IDENTIFYING OPPORTUNITIES WITHIN ASEAN'S UNIVERSAL HEALTHCARE PROGRAMMES

Ipsos Business Consulting

Build · Compete · Grow

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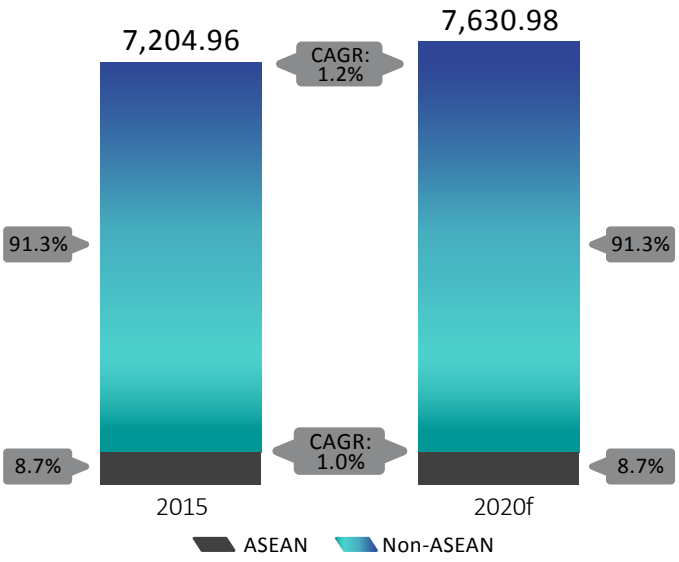
INTRODUCTION

The strong growth potential of emerging economies, such as those within the Association of Southeast Asian Nations (ASEAN), continues to attract attention from global businesses. Combined, the 10 member states — Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam — account for almost 9% of the global population with the grouping's annual economic growth expected to remain relatively high, at about 7%, by 2020, outpacing many other countries and regions.

Indonesia, the region's largest economy and most populous nation, accounts for 38% of Asean's economy and 40% of its population. It is among the world's 15 most populous countries, along with the Philippines and Vietnam, which are respectively expecting to achieve economic growth of 7.6% and 11.1% a year until 2020. Singapore, Thailand and Malaysia posted a combined gross domestic product (GDP) of about US$980.97bn in 2015 with expected annual growth ranging from 5.0–11.7% by 2020. Annual economic growth looks positive in other Asean economies and is expected to exceed 8% a year in Brunei, Laos, Cambodia and Myanmar within the same period.

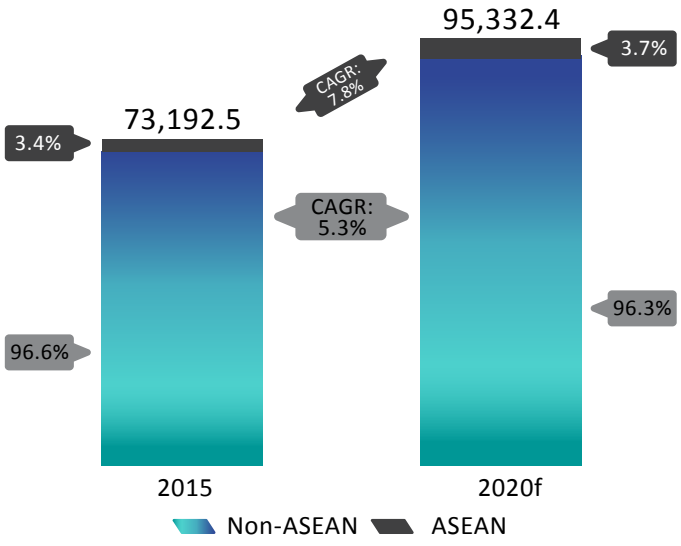
The Philippines and Vietnam are among the fastest-growing Asean economies. The Philippines government has spurred economic growth through infrastructure development which has improved job opportunities and increased household spending. Vietnam has signed trade agreements with EU countries, which are expected to fuel further growth.

World population (millions), 2015–20



Source: IMF World Economic Outlook Database

Global and Asean gross domestic product (USD, billions) 2015–20



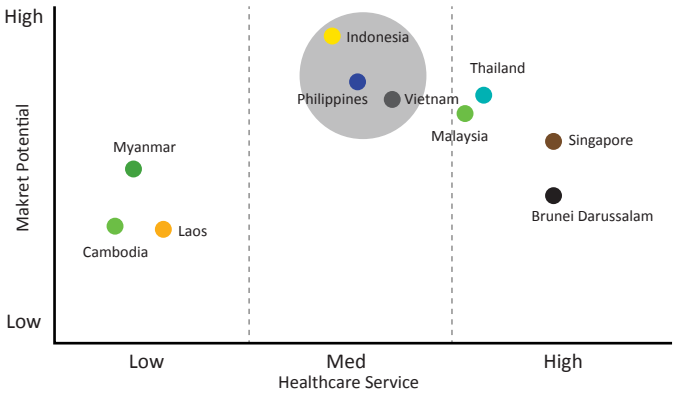
Source: IMF World Economic Outlook Database

HEALTHCARE IN ASEAN'S EMERGING COUNTRIES

Improving economic development across Asean is driving the healthcare industry's development. Singapore, Thailand and Malaysia have benefited from the rise of global medical tourism which supports quality healthcare facilities, medical professionals, hospitality and related services. Other Asean countries have started implementing universal healthcare policies to support local demand for higher quality affordable treatment, as well as to fulfil UN Sustainable Development Goals by 2030. Laos and Cambodia have partially implemented universal healthcare covering about 12% and 17% of their populations respectively. Myanmar is also making steps towards universal coverage with its Myanmar Health Vision 2030.

