



2022 Global Health Review

Compiled by:

Alliant Global Benefits Practice
Alliant Clinical Informatics Practice
Asinta Partner Brokers





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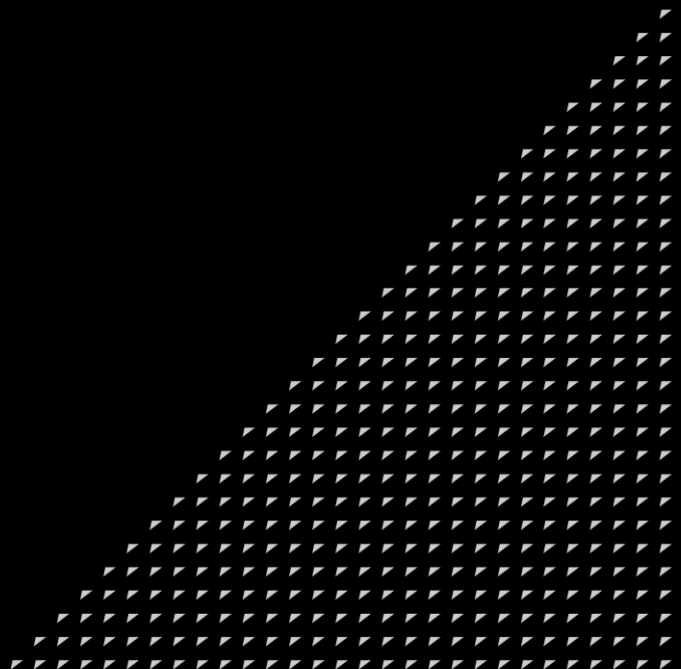
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Section 01

Introduction





Introduction

Alliant is pleased to present the **2022** Global Health Review. Alliant has focused on identifying both the expected gross* medical trend rate and clinical health trend in **49** countries.

What is Medical Trend?

Medical trend is the predicted change in health plans' per capita claims costs. Factors that influence medical trend include:

- ▶ Price inflation
- ▶ Leveraging effect of fixed deductibles and copays
- ▶ Cost shifting from the uninsured to private payers
- ▶ Increased utilization
- ▶ Use of more expensive drugs and treatments
- ▶ Government-mandated benefits
- ▶ Technological advancements

What is Health Trend?

Health trend is the retroactive and prospective view of major health conditions that impact the risk for disability or death. Factors that influence health trend include:

- ▶ Lifestyle risk / Behavioral risk
- ▶ Access to quality health care
- ▶ Environmental shortages (i.e., food, water, electricity)
- ▶ Infant mortality rates
- ▶ Health literacy and indigenous health practices
- ▶ Diet, exercise, quality food options
- ▶ Safety and security needs

***Note:** Medical trend rates provided in this report include general inflation.



Alliant's Process

Medical Trend Process

To forecast the change in per capita costs for medical services in each surveyed country, Alliant asked our Asinta broker partners to review their book of business and share the anticipated increase in medical premiums in 2022. This is referred to as the “broker-rated” trend.

Our broker partners also connected with key insurers in the market to determine what trend figure will be applied by their underwriting teams. This is referred to as the “insurer-rated” medical trend.

The intent of this approach is to provide full transparency to employers with two data-points that would impact their renewal rate.

- Broker-rated would provide employers with line of sight in terms of what is the base-line factor for rate negotiations with carrier. This factor will be applied along with a client's claims utilization/experience to generate the medical premium. There are instances where the broker trend is higher and more appropriate for analysis
- Insurer-rated provides employers with actual insight to the factor that is applied by carriers to price the medical benefit

Health Trend Process

Alliant's clinical practice and clinical informatics teams evaluated several global public health resource databases and its own book of business to identify clinical risks and conditions that lead to poor health or higher healthcare consumption needs. This is referred to as the “clinically-rated” trend.

