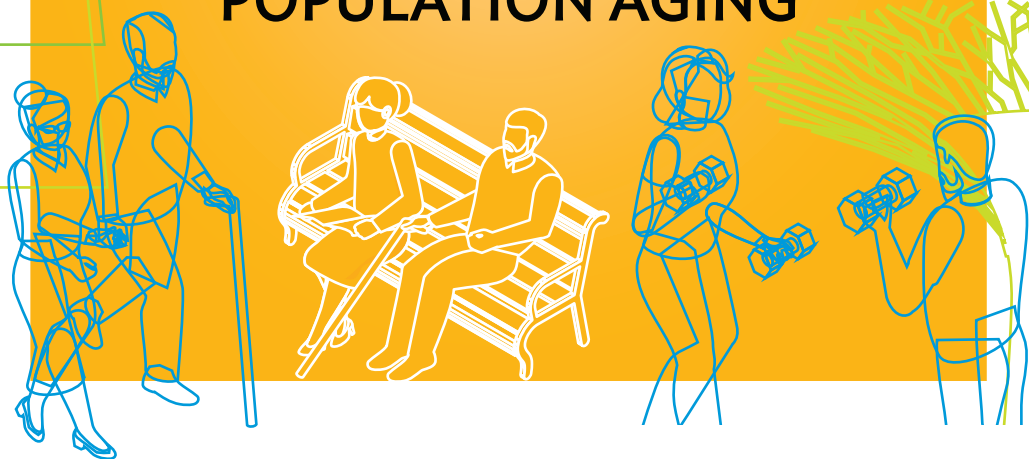


# AGING ASIA AND THE PACIFIC



## SINGAPORE'S LONG-TERM CARE SYSTEM ADAPTING TO POPULATION AGING



Singapore, a multiethnic country with one of the highest median incomes in the world, is undergoing a demographic shift.

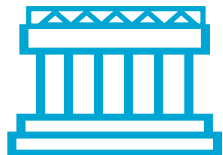
Twenty-five percent of the population is predicted to be aged 65 and older by 2030, versus 14.4% in 2019.

This demographic shift has profound implications on the country's health and care needs. In response, Singapore has been moving toward a more holistic view of aging, health, and care, along with policies and systems related to these.

# SINGAPORE

## MULTIFACETED INTEGRATED APPROACH TO LONG-TERM CARE

A focus on home and community-based care, nested within an overarching Action Plan for Successful Ageing and a policy shift toward a population health approach



### CONSOLIDATING AGING, HEALTH, AND CARE

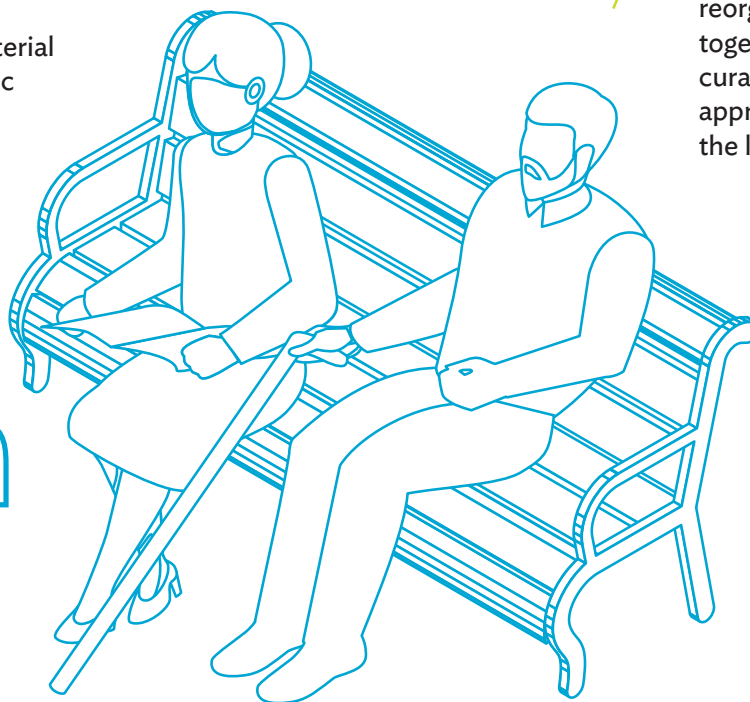
The Ministry of Health coordinates interministerial and multistakeholder collaboration on a holistic approach to successful aging and creating an age-friendly environment.

### HEALTH AND CARE INSURANCE SCHEMES

Health and care insurance schemes are being reorganized for increased coverage and risk pooling across the population including for long-term care.

#### 2 new schemes

- ☐ to be launched in 2020
- ☐ to increase long-term care insurance coverage



### THE ACTION PLAN FOR SUCCESSFUL AGEING

Launched in 2015  
S\$3 billion (\$2.2 billion)  
70 initiatives in 12 areas

Executed by

#### Ageing Planning Office

Bridges all relevant ministries in the planning and implementation of initiatives toward successful aging

#### Agency for Integrated Care under the Ministry of Health

Responsible for planning and coordination of all aspects of long-term care service delivery by all providers at all levels (home, community, center-based)

### PUBLIC HEALTH CARE

The management of public health care has been reorganized into three integrated clusters bringing together health promotion, disease prevention, and curative and rehabilitative care to promote efficient and appropriate delivery of health care and support across the life course.



