



Healthcare System in Singapore

ACTU4625 TOPICS: HEALTH INSURANCE

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Background

Singapore, an island country with population of 5.2 million, is well-known for its efficient and widely covered healthcare system. The early primary health care, after Singapore's independence in 1965, started with a mass-inoculation program against severe tropical epidemic diseases. In order to provide convenience to the out-patient attendances, the government extended the network of hospitalization, including general hospitals, satellite out-patient dispensaries and maternal and child health clinics. Healthcare ranked as the fifth priority for public funds.

To foresee and avoid the future problems, Government promoted a National Health Plan in 1983. It detailed the infrastructural plan for the next 20 years together with the idea of Medisave. In 1985, the "restructuring" of public sector hospitals started to merge the business and financial disciplines into health care services for the purpose of providing higher quality of services and financing efficiently (Lim, 1998). The expenditure of national health care was maintained at the level of 3% of GDP through the period of 1980s to 1990s. The dollar term steadily increased every year from 1967 to 1995. In 2002, the government promulgated the ElderShield plan so as to help the elders and the severe disabled in particular.

Healthcare System Regulators

The philosophy of Singapore's healthcare system consists of three pillars. Firstly, the country is aimed to build up a healthy population with preventive health cares and to encourage healthy lifestyles. Secondly, Singapore also emphasizes personal responsibility towards healthy living through the "3M" (Medisave, Medishield and Medifund) system. Lastly, the government has to keep the healthcare costs down by controlling the supply side of the healthcare services and providing heavy subsidies at public healthcare institutions.

There are three main regulators in the system, Minister of Health (MOH), Central Provident Fund (CPF) and Monetary Authority of Singapore (MAS). MOH oversees the provision and regulation of healthcare services. Specifically, it is in charge of promoting health education, monitoring the accessibility and quality of healthcare services, preventing and controlling diseases, allocating resources and specialists and administrating required licenses for healthcare establishments.

CPF is a comprehensive and compulsory social security savings plan. It ensures working Singaporeans and permanent residents (PRs) to support themselves in the old age. CPF has expended its objectives to meet the population's needs in retirement, housing, family protection, asset enhancement and healthcare. Workers and employers are required to make monthly contributions to the employees' CPF into three accounts, ordinary account, special account and the Medisave account.

MAS, as Singapore's central bank, regulates the financial aspect of insurance sector. The

Insurance Department of MAS administers the insurance Act, which protects the interests of policyholders and regulates insurers' activities, including registration and licensing requirements. Periodically, MAS provides directions and practice notes for regulating insurance activities.

Healthcare Delivery System

Singapore's healthcare delivery system provides population the primary healthcare, hospital care, long-term care and other integrated care.

Singapore has an island network of outpatient polyclinics and private medical practitioner's clinics to provide primary medical treatments, preventive healthcare as well as health education. Eighty percent of primary healthcare services are offered by 2000 private medical clinics; whereas the remaining is delivered by 18 government polyclinics.

Hospital care consists of inpatient, outpatient and emergency services. By contrast to primary healthcare, public hospitals provide 80% of hospital care. The public hospitals are structured by regions with five clusters: Alexandra Health Pte Ltd (AHPL), Jurong Health Services (JHS), National University Health System (NUHS) National Healthcare Group (NHG) and Singapore Health Services (SHS). There are two leading private providers are Raffles Medical Group and Parkway Health. Detailed providers list is shown in Table 1.

In 2010, there were 11,509 hospital beds, out of which 8881 beds are from public sectors and 2628 beds are from private providers. The numbers of registered doctors (excluding specialists) and nurses serving in the public institutions are 8819 and 12994 respectively. Whereas, the corresponding numbers for private sector are 3292 and 5140. (Department of Statistics Singapore, 2011)

Healthcare Financing

PUBLIC FINANCING

The public financing for Healthcare system consist mainly by "3M", shorted for Medisave, MediShield and Medifund, plus ElderShield being promoted most recently.

