ministry of Health has already implemented some use of financial incentives (e.g. tax rebates for gym memberships, subsidies for diabetes-friendly foods) and nonfinancial incentives (e.g. workplace or community recognition programs for achieving health milestones).xxi Other schemes could include the use of conditional cash transfers, i.e. payment to the target population that is directly linked to a healthy behavior or by receiving a preventive health service. Nonfinancial incentives could include strategies to "gamify" preventive health that rewards people for preventive health behaviors or services.



Recommendations for Pillar 2: Interventions



Private health providers, which comprise over 72% of all primary clinics, have traditionally focused on the delivery of acute treatment and are underutilized for preventive health services.xxi Expanding private sector partnership programs will enable MOH to relieve pressure from the public sector. A combination of government regulations and incentives can motivate private sector entities and attract more involvement from private practitioners and healthcare providers.

Preventive health can be extended to non-traditional settings and sectors. One of the major barriers cited for access to preventive health, particularly for rural and lowincome populations, is related to the inaccessibility and inconvenience of health care services. Preventive health provides the ideal opportunity to provide preventive health within communities and nontraditional health settings, i.e. workplace and schools as the Whitepaper noted. Health education and awareness, basic health checkups and screenings that can be "task-shifted" to allied health or volunteer health workers can help improve accessibility and convenience in accordance with people's daily routines and habits. For example, task-shifting health education campaigns targeting obesity prevention and diabetes management at workplaces, schools, and community centers.

Accelerate the paradigm shift from "sick care" to "health care" by defining and promoting the provision of a core preventive health services package across the life-course.

By defining and promoting a core package of preventive health services tailored to different age and target groups, MOH can significantly enhance the uptake of preventive health measures such as vaccinations, screening, and diagnostics which are lagging in Malaysia. Enlisting technical and operational support across the relevant MOH divisions (such as the MOH NCD Division) to define the package and its implementation strategy will help increase the uptake of these and other preventive health interventions. A clear package of recommended interventions across the life-course can help restore immunization rates to pre-Covid levels.

Assess and accelerate the use of digital tools, where appropriate, to support preventive health service provision, uptake, and healthy behaviors.

Digital tools can make preventive health services more accessible to a wider population through their scalability, affordability, and convenience, particularly for mobile-based applications. In addition to the current use of telemedicine applications in Malaysia, digital tools, such as the MySejahtara can be enhanced or replicated to increase uptake for preventive services, including reminders for vaccinations and screenings. The scope of such digital tools can also be expanded to include dietary habit tracking, glucose levels, and physical activity within Malaysia's emerging EMR system. The MOH's plans described in Pillar 1 to harness digital technologies can be further enhanced by developing regulatory sandboxes. These sandboxes will facilitate the effective and appropriate use of digital technologies, helping to select and refine interventions that advance public health goals.



Strengthen pandemic preparedness infrastructure to detect and prevent future outbreaks.

To enhance pandemic preparedness, Malaysia should foster greater cohesion between public and private laboratories to create a strong, comprehensive network capable of collectively detecting future outbreaks. Additionally, the integration of novel tools and technologies, such as data modeling and efficient databases, is essential for driving innovation and improving response capabilities.

To further strengthen pandemic preparedness, Malaysia must prioritize supply chain resiliency and develop a robust business continuity plan to ensure uninterrupted access to critical resources during health crises. Establishing strategic stockpiles of essential medical supplies, expanding cold chain infrastructure, and implementing robust trackand-trace systems for real-time monitoring of inventory and distribution are crucial steps. Additionally, Malaysia should actively engage with organizations, particularly pharmaceutical distributors and healthcare providers, that have established business continuity plans to leverage their expertise and infrastructure during emergencies. Collaboration between these entities, government agencies, and healthcare providers will build an integrated, resilient supply chain capable of adapting to disruptions. These efforts, combined with ongoing advancements in laboratory networks and data-driven innovations, will create a cohesive infrastructure to detect, respond to, and prevent future outbreaks effectively.

Recommendations for Pillar 3: Financing

Define, reimburse, or offer a low cost or free well-defined package of preventive health services in the public and private primary care facilities.

In line with Recommendation 4, MOH can incentivize the uptake of preventive health services by reimbursing a comprehensive "preventive health" package for all Malaysians within the B40 and M40 income groups, ensuring coverage in both the public and private sectors. Building awareness and promoting this package to everyone, regardless of health status, economic status, or age, will help increase the perceived value and accessibility of preventive health services.

Ringfence dedicated budget for preventive health.

While the Health Ministry has been allocated a 10% increase in its 2025 budget compared to 2024, a significant portion of these funds is earmarked for infrastructure development. To effectively transition from curative to preventive care, it is essential that funding is appropriately allocated. The MOH could ringfence a specific percentage of its annual healthcare budget exclusively for preventive health programs and services.

To build a compelling case for ringfencing the preventive health budget, the MOH can consider the following: (a) reevaluate the current allocation of the 2024 health budget using health economics and outcomes data, such as cost-effectiveness and costutilization analyses; (b) establish the return on investment (ROI) for major preventive health measures, including conditional cash transfer programs and population-based diagnostics and screening programs; and (c) propose alternative financing mechanisms such as public-private partnerships to supplement the preventive health budget.



The Philippines

Population: 117.3 million | GDP per capita: USD 3,725.6 | Health expenditure as a share of GDP (2022): 5.10%

Source: World Bank 2023 data

Policy and Legislation

(A) UHC & Primary Health **Care Strategy**

The Philippines, through legislation. has mandated UHC and the national coverage of preventive care services. The DOH has also prioritized primary healthcare and views its integration into the continuum of care as essential.

- Universal Health Care (UHC) Act 2019 places significant emphasis on preventive health and health promotion. It defines an Essential Health Benefit Package covered by the National Health Insurance Program which includes primary care, medicines, diagnostics, laboratory, preventive, curative, and rehabilitative services.
- **National Health Insurance** Act 1995 states that a benefit package should include both inpatient hospital care services as well as outpatient care.
- **National Objectives of Health 2023-2028** is an eight-point action agenda which sets out to establish primary healthcare as the backbone of the healthcare
- · The Healthcare Financing Strategy 2023-2028 is a financing roadmap to support the implementation of the UHC Act and reduce OOP
- Health Promotion Framework Strategy 2030 promotes health and well-being and aims to reduce inequity in areas like immunization, mental health, reproductive health, etc.
- **Omnibus Health Guidelines** 2023 is a policy framework introduced by the DOH that guides the entire life-course approach to healthcare service delivery, covering different levels of care, various care settings, and the full gamut of healthcare services
- **National Immunization Program** includes vaccinations for six vaccine-preventable diseases: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis and measles.

(B) Noncommunicable Disease Strategy

The WHO and UNDP have worked with the DOH to develop an action plan and strategy to increase investments in NCD prevention and control. The DOH has also prioritized combatting malnutrition as a riskfactor for NCDs

- · A national multisectoral plan and a DOH strategy action plan for NCD prevention and control 2017-2025 have been developed in collaboration with UNDP and the WHO.
- The Philippine Cancer Control Program was implemented in 1987, by virtue of Executive Order 119. In 1992, specific site-cancer control programs of the PCCP was started, such as the Lung Cancer Control Program, Breast Cancer Control Program, Cervix Uteri Cancer Control Program, Liver Cancer Control Program, Colom/rectal Cancer Control Program
- · National Integrated Cancer Control Act 2019 was enacted in law and aims to increase the rate of cancer survival and reduce the burden on patients and their families. Subsequently, the NiCCA Program (NICCP) Strategic Framework 2024-2028 was launched by the DOH and the WHO
- · The Philippine Mental Health Act 2017 supports the provision of hospital- and communitybased mental healthcare in the Philippines, while providing specific legislative checks to ensure the rights of patients receiving mental healthcare and treatment are protected
- · The Philippines Plan of **Action for Nutrition 2023-**2028 outlines strategies to enhance nutrition nationwide by addressing all forms of malnutrition through initiatives that promote healthier diets and improved access to quality food services.

(C) Infectious Diseases Strategy

The Philippines has legislation and various action plans aimed at surveilling, controlling, and eliminating emerging infectious diseases

- · Mandatory Reporting of Notifiable Diseases and **Health Events of Public** Health Concern Act, 2018, aims to enhance public health by continuously updating the list of notifiable diseases, establishing robust disease surveillance and response systems, and fostering collaboration across sectors.
- The Philippines Multi-Disease Elimination Plan 2024-2030 focuses on eradicating polio, halting the transmission of diseases such as yaws, measles, rubella, malaria, leprosy, and rabies, and reducing new infections of lymphatic filariasis, schistosomiasis, mother-to-child transmission of HIV, syphilis, hepatitis B, and maternal and neonatal tetanus to non-public health threat measures.
- · Philippines Strategic TB Elimination Plan 2020-2023 sought to reduce TB mortality by 50% and TB incidence by 12% through enhanced screening and improved access to testing
- AIDS Medium Term Plan 2023-2028 guides the Philippines' strategic HIV response, aligned with international and local frameworks. Key targets include enhancing HIV knowledge among youth, preventing new infections, eliminating mother-to-child transmission, and reducing stigma and discrimination.

(D) Pandemic **Preparedness Strategy**

The Philippines embeds pandemic preparedness into their overall health objectives and disease prevention legislation.

- · National Objectives for Health 2023-2028 includes prioritizing healthcare workers' welfare and rights, and strengthening health institutions to better handle the threat of pandemics. It provides two strategies for strengthening health systems: (a) strong surveillance and epidemic response and (b) institutionalization of the Philippines Health Laboratory System.
- **Mandatory Reporting of Notifiable Diseases and Health Events of Public** Health Concern Act, 2018, mandates accurate and timely health information dissemination, ensures statutory authority for effective disease control measures, and secures sufficient funding for these operations.
- **Philippines National** Action Plan on Antimicrobial Resistance 2019-2023 includes strengthening surveillance and laboratory capacity, ensuring uninterrupted access to sage and quality-assured antimicrobials, and promoting innovation and research on AMR.

	Primary Prevention	Secondary Prevention	Tertiary Prevention
(A) UHC & Primary Health Care (e.g. Maternal and Child Health, Oral Health)	 At the population-level, health awareness and education for maternal and child health and oral health through public campaigns are offered. At the individual-level, routine and standardized consultations and access to full range of childhood and maternal vaccinations are available. 	Only blood and urine tests, ultrasounds are available under maternal health guidelines. Other screenings like genetic screening, thyroid function, etc. are not available. Only hearing, development, and oral health screening guidelines are available for child health, while growth monitoring is not. No oral health screenings are offered. Virtual consultations are available for maternal health.	Medical and surgical interventions guidelines are not available, while guidelines on rehabilitation and therapy, palliative care, nutritional support are not comprehensive.
(B) Noncommunicable disease	 At the population-level, guidelines for NCD health education and awareness efforts and vaccinations through public campaigns are available. Guidelines on consultations and vaccinations are also available. 	Certain screenings like diabetes, BP, cervical and breast cancer are mentioned in the guidelines. However, screenings for prostrate cancer, thyroid function, chronic respiratory diseases, etc. are not available. Virtual consultations area available, as needed.	While guidelines for medicines, palliative care, nutritional support indicators are strong, preventive surgical interventions like cardiac and cancer surgery, rehabilitation and therapy are not available. Pain management guidelines are not available while mental health management ones are. Virtual consultations are available, as needed.
(C) Infectious Diseases Programs	 Guidelines for vaccination, health education and awareness are available. At the individual-level, check-ups and consultations guidelines not provided. 	 Screenings are offered to at-risk populations on an opportunistic basis Digital solutions only include virtual consultations. 	 Medical interventions and nutritional support are comprehensively covered, while surgical interventions are selectively covered. Rehabilitation and therapy, palliative care guidelines not available for infectious disease Virtual consultations are available.
(D) Pandemic Preparedness Programs	 At the population-level, IPC programs, health education and awareness, and vaccination efforts are available. Framework on outbreak is available but disease surveillance measures to detect low-transmission pathogens in the future are not included. 	Screenings are offered opportunistically Virtual consultations, remote monitoring, and contact tracing are available.	Medical and surgical interventions, nutritional support are available, whereas, palliative care, rehabilitation and therapy receive minimum coverage or availability Virtual consultations are available.

