



## PS 2.2: Securing the Future of Health and Well-Being for All at All Ages: Sustainable Financing Solutions

### Speakers:



**Jonathan Cylus**

LSE Health and European Observatory,  
London School of Economics



**Ghina Fadhillah**

Center for Indonesia's Strategic  
Development Initiatives



**Festus Susilo**

Mitra Plumbon Healthcare



**Ayako Honda**

Faculty of Economics,  
Hitotsubashi Institute for Advanced Study



**Huijun Cynthia Chen**

Saw Swee Hock School of Public Health,  
National University of Singapore



**Samrit Srithamrongsawat**

Mahidol University

### Closing Remarks:



**Malebona Precious Matsoso**

Health Regulatory Science Platform,  
Wits Health Consortium

### Moderators:



**Akihito Watabe**

Asian Development Bank



**Kiesha Prem**

Saw Swee Hock School of Public Health,  
National University of Singapore



**Luis Vinyals Torres**

Regional Office for the Western Pacific,  
World Health Organization



**Soonman Kwon**

School of Public Health,  
Seoul National University

Co-organized by:



# Health Financing at a Turning Point



**Only 5 years remaining**  
to reach UHC and SDG  
commitments



**Rapid demographic transitions:**  
Ageing populations,  
urbanization, and migration



**Geopolitical volatility:**  
Reduction in ODA and  
termination of global health  
programs

# How do we build health financing systems that are **sustainable, equitable, and resilient**?



## **Revenue & Pooling**

Adapting to demographic, fiscal, and geopolitical shocks



## **Innovative Financing**

Purchasing reforms, technology, and blended finance



## **Life-Course & Resilience**

Intergenerational equity across the life course

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**Navigating Global  
Demographic Transition**

through Innovative Policy: An Equity-Centered Approach

## PS 2.2: Securing the Future of Health and Well-Being for All at All Ages: Sustainable Financing Solutions



**Jonathan Cylus**

LSE Health and European Observatory,  
London School of Economics

### Raising revenues for health in the context of ageing populations

# Raising revenues for health in the context of ageing populations

Dr. Jon Cylus

Senior Health Economist (WHO)

Head of London Hub (European Observatory) and

Visiting Professor in Practice (LSE)

WHO Barcelona Office  
for Health Systems Financing

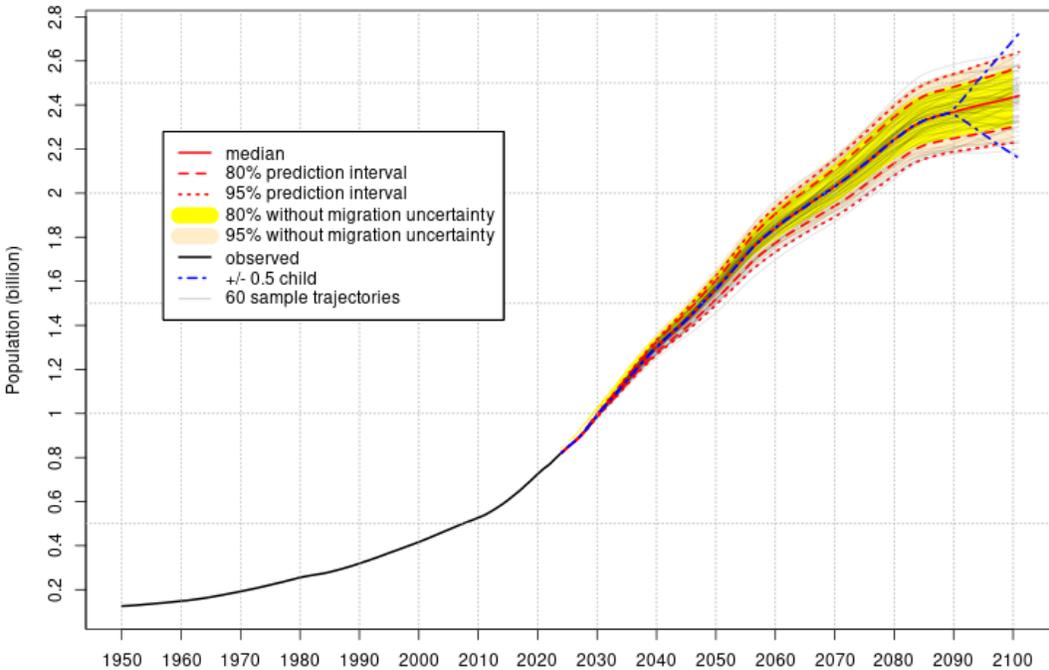
European  
**Observatory**  
on Health Systems and Policies



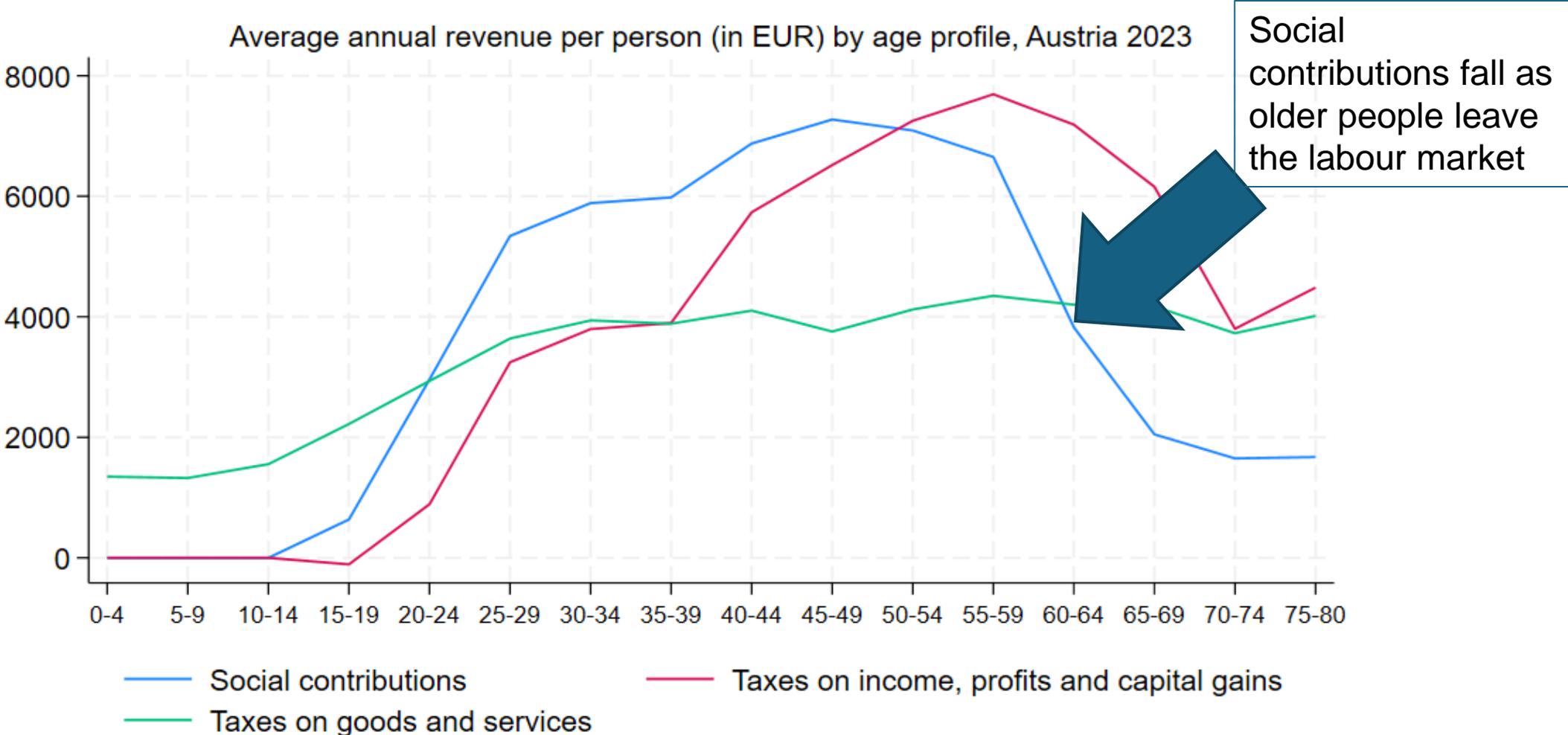
# Challenges raising public revenues for health



World: Population (Age 65+)