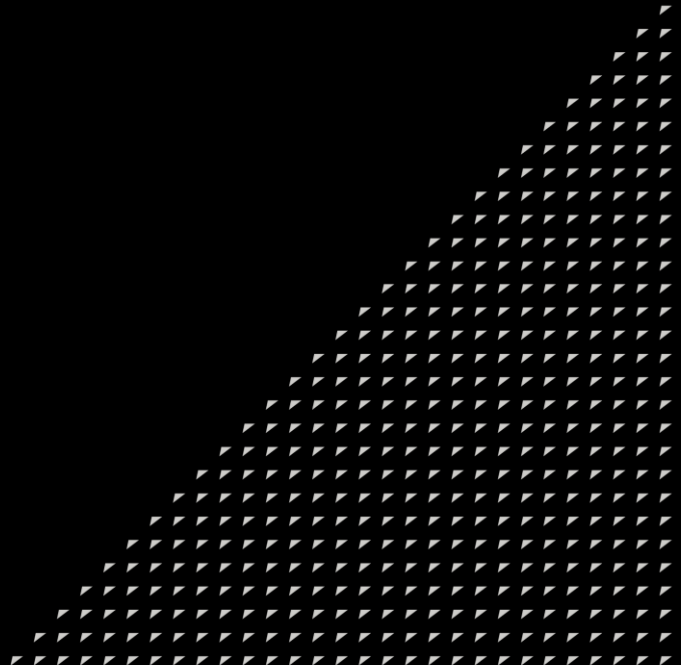
Through our partnerships with the Johns' Hopkins University, Bloomberg School of Public Health, the Institute for Healthcare Metrics and Evaluation (IHME), PubMed, and the Global Business Group on Health (GBGH), Alliant has successfully aggregated several data sources and normalized the data points to present an overview of health risk and burden across the globe.

The intent of this approach is to provide a comprehensive view to employers with three significant data-points that would be significant in evaluating population health needs:

- Health Trend value
- Disability-Adjusted Years of Life Lost due to Death and Disability (DALYs) which may be useful in understanding how insurance products may be rated or evaluated.
- Top 5 Risk Factors for Death and Disability which can create opportunities for a global well-being strategy.

Section 02

Medical Trend by Country





2022 Medical Trend by Country

Region	Country	Medical Trend		Health Trend
		Insurer-Rated	Broker-Rated	Clinically-Rated
Americas	Brazil	15.00%	15.00%	15.19%
Americas	Canada	11.50%	8.00%	3.95%
Americas	Colombia	5.41%	5.41%	8.43%
Americas	Mexico	25.00%	14.00%	17.31%
Americas	United States	8.00%	6.25%	6.16%
APAC	Australia*	4.50%	4.50%	7.41%
APAC	China	10.00%	8.00%	12.72%
APAC	Hong Kong	9.00%	8.00%	12.72% ¹
APAC	India	20.00%	20.00%	15.33%
APAC	Indonesia	11.75%	11.75%	14.75%
APAC	Japan	0.00%	0.00%	9.49%
APAC	Singapore	11.00%	10.00%	8.34%
APAC	South Korea	3.50%	3.50%	5.53%
APAC	Thailand	10.00%	10.00%	14.98%
APAC	Uzbekistan	38.00%	38.00%	19.35%

* Trend is estimated by carrier and finalized at a later date by the regulators

¹Not reported as a separate country, clinical results tied to territory's governance
Visit <https://www.asinta.com/> for more information regarding the Asinta network of brokers.



2022 Medical Trend by Country

Region	Country	Medical Trend		Health Trend
		Insurer-Rated	Broker-Rated	Clinically-Rated
EMEA	Albania	17.50%	11.00%	16.38%
EMEA	Bahrain	10.00%	7.50%	9.69%
EMEA	Belarus	20.00%	15.00%	14.40%
EMEA	Belgium*	2.14%	2.14%	4.01%
EMEA	Bosnia	7.00%	6.80%	12.41%
EMEA	Bulgaria	10.00%	6.50%	10.45%
EMEA	Croatia*	2.50%	2.50%	11.32%
EMEA	Estonia	2.00%	2.00%	5.04%
EMEA	France	5.00%	5.00%	2.91%
EMEA	Georgia	11.00%	10.00%	12.12%
EMEA	Germany	5.00%	5.00%	2.62%
EMEA	Hungary	10.00%	10.00%	6.00%
EMEA	Ireland	4.25%	5.50%	9.13%
EMEA	Italy	6.00%	5.00%	4.40%
EMEA	Kazakhstan	7.50%	6.00%	9.22%
EMEA	Kuwait	8.00%	6.00%	10.59%
EMEA	Latvia	9.50%	11.00%	6.71%

* Trend is estimated by carrier and finalized at a later date by the regulators

Visit <https://www.asinta.com/> for more information regarding the Asinta network of brokers.



