



**IMPROVED HEALTHCARE ACCESS.
INNOVATIVE FINANCING MODELS.
ENABLED BY TECHNOLOGY.**

ACCESS
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FINTECH FOR HEALTH

**26 + 27 October 2017, Singapore
Conference Report**



Improved healthcare access. Innovative financing models. Enabled by technology.

These three statements summarize the vision and framework for the Fintech for Health conference.

Innovations in healthcare financing open up great possibilities to promote the accessibility of high quality and affordable healthcare services. It is in pursuit of this goal that we organized the Fintech for Health 2017 conference.

By drawing together leaders across the health, financial and technology sectors, we brought together disparate industries to tackle one of the biggest challenges in healthcare: paying for it. Participants discussed shared challenges, sector specific approaches to health financing, and technology innovations that can pave the way for novel health financing solutions.

The Fintech for Health conference acted as a launchpad for the ACCESS Health Futures industry network. Health Futures is bringing together people and partners from across sectors to envision healthcare of the future-- one that is patient centered, high quality, affordable, and accessible. As part of Health Futures, we will continue to organize events that deep dive into specific topics of interest, to identify key opportunities for fintech in health, and to facilitate new cross sector partnerships.

We welcome you to join our events and join the Health Futures network.



Adrienne Mendenhall
Director of Business Development
ACCESS Health international Southeast Asia



The inaugural Fintech for Health conference

The Fintech for Health conference was held on October 26-27, 2018, organized by ACCESS Health International Southeast Asia, to address health financing needs in Asia that have the potential to be addressed by fintech solutions.

Conference objectives

To define and articulate health financing needs in Asia that can be met or aided by fintech solutions.

To introduce technologies developed for or used by the financial sector that can be applied to health financing and healthcare.

Participants profile

Seventy executives attended from across healthcare, pharmaceuticals, medical devices, insurance, reinsurance, information and communication technology, transportation, consulting, and finance industries; government; and international nonprofit and development organizations.

Acknowledgements

The Fintech for Health conference was made possible by our supporters, including Health Futures founding members Becton Dickinson, Janssen (the pharmaceutical company of Johnson & Johnson), and Medtronic; our venue partner, SGInnovate; our legal partner, Collyer Law; and media partners, InsurTech Asia and Singapore Fintech Association. The Fintech for Health conference was held in support of Smart Nation Singapore, under the Singapore Prime Minister's Office. We would also like to thank the generous principal support of the Asia Pacific Leaders Malaria Alliance and the World Bank.



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SPEAKERS

Sejal Mistry
Consultant
ACCESS Health International

Steve Leonard
Founding CEO SGInnovate

Welcome and Introduction

Sejal Mistry of ACCESS Health International opened the Fintech for Health conference, welcomed participants, and introduced herself as emcee. Sejal reviewed the conference program and flow: the first part of day one focused on major health finance challenges and needs in Asia; the second half of the conference explored innovations in fintech and advanced technologies that are being adopted in other sectors and what their potential is in the healthcare sector.

Sejal emphasized that technology has been a dynamic force expanding access to those who are left out or underserved, bringing convenience and quality to the masses and at a lower cost per person. She described that integration of fintech with digital technologies, such as blockchain and artificial intelligence, can result in greater health access, more personalized experience of the health system, and in general better healthcare. She noted that these technologies can also empower people to make better informed health and health financing decisions.

Sejal introduced some of the questions that would be asked at the conference:

How can we incentivize greater personal savings for healthcare?
How does financial inclusion make healthcare more accessible?
What technologies can be applied to make financial management, security, payment, access to funds more efficient, more effective, cost less, save more?

Steve Leonard, CEO of SGInnovate, gave welcoming remarks, emphasizing the importance and opportunity for the role of fintech in advancing health financing innovation in Asia. Steve spoke about the need and opportunities for cross sector collaboration in order to make an impact in health systems.

After Steve's remarks, Adrienne Mendenhall, director of business development for ACCESS Health in Singapore, discussed the purpose of Fintech for Health and its origins. The idea of Fintech for Health was born in early 2017. The process of planning the conference was also a process of defining Fintech for Health, internally and with partners. We went from "the intersection of fintech and health tech" to defining specific health financing challenges that can be met with fintech, from supply chain management and procurement systems to patient payment mechanisms.



SPEAKERS

Sofi Bergvist
*Director of International
Business Development
ACCESS Health International*

Patrik Silborn
*Senior Director Resource
Mobilization and Financing
Asia Pacific Leaders Malaria
Alliance*

John Fairhurst
*Head of Private Sector
Engagement
The Global Fund to Eliminate
TB, Malaria and HIV*

Kyriacos Koupparis
*Regional Science, Technology,
and Innovation Advisor
United State Agency for
International Development*

Health Financing Needs in Asia

The purpose of the health financing panel was to share perspectives from international nonprofit and development organizations on health financing needs in the region that can be met or aided by fintech. Development organizations are primary drivers of adoption of new financing models and technologies. They are in unique roles as catalysts of innovation and facilitators of partnerships across public and private sectors.

Sofi Bergqvist spoke about her experience with the Joint Learning Network for Universal Health Coverage, which consists of twenty seven member countries, all with the objective to attain universal health coverage.

Sofi spoke about three common questions on health financing that emerge in developing countries working toward universal health coverage:

Where do the funds come from?

Health coverage can be paid for through general taxation. This is a straight forward approach. The downside is that some countries have low rates of taxation. Sofi gave the example of India, where only three percent of people pay taxes. A second option is earmarking, for instance with an alcohol tax. The third option is mandatory insurance, which then presents the question of how to collect premiums in resource poor settings.

How to pool funds?

There are challenges around consolidation of funds from multiple sources. This can be hard to do and leaves systems vulnerable to fraud and duplication of payments. Technology can be a solution to these challenges.

How to pay healthcare providers?

Payment mechanisms remain a challenge as countries are using many modes of payment for healthcare services. Primary care is still paper based in most developing countries. There are trust issues around the medical claims and approval processes. Electronic payments would improve data quality, improve trust, and lead to greater personal empowerment. [E-payments can create greater transparency, rich data on use and cost of healthcare services, and generate reporting efficiencies.] Sofi also pointed out that blockchain may prove to be effective in improving the use and transmission of healthcare and health payment data.