# The ability to raise different types of tax revenues varies by age

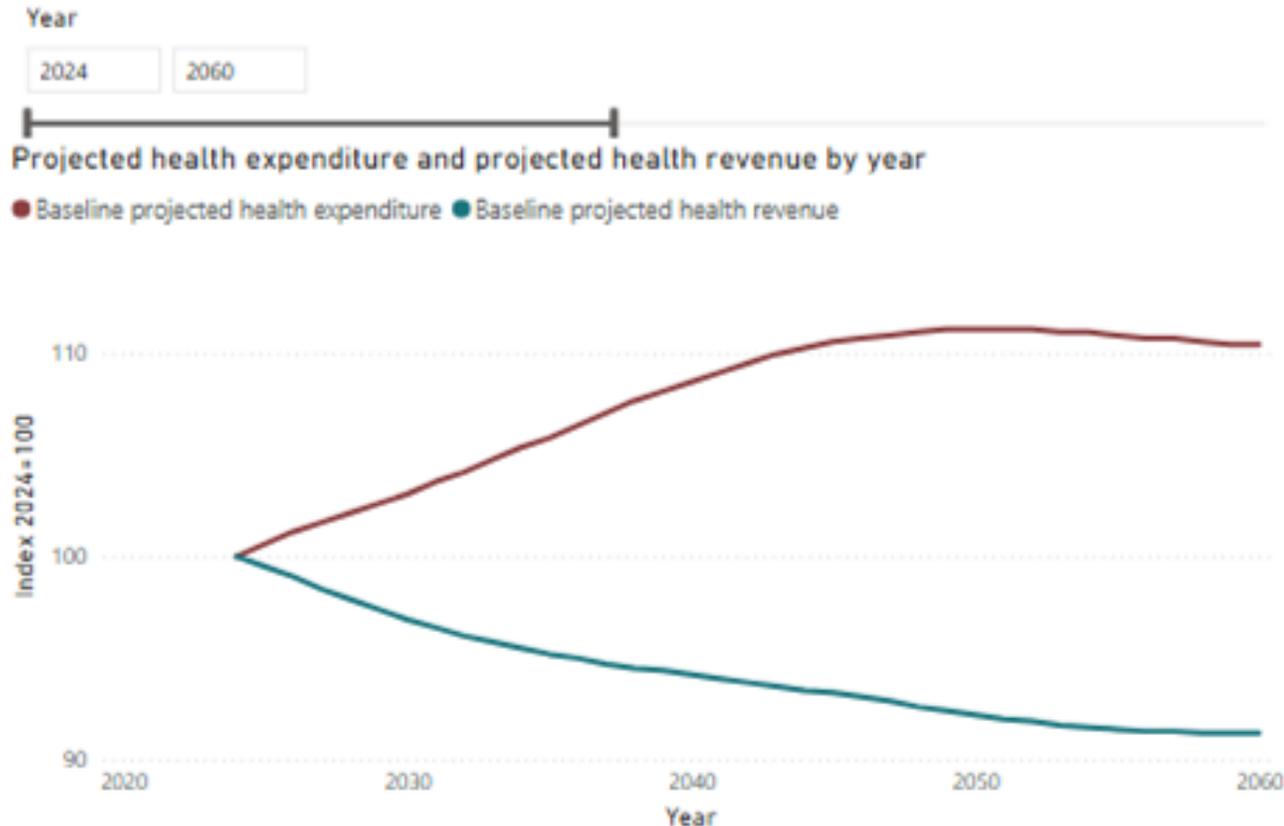


Note: Social contributions and taxes on income, profits and capital gains are at the individual level. Taxes on goods and services are equalised at the household level. Source: JRC.B2 computations using EUROMOD 2023 (version I6.44), EU-SILC 2022 and calibrated and updated HBS 2015.

# High reliance on labour market financing could reduce resources for health systems (Germany)

← Reset

## Baseline Results

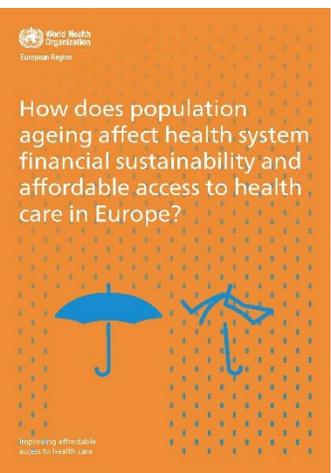
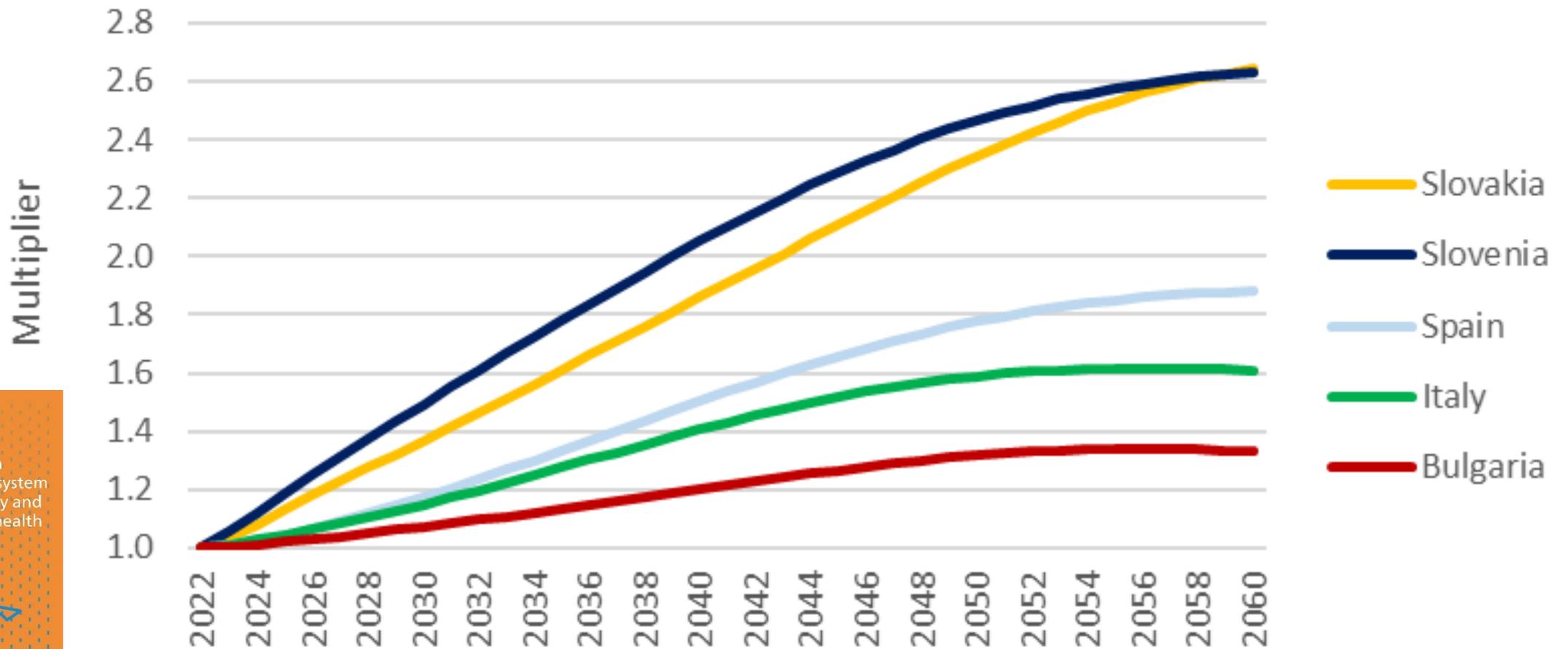


With no policy changes and using the baseline health financing by age profiles, population ageing is expected to result in a health financing gap of 19.1 base points by 2060, equivalent to \$950 per person in 2022 USD (1.9% of GDP) based on domestic general government health spending levels in 2022.

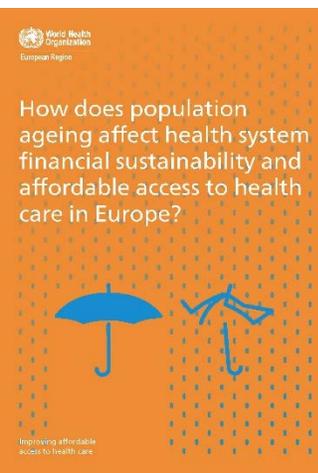
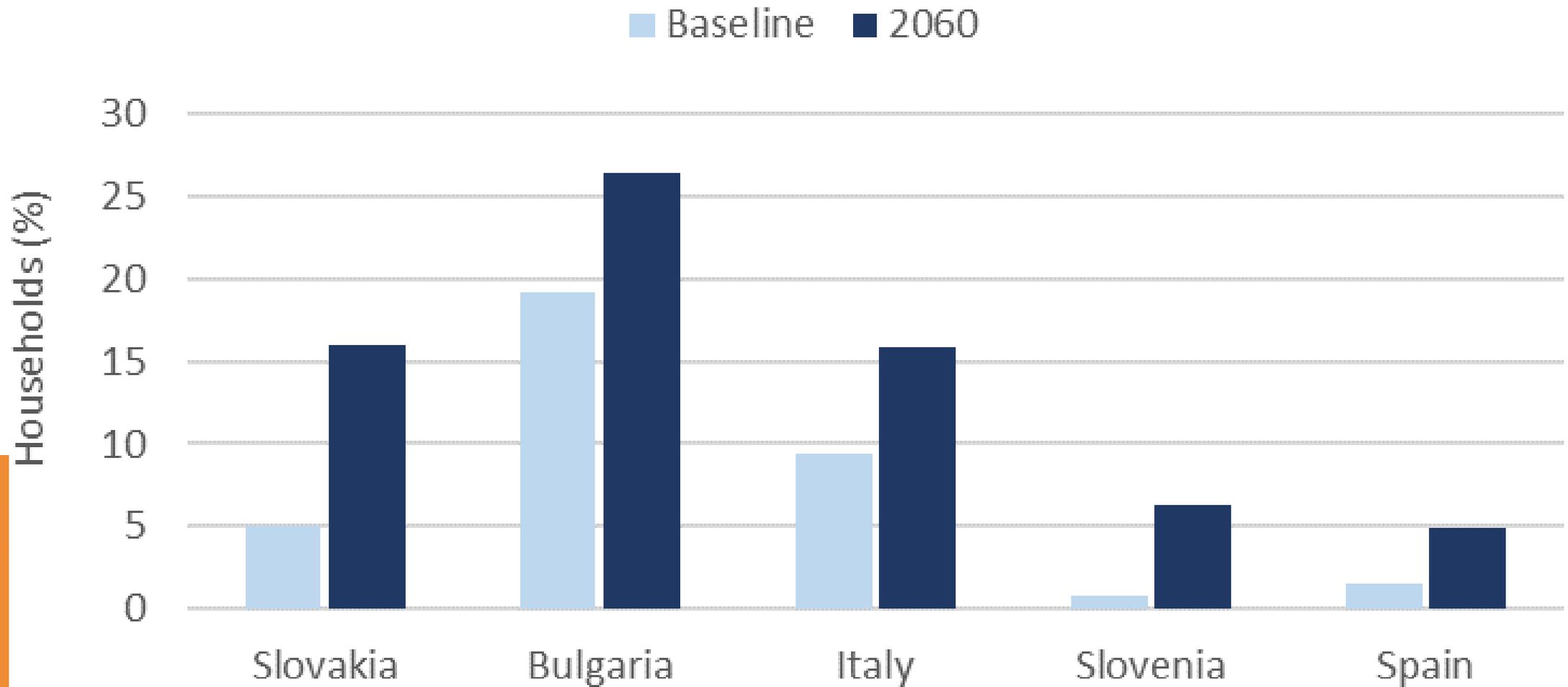
Year	Population ageing financing gap (in base points)	Population ageing financing gap in 2022 USD per person	Percentage of population ageing financing gap attributable to changes in health revenues / expenditures
2040	14.4	\$715	40%/60%
2060	19.1	\$950	45%/55%
2080	19.3	\$960	44%/56%
2100	22.8	\$1131	43%/57%

