KPMG

Accessibility in affordability

Overcoming resource constraints for MedTech adoption

KPMG. Make the Difference.

Table of contents

Affordability challenges for payors, providers and patients 3

Public payors 4

Private payors 4

Providers 6

Patients 7

Towards greater accessibility in resource-limited SEA 8

Adapt locally: Tackling limited resource availability with business models aligned with stakeholders' needs 8

Non-fixed fee pricing 8

Non-traditional stakeholder partnerships 9

Advance together: Collaborations to ensure greater affordability and accessibility 10

Multi-party collaboration to drive reimbursement decisions 10

Centralizing MedTech services 10

Activate regionally: Exploring outcome-based pricing in MedTech within SEA 12

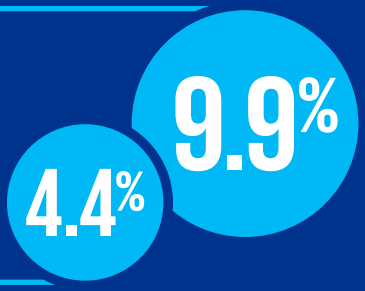
Conclusion 13

***Innovate to Integrate* series explanation 14**

Affordability challenges for payors, providers and patients

In Southeast Asia (SEA), affordability challenges stemming from limited resources and competing priorities significantly affect the capacity of providers, patients and payors to afford and adopt medical technologies (MedTech). At the provider and health system levels, financial constraints present obstacles to build the necessary infrastructure needed to integrate innovative solutions, while patients struggle to pay for MedTech services. The region allocates only 4.4 percent of its gross domestic product (GDP) to healthcare spending, significantly lower than the global average of 9.9 percent.[1] Additionally, less than 1 percent of healthcare expenditure in SEA is directed towards MedTech investment. Over 80 percent of the population is unable to afford advanced medical care,[2,3] and more than 79 percent of healthcare leaders in SEA report that financial challenges impact their organizations' ability to deliver timely, high-quality care.[4] These challenges lead to more selective treatment offerings (32 percent), frequent patient transfers between organizations (31 percent), and minimal investment in equipment and technology solutions (also 31 percent). Addressing these affordability issues is crucial to fully integrate MedTech into the SEA healthcare system.

The region allocates only 4.4 percent of its gross domestic product (GDP) to healthcare spending, significantly lower than the global average of 9.9 percent.



Public payors

Public payors in SEA face complex challenges when allocating resources for MedTech infrastructure and services. These challenges are often compounded by competing political agendas that tend to prioritize short-term outcomes over long-term strategic investments.[5] For instance, in Malaysia, only 1.6 percent of the 2026 budget for the Ministry of Health is allocated to acquiring advanced medical equipment, underscoring the financial constraints at play.[6]

