

The role of academic medical centres in advancing global health equity in Southeast Asia

Kaisin Yee^{a,b,c} and Hiang Khoon Tan^{a,b,d,e,*}

^aSingHealth Duke-NUS Global Health Institute, Singapore

^bInternational Collaboration Office, SingHealth, Singapore

^cMOH Office for Healthcare Transformation, Singapore

^dSurgery Academic Clinical Programme, SingHealth Duke-NUS Academic Medical Centre, Singapore

^eDepartment of Head and Neck Surgery, Singapore General Hospital and National Cancer Centre Singapore, Singapore

Southeast Asia is home to 690 million people¹ across 11 nations with shared histories and socioeconomic interdependencies. Countries in the region face common health challenges and are highly susceptible to climate change.² While Southeast Asia's health status has improved, health inequities persist. In 2021, life expectancy varied from 66 years in Myanmar to 79 years in Thailand; estimated maternal mortality in Indonesia was 178 per 100,000 live births, while in Singapore it was 7.³ These stark inequities underscore the need for greater regional collaboration.

Academic medical centres (AMC) in Southeast Asia—such as Cambodia's University of Health Sciences, Thailand's Mahidol University, the University of Philippines Manila, and Singapore's SingHealth Duke-NUS—hold significant potential in driving regional health equity. Currently, the number of AMCs in the region is limited, attributable to historical investment in medical education, development priorities, and differing rates of infrastructural growth. Yet, propelled by policy alignment with 2030 universal health coverage goals and investment in healthcare and research accompanying projected economic growth, we foresee an acceleration in maturation of academic medicine and the emergence of more AMCs in the region.

AMCs are positioned to lead in global health policy, research, and implementation

AMCs serve as conduits for translational knowledge, linking global health policy and know-how with local implementation. Through platforms like the WHO Asia Pacific Observatory on Health Systems and Policies, AMCs can inform agenda-setting and policymaking in ways that are meaningful to regional needs. They are also well placed to grow health system capacity around collaborative research platforms, such as the Asia Pathogen Genomics Initiative,⁴ extending partnerships

to build essential capacity for research translation to patient care.

With nearly twice United States' population in half the land, and 3-hour flight times between major cities, Southeast Asia is primed for efficient collaboration. Historically, institutions from the Global North have led health partnerships. However, regional AMCs' local knowledge and proximity to intervention areas ensure more sustained and culturally sensitive collaborations. New models of South–South partnerships can be pioneered to drive health development in Southeast Asia. Within this shared context, economic development varies widely among countries,⁵ resulting in diverse health systems. Insights can be drawn from the evolution of established health systems to inform the development of emerging infrastructures in other countries. AMCs can offer valuable technical assistance to bolster these reform efforts.

Health remains a key priority for private philanthropy.⁶ Platforms like the Asia Community Foundation and the Philanthropy Asia Alliance have emerged to streamline cross-border giving. As philanthropists increasingly seek robust programmes, AMCs with established administrative capacity are positioned to serve as coordinating centers for regional initiatives. Their involvement can also build capacity in smaller centres in research, data collection, and impact measurement.

Global health involvement presents opportunities for the strategic development of AMCs

While AMCs' primary mission centres on serving the health needs of their own communities, global health involvement presents strategic opportunities to grow their capabilities, impact, and influence. AMCs can move beyond their conventional focus of academic medicine to global health equity initiatives that emphasize cross-sectoral collaboration, extending care beyond hospital walls, and civic engagement. These elements are crucial in public and population health programmes, enhancing the capacities of AMCs in these domains.⁷ Collaboration across diverse health systems provides opportunities for AMCs to develop a deep



The Lancet Regional Health - Western Pacific
2023;39: 100933

Published Online xxx
<https://doi.org/10.1016/j.lanwpc.2023.100933>

*Corresponding author. SingHealth Duke-NUS Global Health Institute, 8 College Road, 169857, Singapore.

E-mail address: tan.hiang.khoon@singhealth.com.sg (H.K. Tan).

© 2023 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

understanding of different system structures to accelerate innovation in health system design and technology. Furthermore, global health programmes open AMCs to diverse funding avenues, supporting initiatives that align with regional health equity goals.

The COVID-19 pandemic and discourse on climate change have heightened the awareness of health equity among the new generation of students and medical trainees.^{8,9} Global health programmes strengthen the social purpose and impact of AMCs, making them more appealing to medical students and residents.⁷ Consequently, such AMCs are poised to attract a broader and more diverse pool of students, researchers, and faculty members.

A time for regional leadership for global health equity

Achieving global health equity through regional collaboration, while promising, has its inherent challenges. Regional variances, local political dynamics, funding constraints, and health worker shortages present formidable barriers to progress. AMCs must also respectfully integrate local and indigenous insights in partnership with communities.¹⁰ Recognizing these hurdles is vital in devising effective and practical programmes.

Increased leadership from the region's AMCs is urgently needed to address Southeast Asia's critical health challenges. These efforts can be amplified with global and philanthropy partners aligning their investments and support. Together, we can build health systems that are more resilient, inclusive, and responsive to the unique needs in Southeast Asia.

Contributors

Both authors contributed equally to the conceptualisation, review, and editing of this commentary. KY developed the original draft.

Declaration of interests

The authors declare no conflict of interest.

Acknowledgements

The authors received no financial support for the research, authorship, and/or publication of this article.

References

- 1 United Nations. World population prospects 2022. <https://population.un.org/wpp/Graphs/DemographicProfiles/Line/920>. Accessed July 14, 2023.
- 2 Prakash A. *The impact of climate change in Southeast Asia*. IMF Finance & Development; 2018. <https://www.imf.org/en/Publications/fandd/issues/2018/09/southeast-asia-climate-change-and-greenhouse-gas-emissions-prakash>. Accessed August 13, 2023.
- 3 *Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/population division*. Geneva: World Health Organization; 2023. License: CC BY-NC-SA 3.0 IGO.
- 4 Getchell M, Wulandari S, de Alwis R, et al. *Pathogen genomic surveillance in Asia: a multi-country assessment*. 2023. <https://doi.org/10.2139/ssrn.4521444>.
- 5 World Bank. *World development indicators*. World Bank Open Data; 2023. <https://databank.worldbank.org/source/world-development-indicators>. Accessed May 12, 2023.
- 6 OECD. *Private philanthropy for sustainable development, 2018-20: data and analysis*. Paris: OECD Publishing; 2023.
- 7 Reece J, Dionne C, Krupica T, Lurfald N, Sizemore J, Sofka S. Can global health opportunities lead to an increase in primary care physicians? *J Glob Health*. 2020;10:020387.
- 8 Adams LV, Wagner CM, Nutt CT, Binagwaho A. The future of global health education: training for equity in global health. *BMC Med Educ*. 2016;16:296.
- 9 Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. *J Epidemiol Community Health*. 2020;74:964–968.
- 10 Daffé ZN, Guillaume Y, Ivers LC. Anti-racism and anti-colonialism praxis in global health—reflection and action for practitioners in US academic medical centers. *Am J Trop Med Hyg*. 2021;105:557–560.