**Why does it matter?**

# To maintain access to health care, financing gaps will be filled by out-of-pocket payments



# And more households will experience financial hardship



# Two policy solutions:

- Diversification to maintain sufficient, stable revenues for health
- Protective coverage policies to limit exposure to out-of-pocket payments for those who cannot afford them

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## PS 2.2: Securing the Future of Health and Well-Being for All at All Ages: Sustainable Financing Solutions

Panelists:



**Ayako Honda**

Faculty of Economics,  
Hitotsubashi Institute for  
Advanced Study



**Huijun Cynthia Chen**

Saw Swee Hock School of  
Public Health,  
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**Lluís Vinyals Torres**

Regional Office for the  
Western Pacific,  
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Q&A



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Faculty of Economics,  
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## PS 2.2: Securing the Future of Health and Well-Being for All at All Ages: Sustainable Financing Solutions



**Ghina Fadhillah**

Center for Indonesia's Strategic  
Development Initiatives

Local Philanthropy as a Catalyst to  
Indonesia's Health System Amidst the  
Decline of Official Development Assistance



# Local Philanthropy as a Catalyst to Indonesia's Health System Amidst the Decline of Official Development Assistance

Ghina Fadhillah

Center for Indonesia's Strategic Development  
Initiatives (CISDI)

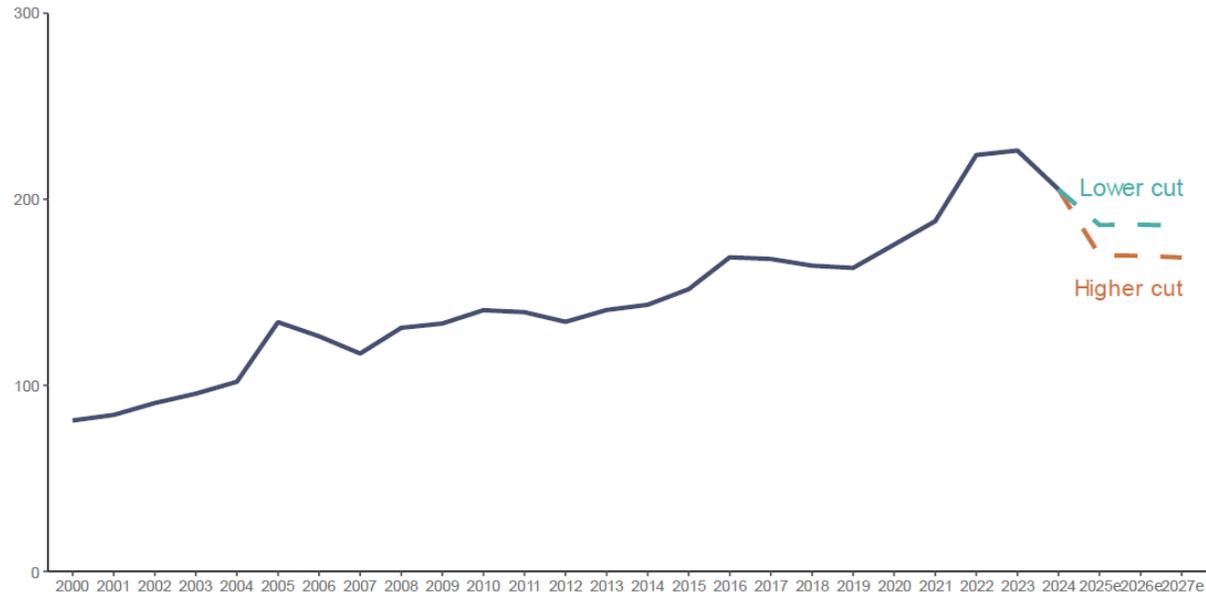


# The Problem



Globally, the Official Development Assistance (ODA) fell by 9% in 2024, and is expected to further drop in the upcoming years ([OECD, 2025](#)).

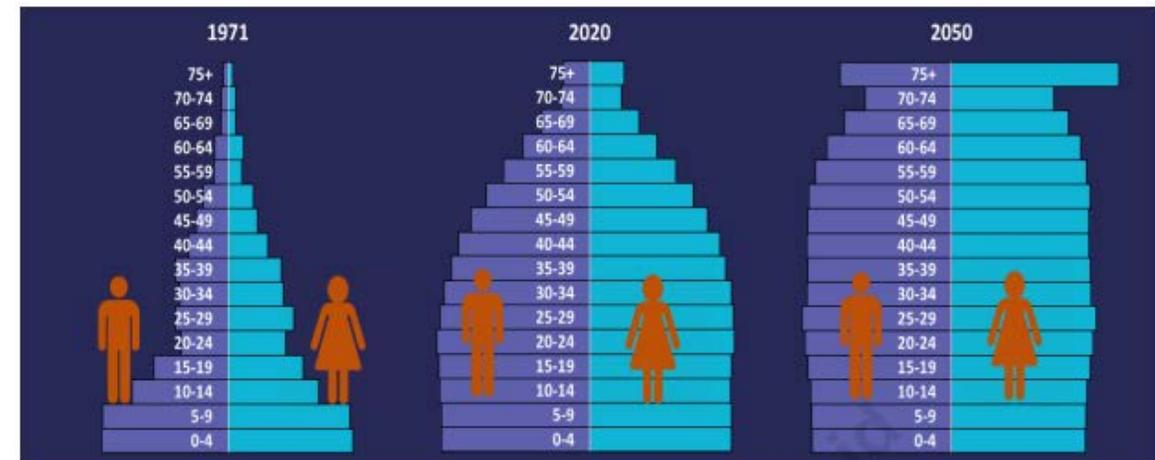
Trends in total ODA from DAC countries, 2000-24 (official data) and 2025-27 (projections), USD billion, constant (2023) prices



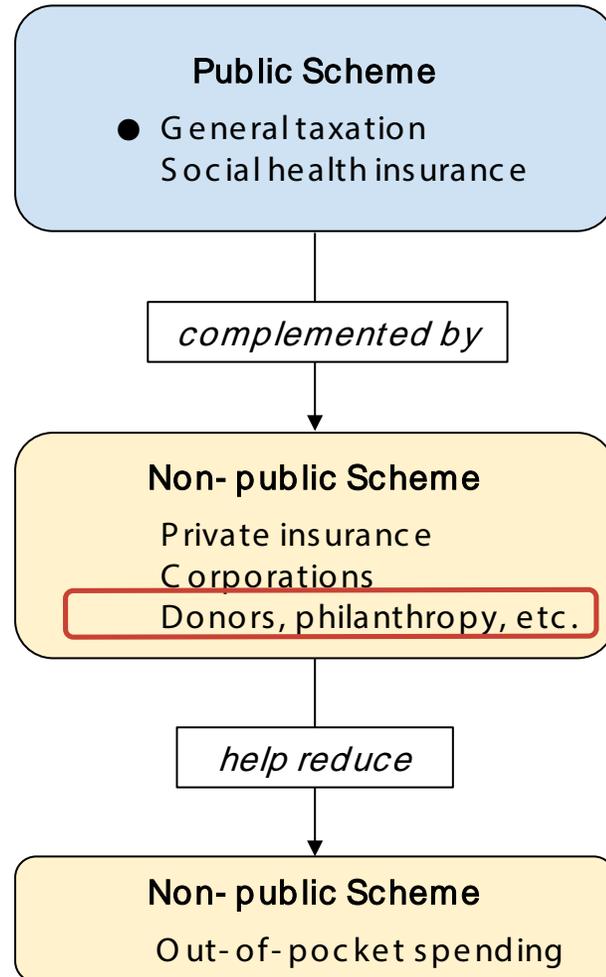
Declining ODA could risk increasing out-of-pocket spending from reduced service delivery previously carried out by foreign-funded NGOs



Indonesia is transitioning to ageing population ([BPS, 2024](#))



# Local philanthropy have the potential in filling the gaps as a catalyst



Local philanthropy is not intended as a solution to sustainable financing, or replaces the public scheme.

