

SUSTAINABLE HEALTHCARE

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1. Dr. Saba, with your extensive experience in the healthcare sector, spanning over 30 years, what are your views about building sustainable healthcare access within **Southeast Asia?**

Health management and building healthcare access have been my passion and foremost priority through the 30 years of my professional experience. In the early stages of my career, as part of the Joint United Nations Programme on AIDS (UNAIDS), I worked extensively on the prevention of mother-tochild transmission of HIV and on establishing the first HIV/AIDS antiretroviral drug access programme in some of the emerging economies of the world. I worked with several healthcare stakeholders during this initiative, which helped me understand access deeply, and the need to build sustainable healthcare management for vulnerable populations across the

Healthcare access has definitely evolved over the past few decades in Southeast Asia, led by shifts in disease patterns, population trends, an improvement in universal healthcare plans and a rise in scientific breakthroughs. But healthcare actors haven't leveraged technological advances to better follow patients with chronic diseases which became the bulk of

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patients. The ongoing pandemic has further highlighted some of the glaring gaps in healthcare systems. Without addressing them, healthcare access cannot be made sustainable for populations within the region.

It is important to understand that healthcare access needs a multisectoral, multi-dimensional approach, especially when it comes to management of chronic diseases. Without collaboration between different stakeholders and across areas of healthcare delivery, healthcare systems cannot be made robust.

Access needs to be viewed as a long-term solution rather than a shortterm strategy and should be made more integral to overall healthcare delivery. This will help build solutions which will allow patients to have longterm access to treatment plans leading to optimum health benefits.

Also, sustainable access can only be built through a unified healthcare system. We need the public and private sectors to come together including governments, pharmaceutical companies, physicians, and access specialists like us so that our combined strengths can be leveraged to build efficient and resilient healthcare systems. Such systems will have the ability to withstand any public health emergencies and deliver under the most challenging of circumstances.

2. Access to hospitals around the world has been limited due to widespread lockdowns and the fear of people contracting the Covid-19 virus while visiting healthcare facilities. How can people continue to have access to healthcare services in such a scenario?

COVID-19 has caused unprecedented challenges within the healthcare sector, and patients having reduced access to healthcare facilities is one of them. Countries need to start looking beyond hospitals and put in place complementary, proactive mechanisms in order to reach patients wherever they are so that treatment schedule and medication can be continued without any interruption or delays.

This can be achieved through tapping into existing channels, such as partnering with private entities, and through deploying digital technologies for consistent engagement between patients and healthcare stakeholders, as well as reaching out to patients within their homes, thus ensuring the same care delivery but without exposing patients to any kind of health risks.

Sustainable healthcare access can be built when government programmes are amply supported by private sector initiatives that keep access as one of their key priorities as part of healthcare delivery.

3. With rising healthcare expenditures and a rapidly ageing population, treatment affordability has been a significant challenge in Southeast Asia. How can healthcare access be made more widely available and affordable?

In Southeast Asia, healthcare has always been a top priority. Governments have been spending big budgets to ensure that populations have access to healthcare services, and thus enjoy a good quality of life.

However, most of the government programmes are designed to deliver subsidised primary care but have limited reach when it comes to chronic and Non-communicable Diseases (NCDs) that typically entail long treatment plans and expensive specialised medication. Paying out of pocket by the public is also not a long-term solution as healthcare costs have risen significantly over the years, and a large population in Southeast Asia has been pushed into poverty because of these self-financed healthcare expenditures.

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4. Beyond affordability, healthcare outcomes are a function of treatment adherence, which is especially relevant for chronic disease patients. How can adherence be built into healthcare delivery?

Yes, healthcare access has limited meaning till adherence is built-in as a crucial component. To maximise treatment outcomes, access solutions need to evolve from focusing solely on treatment affordability to offering services to support patients throughout their treatment journey - from diagnosis to treatment adherence.

And since each patient journey is unique, there's a need for customised support programmes that can comprehensively meet the patient's underserved needs and challenges in more personalised ways

 not via a 'one-size-fits-all' approach. Healthcare providers need to be cognizant of this fact, and design healthcare delivery systems that have adherence built into their framework.

5. Covid-19 has put a spotlight on several inefficiencies within the healthcare sector. How do healthcare systems need to evolve so that they are better prepared to address future challenges of such magnitude?

Healthcare systems have evolved over the years through deployment of new modern technologies, improved healthcare infrastructure, and better

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medical expertise. But inefficiencies still exist in the systems and the ongoing pandemic has brought them to light in an urgent manner.

Development of digital healthcare solutions, patient support programmes based on cost sharing models, and integration of treatment adherence into care delivery are some of the initiatives that are definitely going to improve the efficacy of healthcare systems, and their ability to offer sustainable healthcare access to people.

It is vital to build a network of support for the patient that extends beyond the hospital setting to complement the efforts of healthcare professionals. This includes creating holistic patient support programmes that address challenges across the entire patient journey, establishing follow up channels for better patient management, offering remote care to reach patients wherever they are, and digital solutions that keep the patient in mind to enhance these initiatives.

Apart from these, I would like to reiterate that there's a need for collaboration between healthcare stakeholders across the private and public domains so that we can leverage each other's strengths and create synergistic models that will have higher reach and better impact towards achieving sustainable healthcare access.

6. Integration of technology into healthcare can create new efficiencies and improve patient journeys. What role do you think technology can play in building sustainable healthcare access within Southeast Asia?

Technology is one of the important building blocks for sustainable development across sectors, and healthcare is no exception. Digital healthcare technology is one way of strengthening healthcare access by building connected care - with and stakeholders seamlessly connected, better treatment understanding, and adherence can be achieved leading to optimum health results.

In addition, I see technology playing a crucial role in capturing accessrelated real-world insights (RWI) to better understand the impact of access interventions and continuously improve our support and services to the patients. It can help evaluate access solutions and re-design them for better efficacy and results. But I would like to emphasise that while digital tools are a positive force in building sustainable healthcare access, they should always be treated as enablers and not stand-along solutions. The focus should always be patient centric, and all other elements should be designed accordingly.