2022 Medical Trend by Country

Region	Country	Medical Trend		Health Trend
		Insurer-Rated	Broker-Rated	Clinically-Rated
EMEA	Lithuania	17.50%	11.00%	6.51%
EMEA	Macedonia	1.50%	1.70%	8.25%
EMEA	Moldova	5.00%	5.00%	7.91%
EMEA	Montenegro	15.00%	13.50%	13.11%
EMEA	Netherlands	3.00%	3.00%	5.33%
EMEA	Poland	11.00%	11.00%	4.89%
EMEA	Portugal	4.20%	4.00%	6.68%
EMEA	Qatar	8.00%	7.50%	11.09%
EMEA	Romania	15.00%	15.00%	10.87%
EMEA	Russia	13.00%	9.50%	8.17%
EMEA	Serbia	15.00%	13.50%	5.79%
EMEA	Slovenia*	2.50%	2.50%	5.87%
EMEA	Spain*	3.70%	2.50%	4.78%
EMEA	Switzerland	0.80%	0.60%	2.90%
EMEA	Ukraine	12.00%	10.00%	12.40%
EMEA	United Arab Emirates	12.50%	13.50%	8.33%
EMEA	United Kingdom	6.50%	6.00%	2.96%

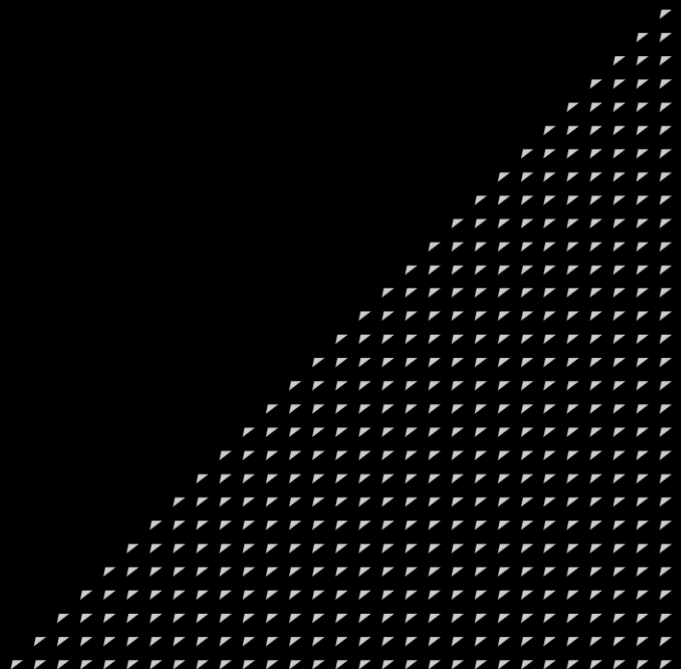
* Trend is estimated by carrier and finalized at a later date by the regulators

Visit <https://www.asinta.com/> for more information regarding the Asinta network of brokers.

Section 03

Effects of the COVID-19 Pandemic

Clinical Risk in a Post-COVID World





What is the Long-Term Financial Impact?

- International hospitals and healthcare facilities are facing catastrophic financial challenges related to the COVID-19 pandemic. The American Hospital Association estimates a financial impact of \$ 202.6 billion in lost revenue for America's hospitals and healthcare systems, or an average of \$50.7 billion per month.
- Furthermore, it could cost low- and middle-income countries approximately \$52 billion every four weeks to provide an effective healthcare response to COVID-19.
- From a global economic standpoint, the World Bank projects that global growth is projected to slow by almost 8% with lower income countries feeling most of the impact. The United Nations Projects might have costed the global economy around 2 trillion dollars in 2021.

Real Gross Domestic Product (GDP), annual percent change.

	Projected ^a		
	2019	2020	2021
World	2.9	-4.9	5.4
United States	2.3	-8.0	4.5
China	6.1	1.0	8.2
India	4.2	-4.5	6.0
Brazil	1.1	-9.1	3.6
ASEAN-5	4.9	-2.0	6.2
Low-Income Developing Countries	5.2	-1.0	5.2

^aProjections from the International Monetary Fund. Adapted from [38].