Financing

1. Dedicated prevention budget

The UHC Act mandates that at least 1% of the DOH's total budget appropriations be allocated to health promotion programs within two years of the Act's effectivity.

2. Preventive services covered by public healthcare

- Free or subsidized vaccinations for children and adults as part of the NIP
- The Konsulta Package (as part of the UHC) offers health screenings and primary care consultations to manage communicable and non-communicable diseases, provides access to diagnostic services, medication, etc.
- 3. Reimbursement of preventive technologies by public healthcare: The Konsulta Package is paid as an annual capitation computed and released as performancebased payment. The maximum per capita rate is 1700 PHP) - for both public and private.

4. Promotion of financial incentives for health

The Pantawid Pamilyang Pilipino Program provides cash transfers to low income households for child education and health, and for maternal health services. Eligible households must have income below the poverty line and children 0-14 years of age and/or a woman that is pregnant. Health grants up to PhP 500 (USD \$8.55) per month are granted with the following conditions: 1) children younger than five years old must visit health centers to receive immunizations, weight monitoring, and disease monitoring, 2) pregnant women have to undergo perinatal care, starting from the first trimester, 3) children six to 14 years old have to receive deworming pills, and 4) household grantees (which tend to be women) have to attend family development sessions at least once a month.

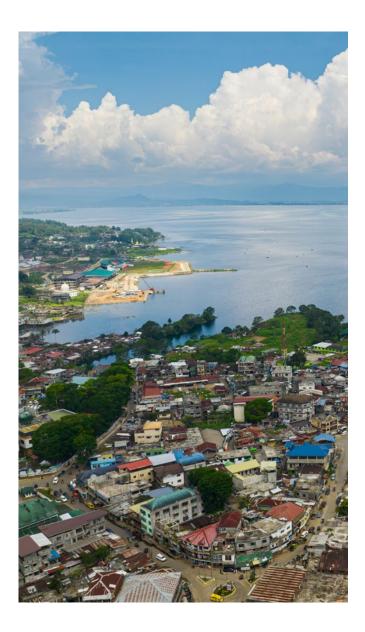
5. Programs that support preventive health for vulnerable and low-income populations

- There are also schemes and programs target Geographically Isolated and Disadvantaged Areas (GIDA) and low-income populations to improve preventive health. This includes the Barangay Health Workers (BHW) Program, where community health volunteers provide basic health services, health education, and preventive care in GIDA and low-income communities.
- · The Philippines Charity Sweepstakes Office also runs the Medical and Dental Mission program, that provides outreach medical services in depressed areas and disaster-affected regions both inside and outside of Metro Manila and neighboring provinces, including the provision of free medications to people who have limited or no

access to public healthcare services.

6. Usage of sin tax for reimbursement or coverage of preventive health services

Around 85% of revenue raised from the Sin Tax Reform Act of 2012 – a tax levied on goods that are considered to be harmful to society such as tobacco, alcohol, and sugar-sweetened beverages - is earmarked to fund the DOH's programs and PhilHealth premiums. These funds have been used to fund preventive health services, including the National Immunization Program (NIP). For instance, in 2015, 42% of the NIP's funding came from sin tax incremental revenue for health. In 2016, the DOH was able to finance the following vaccines thanks to revenue from the sin tax: three doses of PCV, dengue vaccines, HPV vaccines, measles-rubella vaccines, and tetanusdiphtheria vaccines.



The Philippines' Preventive Health Strategy

The passage of the Republic Act No. 11223, or the "Universal Health Care (UHC) Act," in 2019 was a landmark event that will shape the Philippines' health trajectory to ensure that all Filipino citizens have access to the full continuum of care services. The UHC Act states that all Filipinos have "access to a comprehensive set of quality and cost-effective promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship." This landmark legislation serves as the foundation for subsequent major laws and policies including the Malasakit Centers Act, the Mental Health Act, the National Integrated Cancer Control Act, the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concerns Act, and the Sin Tax Reform Law. In addition, the Supreme Court ruling on the Mandanas-Garcia case" in 2021 is expected to provide a larger share of national taxes to the local government units (LGUs).

In 2023, the Philippines Department of Health (DOH) issued the National Objectives for Health (2023-2028). ***
Importantly, this document outlines an 8-point Action Agenda with specific goals and targets to achieve those objectives. Six of the 8 objectives have direct implications for preventive health planning, financing, service provision, and population demand as described in the table helow.

Priority	Implications for Droventing Health	
For Individual Health	Implications for Preventive Health	
1. Every Filipino experience health and well-being Primary care health networks are strengthened and well financed such that every Filipino is assigned to a primary care provider	The DOH reaffirms the role of Primary care providers and networkers as "gatekeepers" in the community who assist people to improve health-seeking behavior, access to health services and the appropriate use of health services. The DOH also plans to "pilot and fast-track" the implementation of a comprehensive out-patient benefit package (COBP) as part of primary care, in addition to the current standard package offered through Konsulta.	
2. Safe, high-quality, and people-centered services Ensure the provision of comprehensive high-quality health services which include equitable access to affordable health goods, across the life stages.	The DOH introduced the Omnibus Health Guidelines (OHG) a comprehensive policy framework to guide the entire life course approach to healthcare services in an out of the healthcare system, including self-care at the house hold level, and appropriate health services in communities, workplaces, and schools.	
3. Technology for efficient health service delivery Leverage digital health such that health professionals and the health industry can provide more efficient and accessible health services	DOH envisions to strengthen the use of digital technology to monitor patient histories and records through the use of EMR and to integrate telemedicine as a standard in the delivery of primary health care.	
For Community Health		
4. Ready for health crises and emergencies Ensure a responsive and resilient health system and communities that can effectively prevent, prepare for, respond to, and recover from public health emergencies and crises.	Minimal relevance to preventive health as defined in this paper. The DOH outlines an approach that focus on strengthening the climate and environmental resilience and response to health systems.	
5. Disease prevention and health promotion Addresses the social determinants of health and aims to improve healthy behaviors through enabling environments, health promotion and disease prevention policies, increasing population health literacy.	Under the UHC Act, the DOH is mandated to strengthen and scale up health promotion and preventive care. DOH has set 7 target areas for health promotion, including diet and physical activity, environmental health, immunization, substance use, mental health, sexual and reproductive health, and violence and injury prevention.	
6. Mental health and overall well-being Enhance Filipinos' well-being and ensure quality mental health services.	Minimal relevance to preventive health as defined in this paper. The DOH acknowledges the high population need and lack of availability and accessibility of mental health services, and focuses this section largely on the availability of treatmes ervices. It does cite the need to foster mental health through information and services in community, work, and educational settings.	
For health Workers and Institutions		
7. Advancement and protection of health workers' rights and well-being Prioritizing health care workers' welfare and rights, and strengthening our health institutions against the threat of pandemics	While this action item does not specifically call out preventive health services, the DOH does seek to strengthen the capacity of health workers to provide learning development opportunities and competency standards, which could be applied for preventive health.	
8. Protection against any pandemics Strengthen health systems and structures to prevent, manage, and recover from disease outbreaks and potential pandemics	The DOH will increase its efforts to prevent and manage outbreaks by strengthening disease surveillance and epidemic response and institutionalizing the Philippines Health Laboratory System.	

The Philippines' Preventive Health Landscape:

Assessment & Key Insights

In line with the 8-point action agenda, our assessment reveals the following patterns for policy, access and financing of preventive health measures.



I. Policy Insights

Philippines has a series of robust legislation and strategies aimed at promoting preventive services. Their implementation and adoption have been gradual.

The UHC Act, the National Health Objectives, and the Health Promotion Strategy^{xxvii} are ambitious initiatives that position the Philippines on a progressive path in terms of its health policy ecosystem. These frameworks are designed to enhance the overall health of the population by focusing on preventive care and reducing health disparities. While the execution of these policies has yet to reach its full potential, there is a clear commitment to bridging the gap, particularly among different socio-economic and geographical groups. To achieve the goals set forth in these initiatives, it is crucial to address the barriers to effective implementation and ensure that the policies are translated into tangible improvements in health outcomes for all segments of the population.



II. Access Insights

Given low financing for primary health services, there are significant disparities in preventive health service access and affordability in Geographically Isolated and Disadvantaged Areas (GIDA) populations relative to major urban areas.

There are geographic divides in the Philippines when it comes to the accessibility of healthcare services, particularly amongst the GIDA and Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) populations. Given that economic development is primarily focused on larger islands, logistical and financial challenges arise in delivering healthcare services to geographically isolated areas of the archipelago. For instance, three-quarters of tertiary care facilities are located in Luzon. This means that other regions have less access to crucial health services, such as diagnostic imaging. There also exists geographical disparities in health literacy. The Philippines' first National Health Literacy Survey, which was conducted between 2018 and 2019, revealed that the percentage of limited health literacy varied across different regions.xxviii



Finally, vaccine hesitancy – while a general phenomenon across the whole population - also has varied impacts across the country's regions. When evaluating the geographical dispersion of zero dose children, their percentage is higher in the southern region of the country and lowest in the northern region. xxix

Childhood and adult immunizations are low and declining even those provided through the National Immunization Program (NIP).

Our evaluation found that PhilHealth reimbursements in the Philippines ensure routine consultations and access to a full range of childhood and maternal vaccinations. The Philippines government has been actively reducing the number of zero dose children and is no longer part of the top 20 countries with zero-dose vaccines. Despite this, Philippines continues to remain high-risk on the WHO Polio Risk Assessment. In 2024, the country endured a pertussis outbreak and a measles outbreak. As of 2023, only 62% children have received three

doses of oral polio vaccine, two doses of measles-containing vaccine, and three doses of pentavalent vaccine before they reach 12 months.xxx

The school-based HPV vaccination program for girls aged 9-14, started in 2016, remains limited, covering only 60% of provinces. Moreover, only 23% of the target population receiving their first dose and 5% completing the final dose, far below the WHO goal of 90% vaccination in girls by the age of 15.xxxi In 2024, pneumonia emerged as the fourth leading cause of death. Research shows that 67% of influenza-associated mortality occurred in adults over 60. Influenza morbidity increased by 21% year-on-year in 2018. The 2016 Expanded Pneumococcal Immunization Programme provides free pneumococcal vaccines to all senior citizens, achieving a 52.9% coverage rate for those over 60. However, influenza vaccine coverage remains low, with only 36.3% of adults over 60 having ever received the vaccine as of 2019, due to the lack of a comprehensive immunization policy. xxxii

Most preventive health screenings and diagnostics are unavailable, and provided opportunistically, rather than routinely to target populations.

Under the Primary Care Benefit Package of the national insurance program, Filipinos are entitled to various screening and diagnostic tests, including complete blood count, urinalysis, fecalysis, sputum microscopy, fasting blood sugar, lipid profile, and chest x-ray. XXXIIII Despite this coverage, primary care facilities, particularly those outside urban areas, struggle to provide these diagnostic services. This is due to logistical challenges in distributing diagnostic equipment and supplies across the archipelago, a shortage of medical and radiation technologists in remote areas, and inadequate infrastructure to house, power, and maintain the necessary equipment.

Additionally, access to other essential screening services for breast cancer, cervical cancer, gender-based violence, and mental health conditions, are lacking. The Philippines does not mandate Hepatitis B screening for all pregnant women, nor does it administer Hepatitis B Immune Globulin (HBIG) alongside the Hepatitis B birth dose to infants born to Hepatitis B Surface Antigen (HBsAG) positive mothers. Finally, there is not a systematic review and approach to the introduction of new evidence-based preventive health technology nor solutions to improve preventive health.

