



Singapore



The Commonwealth Fund

International Health Care System Profiles

May 2026

Overview

Health care in Singapore is a blend of public and private participation designed to ensure broad access while maintaining financial sustainability. The system is based on the “S+3Ms” health care financing framework, designed to ensure affordable and accessible health care for all citizens: MediSave (a compulsory savings program); MediShield Life (basic insurance); and MediFund (aid for those in need). All Singapore citizens and permanent residents are covered by MediShield Life. As the country has become more affluent, private Integrated Shield Plans have become a popular way to supplement public insurance coverage. Overall, 31 percent of Singapore residents are covered by MediShield Life only, while 69 percent also hold Integrated Shield Plans.

Singapore consistently performs well compared with other high-income countries, with one of the highest life expectancies globally and relatively low health care spending as a share of gross domestic product.¹ But there are challenges in the management of chronic diseases for low-income people and foreign workers.

Coverage and Access

Background and History

Singapore’s health care system originated during the colonial era; it was mainly funded through taxation but has greatly evolved since then.² The Central Provident Fund (CPF) established employment-funded health savings accounts in the 1980s. With the policies that followed — notably, the national medical savings account MediSave (1984) and the low-cost, basic medical insurance program MediShield (1990) — Singapore’s current health care system began to take shape.³

Over the years, access to health care has become more equitable. The safety net was expanded with MediFund (1993–present), the Primary Care Partnership Scheme (2000–12), and the Community Health Assist Scheme (CHAS; 2012–present). Today, there’s universal coverage through the MediShield Life national health insurance plan: citizens and permanent residents pay premiums into a central fund that’s used to cover high medical costs for individuals when needed. This spreading of financial risk across the population has reduced the burden on people who would otherwise face catastrophic medical bills.⁴

HEALTH SYSTEM BY THE NUMBERS

4.9%

Health care spending as a percent of GDP

83.5 years

Life expectancy at birth

100%

Public insurance coverage

The Role of Public Health Insurance

Singapore's universal health care coverage is provided and financed through the "S+3Ms" framework:

- **Subsidies:** Government subsidies serve as the first layer of protection, covering up to 80 percent of medical bills in acute public hospital wards. Subsidies are available to Singapore citizens and permanent residents.⁵
- **MediShield Life:** Launched in 2015, Singapore's mandatory national health insurance plan provides lifelong coverage that pays for significant hospital bills and expensive outpatient treatments. Administered by the CPF, MediShield Life covers citizens and permanent residents, including those with preexisting conditions. The plan's primary focus is subsidized care in B2 and C-class public hospital wards, which contain multiple beds within a room; A-class wards contain only single-bed rooms. MediShield Life still covers patients who choose to stay in A/B1-class wards, which have up to five beds in a room, or private hospitals, but it pays a lower proportion of the bill.⁶
- **MediSave:** This mandatory savings plan helps working-age adults set aside funds for medical expenses. Workers contribute between 8 and 10.5 percent of their salary to the plan each month, with additional funds occasionally added by the government. These funds can be used to pay for hospitalizations, day surgeries, and certain outpatient treatments for the insured and their approved dependents. Withdrawal limits are strictly regulated to preserve funds for future health care needs.⁷
- **MediFund:** This endowment fund acts as a safety net for people who can't afford health care costs after exhausting all other payment options.⁸

Insurance Coverage (Percentage of Population), 2020



Source: [MediShield Life 2020 Review: SAS Comments](#) (Singapore Actuarial Society, December 18, 2020), 5.

Services Covered Under Public Health Insurance

MediShield Life, the public insurance plan, uses age-based annual premiums. These range from SGD 148 (USD 111) for those ages 1 to 20 to SGD 2,093 (USD 1,579) for those over age 90. For new Singapore residents, MediShield Life covers individuals with preexisting conditions, although those with certain serious preexisting conditions pay an extra 30 percent on their annual premiums for 10 years.⁹

Services covered by MediShield Life include:¹⁰

- Inpatient care
- Outpatient care (for chronic conditions)
- Dental care (only if caused by an accidental injury)
- Inpatient psychiatric care¹¹
- Inpatient palliative care
- Inpatient rehabilitative care.¹²

MediShield Life doesn't generally cover outpatient care unless it's for expensive long-term treatments, such as dialysis and chemotherapy.¹³ Outpatient care is considered primary health care, which isn't generally covered by MediShield Life, but community polyclinics offer subsidized services.¹⁴ Similarly, Singapore citizens can receive subsidies for preventive care through CHAS, which can be accessed at participating dental and general practitioner (GP) clinics (*see Primary Care*).¹⁵ Dental care is only fully covered if it's needed because of an accidental injury.¹⁶

