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# **Patient voices: experiences of healthcare access in Asia**



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# Foreword



**Arjan Toor**  
**CEO Health**  
**Prudential**

Becoming a patient often marks a turning point in someone's life. It is a moment of uncertainty—when people turn to friends, family, healthcare providers, and insurers for support, clarity and reassurance. As a leading health insurer in Asia, we understand how critical it is for care to be accessible, affordable and hassle free—providing peace of mind when people need it most.

That is why we supported this research, which puts the voices of patients at its centre. It explores what patients value when they seek care: clear information, predictable costs, timely access and a system that supports rather than overwhelms.

It is to be celebrated that people across Asia are living longer than ever, thanks to medical advances and healthier lifestyles. Yet the report shows that getting care can often feel confusing, stressful and time-consuming—to the point that many are delaying essential treatment. That's not only a problem for the health of the individual patient. Delaying care on a mass scale has the potential to affect the health of whole economies and societies, putting further pressure on already stretched public health services.

As a business focused on helping our customers and communities, we believe that taking the hassle out of healthcare has the potential to touch the lives of millions of citizens, even beyond those we serve directly.

Listening to patients is the first step in improving their experience of accessing care and building a healthcare system that works for everyone. Because by focusing on what patients need, we can help them focus on getting better.

# About the report

*Patient voices: experiences of healthcare access in Asia* is an Economist Impact report, supported by Prudential. It examines individuals' experiences in accessing healthcare services in four Asian markets: Hong Kong, Indonesia, Malaysia and Singapore. The analysis is based on a survey of 4,203 people conducted in April-May 2025.

The respondents range from 18 to over 80 years of age and are evenly split between males and females. They also include people across different income brackets and employment statuses.

Additional research was undertaken using in-depth interviews with subject-matter experts. We thank the following for their time and insights:

- **Wai Kit Chan**, executive director, Life Insurance Association, Singapore
- **Inge Dhamanti**, associate professor and head, Centre of Excellence for Patient Safety and Quality, Airlangga University, Indonesia
- **Victor Hoe**, professor of occupational and public health, Universiti Malaya, Malaysia
- **Sanjeewa Kularatna**, health services and systems research, Duke-NUS Medical School, Singapore
- **Alex Lam Chi-yau**, chairman, Hong Kong Patients' Voices
- **Mark O'Dell**, chief executive officer, Life Insurance Association of Malaysia
- **Festus Susilo**, chief executive officer, Mitra Plumbon Healthcare Group, Indonesia
- **Yannie Soo**, Assistant Chief Hospital Manager, Union Hospital, Hong Kong
- **Nidhi Swarup**, founding chairperson, Alliance of Patients' Organisations, Singapore

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# Executive summary

The rapid growth of Asian economies in recent decades has brought significant improvements in quality of life. In healthcare, these gains are reflected in growing access to medical services and in outcomes such as increased life expectancy. But Asia's healthcare systems are struggling with ageing populations and an increase in chronic diseases. Even with improved access, care is by no means seamless or problem-free.

This report explores experiences accessing primary, secondary and tertiary care in Hong Kong, Indonesia, Malaysia and Singapore. It draws on a survey of 4,203 people. Overall, most respondents are positive about their experiences. But satisfaction levels vary widely across the four markets. Many people are confused when trying to use complex systems that combine public and private services and can be surprised by the costs. The severity of these challenges also varies by age and income.

The survey respondents make clear that they want minimal disruption to their daily lives, suggesting a need for healthcare that is quicker and easier to access. That means care should be affordable, the information and advice patients receive should be clear and easy to understand, systems should be easy to move through and support must be available when needed. This demand for hassle-free healthcare is only set to increase. Younger patients, in particular, are less tolerant of shortcomings: Generation Z respondents (born between 1997 and 2006) are more than twice as likely as other age groups\* to complain about appointment systems, care quality and feeling ignored.

Three common sources of frustration emerge where opportunities exist for health system leaders and policymakers to close the gap between expectations and experience:

- **System confusion.** As healthcare systems have grown they have become more complex. Respondents complain about difficulty booking appointments and excessive paperwork. "Confusing bureaucracy" and complicated payment processes are among the most difficult challenges the respondents face. More than half (55%) often don't know where to access care when health concerns arise. This makes patients feel less confident and helps to explain why around a quarter (and nearly 30% of high-income patients, who typically have better access) say they need guidance during the care-seeking process.

**55% of respondents don't know where to access care.**



\* Generational definitions used in this report: Gen Z: born 1997–2006, Millennials: born 1981–1996, Gen X: born 1965–1980, Baby Boomers: born 1946–1964, Silent Generation: born before 1946

- **Cost shocks.** The respondents prioritise the affordability of medical care. But they also value cost predictability and dislike surprises in the charges they pay. Hidden or unexpected costs cause significant pain. One in three say the cost of healthcare they received in the past year was higher than expected. While formal mechanisms, such as government-subsidised care or insurance, are commonly used, they cannot always shield patients from such shocks. This helps explain why, when faced with unexpected costs they cannot afford, nearly five in ten turn to social safety nets: family, loans, charity or crowdfunding. Others delay or avoid care altogether.

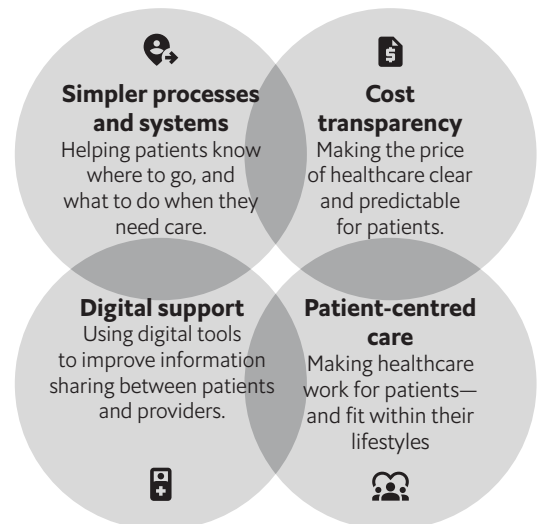
## One in three respondents say the cost of healthcare they received in the past year was higher than expected.

- **Information gaps.** More than half (55%) of respondents say they often lack the right information to make decisions about their treatment. Collectively, 38% of respondents first use digital tools—including artificial intelligence (AI)—for treatment guidance, more than the 28% who turn to doctors. This shift to digital tools reflects a growing need to supplement—or, in some cases, substitute—advice from clinicians, as patients attempt to fill gaps in information.

## 55% of respondents often feel they don't have the right information to make decisions about their medical treatment.

Confusion, cost shocks and inadequate information lead to patients delaying care or seeking workarounds. Closing these gaps can reduce delays, improve outcomes and ease pressure on overstretched services. For policymakers, payers (including health insurers) and providers, tackling these pain points is essential to ensuring patients get the care they need, where and when they need it—all while meeting the rising expectations of the growing and ageing populations in the four selected markets.

Four areas where healthcare stakeholders can act to improve the patient journey:



# Healthcare gains and pains

The markets in this study may have different healthcare systems, but all have seen significant improvements in key healthcare indicators in recent decades. For example, universal health coverage (UHC) index scores increased markedly in Indonesia, Malaysia and Singapore between 2000 and 2015 before flattening out (Figure 1). The index, created by the World Health Organisation (WHO) and the World Bank, measures countries' progress in expanding their populations' access to essential health services.<sup>1</sup> It tracks indicators of care for a range of conditions as well as hospital bed density and size of the health workforce.

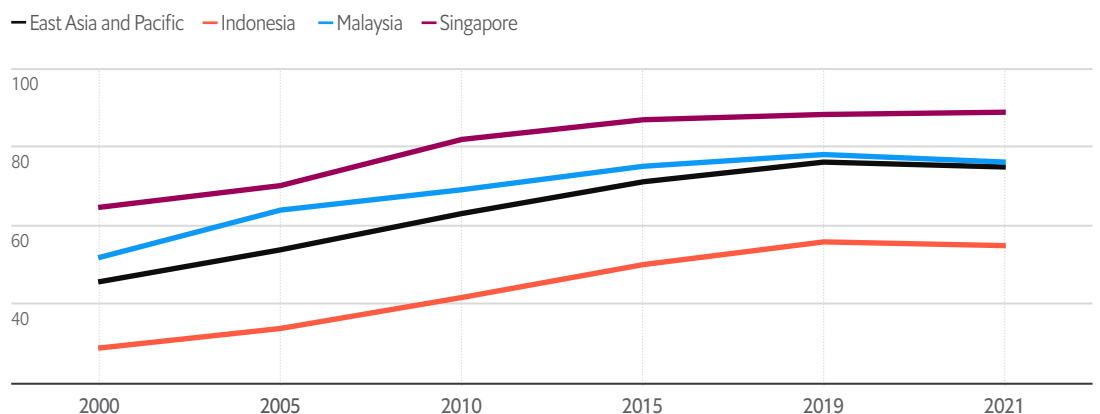
These improvements are likely to have contributed to longer life spans. Between 2000 and 2023, average life expectancy increased by five years in Indonesia and Singapore and four years in Hong Kong and Malaysia (Figure 2).

“Universal health coverage is about patients having access to care at a place of their choice, at a cost that is affordable,” says Nidhi Swarup, founding chairperson of the Alliance of Patients’ Organisations, Singapore. “We are not there yet, but policymakers of various countries are working on it.”