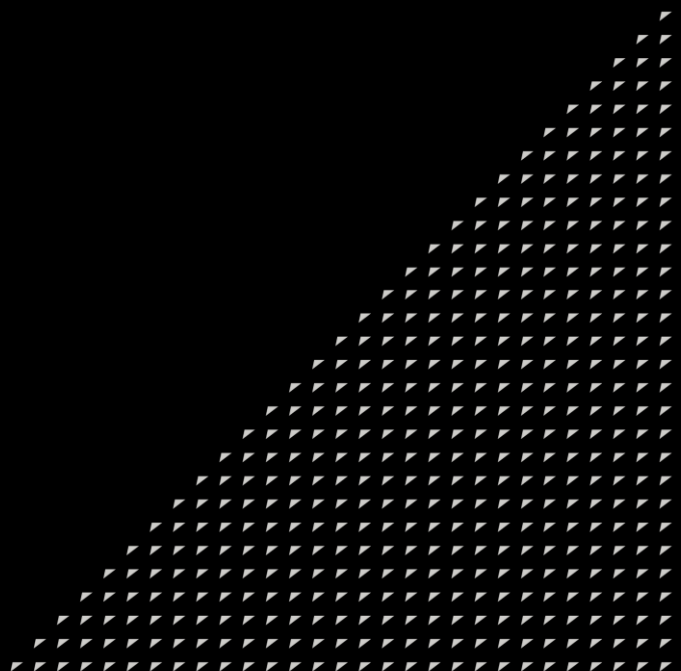


What is the Long-Term Health Impact?

- ▶ For those with chronic disease, the impact has been particularly profound. An increase in deaths has been observed among people with dementia, circulatory diseases, and diabetes among other causes. This increase could reflect undercounting COVID-19 deaths or indirect effects of the virus, such as underutilization of, or stresses on, the health care system.
 - ▶ COVID-19 has resulted in decreases of many types of health care utilization, ranging from preventive care to chronic disease management and even emergency care. As of June 2020, 4 in 10 adults surveyed reported delaying or avoiding routine or emergent medical care because of the pandemic.
 - ▶ Cancer screenings, for example, dropped during the pandemic. Decreases in screening have resulted in the diagnoses of fewer cancers and pre-cancers, and modeling studies have estimated that delayed screening and treatment for breast and colorectal cancer could result in almost 10,000 preventable deaths in the United States alone. Additional lost ground in prevention across the chronic disease spectrum and in other areas includes pediatric immunization, mental health, and substance abuse.
 - ▶ The pandemic has led to a fourfold increase in the number of people seeking mental health services for help with depression, anxiety, and other mental health problems, with the top risk factors being loneliness and isolation, followed by trauma and relationship problems.
-
- ▶ **Post-COVID conditions** are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19. Even people who did not have COVID-19 symptoms in the days or weeks after they were infected can have post-COVID conditions. These conditions can present as different types and combinations of health problems for different lengths of time, sometimes referred to as "long-haul COVID" or "post-COVID syndrome".
 - ▶ According to the Centers for Disease Control and Prevention (CDC), the most common lasting symptoms are fatigue, shortness of breath, cough, joint pain and chest pain. Other issues include cognitive problems, difficulty concentrating, depression, muscle pain, headache, rapid heartbeat and intermittent fever.
 - ▶ Much is still unknown about how COVID-19 will affect people over time, but research is ongoing. This will continue to impact healthcare consumption as people seek care for the ongoing sequelae stemming from COVID-19 infection.
 - ▶ Research suggests that building effective multidimensional healthcare capacity is the most promising means to mitigate future COVID-19 fatalities. The data also suggests that government's ability to implement public health measures to a degree determines mortality outcomes.

Section 04

Clinical Informatics





Clinical Informatics Terms Glossary

Clinical Informatics

- **Disability-Adjusted Life Year (DALY)** – The years of life lost to dying early plus years lost living with a disability/disease
- **Years of Life Lost (YLL)** – a medical condition that resulted in dying younger than expected
- **Years lost due to Disability (YLD)** – the burden of living with a disease or disability; also known as burden of disease

Condition Categories

- **Cardiovascular (CAR)** – conditions pertaining to the heart and circular system, i.e., heart disease, stroke, high blood pressure, peripheral artery disease, heart valve disorders
- **Malignancies (MAL)** – cancers originating from major organs such as liver, lung, breast, brain, skin, as well as blood, i.e., leukemia and multiple myeloma
- **Endocrine (END)** – Diabetes and chronic kidney disease, a long-term complication from Diabetes
- **Musculoskeletal (MUS)** – conditions pertaining to the bones, joints, and muscles, such as back/neck pain, arthritis, and gout
- **Mental Health (PSY)** – higher prevalence mental health conditions, i.e., depression, anxiety, bipolar disorder, autism spectrum disorder, schizophrenia
- **Infectious Disease (INF)** – conditions caused by viruses or bacteria, including HIV, upper/lower respiratory infections, diarrheal infections, and other unspecified
- **Pregnancy/Neo-natal (FRE)** – conditions affecting pregnant women and infants, including birth defects, neonatal disorders affecting the newborn, sudden infant death syndrome, maternal and gynecological diseases
- **Environmental (TOX)** – conditions resulting from interpersonal violence, falls, road injuries, and self-harm



