

Inclusive, Sustainable, Prosperous and Resilient (INSPIRE) Health Systems in Asia and the Pacific

7-11 July 2025 • Online and at ADB Headquarters, Manila, Philippines

VISUAL SUMMARY



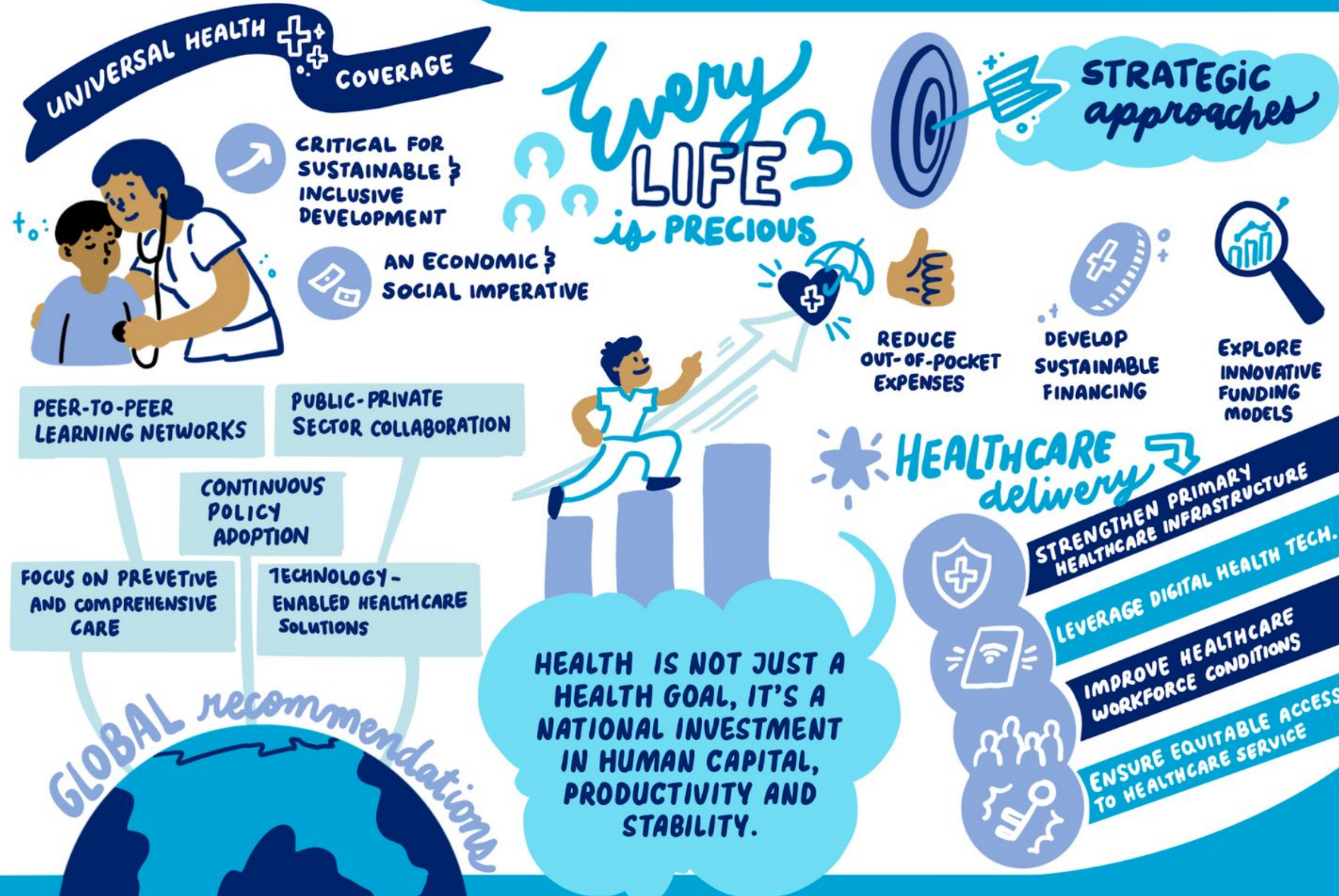


1ST **INSPIRE**
HEALTH FORUM

OPENING PLENARY

Universal Health Coverage: Sustaining National
Health Insurance & Launch of UHC PEERS

DAY 1
July
7,
2025



ACROSS ASIA AND
PACIFIC, **CLIMATE CRISIS**
IS NO LONGER A DISTANT
ENVIRONMENTAL ISSUE.
IT IS A **LIVED HEALTH
EMERGENCY**.



ASIA IS
RUNNING A
fever!

2024 is the
WARMEST YEAR

GERMS
on the MOVE!



HOTTER,
SADDER :(
minds

HEATWAVES
linked to
DEPRESSION & ANXIETY

HEALTH
SYSTEMS
under
STRESS



COMMITMENTS
NEEDED AT
GLOBAL,
REGIONAL AND
NATIONAL LEVELS

IT'S NOT ABOUT RESOURCES,
IT'S ABOUT PREPAREDNESS.

* PRIORITIZE
CLIMATE-RESILIENT
HEALTH DEV'T.

* BUILD SUSTAINABLE
& LOW-CARBON HEALTH
SYSTEMS

* DECARBONIZE THE HEALTHCARE
SUPPLY CHAIN *



G20
Climate
Health
FRAMEWORK

* MOBILIZE
CLIMATE
FINANCE *

* FACILITATE
ONE HEALTH
COLLABORATION *

KEY RECOMMENDATIONS



DEVELOP CLIMATE
-RESILIENT HEALTH
INFRASTRUCTURE

CREATE EARLY
WARNING
SYSTEMS



ESTABLISH
CROSS-BORDER
DATA SHARING



REDIRECT
FOSSIL FUEL
SUBSIDIES



PRIORITIZE
LOCAL,
COMMUNITY-
DRIVEN SOLUTIONS

250 MILLION
CHILDREN
ARE AT RISK OF NOT
REACHING THEIR
POTENTIAL.



INVESTMENT IN ECD
IS THE KEY TO HIGHEST
FUTURE RETURNS

EQUITABLE OPPORTUNITY



BETTER
EDUCATION



BETTER
EMPLOYMENT



BETTER
INCOME

THIS IS A GENERATIONAL
CRISIS, AND A CALL
TO ACTION.

EMPLOYER-LED CHILDCARE needs

BUSINESS
ALIGNMENT

CIVIL SOCIETY
FIELD BUILDING

GOVERNMENT
ENABLEMENT

COMMUNITY
LEADS DEMAND



90% OF BRAIN
DEVELOPS
BY 5 YEARS
OLD.

BEST PRACTICES



FAMILY AT HOME



ECD AT CENTRE



COMMUNITY

GENDER-RESPONSIVE LOCAL GOVERNMENT- ANCHORED MODEL



REDUCE UNPAID CARE
BURDEN ON RURAL WOMEN

IMPROVE EARLY
CHILDHOOD OUTCOMES

ENABLE ECONOMIC
MOBILITY FOR MOTHERS

DEVELOP CARE
ENTREPRENEURSHIP

ECD REQUIRES A
MULTI-SECTORAL
APPROACH.





SYSTEMIC CHALLENGES



INFRASTRUCTURE
GAPS

WORKFORCE
LIMITATIONS



FRAGMENTED
HEALTHCARE SYSTEMS

STRATEGIC APPROACHES

COMMUNITY
EMPOWERMENT

CROSS-BORDER
COLLABORATION

INTEGRATED RISK
MANAGEMENT

ONE HEALTH
APPROACH

**HEALTH IS NOT JUST ABOUT
SURVIVING; IT'S ABOUT LIVING
WITH DIGNITY, SAFETY AND HOPE.**

KEY PANDEMIC RESPONSE LESSONS

ADDRESS
MISINFORMATION

DEVELOP FLEXIBLE
COMMUNICATION
STRATEGIES

PRIORITIZE
LOCAL
SOLUTIONS

ENSURE COMPREHENSIVE,
INTEGRATED RESPONSES



POLICY and
GOVERNANCE

GLOBAL HEALTH
GOVERNANCE

SUSTAINABLE
HEALTH
FINANCING

PANDEMIC PREPAREDNESS
REGULATIONS

PRIMARY HEALTHCARE
INVESTMENT

TECHNOLOGICAL SOLUTIONS

DIGITAL
SURVEILLANCE

EARLY WARNING
SYSTEMS

DATA
INTEGRATION

EMERGENCY
WORKFORCE
PLANNING







1ST **INSPIRE**
HEALTH FORUM

INCLUSIVE HEALTH ACCESS:
Bocce for Inclusion and Wellbeing

DAY 1
July
7,
2025

 **HEALTH SYSTEMS**
should be
**INCLUSIVE &
RESPONSIVE**

 **WELL-BEING**
SHOULD BE AT THE HEART
OF HEALTHCARE DELIVERY

special
OLYMPICS

EMPOWERS
INDIVIDUALS
w/ DISABILITIES

PROVIDES
HEALTH PROG.
& ADVOCACY

CREATING INCLUSIVE
LEARNING

BOCCE
PRECISION, TEAMWORK and FUN

A PLATFORM FOR
EMPOWERMENT!



**UNIFIED
sports**
WHERE
PEOPLE w/
or w/o
DISABILITIES
play together

SPORTS
CAN BRIDGE
social divide

INCLUSION
is NOT a Policy
but a **LIVED
PRACTICE!**

SUPPORT

INVEST

PRIORITIZE





RISING HEAT IS A PUBLIC HEALTH EMERGENCY.