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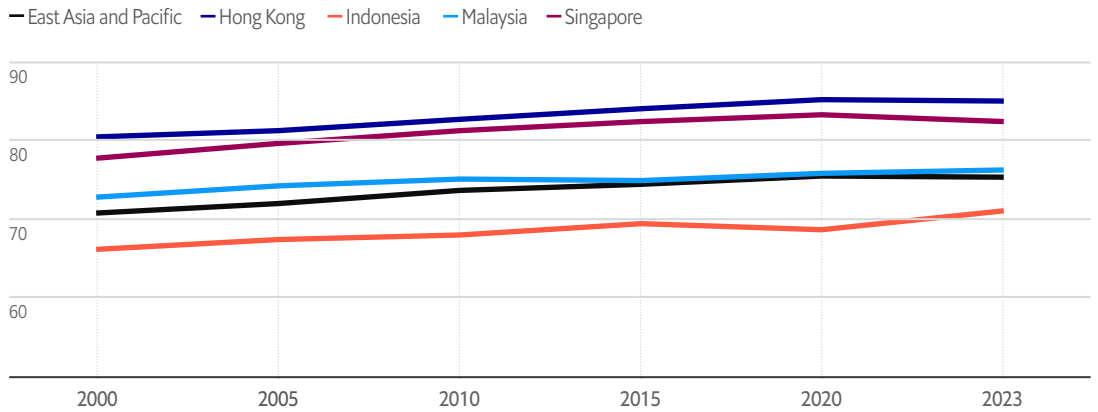
Nidhi Swarup, founding chairperson of the Alliance of Patients’ Organisations, Singapore

**Figure 1: 21<sup>st</sup> century improvement in healthcare access in Asia**  
 Universal health coverage service coverage index (WHO and World Bank)



Source: UHC service coverage index. World Bank.<sup>2</sup>  
 The index compares 194 countries against indicators relating to reproductive, newborn, maternal and child health; infectious diseases; noncommunicable diseases; and service capacity and access. They are the target indicators of the UN's Sustainable Development Goal 3.8.1 (Coverage of essential health services).

**Figure 2: Asia’s longer life spans**  
Life expectancy at birth (in years), 2000-2023



Source: World Development Indicators. World Bank.<sup>3</sup>

Affordable care is now widely available in all four markets, whether in the form of publicly funded medical services or national health insurance schemes. In Hong Kong and Malaysia, tax-funded services are universally available for primary, specialist and hospital care.<sup>4,5</sup> Singapore combines a mandatory universal insurance scheme funded through individual savings with subsidised care for low-income residents.<sup>6</sup> Indonesia’s social insurance scheme, Jaminan Kesehatan Nasional (JKN), was introduced in 2014 and covers care for 98% of the country’s population.<sup>7</sup>

Festus Susilo, chief executive officer of the Mitra Plumbon Healthcare Group, Indonesia, credits the JKN and other reforms in the past decade

with significant improvements to healthcare in Indonesia. “JKN was a major breakthrough in extending universal health coverage,” he says, “and in secondary care, the government has significantly increased the number of facilities and doctors, although the disparities are large between big cities and other regions.”

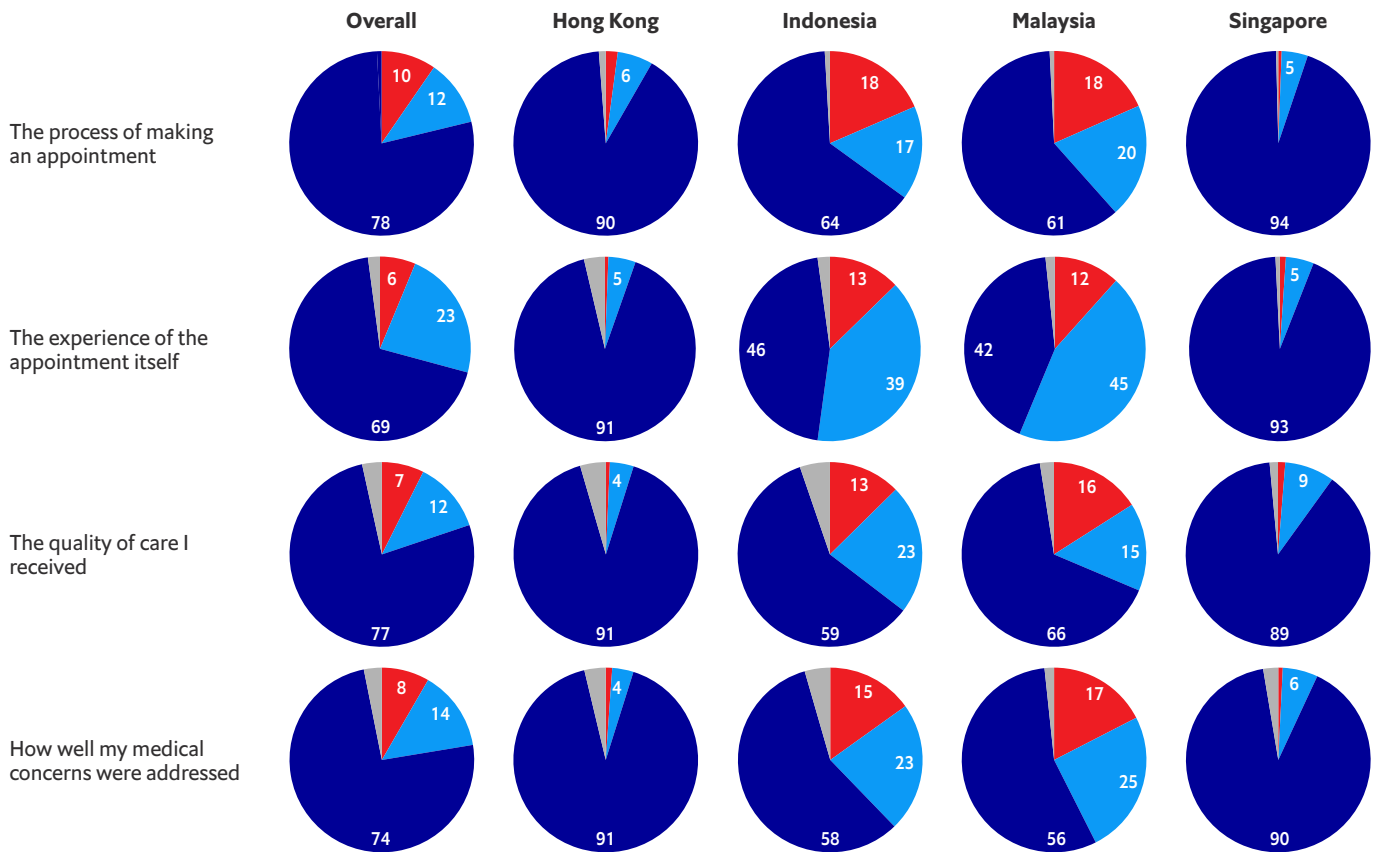
In all four markets, public systems co-exist with privately funded care, including those paid by personal health insurance, employer-funded insurance and out-of-pocket payments. But systems that combine public and private services can feel complex and overwhelming to patients—creating distinct challenges when it comes to accessing care.



**Figure 3: Mixed perceptions of the healthcare experience, by market**

Respondents expressing satisfaction with different aspects of medical care received in the past year  
 % responding (respondents could select a single response). \* Numbers have been rounded for ease of interpretation

■ Dissatisfied ■ Neutral ■ Satisfied ■ Don't know



\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
 Source: Economist Impact, 2025

**Patients satisfied, with caveats**

Most of our survey respondents offer a positive assessment of the healthcare services they use. Overall, 77% express satisfaction with the quality of care they have received in the past year, and 74% say the same about how well their medical concerns have been addressed.

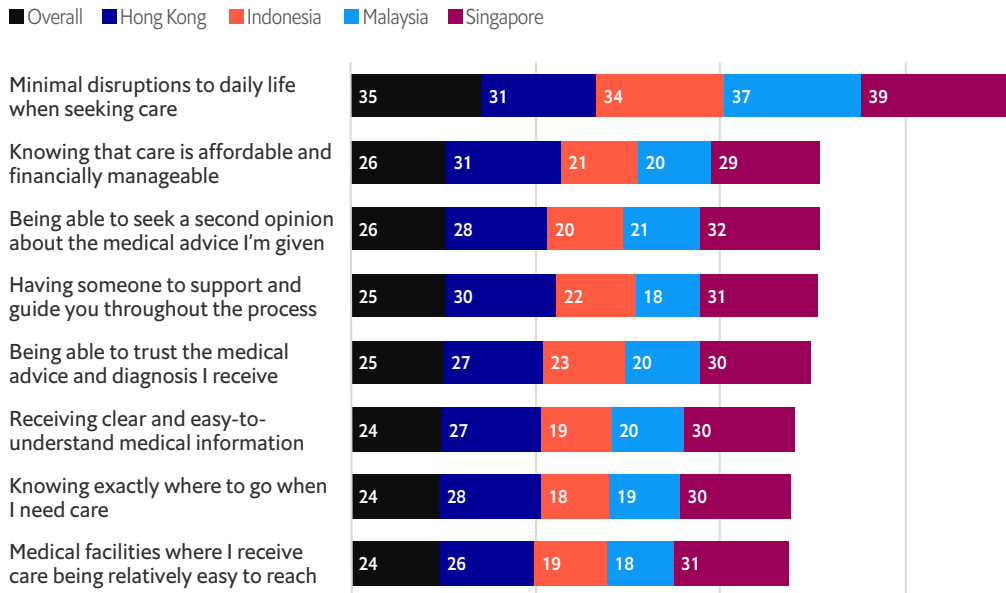
But the headline numbers mask the sharp regional contrast. Respondents in Indonesia and Malaysia are considerably less upbeat than those in Hong Kong and Singapore (Figure 3). And while

61% of respondents overall say they have plenty of healthcare options near where they live, 39% of Indonesians and 47% of Malaysians sometimes struggle to find the services they need.

