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EXECUTIVE SUMMARY

- Digital health transformation can address the soaring demand for high-quality health services and increasing healthcare costs in ASEAN.
- ASEAN Member States have taken a further step towards digital health transformation. Nevertheless, there is still room for advancement to narrow the gaps and optimize digital health transformation among ASEAN Member States.
- Currently there is no uniformity in the current landscape of digital health readiness among ASEAN Member States, where there are various legislative products, standards of digital products, infrastructure readiness, and digital literacy.
- Efforts to advance the region's digital health must be able to enforce the enabling factors of digital transformation and be tailored to address challenging aspects within the region.

POLICY RECOMMENDATIONS

- Standardize and strengthen the regulatory framework of digital health across the ASEAN region.
- Strengthen regional digital literacy, capacity, and infrastructure by creating more funding, knowledge transfer opportunities, and capacity building programmes.
- Standardize the quality and interoperability of digital applications.
- Enrich multi-sectoral and regional collaboration by establishing relevant collaborative platforms.

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TRANSFORMING THE DIGITAL HEALTH LANDSCAPE IN ASEAN

Resilience Development Initiative and Aly Diana

Introduction

While rapid economic growth across ASEAN Member States (AMS) has ushered new levels of wealth, opportunities and quality of life, it has also brought about challenges such as the soaring demand for high-quality health services and rising healthcare costs (Mistry et al., 2019, pp. 7-11). Digital health transformation has the potential to address these issues, and it can be cost-effective in delivering healthcare services even to marginalized areas.

The COVID-19 pandemic has catalysed the sprint towards a technologically advanced health system (EU-ASEAN Business Council, 2022). Investment expansion in techenabled businesses is soaring, with telehealth and ondemand care (41%) and predictive analytics (43%) having the highest percentage of capital invested in Southeast Asia's health technology (GPCA, 2021, pp.10-11).

To create best practices on digital health transformation in ASEAN, it is crucial to consolidate its current landscape

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of digital health utilization, as well as the remaining challenges that need to be addressed. This policy brief aims to illustrate the current advances of digital health transformation in the ASEAN region and provide recommendations for improvements.

Use Cases of Digital Health in ASEAN

Digital health refers to the knowledge and practice associated with developing and using digital technologies to improve health (WHO, 2021, p. 9). Digital health transformation has revolutionized the region's health ecosystem through its various advantages. Telemedicine and other technology are cost-effective in extending the reach of highquality healthcare into isolated communities, supporting the achievement of Universal Health Coverage. Digital systems, big data analytics, and artificial intelligence also play a critical role in ASEAN's response to public health issues.

Telemedicine and Digital Health Applications

Telemedicine is increasingly playing a critical role in AMS' health systems. Almost all AMS possess numerous hotlines, websites, and mobile applications available for telemedicine (Macariola et al., 2021). These services have spanned rural to urban areas, extending health coverage to the least unfortunate (Gajarawala and Pelkoswki, 2021). For instance, Indonesia's Halodoc application and Malaysia's teleconsultation programme enable remote and online consultations between doctors in rural clinics with more specialized healthcare providers (Mistry et al. 2019; Som et al. 2010). Digital health also improves the wellbeing of the aging population, e.g., Thailand's DoCare Protect, which uses room sensors to monitor elderly health, and Singapore's Dementia Friends application, which coordinates community support for dementia patients (Elgazzar et al. 2020, p.22).

Digital Systems and Big Data Analytics

Digital systems and big data analytics have a huge role in advancing various healthcare sectors. These technologies are known to help predict therapeutic outcomes and the potential of new treatment regimens, including in the event of emergencies (Abidi 2019, p.1). In Brunei Darussalam, a system called BRU-HIMS includes patients' data from all public hospitals into a single electronic medical record (Brunei Ministry of Health n.d.). In ASEAN, a digital data analytics and visualization system called the ASEAN BioDiaspora Virtual Center is used to address public health emergencies (PHE).

Artificial Intelligence

The role of Artificial Intelligence (AI) in improving care quality include monitoring and diagnostic systems, robotic services, and treatment through advanced technology. In the ASEAN region, AI adoption is still in the nascent stages, meaning that many companies are piloting AI initiatives, while only a few are in the advanced stages of AI implementation, typically those in more serviceoriented sectors (Chua and Dobberstein, 2020, p.4).

In Singapore, the utilization of AI has supported several services, e.g., pathology and medicine delivery. Consumer-focused applications have also been developed, including OneNUHS App and OneNUHS Health Chatbox, which use AI-powered diagnostic and predictive systems to diagnose patients through chat (Lee, 2022).

