



INTERNATIONAL HEALTHCARE AGENCY

Business Model & Marketing Model

Corporate parent · Franchisor · Consulting and quality platform

NORTH AMERICAN STANDARDS, FILIPINO EXCELLENCE

Corporate Edition

Website-ready content and investor-presentation source material

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EXECUTIVE CORPORATE THESIS

02

One parent platform turns standards into a scalable care ecosystem

Global Care PH is designed as the proposed corporate parent and international healthcare agency above a focused portfolio of Philippine healthcare businesses. Its role is to build the system: franchise architecture, localized operating models, workforce pipelines, staffing coordination and portfolio-wide quality governance.

CORPORATE MANDATE Set the operating standard Define brand, governance, manuals, training, quality controls, technology requirements and partner expectations.	MARKET ROLE Connect capital, capability and care Create a disciplined path for entrepreneurs, institutions and investors to participate in healthcare services without blurring clinical or regulatory accountability.	SCALE DISCIPLINE Validate before expansion Advance by stage gates: legal readiness, local licensing, workforce capacity, operating proof and sustainable unit economics.
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The corporate proposition

Stakeholder	Why the parent matters	What must be proven
Franchisees	A defined system, launch support, shared brand and continuing quality structure	Local demand, licenses, staffing, capital and operator fit
Investors	A portfolio platform with service, consulting and training revenue potential	Governance, pilots, economics, reporting and risk controls
Health systems / LGUs	Advisory and implementation support for localized care models	Procurement route, authority, scope and measurable deliverables
RED International	Healthcare staffing and operating coordination for PropCo facilities	Facility readiness, staffing plans and accountable service agreements

Planning status. The corporate model is proposed. It does not represent operating Philippine locations, active franchisees, government appointment, accreditation, revenue, clinical results or investment returns.

CORPORATE ARCHITECTURE

03

The structure separates the franchisor, standalone entities and PropCo facilities



Inside the franchise framework

- Home Care Agency
- Home Health Agency
- Hospice Agency
- Wound Care Agency
- Durable Medical Equipment Agency
- Non-Medical Transportation Agency

Supplementary model: Laboratory & Diagnostics, subject to a separately validated scope and licensing pathway.

Outside the franchise framework

Standalone entities
Global Care Staffing and Senior Placement remain separate entities. They are not counted among the six franchise agencies.

RED International flagship division
Non-Integrated Home Facility, Semi-Integrated Facility, Master Plan Integrated Luxury Senior Living Resort and Senior Living Community belong to RED International as PropCo models or divisions.

One operating boundary

Global Care PH may coordinate healthcare staffing, standards and operations for RED International facilities, but ownership, development risk and asset governance remain with the PropCo structure established for each project.

PART 1 · BUSINESS MODEL

04

Six corporate service lines create one coordinated operating platform

01

Franchise authority

Develop, license and govern the six agency systems; qualify franchisees; protect the brand; support launch; monitor continuing compliance.

02

International healthcare consulting

Advise on North American-standard operating principles localized to Philippine law, market conditions, workforce and culture.

03

Workforce development

Build a planned talent pipeline through International Healthcare Institute and Technology (IHIT) programs, subject to education and professional approvals.

04

Healthcare staffing coordination

Coordinate healthcare workforce planning and deployment for RED International's four flagship PropCo facility models under defined service agreements.

05

Quality and clinical governance

Maintain common policies, credential controls, audit routines, incident escalation, performance review and corrective-action standards across the portfolio.

06

Senior Facility Licensing & Survey Readiness

Provide planned start-up compliance support for every senior facility, from initial licensing preparation through mock survey and corrective-action readiness, aligned to Joint Commission International (JCI) standards and with collaboration contemplated only through properly authorized channels.

The integration advantage: Together, the six lines create a repeatable path from operator selection and licensing readiness to trained workforce, controlled launch, quality monitoring and portfolio learning.

Mission

Build locally accountable healthcare enterprises that combine disciplined operating standards, Filipino care excellence and transparent governance.

Boundary: Global Care PH does not replace licensed clinicians, regulators, local employers or facility operators. Each party retains the accountability assigned by law, contract and professional scope.

The parent earns trust through a controlled franchise lifecycle

The franchise product is more than a name. It is a governed operating system that must be localized, documented, trained, measured and improved.