Analysis also reveals different perceptions of healthcare accessibility, affordability and quality by income level and age group. Cost concerns are especially pronounced among higher income respondents and the youngest group, Gen Z, are more dissatisfied with aspects of their healthcare experience than older generations.

**Figure 4: Confidence-building factors, by markets**

Factors that offer the greatest sense of support, confidence and peace of mind when seeking medical care % responding (respondents could select up to three responses).\* Numbers have been rounded for ease of interpretation



\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
Source: Economist Impact, 2025

**“Many people want to receive treatment as soon as possible. Some choose to go to the private sector to get treated so they can get back to work quickly. That’s a matter of choice.”**

Alex Lam Chi-yau, chairman of Hong Kong Patients’ Voices

Other factors also affect people’s confidence in using healthcare systems. Many want care that disrupts daily life as little as possible. More than one-third (35%) say minimal disruption to daily life gives them “peace of mind” when seeking care (Figure 4). Patients prioritise convenience, quick recovery and maintaining their personal and professional routines. “Many people want to receive treatment as soon as possible. Some choose to go to the private sector to get treated so they can get back to work quickly. That’s a matter of choice,” says Alex Lam Chi-yau, chairman of Hong Kong Patients’ Voices, an advocacy group.

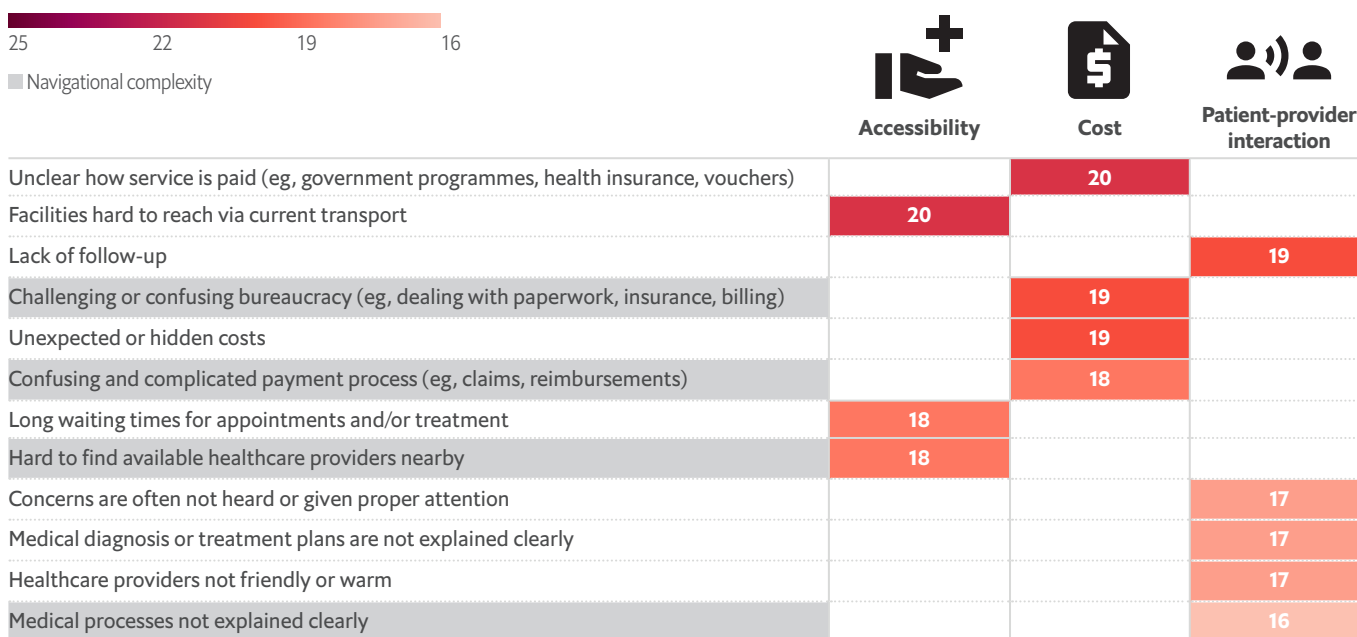
When this expectation is not perceived to be met, many are likely to delay care altogether. Around 80% of respondents say they have delayed care sometimes or even several times, often for reasons linked to routine disruption such as family obligations, work responsibilities or avoiding loss of income.

Judging by our survey results, patients face barriers to obtaining healthcare at nearly every step of the way (Figure 5). The analysis to follow explores those pain points across three dimensions of care: physical accessibility, cost and patient-provider interaction.

**Figure 5: Barriers to better care**

The most significant challenges respondents face when accessing medical care

% responding (respondents could select up to three responses). \* Numbers have been rounded for ease of interpretation



Market-specific top five barriers to better care

Hong Kong		Indonesia		Malaysia		Singapore	
Facilities hard to reach via current transport	25	Unclear how service is paid	20	Unclear how service is paid	20	Lack of follow-up	22
Lack of follow-up	21	Challenging bureaucracy (paperwork...)	17	Confusing payment process	17	Unexpected or hidden costs	22
Hard to find providers when needed	21	Unexpected or hidden costs	17	Long waiting times	17	Facilities hard to reach via current transport	22
Unclear how service is paid	20	Long waiting times	17	Lack of follow-up	17	Challenging bureaucracy (paperwork...)	22
Challenging bureaucracy (paperwork...)	20	Diagnosis or treatment not explained clearly	16	Facilities hard to reach via current transport	17	Medical processes not explained clearly	20

\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
Source: Economist Impact, 2025

# Accessibility: care when and where it's needed

Accessibility of healthcare may be defined as people's opportunity to obtain medical services when they need them, without significant physical constraints or barriers. In this report, accessibility consists of two attributes: availability and proximity.\*\* Availability refers to whether services and professionals are sufficient to meet patients' clinical and emotional needs within a given cultural context. Patients should be able to book appointments or obtain other services without a long wait and at convenient times. Geographic proximity means that the facility a patient needs—whether a general practitioner\*\*\* (GP), specialist doctor or hospital—should be located within a reasonable distance and easily reachable by transport.<sup>8,9</sup>

Based on this definition, our survey respondents provide a mixed verdict on healthcare accessibility. More than half (55%) say they often don't know where to access care. Ms Swarup believes this relates to confusion over what type of care provider patients should see. "When symptoms emerge," she says, "people are often unsure if they should go to the GP or a hospital and whether they should go to a public or private healthcare provider."

In Indonesia both patients and providers are sometimes unsure, according to Inge Dhamanti, associate professor and head of the Centre of Excellence for Patient Safety and Quality at Airlangga University, Indonesia. "We're seeing complaints about hospital emergency rooms rejecting JKN patients with conditions like dengue fever, due to new rules requiring such cases to be treated at the primary care level. It's very confusing, not only for patients but also for hospitals."

**“When symptoms emerge people are often unsure if they should go to the GP or a hospital and whether they should go to a public or private healthcare provider.”**

Nidhi Swarup, founding chairperson of the Alliance of Patients' Organisations, Singapore



\*\* For related definitions of healthcare access and accessibility, see: Penchansky R and Thomas JW.<sup>8</sup>

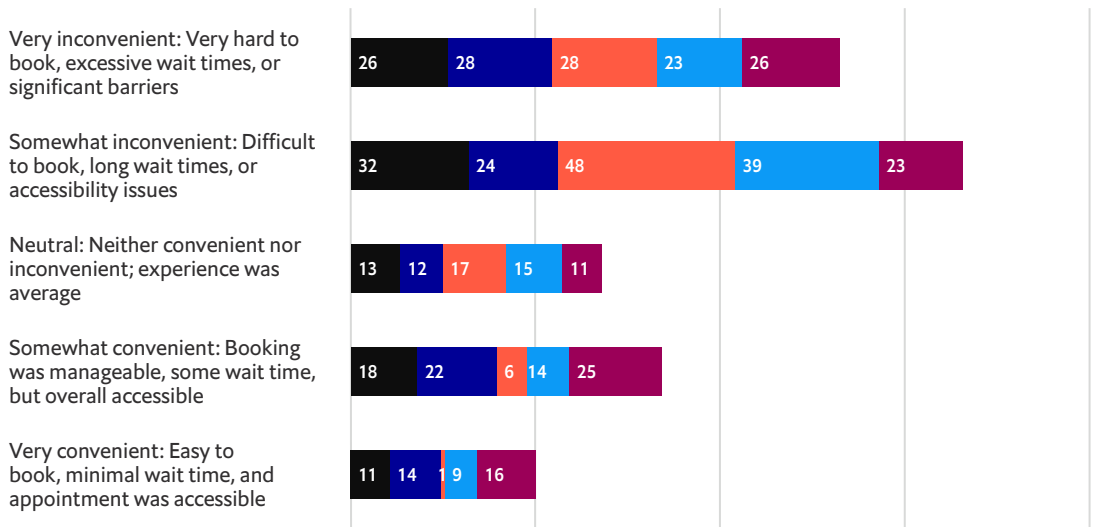
\*\*\* We use this term to describe a medical consultant in general practice. For the purposes of our research, we consider it synonymous with "family doctor" or other terms to describe this facet of primary medical care.

**Figure 6: Getting in to see the doctor**

Description of respondents' GP experiences in the past year

% responding (respondents could select a single response). \* Numbers have been rounded for ease of interpretation

■ Overall ■ Hong Kong ■ Indonesia ■ Malaysia ■ Singapore



\*This data reflects the concerns of those who cited seeing a GP or family doctor for routine care, check-ups, or minor health concerns in the past 12 months. 1,205 adults surveyed (330 from Hong Kong, 253 from Indonesia, 249 from Malaysia and 373 from Singapore), April-May 2025  
Source: Economist Impact, 2025

Uncertainty is also reflected in the experience of respondents who've visited a GP in the past year. Of these, 58% describe the experience as somewhat or very inconvenient. They cite difficulties in booking an appointment, long wait times or other accessibility issues (Figure 6).