Instead, it can act as a system catalyst if it is well-governed.

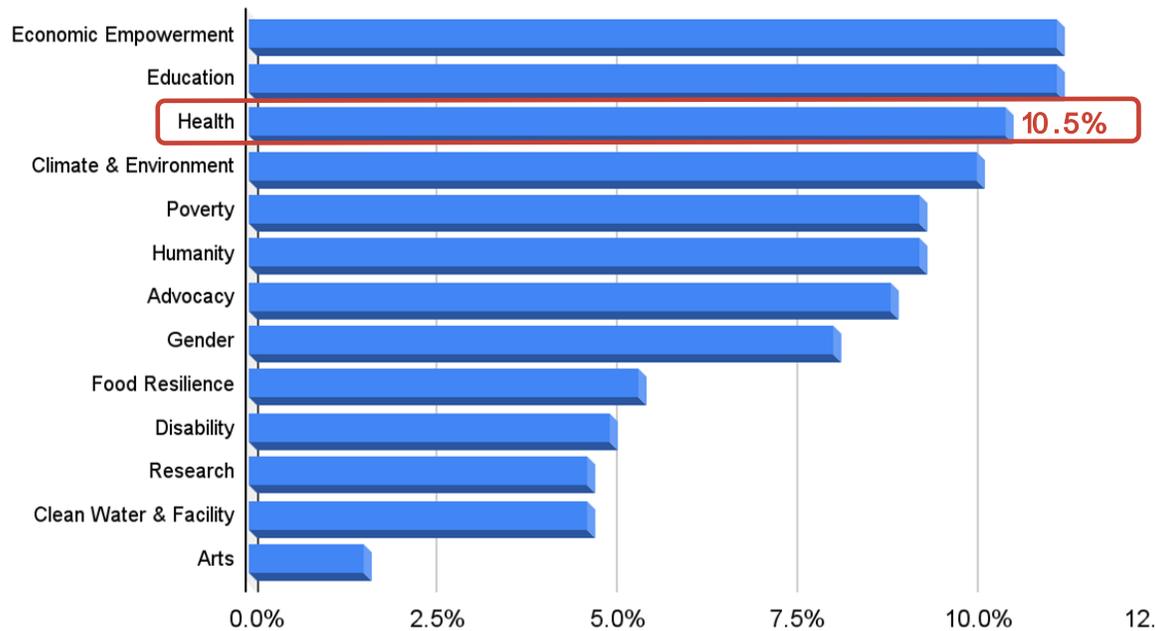




# Why Local Philanthropy Matters?

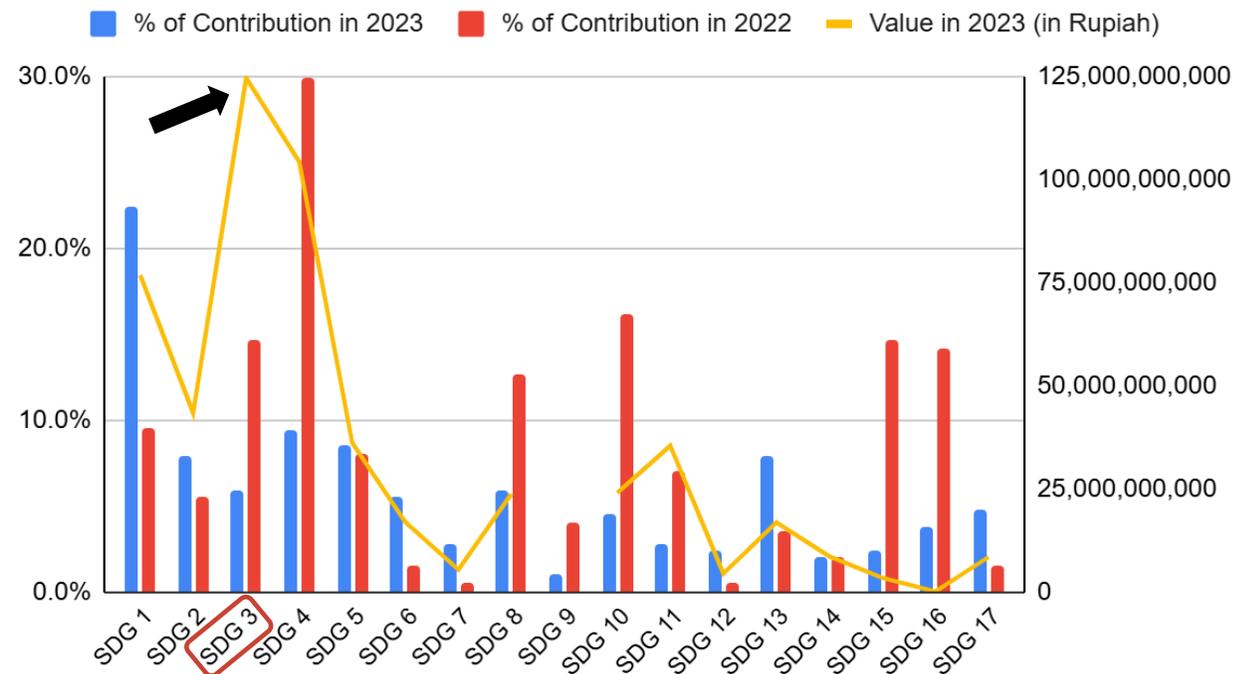
The health sector is among the most prioritized programs by Indonesian philanthropy organizations ([Indonesia Philanthropy Association, 2024](#))

Program Priority Sectors by Indonesian Philanthropy

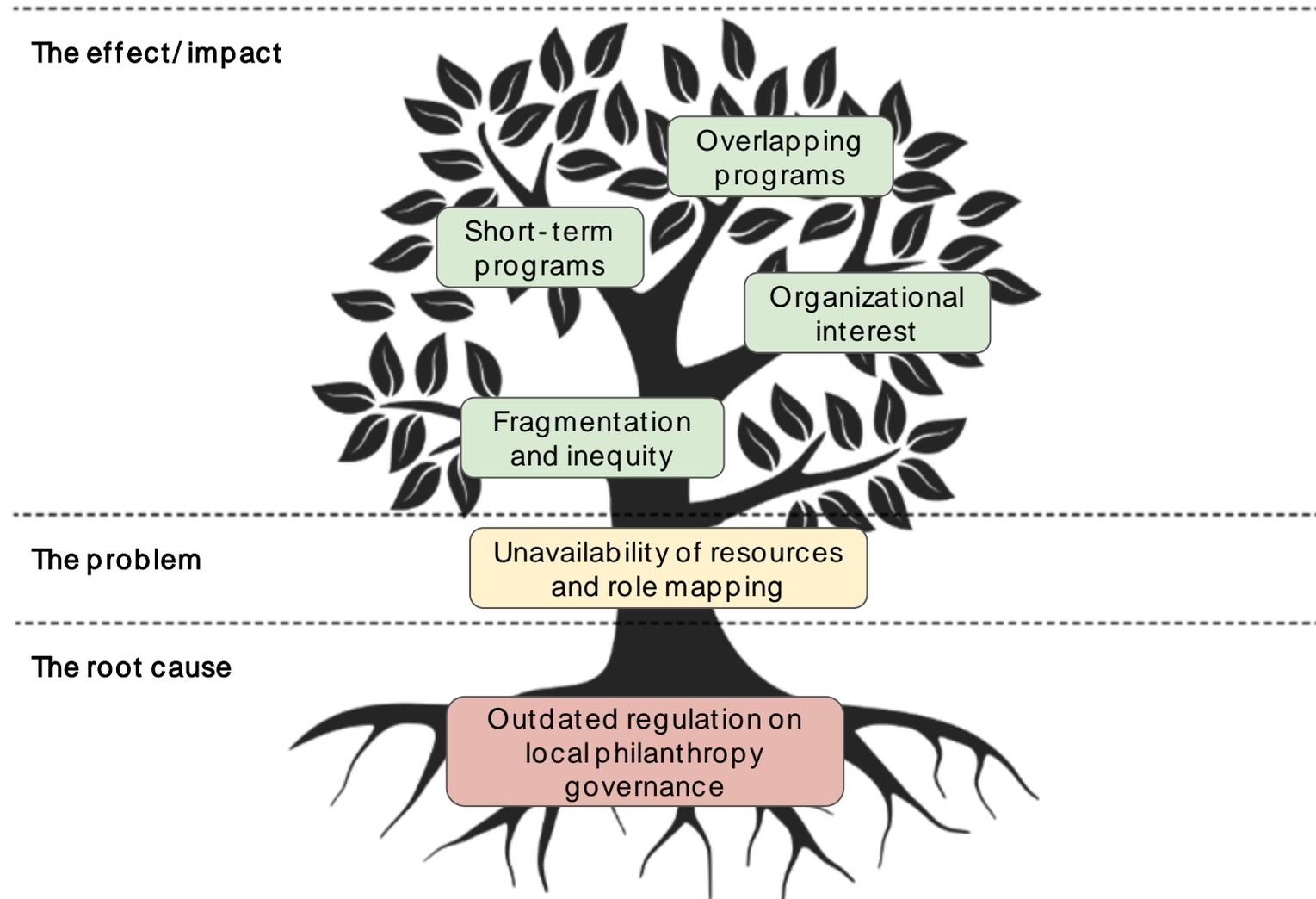


Indonesian philanthropy support for SDGs # 3 Good Health and Well-being is also the highest, which amounts to Rp 124,6 billion ([Indonesia Philanthropy Association, 2024](#))