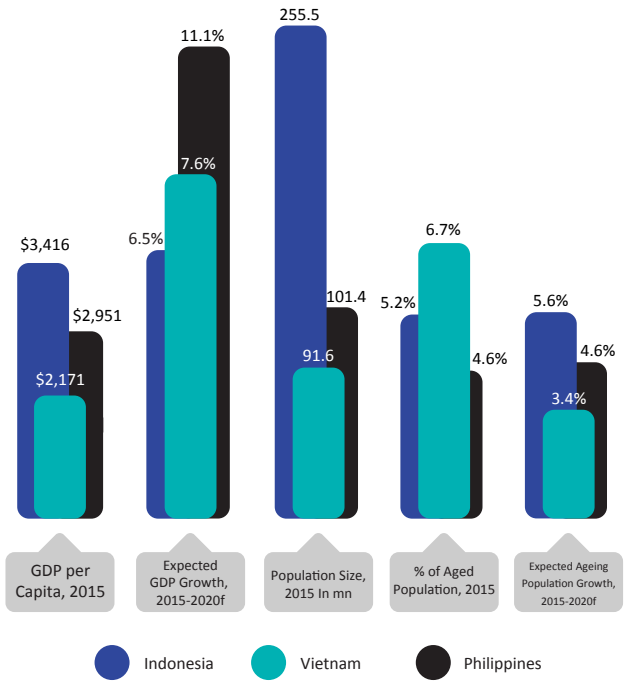
Indonesia, Vietnam and the Philippines, which have led regional growth in healthcare over the past three years due to their on-going universal healthcare programs, exhibit some of the sector's strongest near-term potential within the region

Analysis of key market and healthcare indicators among Asean countries



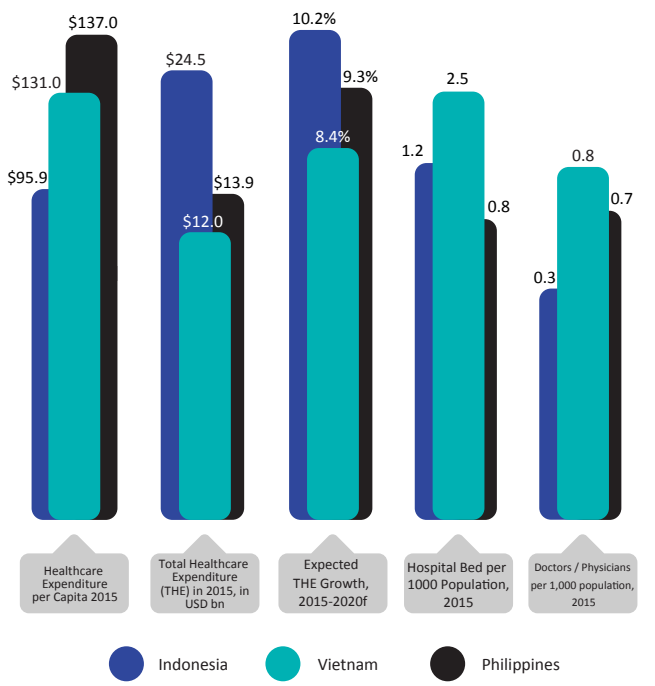
Source: Ipsos Business Consulting Analysis

Key comparative indicators for healthcare market potential within Asean



Sources: IMF World Economic Outlook Database, World Bank, UN

Key comparative indicators for healthcare development



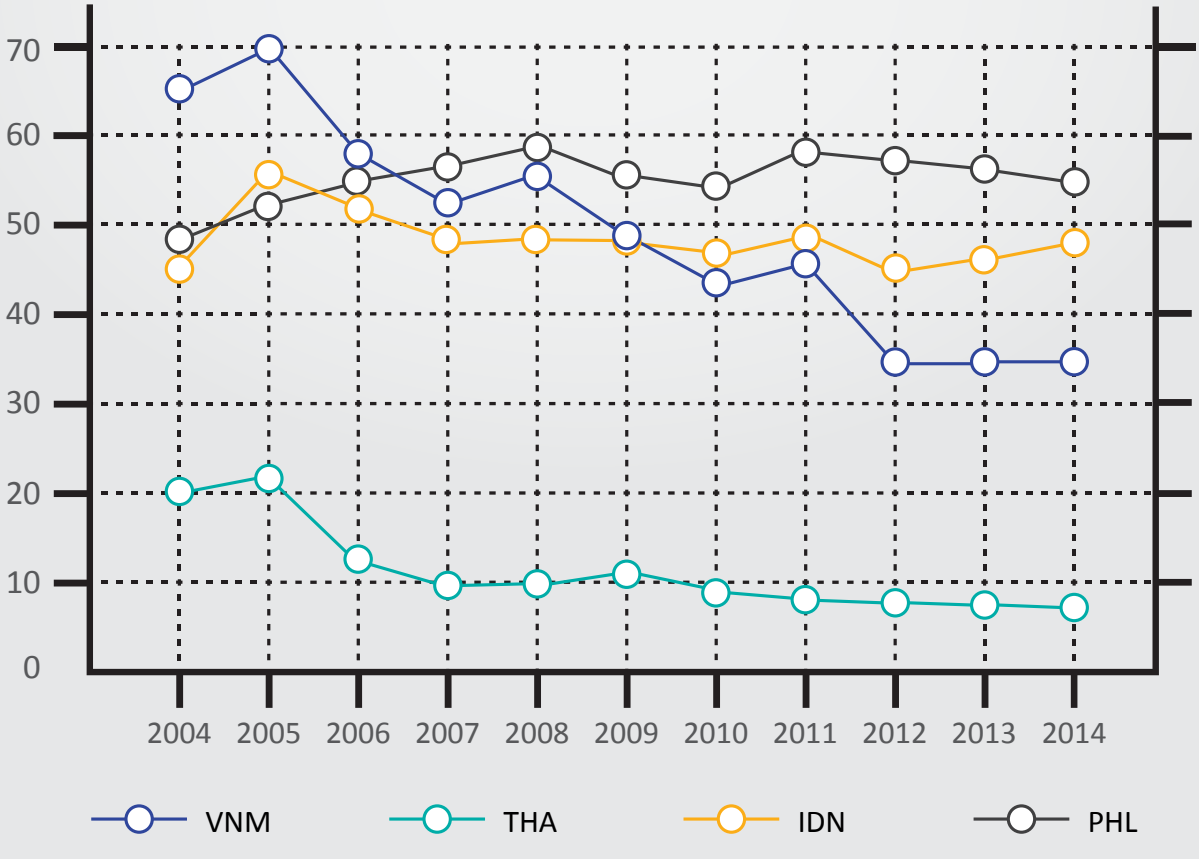
Sources: BMI Report on Pharmaceutical and Healthcare Report, government health data for each country, World Bank