Indonesians' experience of GPs has been particularly problematic, with 77% of respondents saying it was inconvenient. According to Dr Susilo, a factor in this judgment is likely to be a limited accessibility of healthcare services, particularly beyond the island of Java. "People in some outlying islands might need ten hours to reach the nearest

health centre, incurring costs in transportation and accommodation, not to mention having to be away from family," he says. "That makes for a difficult experience."

Indonesia's primary care infrastructure is also lacking a reliable appointment system, says Ms Dhamanti. "Public primary care centres rely on manual and inefficient queuing, so patients often spend the whole day just to see a doctor. Private GP clinics are more convenient and sometimes offer online registration, but even that is inconsistent and rarely reliable. Patients still face long, uncertain waits."

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Inge Dhamanti, associate professor and head, Centre of Excellence for Patient Safety and Quality, Airlangga University, Indonesia



Even in more developed Hong Kong and Singapore, around half of the respondents describe their recent GP experiences as inconvenient, due to wait times or booking difficulties. In Singapore, government-subsidised polyclinics—primary-care centres that provide basic outpatient, diagnostic and other health services—sit within easy reach for most people, says Wai Kit Chan, executive director of the Life Insurance Association in Singapore. “Demand for high quality public healthcare services can be strong, resulting in longer wait times for non-urgent cases, which may be daunting to some people whom may be more impatient” he says. Among Singapore respondents, 61% agree that they have to wait too long for a medical appointment; 55% of those from Hong Kong say the same.

“The opening times of primary care clinics in Hong Kong are inconvenient for many patients,” says Yannie Soo, Assistant Chief Hospital Manager at

**“Most of them [primary care clinics] are closed in the evenings past 6 pm and most of the weekend, the only times when many working people can attend. So the only option for them is the hospital emergency room, or perhaps a private clinic.”**

Yannie Soo, Assistant Chief Hospital Manager at Union Hospital, Hong Kong

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Overall, accessibility issues are prominent among the barriers the survey respondents face when seeking to obtain medical care at any level (Figure 5). One in five report that health facilities are hard to reach by existing means of transport. Respondents in Hong Kong find this the biggest challenge (25%) and are also more likely to report difficulty in finding available providers nearby (21%).

This seeming anomaly—of geographic access issues in a highly urbanised setting with good transport infrastructure—may be partly explained by differences in the density of public and private care providers. According to a recent study by Hong Kong researchers, there is a limited number of publicly funded general outpatient clinics in the territory—an average of one every 15 square km.<sup>11</sup> These have daily quotas, making it difficult for users of public facilities to book an appointment when needed. And when it comes to reaching hospitals, Mr Lam says that access from outlying islands is not straightforward. “Emergency services are available to help people requiring urgent care to reach distant hospitals, but people requiring non-urgent care may face greater difficulties by normal transport means.”



### Capacity strain

A shortage of doctors and other medical professionals in all of the surveyed markets exacerbates accessibility problems and contributes to long waiting times.<sup>12–15</sup> The shortages are likely to be felt particularly keenly in the public healthcare systems, but private systems also feel the crunch.

Some of the experts we interviewed worry that the shortages are having a negative impact on the quality of care. “It’s not just wait times that suffer due to the shortage,” says Mr Lam, speaking of Hong Kong. “We also see quality levels dropping when doctors are having to see too many patients each day,” he says. Dr Susilo says the same of Indonesia: “If you have one doctor serving 100 patients a day, you can’t guarantee quality—no matter how good the doctor is.”

**“If you have one doctor serving 100 patients a day, you can’t guarantee quality—no matter how good the doctor is.”**

Festus Susilo, chief executive officer,  
Mitra Plumbon Healthcare Group, Indonesia

In Singapore, says Mr Chan, trained medical professionals are generally well regarded locally and abroad. Staffing with qualified medical professionals remain a challenge and at times, qualified overseas medical staff from overseas are hired to fill the gap. “Where required, it is important to equip these staff with skills and knowledge to connect with different segments of patients if language or other differences exist” he says.

# The costs of care: affordability and clarity

Perceptions of healthcare cost and affordability are influenced by a variety of interrelated factors. Income level is one, as is the extent of a patient's reliance on publicly funded or private healthcare services. Access to different types of private health insurance—such as self-funded versus employer-funded schemes—may further affect views of affordability, particularly where policies involve restricted coverage of medical conditions. Cultural norms may also come into play, such as expectations that one's family will help cover medical costs.

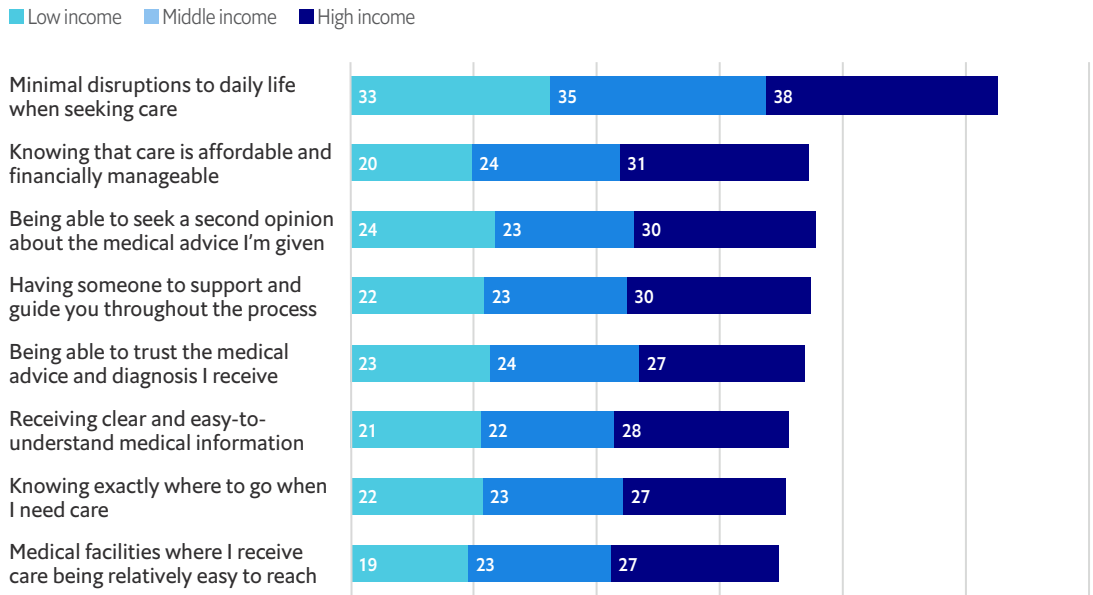
Affordability is a key factor affecting the decisions people make about medical care. When asked what they most associate with peace of mind in seeking medical care, the respondents' second most cited response (after "minimal disruption") is "knowing that care is affordable and financially manageable" (Figure 4). That reassurance seems elusive for most, however. More than half (54%) worry that they won't be able to afford the care that they need.

Rising medical costs are making care less affordable. According to WTW, an insurance brokerage and risk-management firm, medical costs in Asia-Pacific will grow by 12.3% in 2025, more than anywhere else in the world.<sup>16</sup> Mark O'Dell, chief executive officer of the Life Insurance Association of Malaysia, says that cost increases in that country have been especially acute in private healthcare, where insurance premiums have risen considerably in recent years. In response, Bank Negara Malaysia, the central bank and regulator, has introduced interim measures and asked insurers to spread out price increases over three years, so most policyholders won't see their annual costs rise by more than 10% until the end of 2026.<sup>17</sup> Even so, Mr O'Dell notes, "Those increases will be felt disproportionately by people in middle income brackets who may find it difficult to pay for insurance," he says. "Lower income people are less likely to feel this pain as they'll mainly be using publicly funded healthcare."



**Figure 7: Confidence-building factors, by income levels**

Factors that offer the greatest sense of support, confidence and peace of mind when seeking medical care % responding (respondents could select up to three responses). \* Numbers have been rounded for ease of interpretation



\*4,203 adults surveyed, April-May 2025  
Source: Economist Impact, 2025

Affordability concerns loom larger for the survey’s high- and middle-income respondents than for its low-income ones (Figure 7). Among the high-income group, 31% cite affordability as a factor that gives them peace of mind while seeking care, compared with 20% of low-income respondents. As shown earlier in Figure 4, affordability factor is also more prominent in Hong Kong and Singapore, where private health insurance is more prevalent than in the other markets. In 2022 total insurance penetration

reached 19% and 9% respectively, far above Indonesia’s 1% and Malaysia’s 5%.<sup>18</sup>

Users of public services are not entirely free of cost concerns, as Victor Hoe, professor of occupational and public health at Universiti Malaya, Malaysia, notes. Indirect costs are sometimes a factor. “The direct cost of services at publicly funded facilities may be very low, but people often have to take time off from work to attend an appointment, which sometimes results in lost wages.”

