Health Networks and Platforms in Asia:

A Background Analysis for
The Asian Collective for Health Systems

The Asian Collective for Health Systems (TACHS) Secretariat

Centre for Social and Economic Progress
January 2025

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1. Introduction

In a post-pandemic world, it has become evident that health is not merely a national issue; its challenges are deeply interconnected, spanning universal access to care, global supply chain issues, and the growing impact of climate change. As countries, particularly low- and middle-income countries (LMICs) and low-income countries (LICs), grapple with the complexity of these problems, the need for coordinated efforts has never been more urgent (Amaya & Lombaerde, 2022). The accelerating urgency of emerging issues intensifies the need for rapid knowledge sharing and collective action. With fiscal constraints tightening and climate-related health risks

worsening, countries can no longer afford to wait for exhaustive evidence generated solely within their own contexts; solutions must be forged through broader international cooperation.

At the same time, the world has witnessed a shift from reliance on global institutions and norms of governance toward *regionalism*, recognising that countries within a region have a better understanding of local policy contexts. Regions such as the African Union and the European Union have long embraced integrated efforts across various sectors including health (European Union, 2022; Herrero & Tussiev, 2015) In contrast, Asia remains a region with considerable untapped potential for intra-regional cooperation (Chaisse & Hsieh, 2023). Although regionalism is relatively new in Asia, it is gaining traction through discussions among multilateral organisations such as the Asian Development Bank (ADB) and governments at the G20, who increasingly acknowledge the importance of knowledge and expertise sharing.

Within health, there is a compelling case for the 'Asian voice' to be better understood and represented within the discourse on global health governance. The region has been at the forefront of global health agenda-setting on issues related to intellectual property rights, vaccine equity, digital health, integration of traditional medicine, among others (WHO SEARO, 2023; WHO, 2015; Correa & Syam, 2022). Countries in the region are at different stages of progress in the attainment of their health system goals offering a diversity of experiences and expertise that can be harnessed for mutual benefit.

Singapore exemplifies effective health financing strategies that combine government funding with individual contributions, ensuring high-quality care and financial sustainability (Taylor & Blair, 2003). Sri Lanka's public health approach emphasises primary healthcare and community engagement, resulting in low maternal and child mortality rates and serving as a model for other developing countries (World Bank, 2018). India has demonstrated leadership in digital health through platforms like CoWIN, which facilitated vaccinations for over a billion people during the COVID-19 pandemic (Massally, 2022). Thailand is often seen as a role model for its successful universal health coverage (UHC) model, achieving near-universal insurance for about 99% of its population since 2002, significantly improving access to essential services and financial protection, ranking the top amongst Southeast Asian countries (World Bank, 2023). Each of these presents a learning opportunity for other countries in the region.

There is also growing interest in collaboration among these nations; for instance, Indonesia studied India's National Health Mission to inform its own reforms, while Thailand collaborates with Japan and Indonesia on long-term care initiatives and aims to join the OECD, reflecting regional leadership aspirations (SEARO PHC Forum Report, 2023; The Diplomat, 2024; Ogawa et. Al., 2023). Equally, there are persisting shared challenges across countries, including health workforce shortages, preparedness for health emergencies, building resilient health systems, and advancing

research and development in health (Basu, 2024). Annex 3 details the specific priorities, common challenges, and opportunities for cross-learning across select South and Southeast Asian countries.

Asia is rich in diverse experiences and expertise, which can be harnessed for mutual benefit. Through collective action and the sharing of best practices and resources, countries in Asia can learn from one another, making it easier to solve domestic challenges. Furthermore, by addressing emerging issues that are common across the region, countries can work collaboratively to find effective solutions. Finally, Asia's successes in health can be leveraged to create a unified regional health offering, representing the region's successes on the global stage.

This potential has been acknowledged by various stakeholders and organisations. Asia already has a vast ecosystem of intra-regional and international networks focused on fostering synergies and addressing shared concerns among countries in the region. Before examining how efforts toward increased regional collaboration on health can be expanded, it is crucial to understand the current landscape—what exists and where opportunities for complementarity or supplementation may arise. This report is a scoping review of key health-related networks and platforms in the Asia-Pacific region that are currently active, their areas of operation, focus, as well as the gaps where additional efforts could be valuable. The review was based on a combination of desk research and stakeholder interviews, as described in the methods section. The results of our landscape analysis are divided into sections detailing the key characteristics of the networks and potential areas for strengthening. Finally, our analysis led to recommendations for a new initiative in the form of a regional collective. This new initiative will be aimed at building bridges and synergistic action to address health challenges in key geographies in Asia, and filling select gaps in knowledge-sharing, policy sustainability, and capacity-building.

2. Methodology

The methodology for mapping health networks and platforms in Asia involved an iterative process combining desk research and stakeholder interviews. We use the terms 'network' and 'platform' interchangeably here but for the purpose of this report, we define these based on membership from more than one organisation (or individuals affiliated to more than one organisation), who are bound together by a common mandate or goal and, that they self-identify as a network or platform.

First, we compiled a list of networks through publicly available data, academic and grey literature resources, and consultations with health policy experts. These networks included multilateral organisations, government initiatives, civil society groups, think tanks, and academic institutions, reflecting a diverse range of geographic areas, thematic foci, and institutional types across Asia. Our search was biased towards identifying networks operating using a health systems lens. We then conducted a more detailed analysis to assess the key characteristics of each network, including

their geographic scope, mandate, thematic areas, membership composition, and activities. This helped identify overlaps, gaps in representation, and areas of focus where collaboration could be most beneficial.

To complement the desk research, we conducted interviews with 21 network representatives, technical institutions, development agencies, and senior health officials. These interviews provided deeper insights into the challenges networks face, emerging trends, and gaps in the health landscape. Conversations with policymakers highlighted barriers to effective health governance and regional cooperation. The data from both the research and interviews were synthesised to identify patterns, gaps, and opportunities for collaboration.

We reviewed 42 networks in total (see Annex 1), of which we considered some to be inactive based on a lack of public information and no updates on activity. While this assessment might warrant further investigation, we included these networks in the analysis, for the following reasons: first, it showcases the initiatives undertaken, illustrating both successes and instances where sustainability may have been lacking in the long term; and second, it raises important questions about why some networks have struggled to maintain momentum and how they can be facilitated and revived through systematic support and sustainable mechanisms.

We are cognisant that our analysis reflects our understanding of the networks and, that networks may define or perceive themselves differently. There may also be gaps between networks' stated objectives and actual realised outcomes. While we have sought to engage with the networks through qualitative discussions to reconcile these differences in as many cases as possible, we were unable to obtain first-hand information about all of them. Our analysis is also limited by the amount of information that was available online about health networks, especially in the first instance. We tried to identify as many networks as possible through snowballing from our initial respondents, however, we cannot be certain that our list of networks is exhaustive. As new networks become known, we will continue to update this analysis to inform the development of the regional collective.

3. The Landscape of Health Networks in Asia

We found that the networks in Asia exhibit considerable variation in their scope, thematic focus, geographic coverage, and overall impact. While the existing platforms have made notable contributions and offer significant potential for consistently improving people's health, our analysis reveals some gaps that warrant attention.