ILO ESTIMATES
LOSSES *by* 2030



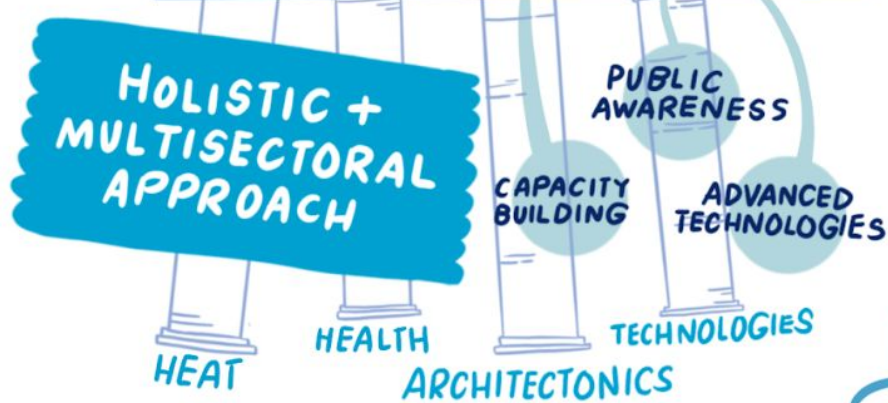
IDENTIFYING HIGH-RISK AREAS
+ COMMUNITY INTERVENTIONS



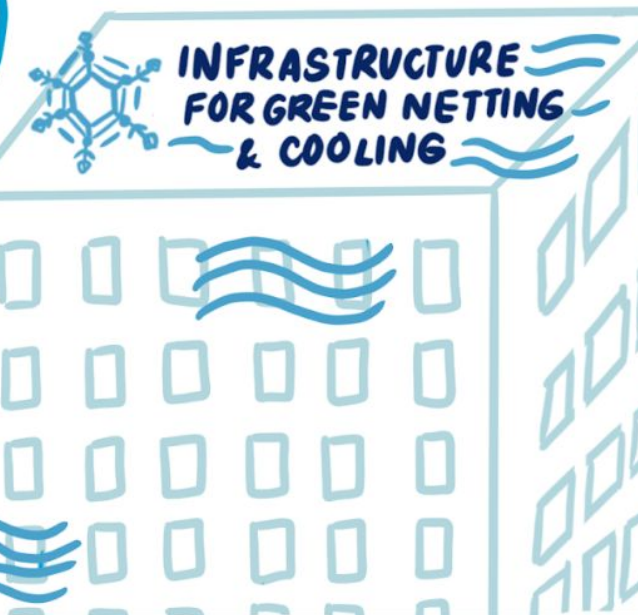
TARGETED RESEARCH + ACTION
PLANS FOR VULNERABLE GROUPS



H.E.A.T. FRAMEWORK



DECARBONIZING
CRITICAL MEDICINE



INFRASTRUCTURE
FOR GREEN NETTING
& COOLING

BUILD UHC PROGRAM

ADB'S POLICY-BASED LENDING (PBL)

UHC IN
THE PHILIPPINE
CONTEXTONLY 1/5 OF
FILIPINOS
know
ABOUT PRIMARY
CARE BENEFITSPHILHEALTH
SUPPORT IS
low
AT 27%.UHC COMMUNI-
CATION PLANIMPROVE
PRIMARY CARE
ACCESSIBILITYIMPROVE
BENEFIT
PACKAGEDOH'S
RESPONSE PLAN

BENEFITS

- NATIONWIDE IMPACT
- ALLOW EXPANSION OF TECH COOPERATION PROJECT OUTCOMES
- ENABLES INCLUSION OF POLICY ACTIONS TO SCALE UP

*future**focus for UHC*JICA'S
COLLABORATION
APPROACHHUMAN RESOURCE
DEVELOPMENT

- ADDRESS WORKER SHORTAGES
- CAPACITY BUILDING

SYSTEM
INTEGRATION

- REDUCE HC SYSTEM FRAGMENTATION
- IMPROVE SERVICE DELIVERY

DEVELOP -
MOBILE AND
FLEXIBLE
HEALTH
SERVICESACCESSIBILITY
IMPROVEMENTS

- REACH THE UNDERSERVED & REMOTE AREAS



DIAGNOSTICS are VITAL FOR:



EARLY
DETECTION



CONTAINMENT



RESPONSE

**DIAGNOSTICS IS
FRONTLINE**
— EVEN MORE IMPORTANT THAN
VACCINES AND THERAPEUTICS.

**CORE LESSONS
FROM COVID-19:**

SIMPLIFY & HARMONIZE
REGULATIONS

CLOSE EQUITY GAPS
IN ACCESS

INVEST IN PUBLIC HEALTH
LAB NETWORKS

BUILD CONNECTED DATA
SYSTEMS

STRENGTHEN HEALTH SYSTEM

USE DIAGNOSTICS

COMMUNICATE & BUILD TRUST

SUCCESS DEPENDS ON:



REGULATORY
CONVERGENCE



EXPANDED LOCAL
MANUFACTURING



EQUITABLE
FINANCING



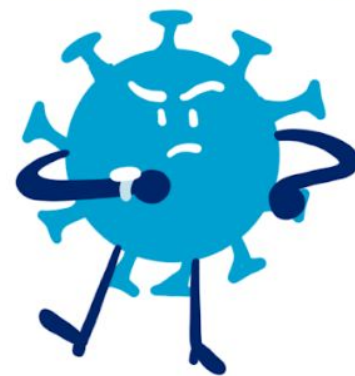
STRONG PUBLIC
COMMUNICATION



SUSTAINED POLITICAL
COMMITMENT

**DIAGNOSTICS IS THE
backbone of
PANDEMIC PREPAREDNESS.**

LACK OF DIAGNOSTICS
DELAYED
EARLY COVID-19 RESPONSE



"PANDEMICS DON'T
CREATE NEW PROBLEMS.
THEY MADE US FACE THE
PROBLEMS WE LONG
IGNORED."





ROLE OF PHI IN UHC

PHI SUPPORTS UHC THROUGH



POPULATION
COVERAGE



SERVICE
COVERAGE



FINANCIAL
PROTECTION

3 PHI TYPES:

PRIMARY:
NO PUBLIC BENEFIT
PACKAGE

SUPPLEMENTARY:
MORE CHOICE,
FASTER ACCESS

COMPLEMENTARY:
COVER SERVICES NOT
IN PUBLIC PACKAGES

POLICY INTERVENTIONS



ACCESSIBILITY



AFFORDABILITY



SCOPE /DEPTH

PRIVATE HEALTH INSURANCE

CHALLENGES

FRAGMENTED
REGULATION

MEDICAL INFLATION,
FRAUD, WASTE, ABUSE

LACK OF DATA
STANDARDS AND
INTEGRATION

POOR PUBLIC
AWARENESS AND
PERCEPTION

WEAK PROVIDER
REGULATION

SHORT-TERM
INVESTMENT
FOCUS

ADVERSE SELECTION
AND RISK POOLING
ISSUES

NEED FOR STRONG POLITICAL WILL
AND PRIVATE COLLABORATION

IMPORTANCE OF REGULATION, TRANSPARENCY
AND INTEGRATION WITH PUBLIC
SYSTEMS

SOLUTIONS

STRONGER
REGULATION

INCENTIVES FOR
INTEGRATION

BETTER DATA
SHARING

PUBLIC
AWARENESS

INNOVATIVE
PHI PRODUCTS

PHI IS CATALYST FOR UHC, BUT
FACES TRUST, REGULATORY AND
INTEGRATION BARRIERS





**POVERTY
AND
DISABILITY
ARE
INTERRELATED**

CURRENT ESTIMATES ARE
AROUND **700 MILLION PEOPLE**
IN THE REGION WITH **DISABILITIES**

ISSUES:



WHEN WE DESIGN HEALTHCARE SERVICES, WE DON'T CONSIDER PLACES WITH PWDs IN THE PHASE



TRANSPORTATION: IS IT AVAILABLE, AFFORDABLE, AND ACCESSIBLE?



CAREGIVER/PERSONAL ASSISTANTS-SOME PEOPLE NEED IT, BUT IT COST-PROHIBITIVE



MONEY- EVEN IF THE HEALTHCARE IS FREE, IT STILL COSTS TO ACCESS IT (TRANSPORT FOOD, ETC)

YOU CANNOT MAKE PLAN IF YOU DO NOT KNOW WHAT NEEDS TO BE DONE



HEALTH DISPARITIES

DEATHS PREVENTABLE BY GOOD-QUALITY HEALTHCARE 3 TIMES HIGHER IN PEOPLE WITH INTELLECTUAL DISABILITIES



HEALTHCARE SYSTEMS ARE MADE FOR MOST OF THE TIME, NOT FOR ALL PEOPLE ALL THE TIME



INCREASE INVESTMENT IN:

ASSISTIVE TECHNOLOGY



HUMAN ASSISTANCE SERVICES

COMMUNITY-BASED REHABILITATION (CBR) SERVICES



NOTHING ABOUT US WITHOUT US





1ST **INSPIRE**
HEALTH FORUM

Parallel Session

One Health including Regional Partnerships for Health:
GMS, CAREC, and BIMP-EAGA

DAY 2
July
9,
2025



COMPREHENSIVE
NCD STRATEGIES

NCDs ARE RESPONSIBLE FOR

1 OF THE TOP 10
LEADING CAUSES OF MORTALITY
ACCOUNT FOR
28% PREMATURE DEATHS
GLOBALLY EVERY MINUTE

AREAS OF HEALTH TECHNOLOGY
INTERVENTIONS FOR BETTER NCD CARE

SCREENING & EARLY DETECTION

EHR & HEALTH INFORMATION
EXCHANGE PLATFORMSWEARABLE DEVICES AND
REMOTE MONITORINGINNOVATIVE TECHNOLOGIES FOR
HEALTH WORKFORCE TRAINING

TELEMEDICINE

SOVA NI BULA = BASKET OF LIVES

FIJI'S PIONEER DIGITAL TOOL FOR NCD
MANAGEMENT AT PRIMARY CARE

RECOMMENDATION

NEED TO BUILD UP MUTUAL TRUST THROUGH
CLEAR COMMUNICATIONS AND COORDINATIONSDON'T REPLICATE TOOL FOR OTHER COUNTRIES;
TAILOR IT FOR YOUR OWN COUNTRYCO-DESIGN YOUR TOOL WITH YOUR USERS;
WORK, INTEGRATE YOUR SYSTEM WITH THEIRS

EMPOWER LOCAL TEAMS

PORTABLE HEALTH CLINIC FOR DEVELOPING
WORLD (LAUNCHED IN BANGLADESH)A TELEHEALTH SYSTEM FOR UNREACHED COMMUNITIES
WITH PREVENTATIVE CARE IN A POPULATION
MANAGEMENT APPROACH

4 COMPONENTS

VILLAGE HEALTH WORKER

PORTABLE HEALTH CLINIC TOOLKIT

PHC APPS

DOCTORS AT CALL CENTER

KOREAN NCD MANAGEMENT
SYSTEM FOR AN AGING POPULATION

1. INCREASE IN NCD PATIENTS DUE TO
POPULATION AGING
2. NCDs MANAGEMENT SYSTEMS BY NHIS
3. ALL NCD-RELATED HEALTH DATA IS
INTEGRATED INTO NHID
4. CUSTOMIZED HEALTH MANAGEMENT
ENABLED BY NHIS BIG DATA

qXR: CHEST X-RAY AI

- DETECTS AND LOCALIZES 30+ CHEST
ABNORMALITIES, INCLUDING LUNG NODULES
- PRIORITIZES THE WORKLIST FOR ABNORMAL CHEST X-RAYS
- GENERATES AI SECONDARY CAPTURED OF CHEST X-RAY
- PRE-POPULATES AN EDITABLE RADIOLOGIST REPORT



ADB SUPPORTS VARIOUS
BLENDED FINANCE
MODALITIES AND
EMPHASIZED
COUNTRY OWNERSHIP
AS KEY TO SUSTAINABLE
RESULTS.