The three countries are also expected to see growth in their elderly populations at about the same annual rate as the general population, which is forecast to rise by 3-5% a year until 2020. The incidence of chronic diseases and healthcare expenditure will also increase as these societies continue to age. These trends, supported by the gradual implementation of universal healthcare policies and the development of healthcare infrastructure, are forecast to see Indonesia, the Philippines and Vietnam post the strongest growth in total healthcare expenditure, ranging from 8–10% a year by 2020.

The shortage and uneven distribution of medical professionals, a low per-capita ratio of hospital beds, and relatively high out-of-pocket healthcare expenses are key challenges for the industry across the three countries. National health insurance will play a critical role in facilitating access to healthcare and reducing out-of-pocket expenses.

Thailand provides a strong regional example of these benefits. Within a year of implementing its universal healthcare programme in 2002 it reduced out-of-pocket expenses from 21.5% to about 8% of total health expenditure. Current out-of-pocket expenses in Indonesia, the Philippines and Vietnam provide a stark contrast, accounting for 36% to 54% of total healthcare expenditure in 2014 despite the gradual rolling out of universal health coverage.

Percentage of out-of-pocket expenses from total healthcare expenditure, 2004–14



Source: World Bank

NATIONAL INSURANCE IN INDONESIA, THE PHILIPPINES AND VIETNAM

Overview of universal healthcare schemes[1]

	Indonesia	The Philippines	Vietnam
Policy	• **Jaminan Kesehatan Nasional (JKN)**, or Indonesia's National Health Insurance	• Philippines' National Health Insurance Programme (NHIP)	• **Bao Hiem Y Te (BHYT)**, or Vietnam's Social Health Insurance (SHI)
Inception	• Healthcare coverage went through many transformations from 1960 to 2014 • From 1st January 2014, JKN is operated though a single provider, BPJS. Previously health insurance wasmanaged under PT. ASKES	• The National Health Insurance Act in 1995 or Republic Act 7875, established PhilHealth to implement the NHIP with a mandate to provide full coverage within 15 years of its inception	• Introduced in 1992 under Decree No. 299/1992/HDBT • The separate Health Care Fund for the Poor (HCFP) was introduced in 2003 and merged with the national insurance programme in 2009 • The law was revised in 2015 to make the enrolment of all households compulsory
Schemes & premiums	• Two categories, including foreign workers who stay a minimum six months: o Low-income members **(PBI)** – IDR 23,000 a month, paid by the government o Non-PBI member: ▪ Salaried workers & families **(PPU)** – premium at 4.5% from income, split 4% byemployer and 0.5% by employee. • Civil servants, soldiers, police, government officials and staff • Labour (state-owned and private) ▪ Non-salaried workers & families **(PBPU)**, including self-employed, non-contracted workers – premium at IDR 25,500 for class III, IDR 51,000 for class II, and IDR 80,000 for class I per member/ month ▪ Non-workers & families **(BP)**, including veterans, investors, etc) – 5% from 45% of civil servant's basic	• Six membership categories: o Formal economy (private, government, household help, enterprise owners) Premium based on earnings, totalling 2.5% of income split equally between employer and employee o Informal economy (migrant workers, informal sector, self employed individual, organised groups) – premium for monthly income <P25,000 at P600/quarter and >P25,000 at P900/quarter o Indigents (insufficient income for family subsistence) – government fully subsidises premiums. o Sponsored – premium is subsidised from sponsoring individual/local government/ organization o Senior citizens – premium free as it is paid from Sin Tax Law as per Republic Act No. 10351 o Lifetime – Non-paying after 120 monthly contributions aged >56 years old	• Five membership groups: o Employers and employees: (> 3 months' work contract) – 4.5% of income, split by 3% employer and employee 1.5% o Social Insurance Authority recipients – including pensioners, injured workers, unemployed o People paid from the state budget: including civil servants, soldiers, war veterans, ethnic minorities, low-income earners, and children under six years o People supported by the state budget: Households living just above the poverty line and students – Premium subsidy of 70% to the near poor and 30% to students o SHI household members (including family members, not classified under another group)
Provider	• Social Security Agency for Health or Badan Penyelenggara Jaminan Sosial - Kesehatan (BPJS Kesehatan)	• Philippines Health Insurance Corporation (PhilHealth)	• Vietnam Social Security Agency (VSS)
Target of Coverage	• Full population coverage by 2019	• Full population coverage by 2017	• 80% of population covered by 2020
Benefits and Services Package	• BPJS covers 155 types of disease at the primary healthcare level • Around 700+ cases are code listed in the Indonesia Case Based Group depending on region, hospital class, and type of treatment (inpatient/ outpatient) • BPJS covers some 574 types of drugs through the 2016 National Formulary for 29 therapeutic classes and 90 sub-therapeutic classes	• Benefits are classified into four types: o Inpatient benefits – including 11 medical and 12 surgical cases o Outpatient benefits – including day surgery, radiotherapy, haemodialysis, outpatient blood transfusion, MDG related, and primary care o Z Benefits – for chronic cases, such as cancer, acute leukaemia, orthopaedic implants	• Same benefits package across all SHI members: o Inpatient / outpatient care and medical rehabilitation (including antenatal care and birth) o Disease screening o Drug reimbursement for medicines listed by Ministry of Health o Travel expenses from district to higher-level hospitals (for particular groups)