1 · Qualify Capital, leadership, reputation, territory and mission fit	2 · Validate Demand, scope, licensing, staffing and economics	3 · Contract Disclosure, counsel review and signed agreements	4 · Build Site, systems, recruitment, training and readiness	5 · Govern Launch, audit, support, corrective action and renewal
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Corporate deliverables

System design Brand standards, operating manuals, service definitions, approved technology and procurement specifications.	Readiness support Market-assessment templates, implementation plans, staffing models, training and pre-opening reviews.	Continuing support Performance dashboards, quality reviews, content assets, learning updates and peer exchange.
Quality control Credential verification, incident escalation, complaint handling, audit protocols and corrective-action closure.	Brand protection Approved claims, visual standards, marketing review, trademark controls and reputation monitoring.	Portfolio learning Compare patterns across locations, share improvements and update the operating system through controlled change.

Commercial guardrail: Franchise fees, royalties, brand-fund contributions, territory terms and capital requirements are all TBD and must appear only in counsel-reviewed disclosure and contract materials.

INTERNATIONAL HEALTHCARE CONSULTING

06

Localization - not imitation - is the consulting advantage

Global Care PH's proposed advisory model translates North American operating discipline into fit-for-purpose Philippine systems. Foreign rules are benchmarks, never substitutes for Philippine law.

Engagement pathways

- Operating-model and service-line design
- Licensing-pathway and readiness planning
- Policy and standard operating procedure development
- Quality, risk and incident-management systems
- Workforce, credentialing and training architecture
- Survey or accreditation readiness support
- Senior-care and home-based-care program design
- Digital workflow and reporting requirements

Consulting promise

Practical systems that are evidence-informed, locally reviewable and implementation-ready - without claiming regulator endorsement, guaranteed approval or imported legal authority.

Consulting delivery model

DISCOVER

Define the mandate

Stakeholders, jurisdiction, service scope, baseline, constraints and success measures.

DESIGN

Localize the system

Gap analysis, workflows, policies, accountability, training and technology requirements.

DEPLOY

Support adoption

Pilot, education, audit, corrective action and controlled handoff.

Government-relations boundary

Global Care PH may pursue advisory or public-private opportunities through proper channels, but no document or campaign may imply an existing Department of Health partnership, appointment, certification or endorsement without written authorization.

WORKFORCE AND FACILITY COORDINATION

07

People capacity connects the OpCo platform to RED International facilities

IHIT workforce pipeline

The planned International Healthcare Institute and Technology pathway is intended to support role preparation, competency development, leadership education and continuing learning across the portfolio.

Proposed pipeline

Recruit → assess → educate → validate competencies → credential → deploy → supervise → continue learning.

Programs, tuition, certifications, accreditation and regulator recognition remain subject to Philippine requirements. No approval or affiliation is implied.

RED International staffing coordination

Global Care PH is planned to coordinate healthcare workforce requirements for the four PropCo facility models while RED International retains property-development and asset-governance responsibilities.

Four flagship models

- Non-Integrated Home Facility
- Semi-Integrated Facility
- Master Plan Integrated Luxury Senior Living Resort
- Senior Living Community division

Senior Facility Licensing & Survey Readiness

Global Care PH, as the proposed International Healthcare Agency, is planned to be in charge of all senior facilities' initial licensing, initial survey readiness and related start-up compliance. The service covers licensing application preparation, policy and procedure development, physical-plant readiness, staff training and competency validation, mock surveys, and corrective-action support.

It is intended to replicate the Nevada model of senior-care facility standards, adapted to Philippine law and facility-specific requirements and aligned to Joint Commission International (JCI) standards.

Portfolio scope: all four RED International flagship models and future senior facilities. This is a planned readiness service; it does not represent licenses held, surveys passed, regulator endorsement or guaranteed approval.

JCI-ALIGNED SURVEY READINESS

International standards guide the readiness system without implying accreditation

What JCI alignment means

Joint Commission International (JCI) - the global arm of the U.S. Joint Commission - is the internationally recognized gold standard for healthcare quality and patient safety accreditation, evaluating organizations against more than 1,200 standards, with accreditation renewed approximately every three years. Global Care PH's senior-facility licensing & survey readiness program is developed in collaboration with and aligned to JCI international standards for the Philippines, so every facility is built survey-ready from day one.

Status boundary: This describes standards alignment and planned collaboration only. It does not claim a formal JCI partnership, endorsement, accreditation award or accredited status for Global Care PH or any facility.

Accountability matrix

Responsibility	Global Care PH / OpCo	RED International / PropCo
Workforce planning	Roles, competency profiles, staffing plans and coordination	Facility schedule, capacity and approved operating budget
Clinical governance	Portfolio standards and quality monitoring	Support compliant facility infrastructure and contracts
Licensing & survey readiness	Application preparation, policies, training, mock surveys and corrective-action support aligned to Joint Commission International (JCI) standards	Provide project, site and physical-plant inputs; fund approved readiness work
Property and development	Operational input and functional requirements	Site, capital stack, design, construction and asset governance
Local operations	Defined through operating / service agreements	Defined through ownership and project agreements

Use of standards: JCI-aligned readiness is an internal design and quality benchmark. Philippine licensing law, regulator requirements, professional scope and facility-specific approvals remain controlling.

