

Towards the Achievement of True UHC by focused financing

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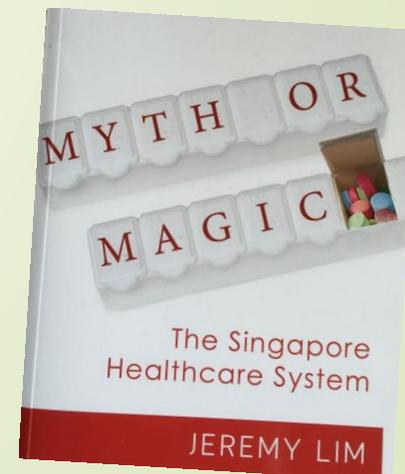
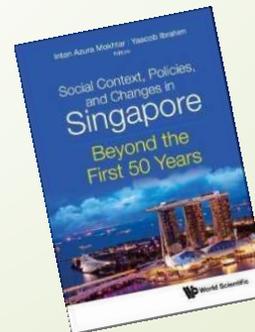
April 19th 2023



Saw Swee Hock
School of Public Health

Disclosures

- Director, Global Health National University of Singapore Saw Swee Hock School of Public Health
- CEO and Co-founder AMILI
- Chairman, Dover Park Hospice
- Chair, College Advisory Council, Tampines Meridian Junior College
- Vice-Chairman, HealthServe
- Board Member, HearX Group
- Board Member, MiyaHealth
- Board Member, Lithion Power
- Board Member, Kyberlife
- Advisor, MedTech, ASTAR
- Senior Advisor, Boston Consulting Group
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- Advisor, US2.ai
- Advisor, Bot MD
- Advisor, Thoughtfull
- Advisor, ORA
- Advisor, HEAL Partners
- Advisor, Arkam Ventures





Singapore
today



Singapore is out

By FELIX ABISHEGANADEN; Kuala Lumpur, Monday

SINGAPORE today separated from Malaysia, following an amendment to the Constitution approved unanimously by both Houses of Parliament under a certificate of urgency.

Simultaneously with the passing of the amending Bill—to allow Singapore to leave Malaysia and become an independent and sovereign State — a proclamation to this effect was gazetted.

At a Press conference this evening, Tengku Abdul Rahman announced that Malaysia would sponsor Singapore's admission into the United Nations and as a member of the Commonwealth.

At his own conference in Singapore, Mr. Lee Kuan Yew called on his people to remain firm and calm. His eyes brimming with tears, he declared: "What has happened has happened. Everybody will have a place in Singapore and will continue helping the Malays in competition with Umno."

Secret signing

Tengku: It was my idea...

KUALA LUMPUR, Mon.— Tengku Abdul Rahman confirmed tonight that it was his idea that Singapore should withdraw from Malaysia and become independent. Otherwise, he said at a spe-



INSIDE

PAGE 10: Tengku's speech to Parliament
PAGE 11: The debate in Parliament
PAGE 12: Mr. Lee Kuan Yew's press conference
PAGE 13: The debate in the Senate
PAGE 15: Stock market reaction
PAGE 20: Independence Bill details

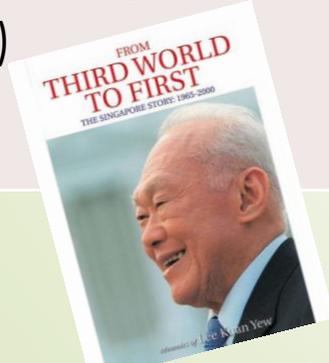
STOP PRESS



Singapore
in the
1960's

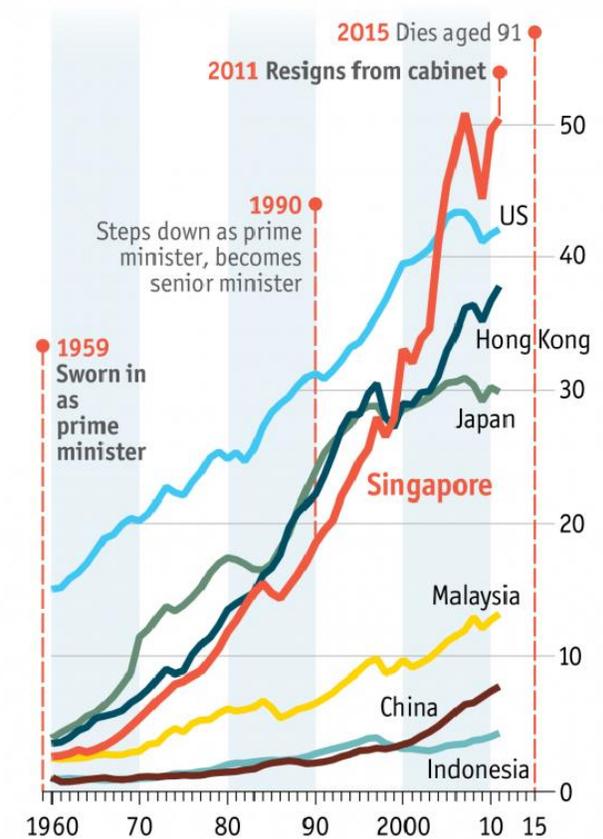
Singapore has in 1 generation progressed "From Third World to First"