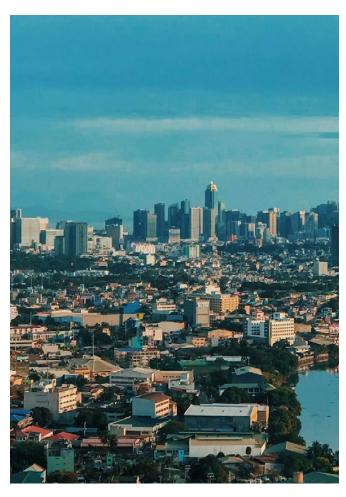
Limited outbreak (epidemic and pandemic) preparedness infrastructure, despite available IPC programs

The Philippines faces significant gaps in its pandemic preparedness infrastructure, which were starkly revealed during the COVID-19 pandemic. While infection prevention and control (IPC) programs exist, these resources are primarily concentrated in urban areas, leaving rural regions underserved. In many rural communities, there is only one physician for every 20,000 people and just one hospital bed for every 1,000 individuals. xxxiv Disease surveillance capacity is also unevenly distributed

across provinces, further complicating efforts to track and manage outbreaks. Local government disaster preparedness plans are primarily focused on natural disasters, not epidemics, and this lack of pandemic-specific planning left the country ill-equipped to handle the early stages of the COVID-19 crisis. At the pandemic's onset, the Philippines' surveillance system could conduct contact tracing, but it was quickly overwhelmed. Additionally, the country had only one laboratory capable of performing RT-PCR testing in the beginning of the pandemic, limiting the ability to rapidly scale testing and accurately diagnose COVID-19 cases across the population.xxxv

Digital technologies limited to virtual consultations, and Electronic Medical Records (EMR) development is slow

Our assessment found that the Philippines' use of digital technologies for preventive health is not standardized. Rather, the use so far has been intermittent and limited primarily to virtual consultations, remote monitoring, and telemedicine follow-ups. Basic adoption of EMR has been initiated through the Philippines eHealth Agenda framework. While this agenda promotes the use of information and communication technologies for health to support the implementation of the UHC Act, adoption of EMR has been slow. A study on the adoption of EMR in rural health facilities in the Philippines found that persistent challenges remain in implementing EMR throughout the country due to a lack of institutional structure to support the policies, infrastructure, and human resources needed to fully adopt these digital technologies.xxxvi



III. Financing Insights

Effective health spending, especially for primary and preventive health services, is low

Despite significant increases in overall health spending over the past decade, investments in primary care have stagnated at 4% of current health expenditure since 2014, while hospitals have received a disproportionate share. PhilHealth benefit payouts reflect this, with inpatient services accounting for 91% of claims from 2015 to 2019. xxxviii In 2022, total health expenditure was 5.5% of GDP, with general government health spending at 44.2% of current health expenditure.xxxviii However, government health funds, including those from sin taxes, have not been fully utilized due to mismanagement and inefficiencies.

Local government spending on health has increased modestly, but national government subsidies remain the primary source of financing for devolved health programs. In 2022, local government units' (LGU) contributions to general government health spending were only 22%, with an average annual increase of 14.4% from 2014-2022, compared to the national government's 23%. LGU shares in health spending averaged 8.8% of total current health expenditure. *** The Mandanas-Garcia Case ruling increased LGU shares from 31.2% to 40% of national taxes, raising their allocation from Php 695.5 billion in 2021 to Php 929 billion in 2022, or 19.10% of the national budget.

However, Local Budget Memorandum No. 85 for 2023^{xli} stated that NTA for LGUs will be based on 2020 tax revenues, potentially reducing allotments among LGUs, especially those with varying capacities to generate local revenues.

Despite passage of the UHC Act, out-of-pocket burden in the Philippines remains high particularly for outpatient care

Despite the passage of the Universal Health Care (UHC) Act, the out-of-pocket (OOP) burden in the Philippines remains high, particularly for outpatient care. For inpatient care, patients often have to pay the remaining balance of their hospital bills directly to healthcare providers when government coverage is insufficient. This situation arises when certain medicines, medical supplies, or services are not covered by PhilHealth, such as drugs not listed in the Philippine National Formulary (PNF), or when they are unavailable at the healthcare facility, forcing patients to seek treatment elsewhere and incur additional OOP expenses. A significant portion of OOP expenses is also encountered in outpatient care, including regular check-ups with physicians and the acquisition of home and maintenance medications. In terms of financial risk protection, household OOP health spending accounted for 41.5% of current health expenditure. Efforts to strengthen primary care systems, such as the Comprehensive Outpatient Benefit Package (COBP) and primary care provider networks (PCPNs), are ongoing. Konsulta, launched in 2018 to bridge primary care gaps, faced operational challenges, limiting its success and adoption. Consequently, primary care payouts were only 1% of PhilHealth's total benefit payments in 2022.





Policy Recommendations for the Philippines

To achieve the goals outlined in the UHC Act of 2018 and the National Objectives for Health 2023-2028, we recommend that the Department of Health (DOH) consider the following actions to enhance the healthcare system across three key pillars: policy environment, access to healthcare interventions, and funding for preventive health in the Philippines.

Recommendations for Pillar 1: Policy

Urgently re-evaluate policies and legislation on health financing management and procurement such that delays related to obligations and disbursements for preventive health measures are minimized.

This recommendation applies broadly to unlock funding for all health services that are currently tied up in inefficient, opaque, or bureaucratic procedures. Implementing financial system measures to streamline processes would help address continual delays and unutilized health funds. However, overall policy reform and mandates on the usage of allocated health spending may be necessary. By doing so, it would be possible to unlock funds for preventive health services, which primarily take place in primary care settings and currently represent less than 10% of all health claims through PhilHealth.

Reconcile Omnibus guidelines to clarify which (preventive health) interventions must be available on site in public facilities and where they must be procured from the private sector.

The Omnibus^{xlii} guidelines provide the full spectrum of detailed health interventions recommended by the DOH. While the guidelines are in place for all health facilities, the recommended health goods and services are not all available in public health facilities, such that healthcare workers may be unable to comply with the guidelines and patients may have to bear out of pocket costs in the private sector. Clarifying which interventions are available and financially covered by PhilHealth in public facilities, and which may be sought in the private sector, would help streamline access to healthcare. Ideally, ensuring that all health interventions in the Omnibus guidelines are available at the appropriate level of health facilities would improve the consistency and comprehensiveness of healthcare services.

Strengthen outbreak, epidemic and pandemic preparedness policies

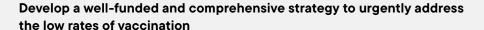
The Philippines was severely impacted by the COVID-19 pandemic, exposing gaps in its healthcare infrastructure and emergency response systems. As a country that remains vulnerable to future pandemics, it is crucial to develop and implement comprehensive outbreak, epidemic, and pandemic preparedness policies. These policies can focus on raising community awareness and education as well as cooperation to prevent disease, building robust disease surveillance systems that can quickly detect and monitor emerging infectious diseases, as well as establishing a network of well-equipped laboratories for timely testing and diagnosis. By investing in emergency response infrastructure and increasing public health capacities, and stockpiling of medicines and vaccines. Philippines can effectively prevent and respond to outbreaks before they escalate.

Recommendations for Pillar 2: Interventions

Strengthen cooperation between DILG and DOH to ensure uptake of preventive health services in the primary health care settings.

As a highly decentralized health system, the primary responsibility for the delivery of health services rests on the Local Government Unit (LGU). While the DOH provides policy guidance, LGUs realize these policy objectives through the implementation of programs at the local level. Given the variability of regions and LGU capacity, working with the DILG to upgrade and harmonize the quality of primary care facilities would enhance the consistency of healthcare services. Further, strengthening the role of the provincial/city/municipal health officer would promote health literacy and health services at the barangay level, thereby improving community health outcomes. To tackle the problem of fragmented network facilities, the Department of Health (DOH)

has issued a policy to establish Health Care Provider Networks.xiiii This policy aims to reorganize local health systems into interconnected networks of facilities that offer a continuum of care from primary to tertiary levels. By doing so, it addresses the current shortcomings in the referral system. Supporting local units in setting up and prioritizing these networks will be crucial in overcoming this challenge.



Philippines has low rates of childhood vaccination due to a combination of barriers that have contributed to low, and even declining, vaccine uptake. As recommended above, strengthening community engagement at the barangay-level to improve health literacy and address vaccine hesitation is critical. Moreover, improving access the barangay level with an expanded network of primary health care centers or outposts will help address issues of accessibility. The DOH could collaborate with NGOs to expand outreach for vaccination programs, educate the public, and raise awareness.

In addition, universal access to HPV vaccination for girls aged 9-14 should be ensured, along with special strategies for reaching out to zero-dose children. Strong supply chain systems must be established to cater to the needs of remote areas and maintain supplies during disasters, especially in these regions. Deploying mobile teams to reach remote and underserved areas, especially during outbreaks, is also essential. Innovative delivery strategies should be employed to enhance vaccine distribution and administration. In adults, schemes like the Expanded Immunization Program, which provide free pneumococcal vaccines to individuals above 60, are important to drive vaccination rates in older adults who are vulnerable to respiratory infections. Ensuring that older adults are informed about the availability of these vaccines and how to access them is key to increasing uptake and preventing preventable diseases.

Raise awareness and provide clarity on service provision and reimbursement policies for recommended screening and diagnostics

Policymakers and program specialists can consider strategies that raise public awareness on health screening and diagnostic services recommended in the Omnibus guidelines across the health issue areas identified, including maternal and child health, non-communicable diseases like diabetes and cancer, infectious diseases, pandemic preparedness as well as issues that have now been recognized of major public health importance, including gender-based violence, and mental health conditions. A key focus should be on improving the clarity of reimbursement policies related to these services, ensuring that citizens know what they are entitled to and can access the necessary health care without financial barriers. Other strategies include empowering health providers to deliver timely, accurate screenings and diagnostics across the entire lifecourse, from infancy to old age. Under the leadership of the Health Promotion Bureau, awareness initiatives for the public and providers at the LGU-level can be done in coordination with the Department of the Interior and Local Government (DILG).



Accelerate the adoption of Electronic Health Records

The Philippines eHealth Agenda is a forward-looking framework, but its adoption must align with its ambitious goals. Its full implementation can significantly enhance the continuity of preventive care by proactively tracking patients' health journeys, right from health promotion to the specific services accessed. This approach not only prevents duplication of services but also ensures that healthcare providers have comprehensive and up-to-date information. Additionally, enforcing standardized guidelines is essential to ensure consistent and effective implementation across all healthcare facilities.

Recommendations for Pillar 3: Financing

Proactively shift usage and spending towards primary care with measurable spending targets

While primary care services do entail lower cost services and procedures, the flat levels of year-on-year spending indicates that this shift is not happening. From PhilHealth claims data, the DOH can ascertain which services are taking place in tertiary centers that should be more appropriately provided in primary care settings, particularly related to health promotion, disease prevention, and chronic disease management. By comparing service types and delivery costs in tertiary vs. primary care, the DOH can estimate primary care costs and potential savings. Thereafter, the DOH may consider setting targets on indicators that represent the shift to primary healthcare provision (e.g. spending on ambulatory services, the DOH's current indicator used for measuring primary care utilization).

Align Omnibus Health Guidelines with PhilHealth reimbursement policies for preventive health services under Konsulta+ or COPB

While the Omnibus health guidelines define the standards of care across various life stages, these guidelines are not currently aligned with the Konsulta+ or COPB benefit package reimbursable by PhilHealth. This misalignment means that although a standard of care may be included in the Omnibus guidelines, there is little to no public reimbursement available for some services under existing Konsulta, Konsulta+/ COPB schemes. To ensure alignment in accordance with the UHC Act, the Philippines should assess and clearly articulate which preventive health services outlined in the Omnibus guidelines should be offered at public settings and financed by PhilHealth and which require may require out-of-pocket expenditures in the private sector. Ideally, all interventions that are recommended in the Omnibus guidelines should be available in their recommended settings and affordable to the public. xliv





Population: 98.6 million | GDP per capita: USD 4,346.8 | Health expenditure as a share of GDP (2021): 4.59%

Source: World Bank 2023 data

Policy and Legislation

(A) UHC & Primary Health Care Strategy

While Vietnam has no legislation on UHC, it promotes coverage and primary healthcare services through its policies and programs.