**Life expectancy at 60**

23.2 years  26.7 years 

**Healthy life expectancy at 60**

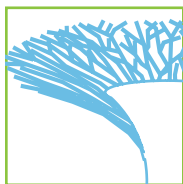
19.6 years 22.3 years

**Population ratio of aged 65 and above**

(population: 3.9 million)

2019 **14%**  
2030 **25%**

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Singapore



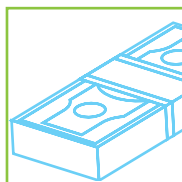
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Photo by ADB.

# Aging in Singapore

Asia is undergoing one of the most profound demographic shifts in the world. By 2050, the number of people over the age of 65 is expected to exceed 1 billion. The Asian Development Bank is supporting its developing member countries to prepare for this in a variety of ways, including helping them to learn from the examples of countries who are leading the way. One such example is Singapore.

Singapore is a multiethnic country located at the southern tip of the Malay Peninsula in Southeast Asia, with one of the highest median incomes in the world. In 2019, 14.4% of its population of 3.9 million people was aged 65 years or older, and by 2030, this figure is expected to rise to 25%, because of rising life expectancy and lower fertility rates (Figure 1).<sup>1</sup> This demographic shift has profound implications for the country's health and care needs.

While the country currently has one of the lowest age-related disease burden rates in the world, at 108.3 disability-adjusted life-years per 1,000 adults aged 25 and older, in the coming 2 decades, demand for long-term care (LTC) is expected to accelerate with increasing age and a growing number of single households.<sup>2</sup>

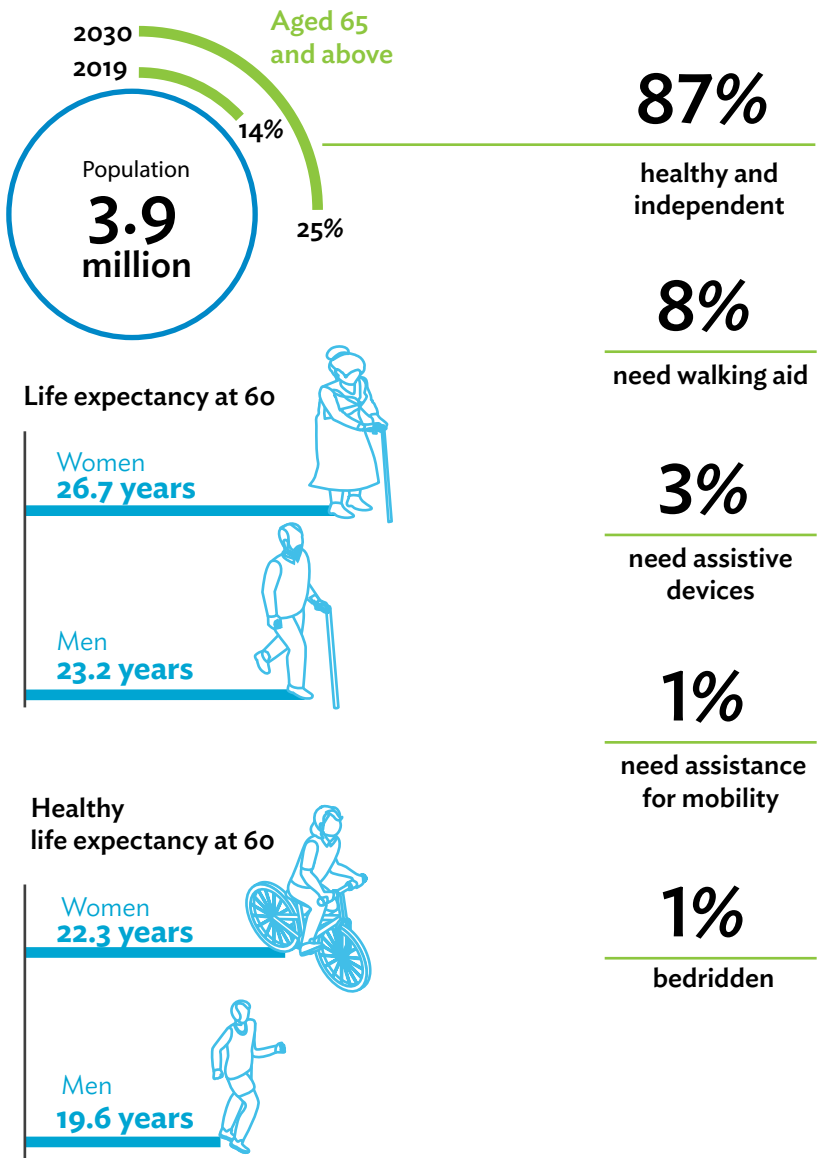
Singapore has recognized population aging as a key issue shaping the future of the country, and to address this, it has taken a multifaceted, integrated, and holistic approach based on minimizing adverse effects and maximizing opportunities. This recognizes the varying needs of individuals across multiple domains as they age. Moreover, it has developed robust policy, governance, financing, and service delivery, including expansion of and integration of health and social care, to meet the holistic needs of older people.