MARKETS AND DEPLOYMENT

09

The market sequence starts narrow and earns the right to expand

PHASE 1 · YEARS 1-2 Foundation and pilots Clark, Cebu and Tagaytay: finalize structures, validate demand, confirm licensing pathways, establish training and test selected pilots.	PHASE 2 · YEARS 3-4 Regional expansion Davao, Iloilo, Lipa and National Capital Region: expand only models with proven readiness, quality and economics; build institutional networks.	PHASE 3 · YEAR 5+ International platform Selected ASEAN, Gulf, North American and European relationships through locally governed entities, licensing or consulting structures.
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Priority customer and partner markets

Philippine operators Healthcare entrepreneurs, clinicians, family businesses and experienced multi-unit operators seeking structured service models.	Institutional partners Hospitals, health systems, local government units, developers, training institutions and care networks with defined mandates.
International capital Filipino diaspora, family offices, healthcare investors and impact-oriented capital seeking transparent, locally governed opportunities.	Cross-border partners Consulting, technology, education and operating organizations capable of formal diligence and market-specific delivery.

Go / no-go test: A market advances only when legal structure, service licensing, workforce, partner integrity, data controls, funding and operating leadership can be demonstrated - not because it appears on a map.

CORPORATE ECONOMICS

10

Revenue can diversify; every number must be validated

Proposed revenue streams

Franchise fees	Initial rights, onboarding and system access; structure TBD
Continuing royalties	Ongoing system and brand support; basis and rate TBD
Corporate services	Approved technology, audits, training or support where contractually defined
Consulting engagements	Project, retainer or milestone-based advisory scopes
IHIT tuition	Program tuition and enterprise training, subject to approvals; all pricing TBD
OpCo agreements	Staffing coordination or management services for PropCo facilities; terms TBD
Facility readiness services	Initial licensing and survey-readiness support for senior facilities; scope and all fees TBD

Corporate cost structure

- Executive leadership and governance
- Legal, regulatory and compliance
- Clinical and quality leadership
- Franchise development and support
- Training faculty and content development
- Technology, cybersecurity and data privacy
- Marketing, investor relations and events
- Insurance and enterprise risk
- Travel, regional representation and partner diligence
- Working capital and contingency reserves

No forecast without evidence

All fees, royalties, tuition, compensation, startup costs, operating expenses, break-even points and returns remain TBD. Investor materials should show assumptions, sensitivity ranges, sources and clear separation between corporate, franchisee and PropCo economics.

ORGANIZATION AND GOVERNANCE

Central standards need independent challenge and clear accountability

Founder & Chairwoman · Grace Young

Vision, portfolio direction, brand stewardship and strategic relationships

Board / advisory governance Strategy · Risk · Audit · Clinical / Quality · Investment review	Corporate executive team Operations · Finance · Legal / Compliance · Clinical / Quality · Growth
Platform leaders Franchising · Consulting · IHIT · Technology · Marketing / IR	Regional / model operators Local franchisees, contracted operators and accountable clinical leaders

Illustrative structure: Final board composition, officers, committees, reserved matters and delegations require corporate and Philippine counsel approval.

Decision rights that protect the platform

Decision	Required review	Release condition
New service or market	Legal, regulatory, clinical, workforce, finance	Written stage-gate approval
Franchise recruitment	Corporate, franchise and securities counsel as applicable	Approved disclosure and contract suite
Clinical standard	Qualified Philippine clinical leadership	Scope, evidence and training confirmed
Public claim / partnership	Legal, compliance and named partner	Documented authority and substantiation
Capital deployment	Investment committee / board	Budget, diligence, milestones and downside case

Core risk domains: clinical and professional liability; workforce shortages; data privacy and cybersecurity; franchise noncompliance; regulatory change; capital and liquidity; reputation; business interruption; construction interface; and partner concentration.

