ASEAN-Japan Health Dialogue: Strategic Recommendations for Public-Private Collaboration

Final Report by the Nagasaki University DrPH Consulting Team, 2025 to the ***Japan Center for International Exchange (JCIE)***

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About this Report

"ASEAN-Japan Health Dialogue: Strategic Recommendations for Public-Private Collaboration" is co-authored by the third cohort of the Doctor of Public Health (DrPH) Program at the Interfaculty Initiative in Planetary Health (IIPH), Nagasaki University. The authors, listed in no particular order, are Chanida Ekakkararungroj, Oluwaseun Adebayo Adewunmi, Mavis Sakyi, Ruth Purisima Gonzalez Sanchez, Due Emmanuel Awai, and Prakash Chandra Bhatta.

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Executive Summary

This report is a product of a seven-month consulting project (April to October 2025) conducted under an agreement with the Japan Center for International Exchange (JCIE), a non-governmental organization, in collaboration with the Doctor of Public Health (DrPH) program at the Interfaculty Initiative in Planetary Health, Nagasaki University, Japan. The project was aimed at identifying shared health challenges within the ASEAN-Japan region and recommending strategic approaches for health dialogue. It provides evidence-based insights into critical health priorities, barriers to cooperation, and potential pathways for public-private collaboration to strengthen regional health systems. Ultimately, the project supports JCIE's effort to strengthen Japan's foreign relations and contribute to global health across ASEAN and Japan.

The project's methodology involved a comprehensive review and analysis of global, regional, and national health policy documents with semi-structured interviews involving 14 key stakeholders from ASEAN member states and Japan. The analysis integrated findings through thematic synthesis, triangulation, and validation to identify salient themes and actionable recommendations.

The results from this project highlight a shifting landscape in Japan-ASEAN health collaboration, emphasizing the crucial need to address non-communicable diseases (NCDs) and harness digital health as a transformative tool. ASEAN member states and Japan recognize shared demographic transitions and the rising burden of NCDs, which demand upstream prevention strategies and a paradigm shift of health systems towards wellness. Other key health priorities drawn from the study included global governance, health security, migrants' health, planetary health, and Universal Health Coverage. The primary barriers to effective collaboration identified in the region stem from fragmented efforts due to coordination challenges and diversity of context in ASEAN, policy misalignment, bureaucratic red tape, and systemic resource constraints across the region.

To overcome these gaps, the project recommends a dialogue centered on establishing regional co-creation/knowledge-sharing initiatives to address priority issues like NCDs, prioritizing regional standards to address gaps in digital health utilization, accommodating innovative financing for preventive NCD interventions with public-private partnerships, and exploring strengthened multistakeholder networks for advocacy and awareness creation to sustain political commitment and policy realignment towards priority issues highlighted.

This project underscores the substantial potential for synergistic partnership that can transform the ASEAN-Japan health collaborations and contribute to sustainable development in the region.

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List of Abbreviations

ACC	ASEAN Coordinating Council
ACPHEED	ASEAN Centre Public Health Emergencies and Emerging Diseases
ADB	Asian Development Bank
AHMM	ASEAN Health Ministers' Meeting
AI	Artificial Intelligence
AMR	Antimicrobial Resistance
APHDA	ASEAN Post-2015 Health Development Agenda
ASCC	ASEAN Socio-Cultural Community
ASEAN	Association of Southeast Asian Nations
CDH	Commercial Determinants of Health
CSO(s)	Civil Society Organization(s)
CSR	Corporate Social Responsibility
DrPH	Doctor of Public Health
ERIA	Economic Research Institute for ASEAN and East Asia
GHSI	Global Health Security Index
GDHM	Global Digital Health Monitor
HGPI	Health and Global Policy Institute
HP	Health priorities
ICT	Information and Communication Technologies
IIPH	Interfaculty Initiative in Planetary Health
JCIE	Japan Center for International Exchange
JICA	Japan International Cooperation Agency
JIHS	Japan Institute of Health Security
JMA	Japan Medical Association
MHLW	Ministry of Health, Labour and Welfare
MOFA	Ministry of Foreign Affairs
NCDs	Non-communicable Diseases
NGO(s)	Non-governmental Organization(s)
NTT	Nippon Telegraph and Telephone Corporation
ODA	Official Development Assistance
PMDA	Pharmaceuticals and Medical Devices Agency (Japan)
PPPR	Pandemic Prevention, Preparedness, and Response
SOMHD	Senior Officials Meeting on Health Development (ASEAN)
UHC	Universal Health Coverage
WHO	World Health Organization
WHO-SEARO	World Health Organization-South-East Asia Regional Office

1

Introduction

1.1 Background of the Project

The ASEAN-Japan region faces shared and pressing health challenges that require coordinated and innovative responses. Both ASEAN and Japan are committed to advancing universal health coverage (UHC) to ensure equitable access to quality health services for their population. Recognizing the gradual increase in aging population across ASEAN and Japan and the increasing threat of pandemics, there is a need for strengthened capacity across regional networks in pandemic prevention, preparedness, and response (PPPR), and clinical and public health challenges such as NCDs.

Historically, regional health initiatives have demonstrated that regional, multi-sectoral collaboration, particularly involving both public and private actors, can significantly enhance health outcomes and resilience. Recognizing this, the Japan Center for International Exchange (JCIE) aims to leverage the strength of such partnerships to organize an ASEAN-Japan health dialogue. This platform is envisioned to catalyze co-creating solutions, sharing best practices, and fostering trust among diverse stakeholders, including the private sector.

The Doctor of Public Health (DrPH) team at the Interfaculty Initiative in Planetary Health at Nagasaki University has been commissioned for this consultancy. The six-member team, with guidance from advisors, undertook a formative research project from April to October 2025 to inform this strategic dialogue between ASEAN and Japan. This consultancy forms a key part of the curriculum for the DrPH program, allowing the doctoral students to engage a host organization, define a challenge, apply a scientific approach to investigate the problem, and develop strategic recommendations to address the challenge.

Working collaboratively with JCIE, this project's focus was to identify the most critical shared health issues that can benefit from collaborative efforts between ASEAN and Japan and detail key organizations and individuals who can come together and drive this co-creation initiative to a specified health challenge forward. By doing so, JCIE seeks to promote a sustainable regional health ecosystem capable of tackling current and future health challenges effectively, while strengthening regional ties and fostering mutual learning and innovation.

1.2 Host Organisation

The Japan Center for International Exchange (JCIE), founded in 1970 with offices in Tokyo and New York, is one of Japan's leading foreign policy institutes. Spanning a wide range of topics, JCIE's programs have covered foreign relations and security, global health and human security, gender and diversity, and civil society organizations.

JCIE has played a pioneering role in embedding health security in Japan's foreign policy and convenes major global health initiatives such as the Friends of the Global Fund, the Global Health and Human Security Program, and Healthy and Active Aging in Asia. JCIE seeks to deepen dialogue with partners in the Global South, promoting the Fukuda Doctrine and the adoption of the Joint Vision Statement on ASEAN-Japan Friendly Cooperation, identifying health as one of the priorities for "co-creating the future economy and society."

