

# STAKEHOLDER ENGAGEMENT

Our stakeholders have a direct influence on our business, and they are important barometers that gauge the impact of our business activities and sustainability initiatives. We engage with a wide range of stakeholder groups on a regular basis to understand their needs and expectations. The table below captures our key stakeholder groups, their expectations and the methods by which we engage them to meet their expectations.

STAKEHOLDER GROUP	STAKEHOLDER PROFILE
<b>Senior Management</b>	As the leaders of the Group, they play a vital role in determining the direction of the organisation towards building economic resilience, environmental stewardship and social responsibility, for the present and future.
<b>Doctors, Nurses and Employees</b>	Our doctors, nurses and employees are our most important assets and a key resource for all our activities. We consider employee satisfaction to be important and ensure that morale remains high throughout our business. Employees are also encouraged to interact with Senior Management and express their concerns at town hall meetings. We listen and respond to our employees' needs and concerns through various communication and feedback channels.
<b>Patients</b>	Patients are the cornerstone of IHH's business, and it is essential to enhance the quality of life of our patients by providing comprehensive high-quality healthcare services. Garnering feedback on patient experience is an important measure of our performance by which we strive to improve continuously.
<b>Investors and Shareholders</b>	As owners and providers of equity capital to the business, shareholders may reap the benefits of the company's success in the form of increased stock valuation. The shareholder also enjoys certain rights such as the entitlement to be appraised of the latest developments in the company and to provide feedback about the company.
<b>Academia</b>	As an internal stakeholder, IHH's academic community play an important role in shaping the lives of future doctors, nurses, pharmacists, dentists and other healthcare professionals.

STAKEHOLDER EXPECTATIONS	METHODS OF ENGAGEMENT	FREQUENCY OF ENGAGEMENT METHOD
<ul style="list-style-type: none"> <li>Financial performance</li> <li>Staffing issues</li> <li>Succession planning</li> </ul>	CEO meeting	Fortnightly
	Board meeting	Quarterly and as and when required
<ul style="list-style-type: none"> <li>Staff and doctor engagement/feedback sessions</li> <li>Positive workplace culture and a conducive workplace</li> </ul>	Town hall meeting	Annually and as and when required
	Focus group session	As and when required
	Employee Engagement Survey	Once every two years
	Physician meeting	As and when required
<ul style="list-style-type: none"> <li>Delivery of quality healthcare</li> <li>Patient experience</li> <li>Health awareness and information</li> <li>Cost-effectiveness</li> </ul>	Consultations	As and when required
	Patient Satisfaction Survey	Ongoing engagement throughout the financial year
<ul style="list-style-type: none"> <li>Continued growth and financial sustainability</li> <li>Clear and transparent reporting</li> <li>Good corporate governance</li> <li>Effective and timely shareholder engagement</li> </ul>	Annual General Meeting (AGM)	Annually
	Extraordinary General Meeting (EGM)	As and when required
	Investor conference	Ongoing engagement throughout the financial year
	Non-deal roadshows	Ongoing engagement throughout the financial year
	Corporate website	Throughout the year
<ul style="list-style-type: none"> <li>Staff engagement</li> <li>Preparing students for employment</li> <li>Research and development</li> <li>Building stronger links between the community and university</li> </ul>	Town hall meeting	Twice a year
	Faculty meeting	Once every two months
	Deans' meeting	Quarterly
	Staff Barometer Survey	Biennially

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<p><b>Accreditation Bodies</b></p>	<p>The accreditation bodies – such as Joint Commission International (JCI), Malaysian Society for Quality in Health (MSQH) and National Accreditation Board for Hospitals and Healthcare Providers (NABH) – strengthen our performance as quality healthcare providers by advocating, promoting, and supporting continuous quality improvements and safety in the healthcare arena in each country we operate.</p>
<p><b>Regulators</b></p>	<p>Our regulators and authorities specify the laws and regulations that determine the scope and extent of our activities in our respective countries. We maintain open channels of communication with them, as they are the ones best positioned to provide advice and clarification in relation to our operations and obligations. IHH works proactively with local regulators and authorities from every jurisdiction as local requirements vary from one country to the other.</p>
<p><b>Local Communities</b></p>	<p>The local communities and vulnerable sections therein are the key beneficiaries of our CSR projects. Our engagement with these communities is primarily to ensure that our CSR programmes are making a positive difference in their lives and to ascertain how our programmes can be further improved to better serve them.</p>
<p><b>Intermediaries</b></p>	<p>All role players in healthcare, such as employers, third party administration, insurance companies, managed care organisations and general practitioners.</p>
<p><b>Suppliers and Service Providers</b></p>	<p>As providers of vital services that are key enablers for us, it is important that we maintain a professional relationship of trust where views from either party can be freely exchanged. The Group relies on its suppliers to deliver products and services of the highest quality in line with internal, regulatory and accreditation agency standards.</p>

STAKEHOLDER EXPECTATIONS	METHODS OF ENGAGEMENT	FREQUENCY OF ENGAGEMENT METHOD
<ul style="list-style-type: none"> <li>Regular audits and verifications</li> <li>Meeting international benchmarks</li> </ul>	JCI audit and inspection	Triennially
	MSQH surveillance audit	Annually
	MSQH certification inspection	Every four years
	NABH surveillance audit	Every one and a half years
	NABH certification audit	Triennially
<ul style="list-style-type: none"> <li>Compliance</li> <li>Regulatory reform relating to hospital planning</li> <li>Employee and patient safety</li> </ul>	Formal correspondence and meetings	Ad-hoc
	Hospital visits	Ad-hoc
	Ministry of Health audit and inspection	Biennially or ad-hoc
<ul style="list-style-type: none"> <li>Improving accessibility to healthcare services</li> <li>Increasing public awareness about healthcare</li> <li>Providing opportunities to the next generation of healthcare professionals</li> <li>Funding community projects</li> </ul>	Free medical treatment	Ongoing programme (Life Renewed)
	Health awareness initiatives	Ad-hoc
	Scholarships and professorships	Endowed and carried out in perpetuity
	Sponsorships and donations	Ad-hoc
<ul style="list-style-type: none"> <li>At the service level, timeliness of the guarantee letter issuance from intermediaries</li> <li>The cost of healthcare in private hospitals, especially in medical treatment packages and services</li> </ul>	Guarantee Letter/Referrals	Daily
	Health talks, forums, Continuing Medical Education (CME)	Monthly
	Process and service improvements	Monthly
	Hospital empanelment/renewal	As and when required
	Claim and charges review meeting	As and when required
<ul style="list-style-type: none"> <li>Cost effectiveness</li> <li>Fair and transparent negotiations</li> </ul>	Vendor presentations and product demonstrations	Upon the introduction of new products
	Formal sessions to update knowledge on product information	At least twice a year
	Tender briefing	Held at each tender session upon user's request to brief tenderers on tender specifications
	Tender clarification sessions	Held with each tender launched
	Purchase committee negotiation with suppliers	Price negotiations with vendors are carried out continuously – both for existing and new purchases