	1965	Present
Population Size (millions)	1.865	5.64 (June 2022)
GDP Per Capita (US\$)	500	82,280
Life Expectancy at Birth (Years)	64	83.5
Infant Mortality Rate (per 1,000 live births)	26	1.8
Maternal Mortality Rate (per 100,000 live births)	40	2.6
Deaths due to Communicable Diseases (%)	37	20.6 (Mainly pneumonia and urinary tract infections)



Singapore in the Lee Kuan Yew years

Real GDP per person at PPP*, \$'000



Sources: Penn World Table, University of Groningen; The Economist

*Purchasing-power parity

Singapore remains 'paranoid' about survival and not over-committing resources to social programs

1 The Transformation of the Health of Our People: An Overview

Lee Chien Earn* and K. Satku†

Singapore's healthcare system is recognised today as being one of the best in the world. The World Health Organisation ranked it 6th best among 191 countries in 2000, based on eight criteria;¹ Bloomberg declared Singapore as the healthiest country in the world in 2012, second among 51 countries in health efficiency in 2013 and first in 2014.² Indeed the statistics tell the story: the infant mortality rate in 2013 was 2 per thousand live births, maternal mortality was 0.025 per 1000 births and life expectancy was 82 years.³ Per capita expenditure on healthcare in 2013 was US\$2426.⁴ In all these measures Singapore has, over many years, consistently ranked among the best in the world in terms of health outcomes and health efficiency.

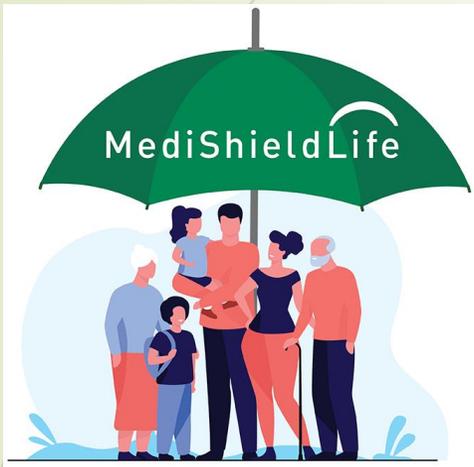
“The mentality of using the sampan as a red flag against complacency, or to justify the status quo, still surfaces. But it belongs to an earlier era - and should stay there. The downside is too costly. It risks becoming deeply embedded small worldviews and small-mindedness, cramping national self-confidence and ambition.

– Author Koh Buck Song, 28 Oct 2013

“My eyes popped out... We are small, we are not as poor as we used to be, we are not defenceless, we are able to fend for ourselves and to make a living for ourselves, and we are better off than before, and I think that we need to keep on working hard, to continue improving... I think we have upgraded our sampan. It's sampan 2.0.”