Indonesian Philanthropy Contribution on SDGs based on Allocation and Value



# Challenges to Leverage Local Philanthropy as a Catalyst to the Public Scheme



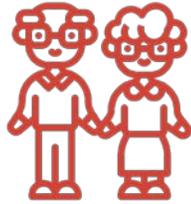
# Strategic Roles for Local Philanthropy in an Ageing Transition



At the program level, local philanthropy should:



Shifts from one-off activities to system and capacity building

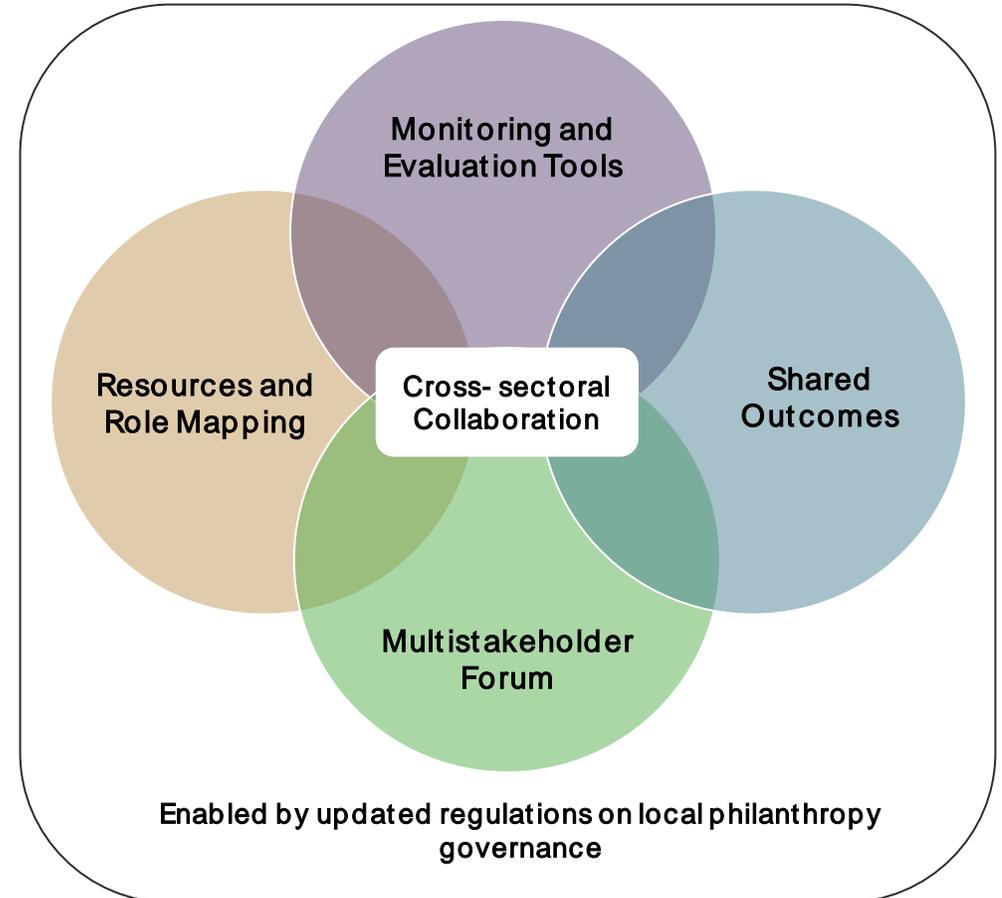


Allocate funding to pilot community-based programs for elderly

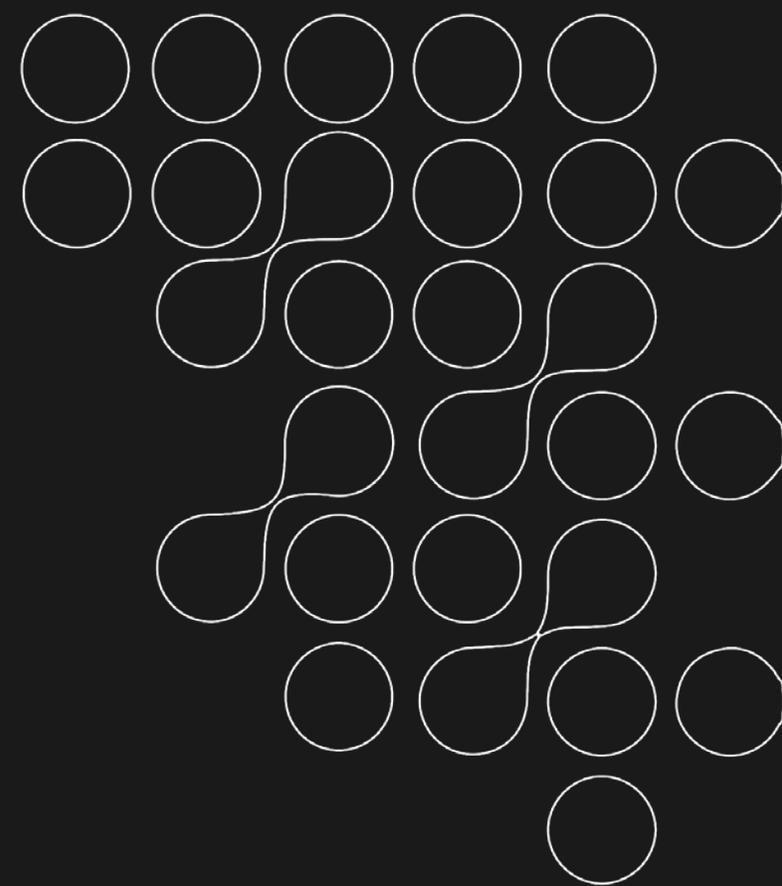


Align program with national priorities

At the system level, cross-sectoral collaboration is key to ensure local philanthropy alignment to national priorities



# Thank You



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**Festus Susilo**

Mitra Plumbon Healthcare

Achieving Impact through  
Private Investment in Healthcare



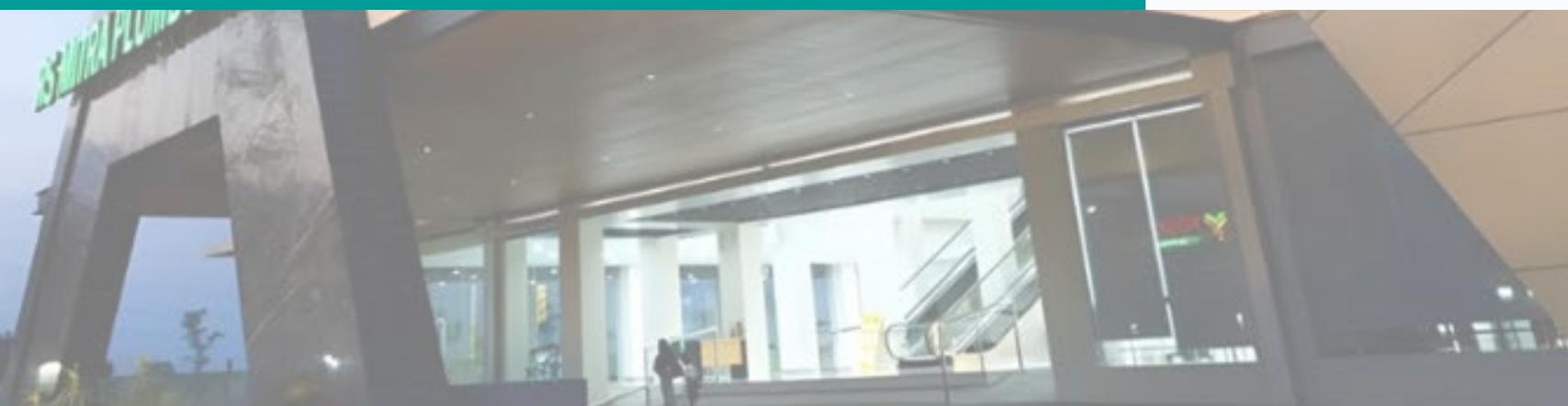
# Achieving Impact through Private Investment in Healthcare

**Dr. Festus Susilo**

CEO, Mitra Plumbon Healthcare



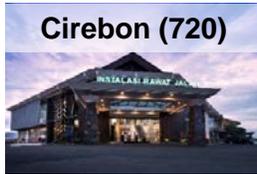
MITRA PLUMBON  
HEALTHCARE GROUP



# Introduction to Mitra Plumbon Healthcare

1

2003



Cirebon (720)