DALYs:

Considerations and Observations

Disability-Adjusted Life Years (DALYs)

Americas

- ▶ The focus for reducing premature death and disability varies by country in the Americas. Some commonalities were noted across more developed countries, such as higher rates of cardiovascular disease, malignancies (cancer) and musculoskeletal disorders.
- ▶ Similarly, emerging countries (less developed) have higher risks associated with environmental, infectious disease and complications associated with pregnancy and birth.

APAC

- ▶ The focus for reducing premature death and disability varies by country in APAC. Unlike the Americas, there are inconsistencies in identifying clear commonalities between developed and emerging countries, although culture and island-based structures may be contributing factors (i.e., countries like Australia, Singapore, and Japan have similar statistics in many categories as do peninsula-like countries or mainland nations).

EMEA

- ▶ The focus for reducing premature death and disability varies by country in EMEA. Some commonalities in former Soviet and Yugoslavian nations were observed, most notably with cardiovascular disease. Cancer risk is highest amongst more developed nations, such as France, Netherlands, and Italy; however, there are higher deviations from the mean amongst emerging countries related to cancer risk.
- ▶ High rates of musculoskeletal conditions can be seen in countries like Switzerland, Qatar, Ireland, UK, and Kuwait. Mental health is a major concern for 38% of the countries in this survey. Infectious disease risk is particularly high in Portugal, Russia, Ukraine, Belgium, UK, Kazakhstan, and Kuwait (unrelated to COVID-19).



DALYs: Well-Being and Health Interventions

Disability-Adjusted Life Years (DALYs)

Americas

- ▶ Countries such as Brazil, Mexico and Colombia have higher environmental risk factors associated with poor safety and security. This contributes to risks associated with infections, higher infant mortality and access to quality health care. Focusing on environment should be considered the priority.
- ▶ Countries like the United States and Canada have health concerns primarily driven by lifestyle behaviors that are correlated to poor health or conditions that lead to disability or chronic illness. Diet, exercise, and preventive care screenings can assist in reducing health risks such as cardiovascular disease, exacerbated mental illness and reduction in the severity risk with cancer.

APAC

- ▶ Countries such as China, Indonesia, and Uzbekistan have significant cardiovascular disease risk, associated with diet and nutrition as well as genetic predisposition to heart disease. Cancer is significantly higher for China amongst these three nations.
- ▶ Countries like the Japan, South Korea, and Australia have some of the highest risk for cancer, suggesting early detection programs and preventive care screenings should be a priority focus. Musculoskeletal conditions, while a priority in most countries is of significant concern for Australia, Singapore, Japan and South Korea. Prenatal care and pregnancy support would be most valuable in India, Indonesia and Uzbekistan.

EMEA

- ▶ Due to the sheer number of countries in EMEA, well-being initiatives may be challenging; however, three **(3)** key focus areas can benefit the majority of EMEA countries: Cardiovascular, Cancer, and Mental Health. Regional strategies related to musculoskeletal and pregnancy-related complications may benefit some countries as well.



Disability-Adjusted Years of Life Lost due to Death and Disability (DALYs)

Region	Country	CAR	MAL	END	MUS	PSY	INF	FRE	TOX
Americas	Brazil	13.32	8.41	5.73	7.33	7.17	6.75	8.78	12.33
Americas	Canada	13.94	17.71	4.45	12.99	6.33	2.36	3.16	6.84
Americas	Colombia	11.61	8.53	6.39	9.05	5.99	4.26	8.46	14.84
Americas	Mexico	9.97	6.63	14.56	7.67	5.91	4.05	8.42	11.34
Americas	United States	15.47	13.62	6.07	12.51	6.29	2.31	3.19	6.98
Americas	Mean	13.32	8.53	6.07	9.05	6.29	4.05	8.42	11.34
APAC	Australia	12.43	15.07	4.34	11.07	9.24	1.57	3.53	7.71
APAC	China	23.64	14.38	4.12	7.81	5.05	2.07	4.14	6.89
APAC	Hong Kong	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
APAC	India	12.93	3.55	4.34	4.79	3.93	9.3	12.72	8.3
APAC	Indonesia	21.27	6.98	7.1	6.75	3.96	5.81	8.48	4.86
APAC	Japan	15.03	17.31	4.61	12.87	4.73	4.06	1.9	5.91
APAC	Singapore	13.86	13.23	5.72	14.38	8.02	5.71	3.42	5.68
APAC	South Korea	11.35	15.84	5.8	13.64	6.19	2.48	2.56	9.98
APAC	Thailand	12.82	11.29	7.75	9.18	4.92	8.4	3.27	9.42
APAC	Uzbekistan	26.2	5.77	5.47	3.96	3.88	8.91	8.51	6.95
APAC	Mean	13.86	13.23	5.47	9.18	4.92	5.71	3.53	6.95