Source: Ipsos Business Consulting Analysis

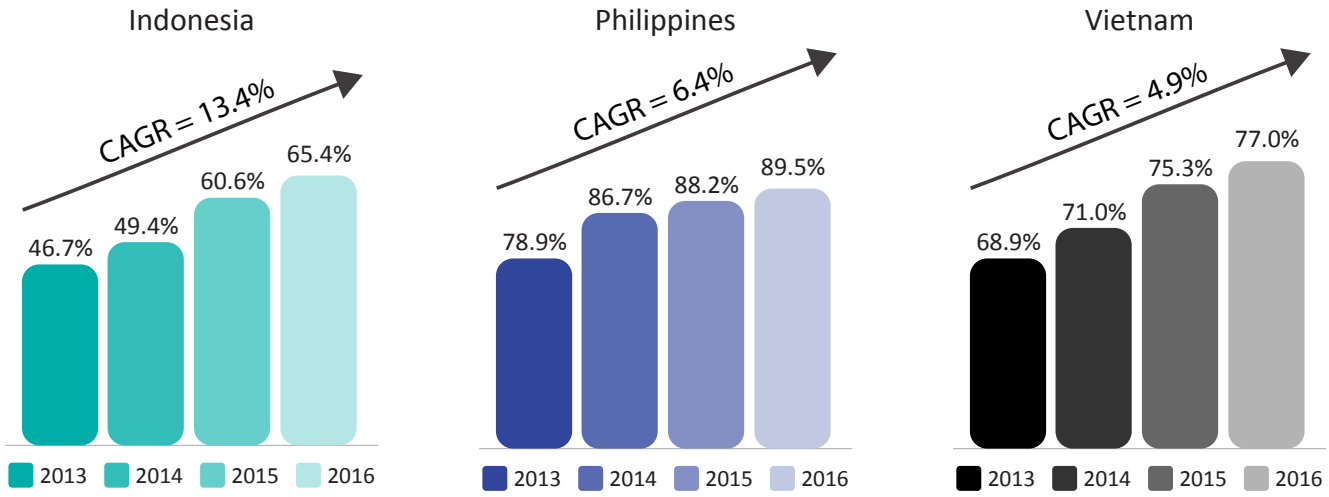
CURRENT PROGRESS

The Philippines and Vietnam have already covered more than 70% of their populations with their respective programmes. Vietnam began compulsory registration of households in 2015 in line with its revised Health Insurance Law. A healthcare data portal and information system for verifying eligibility for health insurance was introduced in its hospitals the following year to reduce the cost and time of servicing socially insured patients.

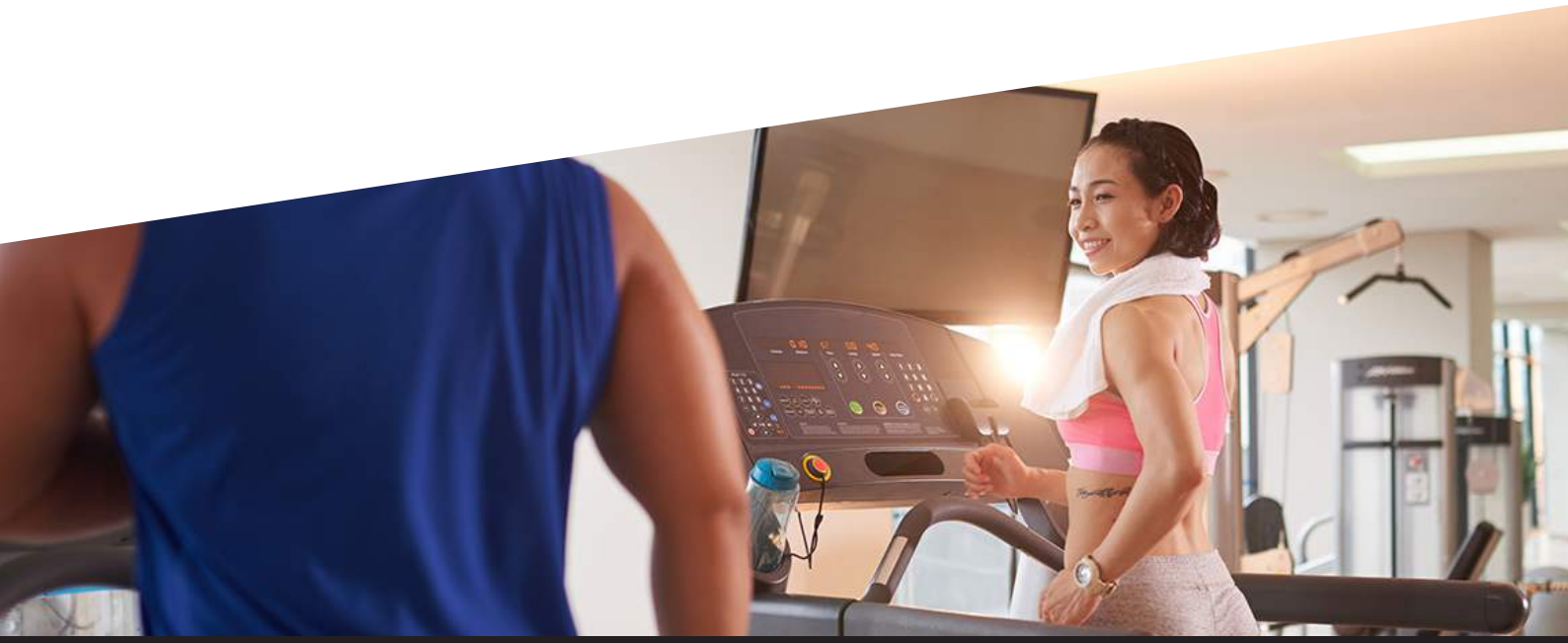
Indonesia has made good progress with its universal health insurance, launched after the Philippines and Vietnam, with coverage rising from 46.7% of the population in 2013 to 65.4% in 2016. The country passed the Indonesian Constitutional Law No.24 in 2011 making it compulsory for all Indonesian citizens to enrol with the national healthcare scheme which became operational on 1 January 2014. Efficient application procedures, including an online portal and more than 120 BPJS branches, helped facilitate Indonesia's faster enrolment rate compared with the Philippines and Vietnam.