2

2010



Cibitung (331)

3

2016



Majalengka (510)

4

2019



Indramayu (550)

5

2024



Patrol (175)

2025-2027

>

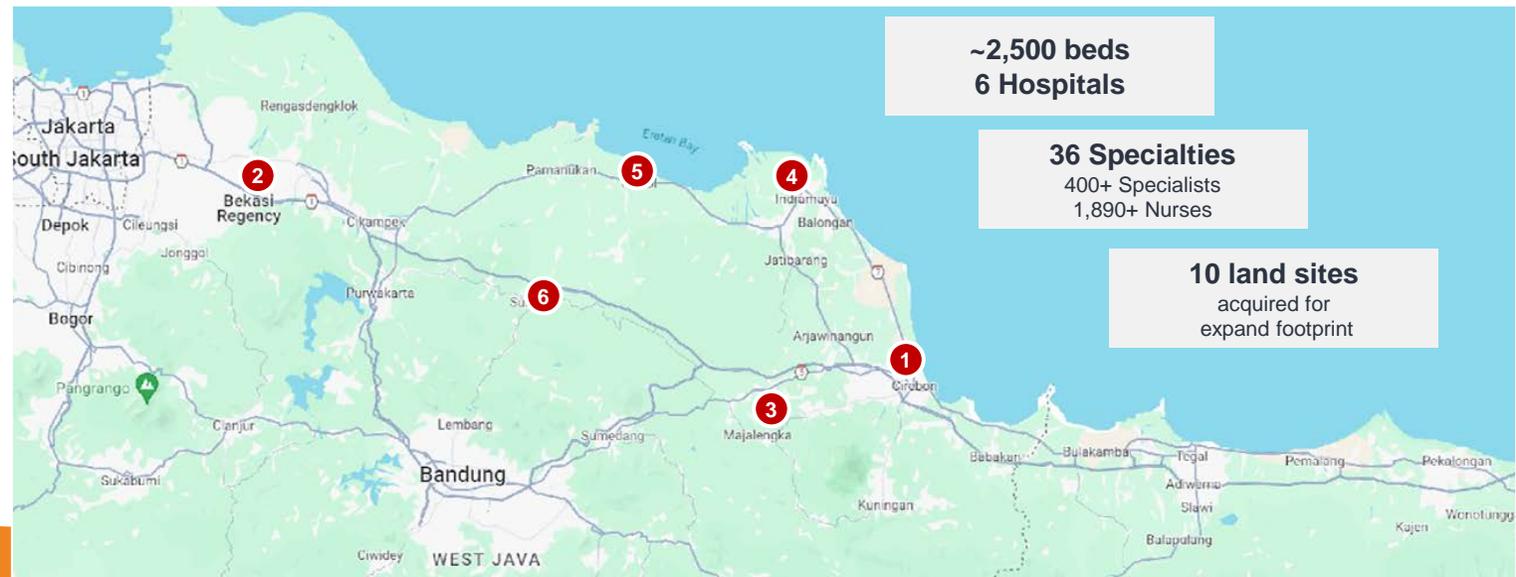


Subang (249)

>2k Additional Beds (+10 Hospitals) to be added

## Company Overview

- Founded in 2003 in Cirebon - Indonesia, MPH is a private hospital group, **focusing on the social insurance segment in tier 2 or 3 cities**
- MPH offers a comprehensive range of specialties covering **secondary and tertiary care**, incl. ObGyn, paediatrics, ophthalmology, ENT, neuro, ortho, cardio and others
- Flagship hospital in Cirebon is the **largest private hospital in Indonesia**; Every MPH hospital is constructed with goal to be at 400-500 beds, aiming to be **largest in each regency**, focusing on **social insurance** patients.



# Introduction to Growthem Capital Partners (GCP)



<h2>Investment Strategy</h2>	<ul style="list-style-type: none"> <li>Consumption-linked sectors targeting the middle-lower segments</li> <li>Southeast Asia  and India </li> <li>GCP undertakes partnerships in companies that we have a prior robust track record</li> </ul>
<h2>Active Engagement to Support Management</h2>	<ul style="list-style-type: none"> <li>Value-added investor across relevant aspects of business operations</li> <li>Concentrated portfolio allows to GCP to be a dedicated partner</li> </ul>
<h2>Fund Highlights</h2>	<ul style="list-style-type: none"> <li>Fund Size of USD 567 million</li> <li>Largest-ever Debut Fund raised for Southeast Asia and India</li> </ul>

Select Present and Past Portfolio Companies

### Financial Inclusion

 **allobank**



 **Vietcombank**  
Together for the future

 **VNLIFE**

### Quality Healthcare



 **SUNWAY HEALTHCARE**



 **VINMEC**

### Affordable Protein



### Enhancing Food Security



# Building an Enduring Family Legacy Together



Construction of RS Cirebon ~2003



MPH Cirebon Grand Opening (Flagship)



RS Patrol (5th Hospital) Grand Opening 2023



GCP Annual General Meeting 2024

## Founding Generation



Dr. Andre Susilo  
(Neurosurgeon, MPH Founder)



Ir. Saraswati Gondotesna  
(MPH Chairwoman)

## Next Generation Leaders



Dr. Festus Susilo  
(Neurosurgeon & CEO)



Dr. Sulaeman Susilo  
(Onco Gynecologist)



Dr. Rhema Susilo,  
(Anesthesiologist)



Dr. Jessica Angela  
(Dermatologist & Chief Marketing Officer)



Dr. Claudia Alberta  
(Cardiologist)

## Supported by Growtheum Team



Amit Kunal  
(Managing Partner)



Choo Koon Po  
(Partner)



Kusnadi Pradinata  
(Senior Managing Director)



Adrian Yeo  
(ESG Head & General Counsel)



Melvin Lim  
(Vice President)



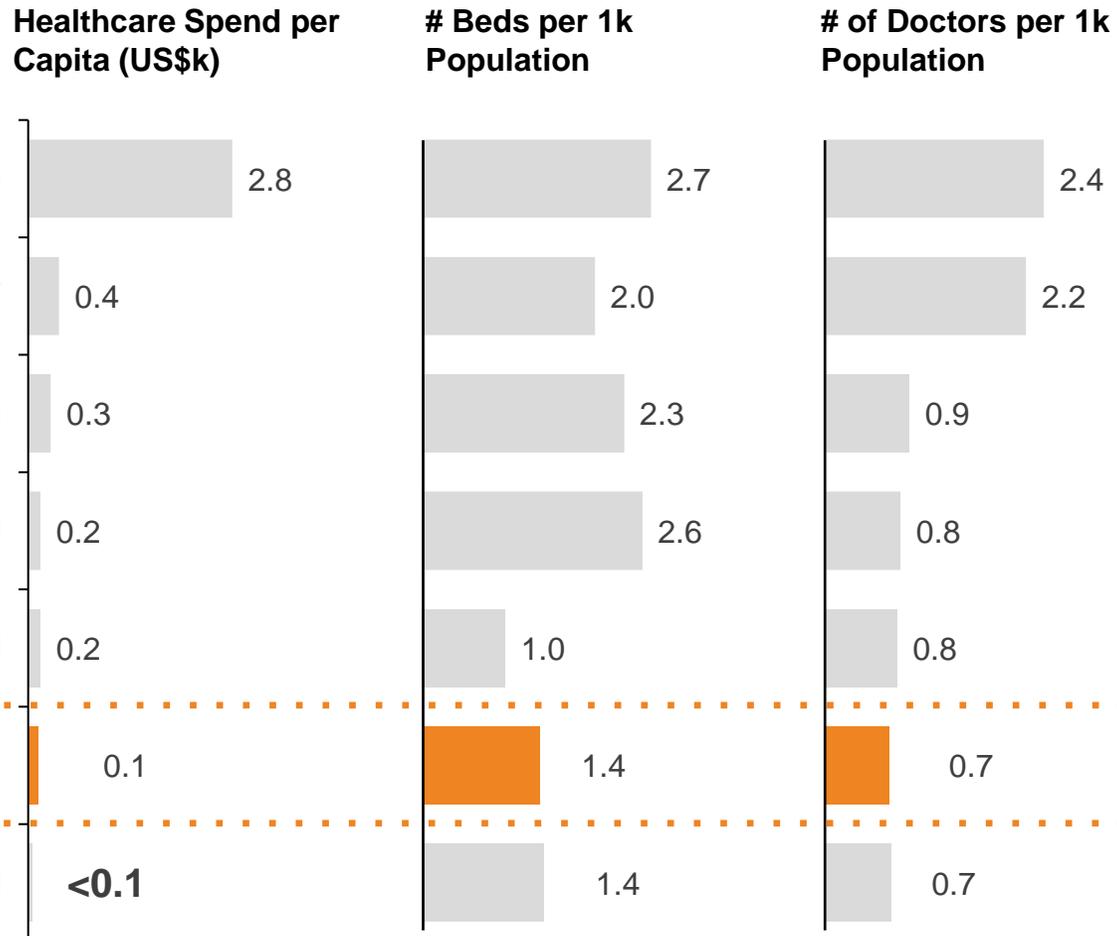
Fan Ray Aun  
(VP, Data Analytics)