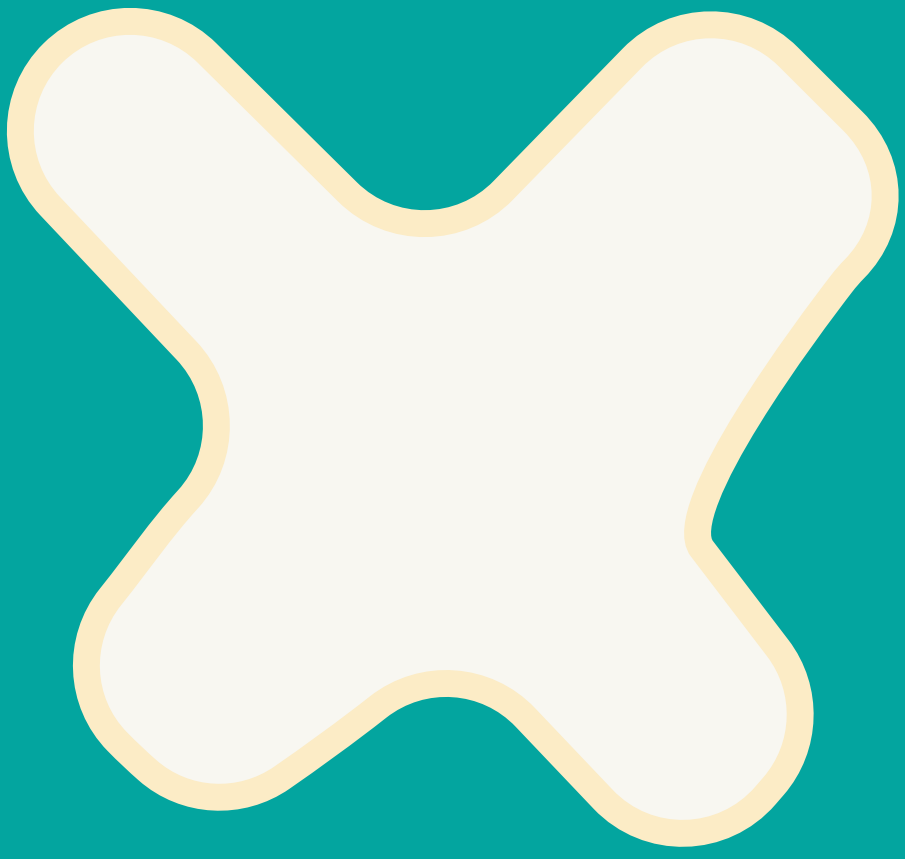
1.3 Objectives

The primary objectives of this consultancy were:

1. To identify priority health issues that are common to Japan and ASEAN countries, which can be addressed through public-private collaborative efforts.
2. To analyze existing drivers and barriers that influence effective co-creation and partnership development in health between ASEAN and Japan.
3. To determine key actors, organizations, and stakeholders from both public and private sectors who should be engaged in the dialogue.
4. To formulate strategic recommendations that facilitate a sustainable and impactful ASEAN-Japan health dialogue.

2

Methodology



2.1 Desk Review

Comprehensive reviews of global, regional, and national health policies, strategies, and health reports were conducted, encompassing 103 documents including ASEAN documents (e.g., ASEAN Community Vision 2045, APHDA) and health reports from MHLW, Japan (see References and Supplementary 1). Socioeconomic and health system indicators were analyzed to understand current trends and emerging issues. Key themes through qualitative analysis of reviewed literature, focusing on areas such as health security, aging, noncommunicable diseases, digital health, and climate change, were developed. Preliminary thematic domains were developed relevant to prevalent ASEAN and Japan's health issues and focal areas of concern.

2.2 Qualitative Study

A qualitative study using semi-structured interviews with a diverse panel of key informants (n=14) to gather in-depth insights on priority issues, feasibility, and strategic relevance for collaboration (see Table 1). Participants were selected using a purposive sampling strategy with maximum variation to ensure broad regional (covering multiple ASEAN member states and Japan) and sectoral representation. Selection criteria targeted senior-level experts and decision-makers from:

- Public Institutions: (e.g., relevant ministries of health, foreign affairs)
- Academia: (e.g., researchers specializing in global health, health policy, ASEAN-Japan relations)
- The Private Sector: (e.g., executives from digital health companies operating in the region)
- Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs): (e.g., groups focused on specific health issues or health systems strengthening)

This approach ensured the data captured multiple perspectives critical for understanding the potential for public-private collaboration. The interview guide was designed to explore perceived health priorities, barriers to cooperation, and potential areas for joint action (see Supplementary 2).

Table 1: Profile of Key Infromants

Key Informants interviewed	n =14
Public Institutions: (e.g., relevant ministries of health, foreign affairs)	2
International partners and donors	2
Academia: (e.g., researchers specializing in global health, health policy, ASEAN-Japan relations)	4
The Private Sector: (e.g., executives from digital health companies operating in the region)	2
Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs): (e.g., groups focused on specific health issues or health systems strengthening)	4

2.3 Data Analysis and Reporting

We applied Braun and Clarke's reflexive thematic analysis to qualitative data[1] from consultations with experts, identifying salient themes and subthemes to inform actionable recommendations. We triangulated the findings from document review, and expert input, addressing data gaps through iterative review and stakeholder feedback to ensure robustness. Evidence-based recommendations aligned with ASEAN regional health development goals and Japan's health system capacities, highlighting potential collaboration areas and policy synergies, were synthesized.

2.4 Procedural Framework Overview

The procedural framework below summarizes the systematic approach employed by this team to explore and understand the regional landscape to formulate actionable, prioritized issues for collaborative dialogue between ASEAN and Japan (see Figure 1).