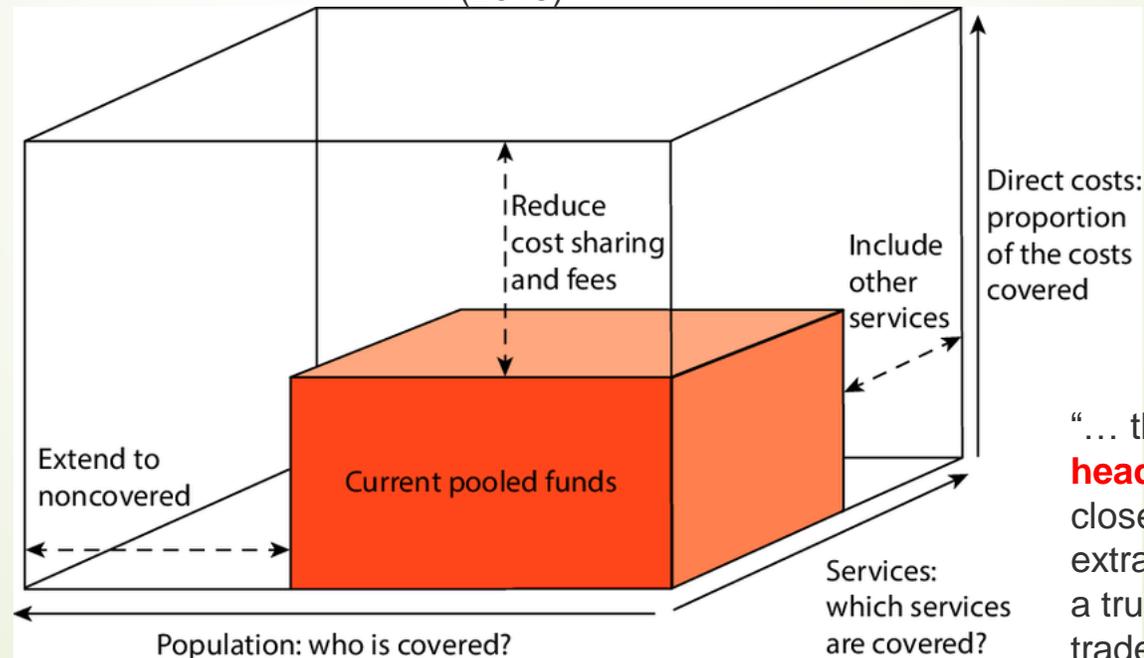
– Prime Minister Lee Hsien Loong, 30 Oct 2013

The UHC Cube (WHO) is a useful construct to examine UHC in the Singapore context



Pass type	Dec 2022
Employment Pass (EP)	187,300
S Pass	177,900
Work Permit (Total)	1,033,500
• Work Permit (MDW)	268,500
• Work Permit (CMP sectors)	415,000
Other work passes ²	25,400
Total foreign workforce	1,424,200

“As the people, we need to take **personal responsibility** for our own healthcare and that of our families. We need to be **willing to save** for our own healthcare needs and **pay directly for our share** of the cost.” – PM Lee (2015)



“... the government has to **stay hard-headed about the cost** and keep a close eye on them to prevent extravagance or waste. We have to be a trustworthy steward, presenting the trade-offs as they are to the citizens and not sacrifice tomorrow for today’s political gain.” – PM Lee (2015)

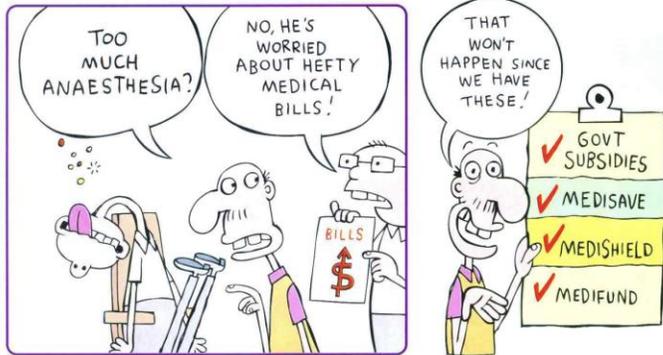
Targeted financing in Singapore - Means Testing, Pioneer Generation Package, Rare Diseases Fund

HEALTHCARE *we can all afford*

Being hospitalised is no fun and having to worry about that hospital bill, no matter big or small, can make it worse. Fortunately Singaporeans enjoy heavy subsidies in public hospitals, especially in class B2 and C wards.

This means that a huge part of your hospital bill is taken care of when you are admitted into hospital. You just need to bear part of the medical expenses and pay more if you opt for a higher class ward.

Overall, direct subsidies to patients have increased, from about \$850 million in 2001 to more than \$1.6 billion in 2007. And this is projected to exceed \$2.2 billion by 2012.



Sharing limited resources fairly Why means testing?

The Government wants to continue to provide good and affordable healthcare for all Singaporeans. But as class B2 and C services improve, the differences between them and class A and B1 wards are narrowing. Higher-income patients may then be attracted to class B2 or C wards even though they can well afford the higher ward classes. Means testing is a way to share limited class B2 and C subsidies in a fair manner, by targeting subsidies at the lower-income group. While all patients can still

choose their own ward class, the idea is for higher-income patients to co-pay more than lower-income patients, if they choose to stay in subsidised class B2 or C wards.

Means testing in public hospitals will begin in January 2009.

"Resources are limited. It's fair that those who earn more, pay more. And the rich can always buy more insurance."

Businesswoman, Ms Susan Lee (The New Paper, 4 Mar 2008).

