

Singapore



Singapore has achieved universal health coverage through a mixed financing system. The country's public statutory insurance system, MediShield Life, covers large bills arising from hospital care and certain outpatient treatments. Patients pay premiums, deductibles, coinsurance, and any costs above the claim limit. MediShield Life generally does not cover primary care or outpatient specialist care, or prescription drugs. MediShield Life is complemented by government subsidies, as well as a compulsory medical savings account called MediSave, which can help residents pay for inpatient care and selected outpatient services. In addition, individuals can purchase supplemental private health insurance or get it through an employer. The national government is fully responsible for the health system.

HEALTH CARE DELIVERY AND PAYMENT

General practitioners (GPs) provide care in private and public “polyclinics,” with no patient registration required. Primary care generally not covered under MediShield Life. GPs are paid from personal funds (MediSave), employer benefits, and government subsidies. *Patient cost-sharing:* Funded from MediSave account savings. Primary care visits to polyclinics are subsidized up to 75 percent, with charges based on residency status. Individuals with low income are eligible for government subsidies at private clinics.

Specialists provide care in specialist outpatient clinics of public hospitals, national specialty care centers, and private specialist clinics. Patients can choose their specialists. Public-sector specialists are salaried; private-sector specialists are paid fee-for-service, with fees determined by hospitals. *Patient cost-sharing:* Funded from personal MediSave accounts: for citizens, USD 28.60 for subsidized patients; up to USD 107.50 for private patients. Visits to public hospital specialist outpatient clinics are subsidized up to 75 percent, depending on income. Cost-sharing lower with a referral.

Hospital inpatient services are covered under MediShield Life. Public facilities, which predominate, are reimbursed via case-based payments within global budgets. The majority of public-hospital patients are admitted through emergency departments, making up more than 70 percent of admissions. Most admissions to private hospitals (mostly for-profit) are elective. *Patient cost-sharing:* Deductible of USD 1,095–2,190 plus 3–10 percent coinsurance. Patients may receive means-tested subsidies, depending on choice of hospital ward.

Prescription drugs are not generally covered under MediShield Life. *Patient cost-sharing:* Up to 50 percent of cost for essential/standard drugs. Income-based subsidies available for high-cost nonstandard drugs. For low-income people, Medifund covers drugs considered medically necessary.

DEMOGRAPHICS

5.6M

Total population

13.7%

Population age 65+

HEALTH SYSTEM CAPACITY & UTILIZATION

2.3

Practicing physicians per 1,000 population

7.4

Nurses per 1,000 population

2.4

Hospital beds per 1,000 population

All costs are in U.S. dollars, adjusted for cost-of-living differences.
Conversion rate: USD 1.00 = SGD \$1.27.



Mental health services are provided at Singapore's psychiatric hospital, which has both inpatient wards and specialist outpatient clinics. Community Mental Health Team provides community-based treatment and psychosocial rehabilitation for patients postdischarge. Other public and private hospitals also offer psychiatric services. GPs trained to diagnose and support people with mental health conditions are supported by 20 community intervention teams led by allied health professionals. *Patient cost-sharing:* Up to 100 percent of cost. Patients served by the Mental Health General Practitioner Partnership program receive psychiatric drugs at lower cost and are eligible for subsidized mental health care.

Long-term care is managed by voluntary welfare organizations and private and public operators. Individuals with MediSave accounts are automatically enrolled in ElderShield accounts, which are funded by premiums starting at age 40 and provide monthly cash payouts. *Patient cost-sharing:* Costs remaining after ElderShield payouts and subsidies of up to 80 percent.

Safety nets are provided through a variety of government subsidies toward premiums and care provided at both public and private facilities. Around one in five Singaporeans receive these subsidies. Medifund is the government-funded safety net for people with low income.

Care coordination is overseen at the national level by Singapore's Agency for Integrated Care. In 2018, Singapore restructured its public health care landscape, moving to three integrated clusters with broader capabilities to provide coordinated and integrated care across health care settings and sectors.

TOTAL HEALTH EXPENDITURES

In 2016, total health expenditures represented 4.47 percent of Singapore's GDP, with nearly 41 percent financed through public sources.

RECENT REFORMS

- The Beyond Healthcare 2020 strategy, launched in 2017, was aimed at moving more care provision to the community, encouraging health promotion, and ensuring better value in health care.
- The Licensing Experimentation and Adaptation Program seeks to implement health care innovations, such as telemedicine and mobile medicine, through industry partnerships.
- To provide better protection against long-term care costs, the CareShield Life program replaces ElderShield. The new scheme has higher cash payouts.
- ElderFund, launched in 2020, provides discretionary assistance for citizens with severe disabilities and low incomes.

This overview was prepared by Lee Chien Earn.

SPENDING

\$4,270

Health care spending per capita

\$1,372

Out-of-pocket health spending per capita

HEALTH STATUS & DISEASE BURDEN

82.9

Life expectancy at birth (years)

6.6%

Obesity prevalence

Data: Obesity, spending, and health status & disease burden data from the WHO; demographic and health system data from the World Bank and the Singapore Ministry of Health.