- Law on Medical Examination and Treatment regulations and guidelines include a proposal by the MOH for the Health Insurance Fund to cover early detection and screening for diseases such as cervical and breast cancer, high blood pressure, diabetes, and hepatitis C. The proposal also includes prenatal and newborn screening services, preventive treatments, and periodic health check-ups.
- **National Expanded** Programme Immunisation. introduced in Vietnam in 1981, provides vaccines for 12 preventable diseases. These include tuberculosis, hepatitis B, diphtheria, pertussis, tetanus, polio, HIV, measles, rubella, Japanese encephalitis, and cholera and typhoid in high-risk
- Vietnam Health Programme sets three goals: (1) to promote healthy diet and lifestyle, (2) to raise public awareness for behavioral change to prevent health-related risks, and (3) to provide constant and long-term primary healthcare services.
- **Doctor for Every Family Program** has transformed healthcare access by implementing the "Doctor for Everyone" software and enabling individuals to choose and schedule appointments with the right healthcare professionals at convenient times.

(B) Noncommunicable **Disease Strategy**

Vietnam has a national prevention strategy focused on NCDs. The strategy, alongside additional government programs, prioritizes controlling risk factors for NCDs.

- · National Cancer Control Plan started in 2008 by the MOH, with the following focus areas: raising awareness of people in he community, the screening and early detection of preventable cancers, improving the knowledge of healthcare staff and strengthening monitoring and cancer registry
- · National Strategy for Prevention and Control of Cancer, Cardiovascular Disease, Diabetes, Chronic **Obstructive Pulmonary** Disease, Asthma, and Other Noncommunicable Diseases, Period 2015-2025 invests national resources to control risk factors for NCDs - such as smoking, alcohol abuse, poor nutrition, and lack of physical activity - and increase prevention, monitoring, and early disease detection.
- Fit for the Future is a pioneering digital health initiative aimed at addressing NCD risk factors among adolescents. The initiative ran from 2021 to 2023, and integrated a combination of mobile- and web-based applications with traditional school curricula to promote health education and NCD prevention. Launched in collaboration with the Ministry of Education and Training (MOET) and PATH, the project sought to prevent risky behaviors such as unhealthy diets, smoking, and physical inactivity.

(C) Infectious Diseases Strategy

Vietnam has legislation and national strategic plans aimed at controlling and ending the spread of infectious diseases

- · Law on Prevention and Control of Infectious Diseases establishes comprehensive guidelines for managing infectious disease outbreaks, quarantine, and epidemic response across the nation.
- Circular 10/2024 issued by the MOH mandates mandatory vaccines and medical biological products for infectious diseases
- National Strategic Plan to End Tuberculosis, developed in collaboration with USAID and the National TB Program, focuses on ending TB by 2030 through a multi-pronged strategy emphasizing diagnosis, treatment, prevention and health system strengthening.
- Decision No. 255/2006 issued by the Prime Minister prioritizes the early detection and prevention of communicable diseases as essential to improving Vietnam's public health and quality of life.

(D) Pandemic **Preparedness Strategy**

- Decree No. 71/2002, lays out comprehensive measures for emergency preparedness in all cases of emergency, including health crises. By categorizing health emergencies under the same level of urgency as natural disasters and major accidents, the decree emphasizes the importance of public health safety as a national priority.
- The Decree Promulgating the Socialist Republic of Vietnam's **Border Medical Quarantine Regulation** establishes measures for controlling the entry and exit of individuals, goods, and vehicles at Vietnam's borders to prevent the spread of infectious diseases.

(E) Other Relevant **Strategies**

While Vietnam has no legislation on UHC it promotes coverage and primary healthcare services through its policies and programs.

- · The Department of Preventive Medicine is a specialized department under the MOH that advises and assists the Minister of Health in managing and organizing the implementation of legal provisions in the field of preventive medicine. These provisions can include control of infectious diseases, NCDs, border health quarantine, use of vaccines, testing, biosafety in laboratories, community nutrition, primary healthcare, health promotion, capacity building, and state management of public services in the field of preventive medicine.
- The National Strategy for Protection, Care, and Improvement of People's Health in Vietnam outlines goals to ensure accessible, quality healthcare for all citizens by 2030, with advancements through 2045. The strategy emphasizes disease prevention, prompt responses to health emergencies, and control of non-communicable and occupational diseases.

	Primary Prevention	Secondary Prevention	Tertiary Prevention
(A) UHC & Primary Health Care (e.g. Maternal and Child Health, Oral Health)	 At the population-level, health awareness and education for maternal and child health and oral health through public campaigns are available. At the individual-level, basic routine and standardized consultations are available. Oral health consultations tend to be basic and cover examination and guidance on oral health care only. There is some access to childhood and maternal vaccinations, with the exception of HPV and HepB for pregnant women, and BCG and Rota for children 	 All recommended screenings and diagnostics are offered at the population level. Only virtual consultations are available within digital solutions. 	 Guidelines for medical and surgical interventions, palliative care, nutritional support are available. Rehabilitation and therapy guidelines do not include pain management and occupational therapy. Virtual consultations are available for child health and oral health.
(B) Noncommunicable disease	 At the population-level, guidelines for NCD health education and awareness efforts and vaccinations through public campaigns are available. Consultation for certain NCDs are available at the population-level. However, guidelines do not require information on family history and medication adherence, etc. 	 Certain screenings like diabetes, BP, cervical, breast and colorectal cancer, chronic respiratory disease and mental health are available. However, screenings for cholesterol, prostate cancer, chronic kidney disease, osteoporosis and liver and thyroid are not available. Virtual consultations area available, as needed. 	 Guidelines for medical and surgical interventions, palliative care, nutritional support are available. Rehabilitation and therapy guidelines do not include pain management and occupational therapy. Virtual consultations are available for follow-up care.
(C) Infectious Diseases Programs	Guidelines for vaccination, health education and awareness are available. At the individual-level, consultations only cover comprehensive assessment of physical examination, blood pressure and BMI). Vaccinations are comprehensively provided, but health education and awareness primarily focus on hygiene and safety practices to prevent infections,	 Only HIV and HepB Screenings are offered to at-risk populations on an opportunistic basis Digital solutions only include virtual consultations. 	 Guidelines for medical and surgical interventions, palliative care, nutritional support are available. Rehabilitation and therapy guidelines only include physical therapy and mental management. They do not include pain management, occupational therapy, and speech therapy. Virtual consultations are available for follow-up care.
(D) Pandemic Preparedness Programs	 Guidelines on IPC Programs and framework on outbreak are available. Guidelines on health education and awareness, vaccination efforts are also available. 	 Screening guidelines for antigen/ antibody tests and influenza tests are available. Virtual consultations and remote monitoring is available. 	 Screening guidelines for antigen/ antibody tests and influenza tests are available. Virtual consultations and remote monitoring is available.

Financing

1. Dedicated prevention budget

- · Resolution 18/2008 issued by the National assembly in 2008 mandates that at least 30% of the health budget should be allocated to preventive healthcare.
- · Vietnam's preventive health budget has increased over recent years, but it has yet to meet the 30% target set by government resolutions. In 2018, only 20.32% of the total health sector budget was allocated to preventive health, and this rose to 28.62% by 2022.
- · Under the 2024 state budget, the Ministry of Health allocated 677.577 million VND (USD 26.660.515) for preventive healthcare activities across its affiliated units.
- · As per the amended Health Insurance Law, 91% of health insurance contributions are allocated for medical examination and treatment. This represents a 1% increase and will add approximately USD 56 million to the budget for medical examination and treatment.

2. Preventive services covered by public healthcare

- Free or subsidized vaccinations for children and adults as part of the NIP
- · While the Social Health Insurance (SHI) benefit package has expanded over time to include various treatments and services, preventive measures, such as general health screenings, remain excluded. Coverage focuses instead on treatment and management of conditions. Preventive care services are not covered in SHI benefit packages, and are paid by either government budget via national preventive care programs or by out-of-pocket
- · Primary healthcare is typically undertaken by commune health stations which play the role as the gatekeeper. The state budget sources for preventive medicine and grassroots health care activities in many localities are not ensured yet, especially for professional activities of commune health stations.

3. Promotion of financial incentives for health

· The Vietnamese government is actively promoting publicprivate partnerships (PPP) in the healthcare sector to enhance the national healthcare system. The law has been effective from 2021 and aims to attract private capital to relieve the state budget's strain. Progress has been slow though, with only two PPP projects currently approved in Yen Bai and Da Nang.





Vietnam Preventive Health Strategy

In 2024, the Vietnam government passed the "National Strategy for The Protection, Care and Improvement Of The People's Health By 2030 With A Vision Towards 2045."*Notably, the Strategy states that one of its aims is to "implement the motto prevention is better than cure." It will focus on people-centered and preventive approach, prioritizing early intervention and grassroots healthcare, with the State leading in funding while mobilizing other resources. Its ultimate goal is to foster safe, healthy communities with enhanced quality of life and a strong, healthy workforce for national growth.

Primary Objectives and Solutions	Implications for Preventive Health	
1. Improvement of the People's Health	This objective delineates multiple goals related to raising health awareness and literacy improvement of maternal and child health, food safety and nutrition, and reducing disparities for remote, rural, elderly, and other vulnerable populations. With respect to preventive health, the MOH will increase and diversify its communications efforts to raise awareness and emphasize individual responsibility to engage in preventive and promotive health behavior.	
Increasing capacity for prevention and treatment of epidemics associated with local healthcare innovation	Most directly related to preventive health, this objective articulates greater investments and enhanced efforts for a wide range of prevention activities including, increased investments in preventive medicines. Expansion of the types of vaccines included in the national immunization program. Improved efforts to manage NCDs through the control of disease risk factors, focus on screening and early detection of diseases, and a target that vulnerable people receive health check-up at least once per year.	
Improving quality of medical examination, treatment, rehabilitation and satisfaction of patients	This objective aims to improve the standards and quality of medical care such that regional and facilities level disparities are reduced and that all people have access to the same quality of services. It also calls for greater connectivity between health facilities to enhance the continuum of care and avoid duplication of health services. Improved quality, integration and coordination across healthcare levels—from preventive to rehabilitative care—will strengthen the referral system and out-of-hospital emergency response.	

4. Population and development works	Efforts will be made to ensure that all groups, including children, the disabled, war veterans, the elderly, ethnic minorities, and immigrants, have access to essential medical services and the expansion of elderly care facilities due to the ageing population. This objective can reduce disparities in access to preventive health services for vulnerable populations.		
5. Medical workforce development	This objective aims to raise healthcare workforce competency and distribution of access to preventive health services. The MOH will improve the quality and distribution of healthcare professionals, particularly in underserved regions and specialties like mental health, communicable diseases, and traditional medicine. Training programs will be reformed to emphasize practical skills, expertise, and certification standards that align with OECD benchmarks, ensuring a skilled workforce across all healthcare levels.		
6. Enhancing research and development	Vietnam intends to strengthen its scientific research and high-tech applications for disease prevention, diagnosis, and treatment, especially for infectious diseases and issues related to an aging population; with a focus on advancing vaccine and medical device production.		
7. Development of production and supply of drugs and medical devices	The strategy aims to strengthen Vietnam's life sciences industry by 2030, including the production of vaccines, medical devices and medical supplies, and innovating the supply chain for better distribution and inventory management of high-quality technologies.		
8. Application of information technology and digital transformation	Vietnam envisions creating a digitally enabled smart healthcare system that expands applications of digital technologies, including for "smart prevention." Digital records and nationwide data integration will improve patient tracking, while other digital technology will be used to improve the dissemination of knowledge about disease prevention, disease treatment, and health improvement. The government also envisions the application of artificial intelligence in healthcare to improve accessibility of medical information to the people.		
9. Innovation of health financing and health insurance	Vietnam has set several important aims within this objective that will support the uptake of preventive health services. Notably, the government intends to increase healthcare spending at a higher rate than the overall state budget increase, with at least 30% allocated to preventive medicine. It will further increase the fiscal space for health by seeking other international financial support, developing other nationwide health insurance coverage solutions, and potentially imposing taxes on health-harmful goods (e.g., alcohol, sugary drinks, tobacco) to fund healthcare. This objective also states that the government will "Drastically innovate financial mechanism for primary healthcare."		
10. Association of healthcare and national defense	While this objective does not have a direct focus on preventive health, it intends to enhance the role of the "Civil Military Medicine Program" increase access to health services to remote populations and to ensure the delivery of health services in times of natural or man-made crises.		
Intensify interdisciplinary cooperation, improve effectiveness of diplomatic works, integration and communication of medical information	This objective does not have direct relevance to preventive health, but the overall efforts will help to raise the standards of the health system overall. This include actions to strengthen interdisciplinary cooperation to improve emergency preparedness and epidemic response; proactively engage in bilateral and multilateral international treaties to promote health care cooperation; and to improve accuracy and communication about health care and the health system to the media.		
12. Completion of institution, intensification of state management of healthcare	This objective does not have direct relevance to preventive health, but the overall efforts will help to raise the standards of the health system overall. The focus is on reforming healthcare policies, enhancing governance, and ensuring effective administration through decentralized power, transparency, and accountability. Public health service providers will gain autonomy, supported by streamlined structures and digital solutions, to improve service delivery and administrative efficiency.		