Inpatient psychiatric care is covered up to 60 days per year, and the daily claim limit is SGD 160 (USD 117). There are also subsidies of up to 80 percent for inpatient and outpatient mental health care; additional subsidy programs for practicing GPs and polyclinics help make mental health care more accessible (*see Mental Health Care*).¹⁷

Rehabilitative care is covered at community hospitals, with a daily claim limit of SGD 350 (USD 257). This inpatient care is also heavily subsidized by 50 to 80 percent.¹⁸

Under the Standard Drug List subsidy, Singapore citizens and permanent residents are eligible for drugs to treat common conditions. This subsidy is means-tested for long-term care (*see Pharmaceutical Spending*).¹⁹ Subsidies for intermediate and long-term care services, home care, and assistive devices are also means-tested (*see Long-Term Care and Social Support*).²⁰

Maternity care is not covered by MediShield Life, but patients can seek financial aid from the MediSave Maternity Package. Singapore citizens can claim up to SGD 3,150 (USD 2,350) for a vaginal delivery or up to SGD 4,950 (USD 3,694) for a cesarean delivery. These limits include predelivery medical expenses, such as consultations, ultrasounds, and tests.²¹

Safety Nets

Subsidies are an important way in which the government attempts to keep premiums affordable. They are based on household income, with additional support available for lower- and lower-middle-income households and older individuals. In Singapore, individuals are categorized as lower income if they have a monthly per capita household income of SGD 1,500 (USD 1,142) or less and lower-middle-income if they have a monthly per capita household income of SGD 1,501 (USD 1,143) to SGD 2,600 (USD 1,980). Between 2016 and 2019, the government allocated SGD 3.1 billion (USD 2.3 billion) in subsidies.²² These covered about 35 percent of annual premiums for those with lower incomes and about 50 percent for those over age 65.²³

If someone is unable to pay the health care bills that remain after using subsidies, MediShield Life, and MediSave, they can apply to MediFund. There's also MediFund Silver available for elder care and MediFund Junior for children. Only Singapore citizens are eligible to apply for these.²⁴

ElderFund provides financial aid to severely disabled Singapore citizens age 30 and over who have a monthly income of SGD 1,500 (USD 1,105) or less.²⁵ CHAS offers subsidies for certain chronic conditions. These subsidies are available to all Singaporeans, regardless of their income.²⁶

The Role of Private Health Insurance

Although MediShield Life provides essential coverage and subsidized treatments, it falls short of covering the full spectrum of medical expenses. It's estimated that 70 percent of Singaporeans have purchased an Integrated Shield Plan (IP) to supplement their health care coverage beyond MediShield Life provision.²⁷

IPs build on the basic MediShield Life coverage by offering additional private insurance benefits.²⁸ Insurance riders (products that offer additional coverage) can cover much of the cost of deductibles and coinsurance requirements. To avoid the overuse of IP riders and encourage personal responsibility, in 2021, Singapore's Ministry of Health (MOH) mandated that all IP riders require a minimum 5 percent copayment.²⁹

Private insurers work with the CPF Board to collect premiums and process claims, ensuring integration between private and public insurance without overlapping coverage.³⁰

The demand for IPs is strong. In the first half of 2024, total new business premiums for individual health insurance, adjusted to account for the value of different types of policies, reached SGD 220.7 million (USD 162.6 million), a 7.1 percent increase over the same period in 2023.³¹

The Role of Government

The Singapore government manages the country's health care system through several organizations:

- The **MOH** oversees the licensing of and standards in medical facilities, which include hospitals, medical centers, community health centers, nursing homes, and clinics. The MOH works to promote health, prevent illness, and provide continuity of care across services.³²
- **MOH Holdings** oversees public health institutions to ensure the distribution of resources for value-based health care.³³
- The **Health Promotion Board** promotes healthy living and provides the public with evidence-based health information.³⁴
- The **Health Sciences Authority** protects and advances national health and safety.³⁵
- The **Agency for Care Effectiveness** provides health technology assessments and clinical guidance.³⁶
- The **CPF** aims to provide a secure retirement through various health care financing programs, including MediSave, ElderShield, and CareShield.³⁷

Public health care providers are organized into three location-based integrated care clusters: SingHealth (the eastern and southern regions), National Healthcare Group (central and northern regions), and the National University Health System (western region). Each is set up as an independent corporate entity to maximize operational autonomy and flexibility (see *Integration and Care Coordination*).³⁸