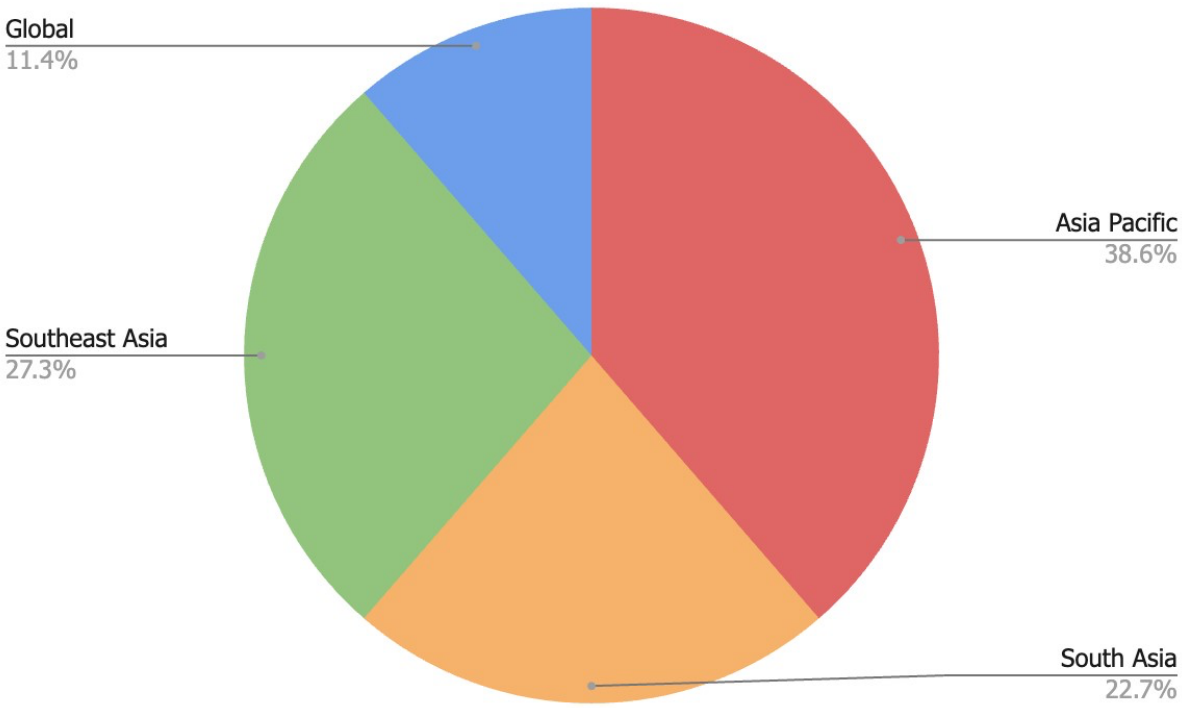
3.1 Key Characteristics of Existing Network

Geographical Scope

The geographic scope of health networks in Asia is delineated into three subregions: **South Asia, Southeast Asia, and the Asia-Pacific**. South Asia generally includes Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. Southeast Asia encompasses Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Timor-Leste (East Timor), and Vietnam. Although China, Japan, and South Korea are technically part of East Asia, they are frequently included alongside Southeast Asian countries in many networks we examined. According to the UN Economic and Social Commission for Asia and the Pacific (UNESCAP), the Asia-Pacific region is a broader grouping that comprises East and North-East Asia, North and Central Asia, South and South-West Asia, Southeast Asia, Oceania, and the Pacific. We categorised the networks using this framework. Fig. 1 illustrates the geographic distribution of networks identified in our analysis.

Figure 1: Geographic Concentration of Asia-based Networks

*Countries represented in **South Asia** - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka; **Southeast Asia** - Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam, Timor-Leste; **Asia-Pacific** - Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Cook Islands, Fiji, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kiribati, Kyrgyz Republic, Laos, Malaysia, Maldives, Marshall Islands, Micronesia, Mongolia, Myanmar, Nauru, Nepal, New Zealand, North Korea, Pakistan, Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Tonga, Turkmenistan, Tuvalu, Uzbekistan, Vanuatu, Vietnam; **Global Network** - Networks spanning multiple continents with Asia-specific presence*



Source: Compiled by Authors

South Asia hosts several region-specific health networks, such as the South Asian Public Health Forum (SAPHF) and the One Health Alliance South Asia (OHASA), which focus on public health challenges, infectious diseases, and research pertinent to the region. Some networks transcend strict geographic boundaries, such as the South Asia Forum for Health Research, which includes Thailand alongside its South Asian members. Additionally, the Global Health Research Unit (GHRU) on Diabetes and Cardiovascular Disease in South Asians and the South Asia Infant Feeding Research Network (SAIFRN) have their host countries as the UK and Australia, respectively, but focus on South Asia and work mainly with South Asian partners.

Southeast Asia is represented by networks addressing health priorities specific to the region. Examples include the Southeast Asia Tobacco Control Alliance (SEATCA), Dragon Net, and the Southeast Asia Collaborative for Health (SEARCH), which also includes India.

The Asia-Pacific region is a broader geographic category that overlaps with both South and Southeast Asia but also includes additional countries, such as the Pacific Island countries. Many networks (39%) we surveyed define themselves as Asia-Pacific-oriented and thus fall under this category, such as the Asia Pacific Observatory on Health Systems and Policies (APO) and the Asia Pacific Action Alliance on HRH (AAAH), which have membership across multiple countries.

Some health networks extend their efforts across multiple subregions, particularly the WHO SEAR PHC Forum, which includes countries from both South and Southeast Asia within the Southeast Asia Regional Office (SEARO) region. Similarly, the Asia Pacific Network for Health Systems Strengthening (ANHSS), although technically an Asia-Pacific network, has membership largely within South and Southeast Asia.

In addition to these regionally focused networks, several global organisations with a South-South cooperation agenda or a focus on low-income countries (LICs) and low- and middle-income countries (LMICs) operate within Asia. ACCESS Health International is an organisation dedicated to building and strengthening comprehensive health systems globally, with regional hubs in South Asia, Southeast Asia, MENA, and other regions. Through its regional presence, it runs networks like the Asia-Pacific Cardiovascular Disease Alliance (APAC CVD Alliance) and the Global Learning Collaborative on Health Systems Resilience (GLC4HSR), which span across Asia. Other global platforms, such as the Joint Learning Network for Universal Health Coverage (JLN) and Leadership4UHC, also operate across subregions, including South and Southeast Asia.

Networks may also be organised around established regional groupings, such as those defined by the WHO or the ASEAN regions. For example, the World Health Organization (WHO), through its SEARO and Western Pacific Regional Office (WPRO), coordinates initiatives on health system strengthening. The ASEAN Plus Three Universal Health Coverage Network includes the 10 ASEAN member states along with China, Japan, and South Korea.

Membership

The health networks in Asia exhibit a range of membership structures, from those focused predominantly on academics or policymakers to those designed to foster collaboration among diverse stakeholders. Approximately 25–30% of networks are comprised of mainly academic institutions or research groups, such as EQUITAP and the Asia Pacific Academic Consortium for Public Health (APACPH), which prioritise research collaboration and knowledge production. Around 20–25% of networks are centered on policymakers and government representatives. Notable examples include the Asia-Pacific Parliamentarians Forum, which engages senior parliamentarians to exchange ideas, build political will, and strengthen capacity, and the Asia-Pacific NHA Network (APNHAN), which works with ministries of health and other government bodies responsible for health accounts systems. Roughly 35–40% of networks adopt a mixed membership model, integrating researchers, policymakers, civil society, health practitioners, and private sector actors. Examples include the Asia Pacific Health Economics Network (APHEN), which brings together economists, policymakers, and researchers, and the P4H Asia Network, which unites a similar range of stakeholders across public health systems. Finally, 10–15% of networks focus on bridging gaps in policy translation such as the R4D Accelerator, which connects health policy and systems research institutions with policymakers, and the Joint Learning Network

for Universal Health Coverage (JLN) which brings together practitioners and policymakers to codevelop knowledge products and bridge the gap between theory and practice.