Medisave is a national medical insurance scheme through which members build savings for their healthcare needs. In addition to hospitalization expenses and certain outpatient treatments for members and immediate family members, Medisave can be used to pay for MediShield premiums and Private Medical Insurance Scheme (PMIS) as well.

Monthly contribution to the Medisave Account is mandatory for CPF members. The rates are determined based on retained age, ranging from 7% to 9% of monthly salary, up to at most S\$41000 per year (Ministry of Health Singapore, 2010). Members can claim their hospital charges including in-patient charges and surgical expenses. Medisave can also be used to

cover outpatient treatments, subject to the withdrawal limit.

As the increase in the total population, the number of Medisave accounts goes up to three million with a total balance of 50.2 billion. The annual amount withdrawn by each member is around S\$732 on average. (Ministry of Health Singapore, 2012)

MediShield, as a complementary plan to Medisave, is a catastrophic medical insurance that enables members to settle part of the expenses arising from prolonged hospitalization and certain outpatient treatments for serious illnesses incurred in medical institutions involved. Singapore citizens and PRs are eligible to opt in the scheme. The annual premiums increase by ages from S\$33 with age below 30, to S\$1,123 with age between 84 and 85. Medishield does not provide coverage to people aged 85 years old and above. Rates for members in other ages are outlined in table 5. The number of Medishield policyholders reached to 3.39 million, out of which about 2.67 million policyholders also enrolled in PMIS. (Ministry of Health Singapore, 2012)

ElderShield is an affordable severe disability insurance which provides basic financial protection to those who need long-term care, especially for elder population. Prior to September 31, 2007, Eldershield paid S\$300 monthly for maximum 60 months, which was known as Eldershield300; thereafter, the benefit was increased to S\$400 monthly up to 72 months (Eldershield400) to pay the out of pocket expenses.

MOH has appointed three private insurers, Aviva, Great Eastern and NTUC Income, to run ElderShield. Singapore citizens and PRs enrolled in Medisave are automatically covered under ElderShield at the age of 40. Eldershield requires level premium calculated based on the entry-age. Premiums are payable annually until members reach 65 years old.

Medifund is an endowment fund set up by Singapore government to help citizens and PRs whose Medisave and MediShield are inadequate to pay the medical expenses. The fund will be added when the budget surplus available. The total size of Medifund amounts was S\$1.3875 billion by 2010. The amount a patient can claim under Medifund depends on the financial and social circumstances. The application for Medifund is subject to the approval of Medifund-approved institutions (MFI). By the end of 2010, MFI had approved 481 million applicants for Medifund assistants. The number increased by 17.2% from 410 million approved applicants in 2009. (Ministry of Health Singapore, 2012)

PRIVATE FINANCING

Despite resources from public financing, currently, there are five private insurers, including American International Assurance, Aviva, Great Eastern Life, NTUC Income and Prudential Assurance. All of them offer private health insurance plans for individuals and groups. The plans share similar coverage and benefits, such as in-patient & out-patient medical expenses, surgical costs, critical illness treatments, disability and long-term care. Detailed products of each insurer are listed in table 6.

Through private insurers, there are two types of plans being offered, known as Private Medical Insurance Scheme (PMIS) and Non-PMIS Private Medical Insurance. CPF members can enroll the PMIS to buy Medisave-approved Integrated Shield Plans (MISP) using Medisave savings for themselves or intermediate families. It is a catastrophic medical insurance plan, which provides additional benefits based on MediShield, jointly insured by private carriers and CPF board. Moreover, private insurers also provide non-PMIS private medical insurance plans, such as group plans and individual plans.

REINSURANCE

The Singapore Reinsurers' Association (SRA) is a trade association founded in 1979. Its main objective is to facilitate and encourage co-operation among all companies transacting reinsurance business in Singapore. It aims to improve reinsurance expertise in Singapore. Singapore Reinsurance Corporation Limited, Milli Reasurans T.A.S. and Asia Capital Reinsurance Group Pte Ltd are the main members of SRA. Now the government has announced a series of favorable policies to expand the scope of local reinsurance business, encourage product innovations, and nurture reinsurance professionals.