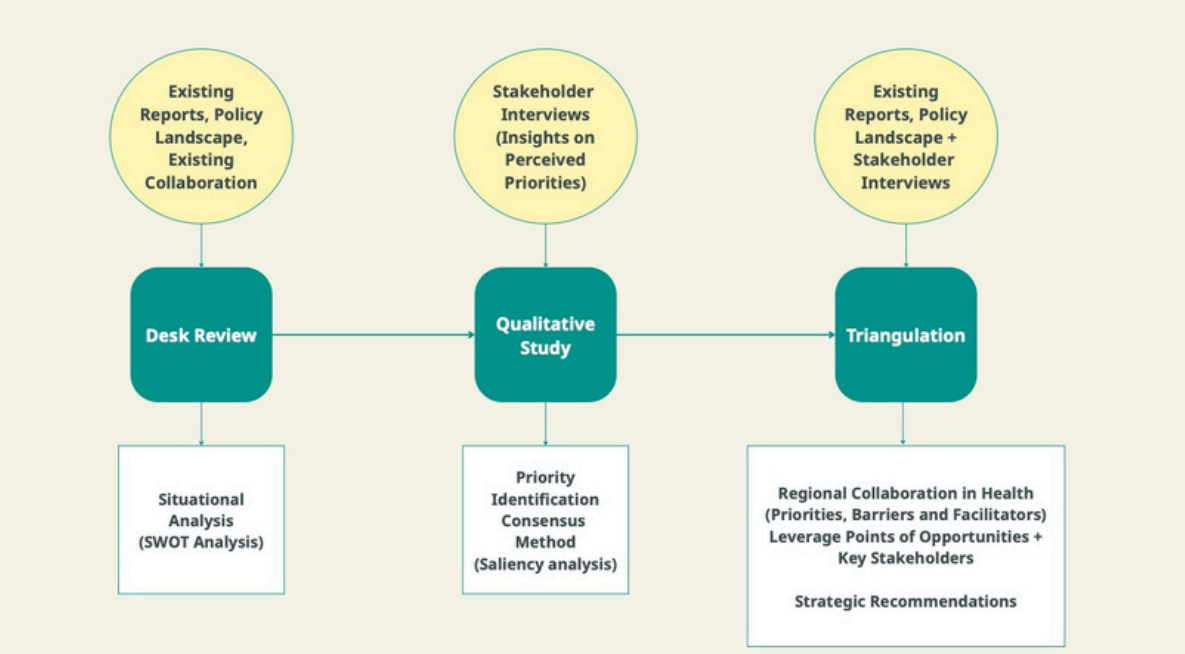
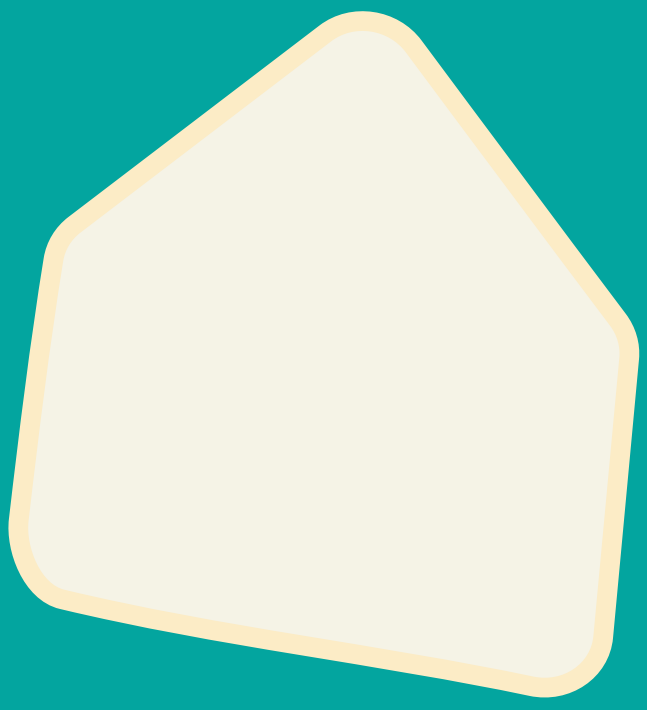


Figure 1: Procedural Framework Detailing the Processes Undertaken by the Consultancy in this Research Work

3

Situational Analysis



3.1 ASEAN and Japan

The ASEAN region currently comprises ten member countries (Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam) along with Timor Leste, which holds observer status. The region is characterized by diverse country profiles, resource capacities and demographic trends (relatively younger population with projected increase in aging population in coming decades)[2]. Japan with a population of over 124 million population is a high-income country with relatively high proportion of aging population (about 31.7% of population over 65 years of age)[3]

3.1.1 Regional Health Landscape in ASEAN and Japan

i. Health System Performance and Challenges

ASEAN countries, similar to Japan, face health challenges including aging populations, rising NCD burden, and gaps in pandemic preparedness and response. Key issues also include achieving Universal Health Coverage (UHC), Health security, and underutilization of digital health technologies. Benchmarks such as the UHC Service Coverage Index, Global Health Security Score and Global Digital Health Monitor metrics[4-6] in Table 2 highlight regional disparities in UHC coverage, Pandemic Preparedness and Response and Digital health adoption and utilization respectively.

Table 2: Summary of health system and digital health performance in ASEAN and Japan

Country	UHC Service Coverage Index Score (as of 2021)[1]	Global Health Security Index (GHSI) Score (as of 2021)[2]	Global Digital Health Monitor (GDHM)* Overall (as of 2023)[3]
Global target	80-100	100 (highest)	Phase 5
Japan	80	60.5	3
Brunei Darussalam	78	43.5	4
Cambodia	58	31.1	2
Indonesia	55	50.4	4
Lao PDR	52	34.8	3
Malaysia	76	56.4	4
Myanmar	52	38.3	2
Philippines	58	45.7	3
Singapore	80	57.4	5
Thailand	> 80	68.2	4
Vietnam	68	42.9	4

1 https://data.who.int/indicators/i/3805B1E/9A706FD
2 https://ghsindex.org/
3 https://digitalhealthmonitor.org/
** GDHM: Phase 1 (Exploration/Planning), Phase 2 (Early Adoption), Phase 3 (Expansion/Consolidation), Phase 4 (Maturity/Integration) and Phase 5 (Innovation/Regional Leadership)*

ii. Non-Communicable Diseases

Based on the recent Global Burden of Disease 2023 report[7], NCDs such as cardiovascular diseases, cancers, and stroke remain leading causes of morbidity and mortality across ASEAN and Japan (see Figure 2). These NCD trends are closely aligned with rising risk factors such as tobacco use, harmful use of alcohol, physical inactivity, and obesity, particularly among the youth in ASEAN (see Figure 3). Addressing these commercial determinants of health represents an important opportunity for regional collaboration to strengthen advocacy for effective policies to mitigate these risk factors and devastating impacts of NCDs in the region.