FRAGMENTED
FUNDING
ECOSYSTEMS



COMPLEX DONOR
PROCESSES AND
VOCABULARIES

DIFFICULTY
INTEGRATING
INTO NATIONAL
SYSTEMS

Solutions



USE MDB CONCESSIONAL
LOANS + GRANTS TO
SCALE PHC INVESTMENTS

STRENGTHEN COORDINATION AMONG
GOVERNMENTS, BANKS, AND PARTNERS ✓



TAILOR CO-FINANCING
TO COUNTRY NEEDS

HARMONIZE DONOR EFFORTS
THROUGH COUNTRY-FACING TEAMS ✓



IMPROVE SHARED DEFINITIONS OF RISK-
SHARING AND PIPELINE COORDINATION

BLENDED FINANCING



EQUITY



COMMUNITY
PARTICIPATION



INCLUSIVE
GOVERNANCE

ALIGN EFFORTS
WITH THE

**LUSAKA
AGENDA'S
FIVE SHIFTS:**

- * STRENGTHEN PRIMARY HEALTH CARE (PHC)
- * CATALYZE DOMESTIC FINANCING
- * PROMOTE HEALTH EQUITY
- * INCREASE OPERATIONAL COHERENCE
- * SUPPORT R&D AND REGIONAL
MANUFACTURING



HEALTH IS THE FOUNDATION OF DEVELOPMENT

**PRC
FUND
GOALS**

- POVERTY REDUCTION
- REGIONAL COOPERATION
- SHARING LEARNING



WHAT DETERMINES SUCCESS OF OUR
PANDEMIC RESPONSE IS NOT "WHAT"
BUT "HOW" WE ARE GOING TO DO IT.



SYSTEMS
TRANSFORMATION



SOURCE TO SOURCE
COLLABORATION



VACCINATION
PROGRAM

VACCINATION CAMPAIGNS:

PANDEMIC, OUTBREAK, VACC. RECOMMENDATIONS



DIGITALIZING
INFO HELPS
PRECISION in
VACCINE COVERAGE



AEFI SURVEILLANCE &
RESPONSE IN PRC

ADVERSE
EFFECTS
FOLLOWING
IMMUNIZATION



MONITORING ANY
UNFAVORABLE OR
UNINTENDED
SYMPTOMS AFTER
VACCINATION

PRC HAS
ACHIEVED
RESULTS
WITH
RELATIVE
LOW COST.

PRIORITY AREAS FOR ADB FUND



GRASSROOTS
HEALTH



PUBLIC
HEALTH
PREPAREDNESS



ADVANCING
EQUITY



HEALTH
TECH



PRIVATE SECTOR'S ROLE in
UNIVERSAL HEALTHCARE (UHC)INNOVATION, EFFICIENCY,
AND RESOURCESADDRESS HEALTHCARE GAPS
IN UNDERSERVED AREASCOMPLEMENT GOVERNMENT
HEALTHCARE EFFORTSTECHNOLOGY, FINANCING
AND PARTNERSHIPSCHALLENGES in
HEALTHCARE access

HIGH COST of CARE

REACHING REMOTE
POPULATIONS

REGULATORY HURDLES

SHORTAGE OF HEALTHCARE
WORKERS

PRIVATE SECTOR'S PERSPECTIVE

IMPACT

FINANCIAL

SUSTAINABILITY



ACCESS



AFFORDABILITY



INNOVATION

- SOCIAL IMPACT WITH ECONOMIC VIABILITY
- REPLICABLE AND SCALABLE
- LONG-TERM INVESTMENT



Key STRATEGIES

TECHNOLOGICAL
innovationCOST
reduction

WORKFORCE training

STRATEGIC
partnershipsFOCUS on UNDERSERVED
populationsHEALTHCARE AS A
COLLECTIVE
RESPONSIBILITYEARLY DISEASE
INTERVENTION IS
CRUCIALNEED FOR AFFORDABLE
AND ACCESSIBLE
HEALTHCAREROLE OF PRIVATE SECTOR IN
COMPLEMENTING PUBLIC
HEALTHCARE SYSTEMS



1ST **INSPIRE**
HEALTH FORUM

PARALLEL SESSION
Travel Safe, Stay Safe: Reinventing Health
Systems for Tourism

DAY 2
July
8,
2025

GOALS



RAISE AWARENESS:
HEALTH ↔ TOURISM
AND VULNERABILITY



SHARE INNOVATION:
HEALTH SECURITY
+ CLIMATE RESILIENCE



GUIDE ACTION:
ROBUST MEASURES
FOR FUTURE DISRUPTIONS



FOSTER COLLABORATION:
INVESTMENTS FOR RESILIENT
TOURISM

"TOURISTS ARE NO LONGER
JUST VISITORS. THEY ARE
POTENTIAL OF VECTORS OF
DISEASES."

INSIGHTS



HEALTH AND TOURISM
INTERDEPENDENCE

CLIMATE CHANGE:
RISK MULTIPLIER



ACTIONS



REGIONAL
COORDINATION



TECHNICAL
ASSISTANCE



DIGITAL
INNOVATIONS



EDUCATION & CAPACITY
BUILDING

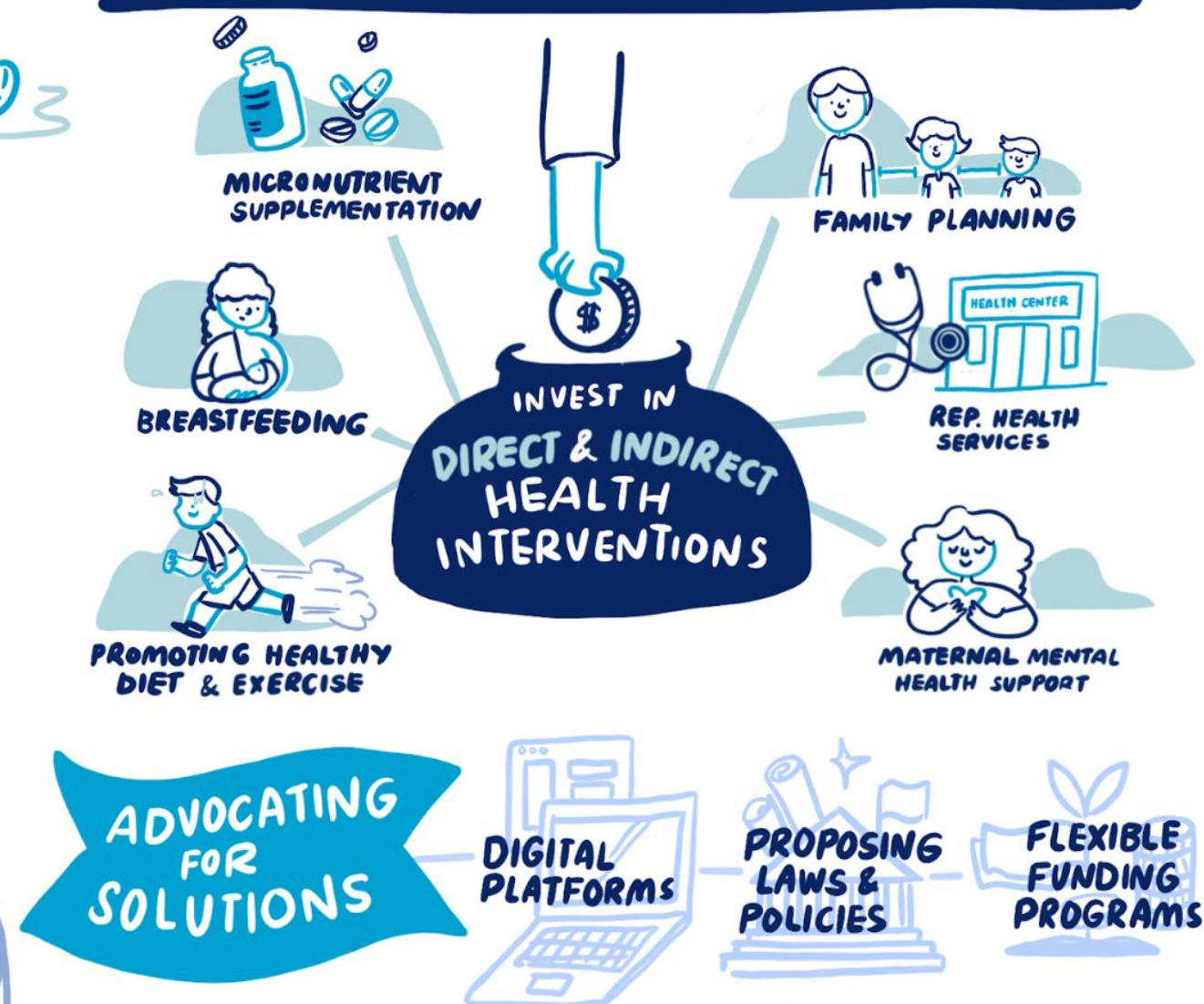
**TOURISM'S
FUTURE
= STRONG,
RESILIENT
HEALTH
SYSTEMS**