Nicholas Astono  
(Associate)

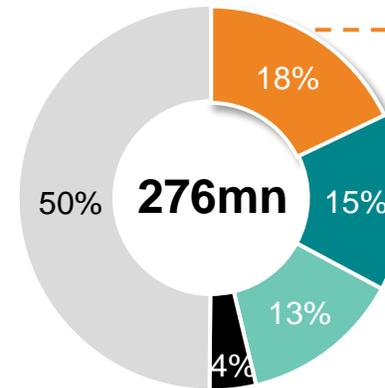
# Opportunity for Private Hospitals to meet the Vast Needs in Indonesia

## Underinvested Healthcare System in Indonesia



## Significant Disparity in Healthcare Quality and Penetration in West Java

% of Total Indonesian Population in 2022



West Java is the largest province by population in Indonesia with c.50m pop

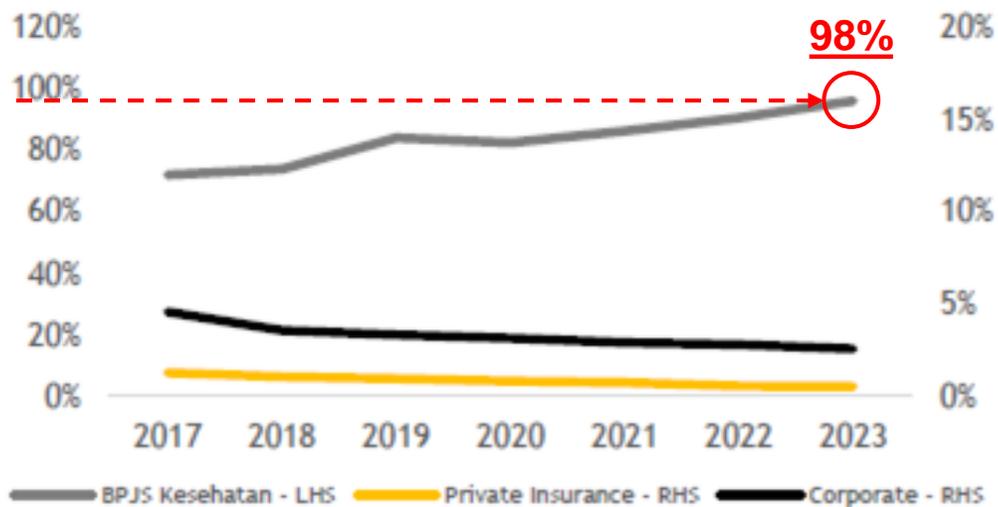
Province	# Beds per 1k Pop
Jakarta	2,33
Central Java	1.2
Rest of Indonesia	1.2
East Java	1.1
West Java	0.8

WHO standard

# Overview of Insurance Coverage in Indonesia

As of Jul-24, BPJS has achieved ~98% coverage, giving ~275mn Indonesians access to healthcare on a cashless basis

Fig 23: Insurance penetration in Indonesia



Source: BPJS Kesehatan, Maybank IBG Research

80%+ of BPJS policyholders under Class 3 scheme, covering the lowest income level population

Fig 24: BPJS participation by class as of Jul'24

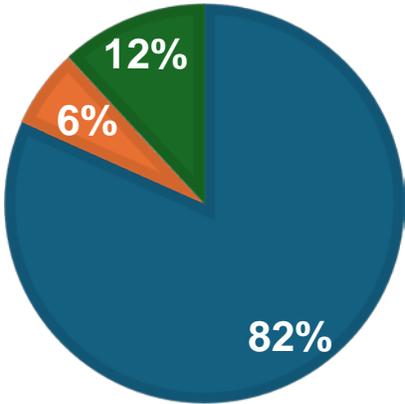


Source: BPJS Kesehatan, Maybank IBG Research

# Inpatient Admission (2022 vs 2024)

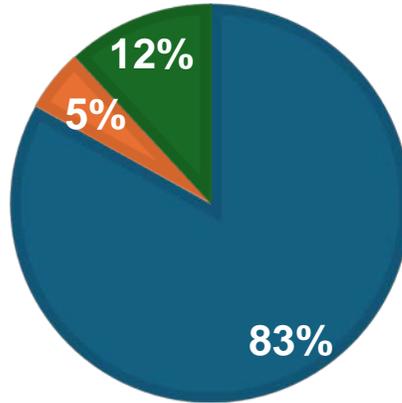
## RSMP

■ BPJS ■ Cash ■ Others



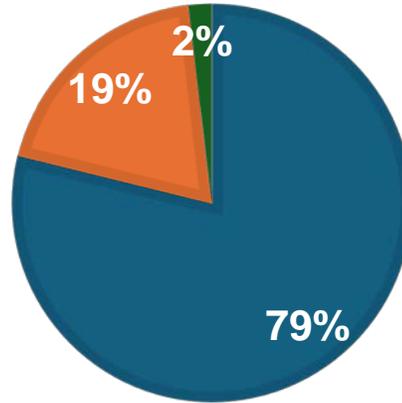
## RSMPC

■ BPJS ■ Cash ■ Others



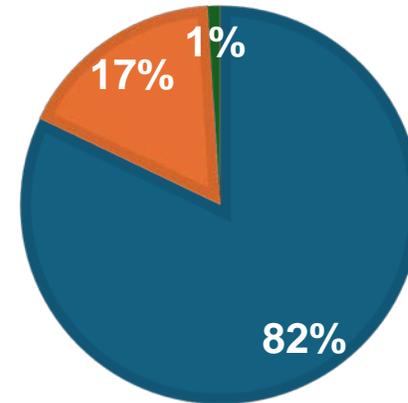
## RSMPI

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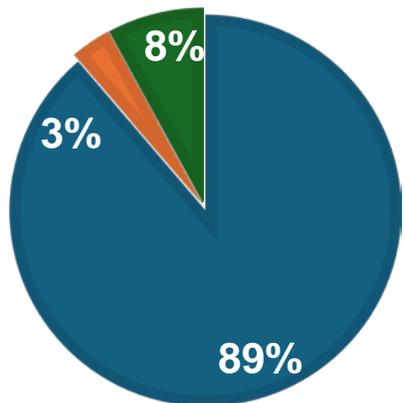
## RSMPPM

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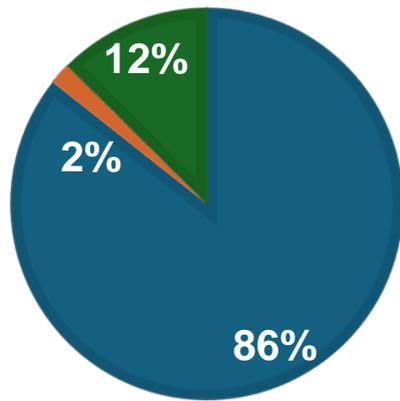
## RSMP

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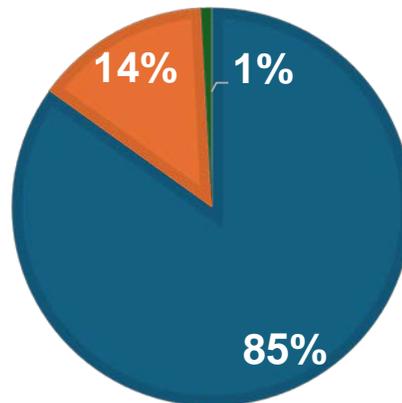
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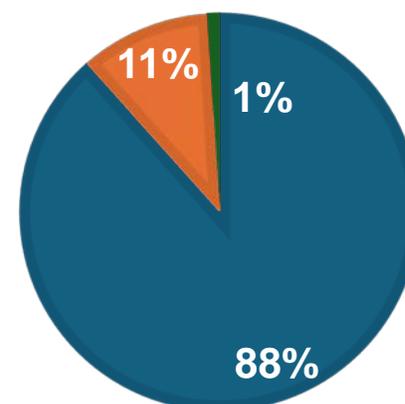
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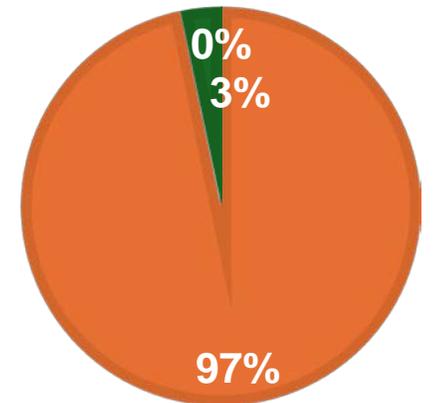
## RSMPPM