- **SingHealth Duke-NUS Academic Medical Centre:** SingHealth has a wide-ranging network of acute hospitals, national specialty centers, community hospitals, and polyclinics, offering more than 40 clinical specialties.³⁹
- **National Healthcare Group:** The group delivers health care through an integrated network of six primary care polyclinics, acute care hospitals, community hospitals, national specialty centers, and community-based care centers.⁴⁰
- **National University Health System:** Both an academic and regional health system, the group partners with universities, community hospitals, GPs, family medicine clinics, and nursing homes to address current and emerging health care needs while delivering integrated care to the community.⁴¹

Integration and Care Coordination

In 2017, Singapore's MOH reorganized the public health system into the three integrated clusters outlined above (see *The Role of Government*). Each cluster has the authority and resources to provide region-specific care.⁴²

For instance, the National Healthcare Group operates three major acute hospitals in central Singapore; oversees polyclinics, community hospitals, and wellness centers; and provides specialist centers, such as the Institute of Mental Health and the National Skin Centre.

The government has also tried to integrate primary care through its Healthier SG strategy, which the MOH launched in 2022 to integrate family physicians and GPs into the public health care framework. In addition, a national primary care enrollment program encourages residents to consult their designated family physician regularly.⁴³ As of March 2024, more than 700,000 residents were enrolled in Healthier SG (see *Innovation and Reform*).⁴⁴

Operations and Resources

Overview of the Delivery System

Singapore's health care system is based on a three-tier framework:

- **Primary care** is delivered through a network of polyclinics and GPs, who work mainly in private practices.
- **Secondary care** is handled by regional hospitals and specialist centers, which provide more advanced medical treatments and consultations.
- **Tertiary care** is provided by national centers that focus on complex and highly specialized services, such as neurosurgery and organ transplants.⁴⁵

The MOH oversees the entire system, sets policies, and holds public health institutions to standards of care by employing various performance indicators and conducting evaluations.⁴⁶

Established in 2022, the Payment Services Act governs how medical services and health care providers are paid in Singapore and provides a framework for regulating payment systems and payment service providers.⁴⁷

Payment service providers must be licensed to operate. In 2024, the Monetary Authority of Singapore updated its licensing guidelines, which enhanced compliance, introduced independent assessments of new license applications, and required a legal opinion to determine whether the health care provider's products or services qualify under the Payment Services Act.⁴⁸

MOH pay-for-performance initiatives aim to reward excellence in some areas of health care. To address gaps in preventive care, the MOH implemented a capitation funding model in 2023. Each of the three health care clusters receives a fixed amount for every resident, based on age bands. The hope is to incentivize health care professionals to keep patients healthy rather than react to illnesses as they happen.⁴⁹

Primary Care

Primary care in Singapore is delivered through an extensive network of outpatient polyclinics and private GP clinics. Polyclinics offer subsidized primary care services, which include preventive care and health education.

There are 26 polyclinics and more than 2,000 GP clinics, 1,300 of which are CHAS clinics that provide subsidies for medical care.⁵⁰ There are plans to expand polyclinics to 32 locations by 2030.⁵¹

GP clinics handle 80 percent of Singapore's primary care demand, and polyclinics handle the remainder.⁵² But because polyclinics offer higher subsidies, patients are more likely to seek treatment for chronic diseases at polyclinics than at GP clinics.⁵³

In 2022, there were 165 GPs for every 100,000 people in Singapore.⁵⁴ Residents in Singapore are not required to see a GP as their first point of contact, but the MOH encourages them to do so. In 2022, as part of the Healthier SG strategy, the MOH invited residents to enroll with a GP or polyclinic doctor to improve preventive care and continuity of care (see *Integration and Care Coordination*).⁵⁵

Number of GPs per 100,000 People, 2016 and 2022



Source: The Global Health Observatory, [Medical doctor: generalist medical practitioners \(number\)](#), distributed by World Health Organization, accessed November 21, 2025; figures calculated using population data from World Bank Open Data, [Population, total – Singapore](#), distributed by World Bank Group, accessed November 21, 2025.