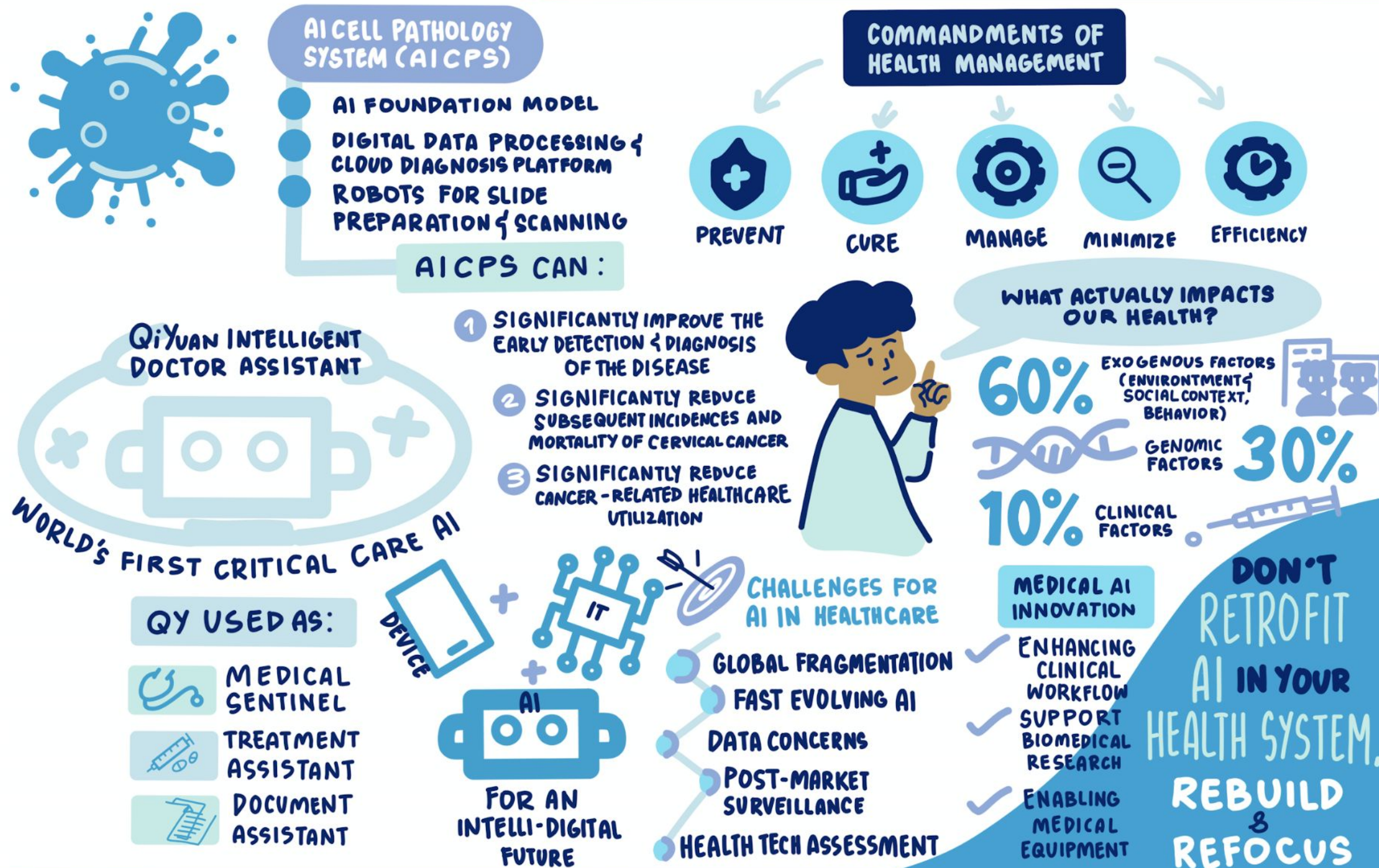


MALNUTRITION ARISES FROM A NUMBER OF FACTORS:

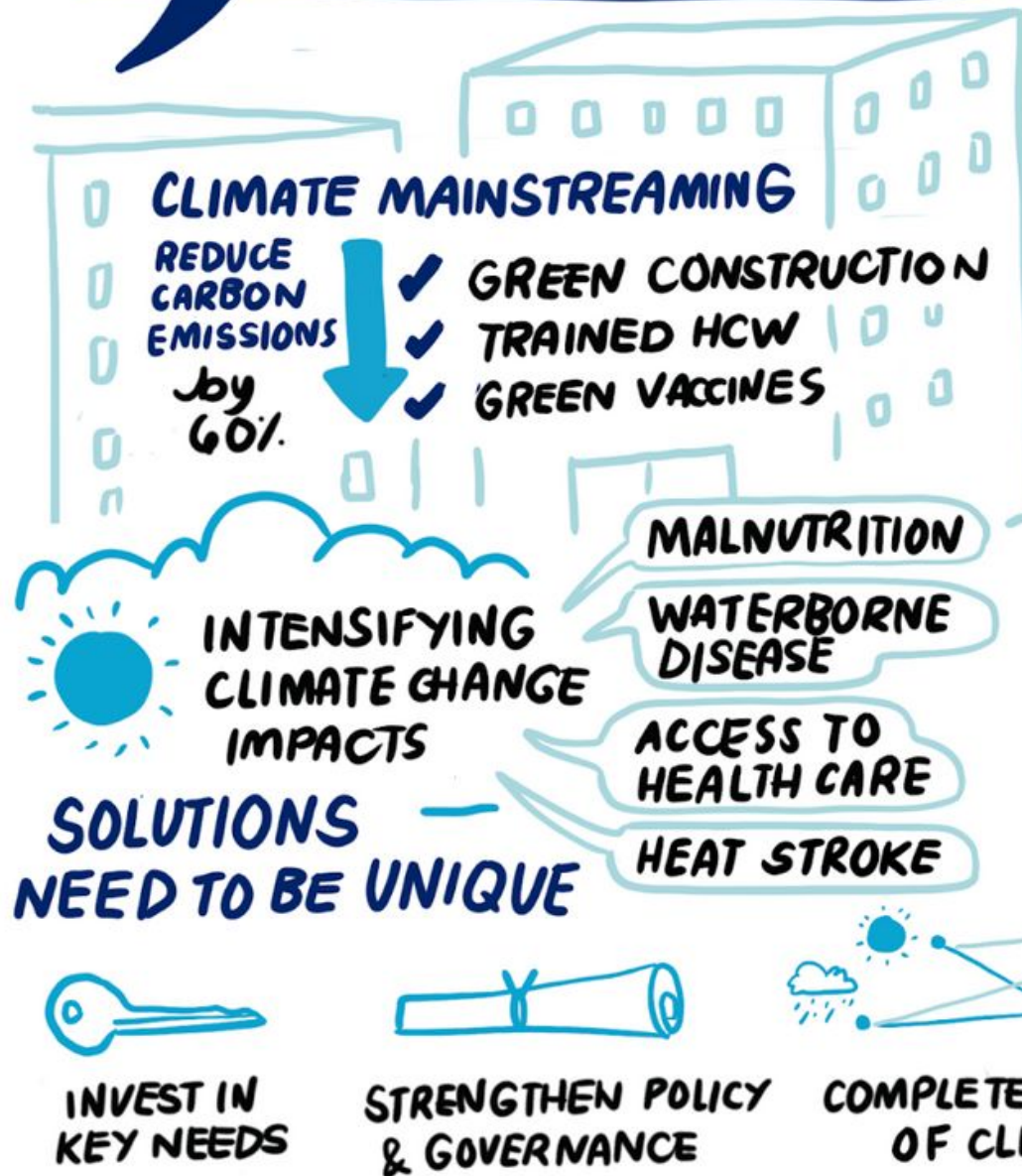


ADDRESSING MALNUTRITION THROUGH BOTH HEALTH AND FOOD SYSTEMS





CLIMATE & HEALTH IS GOING
TO DETERMINE THE BURDEN
OF DISEASE IN COMING YEARS.



CLIMATE CHANGE REQUIRES
COMPREHENSIVE, WELL-COORDINATED
AND ADEQUATELY FUNDED
INTERVENTIONS.



**PATIENT SAFETY:
A CORNERSTONE
FOR UNIVERSAL
HEALTH COVERAGE****COVERAGE DOES NOT MEAN
EFFECTIVE COVERAGE****UNSAFE
CARE IS A
TOP BARRIER****ACHIEVING
UHC**UNSAFE CARE
ARISES FROM
SYSTEMIC
FAILURESNOT DUE
TO ONE
INDIVIDUAL**PATIENT SAFETY
SHOULD NOT
BE AN
AFTERTHOUGHT.****POOR
REPORTING:
MISTAKES CAN'T
BE CORRECTED****REAL PROGRESS REQUIRES
NATIONAL LEADERSHIP &
CROSS-SECTORAL PARTNERSHIP****PATIENT SAFETY AS A NATIONAL
PRIORITY REQUIRES SYSTEMIC,
DATA-DRIVEN REFORMS****IMPROVING QUALITY
of HEALTH CARE****HUMAN
RESOURCES****HEALTH
FACILITIES****CO-DEVELOPING STRATEGIES
WITH PATIENTS****ESTABLISHING
PATIENT
EXPERIENCE
FEEDBACK
MECHANISMS**

EXPERIENCE:



MEDICAL EQUIPMENT MANAGEMENT IN NEPAL



80 PUBLIC HOSPITALS ACROSS **5** PROVINCES
71% GOOD AND IN USE
5.6% GOOD AND NOT IN USE

CHALLENGES:

- SEVERE SHORTAGE OF BIOMEDICAL ENGINEERS & TECHNICIAN
- LIMITED DIGITAL INVENTORY SYSTEM
- INADEQUATE FINANCING FOR MAINTENANCE AND REPAIR
- MALDISTRIBUTION AND MISALIGNMENT OF EQUIPMENT SUPPLY

RECOMMENDATIONS

- ✓ INSTITUTIONALIZE DIGITAL INVENTORY SYSTEM
- ✓ ENABLE RELOCATION
- ✓ EXPLORE PUBLIC-PRIVATE PARTNERSHIP



MAXIMIZING DIGITAL TECHNOLOGY IN NHI

RESOURCE
INTEGRATION

SERVICE
INTEGRATION

DATA
INTEGRATION

5S TO PREVENT MEDICAL ACCIDENTS



5S
SORT

SET

SHINE

STANDARDIZE

SUSTAIN



OXYGEN SYSTEMS STRENGTHENING

CHALLENGES:

- OPERATIONS, MAINTENANCE TRACKING GAP
- SUSTAINABILITY, FUNDING, LEADERSHIP AND CAPACITY BUILDING

BUILDING A BIOMEDICAL ECOSYSTEM

NSIs FOCUS AREAS

- TRAINING
- CURATIVE SERVICE
- SUPPORT PROGRAM
- HOSPITAL STRENGTHENING PROGRAM
- MONITORING





GLOBAL HEALTH WORKFORCE CHALLENGES

11 MILLION SHORTAGE *by 2030*

UNEQUAL DISTRIBUTION and QUALITY

THE NEED FOR WORKFORCE POLICIES

INTEGRATE EMERGING FIELDS
LIKE CLIMATE, DIGITAL HEALTH

INTERPROFESSIONAL,
TEAM-BASED
LEARNING

COMPETENCY-BASED
CURRICULUM



EDUCATION SYSTEM TRANSFORMATION

INNOVATIVE SOLUTIONS



DIGITAL
TRAINING



PUBLIC-
PRIVATE
PARTNERSHIPS



SCHOLARSHIPS



INTERPRO-
FESSIONAL
EDUCATION

future PRIORITIES



personalized
HEALTHCARE



digital MEDICAL
EDUCATION



primary
HEALTHCARE WORKFORCE



Continuous
PROFESSIONAL DEV'T.