Disability-Adjusted Years of Life Lost due to Death and Disability (DALYs)

Region	Country	CAR	MAL	END	MUS	PSY	INF	FRE	TOX
EMEA	Albania	28.63	12.13	3.37	7.08	5.05	2.74	5.22	6.22
EMEA	Bahrain	12.83	7.43	13.45	10.53	11.03	2.19	6.59	7.38
EMEA	Belarus	35.88	10.84	1.69	5.17	4.46	1.83	3.04	8.35
EMEA	Belgium	13.97	16.84	4.31	9.27	6.44	3.23	3.63	8.55
EMEA	Bosnia	28.48	16.66	8.34	5.74	4.36	1.38	2.60	5.60
EMEA	Bulgaria	40.86	13.96	4.88	4.79	3.21	1.92	1.95	5.08
EMEA	Croatia	25.46	17.30	5.39	6.57	4.67	1.24	2.49	8.06
EMEA	Estonia	28.47	15.27	3.78	6.31	5.07	2.28	2.64	6.55
EMEA	France	12.63	18.25	3.27	10.14	7.63	2.18	3.74	8.17
EMEA	Georgia	34.59	12.29	5.68	4.34	3.73	2.03	4.14	6.12
EMEA	Germany	18.64	16.79	5.77	9.76	6.26	2.06	3.21	5.66
EMEA	Hungary	27.60	17.58	4.83	5.97	4.06	1.50	2.19	6.71
EMEA	Ireland	13.74	15.83	3.71	11.60	9.15	2.37	4.53	5.71
EMEA	Italy	17.12	17.55	5.93	10.73	6.92	1.48	2.73	5.38
EMEA	Kazakhstan	24.40	8.09	4.03	4.52	4.15	3.72	6.63	9.90
EMEA	Kuwait	15.00	5.32	6.57	10.99	11.73	3.29	11.82	7.86
EMEA	Latvia	33.16	13.63	3.22	5.65	4.50	2.53	2.68	7.21
EMEA	Lithuania	30.20	13.38	2.36	5.60	4.91	2.08	2.65	8.75
EMEA	Macedonia	34.12	15.88	7.11	5.35	4.21	1.33	3.56	5.20
EMEA	Moldova	30.67	10.01	2.71	5.29	4.51	3.55	4.60	6.51
EMEA	Montenegro	33.27	16.79	5.80	5.86	4.45	1.32	2.48	7.35
EMEA	Netherlands	13.33	20.33	4.17	9.83	7.75	2.24	3.78	6.05
EMEA	Poland	22.69	18.23	4.79	6.77	4.09	2.27	2.25	8.16
EMEA	Portugal	15.82	16.20	6.60	10.54	8.05	4.14	2.79	4.80
EMEA	Qatar	8.50	5.36	8.14	11.30	13.24	1.94	8.31	14.91
EMEA	Romania	32.82	13.72	3.47	5.67	3.82	2.99	2.32	5.87
EMEA	Russia	31.87	10.36	2.35	5.56	3.64	4.26	3.12	9.78
EMEA	Serbia	31.84	17.32	6.45	5.65	3.96	1.53	2.10	5.66
EMEA	Slovenia	18.13	17.92	4.37	7.30	5.41	1.98	2.38	9.50
EMEA	Spain	14.28	17.10	5.67	9.60	8.25	2.26	3.48	5.26
EMEA	Switzerland	13.78	15.36	4.53	12.09	8.57	1.89	4.38	7.93
EMEA	Ukraine	38.36	10.25	1.72	4.55	4.00	3.46	2.85	8.54
EMEA	UAE	15.18	7.60	7.52	8.87	8.72	2.36	4.40	13.78
EMEA	UK	14.77	16.27	4.21	10.50	6.86	3.19	3.69	4.90
EMEA	Mean	24.93	15.60	4.66	6.67	4.98	2.22	3.17	6.96