Patrick Silborn spoke on the operational challenges for malaria elimination. He stated that eliminating malaria totally is a race against the clock. The priority of the Asia Pacific Leaders Malaria Alliance over the next three to five years is to eliminate malaria in the Mekong region. The Alliance has political commitment from the leaders of its twenty one member countries. The main healthcare systems operational challenges for malaria elimination are data management and supply chain management. They need innovation to link data from different sources. There is also a cultural preference to use cash, such as in Myanmar, that can be improved to strengthen health systems. Stronger health systems can respond to diseases such as malaria with greater expediency and improved quality.

John Fairhurst spoke about the Global Fund to Eliminate TB, Malaria, and HIV, which has experienced a funding gap for the last three years in the region. Innovation is needed to close the gap, with high potential from fintech and health tech to create solutions to address these issues.

Kyriacos Koupparis discussed how the rapid rise in global health financing between 2000 to 2011 resulted in improved health outcomes globally. This rise in financing came from an increase in domestic health expenditures and from domestic and international companies. He noted though that funding has slowed down since 2011 and a huge financing gap remains. Globally, the burden of chronic diseases, such as diabetes, are on the rise and populations are aging quickly.

Kyriacos suggested multiple areas for fintech to help in addressing health financing gaps. In developing countries, credit guarantees and greater seed funding for health tech can help. Fintech can bring new payment systems to healthcare. It may also be a tool for easier access to credit for small clinics, who don't have the capital or the credit to improve their infrastructure or expand services. Other areas include: blockchain, supply chain management, and crowdfunding models for insurance. Fintech is needed to address local issues, such as the gender disparity between access to mobile phones. Women have much lower access to mobile phones in Asia and thus less opportunity to benefit from apps.



Key points from moderated panel discussion:

Innovation needs to be a joint exercise between local governments and private sectors. It is important to have a catalyst connecting public and private sectors.

Solutions must be solved from the bottom up, framed by the people who are facing the problems most.

The private sector needs to move beyond the corporate social responsibility model and drive business models based on shared value, solving critical issues.

People are unwilling to invest in healthcare for themselves, for example through voluntary insurance. A strong fintech platform will bring easier access to healthcare.

Technologies need to be better linked and integrated with each other.



SPEAKERS

Moderator:

Jeff Cook

*Head of Innovation
Pacific Life Re*

Hugh Terry

*Founder and CEO
The Digital Insurer*

Rosaline Koo

*Founder and CEO
CXA Group*

Walter de Oude

*Founder and CEO
Singapore Life*

Health Insurance: Achieving the Access, Cost, Quality Triad

Insurtech sits at one layer of the intersection of fintech and health tech: patient payments. Insurance is a traditional industry responding to new data, new technologies, and a demand for better, more customer centric services and products. There has been a call by some within the insurance industry to look at fintech and e-commerce to gain insights of where the industry is going and what customers expect. The panel represented companies who are leading the transformation of the insurance industry, with a focus on technology and data.

Hugh Terry opened the session with a talk on his vision for health transformation. Hugh described four issues sectors as having barriers to healthcare transformation. First, private healthcare has a conflict between the Hippocratic Oath and profit. Second, private insurance has a conflict between offering contracts versus selling products. Third, consumers are not empowered. Fourth, and finally, government has an important role as a regulator yet state ownership can crowd out innovation; government needs to work in a mutually beneficial way with the private sector. Hugh said, “The existential problem in healthcare is in creating a system that can manage conflicting motives of private stakeholders while allowing the resource allocation efficiency of free markets to operate.”

Hugh envisions future healthcare transformation, and removal of these barriers, as the product of data, analytics, and actionable insights. He defined data as the macrotrend in healthcare, and that “the key challenge is organizing the healthcare industry around data” rather than the current model of industry silos.

Hugh’s vision is that by 2030 each person will have a health passport; our health data will be more valuable than our financial data. Patient data will feed into healthcare data exchanges, where the data will be integrated and become a repository available to clinics, hospitals, pharmaceutical companies, and medical technology companies for innovation. Ultimately, these innovations will be financed and risk mitigated by payers. For such health exchanges to exist and function optimally, they require clear regulation on data privacy and ownership, clearly delineated roles of government and private sectors, and established ownership of the exchanges. Blockchain may be the technology that brings these exchanges to fruition.



Key points from moderated panel discussion:

The trend is moving toward customers owning their own data. The future will be the company that is less proprietary and allows more customer ownership of data. Insurance companies can use data to understand their customers more.

Healthcare and insurance can become more affordable by reducing inefficiencies in the system. This must be data driven.

Traditionally healthcare is high touch but modern solutions are high tech. More investment is going into prevention and behavioral intervention, using both aggregated data and individual data, resulting in risk reduction.

Insurance needs to be nimble on the technology front. The use of technology in insurance is leveling the information asymmetry between customers and insurance companies, leading to a more trusted relationship. Insurance is shifting to a customer centric business through the use of technology. Meta data is a public good.

Data needs to be private until there is an emergency. The challenge is on making it accessible in the event of an emergency.



SPEAKERS

Moderator:

Jeff Weisel
*Advisor, Life Sciences and
Healthcare
Ernst & Young*

Dr. Jeremy Lim
*Partner Health and Life
Sciences Public Sector
Oliver Wyman*

Dr. Hsien-Hsien Lei
*Vice President of
Communication and Value
Based Healthcare
Medtronic*

Kidit Afable
*Director of Go-to-Market
Strategies
Johnson & Johnson*

John McKendry
*Vice President and Developed
Asia Cluster Lead
Pfizer Essential Health*

Value Based Care: Incentivizing Better Outcomes

Health systems in developed economies are shifting from fee for service models to value based care models that focus on outcomes. Fee for service payments have the tendency to create inefficiencies and multiple payments for the same service, driving up healthcare costs and increasing out of pocket payments. Fee for service rewards volume over outcomes. Value based care maintains objectives on quality and how to improve health rather than how to treat individual symptoms and events. This session explores how a value based healthcare approach can help health systems focus on maximizing health outcomes while minimizing these inefficiencies.

Kidit Afable presented on the Janssen approach to innovation and the potential value of fintech as a disrupter that creates value and increases access to care.