Al utilization also helps rapid diagnosis and early detection of high-risk patients (Wang et al. 2021, p.11). In Indonesia, Al is used by a start-up named CekMata for the early detection of cataracts (mClinica, 2020). In Thailand, IBM Watson supercomputer analytics has been integrated into the oncology department at Bumrungrad International Hospital to advise doctors on the best treatment plans for cancer patients (ibid.).

Case Example: Digital Health for COVID-19 Management

Many digital health interventions have been used in ASEAN to address public health emergencies, with the most recent being the COVID-19 pandemic. For instance, Malaysia's MySejahtera and Indonesia's PeduliLindungi serve as a mobile-based digital hub for COVID-19-related information, such as individual vaccination status, test results, and national COVID-19 statistics. Furthermore, in Singapore, a new AI tool was developed to predict if an admitted patient will develop mild or severe pneumonia within 30 days.

Moreover, Khan (2022) stated that big data analytics can support global epidemic intelligence platforms. ASEAN and AMS have harnessed the potential of digital systems and big data analytics to address these needs, in which ASEAN has established the PHE Portal and the BioDiaspora tools, including the ASEAN BioDiaspora Virtual Center (ABVC) initiatives. ABVC aims to build regional capacity in big data analytics and visualization, strengthening ASEAN's epidemic and pandemic preparedness and response capabilities. The programme links multiple datasets and empowers its member states' public health through real-time web-based risk assessment tools (the explorer and the insight tool). It provides updated reports on national risk assessments, readiness, and response planning efforts.



Figure 1. The Framework of Digital Health Transformation to Support Regional Health Security

Current Landscape of ICT Preparedness in ASEAN: Barriers and Enablers to Digital Health Transformation

Generally, the penetration of technology in ASEAN has been rapid, albeit at different rates. Nevertheless, there is still room for further advancement to narrow the gaps in digital health transformation among AMS, and to achieve digital health system adoption as envisioned in the ASEAN Socio-Cultural Community Blueprint 2025 and the

ASEAN Digital Masterplan 2025. In this section, we divide the barriers and enablers to digital health transformation in the ASEAN in accordance with WHO eHealth components: leadership and governance, strategy and investment, legislation, policy, and compliance, infrastructure, workforce, standards and interoperability, and services and applications (Figure 2). Table 1 summarizes ASEAN's current digital health landscape.



Figure 2. WHO eHealth Components Source: WHO 2012

1. Leadership and Governance

Adequate governance is important to encourage the growth of the digital health industry. Leadership and governance entail direction and coordination mechanisms of digital health at the national level, as well as multi-sector engagement and specification of roles (WHO, 2012).

Digital health initiatives in AMS are more often private sector-driven. ASEAN governments have

frequently collaborated with the private sector in developing digital health services, as exemplified in the collaboration between Halodoc and the Indonesian Ministry of Information and Technology to strengthen the COVID-19 management ecosystem. Within ASEAN, public-private partnership is also evident, as exemplified by the 'Go Digital ASEAN' programme that focuses on digital skills training.

	Leadership & Governance	Strategy & Investment	Legislation, Policy and Compliance			Infrastructure		Workforce
AMS	Evidence of multisectoral coordination, e.g., public- private partnerships (ASEAN, 2022 and HKTDC, 2021)	Importance of ICTs to government vision, range 0-10 (Wiley, 2021 based on WEF, 2016)	The presence of digital health legislation (HKTDC, 2021, WHO, 2015, and various countries policies)	Law on data privacy (HKTDC, 2021 and Deloitte, 2018)	Cybersecurity performance, range 0-10 (Wiley, 2021)	LTE coverage in population (avg 2017- 19), in % (ASEAN, 2021)	Smartphone penetration, in % (Statista, 2020)	Digital Skills Gap Index, range 0-10 (Wiley, 2021
Brunei Darussalam	Yes	7.2	Yes	Yes*	6.2	93%	88%	6.1
Cambodia	Yes	3.3	Yes	Yes*	1.6	73%	47%	2.8
Indonesia	Yes	5.5	Yes	Yes	7.8	95%	67%	5.2
Lao PDR	Yes	N/A	Yes	Yes*	N/A	26%	40%	N/A
Malaysia	Yes	8.7	Yes	Yes*	8.9	93%	88%	7.2
Myanmar	Yes	1.6	Yes	Yes*	1.7	76%	54\$	3.0
The Philippines	Yes	4.4	Yes	Yes	6.4	87%	72%	5.1
Singapore	Yes	9.6	Yes	Yes	9.0	100%	88%	7.8
Thailand	Yes	4.2	Yes	Yes*	8.0	98%	77%	4.5
Viet Nam	Yes	3.8	Yes	Yes*	6.9	95%	71%	5.0
*Yes but not sp	ecific for digital hea	alth						

Table 1. Current ASEAN Digital Health Landscape based on WHO eHealth Components

Notes: i.e., standards and interoperability and services and applications components are not included as these components cannot be used for comparison.