ACTUARIES

Actuaries are essential in health insurance. The Singapore Actuarial Society (SAS) is the acknowledged representative body of the actuarial profession in Singapore. In health insurance, they are responsible for pricing, calculating reserve, performing analysis and managing risks. SAS has the final authority in setting professional standards. All SAS members are expected to follow the Code of Professional Conduct adopted in 1997. Guideline notes may be issued by SAS to assist members to understand of Code. As at March 11th, 2011, the total membership of SAS numbered 543. (Singapore Actuarial Society, 2011) The membership status from 2007 to 2011 is listed in Figure 1. The information about the society is available on the website at <http://www.actuaries.org.sg/>.

Analysis of Health Expenditure

The healthcare expenditure as a percentage of GDP dropped after the SARS outbreak in 2003 to 2.9% in 2006 and kept increasing thereafter to 3.9%. (Department of Statistics Singapore, 2011) The ratio of public expenditure and private expenditure were relative stable with private expenditure constitutes a higher proportion. Out of government expenditure, financing through general government expending, for example, Medifund, went up gradually; whereas social security expenditure, for example Medisave subsidy, shrank in recent years. In the private sector, out-of-pocket expenditure is still the major source while the prepaid private insurance plans play a very insignificant role.

There are multiple factors can affect the trend of healthcare expenditure. Inflation is one important factor. Using 2009 as the base year, the healthcare inflation was kept below the general inflation. As indicated in Table 8, the healthcare CPI was 101.9 whereas the general CPI is 0.9 point higher. The average proportion of monthly household healthcare expenditure increased from 3.5% in 1998 to 5.3% in 2008. (Ministry of Health Singapore, 2012)

Aging is another important factor. The elderly population (65 years or above) follows an increasing pattern at a rate of 3.33% from 2010 to 2011. The elderly constituted 9.3% of the total population in 2011. But the total fertility rate dropped to 1.15 in 2010 from 1.60 in 2000. The old-age support-ratio also fell down to 7.9% in 2010 from 8.2% in 2000. (Department of Statistics Singapore, 2011) These demographic trends might suggest a higher healthcare expenditure caused by the aging in future.

Comparison between Singapore system and US system

Singapore started its main healthcare system as medical services were funded through the public sectors and government taxes. From 1984 when Medisave was established, mandatory contribution of portion of personal earnings has been required for every working person for the healthcare expenditure. With the “3M” structure, the public healthcare sector takes the lead in the system, whereas the private healthcare sector involves much less in the system.

By contrast, the US remains a more complicated format. In the US, not everyone has a health insurance, especially for someone who is not qualified for the government promoted insurance plans. The government sponsored public programs, such as Medicare (for elders), Medicaid (for low-incomes and disabilities) and Children’s Health Insurance Program, cover only a small portion of population. Nevertheless, a large numbers of private health insurers participate in because of the “market-oriented” structure of the economy. Most common, employers pay health insurance plans and get healthcare services through private sources. (Shi & Singh, 2012)

Based on the data obtained, Singapore achieves higher healthcare efficiency than US. In the latest WHO health system ranking report, Singapore occupies the Number 6 out of 191 nations; whereas US with the largest proportion of GDP only ranks at the 37th. (World Health Organization)

Due to the widely promotion of healthy lives and exercises education through decades, the life expectancy of Singaporeans is 79 and 84 for males and females respectively (World Health Organization, 2011), 3 years longer than Americans, dated in 2009. Despite the huge difference between the numbers of total populations, the hospital beds densities are the same at 31 beds per 10000 population and US has a higher physicians density. On average, Singaporeans spend much less on healthcare than Americans. The statistics indicate that Singaporean received better healthcare services with less expenditure.