Top 5 Risk Factors for Death and Disability

Americas

Region	Country	First	Second	Third	Fourth	Fifth
Americas	Brazil					
Americas	Canada					
Americas	Colombia					
Americas	Mexico					
Americas	United States					














































Key

Risk Factors	Air Pollution	Alcohol Use	Dietary Risks	Elevated Glucose	High Blood Pressure	Kidney Dysfunction	High LDL Cholesterol	Malnutrition	Overweight / Obesity	Tobacco Use	Not Applicable
Symbol											N/A













Top 5 Risk Factors for Death and Disability

Asia Pacific

Region	Country	First	Second	Third	Fourth	Fifth
APAC	Australia					
APAC	China					
APAC	Hong Kong	N/A	N/A	N/A	N/A	N/A
APAC	India					
APAC	Indonesia					
APAC	Japan					
APAC	Singapore					
APAC	South Korea					
APAC	Thailand					
APAC	Uzbekistan					

Key

Risk Factors	Air Pollution	Alcohol Use	Dietary Risks	Elevated Glucose	High Blood Pressure	Kidney Dysfunction	High LDL Cholesterol	Malnutrition	Overweight / Obesity	Tobacco Use	Not Applicable
Symbol											N/A



Top 5 Risk Factors for Death and Disability

Europe, Middle East, & Africa

Region	Country	First	Second	Third	Fourth	Fifth
EMEA	Albania					
EMEA	Bahrain					
EMEA	Belarus					
EMEA	Belgium					
EMEA	Bosnia					
EMEA	Bulgaria					
EMEA	Croatia					
EMEA	Estonia					
EMEA	France					
EMEA	Georgia					
EMEA	Germany					

Key

Risk Factors	Air Pollution	Alcohol Use	Dietary Risks	Elevated Glucose	High Blood Pressure	Kidney Dysfunction	High LDL Cholesterol	Malnutrition	Overweight / Obesity	Tobacco Use	Not Applicable
Symbol											N/A



Top 5 Risk Factors for Death and Disability

Europe, Middle East, & Africa (cont'd)

Region	Country	First	Second	Third	Fourth	Fifth
EMEA	Hungary					
EMEA	Ireland					
EMEA	Italy					
EMEA	Kazakhstan					
EMEA	Kuwait					
EMEA	Latvia					
EMEA	Lithuania					
EMEA	Macedonia					
EMEA	Moldova					
EMEA	Montenegro					
EMEA	Netherlands					

Key

Risk Factors	Air Pollution	Alcohol Use	Dietary Risks	Elevated Glucose	High Blood Pressure	Kidney Dysfunction	High LDL Cholesterol	Malnutrition	Overweight / Obesity	Tobacco Use	Not Applicable
Symbol											N/A



Top 5 Risk Factors for Death and Disability

Europe, Middle East, & Africa (con't)

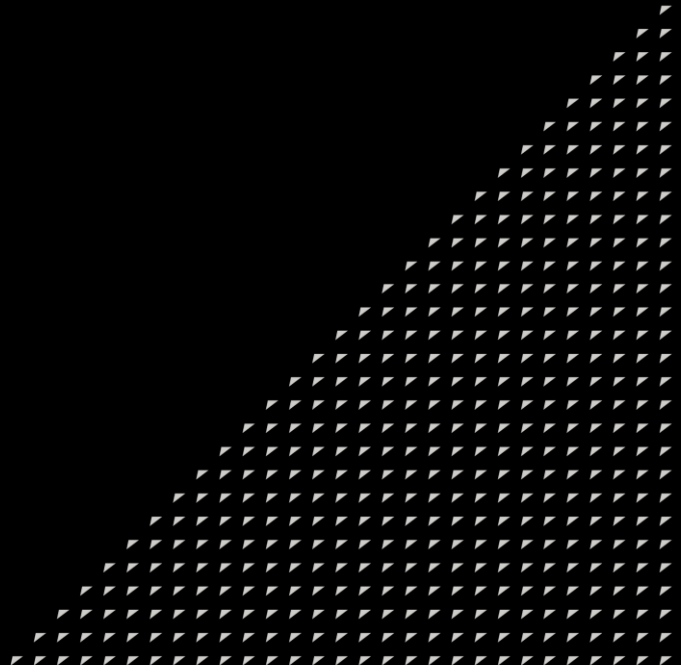
Region	Country	First	Second	Third	Fourth	Fifth
EMEA	Poland					
EMEA	Portugal					
EMEA	Qatar					
EMEA	Romania					
EMEA	Russia					
EMEA	Serbia					
EMEA	Slovenia					
EMEA	Spain					
EMEA	Switzerland					
EMEA	Ukraine					
EMEA	United Arab Emirates					
EMEA	United Kingdom					