Vietnam Preventive Health Landscape:

Assessment & Key Insights



I. Policy Insights

Inadequate implementation of a strong NCD prevention strategy

Vietnam has made concerted efforts to address the rising burden of non-communicable diseases (NCDs) through its National Program on NCD Prevention & Control, implemented in two phases (2002–2010 and 2010–2015).xivi The current National Strategy continues to focus on prevention, behavior change communication, screening, early detection, and treatment management. However, despite these initiatives, recent studies reveal critical gaps xivii that may hinder the program's success. Accessibility to NCD treatment services remains limited, and preventive services, aimed at controlling risk factors, have inadequate coverage. Furthermore, a lack of sufficient healthcare personnel and limited resources in primary healthcare facilities have compromised the quality and reach of NCD care, especially in rural and underserved areas.xIviii

Prolonged regulatory process for vaccines is hindering access

In order for vaccines to provide full public health benefits in a timely manner, an effective regulatory and reimbursement process is needed. In Vietnam, the regulatory process is lengthy - taking over four years for vaccines to be available to the public due to extensive requirements, including multiple assessments and approvals. Continuous safety and efficacy reporting further burdens both the industry and regulatory bodies. However, the recent Pharma Law Amendment opens a pathway for reliance in reviewing and potentially shortening the timeline. Addressing these challenges is crucial to improving vaccine access and ensuring efficient delivery.





Continued under-utilization of primary care services

A World Bank Report found that Vietnam's healthcare system remains heavily reliant on hospital-based care due to poor quality of primary care facilities and services, with more than half of preventive and outpatient visits occurring in hospitals, contributing to inefficiencies and overcrowding. This hospitalcentric model is perpetuated by demand- and supply-side incentives: hospitals retain autonomy and financial incentives to attract patients, while patients face minimal copayments and no requirement for empanelment with primary care providers. This lack of care coordination and continuity hampers the effectiveness of primary care, as many patients bypass local facilities for more costly hospital services, even for lowcomplexity needs.1

Early success in vaccinations show signs of slowing

Vietnam has made significant progress in childhood immunization in the last several decades, but was halted by the COVID-19 pandemic. Due to resource diversion and healthcare worker shortages, Vietnam is now among the top 20 countries with a high number of "zero-dose" children—those who have not received any vaccinations. In 2021, over 187,000 children under one year old were unvaccinated, with urban children 1.5 times more likely to miss vaccinations than rural children (6.3% vs. 4.2%), and children from the poorest households nearly twice as likely to go without vaccinations compared to wealthier families (13.5% vs. 6.6%).1i

Beyond childhood vaccinations, other vaccinations show slow rates of uptake. A 2021 study found that only 12% of women and children aged 15 to 29 had received the HPV vaccine. While the government has planned for the inclusion of the HPV vaccine in the expanded immunization program in 2026, many girls and women today will have missed out on protection. Iii Other studies show gaps in hepatitis B vaccination for newborns, with only 70.5% receiving the vaccine at birth between 2010 and 2019, and just 63.2% vaccinated within the first 24 hours. IIII

Pandemic preparedness framework is not up to date

A draft report by the Vietnamese National Assembly on COVID-19 response highlights significant gaps in the legal and policy framework for emergency pandemic management. Despite some proactive efforts, challenges in mobilizing, managing, and utilizing resources were evident due to inconsistent, delayed, and insufficient policy implementation. Professional limitations in resource coordination led to

inefficiencies and underutilization. Causes include an incomplete legal framework, insufficient expertise among policymakers, and inadequate policy impact analysis. The report recommends enhancing institutional mechanisms and implementation practices, urging the government and relevant agencies to adopt tailored measures for improved pandemic readiness and resource management in healthcare. liv

Vietnam has been strengthening its EMR systems

Major public health facilities and hospitals in Vietnam adopted EMR systems from 2019. Over 32 million health records have been digitized with around 14 million individuals' records integrated into VNeID, the country's national digital identification and authentication system. The transition is supported by Vietnam's EHR Platform and is aligned with global interoperability standards. The government also has ambitious plans to leverage big data and AI for disease management and public health insights.1v



Preventive health financing targets are unmet

Vietnam's health financing strategy has made incremental progress in increasing budget allocations for preventive healthcare, yet it still falls short of the 30% target mandated by government resolutions. In 2022, the preventive health budget was 636,886 million VND (approx. 26 million USD) accounting for 28.6% of the total health budget, with many localities struggling to meet this requirement due to delayed funding and a focus on curative over preventive services. Funding discrepancies remain in the provision and uptake of socially-supported healthcare programs between rural regions and urban centers. Ivi

It is also worth noting that Vietnam's Social Health Insurance (SHI) covers treatment and management of illnesses but deliberately excludes preventive healthcare services like general health screenings. The lower uptake of preventive health services gap may result from preventive measures being indirectly funded through separate health initiatives rather than through the main public insurance scheme. Additionally, the current fee-for-service payment model does not incentivize the provision of preventive care or primary healthcare services, limiting access to essential services like health management and disease screening.

Policy Recommendations for Vietnam

In line with the National Strategy to Protect, Care for and Improve People's Health 2030, we suggest the following recommendations to improve preventive health in Vietnam.

Recommendations for Pillar 1: Policy

Align national strategies with budget and operational plans for effective implementation

While Vietnam has established comprehensive prevention-oriented policies, strategies, and plans such as the National Strategy for Protection, Care, and Improvement of People's Health, it is crucial to ensure that these initiatives are supported by corresponding budget allocations and detailed operational plans. These plans must be thoroughly costed to ensure financial feasibility and sustainability. Additionally, there is an urgent need to effectively communicate these strategies across all provinces and administrative levels. This will bridge the gap between policy formulation and actual implementation, ensuring that these plans are not merely theoretical but are actively adopted and utilized by the population. Enhanced communication and resource allocation will facilitate increased uptake and engagement with these health initiatives, leading to tangible improvements in public health outcomes.

Update national policies to strengthen pandemic preparedness

Vietnam can enhance and modernize its legal and policy framework to effectively address the complexities of future pandemics and their transmission patterns. By integrating technological innovations and leveraging advanced systems to forecast outbreaks, the country can better prepare for and combat future health crises. Furthermore, the updated policy should promote robust collaboration and coordination among various agencies to ensure a cohesive and efficient response.

Recommendations for Pillar 2: Interventions

Incentivize preventive health-seeking behavior at the primary care level and reduce reliance on hospitals

To enhance preventive health-seeking behavior and strengthen primary healthcare services, it is essential to raise awareness and incentivize individuals to engage in preventive health services like vaccinations, screenings, and diagnostics. Population-level awareness campaigns can encourage prioritization of preventive care, shifting focus from hospital-based care to primary care facilities, thereby reducing hospital congestion, lowering healthcare costs, and improving patient convenience. Addressing challenges such as long waits, staff shortages, and quality issues in primary healthcare, particularly in under-resourced settings like Vietnam, is crucial. This includes ensuring access to evidence-based preventive interventions, training healthcare personnel, and overcoming human resource shortages, especially in rural areas. Increased investments in training, compensating healthcare workers, and improving primary care infrastructure will attract people to local clinics, fostering a proactive approach to health and reducing reliance on hospitals.

Urgently implement catch-up campaigns to restore vaccination rates to pre-COVID levels

It is crucial to urgently implement catch-up vaccination campaigns to ensure that vaccination rates rebound to pre-COVID levels, particularly for children born just before or during the pandemic. These children are now moving past the age when they would typically receive their vaccinations, creating a significant risk of deadly disease outbreaks. Focused efforts are needed to identify and vaccinate those who were missed during the

pandemic, including vaccinations for preventable diseases such as cervical cancer. By prioritizing these catch-up campaigns, we can prevent potential health crises and ensure that all children receive the necessary immunizations to protect their health and well-being.

There is an urgent need to increase uptake of vaccination across lifecourse in Vietnam

Despite having a national childhood immunization schedule, vaccine uptake across lifecourse remains low in Vietnam, particularly among adults, pregnant women, and even children. Vaccines such as pneumococcal and meningococcal, WHO-recommended maternal vaccinations for pertussis and tetanus, seasonal flu, COVID-19, and the RSV vaccine for young children, all offer significant health benefits. However, their adoption rates are still low. Promoting and increasing vaccine uptake throughout the life course, including among adults, is essential for improving public health outcomes in Vietnam.

Develop and publicize a preventive health services list

To enhance public awareness and utilization of preventive health services, the MOH should consider the development and publication of a comprehensive list of preventive health services to be offered by the government at primary, secondary, and tertiary levels. This list should clearly outline the available services, including vaccinations, screenings, diagnostics, and other preventive measures. By providing this information, individuals will be better informed about what services are available and what they should get checked for, thereby encouraging proactive health-seeking behavior. Ensuring that this list is easily accessible and widely disseminated will help people understand and take advantage of the preventive health services provided, ultimately improving public health outcomes.

Recommendations for Pillar 3: Financing

Enhance local capacity for implementation of preventive health measures and fund utilization

To ensure effective implementation of preventive health measures, it is crucial to better equip provincial and municipal government offices with the necessary tools, including technical assistance, and management support. This includes providing clear guidance and support to help localities meet the mandate that at least 30% of the health budget be allocated to preventive healthcare. Despite this mandate, many provinces have struggled to meet the target due to challenges such as insufficient development and implementation of preventive programs, delayed funding, and a tendency to prioritize curative services over preventive ones. To address these discrepancies, the MOH can work with local offices to establish clear, responsibilities and timelines, helping provinces allocate and utilize funds for preventive healthcare effectively.

Provide clear information on the flow of funds and coverage of services for preventive health. Consider integrating preventive health services into Social Health Insurance (SHI).

Currently, preventive health services are not included in social health insurance. Although there is a dedicated prevention budget, these funds are often underutilized as there is a lack of clarity regarding which preventive interventions are available, free or subsidized.

To encourage the use and provision of preventive health services, policymakers should consider two options:

- 1. Integrate preventive health services into the social health insurance package; or
- 2. Clarify the coverage and delivery of these services as part of a separately funded preventive health initiative.

Ensuring transparency in these financial processes will enable local governments to manage and utilize funds for preventive health services more effectively.

Conclusion

Regional Strategies for Advancing Preventive Health in ASEAN

Our assessment indicates that the three countries - Malaysia, Philippines, and Vietnam have enacted a series of robust laws and policies that promote preventive health policies, access to interventions, and financing, particularly within the framework of Primary Health Care (PHC). There is a consensus on the importance of shifting health systems from purely "reactive" to "proactive" models of health care in light of several common factors: a fast-growing burden of noncommunicable diseases, the recent memory of the COVID-19 pandemic and its aftershocks, and an unfinished infectious disease agenda. All of these factors have led to health systems and health budgets under considerable strain and in need of transformative solutions.