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<sup>1</sup> Department of Statistics Singapore. <https://www.singstat.gov.sg/find-data/search-by-theme/population/elderly-youth-and-gender-profile/latest-data>.

<sup>2</sup> A. Y. Chang, V. F. Skirbekk, S. Tyrovolas, N. J. Kassebaum, and J. L. Dieleman. 2017. Measuring Population Ageing: An Analysis of the Global Burden of Disease Study 2017. *The Lancet Public Health*. 4(3). pp. 159–167. [https://doi.org/10.1016/S2468-2667\(19\)30019-2](https://doi.org/10.1016/S2468-2667(19)30019-2).

Figure 1: Singapore's Aging Population



Sources: World Health Organization. 2016. *Global Health Observatory Data*. [https://www.who.int/gho/mortality\\_burden\\_disease/life\\_tables/en/](https://www.who.int/gho/mortality_burden_disease/life_tables/en/); and International Longevity Centre, Singapore. 2011. *A Profile of Older Men and Women in Singapore 2011*. [https://tsaofoundation.org/doc/Profile\\_Of\\_Older\\_Men\\_-\\_Singapore.pdf](https://tsaofoundation.org/doc/Profile_Of_Older_Men_-_Singapore.pdf).

# Singapore's approach to health and care for older people

Singapore's approach to long-term care (LTC) focuses on home and community-based care, nested within an overarching Action Plan for Successful Ageing and a policy shift toward a population health approach (explained on the next page).

Singapore's aged care begins with the individual and family, and the service delivery system emphasizes aging in place and home and community-based care. The approach is seen by the government as consistent with the preferences of many older persons, aligned with Confucian values, and a means to optimize resources.<sup>3</sup>

By aiming to deliver value at lower cost by reducing unnecessary utilization of institutional care, Singapore's LTC

policies are in line with the Many Helping Hands Approach, a long-established principle in the country that calls for individuals, families, communities, civil society, the private sector, and government to all play a role in ensuring the well-being of older people. It affirms the primacy of the family, but also encourages the participation of community-based voluntary welfare organizations and grassroots organizations to help in delivering services.<sup>4</sup>

Singapore's LTC policy recognizes maintaining health is a holistic and multifaceted process. An age-friendly and enabling environment integrates domains of income, environment, health, and social issues in support of successful aging.

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<sup>3</sup> T. H. E. Pacific. 2015. *Long-term Care of Older Persons in Singapore*. Bangkok; and K.Y. Gan. 2019. *Futurescape: Home Healthcare—Local and International Perspectives*. [https://www.moh.gov.sg/content/moh\\_web/home/pressRoom/speeches\\_d/2016/speech-by-mr-gan-kim-yong--minister-for-health--at-home-nursing-.html](https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2016/speech-by-mr-gan-kim-yong--minister-for-health--at-home-nursing-.html)

<sup>4</sup> M. Subramaniam, E. Abdin, J. A. Vaingankar, and R. Sambasivam. 2019. Successful Ageing in Singapore: Prevalence and Correlates from a National Survey of Older Adults. *Singapore Medical Journal*. 60(1). pp. 22–30.

# What Is Population Health?

Population health is an interdisciplinary and multistakeholder approach targeting improved health outcomes across a population. It is based on two foundational concepts: a holistic understanding of health, its behavioral and social determinants, and a life-course perspective; and a recognition that medical interventions alone are not sufficient to ensure good health and that much wider engagement is needed.

Therefore, a population health approach aims for better physical and mental health outcomes, improved well-being, and reduced health inequalities. It engages individuals, communities, and other actors to facilitate good health.<sup>a</sup> To achieve this, health departments need to connect practice to policy, and utilize partnerships across different sectors of the community.<sup>b</sup> Further, this comprehensive approach aims to balance four different pillars:

- Wider determinants of health
- Health behaviors and lifestyles
- Integrated care and health system
- Places and communities we live in

Population health takes an integrated approach to improving outcomes, including coordinating health-care services and social services. It goes further than public health by working on the broader challenge of improving health outcomes for the whole community, not only the ones in need of care. Population health uses a triple aim approach to simultaneously improve the overall health of the population, enhance the experience and outcome of the patients, and reduce per capita cost of care for the benefit of communities.<sup>c</sup>

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<sup>a</sup> The King's Fund. 2018. *A Vision for Population Health: Towards a Healthier Future*. <https://www.kingsfund.org.uk/publications/vision-population-health>.

<sup>b</sup> Centers for Disease Control and Prevention. <https://www.cdc.gov/pophealthtraining/whatis.html>.

<sup>c</sup> D. M. Berwick, T. W. Nolan, and J. Whittington. 2000. The Triple Aim: Care, Health, and Cost. *Health Affairs*, 27(3). pp. 759–769. <https://doi.org/10.1377/hlthaff.27.3.759>.