To improve the funding, support, and coordination of chronic disease management, the MOH has introduced primary care networks made up of CHAS clinics and community health centers (to which GPs can refer patients with chronic conditions).⁵⁶

In 2024, there were 291 doctors for every 100,000 people in Singapore, above the average of 232 for every 100,000 people across Western Pacific countries in 2022.⁵⁷ In 2023, there were a total of 16,753 doctors in Singapore, 63 percent of whom worked in the public sector and 29 percent in the private sector. About 8 percent were not in active practice (a metric that Singapore tracks but which is not commonly reported by other countries).⁵⁸

Outpatient/Specialist Care

The MOH provides subsidies for specialist outpatient clinic care at public health care institutions. These subsidies range from 30 to 70 percent, with the size being dependent on household income.⁵⁹ In addition, the MOH now allows private inpatients to access subsidized follow-up care at specialist outpatient clinics, subject to means-testing.⁶⁰

Referrals by polyclinics and GPs to specialist outpatient clinics increased from 65,000 in 2014 to 88,000 in 2023.⁶¹ Efforts to improve wait times and access to care through teleconsultations and case reviews are ongoing (*see Innovation and Reform*).⁶²

The number of specialists has increased. In 2016, there were 90 for every 100,000 people. In 2024, this grew to 119 specialists for every 100,000 people.⁶³ In 2024, Singapore had 7,200 specialists: 4,786 in the public sector, 1,936 in the private sector, and 478 not in active practice.⁶⁴

Physician Education and the Workforce

Medical and dental education is heavily subsidized, and graduates are required to serve in public health care for between four and six years after completing their training.⁶⁵ The level of subsidy depends on citizenship status. For example, annual fees for students at the Yong Loo Lin School of Medicine are as follows:

- Singapore citizens: SGD 31,200 (USD 22,990)
- Permanent residents: SGD 46,400 (USD 34,191)
- ASEAN international students: SGD 71,250 (USD 52,503)
- All other international students: SGD 76,450 (USD 56,334).

Financial aid and needs-based scholarships are also available to students whose families or households earn SGD 2,500 (USD 1,842) or less per person per month.⁶⁶

On average, Singapore produces fewer medical graduates than other countries of comparable size and economic status. In 2021, there were 8.4 medical graduates for every 100,000 people, compared with 12.5 in Switzerland, 15.5 in the Netherlands, and 22 in Denmark.⁶⁷ To address the needs of Singapore's aging population, the MOH is expanding training in high-demand medical areas such as family and geriatric medicine.⁶⁸

Singapore has also struggled with workforce shortages and needs to add about 3,000 health care workers and 700 junior doctors (physicians in training) annually to meet growing demand. The country is trying to do this by expanding training, mid-career conversions, and foreign worker recruitment. The MOH regularly reviews public health care salaries to maintain competitiveness.⁶⁹ Despite private-sector opportunities, public-sector attrition remains low, at 3 to 5 percent.⁷⁰

Foreign workers make up a moderate proportion of the country's health care workforce. For example, in 2022, 13 percent of nurses were from the Philippines, 5.7 percent from Malaysia, 2.4 percent from Myanmar, and 1.3 percent from India.⁷¹ The government's National Population and Talent Division forecasts that the country will need a total of 91,000 health care workers in 2030, about 28,000 of whom will be from other countries.

Hospitals

As of 2024, Singapore had 11 public hospitals, including nine acute general hospitals providing inpatient care and specialist outpatient care. All but one had a 24-hour emergency department. The total also includes a women's and children's hospital and a psychiatric hospital.

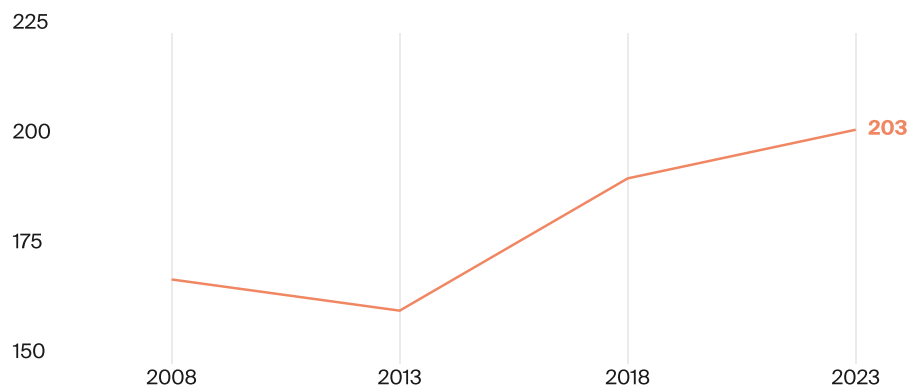
Singapore has nine private hospitals, one of which is not-for-profit. Other care options include:⁷⁴

- Community hospitals, which handle rehabilitation and subacute care
- Transitional care facilities, which help to reduce hospital capacity by receiving patients who are awaiting confirmation of their long-term care arrangements
- Intermediate and long-term care facilities, which include senior care centers, nursing homes, and home care services (see *Long-Term Care and Social Support*).⁷⁵

Private institutions are regulated by the MOH in an effort to ensure quality care.⁷⁶

To manage bed capacity, public hospitals can defer nonurgent elective admissions when occupancy exceeds 85 percent.⁷⁷

Number of Hospital Beds per 100,000 People, 2008–23



Source: Ministry of Health Singapore, [Beds in inpatient facilities](#), distributed by SingStat, accessed November 21, 2025.