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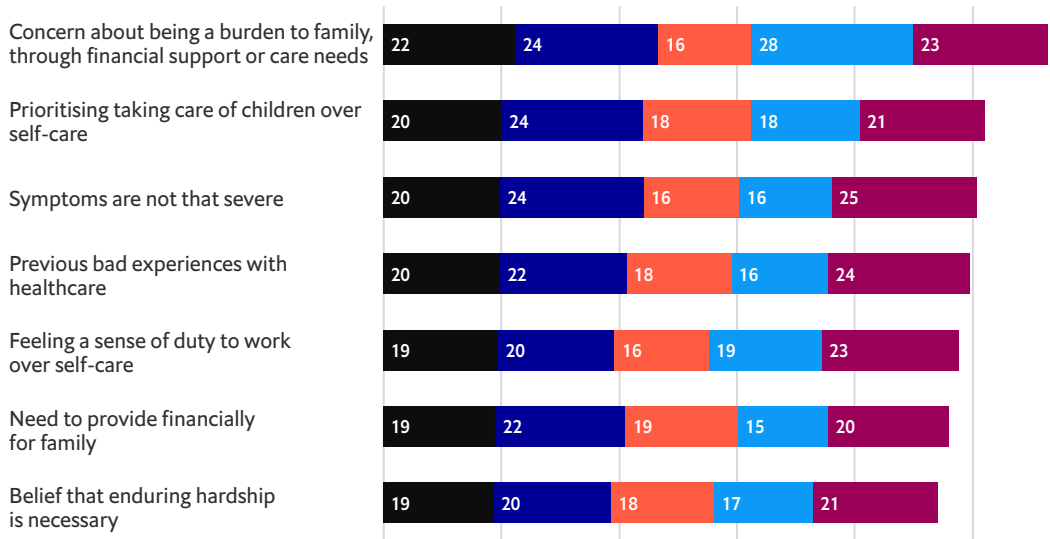
Victor Hoe, professor of occupational and public health, Universiti Malaya, Malaysia

**Figure 8: Why delay care?**

The main reasons respondents have chosen not to seek healthcare services

% responding (respondents could select up to three responses). \* Numbers have been rounded for ease of interpretation

■ Overall ■ Hong Kong ■ Indonesia ■ Malaysia ■ Singapore



This data reflects the concerns of those who cited delaying care sometimes or several times in the past 12 months. \*3,412 adults surveyed (671 from Hong Kong, 932 from Indonesia, 959 from Malaysia and 850 from Singapore), April-May 2025  
Source: Economist Impact, 2025

Financial considerations certainly play a role when people put off seeking healthcare. The most frequently mentioned reason for delay (cited by 22% of respondents) is concern about becoming a burden to their family, including by having to rely on their financial support to cover medical

costs (Figure 8). Following that, 19% put off care to continue providing financially for their family, while 15% cite the cost of care and 14% a loss of income.

**Filling the gaps**

Given affordability concerns, the respondents find a variety of ways to ensure that the costs of the care they obtain are covered. No single source of payment dominates but 46% use mainly one of the formal sources: government-subsidised care or public health insurance, private health insurance, or healthcare charities. Another 15% pay out-of-pocket. But 39% find alternative means of financing, including family support, bank or other loans, and crowdfunding.

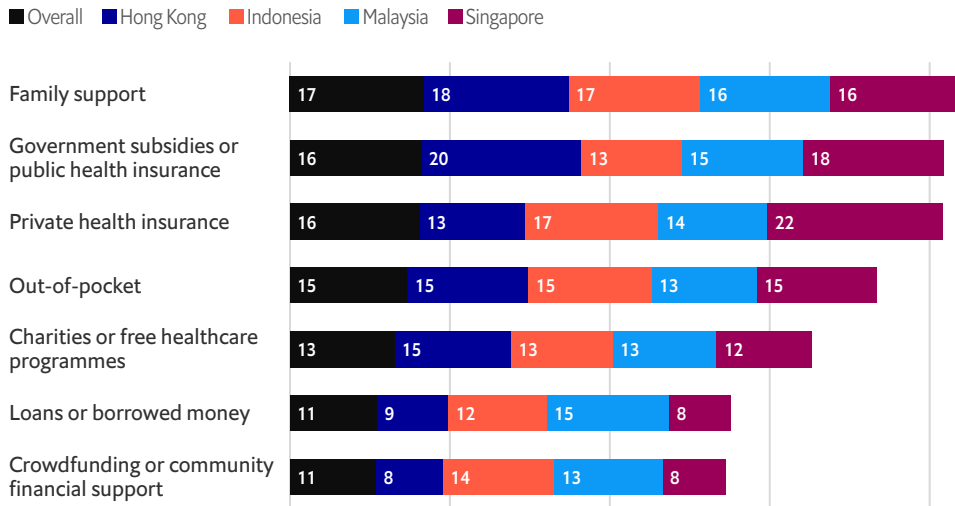
The use of formal funding mechanisms is more common in Singapore and Hong Kong. Respondents in Malaysia and Indonesia are more likely than their peers elsewhere to turn to crowdfunding or loans (Figure 9).<sup>19</sup>



**Figure 9: Who pays the cost?**

How the healthcare services respondents obtain are most often paid for

% responding (respondents could select a single response).\* Numbers have been rounded for ease of interpretation



\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
Source: Economist Impact, 2025

**The generosity of strangers**

Health crowdfunding is already a reliable means for healthtech start-ups to secure investment. But in Indonesia and Malaysia it is also proving useful for patients to help cover their medical expenses.<sup>20,21</sup>

In Malaysia, according to Dr Hoe, there are two main drivers of the growth of personal health crowdfunding. One is the gaps in existing healthcare financing mechanisms, such as social insurance and private insurance, that force people to use alternative means to cover medical costs. The other, he says, is an attractive cultural trait: “People here are very generous. Many are more than willing to donate to people in need.”

Those same drivers also exist in Indonesia, according to experts at the Airlangga Centre for Health Policy Research. In a study published in 2023, they found evidence of Indonesians using the crowdfunding platform KitaBisa to fill gaps in the JKN.<sup>22</sup> The study also highlighted the generosity of Indonesians, noting that the country regularly tops the World Giving Index, which ranks countries according to the charitable giving of their populations.

The Airlangga Centre experts assess that health crowdfunding has potential for growth in Indonesia, but they also point to risks associated with it, based on experiences in other countries. Crowdfunding could disproportionately benefit better educated and urban residents, thereby deepening inequalities in healthcare access. More evidence-based research of the practice is needed, they emphasise, to ensure that health crowdfunding does not have detrimental effects for individuals or society as a whole.

Ms Swarup says that people need to understand crowdfunding’s limitations, particularly when financing treatment for chronic conditions. “You can raise a substantial amount through crowdfunding, but how long will it last? It is not a sustainable solution.”

### A yearning for clarity and no surprises

The respondents suggest that they desire clarity about costs as much as assurances of affordability (Figure 5). Uncertainty about how to pay for care is their most frequently cited challenge (by 20%), along with that of physically accessing facilities. Mentioned almost as frequently (by 19%) are hidden or unexpected costs that make paying for care more difficult. Indeed, one-third of respondents—and 40% of those in the high-income group—say the costs of the healthcare services they’ve obtained in the past year have been higher than expected (Figure 10).

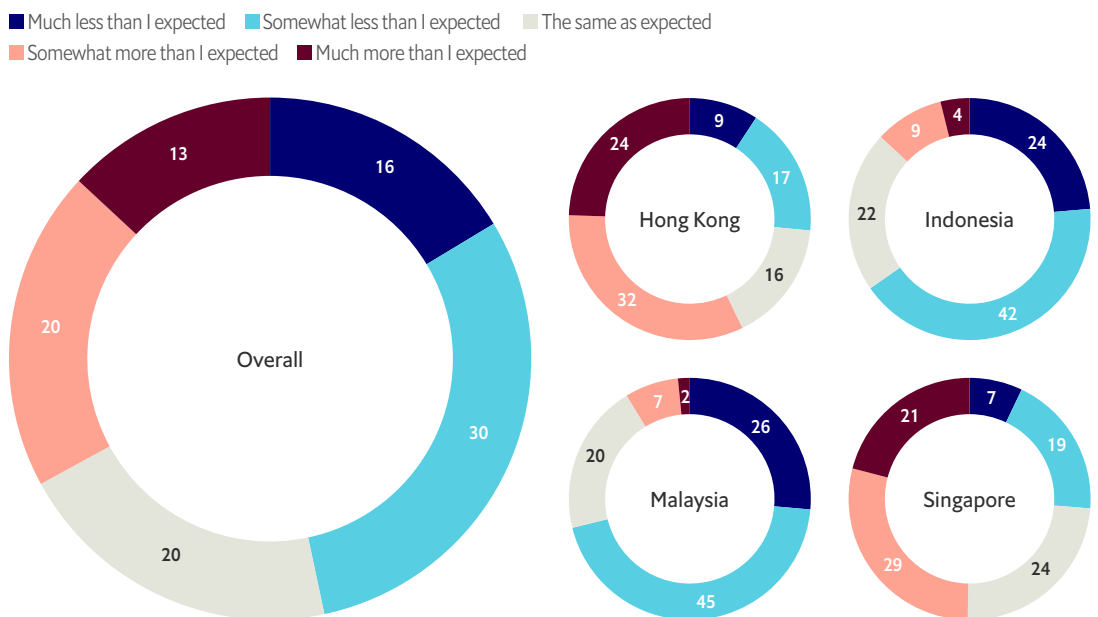
“Sticker shock”—the surprise of being quoted a higher price than expected—is not uncommon among private hospital patients in Malaysia, says Mr O’Dell. “Primary care doctors’ fees are tightly controlled and haven’t changed in years, but private hospital fees are completely unregulated and often unclear,” he says.

According to Mr Chan, it is not uncommon for private healthcare users to rely on doctors as a key source of information for appropriate medical treatments. “As healthcare costs rises and medical insurance premiums are adjusted to reflect claims experience, medical inflation and other factors, it is important for customers to evaluate continued affordability for comprehensive medical coverages and their corresponding expectations of future medical care choices and options” he says.

Users of public healthcare can get sticker shock too. Ms Dhamanti explains that in Indonesia, there are sometimes limitations on national insurance scheme coverage that patients are unaware of until they reach the hospital. “We might find out that the JKN only covers 30% of the costs for the needed medications, and we need to pay the balance out-of-pocket,” she says. “But even then, it’s often not clear which medications are covered and which are not.”