Key

Risk Factors	Air Pollution	Alcohol Use	Dietary Risks	Elevated Glucose	High Blood Pressure	Kidney Dysfunction	High LDL Cholesterol	Malnutrition	Overweight / Obesity	Tobacco Use	Not Applicable
Symbol											N/A

Section 05

Meet the Team





Meet the Team

Our Alliant Team



Kryijztoff (Kryz) Novotnaj, DNP, MPH
Nat'l Director, Clinical Informatics

Experience: 18 + years in nursing, employee benefits and clinical informatics.
Education: DNP, University of San Diego, MPH, University of Liverpool
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Lisa Rittenhouse, BSN, RN
Clinical Consultant

Experience: 18 + years in clinical nursing (ICU, transplant), employee benefits, and wellness
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Email: Lisa.Rittenhouse@alliant.com



Sam Hussein
Global Consultant

Experience: 14+ years of global benefits consulting
Education: HBA, University of Toronto
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Emma Bsales
Global Account Executive

Experience: 4 years in global benefits consulting
Education: BA, University of Chicago
Email: Emma.Bsales@alliant.com

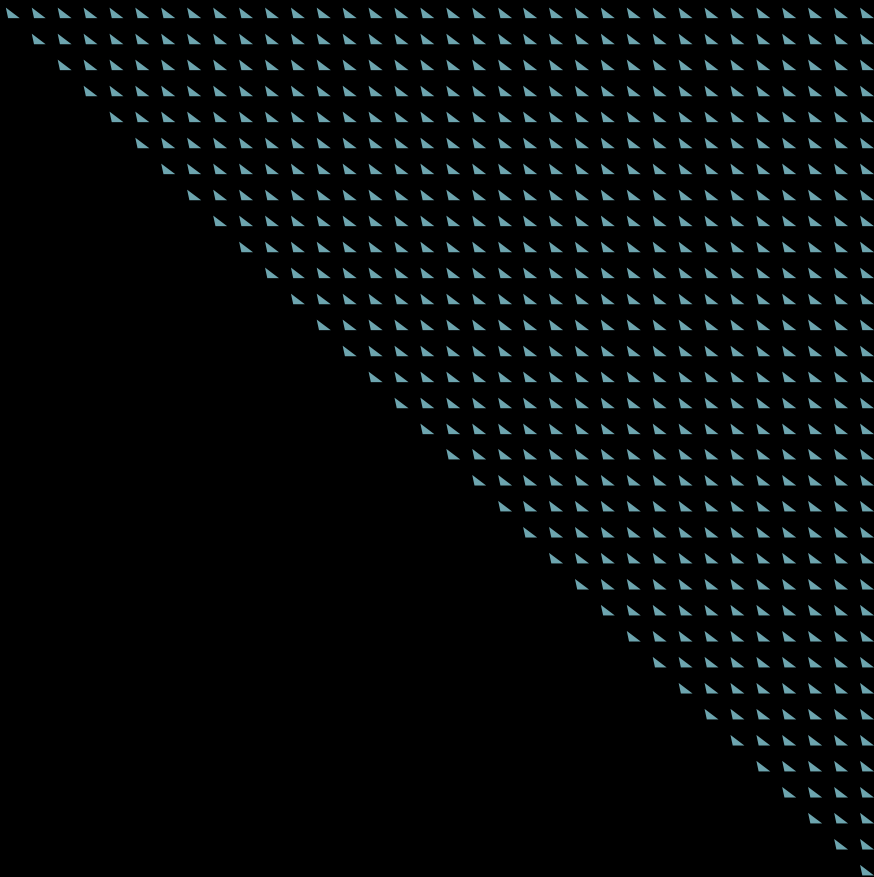
About the Asinta Partnership



Alliant is a proud executive partner of Asinta, whose Partnership of like-minded employee benefits consulting firms create a cohesive, supportive and responsive system that gets the everyday and the spectacular accomplished for global employers.

The Asinta Partnership operates in over 100 countries, and each firm has a proven track record for successfully servicing our clients. This is primarily due to Asinta's rigorous Partner vetting process, which ensures local teams have English language proficiency and are a cultural match for US-based multinationals.

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