Despite efforts to have diverse stakeholder engagement, many networks face challenges in securing active participation from policymakers and state representatives. This often leads to an overrepresentation of researchers and academics, reflecting the inherent difficulty of combining research with policy in such platforms.

Functional Focus

The membership of networks naturally flows from their functional focus, with networks that count countries (member-states) or policymakers as their primary members being more policy-oriented, whereas those with academics or research institutions are more focused on knowledge sharing. Relatively few networks are exclusively focused on advocacy, though nearly all engage in public or policy engagement in one form or another.

Broadly, the networks can be categorised into three main functional foci—knowledge sharing, advocacy, and capacity building—with many combining elements of all three. Knowledge sharing is stated as a core function for some networks. Examples include the Southeast Asia Infectious Disease Clinical Research Network, which fosters collaborative research to address emerging health threats, and the Southeast Asia Collaborative for Health (SEARCH), which produces policy-relevant recommendations on healthcare financing and strategic purchasing.

Advocacy plays a central role in the vision of networks such as the Asia eHealth Information Network (AeHIN), which supports digital health development in Asia. Capacity building is a key focus for the Alliance for Health Policy and Systems Research, which strengthens research capacity through mentorship and targeted financing, as well as the Global Heat Health Information Network (GHHIN), which promotes partnerships and training to tackle the health risks of extreme heat.

While many networks blend these elements, some, such as the Joint Learning Network (JLN) and Leadership for UHC, are specifically designed to influence policy operationalisation, with dominant membership from country representatives. The Joint Learning Network co-develops global knowledge products to extend health coverage in specific countries, while Leadership for UHC trains policymakers to implement practical, rapid solutions to overcome barriers to Universal Health Coverage.

Thematic focus

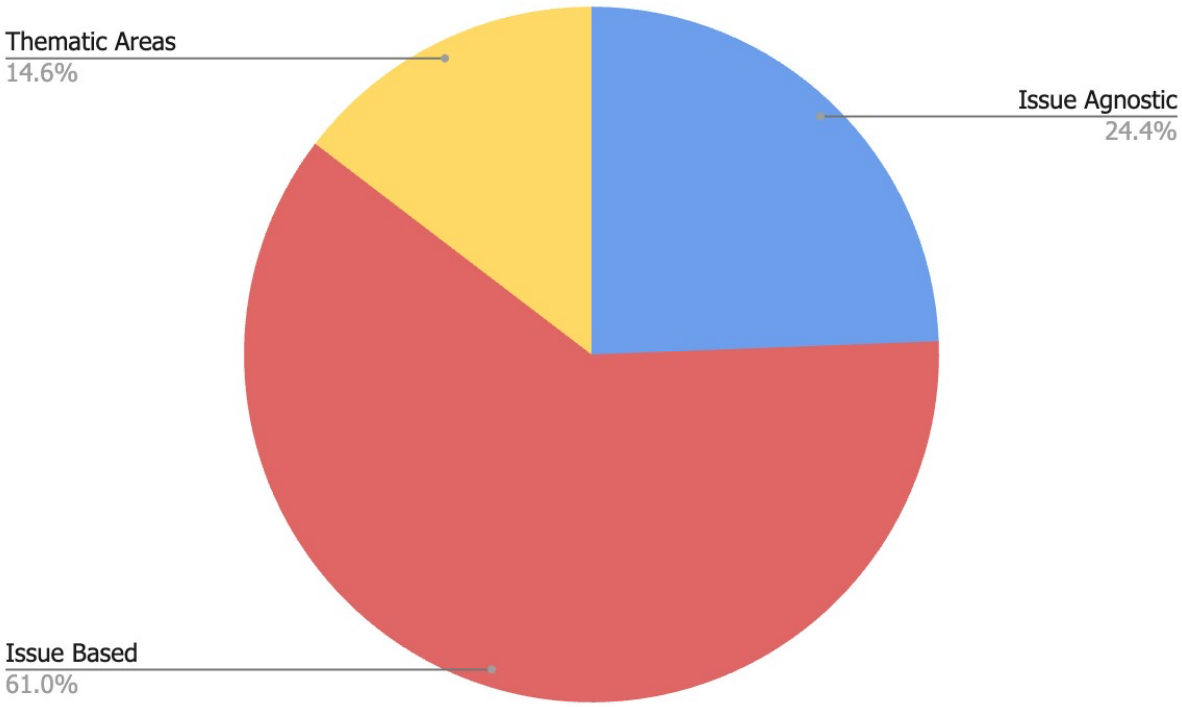
Among the networks studied, three types were identified based on their areas of focus: issue-agnostic networks, issue-based networks, and those with a range of thematic areas (see Fig 2 and Table 1 for the full list of networks and their issue focus).

Issue-Agnostic Networks (24%) focus on broader goals of strengthening health systems and fostering multi-stakeholder collaboration across various public health challenges. For instance, the International Association of National Public Health Institutes (IANPHI) Asia Regional Network works to enhance public health systems, while the Asia Pacific Health Economics Network (APHEN) promotes collaboration in health economics broadly. Other notable examples include the Asia Pacific Academic Consortium for Public Health (APACPH), the R4D Accelerator, and the South Asia Forum for Health Research, all of which provide platforms for addressing diverse health system challenges.

Issue-based networks (61%) in the region, focus on addressing specific health challenges. Examples include the Global Health Research Unit (GHRU) on Diabetes and Cardiovascular Disease in South Asians, the South Asia Infant Feeding Research Network (SAIFRN), the South East Asia Tobacco Control Alliance, the South Asia Food and Nutrition Security Initiative (SAFANSI), the One Health Network South East Asia for zoonotic diseases, and the Asia-Pacific Cardiovascular Disease Alliance. These networks aim to target distinct health concerns through specialised collaboration and advocacy.

Unlike networks that are strictly issue-based or issue-agnostic, thematic networks work on several areas or domains that are either predefined or selected periodically based on priorities. Networks with Thematic Areas (15%) are structured around multiple areas of focus, enabling tailored collaboration within specialised domains. For instance, Health Systems Global supports various thematic groups that explore health system capacities, while the Joint Learning Network fosters collaborative learning through targeted initiatives on areas of need identified by its members such as financing and service delivery. The Alliance for Health Policy and Systems Research and ASEAN Plus 3 UHC Network similarly leverage working groups to address specific dimensions of health systems strengthening. The issues taken up by these networks (Table 1) are also an indication of the relative importance of these issues within the global health agenda, and specifically for the Asian region.