Population aging and the related epidemiological transition is viewed as something that an acute-care, doctor-based system would not be able to handle and would lead to extremely high costs for individuals, families, and the state. Thus, cost efficiency is a key tenet of Singapore's aging policy: care and health are integrated as part of a

wider process of increasing integration of public health, primary care, acute care, rehabilitation, and long-term and palliative care; and the design of the services, governance, and financing are done in such a way as to maximize prevention, promote individual and family responsibility, and reduce inefficiencies.

Singapore recognizes  
maintaining health is a holistic  
and multifaceted process.

Care and health are integrated  
as part of a wider process  
of increasing integration of  
public health, primary care,  
acute care, rehabilitation, and  
long-term and palliative care.

# Governance and programs for aging, health, and care

The Healthcare Masterplan 2012–2020 aims to expand accessibility, enhance affordability, and improve quality of health care. Focus areas in the 2012–2020 master plan are improving seamless health care and primary care, increasing the intermediate and LTC sector including home-based care services, and expanding financial protections.

To facilitate integrated delivery of support and services, Singapore has consolidated aging, health, and LTC under the Ministry of Health (MOH) with interministerial remits, where relevant. Under the governance of the MOH, there is a multipronged approach to aging, health, and care (Figure 2).

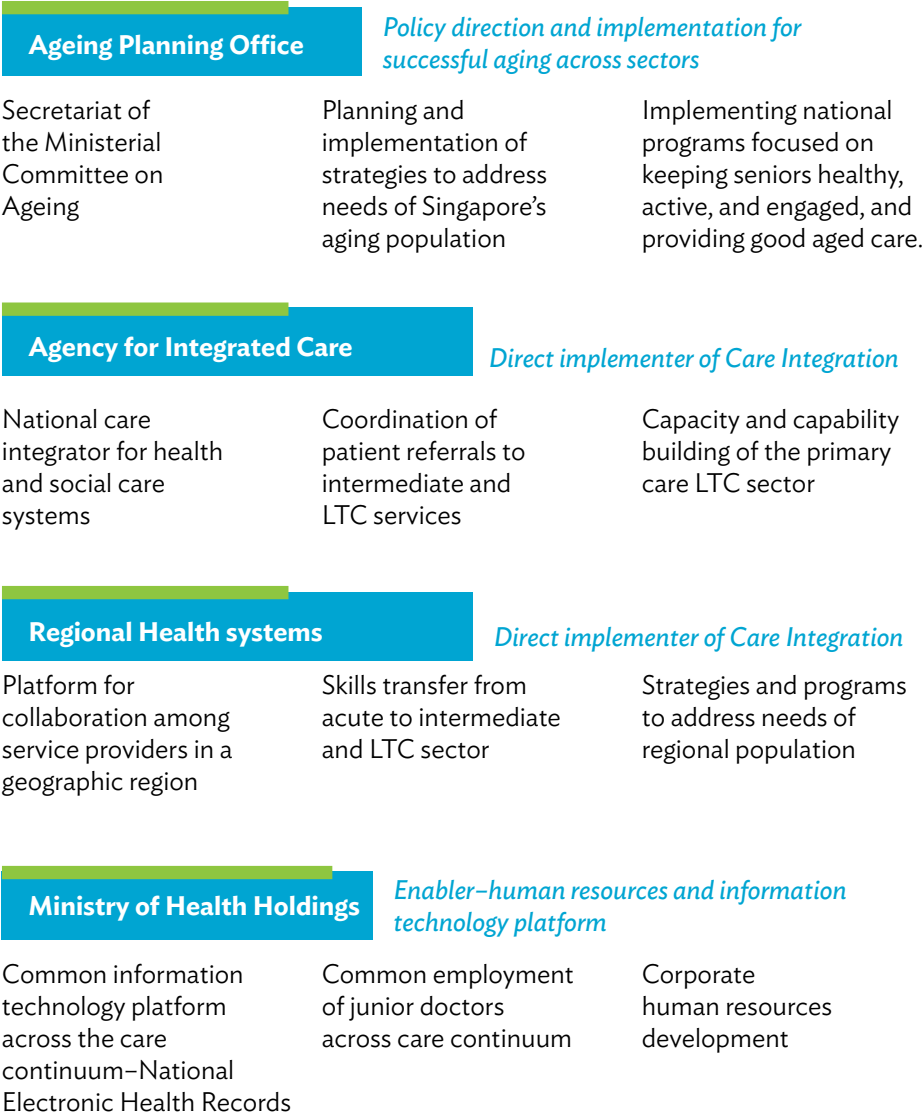
In 2017, the MOH identified three key policy priorities:

- 1. From Health Care to Health:** Emphasizing health, inclusive of an aging population, requires investments in promotion of healthy and active aging, social connections, age-friendly homes and communities, prevention of chronic disease and illness, disease control, rehabilitation, and quality health care.
- 2. From Quality to Value:** This priority seeks to deliver quality care in the most efficient way possible, ensuring value for money.
- 3. From Hospital to Community Hospital:** Singapore plans to strengthen primary health care and improve integration of health and care. Health and care services will increasingly be provided in the community for a lower cost with better quality outcomes.