CORPORATE OPERATING SYSTEM

A closed loop turns policy into performance

- 1

Opportunity intake
Record the prospective franchisee, consulting client, facility or partner; clarify the request and authority.
- 2

Qualification and diligence
Assess integrity, capability, conflicts, ownership, financial capacity, jurisdiction and strategic fit.
- 3

Feasibility and localization
Validate demand, service scope, regulatory route, workforce, systems, site and economics.
- 4

Approval and contracting
Complete counsel-reviewed documents, decision approvals, implementation scope and accountability map.
- 5

Licensing, survey readiness and launch
For senior facilities, coordinate the planned initial licensing package and survey-readiness pathway aligned to Joint Commission International (JCI) standards: policies, physical-plant checks, staff training, competency validation, mock surveys and corrective-action closure. For every model, confirm claims, staffing, technology and escalation routes are ready before launch.
- 6

Monitor and improve
Review experience, access, quality, finance, workforce and compliance; close corrective actions and update standards.

Shared platform infrastructure

Policy library Controlled documents, versioning, adoption and evidence logs.	Data platform Role-based access, consent, privacy controls and portfolio reporting.	Quality system Audits, incidents, complaints, corrective action and management review.
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PROOF BASE AND INTERNATIONAL VISION

The U.S. blueprint informs the model; the global network remains proposed

Care Resources Inc. · Las Vegas

Care Resources Inc. is the U.S. operating blueprint from which Global Care PH can draw practical lessons in care coordination, brand architecture and service development.

Current learning portfolio

- **CNA Dispatch:** in-home care brand and caregiver-matching model.
- **Senior Resources:** placement model; Nevada referral licenses remain in process.
- **Wound Care Dispatch:** planned wound-care division; billing assumptions are not established operating facts.
- **NCS Resources:** newborn-care specialist division and training materials.
- **Twenty Four Seven Hospice:** affiliation pathway via CMS Hospice; test patients completed and final survey awaited before launch.

Planned regional ecosystem

The long-term vision contemplates regional Global Care entities or relationships in the United States, Canada, Philippines, United Kingdom, Saudi Arabia, Qatar, Kuwait and United Arab Emirates.

What “planned” means

No regional presence should be described as licensed, operating, contracted or revenue-generating unless the responsible entity, authorization, leadership and launch evidence are verified for that jurisdiction.

Transfer principle

Export operating discipline; localize law, clinical scope, labor, privacy, investment, tax and market strategy in every country.

Brand truth: The U.S. blueprint is a source of practical experience, not proof that a Philippine or international model is licensed, accredited or commercially validated.

SCALE PATH AND DASHBOARD

14

Growth follows evidence, not ambition alone

Corporate KPI framework

Domain	Lead indicators	Outcome indicators
Readiness	Regulatory map complete; leadership hired; training and systems tested	Approved launch; time to readiness; open critical findings
Franchise	Qualified inquiries; diligence completion; candidate quality	Signed agreements; launch time; compliance and renewal
Consulting	Qualified pipeline; scoped proposals; partner diligence	Engagements; milestone acceptance; client retention
Workforce	Candidate pipeline; competency completion; credential cycle time	Fill rate; retention; supervision and training compliance
Quality	Audit completion; incident reporting timeliness	Corrective-action closure; complaint trends; verified outcome measures
Financial	Cash runway; budget variance; receivables	Unit contribution; corporate sustainability; capital efficiency
Brand	Approved content; share of qualified traffic	Qualified conversion; reputation and partner confidence

Stage gates

Gate A	Gate B	Gate C	Gate D	Gate E
Entity, counsel and regulatory map	Demand, workforce and financial feasibility	Pilot readiness and controlled launch	Quality and economic validation	Replication approval

Expansion rule

Do not activate the next region or model while critical compliance findings remain open, leadership is unfilled, staffing is unstable, data controls are untested or unit economics remain unsupported.

PART 2 · MARKETING MODEL

The corporate brand promises disciplined localization and human care

North American Standards, Filipino Excellence

This positioning combines disciplined systems with culturally responsive care. It should never be used to suggest foreign law applies in the Philippines or that Global Care PH holds an unverified government or accreditation status.

Brand personality

- **Credible:** evidence-led, specific and transparent
- **Human:** respectful, clear and family-aware
- **Ambitious:** international in outlook, disciplined in claims
- **Operational:** focused on systems, readiness and measurable action

Positioning statement

For healthcare entrepreneurs, institutions and investors seeking a locally governed path into Philippine care services, Global Care PH is the proposed international healthcare agency that connects franchise systems, advisory expertise, workforce development and quality governance under one accountable parent platform.

Four audiences, four entry messages

Prospective franchisees

Message: build a healthcare business with a defined operating system, training path and continuing governance.

Investors

Message: assess a staged portfolio platform with separated economics, explicit risks and evidence gates.

Health systems and LGUs

Message: design locally compliant care capacity through scoped advisory and implementation support.

International partners

Message: enter through diligence, localization and accountable regional structures - not one-size-fits-all export.