Figure 2: Distribution of Issue-based/Issue-Agnostic/Thematic Networks



Source: Compiled by Author

Table 1: Range of Issues explored by Issue-based and Thematic networks

Theme	Issues	Networks
Health Security	Health system resilience, Pandemic Preparedness, Global Health Architecture	Joint Learning Network, Alliance for Health Policy and Systems Research, Global Learning Collaborative on Health Systems Resilience (GLC4HSR), UNITE Parliamentarians Network on Global Health
Primary Health Care	Primary health care systems	WHO PHC Forum, The Southeast Asia Collaborative for Health (SEARCH)
Gender	Sexual and reproductive health, maternal care, adolescent health	Sexual and Reproductive Health Matters Regional Hub, Alliance for Health Policy and Systems Research

Non-Communicable Diseases	Cardiovascular health, tobacco control, diabetes	Asia-Pacific Cardiovascular Disease Alliance (APAC CVD Alliance), South East Asia Tobacco Control Alliance, Global Health Research Unit (GHRU) on Diabetes and Cardiovascular Disease in South Asians
Demographic and Epidemiological Challenges	Ageing population, demographic shifts, epidemiological transitions, disease burden, population health trends	Dragon Net, Japan, South East Asia Infectious Disease Clinical Research Network, Global Learning Collaborative on Health Systems Resilience
Nutrition and Food Security	Food safety, nutrition, food and nutrition security, infant feeding	South Asia Food and Nutrition Security Initiative (SAFANSI), Southeast Asia Public Health Nutrition (SEA-PHN), South Asia Infant Feeding Research Network (SAIFRN), International Baby Food Action Network (IBFAN)
Infectious and Emerging Diseases	Infectious diseases, emerging challenges, COVID-19	South East Asia Infectious Disease Clinical Research Network
Climate and Health	Climate-health intersection, one health approach	One Health Alliance South Asia, Global Heat Health Information Network - SEA Health Hub, One Health Network South East Asia, Southeast Asia One Health University Network
Digital Health and Innovation	Digital health, information systems	Asia E-Health Information Network (AeHIN), Global Health Research Unit (GHRU) on Diabetes and Cardiovascular Disease in South Asians
Equity and Social Protection	Social protection, equity	CONNECT, EQUITAP, P4H Asia Network, UNITE Parliamentarians Network on Global Health
Workforce Development	Human resources for health	Asia Pacific Action Alliance on HRH (AAAH)

Health Financing and Sustainability	Fiscal sustainability, provider payment, access to medicines, strategic health purchasing	Asia Regional Joint Network on Fiscal Sustainability of Health Systems, P4H Asia Network, Asia Pacific Network on Access to Medicines under UHC, The Southeast Asia Collaborative for Health (SEARCH), Global Learning Collaborative on Health Systems Resilience
Public Health	Health promotion, healthy lifestyles	ASEAN University Network - Health Promotion Network (AUN-HPN)
Data and Monitoring	National health accounts, health data systems, evidence synthesis, embedded research, systems thinking	Asia Pacific Network for Health Systems Strengthening (ANHSS), Asia Pacific Health Economics Network (APHEN), Asia-Pacific NHA Network (APNHAN), Alliance for Health Policy and Systems Research
Mental Health	Mental health, advocacy, and research	South Asian Hub for Advocacy, Research & Education on Mental Health (SHARE)

Pathways to impact

The theory of change for health networks in Asia is diverse, reflecting the goals and strategies of each network. While we are not in a position to assess their actual impact, we can observe the assumptions underlying their approaches and the ways they aim to influence health systems. For instance, the Asia Pacific Network for Health Systems Strengthening (APNHAN) seeks to enhance national health systems by advocating for National Health Accounts (NHA) within member countries. Its underlying theory posits that increasing transparency in health financing will lead to better resource allocation and, ultimately, improved health outcomes. APNHAN has contributed to the adoption and production of NHAs in countries such as China, Malaysia, Mongolia, the Philippines, Sri Lanka, and Vietnam (P4H, 2018).

Another example is the Asia Pacific Observatory (APO), which operates on the premise that a shared assessment of health system strengths and weaknesses across stakeholders can facilitate evidence-informed health policies and establish clear policy directions. The theory of change for the Leadership for Universal Health Coverage (L4UHC) initiative posits that by training policymakers in both personal and collective leadership skills—such as negotiation, coalition building, and consensus brokering—countries can enhance political commitment to UHC. Every country that takes part in the programme is supposed to implement a ‘collective action initiative’ to accelerate UHC within their country. From reforming drug procurement to introducing national health insurance, participating countries have implemented a range of collective action initiatives.

While these networks have made strides in shaping national policies, fostering local partnerships, producing knowledge, and supporting localised initiatives and development, their broader impact is beyond our scope to reliably quantify or compare. It is evident that the nature and extent of influence vary significantly across networks. Many networks also face challenges such as reduced activity or program cessation due to administrative issues, including funding constraints, which can hinder their ability to sustain long-term contributions.

3.2 Identified Gaps

Thematic Gaps

The current landscape of health networks in Asia reveals four broad thematic gaps:

1. **Specific Health Issues:** Some critical health issues remain underrepresented across existing platforms. Mental health, for instance, is increasingly recognised as a major public health challenge but receives limited sustained attention. The South Asian Hub for Advocacy, Research, and Education on Mental Health (SHARE) was a significant five year program, yet no notable successor network has continued its momentum. Similarly, the double burden of disease—encompassing both non-communicable diseases (NCDs) and infectious diseases—continues to be the leading cause of morbidity and mortality in the region, yet there is a need for more dedicated platforms to foster coordinated regional action and collaboration.
2. **Intersection Between Health and Other Sectors:** Health networks may often be unable to adequately address the intersections between health and other sectors, hindering the development of cross-fertilised solutions. Climate-related health risks, for example, are urgent but remain underemphasised, with only a few networks, such as the Global Heat Health Information Network (GHHIN), specifically addressing this area. Similarly, gender—a critical determinant of health outcomes—is often peripheral in broader health discussions, except within issue-specific platforms like the Sexual and Reproductive Health Matters (SRHM) Regional Hub. Additionally, digital health is emerging as a transformative tool with cross-sectoral applications. For example, the Global Health Research Unit (GHRU) on Diabetes and Cardiovascular Disease in South Asians has explored digital interventions for the prevention of Type 2 Diabetes (T2D) and cardiovascular diseases (CVD) in this population. Issue-specific networks, such as the Asia E-Health Information Network (AeHIN), are championing digital health initiatives. However, there remains a gap in broader engagement with its potential applications across other sectors.
3. **Broader Regional Processes:** The intersection of geopolitics and health remains largely unexplored, despite its growing significance for regional health security and cooperation. The UNITE Parliamentarians Network on Global Health, for instance, recognises this as

an area of priority. It seeks to promote robust multilateral cooperation at global and regional levels towards improved health security and emergency preparedness. Geopolitical dynamics, such as trade regulation, migration, cross-border disease threats, and international competition increasingly shape health outcomes, yet they are seldom addressed explicitly in regional health networks.

4. **Governance and institutionalisation**: Another gap is the lack of networks to support iterative knowledge sharing on the structural and governance drivers that enable successful reforms. Issue-specific networks tend to focus on identifying innovations or technical interventions for piloting and scaling, but insufficient attention is given to the institutional and systemic enablers that determine their success in specific contexts. In contrast, broad-based networks, such as Health Systems Global and the Asia-Pacific Observatory on Health Systems and Policies (APO), are effective at generating overarching frameworks but may overlook the nuanced governance, administrative, and institutional challenges essential for successful implementation. For instance, while frameworks for PHC strengthening exist, platforms often miss opportunities to address the governance mechanisms required to integrate PHC with financing or human resources for health at scale. Partly this is a function of how funding landscapes operate where networks are funded for specific programmes of work with well-defined outputs and timelines. Ongoing, iterative learning focused on institutional processes and mechanisms of incremental learning drawn from cross-country experiences are also much harder to support through programmatically defined network activities.