DR. SALLY JANE EDWARDS (WHO) DEFINED
**CRESH: FACILITIES THAT ANTICIPATE,
RESPOND TO, COPE WITH, RECOVER FROM,
AND ADAPT TO CLIMATE SHOCKS WHILE
MINIMIZING ENVIRONMENTAL HARM.**

WHO'S FRAMEWORK



HEALTH WORK-
FORCE CAPACITY



RESILIENT WATER,
SANITATION,
HYGIENE



SUSTAINABLE ENERGY
SYSTEMS



CLIMATE-SMART BUILDINGS AND
TECHNOLOGIES

**THE CLIMATE IS CHANGING AND
THEREFORE WE NEED TO KEEP UP
AND CHANGE WITH IT.**

WHAT NEEDS TO BE DONE



BUILD CLIMATE
CHAMPIONS

MANDATORY TRAINING
AND PERFORMANCE
INCENTIVES



AGENCIES MUST
SPEAK THE SAME
"LANGUAGE"

CLIMATE RISKS ARE
EVOLVING —
PLANS MUST BE
ADAPTABLE



TIERED ESG
STANDARDS
IN INSURANCE

EFFECTIVE CLIMATE- RESILIENT SYSTEMS NEED:



ENGAGED
WORKFORCE



INTERSECTORAL
COLLABORATION



CLIMATE RISKS
INTEGRATION TO
HEALTH FINANCING



NATIONAL POLICIES THAT
CONNECT CLIMATE ACTION
WITH HEALTH SYSTEM
STRENGTHENING

KEY OBJECTIVES

EARLY CANCER
DETECTION



REDUCE CANCER
INCIDENCE

MAKE CANCER CARE
MORE ACCESSIBLE &
AFFORDABLE



PREPARE HEALTH
SYSTEMS FOR
INCREASING CANCER
BURDEN

**WE NEED MORE
INVESTMENT ON
RESEARCH!**

INDIA'S CANCER CARE APPROACH

STATE CANCER INSTITUTES



DISTRICT SCREENING



COMMUNITY
HEALTH CENTERS



FLEXIBLE
CANCER
ASSISTANCE
FUND



SELF-COLLECTION
METHOD FOR
CERVICAL CANCER
SCREENING

Philippines' **CANCER
CARE MODEL**

PATIENT
NAVIGATION
INCLUDING
PEER
NAVIGATORS

NATIONAL
INTEGRATED
CANCER
CONTROL
COUNCIL

HEALTHCARE financing

- SCREENING AND
DETECTION FOCUS
- BENEFIT PACKAGE EXPANSION
- PATIENT-CENTERED
JOURNEY
- COVERAGE FROM SCREENING
TO END-OF-LIFE CARE
- CONTINUOUS
STAKEHOLDER





1ST **INSPIRE**
HEALTH FORUM

PARALLEL SESSION:
Sustainable & Resilient Health Systems:
Pakistan, Philippines & CAREC

DAY 3
July
9,
2025

HEALTHCARE SUSTAINABILITY IN ASIA

NEED TO MOVE
BEYOND JUST
BUILDING FACILITIES

HEALTH SYSTEMS
SHOULD BE RESILIENT,
SUSTAINABLE & DIGITAL

SYSTEMIC CHANGE APPROACH

BUILD INTERNAL
CAPACITY IN THE
GOVERNMENT &
HOSPITALS



MOVE FROM ADVOCACY
TO PRACTICAL IMPLEMENTATION

STANDARDIZE CARBON
EMISSIONS ANALYSIS
ACROSS HEALTHCARE
SYSTEMS



SUSTAINABILITY

PAKISTAN: DECARBONIZING
HEALTHCARE

PHILIPPINES: GREEN HOSPITALS

CENTRAL ASIA: REGIONAL CLIMATE &
HEALTH COLLABORATION

CHALLENGES



LIMITED
RESOURCES

NEED FOR CAPACITY
-BUILDING



BALANCING COST-
EFFICIENCY WITH
QUALITY CARE

ENSURE
QUALITY CARE
WHILE
REDUCING
EMISSIONS

PRIORITIZE
PRACTICAL,
EVIDENCE-BASED
CHANGES

focus on
**SOLAR
ENERGY
EFFICIENCY**



USE *green*
BUILDING ASSESSMENT
TOOLS

**25-YEAR
TRANSFORMATION
JOURNEY**



ENGAGE
MULTIPLE
STAKEHOLDERS

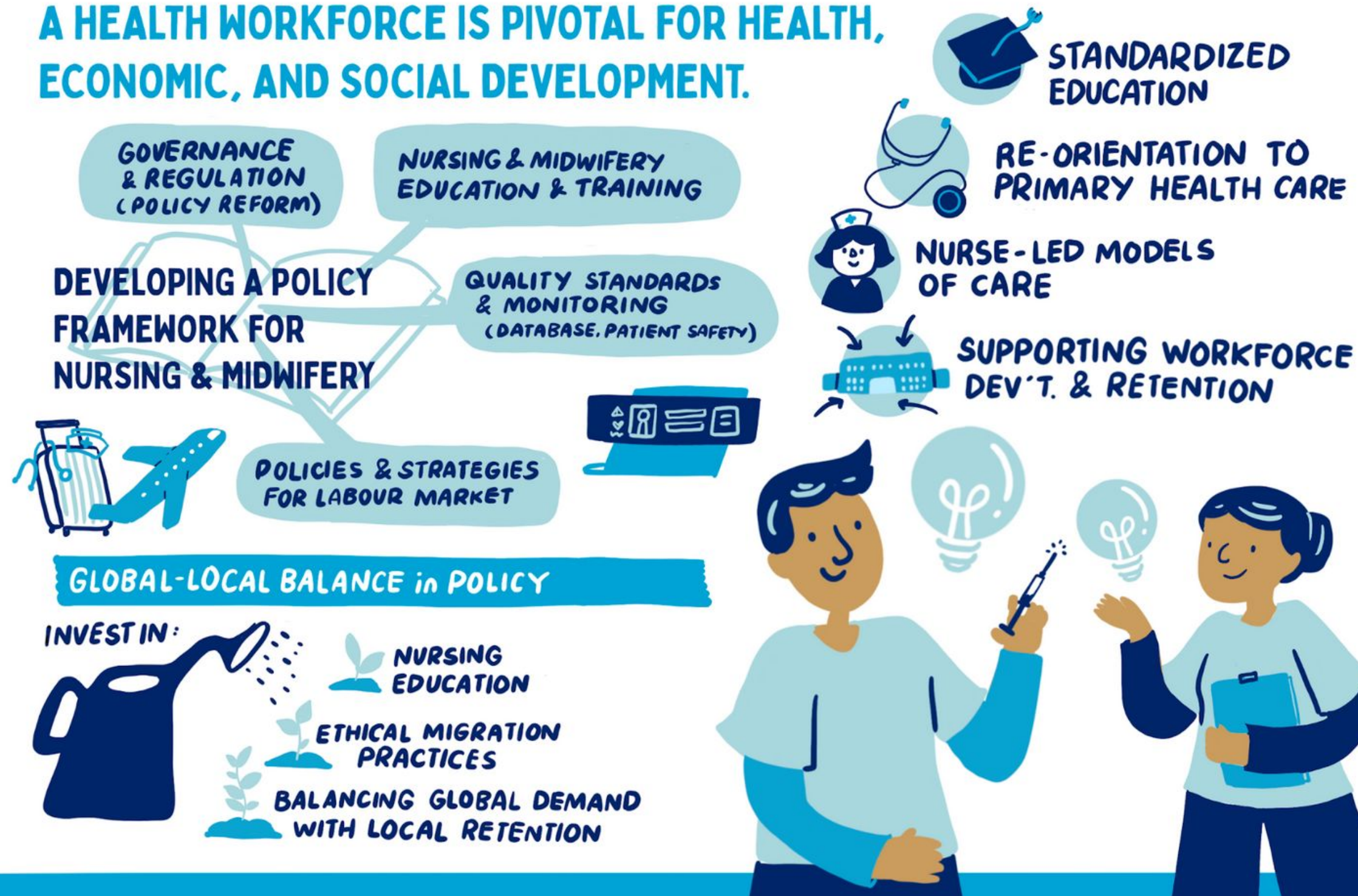
SHARE BEST
PRACTICES



BUILD INT'L
PARTNERSHIPS



A HEALTH WORKFORCE IS PIVOTAL FOR HEALTH, ECONOMIC, AND SOCIAL DEVELOPMENT.





