

Singapore



Health systems

Economic classification: **High Income**

Health systems summary

Singapore have a multi-layered health system that is considered one of the most efficient in the world. Universal health coverage is funded through a combination of government subsidies paid for by general tax revenue, private individual savings and other healthcare financing schemes. Government subsidies cover up to 80% of the cost of care provided in public hospitals and primary care clinics, with remaining costs tending to be covered by Medisave, Medishield or Medifund. Not all financing schemes cover all services though - for example, Medishield generally does not cover preventive services. As a result of these differences in coverage, out-of-pocket spending is not uncommon. There are also a range private health insurance plans that can supplement the above.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
In practice, how is obesity treatment largely funded?	Not known
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	Partial
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Yes
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes

Perceived barriers to treatment



Summary of stakeholder feedback

Stakeholders felt that the government was on its way to recognising obesity as a disease, with there being several policies and resources dedicated to the cause. In particular, there is investment into health promotion to increase physical activity and the consumption of healthy foods.

Despite increased recognition of obesity as a disease, government subsidies for obesity treatment is not as comprehensive as they are for other chronic diseases such as diabetes. For eligible patients, there are government subsidies of approximately 50% for consultations, investigations and bariatric surgery. For those that are fully dependent on public funding, a full subsidy is available providing certain criteria is met. Pharmacotherapy, however, is generally paid for out of pocket in the public system and coverage from private insurance tends to be poorer than that in the public system. It was said that those living with overweight and obesity tended to become eligible for pharmacotherapy when their BMI was $>30 \text{ kg/m}^2$ without comorbidities, and then bariatric surgery when their BMI was $>37.5 \text{ kg/m}^2$.

It was reported that people living with obesity tended to enter the system via primary care. Some self-refer and others are referred to obesity clinics by general practitioners or specialists. Unfortunately, stakeholders claimed that most healthcare providers treat obesity as a “cosmetic” issue that is a result of poor lifestyle choices rather than a disease and so this impedes the care pathway. Usually, support is only offered to those with medical complications associated with obesity, not for the obesity itself per se. Stakeholders noted that individuals tended to leave the system by not turning up or cancelling appointments when they realised it was to discuss their obesity or because they were not appropriately referred on to specialist care.

Overall, there is a reasonable number of suitably qualified obesity treatment professionals in Singapore. This is despite there being limited specialist training available. The best training was limited to certain institutions and mostly for endocrinologists and other physicians.

Singapore has a national non-communicable disease strategy that has sections relevant to the obesity agenda. Since the implementation of the measures in the strategy, it was reported that obesity prevalence has fallen. There is also the Ministry of Health Clinical Practice Guidelines for obesity that is evidence-based and is generally followed by health care practitioners.

Based on interviews/survey returns from 4 stakeholders

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