To regulate this public-private synergy, some AMS (e.g., Indonesia) have enacted several coordination programmes (Indonesian Ministry of Health, 2021). However, in AI development, ASEAN is still facing limited private sector underinvestment and government sectors' slow adjustment to fast-growing AI technology and the expanding pool of potential AI users (Upalat et al. 2022).

At the regional level, AMS have collaborated with other countries to establish the Asia eHealth Information Network (AeHIN), a network of digital health advocates. AeHIN has assisted the Asian Ministries of Health (MoH) in implementing national digital health strategies and multi-sectoral coordination systems. It is important to note that the difference in national laws prevents ASEAN from implementing a transnational telemedicine scheme.

Recommendations: (i) AMS should create a shared digital health transformation blueprint and coordination mechanism understood by all stakeholders; (ii) The Ministry of Health within each AMS should strengthen its national digital health project managers' capacity through training

programmes and workshops; and (iii) AMS should collaborate and provide technical assistance for digital health transformation.

2. Strategy and Investment

This component entails responsive strategy, planning, and financing for the digital health environment. These include identifying financing needs and sources, e.g., from the government, private sector, and donors (WHO, 2012).

Generally, digital transformation is included as a priority of AMS. However, the perceived importance varies between countries (Table 1). Several AMS, such as Singapore, Malaysia, Indonesia, and Cambodia, have created a national roadmap for digital health transformation. (WHO, 2021, Indonesian MoH, 2022, and Cambodian Government, 2022).

Differing financial capacities amongst the AMS presents a challenge to furthering digital health transformation. After the COVID-19 pandemic, the lack of funding entangles expansive digital health transformation (e.g., investing in a state-of-the-art surveillance tool), especially when countries are still trying to recover from the adverse impacts of the pandemic (Kotenko and Bohnhardt 2021, p.1). The inability of AMS to provide the utmost focus on digitalization may undermine the progress of digital health transformation and perpetuate gaps between countries altogether.

Recommendations: (i) AMS should prioritize digital health transformation by creating national digital health roadmaps; (ii) AMS should prioritize funding for digital health through collaboration with the private sector and donors; and (iii) to help with financing digital health transformation, ASEAN can create digital health sandbox/incubation programmes, supported financially by the private sector and donors. An example is the Digital Sandbox programme supported by the European Institute of Innovation and Technology (EIT Health, 2020).

3. Legislation, Policy, and Compliance

This component is described as the development and adoption of national policies and legislation aiming to establish trust and protection for digital health consumers and the industry (WHO, 2012). These include ensuring adequate services quality, data privacy, and reimbursement. Compliance to these regulations should be prioritized through periodic accreditation of digital health products and services (WHO, 2021).

In the ASEAN region, although regulatory barriers removal is already underway, the lack of policy in ASEAN remains one of the main barriers to digital health transformation (Macariola et al., 2021, pp. 3-4; EU-ASEAN Business Council, 2022). Furthermore, the development of data protection regulation has been uneven (ZICO law, 2020). Most countries have not addressed the clinical, ethical, legal, and operational aspects of digital health (Macariola et al., 2021; Sabrina and Defi, 2021). The Global Digital Health Index found that several AMS lag behind in telemedicine rules and privacy laws, particularly in terms of consistent legal enforcement (Global Digital Health Index 2019).

Reimbursement scheme for digital health is a relatively emerging issue. Singapore, Taiwan, and Thailand have provided telemedicine reimbursement for COVID-19 patients (APACMed, 2021).

Recommendations: (i) ASEAN should continue its plan of fostering cybersecurity improvements by building regional trust and security frameworks, as mentioned in the ASEAN Digital Masterplan

2025 (pp.21-22); (ii) ASEAN should promote the development of best practices and aim for a single certification approach to ensure digital health security with participation from regional stakeholders, including the private sectors; (iii) AMS and ASEAN should use the EuropeanUnion's General Data Protection Regulation (EU GDRD) as a benchmark of ASEAN-specific regulations to help accelerate privacy protection; and (iv) AMS should develop reimbursement schemes for digital health utilization.

4. Infrastructure

ICT infrastructure and internet usage represent another challenge in implementing telemedicine due to digital divides across country lines (Ramsetty and Adams, 2020; Saeed and Masters, 2021). The absence of competition correlates with costly internet connections. Therefore, it is essential to promote competition to ensure quality and in keeping low prices (Salac and Kim, 2016, pp. 87).