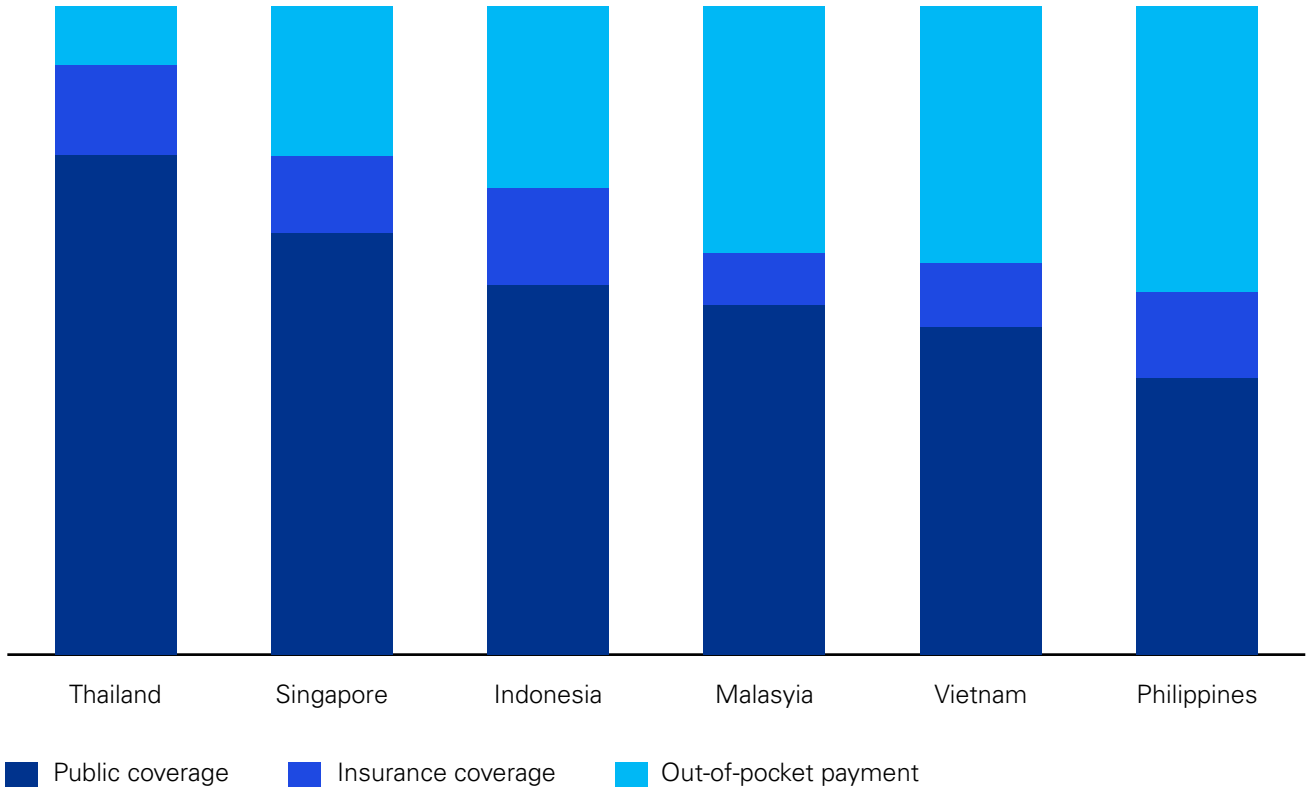
Much of the remaining budget is directed towards maintaining and scaling existing infrastructure, basic services and public healthcare programs aimed at achieving Universal Health Coverage (UHC).[7,8] Notable examples include Thailand's Universal Coverage Scheme (UCS) and Indonesia's Jaminan Kesehatan Nasional (JKN).[9] While such initiatives are vital for expanding healthcare access, they have placed sustained fiscal pressure on public health payors in some systems.[10] Consequently, public payors often grapple with balancing immediate service needs with the need to invest in long-term MedTech infrastructure. These dynamics can delay MedTech adoption and investments,[11] underscoring the need for more strategic resource allocation and collaboration to enhance healthcare accessibility in the region.

Private payors

In SEA, healthcare payment methods are expanding to include more co-payments, where patients are responsible for out-of-pocket expenses, supplemented by private insurance. However, private insurance seldom provides comprehensive coverage for innovative MedTech solutions. Other than Singapore, the uptake of private insurance remains low across the region.[10] Insurance penetration in SEA is limited, with premiums accounting for 3.6 percent of GDP and per capita spending on insurance at just US$229 in emerging Asian markets.[12] Factors such as high costs, lack of awareness and product irrelevance contribute to this limited penetration.[13] As a result, the region is characterized by small risk pools, which, in turn, lead to higher premiums per individual and often limited coverage options.[14]

Without explicit requirements for reimbursement and controls around co-payment in SEA,[10] insurers design their benefit baskets based on each country's Ministry of Health guidelines to ensure financial sustainability. Consequently, coverage for new innovations is often restricted unless they are adopted by public healthcare facilities and approved by the government.

Figure 1: Healthcare financing proportion of public coverage, private insurance coverage and out-of-pocket (OOP) payments across SEA



Source: KPMG analysis. OOP estimates are from World Bank[15] and WHO.[16] Singapore and the Philippines data are obtained from 2024[17] and 2023.[18] Private insurance coverage for Malaysia, Thailand and Indonesia is obtained from 2019[19,20,21] while the coverage for Vietnam is obtained from 2024.[22]

Case study

Robotic-assisted kneecap surgery coverage in Malaysia

In Malaysia, robotic procedures — including kneecap surgery — often lack coverage from both public and private insurance due to their high costs, which are RM20,000 to RM30,000 more than conventional surgeries.[23] Regulatory approvals and clinical validation, selective across different applications, further influence public payors' coverage decisions. As a result, insurance providers typically align government coverage decisions, capping the reimbursement for robotic-assisted kneecap surgery at the expense of traditional surgery. This alignment often results in limited reimbursement options for robotic procedures, thereby making them less affordable for patients, despite their potential to enhance clinical outcomes. As a result, patients are frequently left to bear the financial burden of these advanced medical technologies themselves, posing a considerable barrier to access and adoption in Malaysia.