Geographical Gaps

The health network landscape in Asia remains divided, with many networks confined to specific subregions such as Southeast Asia, South Asia, or the very broad Asia-Pacific region. This limits the opportunities for countries within a given subregion to benefit from the experiences, innovations, and best practices of others in different areas. For instance, Thailand, part of the WHO South-East Asia Region (SEARO), may encounter challenges in sharing experiences with the Philippines or Malaysia, which falls under the WHO Western Pacific Region (WPRO). While

Asia's vast diversity and scale present challenges in creating a single, unified "Asia story", a platform to promote cross-subregional collaboration could significantly enhance knowledge sharing and coordination. Such collaboration would facilitate the exchange of region-specific solutions and approaches, tailored to the distinct health challenges each subregion faces. It could also foster a more cohesive and unified regional voice in global health discussions, similar to the representation seen through other regions, strengthening Asia's influence in global health discussions.

Policy Translation

A significant gap lies in the challenge of effectively connecting research, policy, and implementation. While many networks, such as the Alliance for Health Policy and Systems Research, the R4D Accelerator, aim to bridge the divide between policymakers, civil society, and academia, our consultations with stakeholders reveal that this integration is difficult to sustain. One recurring challenge is maintaining the engagement of policymakers beyond periodic convenings, which limits continuity in policy dialogue and collaboration. Additionally, while networks often generate technical solutions and research insights, they tend to focus less on the structural (and political) aspects of implementing these solutions within specific country contexts, as pointed out by multiple informants in our analysis. This weakens the translation of evidence into actionable policy and hampers the ability of networks to drive government action and achieve sustained health system improvements.

Fragmentation

Existing health networks in Asia are often siloed, with limited mechanisms to connect or integrate networks that work on related or overlapping issues. As health challenges become increasingly complex and interconnected, it is critical to foster collaboration across sectors and thematic areas. However, the current fragmentation prevents the development of comprehensive, unified approaches that can effectively address the shared health challenges facing countries across the region. For example, gender is a critical dimension of health outcomes, yet it is unclear how extensively it is mainstreamed across other health-related issues. For instance, networks may address gender in the context of Primary Health Care (PHC), but often without delving deeply into gender-specific concerns, despite its cross-cutting nature. Similarly, Asia E-Health Information Network (AeHIN), which concentrates on digital health, could benefit from cross-collaboration with networks focused on health financing or workforce development as there is a need for synergy in implementing digital health solutions in various health-related fields. The current siloed approach limits the potential for holistic, multisectoral solutions, including non-health actors, to address broader health system challenges. Conversations have highlighted the need for more policy dialogue that translates knowledge into practical implementation, especially in bridging gaps between health and non-health sectors, to ensure more effective and sustainable health outcomes.

4. Proposition for Establishment of a New Regional Platform

From the gaps identified in the current health network ecosystem, there emerges a felt need for a platform designed to connect the dots across issues, stakeholders, and countries while facilitating more coordinated and actionable efforts along key health system dimensions. Expert consultations have also revealed significant room to enhance synchronised efforts among researchers, policymakers, and practitioners across countries, particularly on shared and emerging challenges.

Strengthening connections and synergies across existing networks, addressing thematic and operational gaps, and facilitating expanded health systems and policy research will be critical.

A regional collective can serve as a bridge between existing efforts—enhancing collaboration among stakeholders, breaking down silos, and fostering the sharing of knowledge and best practices. Crucially, rather than duplicating the work of existing networks and institutions, the collective should focus on addressing gaps and exploring newer avenues for collaboration to amplify impact across the region. The geographic focus for such a platform should ensure appropriate representation such as by including an equal number of countries from South and Southeast Asia.

To respond directly to the expressed need for greater regional collaboration, building bridges across actors and enabling joined-up action to address shared health challenges more effectively, it is proposed to develop an Asian Collective for Health Systems. We arrived at an initial list of focus countries based on those that emerged from our preliminary desk review and consultations with existing partners. These countries include 1) Bangladesh 2) India 3) Indonesia 4) Malaysia 5) Nepal 6) Philippines 7) Singapore 8) Sri Lanka 9) Thailand 10) Vietnam. The health system contexts for these countries are described in greater detail in Annex 2.

4.1 Aims of the Proposed Platform

The Asian Collective would serve as a collaborative space to:

1. Facilitate Knowledge-Sharing for Action Within Health Systems

The platform will highlight differences in countries' successes and foster opportunities for mutual learning. Asia's diversity - across health systems, governance models, and interventions - creates immense scope for sharing best practices and lessons that can help countries advance their domestic priorities more effectively.

2. Co-develop Regional Strategies to Address Shared Challenges

Recognising that many health challenges transcend national boundaries, the platform would promote the co-development of regional solutions based on shared agendas. Common challenges - such as workforce shortages, or climate-related health risks - can benefit from cooperative, region-wide approaches that are contextualised to region-specific needs. These can find voice through regional governance institutions such as the ASEAN, SAARC, and others.

3. Champion the Asia Voice in Regional and Global Health Governance

By consolidating the region's collective successes and experiences, the platform can amplify Asia's offering in global health governance. This will ensure that regional perspectives and achievements are represented in global fora, strengthening Asia's influence and contributions to global health discussions.

4.2 Proposed Approaches

1. Broad umbrella areas of priority that can bring together multiple actors and overcome fragmentation in policy translation (e.g., PHC, climate, geopolitics, and gender).
2. Focus on institutional structures and processes that facilitate integration of policy recommendations at scale and sustainably over time — going beyond individual pilots/interventions/innovations.

4.3 Key Considerations for the Proposed New Collective

As we consider the creation of the new Asian Collective for Health Systems, several key issues that emerged from our analysis must be taken into account. First, **sustaining the interest and engagement of partners is crucial;** stakeholders must perceive tangible value in joining and participating in the platform. This necessitates clear benefits that extend beyond one-off convenings, ensuring that all members can see how their involvement contributes to meaningful outcomes.

Sustainability is another critical consideration. While securing stable funding is essential, it is an endeavor that requires innovative financing strategies and strong governance structures. Further the platform should consider how the outcomes resulting from the platforms' activities can sustainably endure, through building ownership among its members.

Relatedly, platforms must ensure there is a **direct connection between the network and country-level partners.** If discussions remain confined to network meetings without actionable insights or feedback loops to national governments, they may not yield practical benefits.

Therefore, including key institutions from member countries as active participants is vital; these entities can translate platform discussions into actionable recommendations for their respective governments.

Collective ownership and ensuring equal roles and voices among all members are paramount for fostering synergy. Developing the agency and capacity of partners is essential. Any new platform must respect the sovereignty of individual countries and their specific policymaking

contexts. Regional initiatives must be adaptable to the needs of local governments while fostering a collective approach to regional health challenges.

Ultimately, the goal of a new health initiative in Asia should be to bridge existing gaps by fostering collaboration across geographies, sectors, and issues. This will help create a more integrated, cohesive approach to addressing health challenges in the region and ensure that health systems are better equipped to meet the needs of their populations in the years to come.