HOSPITALS BY THE NUMBERS

In 2023, there were **203 hospital beds per 100,000 people**.⁷²

In 2024, there were **698 nurses per 100,000 people** (compared with 434 in the Western Pacific in 2022).⁷³

In 2024, there were 698 nurses for every 100,000 people.⁷⁸ Since 2021, nurse attrition rates have been high, as foreign nurses have returned home or left in search of better opportunities abroad. To remedy this, the MOH hired 4,000 new nurses in 2023.⁷⁹

Mental Health Care

Singapore's mental health system has a lower ratio of mental health professionals to people than other high-income countries. In 2020, it had 26.1 mental health professionals for every 100,000 people, compared with 62.2 for every 100,000 in high-income countries.⁸⁵

One of the main reasons for this is limited training. There are only two clinical psychology courses in Singapore, and only one accepts international students. Students completing these courses would qualify with a master's degree.⁸⁴ There is currently no information on doctoral-level courses for clinical psychology in the country, although general psychology Ph.D. programs are available at two universities.⁸⁵

The percentage of Singaporeans self-reporting poor mental health rose from 13 percent in 2020 to 17 percent in 2022.⁸⁶ In 2022, experts determined that depression and anxiety symptoms constituted an economic burden on Singapore, as they cost the government SGD 15.7 billion (USD 11.9 billion) annually, which, as of 2021, accounted for 2.9 percent of the country's gross domestic product (GDP).⁸⁷

In response, Singapore launched the National Mental Health and Well-Being Strategy in 2023 to strengthen the mental health care infrastructure.⁸⁸ And in early 2024, the government announced it would make mental health a top priority on the national agenda.⁸⁹ One of its goals is to increase the proportion of public sector psychologists by 40 percent, and another is to expand mental health training to equip more than 130,000 frontline workers with basic emotional support skills by 2030.⁹⁰

Mental health services are offered through primary care settings, community mental health teams, and specialized institutions such as the Institute of Mental Health, which has 1,950 beds. As part of its strategy to prioritize mental health, the MOH has developed a tiered care model to cater for different levels of mental health needs.⁹¹ The government is also expanding mental health services by creating more psychiatric and rehabilitation facilities. One such focus is primary care: in 2024, 17 out of 24 polyclinics offered mental health services; the plan is for all new polyclinics to provide these services by 2030. Finally, digital initiatives, such as the MOH's MindSG portal and the mindline.sg platform, aim to increase access to mental health resources.⁹²

Historically, men are more likely than women to be admitted to psychiatric care in Singapore, and the numbers for both groups have steadily increased. In 2013, 220 men for every 100,000 people were admitted to psychiatric care, compared with 270 for every 100,000 in 2023. A total of 140 women for every 100,000 people were admitted to psychiatric care in 2013, compared with 170 for every 100,000 people in 2023.⁹³

MENTAL HEALTH CARE BY THE NUMBERS

In 2023, there were **33 mental hospital beds per 100,000 people** in Singapore, compared with 29 across all high-income countries in 2020.⁸⁰

Singapore had **4 psychiatrists per 100,000 people** in 2020, lower than the average of nine in high-income countries.⁸¹

In 2020, the total number of mental health professionals in Singapore was **26 per 100,000 people**, much lower than the average of 62 in high-income countries.⁸²

Long-Term Care and Social Support

Intermediate and long-term care services in Singapore provide support for individuals requiring post-hospital ongoing care and older people requiring long-term care. These services are categorized into:

- **Home-based services** provided in people's homes
- **Center-based services** provided by specific facilities (daytime care)
- **Residential services** provided by nursing homes and one of nine hospice facilities.⁹⁴

Long-term care is funded by government subsidies, insurance plans, and personal savings. CareShield Life, MediSave Care, and ElderFund provide additional financial support.⁹⁵

Singapore's long-term care sector faces significant challenges, mainly because of a shortage of care workers. Low wages, irregular working hours, and limited career progression opportunities discourage Singaporeans from entering the sector. Many employees endure long hours — averaging 50 per week — and high levels of physical and mental stress, which contribute to burnout, dissatisfaction, and high attrition rates.⁹⁶