Providers

Healthcare providers face financial pressures as they strive to balance costs, including operational expenses and MedTech investments, against revenues from health services, government funding and insurance reimbursements.[24] In SEA, providers are cautious about high capital expenditure MedTech investments due to substantial upfront costs, which can lead to sunk costs if usage does not meet projections.[25] Moreover, short budget cycles, typically 1–2 years, compel hospital managers to prioritize technologies that offer immediate cost savings or revenue opportunities,[26] often overlooking the long-term impacts of MedTech investments.[27]

Beyond the initial equipment costs, providers are concerned about the total cost of ownership, including training medical staff and expenses related to inspection, testing and maintenance.[24] A key opinion leader from a leading hospital in Singapore emphasized the additional investments needed for infrastructure upgrades, such as, for example, new facility space for proton therapy due to its size, heavy components and the need for dedicated treatment environment. Such considerations further complicate MedTech affordability.

> Not all MedTech benefits can be measured in dollar terms, some are better captured through long-term health outcomes. Sometimes change for MedTech adoption is resisted due to perceived short-term disruption and lack of long-term benefits.
>
> **Mr. Kamonsak Reungjarearnrung**
> Chief Operating Officer, RSU International Hospital, Thailand

Patients

Despite advancements in UHC and the growing use of private insurance, patients often endure the financial burdens of medical innovation. Thailand stands out, covering 98 percent of its population under UHC with out-of-pocket (OOP) expenses at just 9.21 percent.[28] In contrast, other SEA countries have some of the highest OOP expenditures globally, averaging 36 percent compared to a global average of 17.23 percent. In Vietnam, high-tech services such as positron emission tomography-computed tomography, pulse contour cardiac output and hemodiafiltration are not fully covered by public insurance, forcing patients to rely on private insurance plans or pay OOP.[29] Even in the Philippines, where public insurance is available, patients often face OOP costs because PhilHealth covers less than 20 percent of total hospital expenses.[30] The region's insufficient financial protection means that the costs of advanced medical technology solutions fall on patients, creating significant barriers to their accessibility and adoption in SEA.

> Patients are often the final bearers of innovation cost. Aside from visible top-ups, some hospitals have built in the innovation investment cost in the 'administrative costs' that patients end up seeing in their hospital bills.
>
> **Senior regional private insurance decision maker**
> Large private insurance company

Insights from key opinion leaders in the MedTech industry have emphasized that fragmented healthcare systems in SEA exacerbate affordability challenges due to inefficient resource allocation. The processes for obtaining reimbursement approvals from public payors are diverse, and the role of Health Technology Assessments (HTA) in guiding reimbursement decisions varies across the region.[31] Dr. Fadli Kharie, a physician and public health expert in new health technologies from Malaysia, notes that fragmentation between public and private pathways in some SEA countries leads to delays in reimbursement approvals for MedTech innovations. This lack of standardization results in prolonged delays in achieving coverage approval for new innovations, posing challenges for MedTech companies in bringing new technologies to market.

The affordability challenges facing SEA's healthcare systems underscore substantial barriers hindering the widespread adoption of MedTech. These obstacles impact public and private payors and also impose significant financial burdens on providers and patients, limiting access to advanced medical care. Given the region's limited fiscal capacity, it is crucial to devise strategies that operate within these limitations while effectively aligning with the unique needs and priorities of SEA health systems.

Towards greater accessibility in resource-limited SEA

By exploring alternative business models, enhancing stakeholder alignment, optimizing resource allocation and leveraging regional collaboration, we can create a coherent and integrated approach to making MedTech solutions more accessible and affordable. The following recommendations aim to address gaps in the current fragmented healthcare systems and create an environment that supports sustainable MedTech adoption.