To facilitate integrated delivery of support and services, Singapore has consolidated aging, health, and long-term care under the Ministry of Health.

Figure 2: A Multipronged Approach to Aging, Health, and Care

The Ministry of Health is responsible for governance over the entirety of the health and long-term care (LTC) systems, including setting policy direction, projection of national-level service demand, health and LTC financing, regulatory frameworks, standards, oversight, and coordination of related bodies.



Source: Author.

## Ageing Planning Office

The Ageing Planning Office (APO) oversees the planning and implementation of strategies to respond to the needs of Singapore's aging population. The APO sits under the MOH but coordinates age-related policies and programs across all ministries as the secretariat for a Ministerial Committee on Ageing. The key task of the APO currently is the implementation of the Action Plan for Successful Ageing, a S\$3 billion (\$2.2 billion) flagship project launched in 2015.

The Action Plan for Successful Ageing has more than 70 initiatives in 12 areas, including health and wellness, education and learning, employment, income sufficiency, protection for vulnerable seniors, housing, transport, public spaces, social inclusion, volunteerism, health care and aged care, and research. It groups initiatives into three levels:

- Opportunities for All Ages at the individual level, focuses on employability, lifelong learning,

volunteerism, health, and retirement adequacy;

- Kampong for All Ages at the community level, focuses on developing Communities of Care to support aging in place, promoting intergenerational harmony, encouraging love and respect for seniors, and planned legislation protecting older people from abuse; and
- City for All Ages at the national level, focuses on the health-care system, housing, transport, public parks, senior-friendly design of public buildings and spaces, and research in aging.

The aim is to make Singapore an age-friendly city so that longevity is productive rather than a burden to individual, family, community, or state. Investment in age-friendly environments has a large impact on LTC systems particularly by promoting prevention and self-care and extending autonomy through enabling environments such as age-friendly housing and public services, spaces, and buildings.

**The Action Plan for Successful Ageing has more than 70 initiatives in 12 areas.**

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## Agency for Integrated Care

Singapore's Agency for Integrated Care (AIC) is responsible for overall implementation and integration of all care services. The AIC is tasked with developing and operating key initiatives that seek to support the older population in navigating health-care services and uphold the philosophy of aging in place. Specifically, it integrates and coordinates health and care services, implements the national care assessment

framework, and improves the monitoring of LTC through quality improvement initiatives. It undertakes referral to intermediate and LTC services, and care management for complex cases. It also develops primary care and community care services.

Over time, Singapore has developed robust and varied set of care services at home, community, and residential levels (Figure 3).

---

## Integrated Clusters for Public Health System

Historically, public investment in health delivery in Singapore focused on episodic acute care through hospitals with polyclinics and private general practitioners providing primary care services. This approach has not been conducive for seamless integration of the varied levels of health care or a person-centered health approach.

To meet the challenges of population aging, in 2009, Singapore reorganized its public health care into regional health systems (RHSs) aimed at improving population health and the experience of care and reducing costs. Each RHS sought to link health-care providers for better health outcomes among older

adults, who are more likely to have complex, multiple, and chronic health conditions. The RHS bridged the gap between public, private, community, and home-based health services to provide person-centered care using a multidisciplinary team and shared access to electronic medical records, enabling patients and their caregivers to find providers more easily.<sup>5</sup>

The reorganization of the health-care system into RHSs prompted a change in paradigm in terms of approach to aging and health, namely to move beyond the hospital to the community, to move beyond quality to value, and to move beyond health

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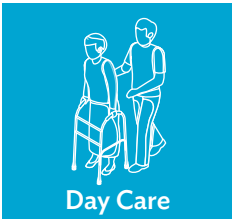
<sup>5</sup> National Healthcare Group. *RHS for the Central Region*. <https://corp.nhg.com.sg/RHS/Pages/RHS-for-the-Central-Region.aspx> (accessed 15 May 2015).

**Figure 3: Integrated Care Services in Singapore**

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- Nursing
- Physical therapy
- Medical services
- Personal care
- Meals-on-wheels
- Medical escort and transport
- Befriending and information
- Assist in the discharge and transition from hospital to home
- Palliative care
- Psychosocial support
- Advanced care planning



- Center-based nursing
- Day rehabilitation
- Dementia day care
- Social day care
- Hospice day care
- Integrated home and day care
- Transport



- Community safety network for people with dementia and depression
- Psychosocial therapy for those requiring mental health support
- Treatment and care for mild and moderate mental health
- Dementia home support
- Dementia-friendly communities mental health and general practitioner partnerships
- Local community support networks



- Nursing Home
- Shelter and Senior Group Home
- Inpatient Hospice
- Community Hospitals

Source: Agency for Integrated Care.

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care to health.<sup>6</sup> In 2018, the RHS was restructured into an integrated cluster system, which manages the country's 14 public hospitals and 8 national specialty centers, along with all polyclinics.