**Figure 10: Incidence of “sticker shock” and unexpected health costs**

How actual costs for respondents’ medical care have compared with expected costs in the past year % responding (respondents could select a single response). \*Numbers have been rounded for ease of interpretation



\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
Source: Economist Impact, 2025

### Shedding light on the hidden costs of private care

In Malaysia people often prefer to use private hospitals to get diagnosed and treated faster than in publicly funded hospitals, says Mr O'Dell of the Life Insurance Association of Malaysia. But such patients are not always aware of what costs they will incur. "A person with private insurance will be clear on the expected charges thanks to pre-authorisation, but those paying out-of-pocket often lack that knowledge," he says, "Many private hospitals do not advise patients prior to admission about the expected costs."

Malaysian insurers, including members of the industry association Mr O'Dell heads, aim to change that. The Malaysian central bank has also mandated the industry to publish data about the prices of common hospital procedures.<sup>23</sup> "There is currently no transparency about such prices," says Mr O'Dell. "We're gathering this data from all private hospitals and plan to publish it by the end of 2025. Once we do, people will be able to compare hospital charges very easily."

The Malaysian government is making a significant push to address rising private sector medical costs. Co-ordinated by the health and finance ministries and the central bank, one initiative aims to overhaul medical insurance, improve price transparency and upgrade digital health infrastructure, with the objective of broadening access to affordable treatment options.<sup>24</sup>

Singapore has taken a similar step towards cost transparency. The Ministry of Health collects price information from care providers and enables patients to check and compare costs on its website.<sup>25</sup> But too few people know about it, says Ms Swarup. "The conversation about costs starts only when they're at the emergency department. That's when people say, 'We didn't expect the cost to be so high'. People need a lot of education about how to plan for unexpected medical costs."

Pressure is also building in Hong Kong to increase price transparency. A major reform of public hospitals' pricing will take effect in January 2026, and the government and stakeholders such as the Consumer Council are encouraging private providers to also publish their fees for a large range of services.<sup>26, 27</sup> Dr Soo says this will mark a big step forward for price transparency. "It will give the public a much clearer picture about the price differences between different healthcare providers and will allow them to make more informed choices."

**“There is currently no transparency about prices of common hospital procedures. We’re gathering this data from all private hospitals and plan to publish it by the end of 2025. Once we do, people will be able to compare hospital charges very easily.”**

Mark O'Dell, chief executive officer, Life Insurance Association of Malaysia

# Patient-provider interaction: clear information and communication

Seeking and obtaining medical care can be one of life's most stressful experiences. Some of the worry results from the process of booking and reaching appointments and paying for services—the logistical and administrative facets of healthcare-seeking. But obtaining diagnoses of, and treatment for, conditions represents a different level of angst and emotion.

It is difficult to understate the importance of human empathy in how medical professionals interact with patients. A warm and understanding demeanour can do much to build trust.<sup>28</sup>

Sufficiency of information and clarity about next steps are equally important. Asked what most builds confidence when obtaining care, the ability

to seek a second opinion, to have support through the process, to trust the diagnosis and advice, and to receive clear and easy-to-understand medical information were held to be nearly as important as affordability (Figures 4 and 7).

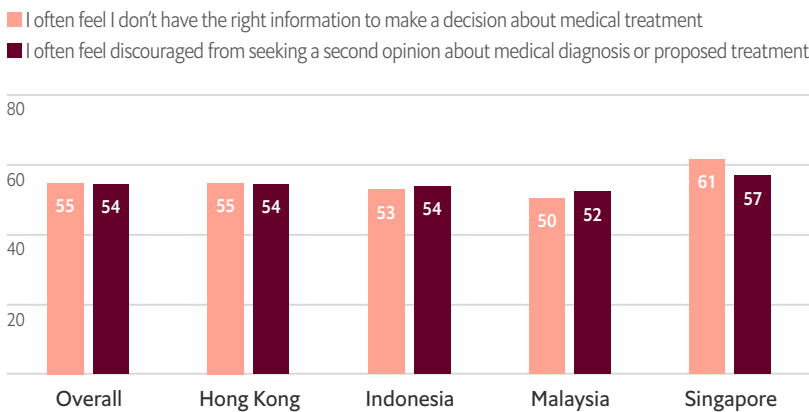
While respondents were generally satisfied with the care they receive (Figure 3), a closer look reveals that the patient experience is not always positive. When asked what the key healthcare challenges they faced, around one-fifth (19%) cite a lack of follow-up from providers (Figure 5). Good care requires healthcare staff to be accessible and attentive, but many report otherwise: 17% feel their concerns are not taken seriously; 17% say diagnoses or treatments are poorly explained; and 17% describe providers as unfriendly. More than half (54%) also say they are discouraged from seeking a second opinion.

As illustrated in Figure 10, many patients report paying more than expected for care. This mismatch can erode trust in the system, especially when costs are not fully disclosed upfront. "Whether you go public or private, there's an implicit trust that you place in the doctor to act in your best interest to prescribe appropriate and necessary treatments and procedures," says Mr Chan. Mr Lam adds, "Providers should be as clear as possible about what treatments will be given and how much they will cost. While doctors can't predict every outcome, they should be able to explain the most likely scenarios and related charges so patients can make informed decisions."



**Figure 11: Sources of patient uncertainty about their medical care**

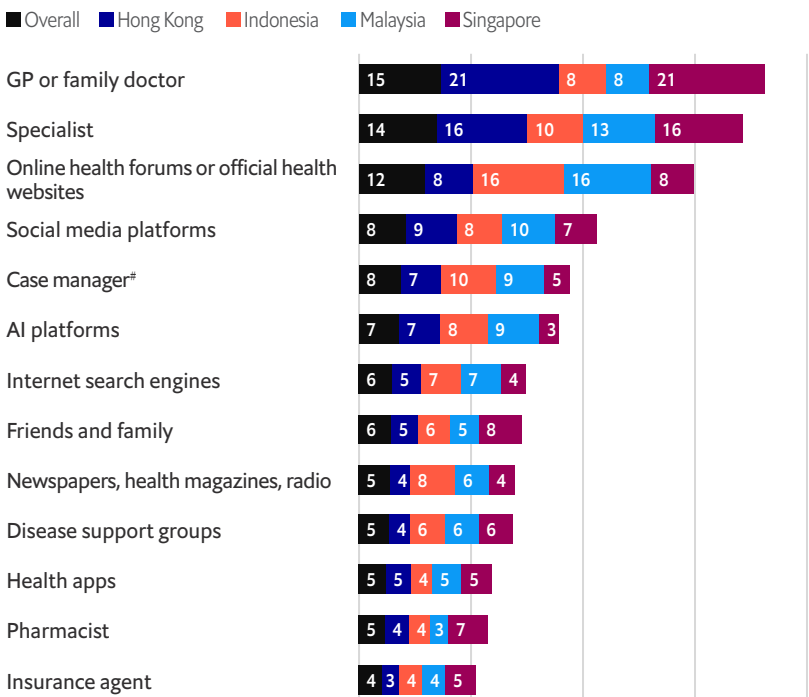
Respondents agreeing with selected statements about accessing healthcare  
 % responding (respondents could select a single response). \* Numbers have been rounded for ease of interpretation



\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
 Source: Economist Impact, 2025

**Figure 12: Getting advice on treatment, by market**

In the last year, who or what has helped respondents make decisions on their course of care after initial diagnosis?  
 % responding (respondents could select a single response). \* Numbers have been rounded for ease of interpretation



\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
 \*Case manager refers to non-clinical hospital or social care staff who coordinate care for patients and help them navigate the system.  
 Source: Economist Impact, 2025

**Visiting the digital doctor**

Over half of respondents (61% in Singapore and 55% overall) say they often lack the right information to make a decision about medical treatment (Figure 11). That may help to explain the wide variety of ways that respondents seek guidance about their care after their initial diagnosis. The advice of medical professionals is unquestionably important. But a large number of respondents now turn first to digital platforms for guidance. These include online health forums, social media platforms, general internet searches and mobile health apps.

It is a sign of the times that 7% of respondents (and 9% of the youngest ones) ask AI platforms such as ChatGPT or Google Gemini for advice. Dr Susilo sees AI use by patients increasing in Indonesia, which he views as a positive. “The trend is unavoidable,” he says. “AI chatbots are fairly easy to use by people, and they’re also helping doctors and healthcare facilities.”

Collectively, 38% of respondents cite use of the above digital sources for guidance on treatment, more than the 33% who turn first to clinical guidance from GPs, specialists or pharmacists (Figure 12). This suggests a digital-age shift toward self-guided, tech-enabled decision-making about medical care.

While upbeat about the role that technology is playing, the experts we interviewed also counsel caution. Dr Hoe stresses the need for education. “We must educate our young people in particular about how to understand the information they’re finding digitally and on how to act on it,” he says.

# Simpler processes and systems: reducing complexity

Examples of uncertainty and lack of clarity abound in our discussions of healthcare accessibility, cost and patient-provider interaction. Large numbers of survey respondents are confused about where to go to obtain needed medical services; about how they will pay for them, if going private; and, more generally, about how to navigate the health systems. Nearly one-fifth of respondents cite “confusing bureaucracy” and complex payment processes among the biggest challenges they face in accessing medical care.

Some processes are so complex or tedious that they are likely to discourage people from seeking needed care, says Ms Swarup. One is getting medical expenses reimbursed by insurers. “The process is too tedious,” she says. “After keying in

the diagnosis details I have to collate all the bills and submit them to the insurer. Why can’t the clinic do this on my behalf? We have to make the system easy. With so much technology available, the future patient will insist on it.”