Our assessment has highlighted some of the persistent challenges as well important steps that steps each of the countries have taken that get them closer from policy to the realization of preventive health goals. Based on these lessons from Malaysia, Philippines, and Vietnam, we offer three recommendations more broadly for ASEAN countries.

1. Clarity:

Assess and communicate a core package of up-to-date preventive health interventions.

A clear and periodic assessment of the scope of "best practice" preventive health interventions should be conducted and communicated to healthcare providers and communities. Our assessment noted strong guidelines and uptake of traditional and well-established preventive health measures, such as maternal and child health, blood pressure, lipid profiles, but certain areas such as screening, diagnostics, adult immunizations, preventive health digital technologies were offered or sought opportunistically. Better communication and clarity on preventive health measures can improve service provision and demand. Additionally, establishing strong technical agencies like NITAGs (National Immunization Technical Advisory Groups) can further improve the uptake of preventive health interventions.

2. Innovation:

Identify transformative opportunities to change the health system status quo towards patient-centric preventive health. Identifying innovation opportunities to change traditional health models will be important to shift from "reactive" to "proactive" care. This includes pilot implementation of decentralized models of health service delivery in community or other alternative health settings that encourage health-seeking behavior. For example, task-shifting adult vaccinations from primary care settings or clinics to pharmacies can reduce the burden on primary healthcare centers and improve vaccine accessibility for adults.

Additionally, efforts should focus on shifting resources and strategies from capital cities or urban centers to provincial, local, and district levels to adapt and tailor preventive health for specific communities. Finally, encouraging experimentation for the effective use of digital technologies in and out of healthcare settings can be an important catalyst to this transition.

3. Efficient spending:

Strengthen funding mechanisms to define, allocate, and implement budget for preventive health.

It is essential to clarify the specifics of funding allocation for preventive health and primary healthcare, including how funding is allocated, channeled, and utilized, and to delineate who is responsible for which expenditures. Even in countries that have ringfenced primary or preventive health budgets, the funds are not often fully spent for their intended purposes.

In conclusion, while the overall policy vision for preventive health care is clear, its details are often blurry. The real test lies in the effective implementation of this vision through clarity, innovation, and efficient spending. By focusing on these three fundamental factors, countries can move closer to realizing their preventive health goals.

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Appendix

Ideal-state Checklist: Assessment for Malaysia

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
PRIMARY PREVENTI	ON			
A) Consultation & Check-ups	Maternal Health: Medical history review Comprehensive assessment (e.g. physical examination, BMI calculation) Lifestyle discussion Specialized consultations referral (as needed) Family planning and contraception counseling Breastfeeding support Child Health (0-18 years): Medical history review Comprehensive assessment (e.g. physical examination, BMI calculation) Developmental milestone assessment Specialized consultations referral (as needed) Oral health Dental and medical history review Coral examination to monitor dental and gum health Fluoride treatment to strengthen enamel (if applicable) Assessment of oral hygiene practices Discussion of dietary habits and impact on oral health Guidance on proper brushing and flossing techniques Specialized consultations referral (as needed)	 □ Medical history review ☑ Comprehensive assessment (e.g. physical examination, blood pressure, BMI) ☑ Discussion of lifestyle factors (diet, exercise, smoking, alcohol use) □ Review of family history for NCDs (e.g., diabetes, hypertension, cardiovascular diseases) □ Review of medication adherence and effectiveness Specialized consultations referral (as needed) □ Assessment of management of chronic conditions ☑ Guidance on maintaining health and preventing disease progression 	 □ Medical history review □ Review of vaccination history and status □ Assessment of lifestyle changes and adherence to preventive measures □ Review of medication adherence and effectiveness (e.g., for chronic infections like HIV) ☑ Specialized consultations referral (as needed) 	 ☑ Case identification assessment measures ☐ National framework on outbreaks ☑ IPC programs at the national and facility level

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
B) Health Education & Awareness	Maternal Health: Nutritional counseling and supplementation Guidance on physical activity Education on signs of preterm labor and preeclampsia Information on childbirth preparation and breastfeeding Child Health (0-18 years): Nutritional counseling for balanced diet and healthy eating habits Education on developmental milestones Information on oral health and dental care Mental health support and behavioral guidance Oral Health Nutritional counseling for diet that supports oral health Education on the importance of regular dental visits Guidance on the use of dental products (toothpaste, mouthwash, floss) Information on the effects of smoking and alcohol on oral health Advice on managing habits like thumb-sucking or teeth grinding	 ☑ Nutritional counseling for a balanced diet and weight management ☑ Education on the importance of regular physical activity ☑ Guidance on smoking cessation and reducing alcohol consumption ☑ Stress management techniques and mental health support ☐ Information on the importance of regular monitoring and follow-up 	 □ Nutritional counseling for a balanced diet to support immune function ☑ Education on the importance of hygiene practices (handwashing, respiratory etiquette) ☑ Guidance on safe practices to prevent infection (e.g., safe sex practices, needle safety) □ Information on the importance of regular monitoring and follow-up 	☑ Health promotion and awareness activities for pandemic preparedness (e.g., handwashing, respiratory hygiene, mask-wearing, social distancing, importance of vaccination and booster shots, etc.)
C) Vaccinations	Maternal Health: ☑ Human papillomavirus (HPV) ☑ Hepatitis B (HepB) ☑ Contraception Child Health (0-18 years): ☑ Bacillus Calmette-Guérin (BCG) ☑ Diphtheria ☑ pertussis ☑ tetanus ☑ Haemophilus influenzae type ß (Hib) ☑ Hepatitis B (HepB) ☑ polio ☑ measles ☑ rubella ☑ Rotavirus (Rota)	☐ Hepatitis B ☐ Human papillomavirus (HPV)	 ☑ Pneumococcal disease (PNC) ☑ Human papillomavirus (HPV) As required, in high-prevalence regions □ Dengue 	☑ COVID-19 ☑ Influenza

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
SECONDARY PREVE	ENTION			
A) Screening & Diagnostics	Maternal Health: Blood tests Blood Type and Rh factor Infectious disease Rubella immunity Thyroid function Urine tests Ultrasound Genetic screening Amniocentesis Child Health (0-18 years): Growth monitoring Development screening Vision screening Vision screening Vision and hearing screening Behavioural and emotional screening Sexual and reproductive screening Oral Health Screening Oral Health	 ☑ Diabetes – fasting blood glucose ☑ Cholesterol – lipid profile tests ☑ Blood pressure – hypertension ☑ Cervical Cancer – HPV DNA/VIA / PAP Smear ☑ Breast Cancer – Mammography ☑ Colorectal Cancer ☐ Prostate Cancer ☐ Chronic Respiratory Disease – Spirometry ☑ Mental health – depression and anxiety ☐ Chronic kidney disease – blood and urine tests ☑ Osteoporosis – bone mineral density test ☐ Liver Function – blood test ☐ Thyroid Function – blood test 	As required, for risk groups, diagnostic testing for: HIV Tuberculosis Hepatitis B Hepatitis C Sexually transmitted infections	 ☑ COVID-19 - PCR test, antige test or antibody test ☑ Influenza - diagnostic tests, PCR test
B) Health technology and digital solutions (with govt support to promote access)	Maternal Health: Virtual consultations Remote monitoring mHealth Applications for symptom trackers, medication reminders Wearable technology – fitness trackers, fetal monitors Portable ultrasound devices Portable diagnostic devices for point-of-care testing Child Health: Virtual pediatric consultations Remote monitoring mHealth Applications for symptom trackers Wearable technology – smart thermometers, wearable activity monitors Portable pulse oximeters Oral Health Virtual dental consultations Remote monitoring mHealth Applications for symptom trackers, medication reminders Wearable technology – smart toothbrushes, oral health monitors Portable X-ray devices and intraoral cameras	 ☑ Virtual consultations ☐ Remote monitoring ☐ Chronic disease management apps ☐ mHealth Applications for symptom trackers, medication reminders ☐ Wearable technology – fitness trackers, continuous glucose monitors 	 ☑ Virtual consultations ☐ Remote monitoring ☐ mHealth Applications for symptom trackers ☐ Contact tracing apps ☐ Wearable technology – smart thermometers, wearable activity monitors 	 ☑ Virtual consultations ☑ Remote monitoring ☐ mHealth Applications for symptom trackers ☑ Contact tracing apps ☐ Wearable technology – smathermometers, wearable activity monitors

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness		
TERTIARY PREVENTION						
A) Medical treatments and essential medications	Maternal Health: ☑ Gestational hypertension – medications and monitoring ☑ Gestational diabetes – insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☑ Cardiac care – heart medications and cardiac rehabilitation ☑ Infection management – antibiotics and antiviral medications ☑ Pain Management – analgesics ☐ Management of chronic respiratory conditions – asthma, cystic fibrosis ☑ Pediatric diabetes management – insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☑ Pediatric cardiac care – congenital heart disease, rheumatic heart disease ☑ Infection management – antibiotics and antiviral medications ☑ Pain Management – analgesics ☐ Carlealth: ☐ Management of periodontal disease ☑ Caries Management ☑ Infection management – antibiotics and antiviral medications ☑ Pain Management – analgesics	 ☒ Hypertension management – antihypertensive medications ☒ Diabetes management – insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☒ Cardiac care – heart medications and cardiac rehabilitation ☒ Chronic respiratory disease management for asthma and COPD ☒ Pain Management – analgesics 	 ☒ Broad-spectrum and targeted antibiotics ☒ Antibiotic stewardship programs ☒ Antiretroviral therapy ☒ Antiviral medications ☒ Antifungal medications ☒ Antiparasitic medications ☒ Pain Management – analgesics 	□ Antiviral medications □ Immunomodulatory treatments □ Supportive care – oxygen therapy, mechanical ventilation and IV fluids and electrolytes		
B) Surgical interventions	Maternal Health: ☐ Cesarean section recovery ☐ Management of obstetric fistula ☐ Child Health: ☐ Congenital anomalies ☐ Orthopedic conditions ☐ Management of obstetric fistula ☐ Child Health: ☐ Toothealth: ☐ Tooth extractions ☐ Periodontal surgery ☐ Oral and maxillofacial surgery	 ☑ Cardiac surgery – Coronary artery bypass grafting (CABG), angioplasty and stenting ☑ Cancer surgery – Tumor removal, reconstructive surgery ☑ Orthopedic surgery – Joint replacement, spinal surgery 	 ☑ Surgical abscess drainage ☑ Surgical debridement ☑ Liver transplant (for end-stage liver disease due to chronic hep B or C) ☐ Kidney transplant (for end-stage renal disease due to HIV-associated nephropathy) 	 ☑ Tracheostomy (for patients requiring long-term mechanical ventilation) ☑ Extracorporeal Membrane Oxygenation (ECMO) 		

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
F) Health technology and digital solutions (with govt support to promote access)	Maternal Health: □ Wearable devices – monitoring of vital signs, glucose levels and other health metrics □ mHealth Applications for symptom trackers, medication reminders and health data Child Health: ☑ Telemedicine – remote consultations for follow-up care and chronic conditions □ Wearable devices – monitoring of vital signs, glucose levels and other health metrics □ mHealth Applications for symptom trackers, medication reminders and health data Oral Health: □ Telemedicine – remote consultations for follow-up care and chronic oral conditions □ Wearable devices – monitoring of oral health metrics □ mHealth Applications for symptom trackers, medication reminders and dental appointments	☑ Telemedicine – remote consultations for follow-up care ☐ Wearable devices – monitoring of vital signs, glucose levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data	☑ Telemedicine – remote consultations for follow-up care and chronic infection management ☐ Wearable devices – monitoring of vital signs, oxygen levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data	☑ Telemedicine – remote consultations for follow-up care and chronic condition management ☐ Wearable devices – monitoring of vital signs, oxygen levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data