Adapt locally: Tackling limited resource availability with business models aligned with stakeholders' needs

Non-fixed fee pricing

Given the budget constraints healthcare providers face, a shift from traditional fixed pricing models to more flexible financing methods is vital.[10] In SEA, there is a growing trend toward usage-based, volume-based and outcome-based financing, each offering a degree of adaptability to local needs.[4] A survey of healthcare leaders in Singapore revealed that the usage-based financing model is the most popular, with 55 percent of organizations currently using it and 36 percent considering adopting it in the next three years. Discussions with MedTech stakeholders highlight that the usage-based model is particularly favored for high-cost MedTech because it requires lower initial investments and provides flexibility to accommodate fluctuating demand. This shift towards non-fixed fee pricing enables providers to maximize their limited budgets and invest in new innovations effectively.

Case study

Leveraging operating expenditure budgets in Malaysian public hospitals

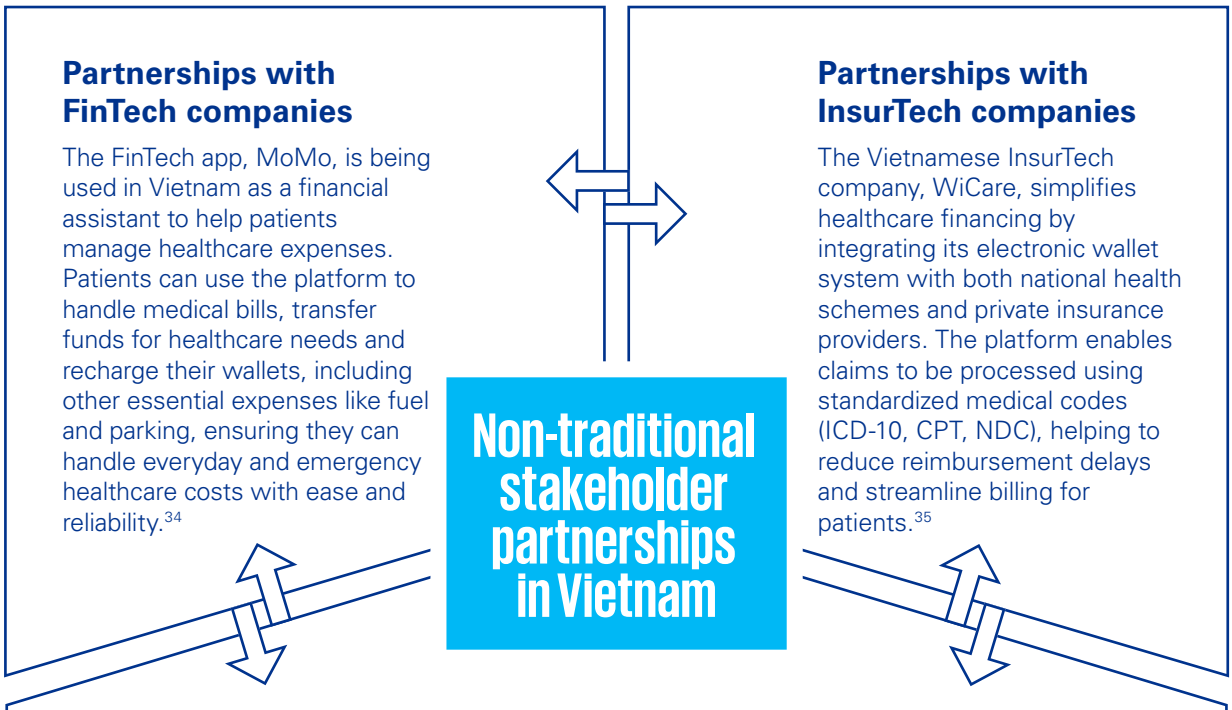
To swiftly embrace healthcare innovations, Malaysian public hospitals have implemented a strategy of utilizing their operating expenditure (OE) budgets rather than depending on the slower and often more restrictive federal government expenditure (DE) funds to acquire new medical technologies. Given limited OE budgets, public hospitals collaborate with MedTech providers to obtain free machines while incurring costs only for reagents and consumables. This approach allows hospitals to circumvent the lengthy DE budgeting process, facilitating more agile and timely upgrades in medical technology.