Hsien-Hsien Lei presented a matrix for understanding value based healthcare. Hsien stated that healthcare expenditure as a percent of gross domestic product is too low in ASEAN. There are not enough doctors to meet the disease burden in the region. Hsien presented the primary challenge as payment models that are episodic that reward volume more than value. Her message was that we need to aim for the delivery of better health and better outcomes and equip healthcare systems accordingly.

Key statements from moderated panel discussion:

On the definition of value:

Value lies in the eye of the beholder. Historically value is hard to understand; it is difficult to regulate and difficult to communicate. Patients, healthcare systems, doctors, industry, government, and caregivers may all define value differently.

Value is oftentimes confused with price. Price is one half of the value equation ($\text{value} = \text{outcome}/\text{cost}$), but clinical and economic value must both be demonstrated. Value also depends on how it is calculated. Are capital costs for future investment or research and development included in the value equation? It was argued that value needs to be assessed from the outset of product development, not just when a product is done.



“Societal value is created in disruption. Healthcare is overdue for disruption.”

Value Based Care: Incentivizing Better Outcomes

On how to communicate value:

Panelists discussed how value is communicated to patients, doctors, and governments. Multifaceted groups assess value; trust can't be created in one place. Outcomes matter to patients, and the patient voice is going to get louder. Right now the primary relationship is between the physician and the patient, so one solution is to educate healthcare providers on value since most decision making power sits with doctors. Technology can only enhance trust that already exists; it can't create trust.

On fintech for value based healthcare:

There are inefficiencies in healthcare payments in hospitals, with different departments and specialties using different systems. These payment systems can be centralized. Money is not a small issue and hospital payment systems matter. These inefficiencies drive up total costs of delivering care to the patient and ultimately are reflected in the pricing of healthcare.

There is significant interest in microfinance, microinsurance, and microincentives. Presently in Asia medicine is paid for upfront. Industry can use technology and microfinance models to enable customers to pay for care affordably. Microincentives can reward positive behaviour in real time.

There is potential for multinationals to collaborate with eCommerce companies and startups. Technology companies such as Alibaba, Amazon, and Google are not health experts, but they bring value to the consumer connection experience. Alibaba has already invested in health, which impacts the value chain. Amazon is already doing supply chain management. Unusual players create value through speed and efficiency. Startups can lend precision and agility to traditional healthcare industries such as pharmaceuticals. They can react quicker to individual pain points within the value chain.

How can fintech enabled alternative innovative financing models?



Startup Session

Janssen, the pharmaceutical company of Johnson & Johnson, hosted a fintech startup pitching session. Five startups presented to the Fintech for Health audience, followed by a panel discussion.

The five startups were:

Adatos is a company that builds artificial intelligence that builds artificial intelligence.

Bluzelle is a blockchain company creating use cases in the insurance industry to seamlessly handle claims and reimbursements.

Canvas provides low cost financial services for the unbanked and underbanked, with an initial use case for one earner to distribute funding for multiple dependents.

Cheers Global Wallet uses technology to make micropayments across borders for the unbanked and can bundle and unbundle payments.

Zumata is a artificial intelligence powered chatbot being deployed in multiple industries, including healthcare.

Key points from moderated discussion with startups:

Regulation is a hurdle for artificial intelligence companies in healthcare. For fintech, the challenges are getting low income markets to trust a new product or company. There is also a challenge in affordability and access for healthcare.

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Further, Together

Networking Reception

Medtronic hosted a networking reception for conference participants. The networking reception facilitated discussion and brainstorming between fintech and digital health startups and healthcare corporations, development organizations, and government attendees. Increased dialogue between entities from across sectors can result in multisectoral partnerships that drive value for health systems, for patients, and for payers.



SPEAKERS

Moderator:

Dr. Chang Liu
*Managing Director of
Singapore, Mainland China,
and Hong Kong
ACCESS Health International*

Rose Kwan
*Partner and Growth Markets
Health Director
Mercer Marsh Benefits*

Frank Troise
*Head of Innovation
Synpulse Management
Consulting*

Welcome back

Chang Liu welcomed participants to the second day of the conference. He gave an overview of the Health Financing and Technology Innovation conference in Shanghai held just five days before hand.

Chang moderated a conversation between **Rose Kwan** and **Frank Troise**. Rose and Frank gave different but complementary viewpoints on the role and potential of fintech in health.

On fintech:

There is no intellectual property in fintech. Blockchain existed in 2001. Veterans in the field [finance] don't like disruption, and regulators impact budgets for research and development. Fintech, insurtech, and healthtech all share the same property: it is just a work flow. Workflow is a process, not a technology. Profit margins float around. Reconfiguring workflow collapses operations costs. These cost savings are not always passed on to the consumer though. Corporations typically don't pass these savings along to the consumer, but they don't embrace them either. There are huge opportunities for improvements in operational costs, but there is too much focus on end use at the expense of operations and workflow.

On partnerships:

The biggest challenge in the healthcare industry is quality, access, and cost. There is good quality in Singapore, but cost is an issue. Insurance often time masks costs, and there is little transparency in outcomes, leading to a consumer based that is not well educated on value. Healthcare and insurance can collaborate to improve on value and communication of value to consumers.

Effective partnerships will depend on the sharing of data, such as insurers sharing data to avoid duplication of coverage. This can happen through an independent organization or industry association. Healthcare financing is based on pricing risk. There are ethical questions that exist in healthcare that do not exist in the same way in fintech. There are responsibilities of the public sector that are not seen in fintech. For some healthcare challenges and epidemics, public private partnerships spreads the responsibility and risk across sectors, both ethically and financially.



SPEAKERS

Moderator:

Manjunath Chandrashekar
Co-Innovation Labs
SAP

Gaurav Sachdeva
Head of Product Growth
Product Chief of Staff
Grab

Farhana Nakhooda
Director Health and Social
Services Asia Pacific IBM

Abhishek Shah
Co-founder and CEO
Wellthy Therapeutics

Aschkan Abdul-Malek
Founder
AlemHealth

Artificial intelligence

Machine learning and other forms of cognitive technologies have helped to ensure greater accuracy in banking and to minimize human errors. We explore how we can harness these technologies to improve the accuracy of diagnosis, reduce medical errors, and offer personalized medicine.

Gaurav Sachdeva presented on how Grab uses artificial intelligence to improve the customer and driver experience and grow their service offerings. He described healthcare as having numerous, differentiated value chains with many stakeholders, hence he would not be able to describe one value chain like he does at Grab.