On average, long-term care workers stay in their roles for only 2.8 years. Efforts to address retention challenges include wellness initiatives, which aim to promote mental well-being and provide peer support. However, these efforts haven't yet fixed the sector's retention problems.⁹⁷

The sector also struggles with workplace and workflow inefficiencies. While long-term care organizations have adopted automation and digital transformation to reduce pressures on the workforce, the nature of this kind of care limits the extent to which technology can replace workers. Saying that, some organizations have used government grants to adopt technological solutions and streamline processes.⁹⁸ For example, Thye Hua Kwan Nursing Home's automated bath system has halved the work hours devoted to bathing residents.⁹⁹

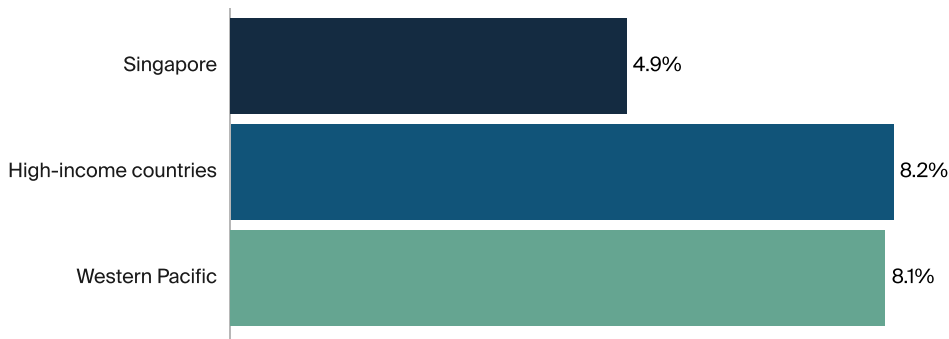
Funding and compensation are persistent barriers to retaining health care workers. In 2020, the government allocated SGD 150 million (USD 110.5 million) over three years to help organizations improve the wages of community nurses. However, even with this significant funding, wages in the sector lag behind those in other industries.¹⁰⁰

Cost and Affordability

Health Care Spending Overview

Over the past two decades, health care spending and financing have increased. In 2022, national health expenditure reached 4.9 percent of GDP, up from 3.3 percent in 2012. Health care costs have consistently outpaced general inflation. Still, the share of GDP spent on health care is much lower than the average for all high-income countries (8.2%) and for the Western Pacific (8.1%).¹⁰¹

Health Care Spending as a Percentage of GDP, 2022



Source: The Global Health Observatory, [Current health expenditure \(CHE\) as a percentage of gross domestic product \(GDP\) \(%\)](#), distributed by World Health Organization, accessed November 18, 2025.

In 2022, total health care expenditure was USD 24 billion. Between 2016 and 2022, the government's share of health care expenditure rose from 48.8 to 56.7 percent, a consequence of newly enhanced public subsidies. The subsidies were effective in reducing people's out-of-pocket expenses from an average of 32 to 24.7 percent of total health spending overall.¹⁰²

Singapore's per capita spending of USD 4,250 in 2022 was well below the USD 7,200 average for high-income countries.¹⁰³

Pharmaceutical Spending

The MOH doesn't set drug prices, but it does implement several strategies aimed at keeping drugs affordable:

- **Demand aggregation:** The Agency for Logistics Procurement and Supply supports the MOH in integrating supply chain management and aggregating drug demand across the public health care system.¹⁰⁴
- **Value-based pricing:** The Agency for Care Effectiveness evaluates the cost-effectiveness of drugs and treatments. The MOH then uses this assessment to decide whether these treatments should be publicly funded (see *How Are Costs Contained?*).¹⁰⁵
- **Subsidies:** The MOH provides tiered subsidies for medicines on the Standard Drug List. Singapore citizens are eligible for up to 75 percent and permanent residents for 25 percent subsidies, based on household income.¹⁰⁶ There are also subsidies available for drugs not on the Standard Drug List, through the Medication Assistance Fund. Subsidies are means-tested, but Singapore citizens can receive a 40 to 75 percent subsidy, while permanent residents can receive a 20 percent subsidy.¹⁰⁷

Public hospitals typically apply margins ranging from 5 to 30 percent on drug prices before subsidies. This helps to cover overhead costs, such as buying, storing, and dispensing medications, as well as with running the hospital pharmacy. Any profit from these sales is used to support hospital operations.¹⁰⁸

From 2017 to 2020, public sector drug spending grew at an annual compound growth rate of 11 percent.¹⁰⁹