Non-traditional stakeholder partnerships

Partnerships with local non-traditional stakeholders outside the immediate healthcare community should be explored to tackle long-term MedTech investment challenges in the region. Stakeholders such as banks, fintech companies and venture capitalists can offer crucial financial support and guidance in this regard. HL Bank in Singapore provides loans covering up to 90 percent of equipment costs, with tenures ranging from 3–5 years, aiding providers with limited initial capital in procuring medical equipment.[32] Additionally, MedTech companies can consider accelerator programs, such as the DATA Accelerator, a collaboration between 22 Health Ventures and the National University of Singapore's Yong Loo Lin School of Medicine.[33] This program enables innovators to test their technologies in clinical settings, thereby assessing market viability. Through these accelerator programs, providers can pilot new technologies within financially sustainable environments. By fostering partnerships with these stakeholders, the region could alleviate affordability challenges for patients and providers, thus promoting the accessibility and adoption of MedTech innovations.

Case study

Non-traditional stakeholder partnerships in Vietnam to improve MedTech affordability



Advance together: Collaborations to ensure greater affordability and accessibility

Multi-party collaboration to drive reimbursement decisions

Coordinated efforts to expedite reimbursement decisions are crucial to keep up with rapidly evolving MedTech developments and ensure patients have access to technologies that could benefit them. While it is in the interest of MedTech providers to advocate for reimbursement, other stakeholders' support is also essential. Currently, in SEA, there are programs designed to expedite and support HTA processes, such as the Malaysian Research Accelerator for Technology & Innovation and the collaboration between Thailand's National Health Security Office and the National Science and Technology Development Agency.[31] These initiatives promote local innovation and could accelerate the inclusion of future reimbursement options.

Exploring overseas: Germany's Neue Untersuchungs- und Behandlungsmethoden funding

While most reimbursement decisions are made after technologies have demonstrated their clinical efficiency and cost-effectiveness, many innovations struggle to reach that stage due to lack of funding. Germany's Neue Untersuchungs- und Behandlungsmethoden funding provides healthcare providers the opportunity to negotiate temporary reimbursement for innovative medical technologies that are not yet covered under the standard German Diagnosis Related Groups system.[37] This arrangement allows for reimbursement for less than a year, allowing hospitals to pilot new medical advancements while assessing their effectiveness and integrating them into the broader healthcare framework. This approach benefits patients by making advanced treatments more accessible sooner and also offers valuable insights that can inform long-term reimbursement policies.

Centralizing MedTech services

Plans to centralize MedTech facilities could be considered to reduce costs and improve operational efficiency. Centralization allows healthcare systems to leverage economies of scale in equipment and streamline operations, minimizing inefficiencies and redundancies. This approach could lead to cost savings of up to 23 percent.[38] Beyond pooled financial resources, centralized facilities can enhance specialized training and foster expertise, ultimately improving the quality of care.[39] However, successful centralization requires strong collaboration among providers to ensure that accessibility is maintained, and healthcare innovations remain regionally relevant.[40] MedTech centralization can result in optimized resource allocation and contribute to enhanced patient care and sustainable healthcare delivery.

Case study

Seamless health service network in Thailand

The Participatory Health Region initiative was launched in Thailand to optimize healthcare resources by promoting resource pooling and sharing.[41] This initiative focuses on consolidating a range of resources, including personnel, medical technologies and expertise, to enhance healthcare delivery. Each defined region, typically comprising four to eight provinces (with Bangkok as an exception, serving as its own unique region), is supported by strategically collaborating Provincial Health Offices (PHOs). These PHOs invest in and allocate MedTech resources to establish regional hospitals with specialized therapeutic areas, distributed based on the region's epidemiology. This strategic allocation of resources reduces redundancies and lowers operational costs, thereby easing the financial burden on the healthcare system while maintaining patient accessibility to essential services.

Activate regionally: Exploring outcome-based pricing in MedTech within SEA

As healthcare demands in SEA grow and affordability becomes a pressing issue, the region is increasingly exploring outcome-based pricing models, such as value-based pricing, risk-sharing agreements, and health and social impact bonds, to ensure sustainable healthcare financing.[42] A survey of healthcare leaders in Singapore revealed that 47 percent are considering adopting outcome-based financing models within the next three years.[4] These strategies align affordability with outcomes, encouraging improved patient care while enabling payors to optimize spending and reduce waste. Outcome-based financing ensures a ROI for MedTech investments, fostering sustainable healthcare advancements.