Lengthy administrative processes for providers also lead to unnecessary delays in delivering care to patients, according to Dr Soo. “Most insurance processes are still handled manually,” she says. “Doctors spend lots of time filling in pre-approval requests and claim forms, which can be many pages, and require a lot of details from us. And in Hong Kong, healthcare providers still rely on fax machines to send these forms to the insurance companies. This is very inefficient and causes lots of delay. It makes the journey so frustrating for patients and providers alike.”



**“The process is too tedious. After keying in the diagnosis details I have to collate all the bills and submit them to the insurer. Why can’t the clinic do this on my behalf? We have to make the system easy. With so much technology available, the future patient will insist on it.”**

Nidhi Swarup, founding chairperson, Alliance of Patients' Organisations, Singapore



Patients' frustrations may help explain why so many respondents want someone to support and guide them throughout the process of obtaining care (Figures 4 and 7). Ms Swarup says, "When patients have symptoms, they're often unsure of which specialists they should see. They need someone to guide them. Not all hospitals have that—one person who oversees a patient's case. In their absence, Google plays that proxy doctor." This need is more likely to be voiced by high-income (30%) than low-income respondents (22%).

To some extent, heightened levels of uncertainty are likely to stem from the fragmentation of health financing, which in the surveyed countries includes a mix of government funding, private insurance and out-of-pocket payments. Adding to complexity is a lack of co-ordination in some markets between the multiple care provider models. In Singapore, for example, GP clinics are widely used, but according to Sanjeeva Kularatna, health services and systems

research, Duke-NUS Medical School Singapore, not all clinics are connected to one another. "Some GP data is not linked digitally, so when patients proceed from their GP to obtain secondary care services, their information may not go with them. 60% of private medical clinics are connected to the national electronic health record and provide access to patient data."

The proliferation of mobile health apps and online sources of health information is a boon to those with the digital skills to use them. But for some they represent an additional source of complexity. Many in the survey (55%) struggle to use digital tools for booking appointments.

Increased system complexity may be unavoidable, but healthcare stakeholders—government authorities, service providers, insurers and others—have scope to simplify many of the steps that people must take to obtain healthcare.

**“Some GP data is not linked digitally, so when patients proceed from their GP to obtain secondary care services, their information may not go with them. 60% of private medical clinics are connected to the national electronic health record and provide access to patient data.”**

Sanjeeva Kularatna, health services and systems research, Duke-NUS Medical School Singapore

### Gen Z's unmet healthcare expectations

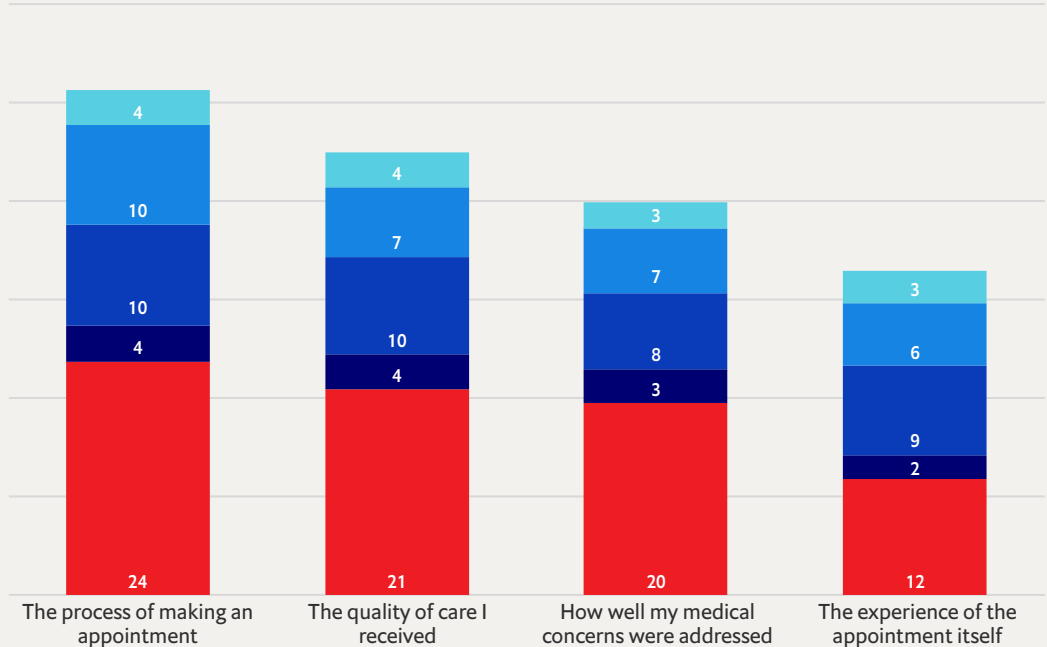
Despite their youth and better self-assessed health compared with older groups, survey respondents from Gen Z are more intensive users of outpatient healthcare services than their elders. In the past year, more Gen Z respondents than those in older groups have visited an emergency room (38%), had an outpatient procedure done (38%), seen a GP (36%), or undergone preventive care screening (24%).

Many were unimpressed. Although a majority of Gen Z respondents are broadly satisfied with their recent healthcare experiences, the numbers expressing dissatisfaction are far larger than in any other age group. The Gen Z share dissatisfaction with appointment booking (24%), with how well their concerns were addressed (21%) and with the quality of care they received (20%) is more than double that in any other age cohort (Figure 13).

**Figure 13: Gen Z dissatisfaction**

Respondents expressing dissatisfaction with different aspects of medical care received in the past year, by generation % responding (respondents could select a single response). \* Numbers have been rounded for ease of interpretation

■ Gen Z (born 1997-2006) ■ Millennials (born 1981-1996) ■ Gen X (born 1965-1980) ■ Baby-boomers (born 1946-1964) ■ Silent Generation (born 1945 or earlier)



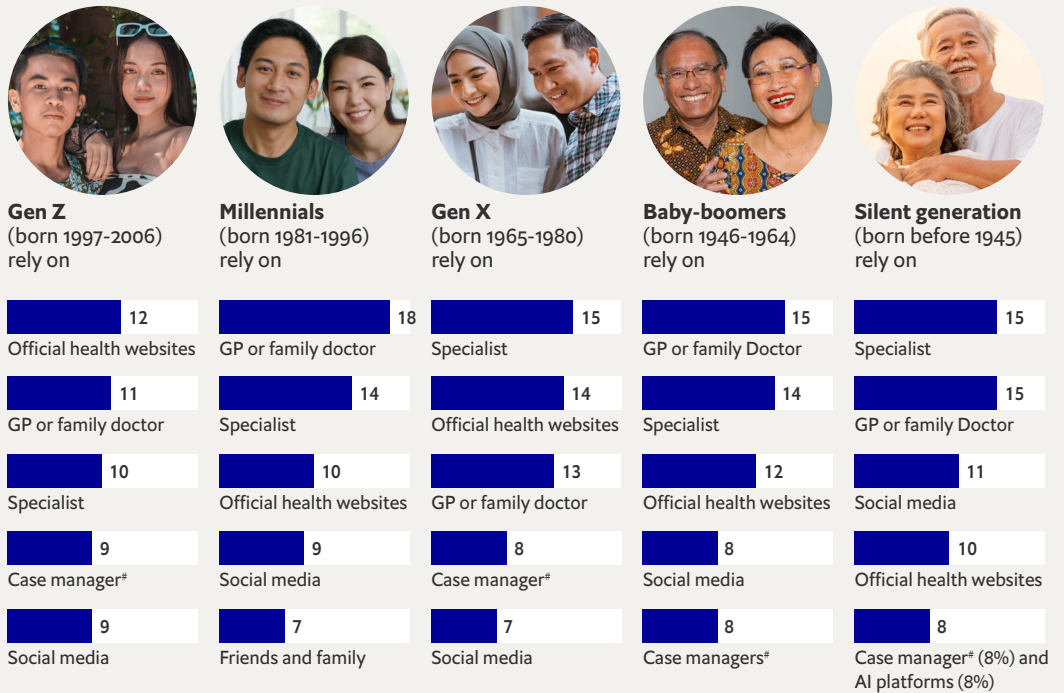
\*4,203 adults surveyed (1,153 from Hong Kong, 1,006 from Indonesia, 1,020 from Malaysia and 1,024 from Singapore), April-May 2025  
Source: Economist Impact, 2025

Asked about the most significant challenges they face in accessing medical care, the complaint that their concerns are often not given due attention ranked second on Gen Z respondents' list (cited by 21%). This may help explain why this group relies less on the support and advice offered by traditional healthcare providers. Gen Z respondents in the survey are the least likely to turn to healthcare professionals and more likely than others to rely on digital sources of information and advice (Figure 14).

**Figure 14: Getting advice on treatment, by generations**

In the last year, who or what has helped respondents make decisions on their course of care after initial diagnosis, top five choices

% responding (respondents could select a single response).\* Numbers have been rounded for ease of interpretation



For Dr Soo, these Gen Z behaviours are explained less by an absence of trust in traditional healthcare and more by their desire for autonomy in health decision-making. “Older patients tend to trust what the doctor suggests and don’t ask many questions,” says Dr Soo. “Younger patients, by contrast, are heavily influenced by information from social media, KOLs and AI tools. They have often done considerable research online and come into consultations with several questions, wanting to know more. With the younger generation, we are facing a change in health-seeking behaviour. They show greater interest in non-conventional therapies and value shared decision-making. And the conventional way we deliver healthcare might not fully address their needs well.”