Compared to Singapore’s structure of healthcare expenditure which has been covered in previous section, the majority of US private healthcare expenditure comes from prepaid private insurance plans, and the out-of-pocket expenditure takes only about 25% of the total private expenditure. (World Health Organization, 2011) Meanwhile, Singapore Government spends less on healthcare. It reflects the country’s healthcare philosophy of emphasis on personal responsibility.

Current problems of Singapore healthcare system

Although Singapore's healthcare system is comparatively more efficient than many other countries, it still faces some problems. At first, feedbacks gathered by CPF board illustrate the insufficient coverage for post-retirement health care expenses. It is the scenario particularly for the elderly above 85 years to whom Medishield provides no coverage. Once the savings are fully utilized, those members most in need of catastrophic healthcare have few financing sources to resort to.

Secondly, the Singapore model was built with little or no social risk pooling which is believed to improve efficiency and equity in a healthcare system. Under a scheme without risk pooling, individuals have to be responsible for their own costs. Lack of resource transferring between individuals may result in less reasonable in healthcare treatment allocation. Therefore, the inefficiency of individual financing with no risk pooling will most likely add burden to the society. (Smith & Witter, 2004)

Conclusion

Singapore has attained one of the most successful systems in terms of delivery of excellent healthcare services as well as the efficiency and effectiveness. It is achieved through the joint responsibilities among government, individuals and employers. It is indisputable that Singapore Government has made great efforts to improve the health care system. Government performs an active role in regulating the supply and prices of healthcare service. But Singapore is also a model that is hard to be replicated in other countries as the system is constructed on many unique features. Perfection is awaited as some of the problems can be solved in the future enhancements.

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V · T · E		Hospitals in Singapore		[hide]
Alexandra Health	Hospitals	Khoo Teck Puat Hospital		
	Specialist Centres	Jurong Medical Centre		
Jurong Health Services	Hospitals	Alexandra Hospital · Ng Teng Fong Hospital		
NHG	Hospitals	Institute of Mental Health · Tan Tock Seng Hospital		
	Specialist Centres	Communicable Disease Centre · Johns Hopkins Singapore International Medical Centre · National Skin Centre		
NUHS	Hospitals	National University Hospital		
	Specialist Centres	National University Cancer Institute, Singapore · National University Heart Centre, Singapore		
SingHealth	Hospitals	KK Women's and Children's Hospital · Singapore General Hospital		
	Specialist Centres	National Cancer Centre · National Dental Centre · National Heart Centre · National Neuroscience Institute · Singapore National Eye Centre		
Private	Parkway Health	Hospitals	Gleneagles Hospital and Medical Centre · Mount Elizabeth Hospital · Parkway East Hospital · Parkway Novena Hospital	
		Specialist Centres	Singapore Gamma Knife Centre	
	Raffles Medical Group	Hospitals	Raffles Hospital	
		Specialist Centres	Raffles Surgicentre	
	Others	Adam Road Hospital · Ang Mo Kio - Thye Hua Kwan Hospital · Bright Vision Hospital · Camden Medical Centre · Changi General Hospital · East Coast Medicare Centre · HMI Balestier Hospital · Kwong Wai Shiu Hospital and Nursing Home · Mount Alvernia Hospital · Ren Ci Hospital and Medicare Centre · St. Andrew's Community Hospital · St. Luke's Hospital · Thomson Medical Centre · Westpoint Family Hospital		

Table 1 – Hospitals in Singapore

(Source: http://en.wikipedia.org/wiki/National_University_Health_System)