While this practice is gaining traction, its application to MedTech in the region remains limited. The implementation of outcome-based models in SEA faces challenges such as low public health spending, fragmented decision-making and data systems, and limited payor sophistication.[43] MedTech experts across SEA have highlighted these challenges in real-world applications of outcome-based pricing for MedTech. The following section outlines key suggestions from experts interviewed for implementing outcome-based pricing across the region.

First, regional collaboration could facilitate feedback gathering and data sharing. Data on MedTech usage is crucial for HTA and reimbursement decisions. However, given limited MedTech penetration and data infrastructure in the region, SEA countries could collaborate to establish a platform for sharing data, research and best practices in assessing the value of medical technologies. In doing so, they could consider factors like effectiveness, cost savings, patient outcomes and quality of life improvement to determine prices.[44] Additionally, establishing stakeholder — especially patient — engagement channels is essential for successful outcome-based pricing.[45] Local and regional patient advocacy groups can serve as valuable platforms to promote transparency in pricing and value assessments, building trust with patients. With more data, stakeholders can continuously evaluate the technology's impact and make informed decisions based on real-world outcomes to optimize pricing.

Furthermore, payors across the region can consider pooling resources for joint negotiations with MedTech providers, leveraging their collective bargaining power to achieve more favorable pricing terms. By establishing framework agreements with pre-negotiated terms, these countries can secure advantageous pricing structures, driven by aggregate demand from the region. This approach enhances affordability and access to MedTech innovations and presents significant opportunities for MedTech providers by simplifying and facilitating market entry into multiple SEA countries. By uniting their efforts, the SEA region can ensure improved pricing, encourage competition among suppliers and foster the dissemination of cutting-edge medical technologies across the region, ultimately enhancing healthcare outcomes for all.

Case study

Singapore's effort in MedTech value-based pricing

Singapore has implemented the Implant Subsidy List (ISL) program to provide government subsidies for MedTech devices, initially focusing on implants approved for reimbursement.[43] This initiative aims to incentivize MedTech adoption by promoting the integration of cost-effective and clinically beneficial technologies into the healthcare system. The program applies value-based pricing strategies where subsidy and pricing decisions are based on the clinical and cost-effectiveness benefits to the entire healthcare system, rather than just production costs. Additionally, the program mandates a gradual reduction of prices to a target level over a set timeframe, encouraging manufacturers to deliver innovative products that improve clinical outcomes and contribute to long-term cost-effectiveness.[46]

Conclusion

The ***Innovate to Integrate*** series introduces a strategic framework centered on the "Three A's" — achieving acceptance, articulating value and ensuring accessibility through affordability. This particular installment addresses pressing affordability challenges affecting payors, providers and patients in resource-constrained SEA. To enhance MedTech accessibility across the region, we recommend the following key actions:

1. Adapt locally to address limited resource availability with business models aligned with stakeholders' needs:

MedTech companies should explore alternative pricing models and non-traditional partnerships to align pricing with regional needs.

2. Advance together through collaborations to ensure greater affordability and accessibility:

Stakeholders should collaborate to improve reimbursement approval and operational efficiency to enhance accessibility and benefit from economies of scale.

3. Activate regionally to adopt outcome-based pricing in MedTech:

Through regional data sharing and joint negotiations, the SEA region can work towards adopting outcome-based pricing to optimize spending.

KPMG is prepared to collaborate with pivotal stakeholders across SEA's healthcare ecosystem to ensure MedTech solutions meet the financial demands of the region. By leveraging our expertise in localized market entry strategies, innovation translation and adoption, and local stakeholder and partnership management, we provide guidance through the intricate landscape of healthcare technology adoption. With support from our local teams, we emphasize the cultural nuances unique to each country in the region.

Together, we can create customized solutions, strengthen integration efforts and address specific local needs, cultivating an innovative and sustainable healthcare ecosystem.

Innovate to integrate series explanation

KPMG's series *"Innovate to integrate"* delves into key challenges and drivers that empower MedTech stakeholders to realize three essential goals in SEA:

Achieve acceptance among users.

