

## Health Care in Singapore



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*Pharm D*

**International experts rank Singapore's healthcare system among the most successful in the world in terms of cost-effectiveness and community health results.**

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**Do you think it is good to grow old in Singapore?**

**H**ealthcare in Singapore is mainly under the responsibility of the Singapore Government's Ministry of Health. Singapore generally has an efficient and widespread system of healthcare. It implements a universal healthcare system, and co-exists with private healthcare system. Infant mortality rate of 5 per 1000 a good and standard indicator in determining the overall efficiency of healthcare. In 2006 the crude birth rate stood at 10.1 per 1000, a very low level attributed to birth control policies of the 1960s-70s, and the crude death rate was also one of the lowest in the world at 4.3 per 1000. In 2006, the total fertility rate was only 1.26 children per woman, the 3rd lowest in the world and well below the 2.10 needed to replace the population. Singapore was ranked 6th in the World Health Organization's ranking of the world's health systems in the year 2000. Singapore has a universal healthcare system where government ensures affordability, largely through compulsory savings and price controls, while the private sector provides most care. Overall spending on healthcare amounts to only 3% of annual GDP. Of that, 66% comes from private sources. Singapore currently has the lowest infant mortality rate in the world (equaled only by Iceland) and among the highest life expectancies from birth, according to the World Health Organization. Singapore has "one of the most successful healthcare systems in the world, in terms of both efficiency in financing and the results achieved in community health outcomes," according to an analysis by global consulting firm Watson Wyatt. Singapore's system uses a combination of compulsory savings from payroll deductions (funded by both employers and workers), a nationalized catastrophic health insurance plan, and government subsidies, as well as "actively regulating the supply and prices of healthcare services in the country" to keep costs in check; the specific features have been described as potentially a "very difficult system to replicate in many other countries." Many Singaporeans also have supplemental private health

insurance (often provided by employers) for services not covered by the government's programs.

In 1984 Singapore adopted a system of Medisave accounts, individually owned accounts used to pay for many of the health care expenditures that in the United States would normally be covered by health insurance. The fact that people are spending their own money rather than that of a third-party insurer has helped to curtail Singapore's health care costs, which are about 3 percent of gross domestic product.

Even with these low expenditures, the income of Singapore doctors is about the same in relation to average wages as physician income in the United States, and patients have easy access to such technology as CAT scans, organ transplants and bypass surgery.

Singapore also compares favorably to other "Asian tigers" in terms of spending and overall health indicators. For example, Singapore had an infant mortality rate of five per 1,000 live births in 1992, equal to that of Japan and lower than that of Hong Kong, which was six.

To achieve this record, the government has implemented three programs that help people pay for medical expenses: Medisave, Medishield and Medifund.

**The Medisave Program:** Created in 1984, Medisave is a compulsory national health care savings program designed to help citizens meet their individual responsibilities and to supplement funds drawn from their own savings. Medisave contributions range between 6 and 8 percent according to the worker's age, and can be used to pay for a variety of specified inpatient and outpatient medical services, both before and after retirement.

**The Medishield Program:** Since Medisave accounts alone may be insufficient to cover a serious or prolonged illness, Medishield was established in 1990 as a catastrophic insurance program to pay extraordinary hospital expenses for those under 70 years of age.

**The Medifund Program:** Since the combination of out-of-pocket, Medisave and Medishield payments may not cover all low-income workers, medical expenses, Medifund was established in April 1993 to provide assistance.

Public institutions dominate Singapore's hospital sector: 13 of the 23 hospitals and 8,640 of the 10,469 beds are in facilities controlled by the Ministry of Health. A key component of the government's policy is a tiered structure of subsidies based on the setting in which care is delivered and the amenities provided with it. In the public hospitals, there are five classes of wards that receive varying degrees of subsidy, while private hospitals are unsubsidized.

In principle, individuals are free to choose among the five levels. Medical social workers provide financial counseling to everyone at the time of admission into the public hospitals. They advise patients that it is their responsibility to choose a ward class they can afford and to

cover their expenses through a combination of subsidy, Medisave, Medishield and personal funds. If necessary, patients can draw on their spouse's, children's or parents' Medisave accounts.

Quality of service is an important issue for Singapore's hospitals. Hospital personnel are responsible for improving service, and senior management makes decisions based on the satisfaction of patients and other customers. For example, patients waiting less than 15 minutes at admission increased from 40 to 71 percent between 1991 and 1992.

Singapore has one of the most sophisticated health care delivery systems in Asia, serving citizens and foreign nationals alike in both private and public hospitals. In terms of efficiency of delivery, Singapore is comparable to U.S. managed health networks and point-of-service plans.

- o The hospital admission rate for residents is approximately 1.10 per year per 1,000 population, about the same as aggressively administered HMOs in the U.S.
- o The ratio of caregivers to support personnel is 5:1 at Singapore General Hospital - it is 2:1 in benchmark American hospitals-reflecting the increased efficiency that comes from lighter bureaucratic and regulatory loads that Singapore places on the delivery system.
- o The average length of stay at Singapore General Hospital is 5.4 days, also comparable to the best American managed care and far less than that in other developed countries.

The Singapore programs provide incentives to reduce consumption and offer protection against extraordinary events and free-rider abuses. The system is efficient and effective, the health status of the people is improving and the national investment in health care is surprisingly low, while hospitals are profitable and physician incomes are relatively high.

Can we have something similar in Lebanon?



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