■ BPJS ■ Cash ■ Others



## RSMPP

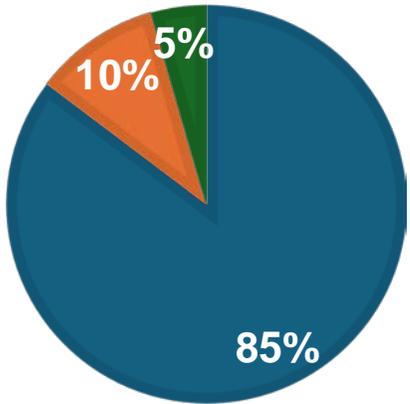
■ BPJS ■ Cash ■ Others



# Outpatient Admission (2022 vs 2024)

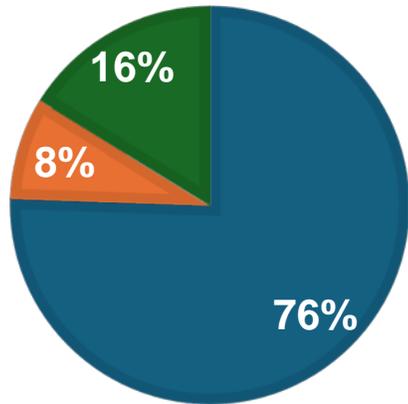
## RSMP

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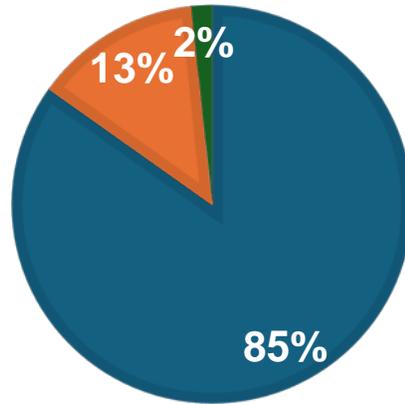
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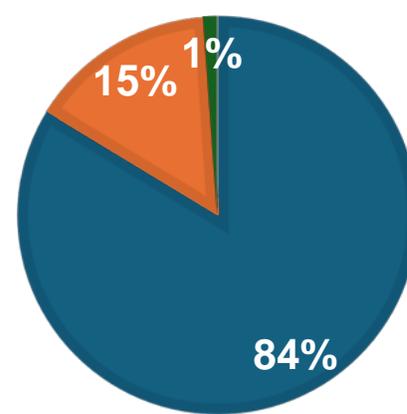
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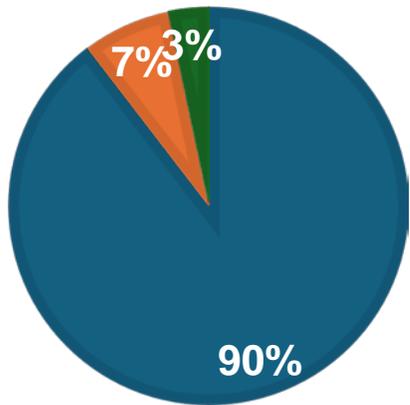
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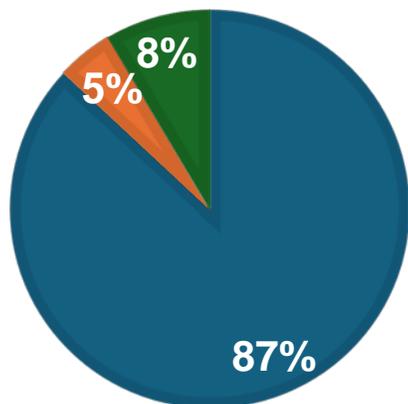
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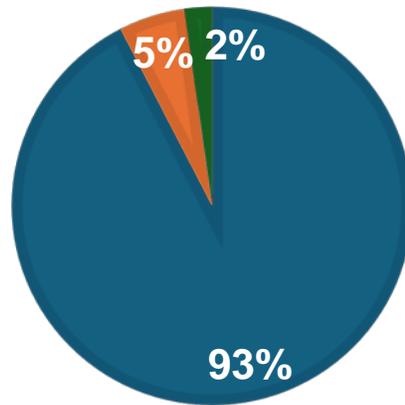
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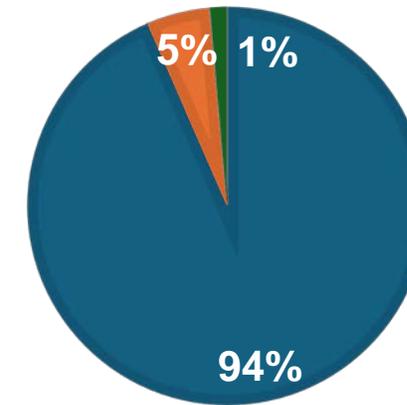
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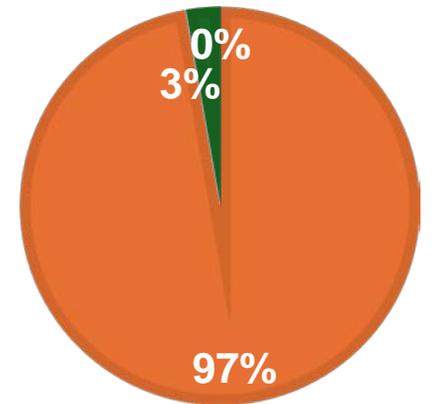
## RSMPPM

■ BPJS ■ Cash ■ Others



## RSMPP

■ BPJS ■ Cash ■ Others



# MPH served 1.4mn patients in 2025

Successful JCI Accreditation in April'25  
(Achieved in 1<sup>st</sup> application)



Digital Management Systems for  
Seamless Patient Experience



Offering State-of-the-Art Healthcare Technology



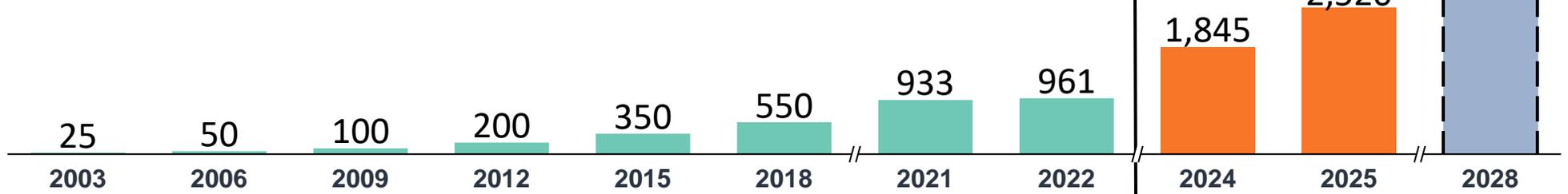
# Strategic Partnership since July 2023

MPH doubled bed count from 2022-24 and is working on expansion at the 6 existing hospitals

## Number of Hospitals



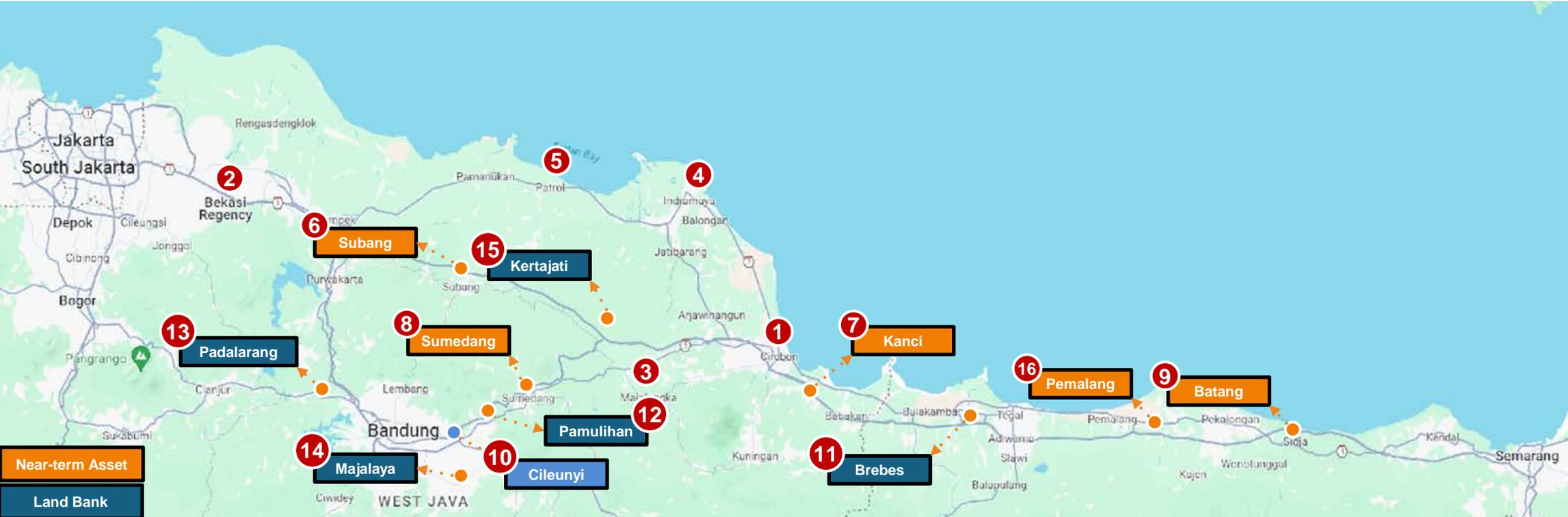
## Number of Beds



## Management Partnership Areas



# MPHG has a Large Network (2.5k Beds) & is Organically Extending Coverage



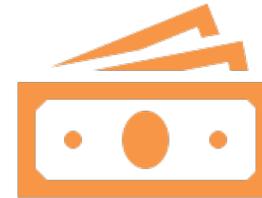
# Impactful Healthcare Investment



**Quality**



**Accessibility**



**Affordability**



Thank You

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Closing Remarks

**Malebona Precious Matsoso**

Health Regulatory Science Platform,  
Wits Health Consortium



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### Moderators:



**Akihito Watabe**

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