And the prescription drug market is expected to grow. Statista forecasts that it will grow 3.8 percent annually between 2025 and 2029, reaching USD 2.1 billion in 2029. The over-the-counter drug market is also predicted to grow: from USD 4.2 billion in 2024 to USD 5.4 billion in 2029.¹¹⁰

Cost Sharing and Out-of-Pocket Spending

Cost sharing is fundamental to Singapore's health care system, which promotes the "sensible use" of medical services.¹¹¹ MediShield Life charges individual annual deductibles ranging from SGD 1,500 (USD 1,131) to SGD 3,000 (USD 2,262) for inpatient treatments, with coinsurance set at between 3 and 10 percent.¹¹² IP riders have to include a minimum 5 percent copayment, a requirement designed to encourage insurers to make cost-effective treatment choices.¹¹³

MediFund acts as a safety net for those in financial need. In the 2021 financial year, the government program provided SGD 161.1 million (USD 122.7 million) in aid to more than 1.2 million applicants.¹¹⁴

Out-of-pocket spending as a share of total health spending has fallen. In 2000, it accounted for nearly half (48.2%) of health care spending; in 2023, it accounted for only 25.4 percent.¹¹⁵

Percentage of Health Care Spending That Is Out of Pocket, 2022



Source: The Global Health Observatory, [Out-of-pocket expenditure as a percentage of current health expenditure \(CHE\) \(%\)](#), distributed by World Health Organization, accessed November 21, 2025.

There are currently no data for the share of the population that's been pushed below the poverty line by health care costs.

How Are Costs Contained?

The MOH plays a central role in controlling public sector costs by regulating hospital bed supply and the use of high-cost treatments. To guide the private sector, the MOH has established fee benchmarks for 2,100 surgical and medical procedures covered by MediSave and MediShield Life.¹¹⁶ Nearly 90 percent of doctors charge within these recommended ranges.¹¹⁷

As previously stated, the Agency for Care Effectiveness evaluates the cost-effectiveness of drugs and treatments. The evaluation process includes analyzing clinical and economic data, negotiating pricing with pharmaceutical companies, and consulting both health care professionals and patients. The MOH Drug Advisory Committee then uses the agency's evaluation to decide whether the treatment in question is suitable for funding. If so, it will allocate the funding to one of the following programs (see *Pharmaceutical Spending*):

- Medication Assistance Fund
- Standard Drug List
- Cancer Drug List
- Subsidized vaccine list.¹¹⁸

Quality and Outcomes

Health Outcomes

Average life expectancy of 83.5 years in 2024 compares favorably with the average for high-income countries in 2023 (81.1 years).¹²⁷ Women's average life expectancy is about four years longer than men's (85.6 vs. 81.2 years).¹²⁸

Data show that education levels also have an impact on life expectancy. For people who haven't completed secondary education, average life expectancy is 81 years; for those who have completed higher education, the average is 87.¹²⁹

The age-standardized suicide rate for every 100,000 people was seven in 2021, consistent with the relatively stable range of 7 to 7.5 observed since 2015. This was below the 2021 average for high-income countries, which was 11.8 for every 100,000 people.¹³⁰

Addressing Health Inequities

For citizens, Singapore's public hospitals prioritize care based on clinical need rather than financial status.¹³¹ The government subsidizes MediShield Life premiums and provides additional support for the elderly.¹³² Eligibility for subsidies is now based on per capita household income, while the Interim Disability Assistance Programme for the Elderly and the Vulnerable Adults Act provides further support for older and marginalized Singaporeans.¹³³

But challenges persist — particularly in access to primary care for lower-income residents and foreign workers. “In primary care, there are still significant opportunities to expand access and improve chronic disease management, especially for those with lower incomes,” says Dr. Ng Yeuk Fan, associate professor at the Saw Swee Hock School of Public Health. “For example, some patients might delay screening for chronic diseases, or they may forget to take their chronic disease medications. As the country ages, that snowballs into more acute hospital usage and potential for poorer outcomes.”