Ideal-state Checklist: Assessment for the Philippines

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
PRIMARY PREVENTI	ON			
A) Consultation & Check-ups	Maternal Health: Medical history review Comprehensive assessment (e.g. physical examination, BMI calculation) Lifestyle discussion Specialized consultations referral (as needed) Family planning and contraception counseling Breastfeeding support Child Health (0-18 years): Medical history review Comprehensive assessment (e.g. physical examination, BMI calculation) Developmental milestone assessment Specialized consultations referral (as needed) Oral health Dental and medical history review Oral examination to monitor dental and gum health Fluoride treatment to strengthen enamel (if applicable) Assessment of oral hygiene practices Discussion of dietary habits and impact on oral health Guidance on proper brushing and flossing techniques Specialized consultations referral (as needed)	 ☑ Medical history review ☑ Comprehensive assessment (e.g. physical examination, blood pressure, BMI) ☑ Discussion of lifestyle factors (diet, exercise, smoking, alcohol use) ☐ Review of family history for NCDs (e.g., diabetes, hypertension, cardiovascular diseases) ☑ Review of medication adherence and effectiveness ☑ Specialized consultations referral (as needed) ☐ Assessment of management of chronic conditions ☑ Guidance on maintaining health and preventing disease progression 	□ Medical history review □ Review of vaccination history and status □ Assessment of lifestyle changes and adherence to preventive measures □ Review of medication adherence and effectiveness (e.g., for chronic infections like HIV) □ Specialized consultations referral (as needed)	 ☑ Case identification assessment measures ☑ National framework on outbreaks ☑ IPC programs at the national and facility level

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
B) Health Education & Awareness	Maternal Health: Nutritional counseling and supplementation Guidance on physical activity Education on signs of preterm labor and preeclampsia Information on childbirth preparation and breastfeeding Child Health (0-18 years): Nutritional counseling for balanced diet and healthy eating habits Education on developmental milestones Information on oral health and dental care Mental health support and behavioral guidance Oral Health Nutritional counseling for diet that supports oral health Education on the importance of regular dental visits Guidance on the use of dental products (toothpaste, mouthwash, floss) Information on the effects of smoking and alcohol on oral health Advice on managing habits like thumb-sucking or teeth grinding	 ☑ Nutritional counseling for a balanced diet and weight management ☑ Education on the importance of regular physical activity ☑ Guidance on smoking cessation and reducing alcohol consumption ☑ Stress management techniques and mental health support ☐ Information on the importance of regular monitoring and follow-up 	 □ Nutritional counseling for a balanced diet to support immune function ☑ Education on the importance of hygiene practices (handwashing, respiratory etiquette) ☑ Guidance on safe practices to prevent infection (e.g., safe sex practices, needle safety) □ Information on the importance of regular monitoring and follow-up 	☑ Health promotion and awareness activities for pandemic preparedness (e.g., handwashing, respiratory hygiene, mask-wearing, social distancing, importance of vaccination and booster shots, etc.)
C) Vaccinations	Maternal Health: ☑ Human papillomavirus (HPV) ☐ Hepatitis B (HepB) ☑ Contraception Child Health (0-18 years): ☑ Bacillus Calmette-Guérin (BCG) ☑ Diphtheria ☑ pertussis ☑ tetanus ☑ Haemophilus influenzae type B (Hib) ☑ Hepatitis B (HepB) ☑ polio ☑ measles ☑ rubella ☐ Rotavirus (Rota)	☑ Hepatitis B☑ Human papillomavirus (HPV)	 ☑ Pneumococcal disease (PNC) ☑ Human papillomavirus (HPV) As required, in high-prevalence regions □ Dengue 	☑ COVID-19 ☐ Influenza

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
SECONDARY PREVE	NTION			
A) Screening & Diagnostics	Maternal Health: □ Blood tests □ Blood Type and Rh factor □ Infectious disease □ Rubella immunity □ Thyroid function □ Urine tests □ Ultrasound □ Genetic screening □ Amniocentesis □ Child Health (0-18 years): □ Growth monitoring □ Development screening □ Vision screening □ Vision screening □ Vision and hearing screening □ Behavioural and emotional screening □ Sexual and reproductive screening □ Oral Health □ Screening (gen pop)	 ☑ Diabetes – fasting blood glucose ☑ Cholesterol – lipid profile tests ☑ Blood pressure - hypertension ☑ Cervical Cancer – HPV DNA/VIA / PAP Smear ☑ Breast Cancer - Mammography ☑ Colorectal Cancer ☐ Prostate Cancer ☐ Chronic Respiratory Disease – Spirometry ☑ Mental health – depression and anxiety ☐ Chronic kidney disease – blood and urine tests ☑ Osteoporosis – bone mineral density test ☐ Liver Function – blood test ☐ Thyroid Function – blood test 	As required, for risk groups, diagnostic testing for. HIV Tuberculosis Hepatitis B Hepatitis C Sexually transmitted infections	 ⊠ COVID-19 – PCR test, antigen test or antibody test ⊠ Influenza – diagnostic tests, PCR test
B) Health technology and digital solutions (with govt support to promote access)	Maternal Health: ☑ Virtual consultations ☐ Remote monitoring ☐ mHealth Applications for symptom trackers, medication reminders ☐ Wearable technology – fitness trackers, fetal monitors ☐ Portable ultrasound devices ☐ Portable diagnostic devices for point-of-care testing Child Health: ☐ Virtual pediatric consultations ☐ Remote monitoring ☐ mHealth Applications for symptom trackers ☐ Wearable technology – smart thermometers, wearable activity monitors ☐ Portable pulse oximeters Oral Health ☐ Virtual dental consultations ☐ Remote monitoring ☐ mHealth Applications for symptom trackers, medication reminders ☐ Wearable technology – smart toothbrushes, oral health monitors ☐ Portable X-ray devices and intraoral cameras	 ☑ Virtual consultations ☐ Remote monitoring ☐ Chronic disease management apps ☐ mHealth Applications for symptom trackers, medication reminders ☐ Wearable technology – fitness trackers, continuous glucose monitors 	 ☑ Virtual consultations ☐ Remote monitoring ☐ mHealth Applications for symptom trackers ☐ Contact tracing apps ☐ Wearable technology – smart thermometers, wearable activity monitors 	 ☑ Virtual consultations ☑ Remote monitoring ☐ mHealth Applications for symptom trackers ☑ Contact tracing apps ☐ Wearable technology – smart thermometers, wearable activity monitors

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness			
TERTIARY PREVENT	TERTIARY PREVENTION						
A) Medical treatments and essential medications	Maternal Health: ☐ Gestational hypertension — medications and monitoring ☐ Gestational diabetes — insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☐ Cardiac care — heart medications and cardiac rehabilitation ☐ Infection management — antibiotics and antiviral medications ☐ Pain Management — analgesics ☐ Child Health: ☐ Management of chronic respiratory conditions — asthma, cystic fibrosis ☐ Pediatric diabetes management — insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☐ Pediatric cardiac care — congenital heart disease, rheumatic heart disease ☐ Infection management — antibiotics and antiviral medications ☐ Pain Management of periodontal disease ☐ Caries Management ☐ Infection management — antibiotics and antiviral medications ☐ Pain Management — analgesics ☐ Pain Management — analgesics ☐ Pain Management — analgesics			 ☒ Antiviral medications ☒ Antibiotics ☒ Immunomodulatory treatments ☒ Supportive care – oxygen therapy, mechanical ventilation and IV fluids and electrolytes 			
B) Surgical interventions	Maternal Health: ☐ Cesarean section recovery ☐ Management of obstetric fistula Child Health: ☐ Congenital anomalies ☐ Orthopedic conditions Oral Health: ☐ Tooth extractions ☐ Periodontal surgery ☐ Oral and maxillofacial surgery	 ☑ Cardiac surgery – Coronary artery bypass grafting (CABG), angioplasty and stenting ☑ Cancer surgery – Tumor removal, reconstructive surgery ☑ Orthopedic surgery – Joint replacement, spinal surgery 	 ☑ Surgical abscess drainage ☑ Surgical debridement ☑ Liver transplant (for end-stage liver disease due to chronic hep B or C) ☑ Kidney transplant (for end-stage renal disease due to HIV-associated nephropathy) 	 ☑ Tracheostomy (for patients requiring long-term mechanical ventilation) ☑ Extracorporeal Membrane Oxygenation (ECMO) 			

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
C) Rehabilitation and Therapy	Maternal Health: □ Physical therapy – postpartum recovery and injuries □ Occupational therapy – daily living skills and adaptation techniques ☑ Mental health management – counselling, psychotherapy and medication for postpartum depression, anxiety □ Pain management with non-pharmacological methods ☐ Child Health: ☑ Physical therapy – developmental delays, post-surgical recovery ☑ Occupational therapy – daily living skills, sensory integration therapy ☑ Speech therapy – speech and language disorders, swallowing disorders ☑ Mental health management – counselling, psychotherapy and medication for ADHD, anxiety, depression □ Pain management with non-pharmacological methods ☐ Oral Health: □ Prosthodontics □ Orthodontics □ Orthodontics □ Speech therapy – speech and language disorders	 □ Physical therapy – post-surgical recovery, chronic condition management ☑ Orthopedic surgery – Joint replacement, spinal surgery □ Occupational therapy – daily living skills and adaptation techniques ☑ Speech therapy – speech and language disorders from stroke or neurological disorders ☑ Mental health management – counselling, psychotherapy and medication for anxiety, depression □ Pain management with non-pharmacological methods 	□ Physical therapy − post-infection recovery, chronic condition manage- ment □ Occupational therapy − daily living skills and adaptation techniques □ Speech therapy − speech and language disorders from encephalitis or neurological complications □ Mental health management − counselling, psychotherapy and medication for anxiety, depression Pain management with non-pharmacological methods	□ Physical therapy – post-acute care, respiratory therapy
D) Palliative care	Maternal Health: ☑ Cancer support for mothers with cancer Child Health: ☑ Chronic and terminal illnesses	☑ Cancer support☑ Chronic and terminal illnesses	☑ Chronic and terminal illnesses	☑ End-of-life care
E) Nutritional support	Maternal Health: ☑ Dietary counselling ☑ Vitamin and nutrient supplementation Child Health: ☑ Dietary counselling ☑ Vitamin and nutrient supplementation Oral Health: ☐ Dietary counselling ☐ Vitamin and mineral supplementation	☑ Dietary counselling ☐ Vitamin and nutrient supplementation	☐ Dietary counselling ☐ Vitamin and nutrient supplementation	□ Vitamin and nutrient supplementation

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
F) Health technology and digital solutions (with govt support to promote access)	Maternal Health: Wearable devices – monitoring of vital signs, glucose levels and other health metrics Mealth Applications for symptom trackers, medication reminders and health data Child Health: Telemedicine – remote consultations for follow-up care and chronic conditions Wearable devices – monitoring of vital signs, glucose levels and other health metrics Mealth Applications for symptom trackers, medication reminders and health data Oral Health: Telemedicine – remote consultations for follow-up care and chronic oral conditions Wearable devices – monitoring of oral health metrics Mealth Applications for symptom trackers, medication reminders and dental appointments	☑ Telemedicine – remote consultations for follow-up care ☐ Wearable devices – monitoring of vital signs, glucose levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data	☑ Telemedicine – remote consultations for follow-up care and chronic infection management ☐ Wearable devices – monitoring of vital signs, oxygen levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data	☑ Telemedicine – remote consultations for follow-up care and chronic condition management ☐ Wearable devices – monitoring of vital signs, oxygen levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data