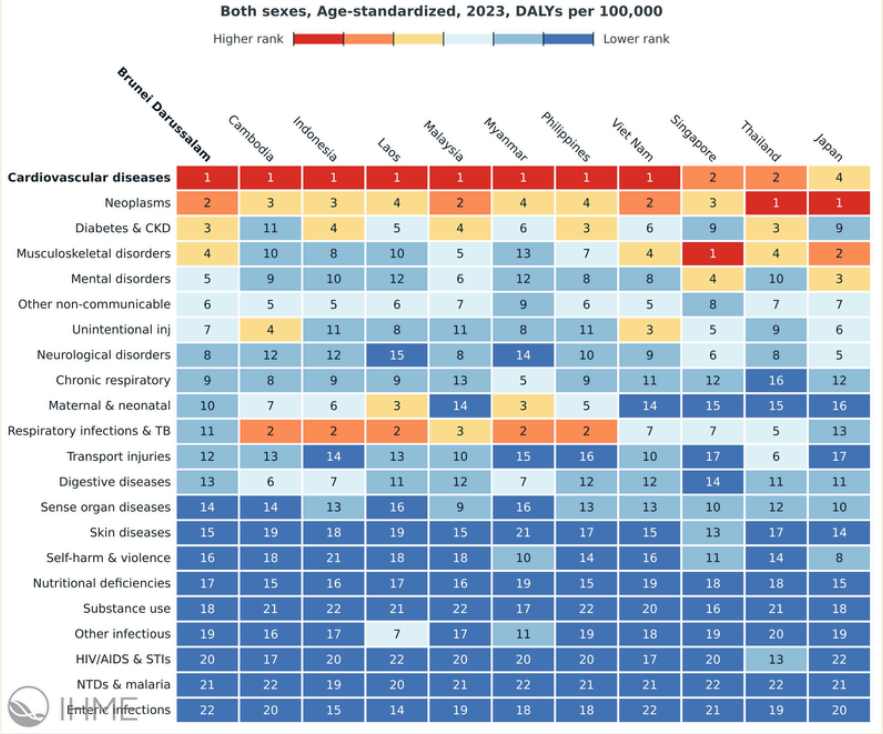


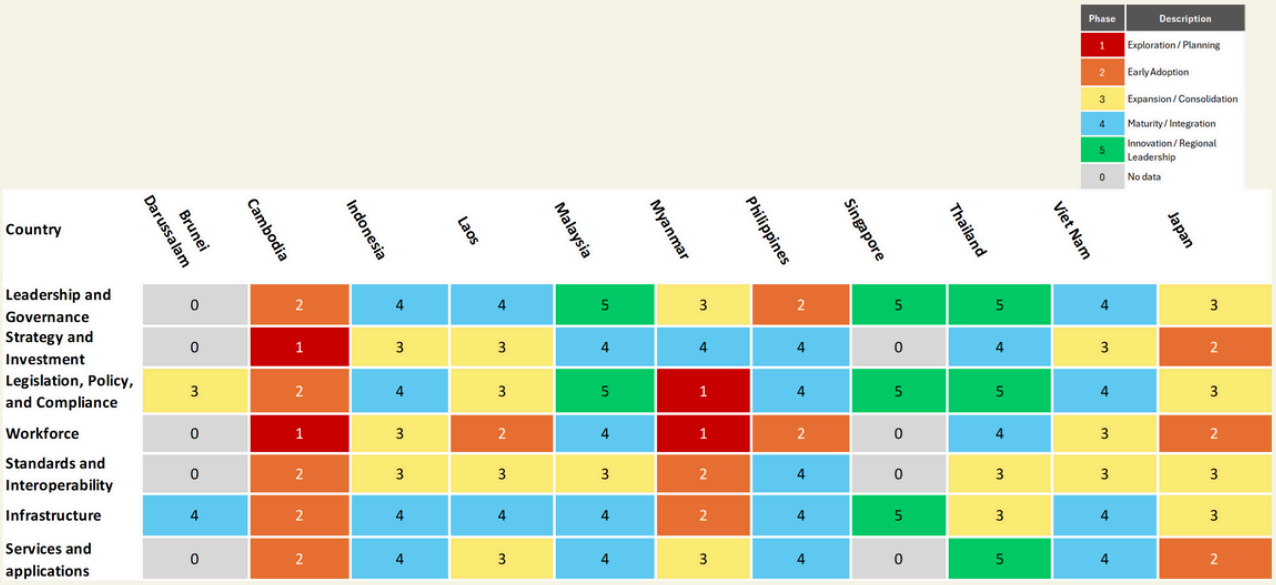
Figure 2: ASEAN and Japan Health DALY, 2023

Figure 3: ASEAN and Japan Risk Factors, 2023

iii. Digital Health Technologies

The digital health landscape across ASEAN and Japan reflects differing maturity but shared potential (see Table 2). Japan is in an expansion/consolidation phase of digital health governance and interoperability, with EMR adoption and solid data protection under the Act on the Protection of Personal Information (APPI)[4]. ASEAN countries vary; for example, Singapore is highly advanced. Also, Thailand, Malaysia, and Indonesia are progressing, while Lao PDR, Cambodia, and Myanmar remain in early phases (see Figure 4).

Post-COVID, regional investment in telehealth, AI, and mobile health has surged, but gaps in interoperability, regulation, and digital literacy persist, which highlights the need for a unified ASEAN-Japan framework for data governance, capacity building, and technology transfer[8].



Phase	Description
1	Exploration / Planning
2	Early Adoption
3	Expansion / Consolidation
4	Maturity / Integration
5	Innovation / Regional Leadership
0	No data

Country	Brunei Darussalam	Cambodia	Indonesia	Laos	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam	Japan
Leadership and Governance	0	2	4	4	5	3	2	5	5	4	3
Strategy and Investment	0	1	3	3	4	4	4	0	4	3	2
Legislation, Policy, and Compliance	3	2	4	3	5	1	4	5	5	4	3
Workforce	0	1	3	2	4	1	2	0	4	3	2
Standards and Interoperability	0	2	3	3	3	2	4	0	3	3	3
Infrastructure	4	2	4	4	4	2	4	5	3	4	3
Services and applications	0	2	4	3	4	3	4	0	5	4	2

Figure 4: Global Digital Health Monitor (GDHM) in ASEAN and Japan, 2023

iv. Health Agenda Setting in ASEAN and Japan

In advancing regional health collaboration between ASEAN and Japan, a mature understanding of agenda-setting processes within the region is essential. These processes provide a framework that public–private partnerships can leverage to align efforts, mobilize resources and optimize involvement in health. The ASEAN health agenda is formally set through its strategic blueprint, the ASEAN Post-2015 Health Development Agenda (APHDA)[2,9]. This framework is operationalized through ASEAN Health Clusters and working groups that develop action plans and initiatives. The agenda-setting process in ASEAN is intrinsically inter-sectoral and consensus-based, involving senior health officials (ASOMM) and ultimately endorsed by the ASEAN Health Ministers' Meeting (AHMM), ensuring alignment with the broader ASEAN Socio-Cultural Community Blueprint (ASCC) and the overarching goals of the APHDA (see Supplementary 3). Given that the current APHDA is scheduled to conclude by 2025, a JCIE-facilitated dialogue appears timely and strategic, as it has the potential to support Japan's collaboration with ASEAN as ASEAN recalibrates its health priorities and strategies in the next regional framework (APHDA 2026-2030).

In Japan, agenda-setting in health follows a collaborative process involving government agencies, academia, and civil society. The Ministry of Health, Labour and Welfare (MHLW) is responsible for shaping Japan's national health policy with health initiatives aimed at addressing emerging challenges such as the aging population and rising healthcare costs. International health policy is led by the MHLW and Ministry of Foreign Affair (MOFA), with support from key agencies such as the Japan Institute of Health Security and JICA, among others. International organizations, such as the World Health Organization (WHO), also play a supportive role[10].

3.1.2 Health Priority Issues in ASEAN and Japan

The ASEAN Post-2015 Health Development Agenda (APHDA) outlines 21 health priorities organized under four clusters, guiding the region's collective action toward a healthier and more resilient ASEAN[9]. Among these, non-communicable diseases (NCDs) feature prominently under the Promoting Healthy Lifestyles cluster reflects ASEAN's growing focus on prevention, healthy aging, and wellness. Meanwhile, digital health is positioned within the Strengthening Health Systems and Access to Care cluster, where it is viewed as a critical enabler of Universal Health Coverage (UHC) and equitable service delivery. As ASEAN transitions to its next framework beyond 2025, these two areas. NCD prevention and digital transformation are emerging as strategic anchors for regional collaboration and innovation.

Japan has one of the highest life expectancies in the world (at 85.03 years)[3] and can boast of a healthcare system characterized by universal coverage and high-quality healthcare. Due to the epidemiological transition and an aged population, NCDs and mental health disorders are increasingly recognized as health challenges. Hence, Japan's health priorities focus on aging-related care, management of non-communicable and communicable diseases, and health promotion (e.g., Health Japan 21) with increasing emphasis on mental health. Furthermore, the establishment of Japan's UHC Knowledge Hub presents a strategic opportunity to deepen ASEAN–Japan collaboration on health, particularly in the areas of NCDs and digital health innovation. By drawing on some of the member states' extensive experience in health financing, service delivery, and digital solutions, the UHC Hub can serve as a knowledge-sharing, capacity-building, and policy exchange platform connecting ASEAN member states with their Japanese counterparts.