5. Conclusions

The findings from this landscaping exercise highlight the need for a more integrated and collaborative approach to addressing health across Asia. Based on the gaps and areas for further strengthening identified through our analysis as well as the expressed view of existing network members and practitioners, a new collaborative initiative named The Asian Collective for Health Systems is proposed to facilitate the **bridging of research, practice and policy**. The Collective would actively involve researchers, practitioners, and policymakers, ensuring that evidence generated from research and field action can be effectively translated into actionable policies. While the new initiative may begin with a **loosely defined list of countries**, the overarching goal would be to create an inclusive space that eventually encompasses the diversity of health challenges and contexts across a large part of the Asian region. Furthermore, the Collective will focus on **supporting regional governance on health** by connecting with key regional institutions, including multilateral organisations, development agencies, and regional groupings like ASEAN. Strengthening these links will enable the platform to deepen its contribution to regional policy development and promote more effective collaboration between national governments and regional bodies.

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Annex 1 – List of Networks

1. International Association of National Public Health Institutes Asia Regional Network (IANPHI Asia Regional Network)
2. South Asia Forum for Health Research (SAFHR)
3. South Asian Public Health Forum (SAPHF)
4. Sexual and Reproductive Health Matters Regional Hub (SRHM Regional Hub)
5. One Health Alliance South Asia (OHASA)
6. Health Systems Global (HSG)
7. ASEAN Plus Three Universal Health Coverage Network (ASEAN+3 UHC Network)
8. DragonNet
9. Leadership for Universal Health Coverage (Leadership4UHC)
10. Joint Learning Network for Universal Health Coverage (JLN)
11. The Southeast Asia Collaborative for Health (SEARCH)
12. Asia Pacific Academic Consortium for Public Health (APACPH)
13. Asia eHealth Information Network (AeHIN)
14. ASEAN University Network - Health Promotion Network (AUN-HPN)
15. Asia Pacific Observatory on Health Systems and Policies (APO)
16. WHO SEAR Primary Health Care Forum
17. Asia Pacific Network for Health Systems Strengthening (ANHSS)
18. Asia Pacific Health Economics Network (APHEN)
19. Asia-Pacific National Health Accounts Network (APNHAN)
20. Asia-Pacific Cardiovascular Disease Alliance (APAC CVD Alliance)
21. South Asia Food and Nutrition Security Initiative (SAFANSI)
22. Southeast Asia Tobacco Control Alliance (SEATCA)
23. Asia Regional Joint Network on Fiscal Sustainability of Health Systems (ARJN-FSHS)
24. Southeast Asia Public Health Nutrition Network (SEA-PHN)
25. Alliance for Health Policy and Systems Research
26. Global Learning Collaborative on Health Systems Resilience (GLC4HSR)
27. Global Heat Health Information Network - Southeast Asia Hub (GHHIN-SEA Hub)
28. Southeast Asia Infectious Disease Clinical Research Network (SEAICRN)
29. One Health Network Southeast Asia (OHN-SEA)
30. Asia-Pacific Parliamentarians Forum (APPF)
31. Research for Development Accelerator (R4D Accelerator)
32. Providing for Health Asia Network (P4H Asia Network)
33. Asia Pacific Action Alliance on Human Resources for Health (AAAH)
34. Southeast Asia One Health University Network (SEAOHUN) 35. CONNECT
36. EQUITAP (Equity in Asia-Pacific Health Systems)

37. Asia Pacific Network on Access to Medicines under Universal Health Coverage (APNAMUHC)
38. South Asian Hub for Advocacy, Research, and Education on Mental Health (SHARE)
39. Global Health Research Unit (GHRU), on Diabetes and Cardiovascular Disease in South Asians
40. South Asia Infant Feeding Research Network (SAIFRN)
41. International Baby Food Action Network (IBFAN)
42. UNITE Parliamentarians Network on Global Health

Annex 2 - Country Identification

For each of the countries within the geographic focus on the intended platform, we conducted a broad issue-mapping exercise. This involved analysing reports from the WHO, World Bank, UNDP, and other relevant networks to map the following aspects:

- Demographics
- Socio-economic status
- Status of health reforms
- Successes
- Challenges

This helped identify common threads, such as areas for knowledge sharing, shared challenges, and successes that can be leveraged to craft a cohesive narrative and regional offering. While this mapping provides a general overview, we will refine our focus by determining thematic working areas in consultation with partners and members.

Bangladesh

Bangladesh, a densely populated country in South Asia with over 166 million people, has made significant strides in healthcare since its independence in 1971, despite socio-economic challenges. With a relatively low GDP per capita of $1,384, stark income inequality, and a predominantly rural population (63.4%), the country has prioritised health through innovative approaches and partnerships with NGOs like BRAC. Bangladesh has a relatively young population with a with a median age of about 28 years. Health reforms have focused on primary care, immunisation, and maternal and child health, reducing fertility from over six children per woman in the 1970s to 2.1 and cutting maternal mortality from 574 per 100,000 live births in 1992 to 176 by 2015. Notable successes include near-universal vaccination coverage and life expectancy rising from 47 years in 1971 to 72 years today. However, challenges persist, such as high out-of-pocket health expenses, urban-rural disparities, and a growing burden of non-communicable diseases like cardiovascular issues, exacerbated by dietary shifts and environmental factors. Bangladesh's healthcare system, though underfunded, exemplifies resilience and innovation in addressing public health challenges.

India

India, the world’s most populous nation with over 1.4 billion people, is undergoing a complex demographic transition. While its young population provides a potential demographic dividend, the ageing population is increasing, demanding greater investment in geriatric care and social welfare. As a lower-middle-income country with stark socio-economic inequalities, around 65% of its population lives in rural areas with limited healthcare access. Poverty and income disparities exacerbate health inequities, leaving vulnerable populations at risk. India’s healthcare system is a

mixed model, with the private sector dominating secondary and tertiary care, and the public sector focusing on primary care. Initiatives like Ayushman Bharat, PM-JAY, and Health and Wellness Centres (HWCs) have expanded healthcare access. However, public health spending remains low, at around 2.1% of GDP, contributing to high out-of-pocket expenses that push families into poverty. India's federal structure poses a challenge, with unclear responsibilities between the Centre and states, affecting allocative efficiency and service delivery. States like Kerala and Tamil Nadu have made progress, but others lag behind, hindering uniform implementation of national programmes. India has had notable successes, including eradicating polio and expanding vaccination coverage. The Indian government prioritises digital health initiatives as part of its broader strategy to enhance service delivery through telemedicine and digital health records (NITI Aayog, 2021). However, challenges remain in workforce shortages, disease burden, and environmental health risks.

Indonesia

Indonesia has a population of approximately 273 million people and is characterised by its diverse ethnic groups and cultures. The country has a young demographic with a median age of around 30 years. Indonesia faces a healthcare landscape shaped by both a rising burden of non-communicable diseases (NCDs) like diabetes, heart disease, and cancer, as well as persistent challenges in communicable diseases such as tuberculosis, HIV, and malaria. The Jaminan Kesehatan Nasional (JKN), established in 2014, aims to provide universal health coverage, reaching about 80% of the population. However, financial sustainability remains a challenge, with the program facing deficits due to rising costs and insufficient contributions from some segments of society. The country also grapples with a shortage of healthcare workers, particularly in rural and remote areas, where access to quality care is limited. In addition, Indonesia struggles with high rates of maternal and child malnutrition, although there have been improvements in recent years. The government is focusing on addressing the increasing prevalence of obesity and improving nutritional standards, while also working on better integration of services for both NCDs and infectious diseases.