Central to Gaurav's approach at Grab is to build the right product based on customers' values, technological feasibility, and business viability. This starts with finding a use case and then building the product. Customer context leads to ideas, discovery, validation, and ultimately a dashboard.

Grab takes a data driven approach to product design. They collect and mine data, letting the data lead them to the the next product iteration or option. They fall fast and learn fast with near constant testing and iteration. He summarized the Grab approach to product design, using artificial intelligence, as: build, measure, and learn, and iterate, iterate, iterate.

On data challenges:

Abhishek Shah described a lack of data in markets where electronic health records are nonexistent, a reluctance to share data, and few useful things being done with the data that does exist. Startups are starting from the beginning in these markets and using their tools to help create data that will be useful across healthcare industries. **Aschkan Abdul-Malek** see this as an opportunity to create "excellent data sets" because data is messy in emerging markets and not siloed as in developed markets. "Traditional might not be useful," so Aschkan starts with what is most important to clinicians. "Data either does not exist or it does. You move from there."

Farhana Nakhooda said that IBM has seen the most uptake of artificial intelligence in emerging markets because, firstly, there is no requirement of data to start with, and secondly, there is a shortage of doctors and thus a greater reliance or need for artificial intelligence.



On how artificial intelligence is being used in healthcare:

Artificial intelligence is being used to augment clinical intelligence and provide quality control. The role of artificial intelligence can be central to a health services model or function on the “fringes” of the model. Clinical decisions are still made by doctors, and artificial intelligence can support their decisions. One challenge is that there are not enough clinicians in many markets in Southeast and South Asia; there is particularly a lack of oncologists and other specialists. Watson application programming interfaces (APIs), such as voice recognition and translation, are cloud based. Not every market or location that could benefit from Watson has access to the cloud.

The healthcare value chain can be broken down into three stages: diagnosis, recommendations, and treatment. Artificial intelligence is mostly being used to diagnose and recommend, but not treat.

On “Is a driverless car a car?”

Many conversations on the use of artificial intelligence in healthcare pose the question, “Will artificial intelligence replace doctors?” Responding to the driver and car analogy, panelists pointed out that the human element is always there for safety. Airlines have already proven how the model works. Regulatory bodies, such as the Food and Drug Administration (FDA) in the US, approves artificial intelligence healthcare products, bringing another layer of security. Humans also assess context in addition to information. Assessing the artificial intelligence adds a degree of assurance or confidence. Recommendations should be audited and evidence based.

On other potential disruptors to the healthcare industry:

A renewed focus on cost effective treatment versus the best treatment, under the umbrella of value based healthcare, will emerge as a defining feature of healthcare transformation. There will be a focus on behavioral modification and treating patients as customers. Alternative financing models have a significant potential to alter healthcare access. An example is the use of microloans available through an app. Systems innovations can help doctors to be more productive and spend less time on administration.



On the role of government in adoption of artificial intelligence in healthcare systems:

Panelists suggested new partnership models between government and private industry to move innovation forward and integrate new technologies. Panelists saw potential for public private partnerships, and in some cases embraced public private partnerships, but also saw challenges. Governments many times move slower than the private sector. Companies optimize their products for private providers and then the government pays for the services. Panelists agree that they would like governments to be partners in the development or deployment of healthcare products and services. A panelist suggested that government have a separate wing working on innovation so co-innovation can occur. This also enables government to embrace more entrepreneurial ways of working.

On the future of healthcare:

Prevention, including behavior modification, will play a greater role, including population level initiatives and integration of health and social services. The payer's role will shift to become an influencer to insurers and regulators. Long term longitudinal data sets will emerge and be used. Data is an asset and will work for health service providers. "All data matters." Silos will be broken down and each patient will have a unique history and records. Robot doctors.



SPEAKERS

Moderator:

Rhenu Bhuller

*Partner and Senior Vice
President of Transformational
Health
Frost & Sullivan*

Subhajit Mandal

Director

MetLife Innovation Centre

Zelda Anthony

*Head of Blockchain,
ASEAN IBM*

Thiam Hwa Lim

*Healthcare Director
SAP Asia*

Lesly Goh

*Financial Services Lead
Microsoft Asia Pacific*

Blockchain in Health

The unparalleled security and transparency that blockchain technology affords its users can be of great benefit to the health sector. Blockchain technology is currently being applied to healthcare to enhance the interoperability of electronic health records. It can allow for secure payments, both peer to peer and to institutions, for the unbanked. Smart contracts offer transparency and fidelity to institutional relationships.

Each panelist described blockchain differently: A distributed database, secured and encrypted. Track and trace. Business process automation. A secure distributed database.

The conversation that followed centered on how to develop initial use cases of blockchain in healthcare and appropriately increase adoption of the technology.

On potential uses of blockchain in health:

Many potential use cases for blockchain have been raised across healthcare industries. These include establishing and tracking patient consent via smart contracts, tracking devices or counterfeit drugs, establishing digital identity for accountability, creating transparency of data flow, and ensuring privacy of medical data. There are still issues of security for blockchain, but there are questions on if this is due to blockchain protocols, implementation of the blockchain, or the platform being tested. Blockchain can be offered as a service rather than a software product. Examples where this is already happening include microinsurance for farmers and counterfeit concert tickets.

On blockchain adoption:

As blockchain is a newer technology, initial use cases will be important to demonstrate value, trust, and capability. Regulatory bodies can enable adoption of blockchain in healthcare by making explicit that customers or patients own their data. Policies can identify who can be a keeper of the data and who can be a custodian of the data. The Food and Drug Administration has worked with IBM on data sharing. It is important to start blockchain conversations with the current health systems challenges and determine how blockchain can help. The technology itself can be intimidating. Users can be seduced on front end solutions and aren't concerned about the protocol behind the scenes.

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Start with small problems, not the biggest problems. With internet of things (IoT) technology, health systems didn't start with the biggest problems first; a similar approach is needed with blockchain. First look at the problems and see if blockchain can really help. Go to the early adopters, which in healthcare means supply chain management, micropayments, or microfinance.