3.2 Current ASEAN-Japan Health Collaboration

3.2.1 Current Collaboration

ASEAN–Japan health collaboration has matured from a donor-recipient relationship and paradigm into a partnership built on shared responsibility and co-creation. Central to this cooperation is the establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED)[11], where Japan's financial and technical support is being leveraged to support regional preparedness and response capacities. Beyond pandemic management, initiatives under the ASEAN–Japan Health Initiative have expanded to encompass UHC, health promotion and prevention, and healthy aging.

3.2.2 Potentials and Challenges

From our procedural framework overview (Figure 1), a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) of the current ASEAN-Japan health collaboration reveals several structural and operational challenges that can hinder deeper, more effective co-creation. The following are critical to address for a successful public-private dialogue.

- **Strengths and Opportunities**
  - ASEAN's collective strengths form a strong foundation for collaboration. Its institutionalized health governance under the APHDA provides a unified framework for regional cooperation, while mechanisms such as the ASEAN Health Cluster promote dialogue and technical coordination.
  - ASEAN's youthful population, increasing political commitment to health, and growing adoption of digital solutions represent significant assets that complement Japan's advanced technologies, robust health systems, and global health diplomacy experience. Together, these strengths can catalyze a new model of mutual innovation and shared resilience in health cooperation.

- **Weakness (Internal Barriers)**
  - The multi-sectoral and consensus-based nature of ASEAN decision-making, while inclusive, can lead to slow policy alignment and implementation across member states[12]. Japan's engagement, though robust, often flows through multiple channels (e.g., MOFA, MHLW, JICA), which can create coordination challenges and complicate a unified strategic approach for potential private partners.
  - Collaboration has historically relied on project-based funding from Japanese Official Development Assistance (ODA) and grants in bilateral approaches. This model can lead to initiatives ending with the funding cycle, lacking long-term sustainability and local ownership within ASEAN member states. This uncertainty discourages long-term investment from the private sector[13].
  - Significant disparities in healthcare system maturity, digital infrastructure, and human resources between Japan and various ASEAN countries can complicate partnership models. A one-size-fits-all approach is ineffective, requiring tailored strategies for different ASEAN member states, which adds complexity to regional initiatives[14].
  - Current collaborations are predominantly government-driven. There is a lack of formalized mechanisms and clear value propositions to strategically engage private sector actors (market access), including Japanese pharmaceutical, technology, and insurance firms, beyond corporate social responsibility (CSR), limiting access to innovation, investment, and operational expertise[15].

- **Threats (External Challenges)**
  - The broader geopolitical landscape in the Indo-Pacific, including the influence of other major powers, can impact the priority-setting and perceived neutrality of health initiatives. This may create complexities in maintaining a purely health-focused collaboration agenda[15].
  - The region remains highly vulnerable to emerging infectious diseases and public health emergencies, as underscored by the COVID-19 pandemic and benchmarked by the Global Health Security Index[16]. These crises can strain existing collaboration frameworks, divert resources, and expose gaps in regional preparedness and response coordination, potentially overwhelming the nascent ACPHEED structure.
  - While ASEAN has a unified regional health agenda (APHDA), national health priorities of individual ASEAN member states can shift due to domestic political changes, economic pressures, or acute health crises. This can affect their capacity and willingness to engage deeply in regional partnerships with Japan at any given time.

4

Results from Key Informants and Thematic Analysis

This section presents a synthesized triangulation of data from desk review as well as from 14 key informant interviews (KIIs) conducted from August to October 2025. The findings are structured to directly address the project's four core objectives and also validate the desk review findings. The results outline the priority health issues, the drivers and barriers influencing cooperation, the strategic recommendations for dialogue and the key stakeholders to be involved.

4.1 Objective 1: Identifying Common Priority Health Issues for Public-Private Collaboration

The thematic analysis and desk review reveal concordance in the health priorities identified for Japan and ASEAN. A unique set of priorities has emerged, highlighting the importance of collaboration beyond the health sector. It is clear that addressing these challenges requires a regional multisectoral approach (see Table 3).

Table 3: Summary salient health priorities for Japan-ASEAN collaboration

Priority Area	Important and Recurrent Issues
Digital Health	Regulation, Literacy and Lack of trust
Global Governance	Geopolitical shifts in global aid and Health financing
Health Security	Regional Health Emergency Preparedness and Response Capacity, Health System and Health Workforce for Emergency Preparedness
Migrants Health	Mental Health and Physical Health
Non-Communicable Diseases (NCDs)	Prevention, risk factors, and wellness paradigm
Planetary Health	Air Pollution and Climate Change
Universal Health Coverage (UHC)	Health financing, Health sustainability

Based on thematic analysis and insights from the qualitative study, NCDs and digital health present opportunities for collaboration in the private sector. Also, as of 2025, there is no explicit regional collaboration between ASEAN and Japan on NCDs (collaborations identified followed a bilateral approach). This presents an opportunity to initiate partnership in NCDs and expand current partnerships in digital health. Since NCDs and digital health are primarily health-sector domains, other sectors can play a supportive role.

4.1.1 The Increasing Threats of Non-Communicable Diseases (NCDs)

NCDs were overwhelmingly identified as the most salient and urgent shared priority, a theme that emerged in nearly all interviews. Informants described a region in the midst of an epidemiological transition.

- A senior health advisor in Japan contextualized this shift: "The narrative in ASEAN has changed. ASEAN is no longer just fighting infectious diseases. Diabetes, hypertension, and cancer are now the silent pandemic draining our health budgets and productivity."
- The specific challenge of dementia, situated at the intersection of aging populations and NCDs, was frequently highlighted as a critical area for collaboration. A Japanese academic expert stated, "Japan's experience with super-aged societies is a preview of what many ASEAN countries will face."
- There was a powerful consensus that collaboration must focus upstream on prevention. A senior health official in ASEAN argued, "We must stop focusing only on treatment. The real win for public-private partnerships is in prevention, targeting youth, improving nutrition, and creating healthy environments. This is where we can bend the cost curve."
- There was also an emphasis on a paradigm shift "from illness to wellness." As one expert noted, "The fundamental priority is to shift the focus from illness to wellness... to maximize health." This includes a focus on personalized, lifestyle-based prevention rooted in understanding epigenetics and recognizing wellness as an economic agenda, with Thailand cited as an example of a country positioning wellness as its "next big economic agenda."

To refine the priorities of NCDs themes, a saliency analysis was conducted. This analysis assessed the relevance of themes and subthemes based on JCIE's objectives, collaborative agenda, thematic analysis, and their frequency of occurrence in interviews. The results of this analysis are illustrated in Figure 5, and the categorization of themes and subthemes in Supplementary 4.