Ideal-state Checklist: Assessment for Vietnam

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
PRIMARY PREVENTI	ON			
A) Consultation & Check-ups	Maternal Health: Medical history review Comprehensive assessment (e.g. physical examination, BMI calculation) Lifestyle discussion Specialized consultations referral (as needed) Family planning and contraception counseling Breastfeeding support Child Health (0-18 years): Medical history review Comprehensive assessment (e.g. physical examination, BMI calculation) Developmental milestone assessment Specialized consultations referral (as needed) Oral health Dental and medical history review Oral examination to monitor dental and gum health Fluoride treatment to strengthen enamel (if applicable) Assessment of oral hygiene practices Discussion of dietary habits and impact on oral health Guidance on proper brushing and flossing techniques Specialized consultations referral (as needed)	 ☑ Medical history review ☑ Comprehensive assessment (e.g. physical examination, blood pressure, BMI) ☑ Discussion of lifestyle factors (diet, exercise, smoking, alcohol use) ☑ Review of family history for NCDs (e.g., diabetes, hypertension, cardiovascular diseases) ☑ Review of medication adherence and effectiveness ☑ Specialized consultations referral (as needed) ☑ Assessment of management of chronic conditions ☑ Guidance on maintaining health and preventing disease progression 	 ☑ Medical history review ☑ Comprehensive assessment (e.g. physical examination, blood pressure, BMI) ☑ Discussion of lifestyle factors (diet, exercise, smoking, alcohol use, travel history) ☑ Review of vaccination history and status ☑ Assessment of lifestyle changes and adherence to preventive measures ☑ Review of medication adherence and effectiveness (e.g., for chronic infections like HIV) ☑ Specialized consultations referral (as needed) 	 ☑ Case identification assessment measures ☑ National framework on outbreaks ☑ IPC programs at the national and facility level

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
B) Health Education & Awareness	Maternal Health: Nutritional counseling and supplementation Guidance on physical activity Education on signs of preterm labor and preeclampsia Information on childbirth preparation and breastfeeding Child Health (0-18 years): Nutritional counseling for balanced diet and healthy eating habits Education on developmental milestones Information on oral health and dental care Mental health support and behavioral guidance Oral Health Nutritional counseling for diet that supports oral health Education on the importance of regular dental visits Guidance on the use of dental products (toothpaste, mouthwash, floss) Information on the effects of smoking and alcohol on oral health Advice on managing habits like thumb-sucking or teeth grinding	 ☑ Nutritional counseling for a balanced diet and weight management ☑ Education on the importance of regular physical activity ☑ Guidance on smoking cessation and reducing alcohol consumption ☑ Stress management techniques and mental health support ☑ Information on the importance of regular monitoring and follow-up 	 □ Nutritional counseling for a balanced diet to support immune function ☑ Education on the importance of hygiene practices (handwashing, respiratory etiquette) ☑ Guidance on safe practices to prevent infection (e.g., safe sex practices, needle safety) □ Information on the importance of regular monitoring and follow-up 	☑ Health promotion and awareness activities for pandemic preparedness (e.g., handwashing, respiratory hygiene, mask-wearing, social distancing, importance of vaccination and booster shots, etc.)
C) Vaccinations	Maternal Health: ☑ Human papillomavirus (HPV) ☐ Hepatitis B (HepB) ☑ Contraception Child Health (0-18 years): ☐ Bacillus Calmette-Guérin (BCG) ☑ Diphtheria ☑ pertussis ☑ tetanus ☑ Haemophilus influenzae type B (Hib) ☑ Hepatitis B (HepB) ☑ polio ☑ measles ☑ rubella ☐ Rotavirus (Rota)	☑ Hepatitis B☑ Human papillomavirus (HPV)	□ Pneumococcal disease (PNC) ☑ Human papillomavirus (HPV) As required, in high-preva- lence regions ☑ Dengue	☑ COVID-19 ☑ Influenza

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
SECONDARY PREVEI	NTION			
A) Screening & Diagnostics	Maternal Health: Blood tests Blood Type and Rh factor Infectious disease Rubella immunity Thyroid function Urine tests Ultrasound Genetic screening Amniocentesis Child Health (0-18 years): Growth monitoring Development screening Vision screening Vision screening Vision and hearing screening Vision and hearing screening Behavioural and emotional screening Sexual and reproductive screening Oral Health Screening (gen pop)	 ☑ Diabetes – fasting blood glucose ☑ Cholesterol – lipid profile tests ☑ Blood pressure – hypertension ☑ Cervical Cancer – HPV DNA/VIA / PAP Smear ☑ Breast Cancer – Mammography ☑ Colorectal Cancer ☑ Prostate Cancer ☑ Chronic Respiratory Disease – Spirometry ☑ Mental health – depression and anxiety ☑ Chronic kidney disease – blood and urine tests ☑ Osteoporosis – bone mineral density test ☑ Liver Function – blood test ☑ Thyroid Function – blood test 	As required, for risk groups, diagnostic testing for. HIV Tuberculosis Hepatitis B Hepatitis C	 ⊠ COVID-19 – PCR test, antigen test or antibody test ☑ Influenza – diagnostic tests, PCR test
B) Health technology and digital solutions (with govt support to promote access)	Maternal Health: Nirtual consultations Remote monitoring Health Applications for symptom trackers, medication reminders Wearable technology − fitness trackers, fetal monitors Portable ultrasound devices Portable diagnostic devices for point-of-care testing Child Health: Virtual pediatric consultations Remote monitoring mHealth Applications for symptom trackers Wearable technology − smart thermometers, wearable activity monitors Portable pulse oximeters Oral Health Virtual dental consultations Remote monitoring mHealth Applications for symptom trackers Virtual dental consultations Remote monitoring mHealth Applications for symptom trackers, medication reminders Wearable technology − smart toothbrushes, oral health monitors Portable X-ray devices and intraoral cameras	 ☑ Virtual consultations ☐ Remote monitoring ☐ Chronic disease management apps ☐ mHealth Applications for symptom trackers, medication reminders ☐ Wearable technology – fitness trackers, continuous glucose monitors 	 ☑ Virtual consultations ☐ Remote monitoring ☐ mHealth Applications for symptom trackers ☑ Contact tracing apps ☐ Wearable technology – smart thermometers, wearable activity monitors 	 ☑ Virtual consultations ☑ Remote monitoring ☐ mHealth Applications for symptom trackers ☐ Contact tracing apps ☐ Wearable technology – smart thermometers, wearable activity monitors

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
TERTIARY PREVENT	TION			
A) Medical treatments and essential medications	Maternal Health: ☑ Gestational hypertension – medications and monitoring ☑ Gestational diabetes – insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☑ Cardiac care – heart medications and cardiac rehabilitation ☑ Infection management – antibiotics and antiviral medications ☑ Pain Management – analgesics Child Health: ☑ Management of chronic respiratory conditions – asthma, cystic fibrosis ☑ Pediatric diabetes management – insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☑ Pediatric cardiac care – congenital heart disease ☑ Infection management – antibiotics and antiviral medications ☑ Pain Management – analgesics Oral Health: ☑ Management of periodontal disease ☑ Caries Management ☑ Infection management – antibiotics and antiviral medications ☑ Pain Management – analgesics	 ☒ Hypertension management – antihypertensive medications ☒ Diabetes management – insulin therapy, oral hypoglycemic agents and blood glucose monitoring ☒ Cardiac care – heart medications and cardiac rehabilitation ☒ Chronic respiratory disease management for asthma and COPD ☒ Pain Management – analgesics 	 ☒ Broad-spectrum and targeted antibiotics ☒ Antibiotic stewardship programs ☒ Antiretroviral therapy ☒ Antiviral medications ☒ Antifungal medications ☒ Antiparasitic medications ☒ Pain Management – analgesics 	□ Antiviral medications □ Antibiotics □ Immunomodulatory treatments □ Supportive care – oxygen therapy, mechanical ventilation and IV fluids and electrolytes
B) Surgical interventions	Maternal Health: ☐ Cesarean section recovery ☐ Management of obstetric fistula ☐ Child Health: ☐ Congenital anomalies ☐ Orthopedic conditions ☐ Oral Health: ☐ Tooth extractions ☐ Periodontal surgery ☐ Oral and maxillofacial surgery	 ☑ Cardiac surgery – Coronary artery bypass grafting (CABG), angioplasty and stenting ☑ Cancer surgery – Tumor removal, reconstructive surgery ☑ Orthopedic surgery – Joint replacement, spinal surgery 	 ☒ Surgical abscess drainage ☒ Surgical debridement ☒ Liver transplant (for end-stage liver disease due to chronic hep B or C) ☒ Kidney transplant (for end-stage renal disease due to HIV-associated nephropathy) 	 ☑ Tracheostomy (for patients requiring long-term mechanical ventilation) ☑ Extracorporeal Membrane Oxygenation (ECMO)

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
C) Rehabilitation and Therapy	Maternal Health: ☑ Physical therapy – postpartum recovery and injuries ☐ Occupational therapy – daily living skills and adaptation techniques ☑ Mental health management – counselling, psychotherapy and medication for postpartum depression, anxiety ☐ Pain management with non-pharmacological methods ☐ Child Health: ☑ Physical therapy – developmental delays, post-surgical recovery ☐ Occupational therapy – daily living skills, sensory integration therapy ☑ Speech therapy – speech and language disorders, swallowing disorders ☑ Mental health management – counselling, psychotherapy and medication for ADHD, anxiety, depression ☐ Pain management with non-pharmacological methods ☐ Oral Health: ☑ Prosthodontics ☑ Orthodontics ☑ Orthodontics ☐ Speech therapy – speech and language disorders	 ☑ Physical therapy – post-surgical recovery, chronic condition management ☑ Orthopedic surgery – Joint replacement, spinal surgery ☑ Occupational therapy – daily living skills and adaptation techniques ☑ Speech therapy – speech and language disorders from stroke or neurological disorders ☑ Mental health management – counselling, psychotherapy and medication for anxiety, depression ☑ Pain management with non-pharmacological methods 	 ☑ Physical therapy – post-infection recovery, chronic condition management ☐ Occupational therapy – daily living skills and adaptation techniques ☐ Speech therapy – speech and language disorders from encephalitis or neurological complications ☑ Mental health management – counselling, psychotherapy and medication for anxiety, depression ☐ Pain management with non-pharmacological methods 	☑ Physical therapy – post-acute care, respiratory therapy
D) Palliative care	Maternal Health: ☑ Cancer support for mothers with cancer Child Health: ☑ Chronic and terminal illnesses	☑ Cancer support☑ Chronic and terminal illnesses	☑ Chronic and terminal illnesses	☑ End-of-life care
E) Nutritional support	Maternal Health: ☑ Dietary counselling ☑ Vitamin and nutrient supplementation Child Health: ☑ Dietary counselling ☑ Vitamin and nutrient supplementation Oral Health: ☑ Dietary counselling ☐ Vitamin and mineral supplementation	□ Dietary counselling □ Vitamin and nutrient supplementation	 ☑ Dietary counselling ☑ Vitamin and nutrient supplementation 	☑ Vitamin and nutrient supplementation

INTERVENTION	UHC Primary Health Care Programs e.g. Maternal & Child Health, Oral Health	Non-communicable Diseases	Infectious Diseases	Pandemic Preparedness
F) Health technology and digital solutions (with govt support to promote access)	Maternal Health: □ Wearable devices – monitoring of vital signs, glucose levels and other health metrics □ mHealth Applications for symptom trackers, medication reminders and health data Child Health: ☑ Telemedicine – remote consultations for follow-up care and chronic conditions □ Wearable devices – monitoring of vital signs, glucose levels and other health metrics □ mHealth Applications for symptom trackers, medication reminders and health data Oral Health: ☑ Telemedicine – remote consultations for follow-up care and chronic oral conditions □ Wearable devices – monitoring of oral health metrics □ mHealth Applications for symptom trackers, medication reminders and dental appointments	☑ Telemedicine – remote consultations for follow-up care ☐ Wearable devices – monitoring of vital signs, glucose levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data	☑ Telemedicine – remote consultations for follow-up care and chronic infection management ☐ Wearable devices – monitoring of vital signs, oxygen levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data	☑ Telemedicine – remote consultations for follow-up care and chronic condition management ☐ Wearable devices – monitoring of vital signs, oxygen levels and other health metrics ☐ mHealth Applications for symptom trackers, medication reminders and health data



Acknowledgments

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