On regulation and data privacy:

Privacy is an issue generally, and healthcare data is more sensitive than other types of data. One question is where to store medical data on the blockchain. How do we ensure we don't create a modern day version of HeLa cells by not granting patients ownership of medical data. [Henrietta lacks was an American woman with cervical cancer, whose cells were developed into the HeLa cell line without her knowledge or permission.] Providers many times make it difficult for patients to access their own medical data. Startups such as Data Wallet give people the ability to consent to give their own data to providers. It gives patients choice.

The European Union General Data Protection Regulation (GDPR) harmonizes data protection laws across all EU countries, thereby increasing awareness on data privacy. A panelist brought up that data privacy is more of an issue in developed countries and less so in low and middle income countries. Younger people are more willing to share data if it benefits them. Consumers generally don't know the value of their data. Blockchain can help them to understand this value.

Panelists recommendations on how to make blockchain work for an organization:

Read up on blockchain; know it, understand it, and try it personally. Collaborate to define the right business case. Define if blockchain is needed for the defined problem. Find really good use cases; the right scenario will accelerate adoption.



- 08.30 – 09.00 REGISTRATION DAY I
- 09.00 – 09.15 **A** **Welcome Address**
By Steve Leonard, *SG Innovate*
- 09.15 – 10.30 **1** **Session I: Health Financing Needs in Asia**
Sejal Mistry, *ACCESS Health International (Moderator)*
Sofi Bergqvist, *ACCESS Health International*
Patrik Silborn, *Asia Pacific Leaders Malaria Alliance*
John Fairhurst, *Private Sector Engagement for The Global Fund*
Kyriacos Koupparis, *United States Agency for International Development (USAID)*
- 10.30 – 11.15 TEA BREAK
- 11.15 – 12.30 **2** **Session II: Health Insurance: Achieving the Access, Cost, Quality Triad**
Jeff Cook, *Pacific Life Re (moderator)*
Hugh Terry, *The Digital Insurer*
Walter de Oude, *Singapore Life*
Rosaline Koo, *CXA*
- 12.30 – 13.30 LUNCH
- 13.30 – 15.00 **3** **Session III: Value Based Care: Incentivizing Better Outcomes**
Jeff Weisel, *Ernst & Young (moderator)*
Jeremy Lim, *Oliver Wyman*
Hsien-Hsien Lei, *Medtronic*
Kidit Afable, *Johnson & Johnson*
John McKendry, *Pfizer Essential Health*
- 15.00 – 16.00 **4** **Session IV: Startup Session, hosted by Janssen**
Fintech, insurtech, and digital health startups share about their products and expertise for possible cross sector partnerships.
- 16.00 – 18.00 **5** **Session V: Networking, hosted by Medtronic**
- 18.00 END - DAY I



- 08.30 – 09.00 REGISTRATION DAY II
- 09.00 – 09.20 **B** **Welcome Back: Innovations in Fintech for Health**
 Chang Liu, *ACCESS Health International (moderator)*
 Rose Kwan, *Mercer Health*
 Frank Troise, *Synpulse Management Consulting*
- 09.20 – 10.30 **6** **Session VI: Data Analytics for Evidence Based Insights**
 Manjunath Chandrashekar, *SAP (Moderator)*
 Gaurav Sachdeva, *Grab*
 Aschkan Abdul-Malek, *AlemHealth*
 Farhana Nakhooda, *IBM*
 Abhishek Shah, *Wellthy*
- 10.30 – 11.15 TEA BREAK
- 11.15 – 12.30 **7** **Session VII: Blockchain for Health: Transforming Strategy**
 Rhenu Bhuller, *Frost & Sullivan (Moderator)*
 Subhajit Mandal, *Lumenlab*
 Zelda Anthony, *IBM*
 Thiam Lim, *SAP*
 Lesly Goh, *Microsoft*
- 12.30 – 13.30 LUNCH
- 13.30 – 15.00 **8** **Session VIII: Accelerating Solutions: Partnerships and Regulatory Frameworks for the Integration of Digital Health and Fintech**
 Azmul Haque, *Collyer Law (Moderator)*
 Astrid Tuminez, *Microsoft*
 Wayne Chia, *World Vision*
- END OF CONFERENCE

Thank you for attending

A Welcome Address

Steve Leonard is the Founding Chief Executive Officer of SGInnovate – a private limited company wholly owned by the Singapore Government – Steve Leonard’s team works with local and international partners, including universities, venture capitalists, and major corporations to help technical founders imagine, start and scale globally-relevant early-stage technology companies from Singapore. Prior to his role as the CEO of SGInnovate, Steve Leonard served as the Executive Deputy Chairman of the Infocomm Development Authority (IDA).

I Session I: Health Financing Needs in Asia

Sofi Bergkvist is the Executive Director and cofounder of ACCESS Health International. She oversees the programs, projects, and staff in seven countries. Sofi established ACCESS Health International in India, where she built strategic partnerships to improve access to high quality, affordable healthcare. Today, she continues to establish and manage partnerships with the private sector, governments, and research and development organizations around the world.



Patrik Silborn is Senior Director Resource Mobilization and Financing at the Asia Pacific Leaders Malaria Alliance. He drives the Innovation Lab – a broad partnership to support countries in the Greater Mekong Sub-Region to innovate, leverage technology and bring in new resources and partner-ships with the corporate sector. Prior to joining APLMA, Patrik was Head of the Private Sector Engagement Department in the External Relations Division of the Global Fund. Patrik also led the Global Fund’s Innovation Hub as well as the Global Fund’s work on innovative financing models. Previously, Patrik was a Senior Fund Portfolio Manager managing Global Fund investments in a number of countries in Southern and Eastern Africa.



John Fairhurst is Head of Private Sector Engagement at The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Prior to this position he was an Executive Director at UBS Optimus where he was leading the team developing new products and innovative financing instruments. Before this he was the COO at the Global Alliance for Improved Nutrition (GAIN). John helped establish and manage the program portfolio of the Children's Investment Fund (CIFF). He was also a Regional Manager for Oxfam in East and Central Africa overseeing development and humanitarian programs in an area covering the Democratic Republic of Congo to Eritrea, the Country Director in Afghanistan and worked in Northern Sri Lanka.