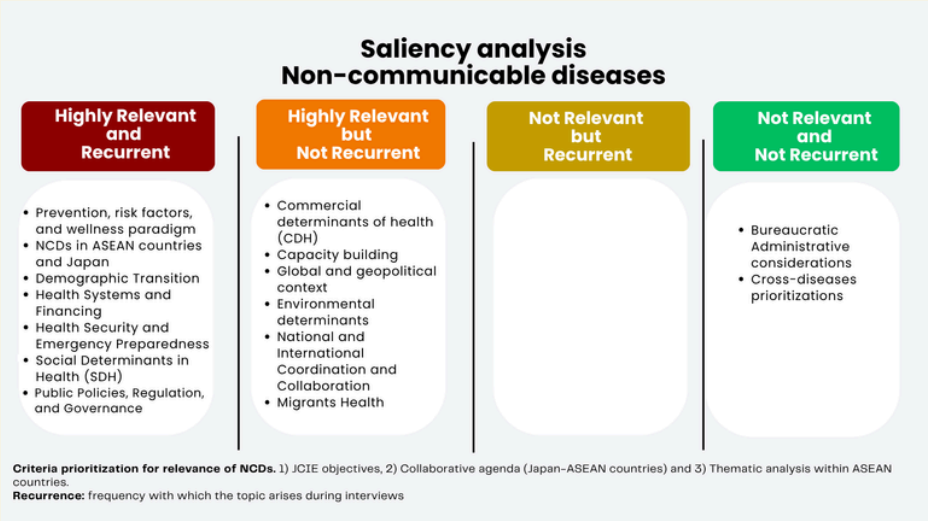


Figure 5: Saliency analysis of NCDs priorities

4.1.2 Digital Health as a Tool

Digital health was consistently framed not as a standalone issue, but as a critical cross-cutting enabler to address systemic challenges, from NCD management to workforce shortages.

- The COVID-19 pandemic was a universal reference point, acting as a catalyst for digital health adoption. A digital health expert commented, "The pandemic was a brutal stress test. It showed us the fragility of our systems and the absolute necessity of digital tools for resilience. Japan's tech and ASEAN's innovation can build that resilience together."
- A significant technical barrier identified was the lack of interoperability. An expert observed, "Every country, and often every hospital, has its own system. We are building towers of Babel. Without a regional dialogue on interoperability, we will never achieve the efficiencies digital health promises."
- Experts stressed that digital health is a tool, not an end in itself. The focus should be on solving problems like workforce shortages and access to care. Key recurrent challenges in this landscape included the need for data security and quality, digital inclusion for healthy aging, and building trust among users.

To refine the priorities of Digital Health themes, a saliency analysis was conducted. This analysis assessed the relevance of themes and subthemes based on JCIE's objectives, collaborative agenda, thematic analysis, and their frequency of occurrence in interviews. The results of this analysis are illustrated in Figure 6, and the categorization of themes and subthemes in Supplementary 4.

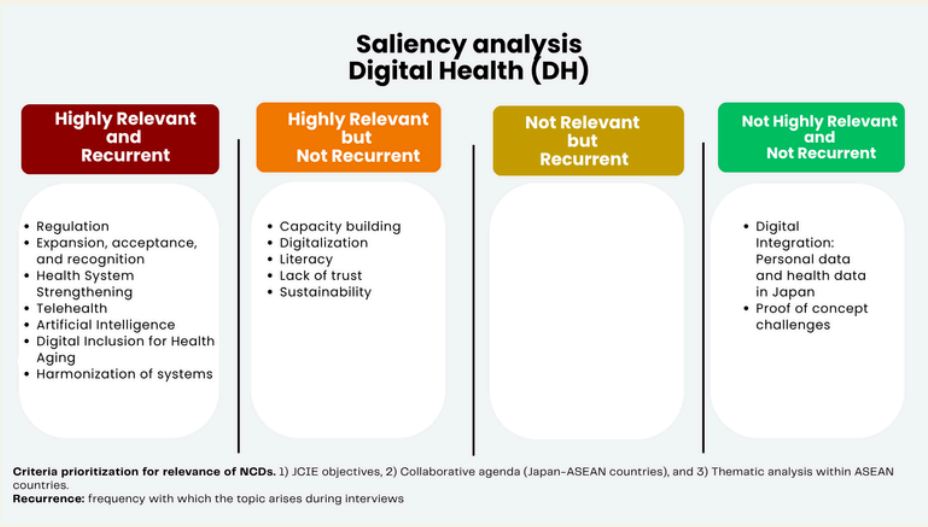


Figure 6: Saliency analysis of digital health priorities

4.2 Objective 2: Analyzing Drivers and Barriers to Co-Creation

The landscape for ASEAN-Japan health collaboration is characterized by a mix of powerful, synergistic drivers and deeply entrenched, systemic barriers (see Supplementary 5).

4.2.1 Key Drivers for Collaboration

- Complementary Strengths and Needs: The interaction and synergy between Japan and ASEAN were a dominant positive theme. A government official articulated this clearly: "Japan has technology and an aging society; ASEAN has dynamic growth and younger populations. We are not a donor and a recipient anymore; we are partners with complementary problems and assets."
- Drivers for Digital Health: Specific catalysts for digital health co-creation were identified, including the diversity of digital maturity within ASEAN, Japan's recognized strength in data management and system strengthening, and the lasting drive for digital transformation provided by the COVID-19 pandemic.

4.2.2 Critical Barriers

The barriers reported by informants were multifaceted, spanning policy, structure, and resources.

- A major finding was the fragmented nature of current Japan-ASEAN health efforts. A senior health advisor noted, “Japan-ASEAN health collaboration is a patchwork of brilliant but isolated bilateral projects. There is no strategic platform to scale what works and learn from what doesn’t.” This reflects limited coordination and a lack of regional platforms.
- Complicated and delayed approval processes stem from unclear regulations, especially involving the private sector. A Japanese digital health expert shared, “Navigating the regulatory environment is our biggest challenge. It can take 12-18 months just to get clarity for a pilot project. By then, the technology is outdated.” This demonstrates gaps in governance, readiness, and limited mechanisms for private-sector engagement.
- Donor-funded projects often lack inbuilt sustainability mechanisms. A health officer explained, “JICA’s bilateral, request-driven model is effective for specific projects, but it doesn’t foster the regional, multi-stakeholder partnerships we need. When the ODA funding ends, the project often dies.” This highlights dependence on external aid and limited long-term funding strategies.
- ASEAN’s vast disparities in digital infrastructure and human resources remain a major obstacle. A public health researcher stated, “You cannot talk about AI-driven diagnostics in a province that still struggles with reliable internet and where community health workers lack basic digital literacy.” This points to inequalities in healthcare maturity, digital literacy, and resource allocation.
- Regional engagement is further shaped by shifting national priorities, rising healthcare costs, and broader geopolitical dynamics that complicate sustained health-focused cooperation.

4.3 Objective 3: Determining Key Actors and Stakeholders

The stakeholder analysis identified a complex ecosystem of actors relevant to ASEAN-Japan health dialogue. For JCIE as the convener, understanding this landscape is crucial for effective and feasible dialogue design. The analysis in Table 4, Table 5, Table 6 prioritizes these stakeholders based on their influence/power, their prevalence in KIIs, and their interest in engagement with a non-governmental organization like JCIE.

As part of this consultancy, a detailed stakeholder prioritization matrix has been developed for JCIE's internal strategic use.