1ST **INSPIRE**
HEALTH FORUM

PARALLEL SESSION
Advanced Warning & Response (AWARE) Systems

DAY 3
July
9,
2025



**LONG-TERM CARE (LTC) MUST BE SEEN
AS A CORE COMPONENT OF HEALTH
AND SOCIAL PROTECTION SYSTEMS.**





COALITION of FUNDERS



SUCCESS FACTORS



BARRIERS

- UNDERDEVELOPED RESEARCH SYSTEMS
- WEAK PRODUCTION CAPACITY
- DONOR FATIGUE
- SHIFTING PRIORITIES of FUNDERS

FRAGMENTATION of FUNDING
along the VALUE CHAIN of R&D

NO SINGLE FUNDER
can fund
end-to-end
R&D VALUE
CHAIN



MULTIPLE PROPOSALS
to MULTIPLE FUNDERS

INEFFICIENCIES in R&D
EFFORTS



GOALS

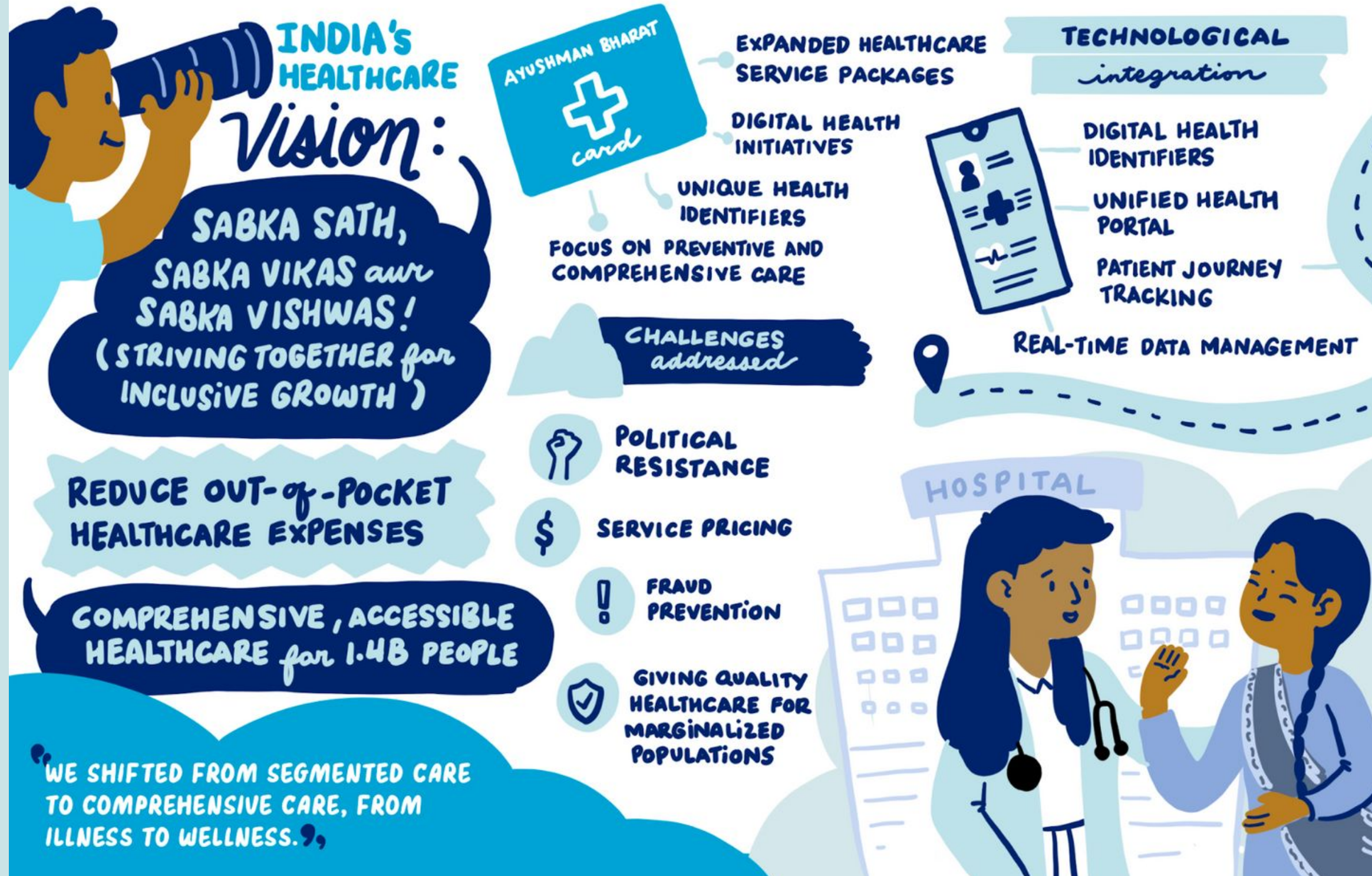


REGIONAL LEVEL COORDINATION

CATALYZE a MOVEMENT for FUNDERS
to STEP UP and LEAD in RESEARCH

REGIONAL LEVEL R&D ECOSYSTEMS

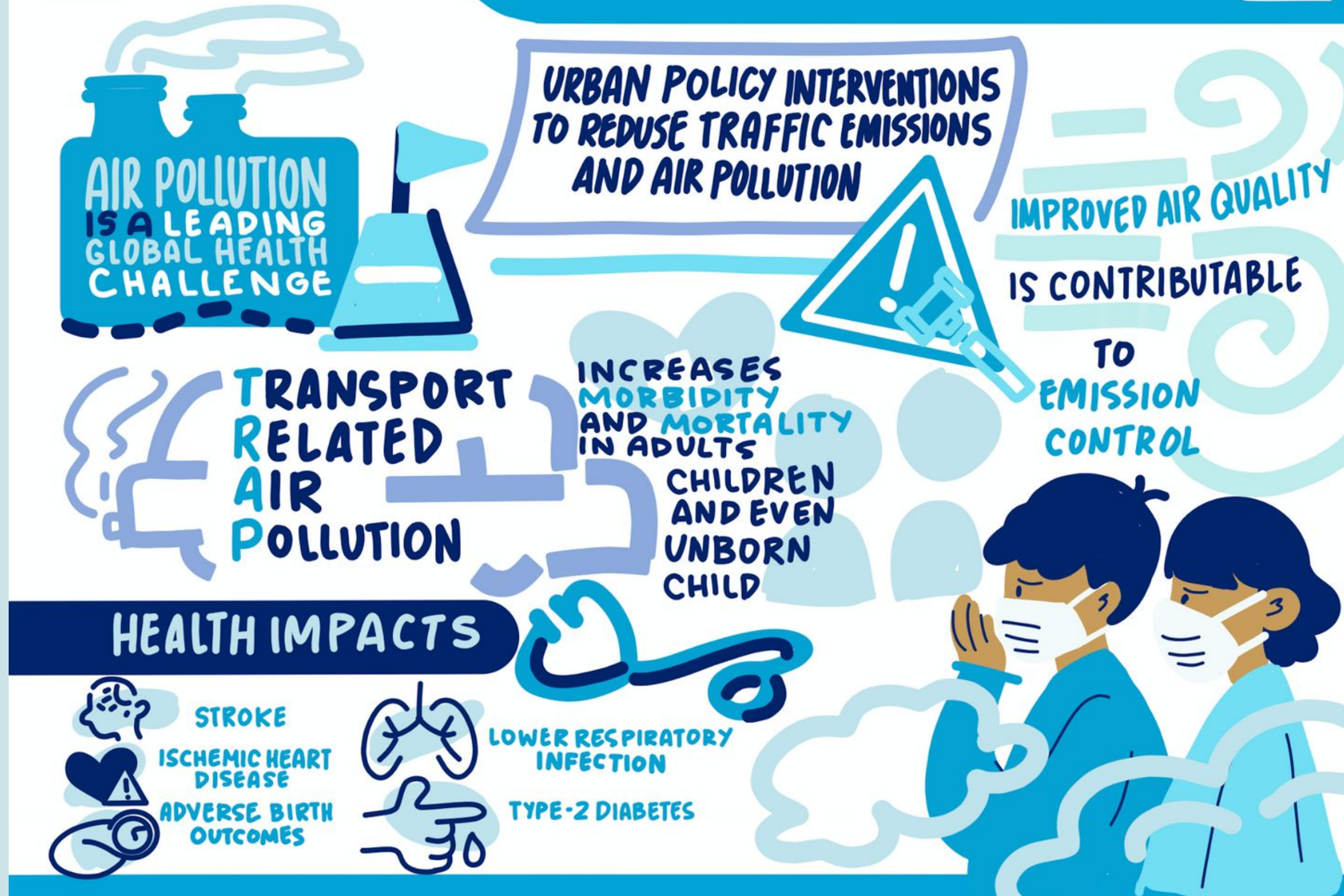
LOOKING NOT ONLY AT THE PRODUCTS OF R&D,
BUT ALSO BUILDING AN ENABLING ENVIRONMENT FOR THEM.



WHAT DO GOV'TS
EXPECT FROM PPP?

IMPROVE SERVICES

HELP ADDRESS
SUPPLY & DEMANDGOVERNMENTS NEED
TO LEARN ABOUT PPP
& HELP EDUCATE
THE PUBLIC ON PPP.ADDRESS MISCONCEPTIONS
RELATED TO PUBLIC-
PRIVATE PARTNERSHIPS:BUILD TRUST BETWEEN
PUBLIC AND PRIVATE
SECTORS, AND WITH
PATIENTS.WHAT DOES THE
PRIVATE SECTOR
EXPECT FROM PPP?STRONG EXPERTISE
(DIVERSE SERVICE MIX)CLEAR VISION FROM
THE GOVERNMENT
(REGARDLESS OF POLITICS)REALISTIC BUDGET
& CONTRACT





6 PILLARS FOR STRONG HEALTH LOGISTICS:



SKILLED
PERSONNEL



BETTER
PROCUREMENT



STRONG DIGITAL
PLATFORMS



GLOBAL DATA
STANDARDS



STRONG
GOVERNANCE



PUBLIC-PRIVATE
COLLABORATION

PEOPLE, PROCESSES,
AND TECHNOLOGY MUST
ALIGN TO DELIVER

**SAFE, RELIABLE
MEDICINES.**

**"QUALITY IS
STRATEGIC,"
NOT JUST REGULATORY.**

**STRONG SYSTEMS ARE
NEEDED FOR CONTINUOUS
ACCESS TO LIFE-SAVING
SUPPLIES, EVEN DURING
CRISES.**

THAILAND'S JOURNEY FROM BASIC RURAL
HEALTHCARE TO A COMPREHENSIVE
UNIVERSAL HEALTH COVERAGE SYSTEM

TRANSFORMED HEALTHCARE
FROM A COMMODITY TO A
FUNDAMENTAL RIGHT

KEY INNOVATIONS



- DIGITAL HEALTH SOLUTIONS
- MEDICAL DEVICE INNOVATIONS
- AI-POWERED HEALTHCARE SERVICES
- COMPREHENSIVE PREVENTIVE AND PROMOTIONAL SERVICES



GOVERNANCE AND POLICY APPROACH



EVIDENCE-
BASED
POLICY-
MAKING



STRONG
RESEARCH
INSTITUTIONS



INCLUSIVE
GOVERNANCE



EMPHASIS
ON PHC



CONTINUOUS
SYSTEM
IMPROVEMENT

future
DIRECTIONS



MANAGING INCREASING
HEALTHCARE DEMAND

ADAPTING TO
TECHNOLOGICAL
CHANGES



ADDRESSING SOCIAL
DETERMINANTS OF
HEALTH

BALANCING PUBLIC
AND PRIVATE HEALTHCARE



MOVING TO
REACTIVE
CRISIS
RESPONSE

PANDEMIC
PREPAREDNESS

**PATHOGENS
DON'T RECOGNIZE
BORDERS.**



SINCE COVID, THERE'S BEEN
A GREATER AWARENESS OF
ZOO NOTIC TRANSMISSION.