Dr. Kyriacos Koupparis is Regional Science, Technology, and Innovation Advisor at United States Agency for International Development (USAID). He focuses on building and strengthening networks that promote the integration of science, technology and innovation into development programs. He currently serves as regional innovation expert and provides direct technical support to USAID missions, U.S. embassies and government officials in the Asia region. He has worked at USAID and the Department of State for the last five years where he gained experience with open innovation, prizes and challenges, human-centered design, ICT4D, and science partnerships.

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Session II: Health Insurance:



Jeff Cook is Head of Innovation at Pacific Life Re. He has a thirty year career in Insurance & Reinsurance on his CV. His prior roles include Chief Underwriter positions as well as roles in Strategy, Sales, Product development and Six Sigma Quality. His key focus lies in the delivery of Underwriting and Claims risk management solutions for insurers whilst expanding the footprint of a technology solution, UnderwriteMe across Asia. In addition, he oversees the company's business growth through the introduction of new product ideas to the market, including origination through alternative distribution channels, the marketing function and sales across South East Asia.



Hugh Terry is the founder of The Digital Insurer. He is an experienced insurance professional with more than twenty years' experience in the Asia Pacific region covering insurance companies, business consulting as well as successful set-up and exit from his own businesses. Hugh is an actuary by profession. Hugh's personal business objective is to help insurance companies create and execute innovative business development strategies. Central to this is to anticipate and leverage trends in digital technologies as these are having a profound impact on existing business models as well as opening up new opportunities.



Walter de Oude is CEO at Singapore Life. As a former actuary, there is little he does not know about life insurance. With a career that spans reinsurance, consulting, banking, asset management in both C-suite and board roles, and having lived in Singapore predominantly since 2000, Mr de Oude is all set to bring Singapore Life to you – with a unique market proposition that sets the stage for the Next Generation of Life Insurance.





Rosaline Koo is Founder and CEO of CXA. Frustrated by the lack of technology to meet unaddressed client pain points, Rosaline invested all her savings of \$5M and borrowed another \$5M to build her start-up CXA. Since launching 3 years ago, CXA has acquired Singapore's largest broker, won 500 clients and innovation awards in HR, Healthcare, Insurance as well as the Women's Entrepreneur Award. Now CXA is valued at \$100M after raising \$33M in VC funding to expand to 10 countries across Asia.

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Session III: Value Based Care: Incentivizing Better Outcomes

Jeff Weisel is Life Sciences & Healthcare, Advisory at Ernst & Young. He has more than twenty years experience working with leading life sciences and healthcare organizations on issues of strategic change and business innovation, with focus on Asia-Pacific. Previously, Jeff was the Market Access & Policy Director for Asia, Australia, Africa, Middle East for AbbVie (including as Abbott). Before that he led Novartis in major Asia Pacific growth initiatives in business development and licensing, key account management, market access and strategic planning. Prior to joining Novartis, Jeff spent seven years with IBM and PwC where he led the life sciences consulting practice in Asia.



Dr. Jeremy Lim (MD, MPH) is a Partner in Oliver Wyman's Singapore office, where he leads both the Health & Life Sciences and Public Sector practices across the Asia Pacific region. Jeremy teaches at the National University of Singapore (Saw Swee Hock School of Public Health, and Duke-NUS medical school), and in 2013 authored '*Myth or Magic: The Singapore Healthcare System*' a book that draws lessons from the Singapore health system for health reform efforts in other countries. Prior to joining Oliver Wyman, Jeremy trained in surgery and public health. Jeremy chairs the steering committee of NIHA (NUS Initiative to Improve Health in Asia) and sits on the Behavioral Sciences Institute, Singapore Management University, Centre for Health Informatics (NUS) and Next Age Institute (NUS) advisory boards.



Dr. Hsien-Hsien Lei is Vice President Communications and Value-Based Healthcare, Asia Pacific. She is responsible for developing the communications strategy and execution plans to engage internal and external stakeholders in meaningful, actionable partnerships. Together with her team, Hsien creates initiatives that demonstrate the company's commitment to improving patient outcomes through meaningful innovation, aligning value, global access, and partnerships.

Hsien also leads value-based healthcare for Medtronic in APAC with the aim of creating business models in which Medtronic shares direct accountability for delivering better patient outcomes, quality, and efficiency at lower cost. Prior to Medtronic, Hsien was General Manager of Ogilvy CommonHealth Asia Pacific.



Kidit Afable is Director Go to Market Strategies at Johnson & Johnson. He is passionate in driving convergence in Healthcare, Digital Technology, Finance, Insurance and Mobility to create new and integrated models that drive better value and outcomes throughout the continuum of care. He has recently set up a partnership in China to create an IoT Accelerator focused on Health. Previously, Kidit was a management consultant with ten years of experience and deep expertise in Strategy and M&A. Kidit was previously a Principal for IMS Consulting Group and before that was an Engagement Manager with L.E.K. Consulting.



John McKendry is the Vice President and Developed Asia Cluster Lead for the Pfizer Essential Health Business across Singapore, Australia, New Zealand, and Korea. John is responsible for the internal commercial oversight and external engagement to meaningfully contribute to improving global health by making Pfizer quality medicines accessible to patients in the Asia Pacific region. Prior to his current role, John was Country Manager for Malaysia and Brunei following on his earlier position of APAC Regional Therapeutic Area Lead for the Pain & CNS portfolio based in Hong Kong. He has served recently as President of the Board of the Pharmaceutical Association of Malaysia as well as elected member of the Board of Governors and Executive Committee for the American Malaysian Chamber of Commerce.



B

Welcome Back: Innovations in Fintech for Health

Rose Kwan is the Growth Markets Health Director for Mercer Marsh Benefits. She has more than 26 years of experience in benefits consulting both in Asia and Canada. As a Partner with Mercer Marsh Benefits, Rose is a member of the Global Business Solutions team that sets the strategic vision for Mercer's Health business, develops partnerships and solutions that addresses the evolving needs of MMB's clients. Rose is currently a member of the Market Leadership Team, a Board Member of MMC's Asia Pacific Risk Center and an active contributor to industry forums in Asia. Rose's broad Asia experience includes past responsibilities as Asia Regional Consulting Leader, Philippines Country Leader and the Health & Benefits Leader for Hong Kong.