Ensure effective value articulation of MedTech.

Enhance accessibility, ensuring affordability.

The first installment of the series examined the specific challenges in SEA that shape MedTech acceptance. It then outlined effective strategies to localize MedTech adoption that align MedTech adoption with organizations' strategic visions and objectives, driving greater user acceptance.

The second installment delved into how the value of MedTech is evaluated and communicated within SEA's healthcare system to actively engage stakeholders in the adoption process.

In this final installment, we explore how affordability challenges faced by payors, providers and patients in the region impact the adoption of new MedTech innovations.

While the series follows a sequential structure, successful MedTech adoption requires a holistic approach, simultaneously addressing user acceptance, value communication and affordability for successful integration.

References

[1] World Bank Group | Retrieved from https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?end=2022&most_recent_value_desc=true&start=2000&view=chart

[2] Roland Berger | Retrieved from https://www.rolandberger.com/en/Insights/Publications/Access-for-all-removing-roadblocks-to-health.html

[3] International Institute of Advanced Islamic Studies | Retrieved from https://iais.org.my/publications-sp-1447159098/articles/3394-transforming-health-care-in-southeast-asia

[4] Philips | Retrieved from https://www.philips.com/c-dam/assets/corporate/global/future-health-index/report-pages/experience-transformation/2024/sg/philips-future-health-index-2024-report-better-care-for-more-people-sg.pdf

[5] World Bank Group | Retrieved from https://www.worldbank.org/en/topic/health/publication/change-cannot-wait-building-resilient-health-systems-in-the-shadow-of-covid-19

[6] Malaysian National News Agency | Retrieved from https://bernama.com/en/news.php?id=2477169

[7] Malaysian National News Agency | Retrieved from https://www.bernama.com/en/news.php?id=2353584

[8] Archives of Public Health. 2023 Aug 17; 81(148). https://doi.org/10.1186/s13690-023-01159-3

[9] International Journal of Research Publication and Reviews. 2023 Jan; 4(1): 133–139. https://ijrpr.com/uploads/V4ISSUE1/IJRPR9320.pdf

[10] DKSH | Retrieved from https://docs.dksh.com/healthcare/global/DKSH_Whitepaper.pdf

[11] APACMed & L.E.K. Consulting | Retrieved from https://apacmed.org/wp-content/uploads/2024/09/FINAL_APACMed_Medtech_Full_Report.pdf

[12] Peak Reinsurance Company Limited | Retrieved from https://www.peak-re.com/en/knowledge-hub-insights/insurance-penetration-awareness-and-ownership-in-south-and-southeast-asian-markets/

[13] Swiss Re Group | Retrieved from https://www.swissre.com/reinsurance/insights/asia-protection-gap-consumer-survey.html

[14] World Bank Group | Retrieved from https://ieg.worldbankgroup.org/sites/default/files/Data/reports/chapters/health_finance_chap3_update.pdf

[15] World Bank Group | Retrieved from https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=MY

[16] World Health Organization | Retrieved from https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2023/indonesia-s-success-in-achieving-90-percent-coverage-and-minimizing-out-of-pocket-expenses-through-national-health-insurance-expansion

[17] Ministry of Health Singapore | Retrieved from https://www.moh.gov.sg/newsroom/statistics-on-government-expenditure-on-public-healthcare--subsidised-medical-care-for-citizens--prs-and-foreigners--and-healthcare-spend-by-government-and-individuals/

[18] INQUIRER.net | Retrieved from https://business.inquirer.net/474666/psa-ph-health-spending-rose-to-5-9-of-gdp-in-23

[19] Health Policy Plan. 2024 Jan 31; 39(3): 268–280. doi: 10.1093/heapol/czae004

[20] Khaosod English | Retrieved from https://www.khaosodenglish.com/life/2024/01/16/countrys-aging-society-is-expected-to-drive-the-thailand-healthcare-market-demand/

[21] Lancet Reg Health West Pac. 2022 Feb 23; 21: 100400. doi: 10.1016/j.lanwpc.2022.100400

[22] The Investor VAFIE Magazine | Retrieved from https://theinvestor.vn/vietnam-health-expenditure-to-reach-338-bln-in-2030-analysts-d8561.html