CROSS-SECTORAL COLLAB.

**INTEGRATED
APPROACH:**

- WORKING ACROSS SECTORS
- CROSS-COUNTRY &
REGIONAL COORDINATION



GOAL:

EQUIP PRIMARY
HEALTH CARE CENTERS

WE NEED A WHOLE-OF-
-SOCIETY APPROACH in
PANDEMIC PREPAREDNESS.



DATA SHARING & JOINT
RISK ASSESSMENT

HEALTH
INFORMATION
SYSTEM

SURVEILLANCE &
EARLY WARNING
SYSTEM

BUILD COMMUNITY
RESILIENCE & TRUST

STRONG HEALTH
SYSTEMS



1ST **INSPIRE**
HEALTH FORUM

PARALLEL SESSION
Digital Health Innovations & Use of GIS and Earth
Observation in the Health Sector

DAY 3
July
9,
2025

HEALTH IS
BECOMING
MORE
COMPLEX

NEED FOR
INTELLIGENT EFFICIENT
HEALTH SYSTEMS

**GIS MATTERS FOR
HEALTH SYSTEM**



FACILITY PLANNING



**RESOURCE
ALLOCATION**



**EMERGENCY
RESPONSE**



DISEASE SURVEILLIANCE



**HEALTH EQUITY
MONITORING**

ROLE OF GIS IN HEALTH

- ✓ UNCOVER SPATIAL PATTERNS
- ✓ SUPPORTS DATA-DRIVEN DECISIONS
- ✓ ENABLE COMPLEX ANALYSES

**EARTH
OBSERVATION**

DATA HELPS TO **INFORM**
CHOICES TO **STRENGTHEN**
PUBLIC HEALTH IN INTERNAL
DEVELOPMENT
ASSISTANCE

**DIGITAL HEALTH,
GIS AND EO
ARE ACCELERATING
THE IMPACT OF
DEVELOPMENT
ASSISTANCE AND
IMPROVING
HEALTH SYSTEM
RESILIENCE**





**RESILIENCE IN
HEALTH
INFRASTRUCTURE**
IS ESSENTIAL FOR SAFE
AND QUALITY CARE

CLIMATE CHANGE

IS A LIVED REALITY
FOR PACIFIC ISLANDS

**CLIMATE CHANGE
ADAPTATION**

- a MECHANICAL
- b NATURAL
- c HYBRID

SOLUTIONS

**CLIMATE
CHANGE**
IS MAJOR
THREAT

CHALLENGES



LACK OF FUNDING



RIISING SEA LEVEL



SECURITY



WEATHER



LACK OF ACCESSIBILITY



**PEOPLE-CENTERED
SOLUTIONS**

and
LOCAL ADAPTATION
ARE CENTRAL TO BUILDING FUTURE-
READY HEALTH SYSTEMS

STRATEGIES



PEOPLE AT THE CENTER



MULTI-SECTORAL
APPROACH



CLIMATE ADAPTATION



LOCALIZED AND
CONTEXTUALIZED
SOLUTIONS



GREEN FINANCING

SIX KEY REFORMS



PRIMARY CARE

- REVITALIZED 10,000 PC CLINICS
- EXPANDED SERVICE FROM MOTHER/CHILD TO ENTIRE LIFE CYCLE

SECONDARY CARE

- ESTABLISHED CANCER AND STROKE TREATMENT FACILITIES
- UPGRADED HOSPITAL INFRASTRUCTURE



MEDICAL SUPPLY INDUSTRY

- INCREASED VACCINE COMPANIES FROM 1 TO 3
- DEVELOPING PLASMA-BASED PRODUCT FACTORIES

HEALTHCARE FINANCING

- ESTABLISHED NATIONAL HEALTH ACCOUNT
- AIM TO INCREASE NATIONAL INSURANCE COVERAGE BY 80%.

HEALTHCARE HUMAN RESOURCES

- TARGETING 10,000 SPECIALIZED DOCTORS IN 10 YEARS
- ADDRESSING DOCTOR DISTRIBUTION AND SPECIALIZATION CHALLENGES

HEALTH TECHNOLOGY

- DIGITAL CONNECTIVITY ACROSS ISLANDS
- MODERNIZATION OF HEALTH TECHNOLOGY INFRASTRUCTURE



BEFORE [TECHNOLOGY] CHANGES US, IT'S BETTER THAT WE ARE PARTICIPATING, AND IF POSSIBLE, LEADING THE CHANGE.

HEALTH IS AN INVESTMENT





COVID-19 TAUGHT US A LOT ABOUT HOW TO RESPOND FAST.

MOVING
FORWARD

KEY LEARNINGS

VACCINES/ SUPPLIES

WORK WITH
PARTNERS FOR
PROCUREMENT

EXPAND MASS
VACCINATION
SERVICES

PANDEMIC PREP
AS PART OF NORMAL
OPERATIONS

POLICIES & INSTITUTIONS

IMPROVE
REGULATORY
STRENGTHENING

WRITING NEW
DISEASE PREVENTION
LEGISLATIONS

WHOLE-OF-GOV'T.
RESPONSE TO HEALTH
EMERGENCIES

CONVENING/ DIALOGUE

DATA SHARING
(REGIONAL VACCINE
ADVISORY GROUP)

SCIENTISTS &
POLICYMAKERS
COLLAB ON POLICIES

REGIONAL
COOPERATION

DOCUMENT OUR
BEST PRACTICES!

DIGITIZE
INFORMATION.

FOSTER COOPERATION
IN PEACE TIME.

CONTINUE HEALTH
SYSTEMS STRENGTHENING.

BUDGET
PROPOS

FACE
MASKS

**DIGITAL TRANSFORMATION IS
ABOUT INVESTMENTS THAT
TRANSCEND TOOLS ALONE.**



KEY INSIGHTS

3X35 WHO INITIATIVE

INCREASE PRICES OF
TOBACCO, ALCOHOL,
& SSB'S BY

50% BY 2035

MULTISECTORAL
COLLABORATION

RIGHT TAX DESIGN

RE-EXAMINE FINANCE
FRAMEWORKSMAINSTREAM
HEALTH TAXES IN
POLICY TALKSACCOUNTABLE
BLENDED
FINANCINGSTANDARDIZATION
OF HEALTH TAXES IN
GLOBAL AND REGIONAL
LEVELPRO-HEALTH
POLITICAL REFORMS

EXCISE TAX?

2%
LEVYPROMOTES
HEALTHIER
BEHAVIORAFTER IMPLEMENTATION,
SMOKING PREVALENCE HAS
DROPPED BY 30% IN PHHEALTH
TAXESGENERATES
VITAL
REVENUECHALLENGES
and
SOLUTIONS1. POTENTIAL IMPACT
ON REVENUE?REVENUE-GENERATING
TOOLS2. BURDEN TO
LOWER-INCOME
COMMUNITIES?HELPS PROTECT THEM
FROM HEALTH IMPACTS
OF HARMFUL PRODUCTSHEALTH
TAXES are
PRO-POOR!3. VULNERABLE TO
BUDGET CUTS?DEFEND THE HEALTH
BUDGETS!4. INTRO OF EQUALLY
HARMFUL
REPLACEMENTSVAPES
ALT. SUGARSSTRUCTURE TAXES TO
PUSH BACK AGAINST ALL
HARMFUL PRODUCTS

EXTREME HEAT IS AN URGENT AND GROWING THREAT TO HUMAN HEALTH.



LEADING TO
BEHAVIORAL
CHANGES



AFFECTING
OUR POTENTIAL.

**EACH PERSON EXPERIENCES
HEAT DIFFERENTLY.**

WHEN RAISING AWARENESS,
KEEP THE PERSON AT THE CENTER.

MOST AT RISK



BOOSTING URBAN HEAT RESILIENCE



AMBULANCE-BASED
RAPID COOLING



TRAINING HEALTH
WORKERS



DEVELOPING NEW
COOLING SYSTEMS

HEALTH DATA FOR POLICY AND INNOVATION



GATHERING DATA
FOR ACTION PLANS

DEVELOPING HEAT &
HEALTH POLICIES



GH2050

AN ANALYSIS OF ALL COUNTRIES
IRRESPECTIVE OF INCOME OR REGION

KEY MESSAGES

NATIONS THAT CHOOSE
TO DO SO CAN ACHIEVE
"50 BY 50"



SHARP REDUCTIONS IN
MORTALITY & MORBILITY CAN
BE ACHIEVED BY FOCUSING
ON 15 PRIORITY CONDITIONS

THE UHC AND HSS
AGENDAS A RESET
(MODULAR APPROACH)



COUNTRIES SHOULD PUBLICLY
FINANCE A SHORTLIST OF KEY
MEDICINES FOR 15 PRIORITY
CONDITIONS



REPORT IS A GUIDE,
NOT PRESCRIPTION

TOBACCO IS THE NEW
TOBACCO



THERE IS A HIGH RISK OF
ANOTHER PANDEMIC OF
COVID-LIKE MAGNITUDE



THERE IS CRITICAL ROLE
FOR DEVELOPMENT ASSISTANCE
FOR HEALTH IN SUPPORT 50 BY 50

CHALLENGES

- ⚠️ CUTS IN DAH WILL ACCELERATE THE
SHIFT DOMESTIC HEALTH FINANCING
- ⚠️ COUNTRIES CAN ACHIEVE LARGE
HEALTH GAINS BEFORE FULL UHC

- ⚠️ MACROECONOMIC
HEADWINDS
THREATEN
UHC PROGRESS
- ⚠️ SMART HEALTH
SPENDING HAS
HIGH SOCIAL
VALUE

PREVENTION IS
AS IMPORTANT
AS TREATMENT



Key CHALLENGES



THERE IS A SIGNIFICANT
TREATMENT GAP
WORLDWIDE. (76-85%)

OVER \$1 TRILLION LOST
annually



LIMITED
RESOURCES



LIMITED
UNDERSTANDING
of BROADER IMPACTS

PERSISTENT
STIGMA



LACK OF
MH POLICIES



MENTAL HEALTH IS NOT A LUXURY.