Frank Troise is Head of Innovation, Synpulse Management Consulting a global management consulting firm with a focus on financial service companies. Frank is one of Asia's leading strategic voices and investment commentators. Based in Singapore and Palo Alto, Frank heads the innovation practice for Synpulse's banking, wealth management, digital advice, and asset management clients. Frank leads this effort in both the Asian and European markets leading innovation and new product development, crafting and operating product platforms and implementing advisory frameworks across multiple jurisdictions. He has been named one of Asia's FinTech 100 and one of the top 30 FinTech influencers in Singapore.

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Session VI: Data Analytics for Evidence Based Insights

Manjunath Chandrashekar has over twelve years of experience identifying, designing, and building innovative new solutions for enterprise customers. He fosters an ecosystem of partners and customers, and drives incremental revenue through innovation expertise in enterprise technology platforms and analytics. Manjunath has a thorough understanding and experience in industry solutions for customers in the public sector, internet of things, healthcare, supply chain and manufacturing. He is experienced in engagement and influencing key stakeholders internally and externally to achieve customers goal in digital transformation of their business. Manjunath's experience reaches to technology and solution evangelism, startup community outreach and policy advisory activities.





Gaurav Sachdeva is Head of Product- Growth & Product Chief-of-Staff at Grab. He has 15 years of experience in technology, business strategy and product management. Before Grab, he was driving a products portfolio of \$250 million at Autodesk Singapore through change & innovation, was defining the next generation strategy, driving execution, and steering core thinking for these products through business model transformation. He was also a core member of the team that successfully conceptualized and launched Creative Cloud at Adobe.



Aschkan Abdul-Malek is one of the founders of AlemHealth, a company that provides Teleradiology and AI solutions in some of the world's most difficult markets. AlemHealth has won numerous awards for its innovations in bringing AI to the edge and into patients and doctors hands in markets like Nigeria and Afghanistan. It is backed by Y Combinator, Startup Health, and some wonderful VCs. Prior to AlemHealth, Aschkan was an advisor to large MNCs and Aid and Development agencies in Iraq, Afghanistan, and other interesting places, and before that, an investment banker and management consultant in the US.



Farhana Nakhlooda is the Director, Healthcare and Social Services, Asia Pacific At IBM. She assists healthcare and social services organizations to improve outcomes, access, efficiency and effectiveness. She has a strong focus on the applicability of cloud, analytics, mobile and security in the healthcare and social services sector. She also has helped drive a number of cutting edge cognitive computing (IBM Watson) healthcare engagements across Asia Pacific. She has more than 20 years of international experience in the healthcare, social services and life sciences industry as a subject matter expert.



Abhishek Shah is a co-founder and CEO of Wellthy Therapeutics, an artificial intelligence powered digital therapeutic that improves health literacy, facilitates behaviour change and helps reverse and control diabetes, while helping life and health insurers to enable continual care, reduce risk and improve outcomes both short and long-term for their policyholders. Abhishek comes with more than a decade of healthcare experience, having previously co-led an early stage fund as a venture capitalist, been an entrepreneur in residence, and held leadership positions in his healthcare family businesses.



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Session VII: Blockchain for Health: Transforming Strategy

Zelda Anthony is IBM's Head of Blockchain, ASEAN, based in Singapore. She is responsible for developing IBM's blockchain business in the ASEAN region including understanding the key blockchain trends and opportunities and how they can benefit IBM's customers, developing IBM's blockchain strategy for the region and building an ecosystem with partners and Fintechs. Prior to the Blockchain leadership role, Zelda was Head of Payments for APAC at IBM and prior to that she spent seven years at SWIFT where she held roles including, Head of Compliance products APAC, Head of ASEAN, Head of New Customers APAC and Head of Oceania.



Thiam Hwa Lim is Healthcare Director at SAP Asia Pte Ltd covering Healthcare, Life Sciences and Education industries for Southeast Asia. He has more than 16 years of experience in Healthcare IT. His role includes business development, driving go-to-market initiatives and supporting clients on their digital transformation journey. Prior to joining SAP, Thiam was Healthcare Director at Oracle Corporation. His role at Oracle was consulting delivery and supporting consulting sales, leading a team of consultants to implement healthcare projects globally. Some of these projects include National Electronic Health Record for Singapore, Patient Controlled Electronic Health Records for Australia, National Electronic Health Record for South Africa and National Electronic Health Record for Kazakhstan. His area of expertise is in healthcare interoperability using healthcare standards and terminologies.



Lesly Goh is the Financial Services Lead for Microsoft Asia Pacific. Lesly's past FSI experience covers a broad spectrum ranging from Capital Markets, Retail Banking, Commercial Banking, Asset Management, Development Banks and Financial Data Providers. She is recognized as a thought leader for FSI, especially in the FinTech space and the use of Artificial Intelligence and Blockchain technologies to gain competitive advantage in the marketplace. Lesly is an advisor for FinTech startups and is a Fellow at the Singapore University Social Science (SUSS). For Healthcare and Life Sciences, Lesly delivered solutions such as mobile strategy for modern hospital, designed Hospital of the Future with IoT and Intelligent Healthcare, CRM and HealthVault integration, care coordination, R&D, clinical trial optimizations, wearable, patient engagement, and compliance framework.





Subhajit Mandal is a Director at MetLife Innovation Centre (LumenLab), Singapore. He is a graduate of IIT Kharagpur, holds a CFA Charter and an MBA from the National University of Singapore. Currently he covers LumenLab's fintech initiatives in Southeast Asia. His finance career spans across Venture Capital, proprietary trading firms and family offices before moving into the fintech domain. His first fintech initiative was Sentinance – a sentiment analyser for the capital markets. A board member of the Singapore Fintech Association, he was recently ranked as one of the fintech influencers in Asia.

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Session VIII: Accelerating Solutions:



Azmul Haque is Lawyer and Founder of Collyer Law. He has over 15 years experience in private practice with leading law-firms in three countries. Azmul has developed particular expertise in complex, cross-border corporate transactions (acquisitions and divestitures, joint ventures and strategic alliances, public and private equity, venture and angel financing), commercial contracts (outsourcing, franchising and licensing, various) and regulatory matters in a range of areas that impact business – whether for start-ups or billion-dollar enterprises. He has been rated as a leading practitioner for the TMT sector, and has experience across FinTech, Internet & e-Commerce, AdTech, Big Data, IOT, and BlockChain.