[23] The Malaysia Voice | Retrieved from https://themalaysiavoice.com/2023/10/12/robotic-surgeries-should-be-insured/

[24] U.S. Centers for Medicare & Medicaid Services | Retrieved from https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions-items/survey-and-cert-letter-14-07

[25] MYOSYTE | Retrieved from https://www.myosyte.com/blog/medical-device-equipment-investment-guide/

[26] Clear Skies Capital | Retrieved from https://www.clearskiescapital.com/overcoming-high-upfront-costs-of-medical-equipment/

[27] Cabot Technology Solutions | Retrieved from https://www.cabotsolutions.com/blog/how-to-measure-the-roi-of-healthcare-technology-investments-a-comprehensive-guide

[28] World Bank Group | Retrieved from https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS

[29] Health Services Insights. 2021 May 19; 14: 1–9. https://doi.org/10.1177/11786329211010126

[30] Inquirer.net | Retrieved from https://newsinfo.inquirer.net/2049378/philhealth-says-it-aims-to-cover-18-of-hospital-bills-in-2025-28-by-2028

[31] KPMG | Retrieved from https://kpmg.com/xx/en/our-insights/value-creation/innovate-to-integrate.html

[32] HL Bank Singapore | Retrieved from https://www.hlbank.com.sg/en/business-banking/products/health-banking/medical-equipment-financing.html

[33] Tech Edition | Retrieved from https://www.techedt.com/nus-medicine-collaborates-with-22health-ventures-on-a-new-healthtech-accelerator

[34] FinTech for Health | Retrieved from https://fintechforhealth.sg/wp-content/uploads/2023/01/Fintech-Revolution-for-Primary-Healthcare-Opportunities-and-Challenges-in-Asia.pdf

[35] wiCare Health | Retrieved from https://site.wicarehealth.com/

[36] BSL | Retrieved from https://bslease.com.vn/en/news/p4405/

[37] Med Tech and IVD Reimbursement Consulting | Retrieved from https://mtrconsult.com/market-access-medical-technologies-germany

[38] Q-Centrix | Retrieved from https://www.q-centrix.com/lp/centralized-healthcare-system-strategies/

[39] Critical Care. 2019; 23(423). https://doi.org/10.1186/s13054-019-2705-1

[40] Front. Health Serv. 2025 Feb 10; 5: 1484225. doi: 10.3389/frhs.2025.1484225

[41] National Health Commission Thailand | Retrieved from https://infocenter.nationalhealth.or.th/%E0%B8%A3%E0%B8%B9%E0%B9%89%E0%B8%88%E0%B8%B1%E0%B8%81%E0%B9%80%E0%B8%82%E0%B8%95%E0%B8%AA%E0%B8%B8%E0%B8%82%E0%B8%A0%E0%B8%B2%E0%B8%9E%E0%B9%80%E0%B8%9E%E0%B8%B7%E0%B9%88%E0%B8%AD%E0%B8%9B%E0%B8%A3/

[42] The London School of Economics and Political Science | Retrieved from https://www.lse.ac.uk/business/consulting/assets/documents/Sustainable-Healthcare-Financing-for-SDG3-in-ASEAN-6-Final-Report.pdf

[43] The Actuary | Retrieved from https://www.theactuary.com/2025/09/04/care-cure-how-value-based-care-could-revolutionise-health-asia

[44] APACMed | Retrieved from https://apacmed.org/wp-content/uploads/2023/09/Value-of-MedTech-and-financial-sustainability-SG_04.pdf

[45] AdvaMed | Retrieved from https://www.advamed.org/wp-content/uploads/2021/12/Medical-Technology-Value-Based-Environment-Assessment-Quality-Measure-Gaps.pdf

[46] Ministry of Health Singapore | Retrieved from https://www.moh.gov.sg/managing-expenses/schemes-andsubsidies/implant-subsidy-list

Contacts

Peter Liddell
Head of Life Sciences
KPMG Asia Pacific
E: peterliddell1@kpmg.com.sg

Anastasia Miros
Director, Healthcare & Life Sciences
KPMG Asia Pacific
E: anastasiamiros@kpmg.com.sg

Dr Kamonlawan Chomchopbun
Manager, Healthcare & Life Sciences
KPMG in Singapore
E: kamonlawanc@kpmg.com.sg

kpmg.com