A prime objective of social health insurance is to ensure low-income families have access to affordable healthcare. This is especially important in countries, such as Indonesia and the Philippines, where a significant proportion of the population is poor.

Population (%) covered by universal health insurance 2013–16[1]



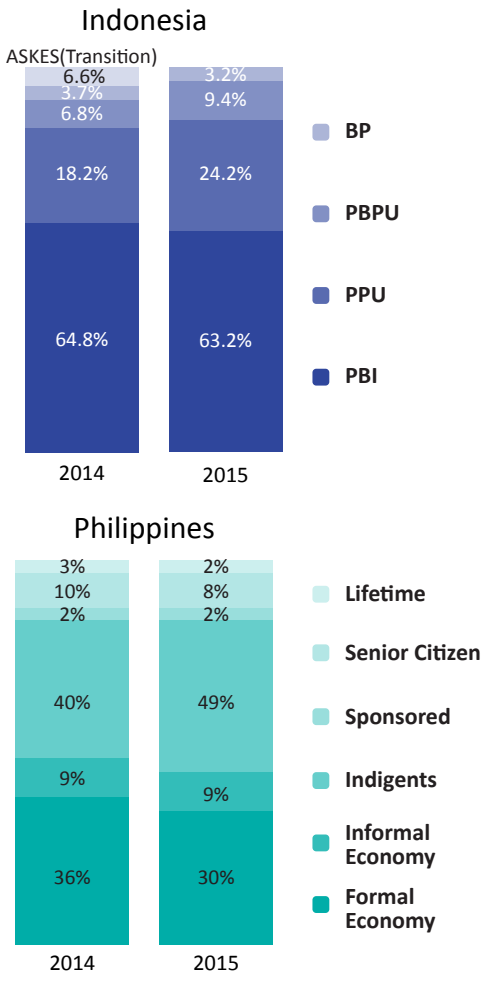
Sources: Ipsos Business Consulting Analysis, IMF Data, PhilHealth, BPJS



Indonesia launched its programme with a focus on low-income families (PBI), private large, small, and medium enterprises, state-owned enterprises, micro businesses, and non-salaried workers (PBPU and BP). The government did not achieve its target of covering self-employed, unemployed and retiree (PBPU and BO) members by the end of 2015. Enrolling salary earners (PBI and PPU) has become more efficient as the government imposes strict penalties on employers who do not enrol employees in the scheme. PBPU and BP members currently account for 14% of current membership.

Expanding coverage has taken longer in the Philippines, where PhilHealth was launched in 1995 with coverage reaching 50–60% between 2001–05. The country's informal economy has proven a particularly challenging segment as self-employed people account for more than 40% of the total workforce. Many employed people do not have spending priorities.

National health insurance membership by group (2014 and 2015)

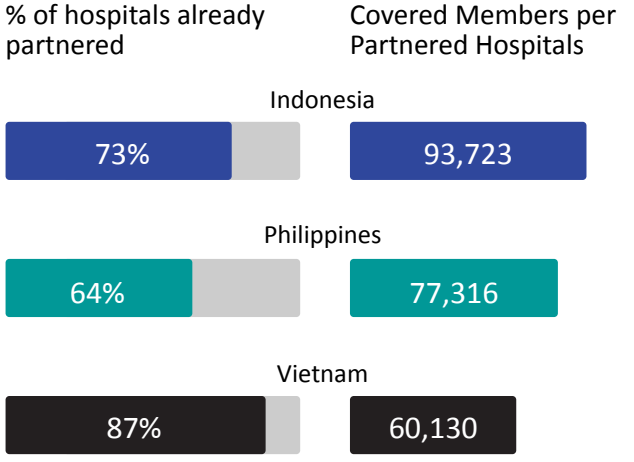


Sources: Ipsos Business Consulting Analysis, PhilHealth, BPJS, Desk research

Before Vietnam made its national health insurance universal and compulsory in 2015, it had started smaller-scale initiatives with civil servant and state enterprises in 1992. These were expanded from 2005 to include non-state enterprises, poor people and war veterans. Children under six years old, those living just above the poverty line, and students and farmers were bought into the scheme from 2009. By 2011, the near poor and poor accounted for 27% of the membership, followed by students (20%), children under six years old (15%) and others (38%), health ministry figures show. Vietnam expanded coverage to 70% of the population within 2014 after dependents of labourers and cooperative members were included. Certain sectors, such as the informal sector and the remaining 40% of private companies who have yet to enrol their staff, will impede achieving targeted total coverage due to competing cost priorities and weaker benefits from coverage for those people compared with other beneficiaries.

To improve implementation, each country has strived to build partnerships with private hospitals as inadequate supply and infrastructure meant government hospitals were unable to satisfy demand for universal healthcare. Indonesia's BPJS formed partnerships with 1,866 hospitals (about half of which were private) and 25,828 doctors and healthcare professionals by October 2016. However, the ratio of health insurance members per hospital remains very high. In Indonesia, primary healthcare providers refer patients to higher-level facilities. Stricter referral mechanisms from primary healthcare providers are therefore required to prevent overcrowding at the secondary and tertiary levels. Furthermore, only 64% of hospitals with the potential to join the universal healthcare programme have become official partners due to the strict accreditation policy.