THE LANCET

"In addition, subsidy schemes were created for citizens born before 1950 (ie, the Pioneer Generation Package in 2014) and for those born between 1950 and 1960 (ie, the Merdeka Generation Package in 2018), which were given regardless of financial status. These schemes assisted cohorts of older citizens who, in the early years of Singapore's development, had accumulated lower MediSave balances and retirement savings than had individuals born after 1960."

– Tan CC et al (Lancet 2 Sept 2021)

Support for treatment of rare illnesses, regardless of cost, must be carefully reviewed: Ong Ye Kung



The authorities will work towards expanding the scope of treatments that can be supported by the Rare Disease Fund, said Health Minister Ong Ye Kung. ST PHOTO: KHA CHEE SONG



Zhaki Abdullah

UPDATED 14 NOV 2022, 9:13 PM SGT



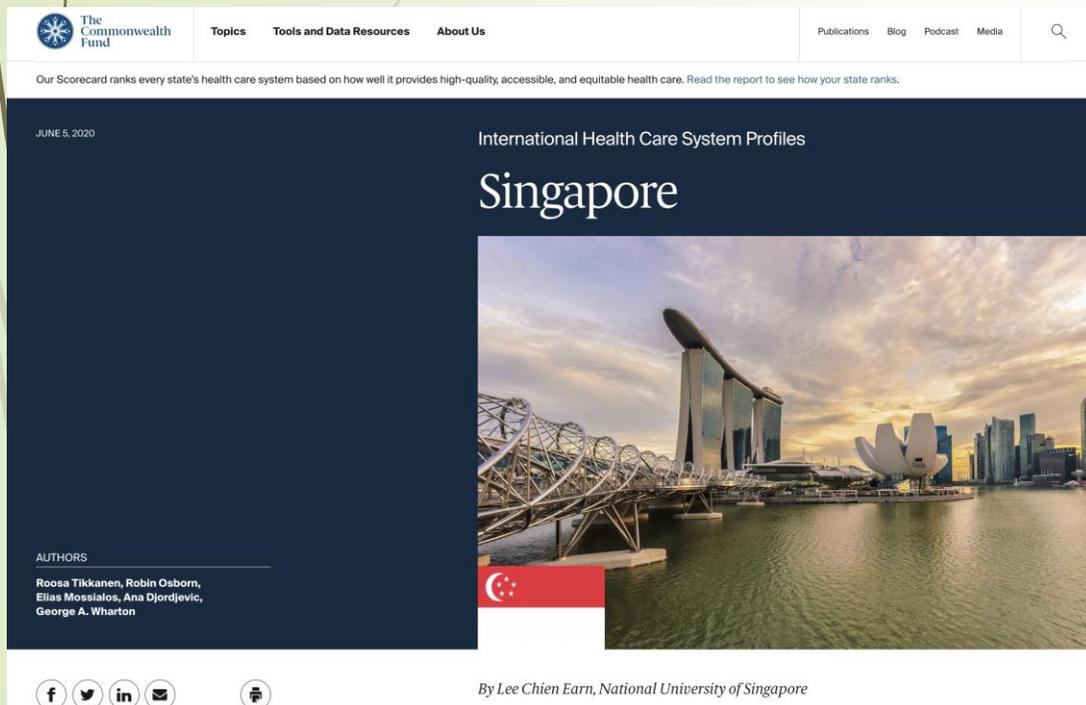
"Medicines for rare disease patients can exceed \$200,000 per patient annually, with varying efficacies, and our healthcare financing system is not designed to support such high-cost treatments"

– Ong YK, Health Minister



Where Singapore can do better (Personal View)

Singapore does not actively track or manage disparities in access or outcomes



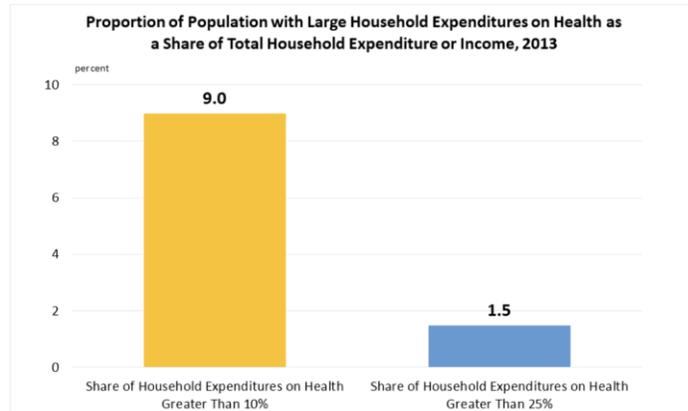
What is being done to reduce disparities?