Malaysia

Malaysia, with a population of 32.6 million, has made significant strides in developing its health system, with a strong focus on equitable access to care. It is an upper-middle-income nation with a GDP per capita around $11,000 (World Bank, 2023). The country has a multi-ethnic population. Its health financing is predominantly tax-based, allowing for universal health coverage with nominal charges in the public system, which is supplemented by a private sector offering services funded through private insurance and out-of-pocket expenditure. The Public Health Care System in Malaysia is well-established, with around 2,890 public clinics and 8,222 private clinics. Approximately two-thirds of outpatient care is provided by the public primary care sector, with a key focus on non-communicable diseases (NCDs). Malaysia's primary health care (PHC) system,

which accounts for 25.9% of health expenditure, is guided by the Ministry of Health (MoH), overseeing services from preventive care to specialised services like mental health and rehabilitation. Malaysia's health outcomes are promising, with maternal mortality rates improving from 30.6 per 100,000 women in 2000 to 29.4 in 2020. However, the country faces ongoing challenges such as an aging population, the growing prevalence of NCDs, and the need to enhance private sector regulation. The Twelfth Malaysia Plan (2021-2025) prioritises strengthening the healthcare system, addressing demographic shifts, and improving the management of both chronic and infectious diseases.

Nepal

Nepal, with a population of approximately 29.1 million, faces considerable health challenges despite making progress in health care access. About 15% of the population lives below the poverty line, and the country ranks 142nd on the 2020 Human Development Index, with a life expectancy at birth of 70.8 years. Health expenditure in Nepal was 5.6% of GDP in 2020, with a Gross National Income (GNI) per capita of US$ 3,457 in 2017. The country's healthcare system is in the early stages of federalism, divided into federal, provincial, and local levels, where primary health services are provided through health posts and health centres at the community level, and district hospitals at the district level. However, challenges such as a shortage of trained health workers, insufficient supplies, and a weak referral system continue to impede health service delivery. The private sector, particularly in urban areas, plays a critical role in bridging some gaps but remains loosely regulated. Nepal's primary health care system, which is crucial for achieving Universal Health Coverage (UHC), faces further strains due to socio-economic challenges, including maternal and child health outcomes and rural access to essential services. Despite these hurdles, community-based interventions are central to Nepal's health strategy. However, limited state capacity due to inadequate funding remains a significant barrier to expanding and improving health services. The country’s health system faced immense pressure during the COVID-19 pandemic, highlighting the fragility of the system, especially in rural areas.

Philippines

The Philippines has a population of approximately 114 million, with a median age of around 25 years, reflecting a relatively young demographic. Classified as a lower-middle-income country, the Philippines has a GDP per capita of about $3,500 (World Bank, 2023). The health sector faces significant challenges, including high maternal and child mortality rates and an increasing burden of non-communicable diseases (NCDs) such as diabetes and hypertension. The government has prioritised Universal Health Coverage (UHC) through the Universal Health Care Law, which aims to provide all citizens access to essential health services without financial hardship (Department of Health Philippines, 2022). Community health work is integral to the Philippine health system, with local Barangay Health Workers delivering basic services in underserved areas. However, the

country grapples with multisectoral issues such as poverty and inadequate healthcare infrastructure that hinder effective service delivery. The aging population is also becoming a growing concern, necessitating improved healthcare services for older adults (Philippine Statistics Authority, 2023).

Singapore

As a high-income nation, Singapore boasts strong socioeconomic indicators such as high literacy rates, universal housing, sanitation, and public health infrastructure. Since independence in 1965, Singapore has built a healthcare system that balances personal responsibility with government intervention to ensure access, affordability, and cost efficiency. Despite achieving excellent outcomes—such as a life expectancy of nearly 82 years and infant mortality of 2.0 per 1,000 live births—with a low health expenditure of 4.47% of GDP in 2016, the system faces mounting pressures. Rapid demographic ageing, with 17% of the population over 65 (projected to reach 20% by 2030). The health- care system is contending with increased stress, as reflected in so-called pain points that have led to public concern, including shortages in acute hospital beds and intermediate and long-term care (ILTC) services and high out-of-pocket payments. While financial mechanisms such as Medisave, MediShield, and MediFund ensure sustainability, reforms like the Health 2020 Masterplan and Healthier SG White Paper aim to shift the focus from hospital-centric care to preventive, community-based models emphasising family medicine and chronic disease management. Singapore's innovative policies and public health campaigns have solidified its reputation as a global healthcare leader, but rising demand, ageing, and cost containment remain ongoing challenges. Recent reforms, including the Healthier SG White Paper and Health 2020 Masterplan, focus on shifting from hospital-based episodic care to community-centric chronic care, with family medicine and preventive strategies at the core. Despite its successes, Singapore faces key challenges: managing the capacity strain from ageing and population growth, transitioning to effective chronic disease care, and containing rising healthcare costs driven by global inflation and increasing demand.

Sri Lanka

Sri Lanka, an island nation with a population of 21.4 million, is characterised by its multiethnic composition of Sinhalese (75%), Sri Lankan Tamils (15%), and Sri Lankan Moors (9%). The population is rapidly ageing, with over 10% aged 65 and above in 2019, alongside increasing feminisation. The country transitioned from an export-oriented agricultural economy to a freemarket system, achieving upper-middle-income status before being downgraded to lower-middleincome in 2020. Despite economic challenges, Sri Lanka has maintained a robust parliamentary democracy and decentralised governance through provincial councils. Sri Lanka's healthcare system, built on an effective maternal and child health programme since 1926, has achieved impressive health outcomes. Key successes include eradication of polio, neonatal tetanus, malaria, filariasis, and leprosy, alongside high immunisation coverage. However, the decline in

infant, under-5, and maternal mortality rates has slowed in recent years. The country is in the late stage of epidemiological transition, facing an epidemic of noncommunicable diseases (NCDs) like diabetes and hypertension, emerging infections such as dengue, and the re-emergence of tuberculosis. Healthcare reforms now emphasise equitable, patient-centred care at primary and secondary levels to address these challenges. Despite being a lower-middle-income nation, Sri Lanka ensures universal access to free public healthcare, supported by a decentralised system prioritising equity and outreach. Challenges include managing NCD risk factors—high blood glucose, poor diet, hypertension, and tobacco use—affecting nearly 90% of adults. However, Sri Lanka's achievements in disease eradication and a strong public health foundation highlight its resilience and commitment to advancing health outcomes.

Thailand

Thailand, a middle-income country in Southeast Asia with a population of approximately 70 million, is characterised by an ageing demographic, with over 12% aged 65 or older. Urbanisation is increasing, though rural areas face disparities in access to resources and services. Migrants, including 2.4 million in informal sectors, are particularly vulnerable due to limited social security coverage. Socioeconomically, Thailand has achieved steady GDP growth and poverty reduction. However, regional inequalities persist, with rural areas lagging behind in healthcare access and infrastructure. Thailand's healthcare system is anchored by the introduction of Universal Health Coverage (UHC) in 2002, which ensures access to essential health services for nearly all citizens. The health system features a strong primary care network and health promotion funded by alcohol and tobacco taxes. Health policies align with the 20-year National Public Health Policy and Sustainable Development Goals, reflecting a focus on equity and prevention. However, challenges remain, particularly in extending coverage to vulnerable populations, addressing inefficiencies, and managing the dual burden of noncommunicable and communicable diseases. Environmental risks, such as air pollution and climate change impacts, compound these challenges. Thailand’s successes include its globally recognised UHC model, which has significantly reduced out-ofpocket expenses.