Dr. Astrid S. Tuminez is Regional Director for Corporate, External and Legal Affairs (Southeast Asia) at Microsoft. She is also the former Vice-Dean (Research) and Assistant Dean (Executive Education) of the Lee Kuan Yew School of Public Policy (National University of Singapore). Astrid's previous positions include Director of Research (alternative investments) at AIG Global Investment, and program officer at Carnegie Corporation of New York. She sits on the boards of Singapore American School and the Bank of the Philippine Islands (BPI). She was also chair of the board of ASKI Global, an NGO that promotes financial literacy and entrepreneurship among migrant in Singapore.



Wayne Chia is Innovative Programmes Lead, Asia P3 Hub, at World Vision. Wayne has 10 years of experience in innovation, product development and digital business modelling, acquired through running start-up businesses in the digital space across US, China, and Southeast Asia. After his last venture Techsailor was acquired by TO THE NEW, Wayne was determined to solve bigger global issues, which led him to the base of the pyramid (BOP) space. At Asia P3 Hub, he aims to bring governments, companies, NGOs and academia together to solve poverty issues.

BD (Becton Dickinson)

BD is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. BD leads in patient and health care worker safety and the technologies that enable medical research and clinical laboratories. The company provides innovative solutions that help advance medical research and genomics, enhance the diagnosis of infectious disease and cancer, improve medication management, promote infection prevention, equip surgical and interventional procedures, and support the management of diabetes. The company partners with organizations around the world to address some of the most challenging global health issues. BD has nearly 50,000 associates across fifty countries who work in close collaboration with customers and partners to help enhance outcomes, lower health care delivery costs, increase efficiencies, improve health care safety and expand access to health.

For more information on BD, please visit www.bd.com



Medtronic

Governments, insurers, and hospital systems are struggling to address unmet healthcare needs without impeding economic growth or further increasing healthcare costs. Many of these issues can be addressed by aligning value among the stakeholders in the system. Medtronic is committed to working with the global health community to better leverage existing technologies and services, as well as develop new solutions that better integrate health systems, in order to reach an era of value-based healthcare across the globe. While the role of technology in value-based healthcare is only beginning to be defined, we're confident that it can play a significant role in improving clinical outcomes and maximizing efficiencies across the care continuum.

For more information on Medtronic, please visit www.medtronic.com

Medtronic
Further, Together

SGInnovate

At SGInnovate, we believe that Singapore has all the resources and capabilities needed to tackle 'hard problems' that matter to people around the world. As a part of the robust startup ecosystem here, our mission is to enable ambitious and capable individuals and teams to imagine, start, build, and scale globally-relevant technologies. With the support of our partners, SGInnovate's priority is to work with deeply-technical founders that have research-originated IP at the core of their company. We back these entrepreneurs through equity-based investments, access to talent, and support in building customer traction. With a focus on important areas including Healthcare, Resources, and Transportation, we are prioritising our efforts around Artificial Intelligence, Robotics and Blockchain. These technologies represent impactful and scalable answers to global challenges. SGInnovate is a private-limited company wholly owned by the Singapore Government.

For more information on SGD Innovate, please visit www.sginnovate.com.



Janssen Asia Pacific, *a division of Johnson & Johnson Pte Ltd*

Inspired by our founder, Dr Paul Janssen, we believe that scientific innovation is critical to better health outcomes for people in Asia Pacific and around the world. As a global leader in human health, we have an important role to play in addressing these significant medical needs. Our vision is to be a leader in transformational medical innovation. We aspire to improve global and local healthcare by always putting patients first and by discovering the delivering solutions that matter most to the people. Patients and families that we serve.

We have made a commitment to partnering with individuals and companies who share our vision and a key pillar of our approach to research and development in the region is our Asia Pacific Innovation Centre, launched in 2014 and located in Shanghai with satellite centres in Singapore, Australia and Japan.

We take a collaborative approach to research and development that fuels local entrepreneurship and scientific excellence including exploring new healthcare models related to fintech and insurtech with the aim of supporting the broader health ecosystem in the region.

For more information on Janssen, please visit www.janssen.com.

About ACCESS Health

ACCESS Health International is an international think tank and advisory group. We believe all people have a right to access high quality, affordable healthcare. Our incountry presence and extensive global connections place us in a unique position to promote cross border knowledge and experience sharing.

In Singapore, our office is uniquely positioned to respond to regional coordination work across our countries of operation in Asia. Our work is closely aligned with the vision of the government of Singapore to focus on innovations and partnerships. We work closely with our academic partners on collaborative research in health and aging, with large corporations on their consulting and innovation needs, with startups focused on health and aging, and with development and nonprofit organizations on issues of healthcare quality, affordability, and access. We have the market intelligence and the domain knowledge of the healthcare space, access to local networks in the healthcare industry, and active in-country presence in Asia.



HEALTH FUTURES

Turning opportunities into sustainable business is far from easy. Healthcare is a complex, diverse, and highly regulated field seemingly slow to change.

Innovation in health care requires high levels of participation and collaboration, not only between health care providers, but also from academia, multinational corporations, development organizations, investors, and startups. Innovation in health care needs an ecosystem with all stakeholders involved.

Health Futures

The Health Futures industry network offers a platform and channel for open innovation. We are bringing together people from across sectors to envision healthcare of the futures—one that is patient centered, high quality, affordable, and accessible.

We move beyond the transfer of tech to the transfer of perspectives, approaches, and business models. We catalyze dialogue and partnerships across sectors and across industries to co create innovative solutions to emerging issues in Asia. We facilitate pilot projects, international connectivity, and investment opportunities.

Who is Part of the Network

We work with corporations, startups, development organizations, and academic institutes from across sectors and fields. Health Futures industry members come from healthcare, pharmaceuticals, medical devices, insurance, reinsurance, technology, and finance. We invite experts from the fields of health, aging, and business development to join the Health Futures Mentors Network. We work with startups from health, aging, insurance, and finance through the Health Futures Startup Alliance. We partner with development and international nonprofit organizations on innovation programs linking public and private organizations. Academic organizations lend their knowledge and technology capabilities to the network, driving translational research into practice.

Members benefits

Members benefit from positioning at the forefront of discussions on the transformation of healthcare, they enjoy branding support through speaking opportunities at Health Futures events and branding on Health Futures collaterals, and they gain access to the Health Futures Startup Alliance community.



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