The integrated cluster approach brings together health promotion, disease prevention, and curative and rehabilitative care for the

population.<sup>7</sup> One key aim of the integrated cluster approach is to ensure older person-centered services support aging in place. This is in line with the World Health Organization's priority areas with aligning health systems to the needs of the older populations they serve and ensuring everyone can grow old in an age-friendly environment.<sup>8</sup>

## Social, Community, and Caregiver Programs

### Social Care Programs

Senior Activity Centres (SACs) are drop-in centers for low-income and vulnerable seniors living in subsidized public housing apartments. They offer social and community space, information and referral, manage emergency alert response, monitor frail and/or homebound older people. Through integration with the MOH, these will be able to expand health-care services as well.

Cluster Support, operated through the SACs, provides social support

through monitoring, care management, and counseling services, and facilitates coordination of community-based care and support services.

Senior Group Homes enable assisted living for older people with care needs to remain aging in place with a supportive environment. It does this by bringing vulnerable older people with some physical impairments together in a cluster of rental units.<sup>9</sup>

<sup>6</sup> Ministry of Health. 2012. *Healthcare 2020: Improving Accessibility, Quality & Affordability for Tomorrow's Challenges (Part 1 of 2)*. Singapore. [https://www.moh.gov.sg/content/dam/moh\\_web/healthscope/archive/2012/MOH%20Healthscope\\_July-August%202012%20Issue.pdf](https://www.moh.gov.sg/content/dam/moh_web/healthscope/archive/2012/MOH%20Healthscope_July-August%202012%20Issue.pdf).

<sup>7</sup> Adj Prof LEE Chien Earn. SingHealth. 2019. *Improving the Health of the Population – The Singapore Model*. <https://www.icn.ch/sites/default/files/inline-files/Chien%20Earn%20Lee.pdf>.

<sup>8</sup> World Health Organization. 2015. *World Report on Ageing and Health*. <https://www.who.int/ageing/events/world-report-2015-launch/en/>.

<sup>9</sup> Agency for Integrated Care Singapore. <https://www.aic.sg/>.

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## Case Finding and Community Outreach

The Community Networks for Seniors, which started in 2016 and will be expanded nationwide by 2020, coordinates the efforts of the government, voluntary welfare organizations, grassroots, and community groups.

The model illustrates an interministerial, public–private, and people collaboration and puts together three main building blocks to ensure health and social support for seniors: active aging, befriending, care, and support (Figure 4).

The Community Networks for Seniors uses very basic case finding tools, conducted by volunteers from the Silver Generation Office. Those who are found to be frail, isolated,

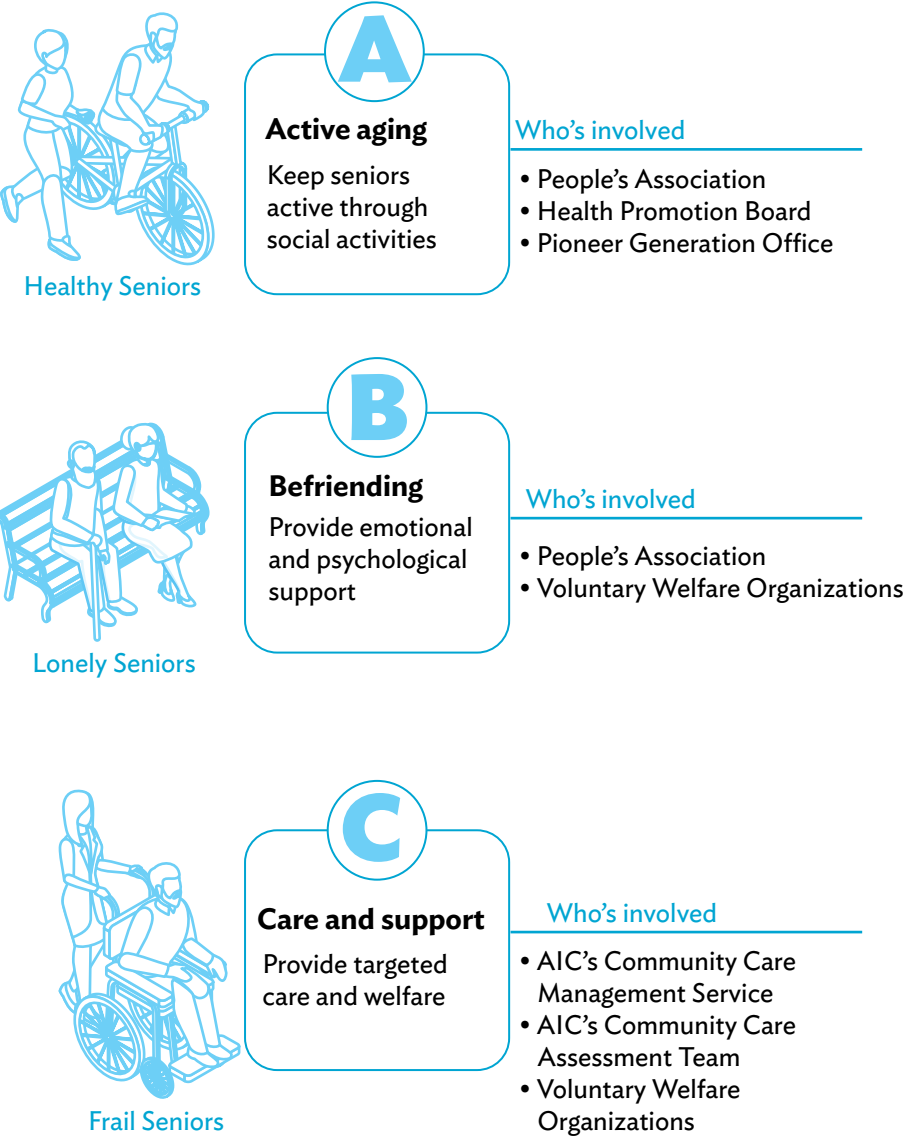
or disabled will be referred to for further assessment, befriending services, or care management services. Those who are well will be encouraged to go to community groups for exercises and socializations.