Vietnam

Vietnam, a lower-middle-income country with over 97 million people, has made notable progress in healthcare, reducing poverty from 20.7% in 2010 to 6.7% in 2018. Life expectancy has risen from 44.4 years in 1960 to 76 years in 2017. The country has achieved significant reductions in maternal, infant, and under-5 mortality rates, but challenges remain in meeting some Sustainable Development Goal targets, particularly regarding maternal mortality, infant mortality, and under5 mortality. Vietnam's health system is structured with a mix of public and private providers, with the public sector playing a dominant role. The government has increased health spending, with public financing rising from 35% in 1998 to 47% in 2017. However, private expenditure still

constitutes about 50% of total health spending. The expansion of social health insurance (SHI) has been critical, with vulnerable populations, including low-income groups and ethnic minorities, benefiting from subsidies. Despite these improvements, Vietnam faces several key challenges. The country is grappling with an aging population, with the proportion of people aged 60 and over expected to exceed 20% by 2038, which will strain the healthcare system. Additionally, there is a rising burden of non-communicable diseases (NCDs), which accounted for 77.2% of deaths in 2018, reflecting a shift in health priorities from infectious diseases to chronic conditions. The need for healthcare models that focus on prevention, health promotion, and early detection of NCDs has become urgent. Furthermore, Vietnam's healthcare system must address disparities between rural and urban areas, as the decentralised nature of governance sometimes results in uneven healthcare service delivery. Strengthening primary healthcare services and addressing gaps in health coverage and access to care remain critical priorities for the country.

Annex 3 – Complementarities across Asia

Southeast Asia is a diverse region comprising countries with varying health challenges and successes. By examining the health systems of Bangladesh, India, Indonesia, Malaysia, Nepal, the Philippines, Singapore, Sri Lanka, Thailand, and Vietnam, we can identify areas for learning, shared challenges, and common successes.

1. Areas for Learning in Asia

Prioritisation of Health

The prioritisation of health varies widely across Asian countries due to factors like state capacity and fiscal constraints. Thailand, for instance, has achieved significant progress through Universal Health Coverage (UHC) reforms, which ensure nearly 99% of the population has access to essential health services at minimal or no cost. This prioritisation has not only improved health indicators but also strengthened the country's resilience during crises like the COVID-19 pandemic. In contrast, other countries face challenges in financial protection due to high out-ofpocket expenditures. This creates significant barriers for vulnerable populations seeking necessary healthcare. Meanwhile, counties such as Sri Lanka demonstrate how even lower-middle-income nations can prioritise health effectively, with historic investments in public health leading to improved maternal and child health outcomes.

Health Institutions

There is potential for knowledge sharing on health-related institutions in Asia, which can lead to improved policymaking, delivery and outcomes. For instance, the National Institutes of Health (NIH) in Malaysia actively promotes knowledge-sharing practices within its community,

emphasising the importance of collaboration and trust among healthcare professionals. The NIH has implemented mechanisms such as regular workshops and training sessions to facilitate the exchange of best practices and research findings among its staff. In Thailand, the Bureau of Epidemiology within the Ministry of Public Health utilises a networked approach to share epidemiological data across regions, enabling timely interventions during health crises. This process is supported by training programs that equip local health officials with skills in data analysis and reporting

People-Centered Care

People-centered care is crucial for effective healthcare delivery. Many countries employ community-based workforce models, such as India's National Health Mission, which engages over 1 million Accredited Social Health Activists (ASHAs). These workers are instrumental in improving maternal and child health in rural areas, yet gaps persist in integrating preventive, promotive, palliative, and curative care. Similarly, Indonesia relies on community health workers (CHWs) to serve remote areas with limited healthcare access. However, challenges such as inadequate training and support hinder the full potential of these programs. To enhance care, countries must strengthen CHW systems and foster better integration between primary, secondary, and tertiary healthcare services.

Multisectoral Action

Long-term health outcomes depend on collaboration across sectors like education, agriculture, and environmental management. Thailand exemplifies success in this area through its multi-sectoral strategies targeting non-communicable diseases (NCDs) and nutrition. Malaysia has also made progress by integrating nutrition education into schools and addressing food security through agricultural policies, though gaps remain in sanitation and water quality.

By addressing social determinants of health, such as water quality and nutrition, countries can reduce the burden of infectious diseases improve maternal and child health outcomes and be more resilient against the impacts of climate change.

2. Emerging and Shared Challenges

Table 2: Common emerging and shared challenges across countries in Asia

Challenge	Description

Climate Change	Climate-related health impacts, such as heatrelated illnesses and vector-borne diseases, are a shared challenge. Countries like Vietnam, Indonesia, Philippines, Nepal and Bangladesh are particularly vulnerable due to their geographical predispositions.
Demographic and Epidemiological Transitions	Aging populations in countries such as Singapore, Thailand, Vietnam, and Malaysia demand solutions for long-term care. Simultaneously, lifestyle changes are driving a shift in the disease burden from infectious
	diseases to chronic conditions like diabetes and cardiovascular diseases, posing a double burden of disease.
Urban-Rural Divide	Geographical diversity presents barriers to healthcare coverage. Nepal's mountainous terrain and Indonesia's archipelagic structure make equitable healthcare access challenging. Even countries like Thailand, which have robust healthcare systems, struggle to deliver services consistently in remote areas. Gender disparities further exacerbate these challenges, as women in rural regions often face societal and logistical barriers to accessing care.
Financial Protection	Inadequate financial protection systems lead to catastrophic health expenditures. Households in Bangladesh, for instance, often face financial ruin due to limited insurance coverage.
Mental Health	Mental health issues are an emerging concern but remain under-addressed in many countries due to inadequate policies and resources.
Pandemic Preparedness	The COVID-19 pandemic revealed gaps in pandemic preparedness across the region, necessitating improved surveillance systems and response strategies.

Health Workforce Challenges	Many countries face shortages of healthcare professionals, with significant disparities in urban and rural areas. India, for example, has a stark divide in healthcare personnel distribution between urban centers and remote regions.
Data and Accountability	Improved data collection systems are needed to enhance accountability and inform evidence-based policy decisions across the region.

3. Common Successes Across the Region Community Health Workers (CHWs)

CHWs have been instrumental in improving healthcare access across rural areas. Thailand's UHC model relies heavily on a network of village health volunteers who provide primary healthcare and education. This approach has effectively reached marginalised populations.

Bangladesh's Community Clinic Initiative leverages CHWs to deliver essential services, such as immunisations and prenatal care, in remote areas. These initiatives have significantly reduced maternal and infant mortality rates, demonstrating the potential of CHWs to bridge healthcare gaps in underserved areas.

Digital Health Innovations

Singapore has led the way in digital health, using platforms like HealthHub to provide citizens with access to health records, appointments, and personalised advice. Similarly, India's Ayushman Bharat Digital Mission has created over 568 million health accounts, streamlining access to healthcare. The eSanjeevani telemedicine platform has facilitated millions of virtual consultations, especially during the COVID-19 pandemic.

The Philippines has also made progress with its ePhilHealth platform, which integrates outpatient benefits and teleconsultations. These examples highlight how digital health solutions can address systemic barriers and improve healthcare delivery.

Early Warning Systems and Surveillance

Countries like Thailand have strengthened their disease surveillance mechanisms to monitor and respond to outbreaks effectively. The establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) has supported rapid responses to public health emergencies. Vietnam, drawing on its experience with past epidemics, has enhanced its public health infrastructure and community engagement, showcasing the importance of preparedness.