Table 4: General key stakeholders for Japan-ASEAN health dialogue

Stakeholder Group	Specific Entities (Examples)	Proposed Role in Dialogue
Public Sector	ASEAN Health Division, MHLW (Japan), MOFA (Japan), National Ministries of Health in ASEAN	Provide political legitimacy, set policy direction, and ensure alignment with national/regional agendas
Private Sector	Takeda, Olympus, Fujitsu, JaDHA, Startups	Inclusive decision making and partnership models, technical assistance, evidence generation
International Organizations (Multilateral)	ADB, World Bank, WHO	Ensure solutions are contextually appropriate, provide financial support
Bilateral Organization	JICA	Provide financial support, technical assistance
Academia	Nagasaki University, Mahidol University	Evidence generation
Civil Society and NGOS	Patient advocacy groups, local NGOs (e.g., HGPI)	Ensure community-centered and equitable interventions

***Abbreviations**: MHLW = Ministry of Health, Labour and Welfare; MOFA = Ministry of Foreign Affairs; ADB = Asian Development Bank; WHO = World Health Organization; JICA = Japan International Cooperation Agency*

Table 5: Key stakeholders for NCDs collaboration

Stakeholder Group	Specific Entities (Examples)	Proposed Role in NCD Focus
Research and Clinical Hubs	National Cancer Center Japan, Siriraj Hospital (Thailand), Universities	Lead joint clinical trials, research, and knowledge transfer on cancer and other NCDs.
Regulatory Bodies	Japan's PMDA, ASEAN regulatory agencies	Harmonize regulatory systems for drug and diagnostics development and approval.
Food and Beverage Industry	Major food and beverage companies	Reformulate products to be healthier and support prevention efforts.
Finance Ministries	National Ministries of Finance	Commit and implement health taxes (e.g., sugar, tobacco).

***Abbreviations**: PMDA = Pharmaceuticals and Medical Devices Agency*

Table 6: Key stakeholders for digital health collaboration

Stakeholder Group	Specific Entities (Examples)	Proposed Role in Dialogue
Technology Providers	NTT Docomo, SoftBank, DTAC, Google	Provide infrastructure, connectivity, and platform solutions.
Digital Agencies	National Digital Agencies (e.g., Singapore)	Lead on digital inclusion, literacy, and data governance policy.
AI and Data Science Organizations	AI startups, research institutes	Develop and implement AI tools for diagnostics, data cleaning, and personalized health guidance.
Standardization Bodies	International and national standards organizations	Develop interoperable systems and regional data exchange standards.

***Abbreviations**: NTT = Nippon Telegraph and Telephone Corporation; DTAC = Total Access Communication Public Company Limited*

4.4 Objective 4: Recommendations from Key Informants

1. Key informants highlighted the need for stronger, more structured mechanisms to sustain ASEAN–Japan collaboration in digital health. While many ideas extended beyond JCIE's direct operational scope, stakeholders viewed JCIE as a trusted convener capable of catalyzing and coordinating such initiatives. Establishing a "Japan-ASEAN Health Co-Creation Hub", envisioned as a platform for continuous dialogue, partnership brokering, and knowledge exchange. Informants saw JCIE as well-positioned to facilitate or host this hub in partnership with organizations such as JICA, AMED, or WHO.
2. Focusing early dialogues on practical, solvable themes, including regulatory sandboxes and harmonization for digital health, sustainable financing and business models for wellness and NCD prevention, and data governance for regional interoperability.
3. Developing a tiered engagement model to move stakeholders from knowledge sharing to co-development and investment, with incentives like regulatory facilitation or market access which are areas where JCIE could coordinate stakeholder input and policy dialogue.
4. Introducing a small, agile grants or pilot mechanism to demonstrate early wins. Informants suggested JCIE could help identify partners, design criteria, and convene donors, while implementation could be managed by other regional or technical agencies.

Overall, informants emphasized that JCIE's comparative advantage lies in its neutral convening power, policy dialogue facilitation, and ability to bridge public–private and regional actors, rather than direct program implementation.

4.5 Implementation Considerations Beyond the Stated Objectives

Several critical themes emerged that were not explicitly captured by the original objectives.

1. Health collaboration is evolving from a focus on treating illness **to promoting wellness**, which is increasingly seen as a driver of economic growth and stability.
2. Beyond technology and finance, success hinges on **building trust, shared terminology, and diplomatic soft skills**, the invisible groundwork for technical collaboration
3. **Involving city and regional leaders** from Japan and ASEAN can help turn ideas into reality on the ground.
4. Japan-ASEAN cooperation **must consider the broader influence** of the USA, India, Korea, and China, as global politics and economics are inextricably linked to regional health security and innovation.

This comprehensive analysis provides a robust evidence base, not just for initiating a dialogue, but for architecting a sustainable and impactful platform for ASEAN-Japan health co-creation. The findings highlight both the immense potential and the significant, though surmountable, challenges that lie ahead.

5

Strategic Recommendations

5.1 Non-Communicable Diseases

Based on the situational analysis, saliency analysis, and findings from informants, several key strategies emerged in non-communicable diseases (NCDs), addressing risk factors, and shifting the perspective from illness to wellness. It becomes evident that prioritizing prevention from birth is significant, particularly considering the young population as a potential driver for change in the realm of NCDs. Challenges such as a lack of sustained political commitment, misalignment of policies, underutilization of health taxes, and the need for better regulation of health-harmful products highlight critical health priorities, as well as existing barriers. This situation presents an opportunity to foster multilateral collaboration through a network that promotes knowledge sharing and develops innovative financing models. Such collaboration between public and private sectors can help break the traditional public-private divide and the health-to-illness paradigm. By focusing on the young population as catalysts for disseminating well-being, we can move towards a healthier future.

For the private sector, participation can be motivated through inclusion in decision-making, developing a clear value proposition for partnership (highlighting business opportunities in preventive health in NCDs), market incentives for healthier products, and opportunities to align with regional wellness and sustainability goals. Public–private collaboration can also open new markets for preventive health innovations across ASEAN and Japan.

Collaborative model

Priority area	Barriers	Opportunity/Subtheme	Potential dialogue ready-sub theme
NCD prevention through addressing commercial determinants of health (CDH)	- Lack of sustained political commitment and policy alignment -Underutilization of health taxes and regulations of unhealthy commodities	- Strengthening advocacy and awareness by creating multisectoral network - Leveraging the UHC hub - Developing innovative PPP financing models for prevention	- Financing through public-private partnership (PPP) - Knowledge sharing platform in the region - Building a multi-sector coalition /network against CDH (e.g., sin taxes & other strategies)

Reference case study for NCDs strategic recommendation (FAN)

The Financing Accelerator Network for NCDs (FAN) is a collaborative learning network that addresses non-communicable disease financing challenges in LMICs through a knowledge-sharing platform and catalytic funding. Building on the significant policy changes and improvements achieved in FAN participating countries such as Tunisia, Nigeria, and Kenya, FAN's model can be replicated in the ASEAN-Japan region to address NCDs through PPPs, knowledge sharing, and multi-sector coalitions, fostering collaboration among diverse stakeholders and supporting regional-level expertise and priorities[17].

FANs website: https://ncdfinancing.org/

5.2 Digital Health

In the domain of digital health, the analysis indicates prioritizing digitalization, regulation, expansion, and recognition of digital health, capacity building, along with improving harmonization of systems and interoperability within health information system in countries are key areas to be explored. The main challenges identified include a lack of credibility and familiarity with digital technologies, challenges stemming from lack of progressive regulations on their use, and inadequate protections for personal data within fragmented health systems unprepared for digital health advancement. This provides a window of opportunity to establish regional data privacy standards for data management, which could enhance user trust, particularly among the young population that actively engages with digital tools. Private companies can be motivated to join through clearer regional regulations, opportunities for technology demonstration and scale-up across the region, and participation in shaping interoperable systems that expand access to new digital health markets across ASEAN and Japan.