The Silver Generation Office currently has around 3,000 volunteers who engage seniors at home or in community places to make government policies and schemes, as well as community activities and health services, more easily accessible. Volunteers, called silver generation ambassadors, are responsible for explaining government policies to seniors, connecting them to health and care services and activities, and helping them apply for assistance.

**The integrated cluster approach  
brings together health promotion,  
disease prevention, and curative and  
rehabilitative care for the population.**



Figure 4. The Community Networks for Seniors Approach



AIC = Agency for Integrated Care.  
Source: Agency for Integrated Care.

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## Caregiver Support Action Plan

The plan addresses the needs of informal caregivers by expanding support across five domains:

1. **Improved care navigation.** This includes a one-stop information site for services and resources, an online platform for end-of-life services, and an e-platform for products and services.<sup>10</sup>
2. **Extended financial support for caregivers.** This includes grants for caregivers, increased government assistance, and more flexibility in paying for caregiving needs of family members.
3. **Workplace support.** A Work-Life Grant program encouraging employers to adopt flexible work arrangements already exists and, in future, is likely to have increased budget, incentives on unpaid care leave and flexible work arrangements and
4. **Caregiver respite services.** Current respite services offered at eldercare centers (for up to a day) and at nursing homes (for overnight up to several weeks) will be expanded through pre-enrollment, night respite for caregivers of people with dementia or behavioral and sleep issues at night, and home-based respite for caregivers of end-of-life patients.
5. **Caregiver empowerment and training.** Several new initiatives will be put into place to support social and emotional needs of caregivers, including community-outreach support, caregiver support networks, and enhancing eldercare training for caregivers.<sup>11</sup>

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<sup>10</sup> Agency for Integrated Care Singapore. <https://www.aic.sg/>.

<sup>11</sup> Ministry of Health Singapore. *Caregiver Support*. <https://www.moh.gov.sg/caregiver-support>.

# Financing Health and Care for an Aging Population

Financing for LTC and support to older adults exists within an overall ecosystem of health-care financing through which it has achieved modest health expenditure relative to results. Public health accounted for 4.9% of total government expenditure in 2014 through a consistent and clear focus on efficiency, quality, and reducing need for health care and care and support.

Cost containment is key to Singapore's approach to financing. The health-care budget is rising overall, for example, from S\$13 billion in 2012 to S\$22 billion in 2017, largely because of the aging population and related epidemiological shift.<sup>12</sup> However, the country's health system and health financing reforms focus on reducing overutilization of expensive health services, reducing overall need for costly health care

by improving population health, harnessing volunteers, regulating health and care costs, increasing insurance coverage and risk pooling, and expanding care services and support for aging in place. Success in cost containment has been seen by these initiatives, for example, in lower hospital readmission rates.

Singapore has virtually universal social health insurance coverage supplemented by private health insurance. There are three main methods of ensuring that health-care costs, particularly high hospital costs, are met: MediSave, MediShield Life, and MediFund. Between them, these three methods help provide a guarantee that citizens will have access to, at the very least, basic health care at a controlled cost.

**Cost containment is key to Singapore's approach to financing.**

<sup>12</sup> J. Abu Baker. *Healthcare Spending on the Rise Because of Higher Utilisation, Rising Manpower Costs*: Gan Kim Yong. Channel News Asia, 5 March 2020. <https://www.channelnewsasia.com/news/singapore/healthcare-spending-rise-higher-utilisation-manpower-costs-12504664>.

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## MediSave

MediSave is a mandatory personal medical savings account into which every working Singaporean contributes 8%–10.5% of salary. This can be used for personal medical expenses or for payment of insurance premiums for health (MediShield Life) or LTC insurance (ElderShield and CareShield Life), inpatient costs, outpatient costs, and LTC.<sup>13</sup>

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## MediShield Life

MediShield Life is a compulsory basic health insurance plan that provides basic health insurance and universal lifelong coverage to offset large costs from unexpected catastrophic illnesses that MediSave is inadequate to cover. MediShield Life can only be used for acute hospital care at public hospitals and some expensive outpatient treatments, such as for cancer and renal failure. The government ensures that all citizens retain their MediShield Life coverage regardless of their financial situation by providing layers of subsidies for payment of premiums as a social safety net.