Partner hospitals (as % of total hospitals) and members served in 2016



Sources: Ipsos Business Consulting Analysis, PhilHealth, BPJS, Desk research

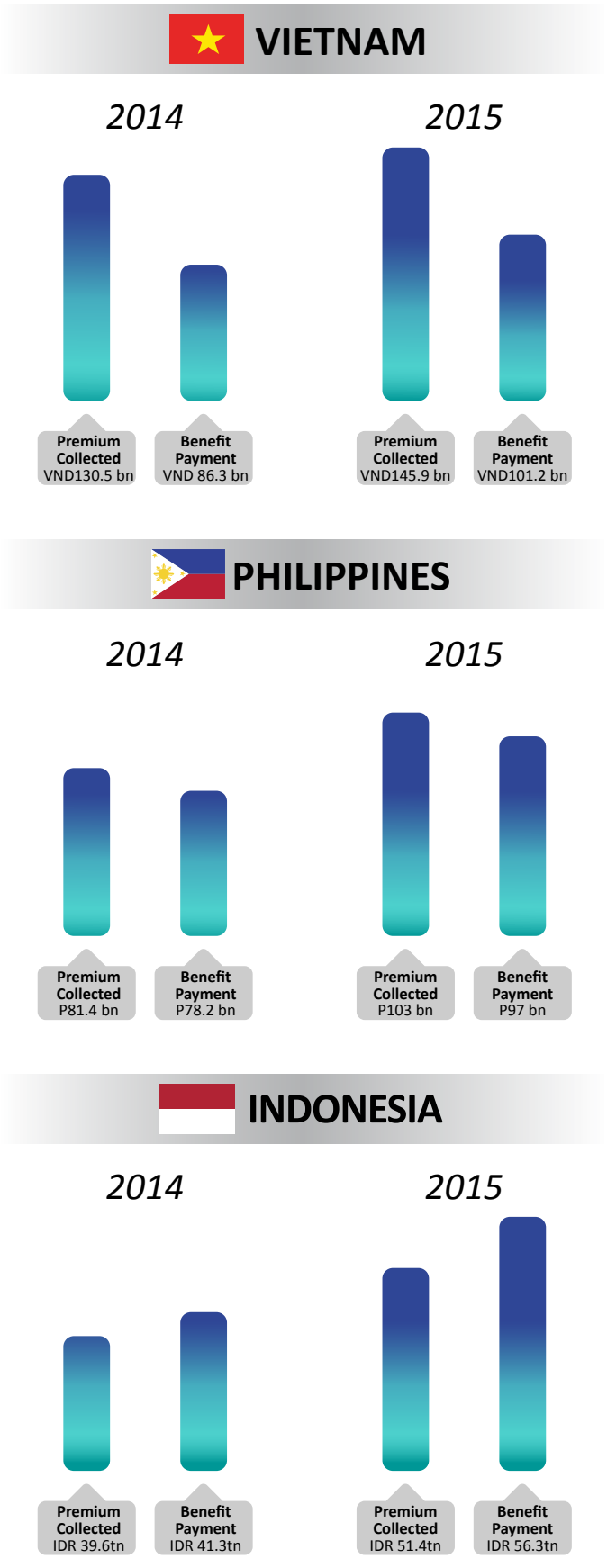
PhilHealth has also continued to increase its accredited hospitals from 1,061 at the beginning of 2015 to 1,198 within the first-half of 2016. By mid-2015, PhilHealth had contracted 17 facilities to deliver its so-called "Z packages" for severe diseases. However, despite increasing the number of healthcare facilities within the scheme, the Philippines faced similar challenges to Indonesia with regards to the number of national insurance members per participating hospital.

Vietnam, on the other hand, demonstrates much higher levels of government cooperation with hospitals than Indonesia or the Philippines. This has resulted in a better ratio of covered members per hospital. The Vietnamese government also plans to build more facilities outside of the Ho Chi Minh and Hanoi regions, as well as increasing the number of medical practitioners within the programme. The country still needs to be more vigilant in two areas, however: First, implementing stricter referral mechanisms to enforce the requirement for members to first contact community health centres for assessment, these centres will refer them to higher level facilities if needed. Currently, many people go directly to the higher healthcare facilities which means they are not entitled to full benefits. Second, the Social Security Agency should control the current fee-for-service payment system to ensure quality of service is not sacrificed for quantity.

Vietnam has generated a significant surplus in terms of the volume of premiums collected compared with healthcare expenditure even as the country has made great steps in expanding its coverage. The government plans to provide healthcare services and high-quality medicine to all beneficiaries as part of its efforts to promote social equality. To prevent future problems regarding reimbursement for fee-for-service payments, Vietnam has established "diagnostic related group" (DRG) benchmarks for reimbursement tariffs, which make it difficult for hospitals to increase patient costs by adding unnecessary treatments.

The Philippines has also created a slight premium surplus, despite having the lowest premiums as a percentage of healthcare expenditure of the three countries. PhilHealth claims to have a robust financial position for funding its expanding coverage and payments as fund reserves grow steadily, despite critics doubting the programme's sustainability. Indonesia is in a much weaker position as benefit payments have exceeded revenues for the past two years. BPJS relies on investment funds and support from central government to mitigate premium deficits. However, the significant rise in benefit payments is positive for the healthcare industry as they benefit pharmacies, hospitals and their related supply chains. The Indonesian government in early 2016 increased premiums to reduce the scheme's rising cost burden.