- ▶ In public hospitals, **care is provided based on patients' clinical condition, rather than on their subsidy status**. When nonsubsidized drugs or treatments are deemed clinically required and cannot be replaced by subsidized alternatives, needy patients receive assistance (such as through MediFund) in accessing these drugs or treatments.
- ▶ Singapore has also adopted a **system of differentiated charges, based on a patient's and his or her family's ability to pay**. Means-testing is used, but even higher-income patients receive subsidies when they access subsidized services (although they pay more than lower-income patients). For example, higher-income patients who choose to stay in subsidized C-class hospital wards will receive up to a 65 percent subsidy while lower-income patients in these wards receive up to an 80 percent subsidy. Nearly all government-funded services, from acute to long-term care, have differentiated charges, except for polyclinic services and accident and emergency services.

<https://www.commonwealthfund.org/international-health-policy-center/countries/singapore>

Social determinants of health and structural inequalities stubbornly persist

Indicator 3.8.2 | Proportion of population with large household expenditures on health as a share of total household expenditure or income



Note: Data are only available for 2013.



For Public For Healthcare Professionals e-Services Who We Are

CURRENT LIFE EXPECTANCY BY RACIAL GROUPS

2ND AUG 2022

NOTICE PAPER NO. 1252
NOTICE OF QUESTION FOR WRITTEN ANSWER
FOR THE SITTING OF PARLIAMENT ON 2 AUGUST 2022

Name and Constituency of Member of Parliament
Ms Hazel Poa
Non-Constituency MP

Question No. 2001

To ask the Minister for Health what is the current life expectancy in Singapore by racial groups.

Written Answer

As of 2021, the life expectancy of Chinese, Malay and Indian residents in Singapore were 84.3, 79.4 and 81.311 respectively.

Life expectancy is influenced by various factors, such as prevalence of severe diseases, chronic conditions and lifestyles. MOH will continue to work with other agencies and social organisations to improve these social determinants, with the aim of sustaining increases in life expectancy over time for all ethnic groups.

“Tackling upstream factors such as poverty, homelessness, job insecurity and other causes of stressful environments should be given resources that are commensurate with their impact on population health. Addressing these issues may sound less sexy and more challenging, but are well known to improve health outcomes.

Second, we should bear in mind that approaches over-emphasising individual responsibility for behaviour change can widen health disparities. For instance, those with more resources are more likely to access, afford and adopt technologies like personal genomics. They are also more likely to keep track of, comply with, and make full use of personalised recommendations.

By contrast, for disadvantaged groups such as the poor, worrying about finances places a burden on their mental resources. Stressors like this make it difficult to commit to and benefit from interventions which depend heavily on individual effort.” – Dr Shannon Ang (Nanyang Technological University, 29 March 2022)

Oncology Policy Coverage & Cancer Drug List

CNA Explains: Changes to Integrated Shield Plans and how it will affect cancer patients

All Integrated Shield Plans that are purchased or renewed from Apr 1 will only cover treatments on an approved cancer drug list.



Vanessa Lim
@VanessaLimCNA
31 Mar 2023 06:00AM
(Updated: 03 Apr 2023 07:11PM)

All Integrated Shield Plans sold or renewed from Apr 1 will only cover approved cancer drugs as Singapore looks to curb the spiralling cost of cancer treatments. (File photo: iStock/agrobacter)

With the Cancer Drug List (CDL), drug companies lower prices to include drugs in the CDL to get financing coverage. Since the changes, we have negotiated an average cost reduction of 30 per cent, and over 60 per cent for some drugs.

The CDL sends a strong signal to patients and doctors to use clinically proven and cost-effective treatments. (Ministry of Health)

- The number of treatments in the cancer drug list has increased from 270 when it was first published in August 2021 to 340 as of February this year. This covers about 90 per cent of all cancer treatments approved by the Health Sciences Authority.
- The remaining treatments are not on the MOH list because "the prices do not yet justify the effectiveness and suppliers are not willing to moderate their prices", Health Minister Ong Ye Kung said in a written parliamentary reply on Feb 23.
- "But we will continue to work with them in good faith and try to expand the list," he said.

In Singapore, 'political will' is the key unlock

Health equity in Singapore: A plan for action



BY JEREMY LIM

Published July 6, 2016

Updated July 6, 2016



Singapore already has national registries for major diseases such as cancer, heart disease, kidney failure and stroke. Let's begin to systematically analyse the data through an equity lens. We can segment data by income, housing type or other proxies for socioeconomic status and ferret out disparities. At the public-hospital level, we have a mixed system of full-fee-paying private and subsidised patients, and it is important to evaluate how much this affects equity.

Data showing significant disparities -> Civil Society Advocacy -> Political Will -> Policy Improvements