IT IS A FUNDAMENTAL PILLAR
OF HUMAN HEALTH AND
WELL-BEING AS ESSENTIAL AS
PHYSICAL HEALTH.

STRATEGIES & SOLUTIONS



INTEGRATE MENTAL
HEALTH INTO NATIONAL
HEALTHCARE STRATEGIES



INCREASE INVESTMENT
WITH TARGETED, SUSTAINABLE
FINANCING



SHIFT TO COMMUNITY
BASED MH CARE



CREATE STIGMA-
FREE
ENVIRONMENTS



TRAIN PROFESSIONALS
and BUILD
AWARENESS



DEVELOP INNOVATIVE,
EVIDENCE-BASED
INTERVENTIONS



KEY INSIGHTS

1. FINANCING CLIMATE-RESILIENT HEALTHCARE
2. CLIMATE CHANGE AS A PUBLIC HEALTH THREAT
3. COLLABORATIVE SOLUTIONS AND INNOVATIONS
4. CAPACITY BUILDING AND GOVERNANCE

"ALL INFECTIOUS DISEASES ARE CLIMATE SENSITIVE; SOLUTIONS ADDRESS THESE GAPS"

CALL
TO
ACTIONS

CHALLENGES

LIMITED CLIMATE
ADAPTATION IN
HEALTHCARE FINANCING

LACK OF
BLENDED FINANCE

ACT URGENTLY
COLLECTIVE RESOURCES

COLLABORATION, KNOWLEDGE
EXCHANGE AND POLICY ADVOCACY

SUSTAINABILITY AND
RESILIENCE PRACTICES

POOR HEALTHCARE
PLANNING AND
SUPPLY CHAINS

INSUFFICIENT CAPACITY,
MENTORSHIP AND POLICY
ALIGNMENT

HIGH COSTS OF
ENVIRONMENTALLY
FRIENDLY HEALTHCARE
PRODUCTS

LACK OF RELIABLE,
INTEGRATED
HEALTH DATA

CLIMATE RESILIENCE
and
PUBLIC HEALTH
SECURITY
ARE TWO SIDES OF
THE SAME COIN

ASIA DIAGNOSTICS VACCINES AND THERAPEUTICS NETWORK TO COUNTER EPIDEMICS AND OTHER DISEASE OUTBREAKS





1ST **INSPIRE**
HEALTH FORUM

PARALLEL SESSION: Ending Complex and Challenging Infectious and Tropical Diseases (ExCITD)

DAY 4
July
10,
2025



ExCITD

ADB'S FLAGSHIP REGIONAL INITIATIVE (UNDER DEVELOPMENT) TO ELIMINATE MALARIA, ACCELERATE THE DECLINE IN TB INCIDENCE, REDUCE AND CONTROL BURDEN OF DENGUE AND OTHER PRIORITY COMMUNICABLE DISEASES.



FINANCING STRATEGY

- ✓ COMBINE INNOVATIONS WITH CONCESSIONAL FINANCING & GRANT PARTNERSHIPS
- ✓ LEVERAGE MULTIPLE CAPITAL SOURCES SUCH AS COUNTRY BUDGETS, LOANS, GRANTS, ETC.
- ✓ FOCUS ON BLENDED FINANCE AND PERFORMANCE-BASED PAYMENTS

KEY CHALLENGES



DECLINING DONOR AID FOR GLOBAL HEALTH

CLIMATE CHANGE IMPACTS ON INFECTIOUS DISEASES

NEED FOR NEW FINANCING APPROACHES



1 BILLION !!
CASES OF DISEASES ATTRIBUTABLE TO CLIMATE CHANGE



INNOVATIVE APPROACHES

USE OF AI-ASSISTED TB DIAGNOSTICS

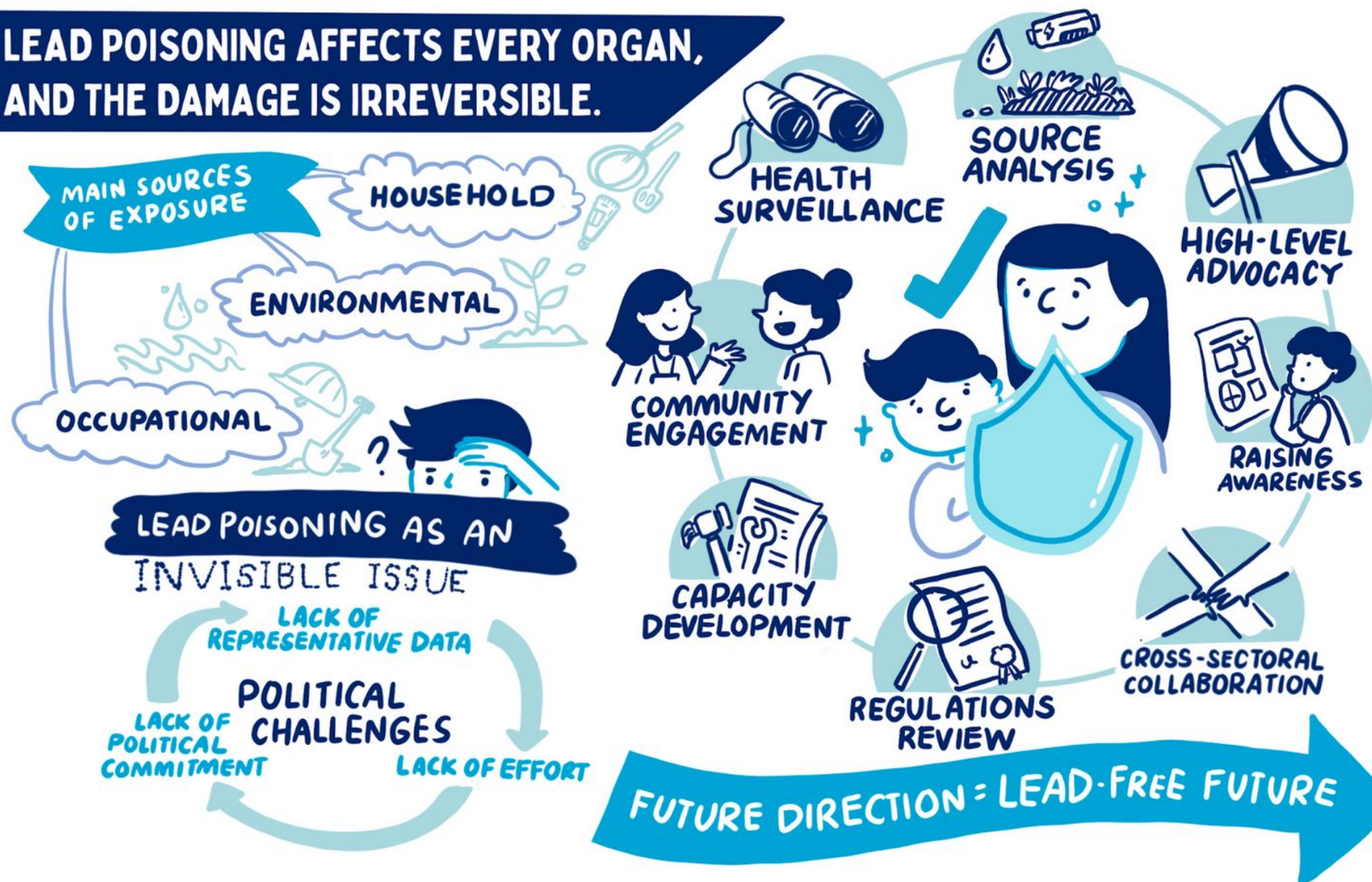


MALARIA RISK MODELING AND REAL-TIME SURVEILLANCE FOR MALARIA ELIMINATION

SCALING UP DENGUE VACCINE AND WOLBACHIA FOR DENGUE CONTROL



**LEAD POISONING AFFECTS EVERY ORGAN,
AND THE DAMAGE IS IRREVERSIBLE.**



OBESITY
IS A
RISING CRISIS

OVERWEIGHT & OBESITY
CAUSED **3.71** MILLION DEATHS
AND **129** MILLION DALYs GLOBALLY

OBESITY
IS RISING
FASTER
THAN
OVERWEIGHT



CAUSES



FOOD SYSTEM &
ENVIRONMENT



PHYSICAL INACTIVITY



CULTURAL AND
ECONOMICAL FACTORS



WEAK POLICY
RESPONSE

NO COUNTRY HAS REVERSED
THE OBESITY TREND

DIABETES

RECOMMENDATION



IMPROVE INTAKE
OF FOOD AND
NUTRITION



PROMOTE PHYSICAL
ACTIVITY AND HEALTHY
LIFESTYLE



MEDICAL
OPTION

3 CRITICAL ELEMENTS of DEVELOPING PHARMA INDUSTRY

- MARKET ASSURANCE
- TECH DEVELOPMENT
- FINANCE PROVISION

LOCAL PRODUCTION
CAN BE VIABLE.

REGIONAL
PRIORITY!

LOCAL PRODUCTION
can be VIABLE even in
COMPETITIVE MARKETS
if MARKET can be
ASSURED.

LESSON from
COVID-19
PANDEMIC



DIVERSIFICATION of PRODUCTION

PAN AMERICAN HEALTH ORGANIZATION REGIONAL REVOLVING FUNDS

SINGLE POINT
for MARKET
CONSOLIDATION

QUALITY
GUARANTEE

TIMELY
FINANCING

PROCESS
FACILITATOR &
TECH SUPPORT

TRANSPARENCY

MALDIVES

HIGH NAT'L PHARMA
COSTS compared to
their NEIGHBORS

SEEKING
WAYS FORWARD
TO REDUCE COSTS

PHARMACEUTICAL SUPPLY CHAIN MAG'T SRI LANKA

GOVERNANCE
REFORMS

PROCUREMENT
DOCUMENT
REFORMS

STRENGTHEN
SUPPLY CHAIN

LAB QUALITY
ENHANCEMENT

ADDRESS
PHARMA STAFF
CAPACITY

BOOST & EXPAND
DATA SYSTEM