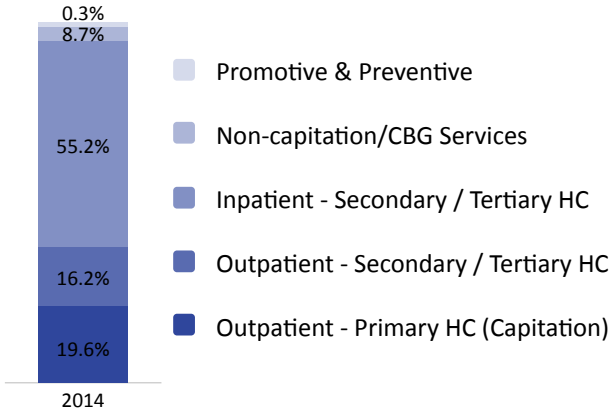
Comparison between collected premiums and benefit payments in Indonesia, the Philippines and Vietnam, 2014–15



Sources: PhilHealth, BPJS, Vietnam Ministry of Finance, Vietnam Social Security

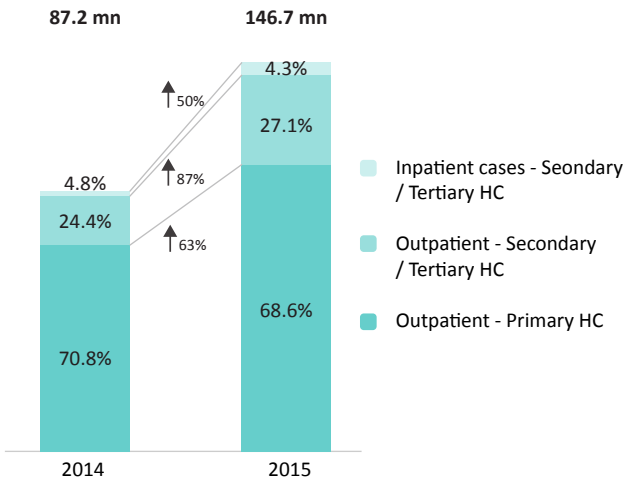
Indonesian BPJS patient visits to healthcare facilities surged by almost 70% in 2015, driven mostly by outpatient visits which increased most significantly at secondary and tertiary healthcare facilities. These figures show how the programme's benefits are amplified when access to primary healthcare facilities rises. Despite the lower proportion of inpatient cases at secondary and tertiary facilities, these centres accounted for 55% of total benefit payments in 2014. Attempts to control costs by imposing set fees per patient ('capitation') have not been entirely successful, and further changes in this area might be expected. With regards to the payment methods in secondary and tertiary facilities, the government needs to continue performing periodic reviews to ensure treatment costs are sustainable at public and private hospitals while ensuring new diseases are covered.

BPJS benefit payments by healthcare facilities, 2014



Source: BPJS Kesehatan

BPJS patient visits to healthcare facilities, 2014-15



Source: BPJS Kesehatan

Indonesia's government launched a new policy in 2016 through Ministry of Health Decree 64/2016 enabling JKN inpatients to improve their treatment class by paying the difference in costs for a better room while the treatment, drugs and equipment tariffs remain the same. This mechanism negatively affects hospitals, especially private facilities, as they have to adjust internal calculations where the level of inpatient class previously referred to different levels of equipment, medical practitioner fees, and sometimes drugs. Some of hospitals are now reluctant to continuing partnering BPJS as a result. This policy could threaten the relationship between BPJS and facilities, ultimately lowering levels of access and treatment for patients and members.

Despite the challenges and current issues, national healthcare insurance programmes present an opportunity to sustainably deliver affordable healthcare services. The key to success is collaboration and synergy among stakeholders while creating the mechanisms to address the needs and interests of each player. For businesses looking to expand within the region, it is worth noting that while Indonesia JKN programme offers strong opportunities due to its relatively low level of development, significant risks could emerge as the programme's mechanisms and regulations change.

KEY TAKEAWAYS

1. Clear market segmentation is crucial

With the ongoing implementation of national schemes, market players need to accurately determine the most favourable target segments. National programmes boost access to healthcare especially for the middle-low patient segment. Additionally, increasing income and improving health awareness will drive demand in the private sector. However, the nature of the opportunity for each segment varies greatly by country.

2. Regional disparity affects patient outcomes

Indonesia, Vietnam, and Philippines face similar problems from shortages of healthcare practitioners. The level of healthcare facilities and medical practitioners, not to mention the type of diseases, also determines the types of medical devices or equipment needed. These factors vary within each country's region, affecting patient needs, treatment programmes and opportunities for healthcare businesses.

3. Partnership with industry stakeholders is critical for understanding the evolving market landscape

Government and related bodies must continually evaluate how well they are implementing their respective national healthcare programmes, all of which are still in fairly early stages of development. Such evaluations will inevitably affect procurement mechanisms. Building and maintaining strong relationships throughout the stakeholder chain will improve the flow of reliable information regarding market dynamics which will be critical in enabling market players to develop effective strategies.

4. Expanding healthcare market will increase competition

Direct and indirect factors will continue to grow the region's healthcare industry and attract new market entrants. Identifying unmet needs, including technical factors such as product distribution and after-sales service, will help market players compete and expand their target segments.

WHAT IPSOS BUSINESS CONSULTING CAN DO?

• We can help you analyse the market, competitive landscape and customer behaviour to deliver insights into which market you should target and how you should target it.
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We are the market intelligence and strategy division of Ipsos. Your growth is our goal as we provide fact-based analysis to assist you to enter, evolve, and expand in emerging and developed markets. With our diverse background covering research marketing, strategic planning and management consulting, our role is reducing complexity to help you maximise growth opportunities. We customise each project to focus on your individual business objectives.