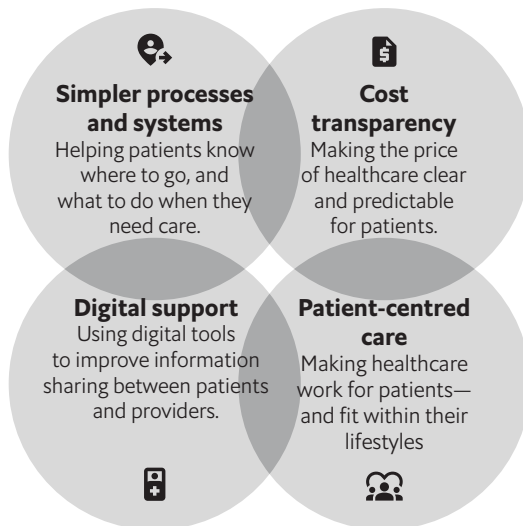
**“With the younger generation, we are facing a change in health-seeking behaviour. They show greater interest in non-conventional therapies and value shared decision-making. And the conventional way we deliver healthcare might not fully address their needs well.”**

Yannie Soo, Assistant Chief Hospital Manager at Union Hospital, Hong Kong

# Towards better patient experiences

Like most governments, those in the four jurisdictions in our study are committed to meeting the UN’s Sustainable Development Goal 3.8: to achieve universal health coverage by 2030. To that end, all have in recent years taken measures to expand the reach and improve the quality of services—both public and private—that can meet their populations’ healthcare needs. This report makes clear that, for all the progress that has been made, patients’ needs are far from being fully met.

Our research highlights four areas where healthcare stakeholders can act to improve the patient journey:



**Simpler processes and systems.** Public-health education should go beyond disease awareness to encompass system awareness: helping patients know where to go, and what to do when they need care. Government health authorities, non-governmental organisations and educational institutions should help people understand how healthcare works—how to book care, what to expect and how to ask the right questions.



**Cost transparency.** Healthcare pricing must be made more predictable and understandable.

Patients need clear, upfront information about what care will cost, what’s covered by government and private health insurance and what out-of-pocket costs to expect. This is especially true in mixed public–private systems. Health ministries and other healthcare authorities need to encourage, or mandate, transparency from care providers and insurers.



**Digital support.** Healthcare authorities and providers can build on people’s growing trust in digital sources

of health information to create online platforms for shared decision-making. Such platforms can facilitate communication between patients and doctors and the provision of information about treatment plans. But care must be taken to make such tools as user friendly as possible to accommodate the less digitally savvy.



**Patient-centred care.** Healthcare authorities and providers should design care systems around patient

lifestyles, not just clinical protocols. This means shorter wait times, digital consultations, integrated services (such as diagnostics and drug prescriptions in one visit), home or near-home care delivery, and streamlined scheduling and administration.

By improving experiences through clear processes, transparent prices, digital tools and processes, and shorter queues, Asia’s health systems will do more than reach people—they will serve them better.

# Appendix

## Literature review

We reviewed academic and grey literature published over the past ten years to identify common experiences and pain points in healthcare access. Our search was guided by Penchansky and Thomas's (1981) five dimensions of access—availability, affordability, accessibility, accommodation and acceptability.<sup>8</sup> From this, we consolidated the findings into three thematic pillars:

- **Accessibility:** Combining the original dimensions of *availability* and *accessibility*, this pillar focuses on the provisions of services and the ability of people to reach and use them.
- **Cost:** Drawing on *affordability* and cost transparency, this pillar reflects both the actual cost of care and patients' ability to understand and plan for these costs.

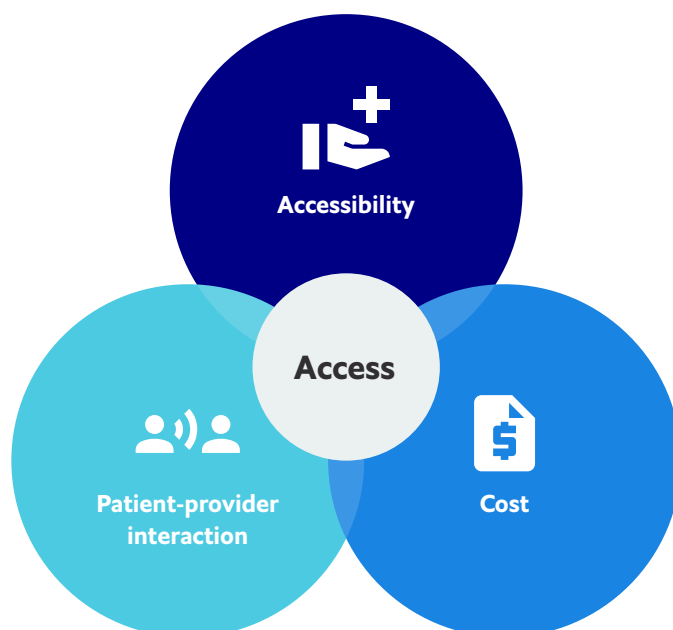
- **Patient-provider interaction:** Encompassing *accommodation* and *accessibility*, this pillar highlights cultural fit, personal comfort and alignment between patient expectations and health system functioning.

## Survey

Based on the literature review findings, we created a survey covering each of the above pillars of seeking healthcare. The aim of the survey was to understand how people in the selected markets experience getting the care they need, and to identify the key pain points in doing so. These pain points shape their access journeys.

The online survey was conducted with 4,203 respondents aged 18 and above, all of whom had accessed healthcare in the past 12 months. The sample was stratified by age, gender, and income group to mirror national demographics. Quotas were applied to balance representation across generations and income bands, with statistical weighting to achieve national representativeness at the country level.

Standard options such as "Don't know" and "Other" were provided to capture uncertainty but were not considered in proportion-based analyses due to small numbers. Results from the total sample have a  $\pm 1.55\%$  margin of error at the 95% confidence level.



Survey sample characteristics

	Overall	Hong Kong	Indonesia	Malaysia	Singapore
<b>Age profile</b>	Gen Z (14%), Millennials (29%), Gen X (24%), Baby Boomers (25%), Silent Generation (9%)	Gen Z (16%), Millennials (32%), Gen X (18%), Baby Boomers (34%), Silent Generation (0.2%)	Gen Z (20%), Millennials (15%), Gen X (31%), Baby Boomers (26%), Silent Generation (9%)	Gen Z (11%), Millennials (20%), Gen X (32%), Baby Boomers (27%), Silent Generation (10%)	Gen Z (8%), Millennials (48%), Gen X (16%), Baby Boomers (11%), Silent Generation (17%)
<b>Health profile</b>	93% report at least one chronic condition, with 39% reported good or very good health	86% report at least one chronic condition, with 45% reported good or very good health	100% report at least one chronic condition, with 53% reported poor or very poor health	100% report at least one chronic condition, with 60% reported poor or very poor health	86% report at least one chronic condition, with 61% reported good or very good health
<b>Household income</b>	High-income (38%), middle-income (38%) and low-income (24%)	High-income (53%), middle-income (39%) and low-income (9%)	High-income (30%), middle-income (36%) and low-income (34%)	High-income (20%), middle-income (46%) and low-income (33%)	High-income (47%), middle-income (31%) and low-income (22%)
<b>Employment status</b>	Full-time work (38%), part-time (19%) and self-employed (13%), retired (12%), unemployed (8%); the remainder are students and homemakers	Full-time work (34%), part-time (9%) and self-employed (12%), retired (22%), homemakers (14%); the remainder are students and unemployed	Full-time work (39%), part-time (27%) and self-employed (15%); the remainder are retired, homemakers, students and unemployed	Full-time work (29%), part-time (31%) and self-employed (21%) and unemployed (9%); the remainder are students, retired and homemakers	Full-time work (50%), part-time (11%), unemployed (18%), and retired (10%); the remainder are students and self-employed and homemakers

Expert interviews

To complement the survey and literature review, we conducted nine semi-structured interviews with country experts. Those interviewed included academics, healthcare practitioners and patient advocates. These conversations gave deeper context on local healthcare systems, highlighted practical challenges not always captured in published sources, and helped validate and interpret survey findings.

Synthesis

Finally we brought the insights from all three research streams together in a single synthesis. This integrated approach allowed us to cross-check evidence, identify recurring themes and pain points, and build a more complete picture of how people experience healthcare in the selected markets.

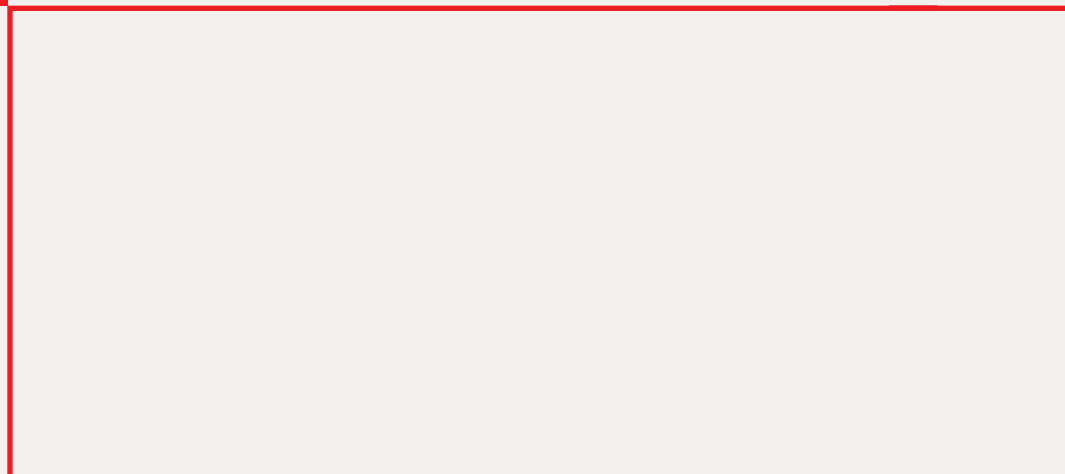
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