AMS, while improving, are subject to relatively inequitable and sparse provision of ICT infrastructure. Table 1 shows that apart from Singapore, the remaining AMS struggle to keep pace with the needed internet speed and infrastructure for digital health (Ookla, 2022; GSM Association, 2021; ASEAN, 2021; and Statista, 2021). In addition, ICT infrastructure and equipment (e.g., mobile tariffs, handset prices) in AMS, apart from Singapore, are not affordable if compared to the rest of the world (NRI, 2021).

Recommendation: AMS should prioritize equitable access to affordable, high-quality internet by providing incentives to the private sector and utilizing government assets to fill the network gaps via targeted wireless services (Tomer et al., 2020).

5. Workforce

This component entails the improvement of digital skills and literacy through education, technical cooperation, establishing relevant networks, and collaborations with the private sector (WHO, 2012). Additionally, this section also focuses on the digital literacy of the general public.

Digital skills and literacy are the bedrock of digital health technology. However, the Digital Skills Gap Index (DGSI) by Wiley showed huge differences in digital skills and literacy among AMS (Table 1, from Wiley, 2021). These findings are supported by Voelker (2021, p.6) who showed that a significant percentage of respondents from least developed countries (LDCs) self-assessed their digital literacy as relatively poor compared to their peers from non-LDCs. Furthermore, rural respondents, ethnic minority respondents, and those between 15-24 years old lag behind their urban, non-minority and younger peers in terms of digital literacy (ibid.).

Among the health workforce, although no ASEANwide study was found, a study in an urban setting in Indonesia showed that 7.5% of primary healthcare workers have never used the internet and 15.7% of them have never operated computers (Rachmani, 2019).

Recommendations: (i) The AMS' MoH should conduct proper digital health literacy training and education, in collaboration with the Ministry of Education, the private sector, and other relevant stakeholders; (ii) AMS should create information campaigns on digital health; and (iii) ASEAN should conduct knowledge transfer opportunities regarding digital literacy.

6. Standards and Interoperability

To effectively transform the digital health landscape, it is crucial to introduce standards that allow for accurate and consistent collection and

exchange of information across systems (WHO, 2012). Additionally, a digital health product needs to be user friendly with good UI-UX to bridge the digital divide (Klier et al., 2020).

In the ASEAN region, challenges in implementing data analytics include an unstandardized reporting system, user-centric interpretation, lack of suitable talent, data collection from different platforms, and fragmentation of data (Setiaji, 2022). At the ASEAN level, information on the ABVC is severely scarce and delimits the examination of digital transformation to merely data governance.

Recommendations: AMS should increase the standards and interoperability of public digital health services across AMS by: (i) identifying the most promising product candidates as the benchmark of interoperable health services throughout ASEAN. This has a huge potential as similar digital health services are implemented across all AMS (ASEAN, 2018, pp. 3-4); (ii) creating open access knowledge hubs and technical assistance catering to international health standards for standards and interoperability. ASEAN can create similar programmes as AeHIN or work closely with the network; (iii) conducting capacity building and knowledge transfer opportunities about UI/UX and ease of use of digital health applications; and (iv) integrating digital surveillance through social media platforms to be user-friendly. An example is the epidemic intelligence system in the WHO Regional Office for Africa that utilizes Facebook and Twitter.

7. Services and Applications

These components involve brainstorming and working sessions to develop digital health products that can solve health issues (WHO, 2012).

Recommendation: AMS should periodically conduct surveys on health issues that can be addressed with digital health.

Conclusion

The current digital health landscape in ASEAN is promising, however further efforts are needed to further the transformation, as follows:

- 1. Standardize and strengthen the regulatory framework of digital health that protect both the consumers and digital health industry ASEAN and AMS should facilitate knowledge transfer between AMS and periodically hold capacity building programmes for policymakers and stakeholders.
- 2. Strengthen digital literacy, capacity and infrastructure

ASEAN and AMS should prioritize more funding, knowledge transfer opportunities, and capacity building programmes on digital health transformation.

3. Standardize the quality and interoperability of digital applications

To maximize digital health transformation and public engagement, the products should be interoperable and user friendly. This can be done through capacity building programmes, creating knowledge hubs, and creating innovative solutions to engage the public (e.g., through social media reporting).

4. Enrich regional and global multi-sectoral collaborations programme

Endorsing collaborative multi-sectoral actions is imperative to develop enabling conditions in the region. ASEAN can push for more collaborative actions by establishing relevant platforms (e.g., interoperability lab, capacity building) and digital health sandbox programme.

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