Collaborative model

Priority area	Barriers	Opportunity/Subtheme	Potential dialogue ready-sub theme
Digital Health (Governance, Ethics, and Interoperability)	Limited regulation on data privacy and management, complex market access rules	Developing regional standards on data privacy, management, and market access	Regulatory framework for expanding market access across ASEAN-Japan Regional standards for data management (e.g., personal data ownership)
	Fragmented health information systems leading to poor interoperability	Capacity building through country case studies (Singapore, Indonesia)	Improving the feasibility of interoperability within local and regional capacities Co-Designing a Regional Framework for Data Governance and Interoperability

Reference case study for digital health strategic recommendation (SATUSEHAT)

Satu-Sehat, Indonesia's national health-integration platform launched in 2022 to connect EMRs, labs and logistics across thousands of facilities, exemplifies how the health system uses interoperable standards so different systems can exchange data, integrate EMRs from public and private sectors and secure Application Programming Interfaces (API) based data exchange, though facility submission and data quality vary as it scales. The key success factors stemmed from clear government leadership, legal/regulatory mandates, phased implementation, and active public–private participation - similar to the factors we recommend for ASEAN-Japan digital health efforts[18].

SATUSEHAT's website: https://kemkes.go.id/eng/home

5.3 Integrated NCDs and Digital Health

Lastly, when assessing the primary health priorities concerning NCDs and digital health, it becomes evident that digital health tools can play a crucial role in transforming both the health-disease paradigm related to chronic non-communicable diseases and the public-private dynamic. Addressing factors such as capacity building, cultural context, and credibility, along with fostering collaboration among multilateral entities, the private sector, and financial partners, will be vital in this transformation.

Digital tools can serve as a catalyst for collaboration in the local area to help address the health workforce gap. This can be achieved through hub and spoke collaboration, which connects healthcare workers with nearby hospitals or universities. By utilizing digital tools, these workers can provide remote support through video or chat-based technical consultations. It is also important to engage local governments or health authorities to formally recognize the use of digital tools as an integral part of clinical or community health practices. Private companies stand to benefit from co-developing digital wellness solutions that strengthen prevention, visibility through pilot projects, and partnerships that demonstrate both social impact and business value in the ASEAN-Japan health ecosystem.

Collaborative model

Priority area	Barriers	Opportunity/Subtheme	Potential dialogue ready-sub theme
Primary Prevention of NCD (Wellness) using digital health as a tool	- Limited digital health literacy among users and providers - Lack of trust in data security and privacy - Poor user engagement and a lack of culturally relevant content	Knowledge sharing on applying digital health tools for wellness (e.g., smart apps, software as a medical device (SaMD), etc.) Sharing success stories and case studies to demonstrate feasibility	- Current landscape: success stories and case studies - Data security and privacy concerns- the way forward - Accessibility and equity (youth focused)
	Limited digital health literacy	Capacity building for health professionals and non-health professionals	-Avenues for supporting projects to ensure sustainability and build a local partnership with the local and private sectors.

6

Limitations and Conclusion

6.1 Limitations

The limitations to this research, as with such a complex, political, and policy-based multi-country project, included:

- Limited access to current ASEAN policy documents such as annual progress reports on APHDA (2021-2025) implementation. However, we employed the use of secondary data sources and supplementary regional reports to complement missing documents.
- Despite proactively identifying ASEAN actors through desk review & referrals, the team experienced unavoidable difficulties in scheduling and conducting interviews with some key informants due to the constrained time period for this project. The team navigated this by incorporating feedback through prefilled interviews and dissemination seminar with key stakeholders.
- This project adopted a purposive and snowball sampling strategy, aiming for maximum variation to improve the rigor of the study; however, there are inherent limitations and biases to consider. The biases introduced by the key stakeholders included—such as their personal perspectives, institutional affiliations, and vested interest may have shaped the responses, potentially leading to stakeholder and institutional biases. Also, the political sensitivity surrounding ASEAN–Japan relations, the diverse sectoral backgrounds of interviewees, and the involvement of JCIE as a Japan-based non-state actor may have influenced the candor and openness of respondents. Consequently, the findings should be interpreted with an awareness of these contextual limitations and the potential influence of stakeholder selection and individual biases on the study results.

6.2 Conclusion

Overall, the project highlights that the potential and significance of a multilateral policy alignment between Japan and ASEAN remain strategic and timely in addressing the health issues, such as the NCD burden, with an accompanying catalytic digital health framework. A stakeholder mapping of multisectoral stakeholders requiring engagement strategies under the convening role of JCIE as facilitator, can explore the following recommendations for the dialogue: NCD prevention through addressing commercial determinants of health (CDH), Digital Health (Governance, Ethics, and Interoperability) and Primary Prevention of NCD (Wellness) using digital health as a tool. The report thus provides an actionable framework not just for dialogue on the proposed health priorities but for a sustainable, result-driven approach for ASEAN-Japan collaboration capable of driving regional health initiatives.

7

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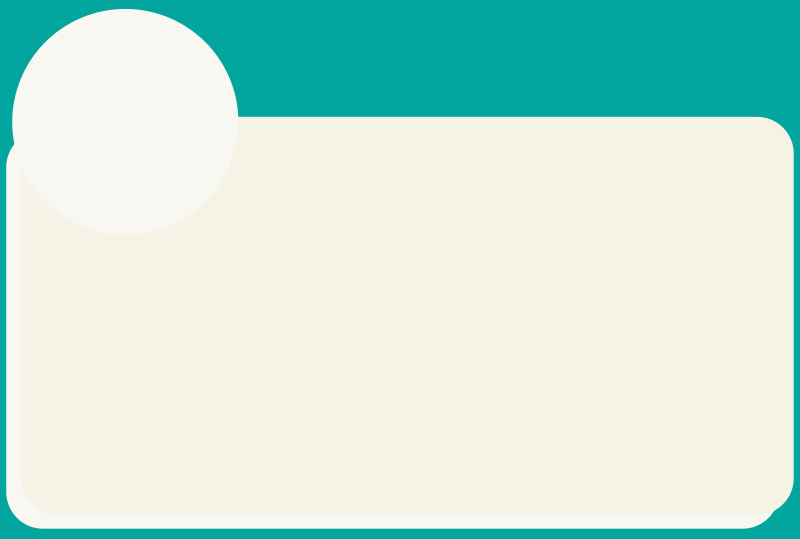

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8

Supplementary

1. **Supplementary 1: List of Documents Reviewed:** List of Documents Reviewed
2. **Supplementary 2: Interview Guide:** Interview Guide
3. **Supplementary 3: ASEAN Policy Framework:** ASEAN Policy Framework
4. **Supplementary 4: Saliency Analysis and Criteria Prioritization:** Saliency Analysis and Criteria Prioritization
5. **Supplementary 5: Summary of Drivers and Barriers to Co-Creation:** Summary of Drivers and Barriers to Co-Creation

Thank You

Thank you for reviewing this report. For any inquiries, discussions, or follow-up, please contact us through the information below.

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