HEALTH OUTCOMES BY THE NUMBERS

In 2024, average life expectancy was **83.5 years** (compared with 81.1 across high-income countries in 2023) – **81.2 years for men and 85.6 years for women**.¹¹⁹

The top three causes of death in 2021 were:

- Ischemic heart disease: **111 per 100,000 people**
- Lower respiratory infections: **78 per 100,000 people**
- Trachea, bronchus, lung cancers: **29 per 100,000 people**.¹²⁰

The maternal mortality rate in Singapore was **5.9 deaths per 100,000 live births** in 2024 (compared with 35 on average in Western Pacific countries).¹²¹

The infant mortality rate was **2 deaths per 1,000 live births** in 2023 (compared with nine on average across the Western Pacific).¹²²

In 2021, the share of Singapore's population with mental health disorders was **11 percent** (compared with 16% on average in high-income countries).¹²³

The suicide rate was **9.4 per 100,000** in 2023, lower than the average of 12 per 100,000 across high-income countries.¹²⁴

Guns are responsible for **0.03 deaths in every 100,000** in Singapore.¹²⁵

14 percent of adults in Singapore were affected by obesity in 2022.¹²⁶

As of June 2024, the nonresident population (consisting of foreigners who are studying, working, or living in Singapore) made up nearly a third (30.7%) of the population. These individuals aren't eligible for government subsidies.¹³⁴ They rely solely on employer-provided insurance, which often falls short. "A lot of times, [employer-provided insurance] may not cover the range of preventive health care needed or chronic disease management sufficiently," says Dr. Ng. Nongovernmental organizations (NGOs) have stepped in to provide support, but there are still gaps. "Many NGOs are helping by running free clinics for foreign workers. But more could be done to help them access primary care."

Foreign workers are about 21 percent more likely to visit emergency departments for nonurgent issues than the general population is. They also face challenges relating to planned hospital visits and follow-up care, including being more likely to leave the hospital against medical advice and to miss appointments.¹³⁵

Innovation and Reform

Health Care Innovation

The MOH collaborates with local institutions to share best practices and support initiatives to improve health care quality. The Healthcare Services Act 2020 covers the modernization of a wide range of services and allows more flexibility in care delivery.¹³⁶

Here are some reforms to Singapore's health care system made over the past three years:

- **Community hospitals and transitional care:** The MOH has increased community hospital capacity and established transitional care facilities, reducing the number of long-stay hospital patients at any one time from 300 to under 200.¹³⁷
- **Mobile inpatient care at home:** The MIC@Home pilot program aims to address issues relating to hospital bed capacity, ambulance capacity, and hospital wait times. It involves setting up virtual hospital beds in patients' homes and providing care through teleconsultation and home visits. In 2023, more than 2,000 people used this service, freeing up 9,000 hospital bed days. The program expanded its virtual bed capacity from 100 in 2023 to 300 in 2024.¹³⁸
- **Telehealth expansion:** Subsidies and MediSave coverage for telehealth consultations in chronic care and preventive services were introduced in 2023; these consultations now represent about 50 percent of polyclinic visits.¹³⁹
- **Healthier SG initiative:** The Healthier SG initiative promotes personalized health plans. It offers up to 87.5 percent subsidies for medications used to treat chronic conditions and up to SGD 360 (USD 271) annually for aspects of chronic care such as consultations and lab tests. More than 700,000 residents and 1,000 GPs have joined the initiative.¹⁴⁰

- **CareShield Life incentives:** Citizens born before 1980 who joined CareShield Life before the end of 2024 can receive up to SGD 3,000 (USD 2,262) in incentives.¹⁴¹ As of June 2024, more than 300,000 Singaporeans born before 1980 had enrolled.¹⁴² Any Singaporeans born after 1980 were automatically enrolled at age 30.¹⁴³
- **Palliative care expansion:** Starting in March 2024, the MOH plans to increase home palliative care capacity by 50 percent by 2025, with 300 inpatient and 140 hospice day beds.¹⁴⁴

Health Care Technology

The National Electronic Health Records system, launched in 2011, now connects more than 2,700 health care institutions in an effort to streamline patient data sharing across the public and private sectors.¹⁴⁵ The intention is to enable real-time data access, increase patient safety, and provide a seamless patient care experience.¹⁴⁶ A forthcoming health data bill, meanwhile, will enable the secure use of anonymized data for research.¹⁴⁷

The MOH's Industry Transformation Map 2025 aims to advance health care through innovation, digitalization, and workforce development.¹⁴⁸ And the rollout of the National Harmonised Integrated Pharmacy System, National Billing System, and Next Generation Electronic Medical Record seeks to unify medication management, standardize billing, and improve care coordination.¹⁴⁹

"Health is increasingly seen as a data business," says Dr. Ng, who highlights the use of EPIC, an electronic medical record (EMR) platform that's already in use in half of the country's public hospitals and polyclinics. Full adoption over the next few years is intended to reduce the inefficiencies arising from fragmented EMR management. Dr. Ng says that using AI in the EMR system will improve early intervention by predicting at-risk patients and recommending proactive care.

This profile reflects data as of January 2026. New or updated information may have become available since its release.

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