CHANNELS AND THOUGHT LEADERSHIP

Education builds corporate authority before promotion scales

Channel portfolio

Owned digital	Corporate website, model pages, investor portal, email journeys and webinars
Professional	LinkedIn, healthcare conferences, franchise forums and policy roundtables
Market access	Trade missions, chambers, developer networks and qualified introducers
Diaspora	U.S., Canada, Gulf and Europe-based Filipino business and family networks
Community	Educational programs, workforce events and local stakeholder briefings

Messaging pillars

- Localized international operating discipline
- Entrepreneurship with governance
- Workforce as critical infrastructure
- Quality, dignity and transparent accountability
- Phased investment and evidence-based scale

Conversion assets

Corporate profile, six model briefs, diligence checklist, counsel-reviewed disclosure materials, consulting capability statement, governance map, workforce strategy, pilot scorecard and investor data-room index.

Grace Young founder platform

Point of view North American systems, Filipino service excellence and the need for locally accountable care infrastructure.	Formats Founder letters, keynote talks, short videos, interviews, webinars and field-based operating insights.	Editorial controls Substantiate credentials and claims; obtain consent; separate proposal from fact; avoid endorsements not in writing.
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90-DAY CORPORATE LAUNCH

17

Build proof assets first, then qualified pipeline

DAYS 1-30 · FOUNDATION

Make the story diligence-ready

- Lock architecture and claim library
- Publish corporate and six model pages
- Complete audience-specific capability briefs
- Define CRM stages, lead criteria and consent
- Build counsel-review queue

DAYS 31-60 · ACTIVATE

Start narrow outreach

- Founder briefing and webinar series
- Targeted franchise and institutional outreach
- Diaspora partner mapping
- Conference and trade-mission calendar
- Investor diligence intake

DAYS 61-90 · QUALIFY

Convert learning into decisions

- Discovery calls and readiness screening
- Market and partner diligence
- Content performance review
- Pipeline and risk committee
- Approve, nurture or decline each lead

Marketing and investor-relations scorecard

Funnel	Measures	Quality test
Awareness	Qualified traffic, search visibility, event reach, content engagement	Right geography and stakeholder mix
Interest	Brief downloads, webinar attendance, inquiry completion	Consent, role and intent captured
Qualification	Screened franchisees, investors and institutional leads	Capability, integrity, fit and authority
Progression	Diligence rooms opened, scoped proposals, next-step meetings	Decision makers engaged; risks visible
Conversion	Signed counsel-reviewed agreements	No promise exceeds evidence or authority

Investor-relations engine: Use a controlled inquiry route, qualification rubric, nondisclosure process where appropriate, versioned materials, recorded assumptions, diligence log and consistent quarterly updates after a real investment relationship exists.

DECISION GATES AND REFERENCES

Public recruitment waits for the system to be ready

Pre-recruitment gates

- Philippine corporate and franchise counsel approves structure, disclosures, contracts and public claims.
- Model-specific licensing and responsible-regulator map is complete.
- Financial assumptions are sourced, reviewed and separated by entity.
- Leadership, clinical accountability and escalation routes are named.
- Workforce availability and credential-verification process are tested.
- Privacy, cybersecurity, consent and records controls are operational.
- Franchise support capacity and audit processes are resourced.
- Pilot scope, success measures and stop conditions are approved.

Corporate next decisions

1. Select the first service-model pilot.
2. Confirm pilot city and accountable operator.
3. Commission legal and regulatory mapping.
4. Build model-specific feasibility and budget.
5. Approve governance committees and decision rights.
6. Complete disclosure, contract and claims review.
7. Launch controlled partner qualification.

Regulatory anchors for counsel review

These sources are starting points, not a complete legal opinion or licensing map.

- **Republic Act No. 10173 - Data Privacy Act of 2012.** Official legal text: lawphil.net/statutes/repacts/ra2012/ra_10173_2012.html
- **Republic Act No. 11223 - Universal Health Care Act.** Official legal text: lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html
- **Department of Health facility oversight.** The DOH Health Facilities and Services Regulatory Bureau is identified as responsible for permits, licenses to operate and accreditation of regulated facilities: sites.google.com/view/doh-hfdb/2023-updates/ra-11959

Internal planning sources

Global Care Philippines Business Plan Marketing Strategy Framework (user-supplied, 21 pages); approved 6-agency / 4-flagship structure dated October 5, 2026; ChatGPT history import brief for Global Care PH / GCPH corporate and franchise planning. Imported claims were adapted under the guardrails in this document and were not treated as proof of operations, partnerships, approvals or results.

The corporate standard

Say what is proposed. Prove what is operating. Localize what is imported. Expand only what the organization can govern.