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## MediFund

MediFund is a government endowment fund accessible at selected institutions for those who cannot afford the subsidized bill charges despite MediSave and MediShield Life.

There are three complementary insurance schemes for disability cover: ElderShield and ElderShield Plus, and CareShield.

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## ElderShield

ElderShield is a severe disability insurance scheme under which all citizens and permanent residents born before 1979 who have a MediSave account are automatically covered from 40 years of age (opt-out possible). The insurance itself is provided by three private companies, with premiums paid for through MediSave accounts or through cash.<sup>14</sup> To be eligible for the scheme, individuals must be unable to carry out at least three out of six basic activities of daily living. The ElderShield scheme provides a S\$400 (\$281) payment for a maximum of 72 months to help pay for associated medical costs.

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## ElderShield Plus

ElderShield Plus offers higher monthly payouts or payouts for a longer period or a combination of both. A supplementary government assistance scheme, the

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<sup>13</sup> Ministry of Health Singapore. *MediSave*. <https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/medisave>.

<sup>14</sup> Ministry of Health Singapore. *CareShield Life*. <https://www.moh.gov.sg/careshieldlife/about-eldershield>.

Interim Disability Assistance Programme for the Elderly was established at the same time to support those who were not eligible for ElderShield because they exceeded the maximum entry age or had preexisting disabilities. It offers monthly payouts of S\$150–S\$250 (\$105–\$175) per month for older people unable to perform three or more of the six activities of daily living.

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## CareShield Life

CareShield Life is a compulsory insurance policy introduced in 2020 that will provide payouts for people who are severely disabled. Everyone born between 1980 and 1990 will be enrolled automatically and younger cohorts will be enrolled as they turn 30. Those enrolled will be eligible to receive a non-time-limited monthly payout. Further, the premiums can be fully paid by MediSave for those who cannot afford the payments. Another funding scheme that will be introduced in 2020, ElderFund, will provide financial support for low-income, severely disabled Singaporeans aged over 30. These schemes will provide better protection against the uncertainty of LTC costs in cases of severe disability.<sup>15</sup>

Additional subsidies and schemes round out an increasingly comprehensive financing package for health and LTC. Some schemes focus on financial support to informal caregivers and home-based care. Recognizing that not all Singaporeans can afford insurance premiums and other associated costs of health care, it has expanded safety nets for those unable to pay. It has also expanded social assistance including assistance purchasing assistive devices and as invested in transportation, housing, and infrastructure in other ways that facilitate aging in place.

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<sup>15</sup> Ministry of Health Singapore. *CareShield Life*. <https://www.moh.gov.sg/careshieldlife/about-careshield-life>

# Focus of Singapore's health system and health financing reforms



**Reducing**  
overutilization of  
expensive health  
services



**Reducing**  
overall need for  
costly health care  
by improving  
population health



**Regulating**  
health and care  
costs



**Expanding**  
care services and  
support for aging  
in place



**Increasing**  
insurance  
coverage and  
risk pooling



**Harnessing**  
volunteers

# Key Takeaways from the Singapore System of Long-Term Care

## SYSTEMS RESTRUCTURED TO PROMOTE INTEGRATION

Singapore has focused on enhancing the accessibility, quality, and affordability of the LTC sector to meet the care needs of the aging population, and the system was restructured to promote integration. The design and remit of the Ageing Planning Office, the Agency for Integrated Care, and integrated clusters clearly signal an intention by Singapore to respond to the changing health and care needs of its population in light of population aging.

## POPULATION HEALTH APPROACH ADAPTED

The country has recognized the need to invest in health promotion, prevention, rehabilitation, enabling environment, and social care to improve outcomes and reduce cost. This reflects a clear understanding of the holistic and life-course nature of health and care needs. It recognizes that social connection and support are a need that the government can include as a priority alongside medical care and care service provision.

## NEED FOR PUBLIC FINANCING

Singapore has realized that public financing is necessary to ensure risk pooling, utilization of preventive and lower-cost services, and reduce expensive overutilization of hospital care; and to finance measures outside the health sector that facilitate aging in place.

## HEALTH FINANCING ECOSYSTEM

Financing for LTC and support to older adults exists within an overall ecosystem of health-care financing that, in turn, is intertwined with the way in which social care and even pension funding is organized. As such, Singapore's health-care financing model is unique and may not be easily replicable in other settings.

## EVIDENCE FOR IMPACT STILL REQUIRED

The reforms and plans are relatively new so smooth implementation will take continued effort to achieve. While the early results are promising, data is needed to ascertain whether all these initiatives translate into benefits in medium- and long-term outcomes at the system and population levels.

## UNIQUE CONTEXT

Even though many countries can learn from Singapore's current LTC development and population health focus, countries will need to consider the unique context of their health and care systems, including their particular needs as well as accompanying facilitators and barriers, to redesign health and care delivery to meet the needs of the older population with care needs.<sup>16</sup>

<sup>16</sup> J. Woo. 2017. Designing Fit for Purpose Health and Social Services for Ageing Populations. *International Journal of Environmental Research and Public Health*. 14(5). pp. 457.





## **AGING ASIA AND THE PACIFIC**

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