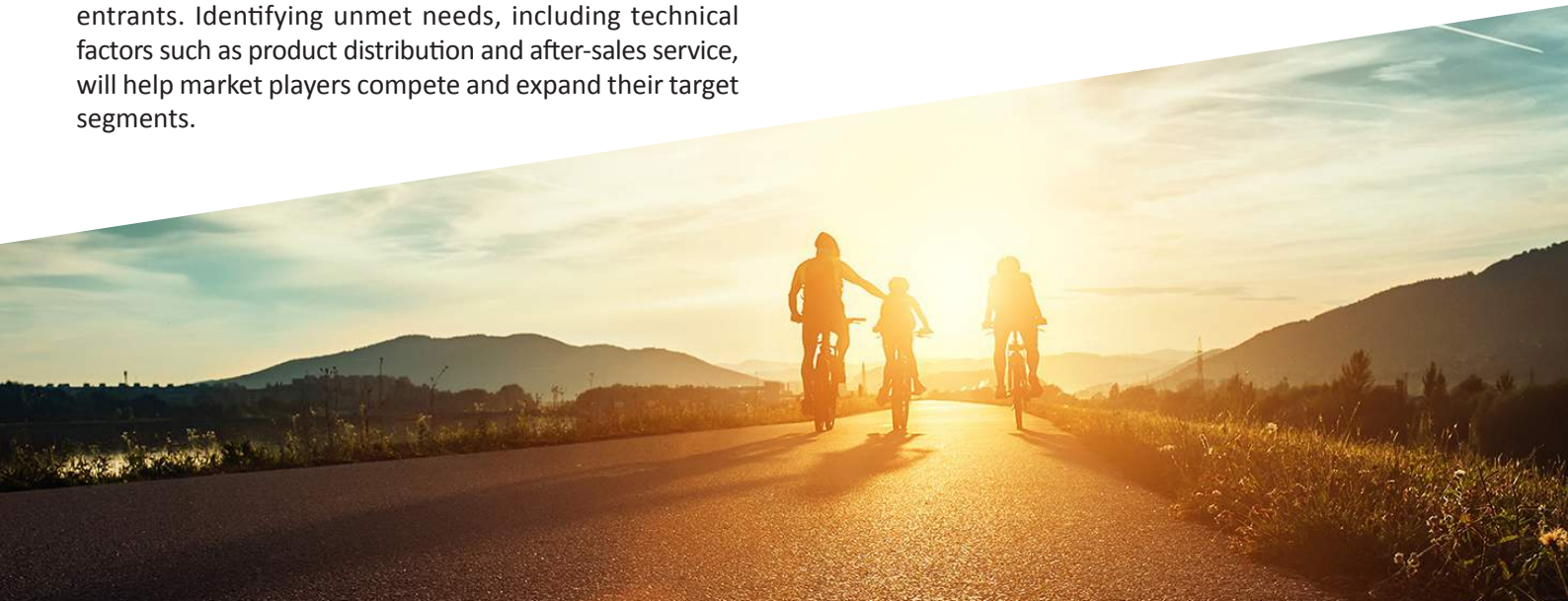
[1]Abbreviations
ASKES: Asuransi Kesehatan (previous health insurance programe)

BP: Bukan Pekerja (informal sector, such as investors, employers, retirees, etc)

PBPU: Pekerja Bukan Penerima Upah (informal sector who are not paid by another party, such as entrepreneurs)

PPU: Pekerja Penerima Upah (formal sector paid by other party, such as employees, civil servants, etc)

PBI: Penerima Bantuan Iuran (informal sector with low ability to pay premiums who are supported by government funds)



OVER

20 YEARS

EXPERIENCE OF GO-TO-MARKET strategy in emerging and developed markets

GO-TO-MARKET

Preparing for market entry has never been so complex. The rise of global connectivity, both online and in terms of real-world trade infrastructure, means that businesses need to adapt to rapid changes throughout the world of commerce. New trade partnerships allow competition to come from all sides, e-commerce requires a revolution in logistics, and the rise of internet advertising demands mastery of this new media platform.

These new market realities affect consumer preferences in terms of products and their method of purchase, advertising models, logistics in an e-commerce world, legal requirements at every step of the way, and competitors both local and overseas. Companies must remain ready to respond to real-time evaluations of sales performance, while continuing to monitor progress toward long-term goals.

Now more than ever, a detailed understanding of the market is an essential element of a winning business model. The Ipsos Business Consulting proprietary model for Go-to-Market strategy, combined with our world-class marketing research service in 88 countries around the world, puts us ahead of the pack in preparing our clients for the new realities of the global marketplace.

Ipsos begins its Go-to-Market process with a detailed assessment of the existing marketplace to identify its needs, opportunities and limitations as well as the strengths and weaknesses of competitors. We then provide a clear entry strategy based on our clients' products and their unique selling points, identifying reliable local partners to assist in market entry.

By determining market growth potential through a realistic analysis of its drivers and barriers, Ipsos clearly maps the business landscape to show the way forward. Precise customer demographic profiles identify your target market, while a breakdown of your product value chain allows you to optimise the logistics network from end to end.

This framework allows us to identify your company's inherent strengths, match each product to its ideal marketplace, and position your brand for maximum impact. We help you set realistic goals, whether your KPIs focus on growing your market share, increasing penetration or finding a new niche for your products. Ipsos's own visual model to compare pilot projects in terms of cost, timescale, ease of implementation, and potential performance level, makes deciding on strategy a straightforward process.

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Along the way, we continually seek out strategic levers your company can use to gain a market advantage, and then we convert them into clear initiatives for fast implementation. Our Project Management Office provides you with status reports and simple dashboards so that a current evaluation of your progress is always at your fingertips.

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We believe that our work is important. Security, simplicity, speed and substance applies to everything we do.

Through specialisation, we offer our clients a unique depth of knowledge and expertise. Learning from different experiences gives us perspective and inspires us to boldly call things into question, to be creative.

By nurturing a culture of collaboration and curiosity, we attract the highest calibre of people who have the ability and desire to influence and shape the future.

Our Solutions

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- Partner Evaluation
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- Optimal Channel Strategy
- Market Sizing
- Pricing
- Forecasting
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- Sales Detector
- B2B Customer Segmentation

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