	2005	2006	2007	2008	2009	2010						
Hospitals	29	30	30	29	29	30						
Public Sector	13	14	14	14	14	15						
Private Sector	16	16	16	15	15	15						
Hospital Beds	11,848	11,527	11,547	11,580	11,564	11,509						
Public Sector	8,617	73%	8,320	72%	8,368	72%	8,319	72%	8,456	73%	8,881	77%
Private Sector	3,231	27%	3,207	28%	3,179	28%	3,261	28%	3,108	27%	2,628	23%
Registered Doctors	6,748	6,931	7,384	7,841	8,323	8,819						
Public Sector	3,265	48%	3,505	51%	3,911	53%	4,297	55%	4,610	55%	4,987	57%
Private Sector	2,961	44%	2,966	43%	3,004	41%	3,051	39%	3,123	38%	3,292	37%
Registered Nurses	14,831	15,452	16,504	17,881	19,733	21,575						
Public Sector	8,165	55%	8,495	55%	9,068	55%	10,113	57%	11,534	58%	12,994	60%
Private Sector	3,869	26%	4,566	30%	4,477	27%	4,656	26%	4,831	24%	5,140	24%

Table 2 – Hospitals, Hospital Beds, Registered Doctors and Registered Nurse Allocation from 2005 to 2010 (Source: Yearbook of Statistics Singapore, 2011)

	2008	2009	2010
Medisave			
▶ No. of Accounts (million)	2.9	2.9	3.0
▶ Total Medisave Balance (\$billion)	42.4	45.8	50.2
▶ Average Balance per Account (\$)	14,900	15,700	16,900
▶ Amount Withdrawn for Direct Medical Expenses (\$million)	588	661	732
MediShield & Integrated Shield Plans			
▶ No. of MediShield Policyholders ('000)	3,076	3,299	3,390
▶ No. of MediShield Policyholders with Private Integrated Shield plans ('000)	1,790	1,930	2,068
ElderShield			
▶ No. of ElderShield Policyholders ('000)	835	882	921
▶ No. of ElderShield Policyholders with Supplements ('000)	76	127	189
	FY08	FY09	FY10
Medifund			
▶ No. of Applications Approved ('000)	370	410	481
▶ Grants Disbursed to Institutions (\$million)	73.7	75.0	80.0

Table 3 – Statistic Overview of Medisave, MediShield, ElderShield and Medifund from 2008 to 2010

(Source:http://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Healthcare_Financing.html)

Age	CONTRIBUTION RATE (% of wage)
35 and below	7%
Above 35 to 45	8%
Above 45 to 60	9%
Above 60	9.5%
Medisave Contribution Ceiling	SGD \$41000

Table 4 - Medisave Contribution Rates as of July 2011

(Source:Ministry of Health Singapore,

http://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/medisave/Medisave_Contributions.html)

Age	MediShield Yearly Premiums
1 to 30	33
31 to 40	54
41 to 50	114
51 to 60	225
61 to 65	332
66 to 70	372
71 to 73	390
74 to 75	462
76 to 78	524
79 to 80	615
81 to 83	1087
84 to 85	1123

Table 5 – MediShield Premium

(Source:Ministry of Health Singapore,

http://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/MediShield/Premiums.html)

<i>Company Name</i>	<i>Health Insurance Product</i>
<i>Aviva</i>	<i>Myshield, IdealMedical, Global Health</i>
<i>American International Assurance</i>	<i>Medical expense, Hospital income, Critical illness, Personal accident</i>
<i>Great Eastern</i>	<i>Hospital & Surgical, Critical Illness, Personal Accident, Disability/Long Term Care</i>
<i>NTUC Income</i>	<i>IncomeShield, Enhanced IncomeShield, IncomeShield M, ElderShield, PrimeShield, Managed Healthcare Scheme</i>
<i>Prudential Assurance</i>	<i>PRU shield</i>

Table 6 – Singapore Private Healthcare carriers and products

(Source:Aviva Singapore,

<http://www.aviva.com.sg/life-and-health/for-individuals/index.html>;

American International Assurance Singapore,

<http://www.aia.com.sg/en/needs/for-individuals/all-products-for-individuals/>;

Great Eastern, <http://www.greasternlife.com/sg/en/products/index.jsp>;

NTUC Income, <http://www.income.com.sg/insurance/health.asp>;

Prudential Assurance, http://www.prudential.com.sg/corp/prudential_en_sg/solutions/;))

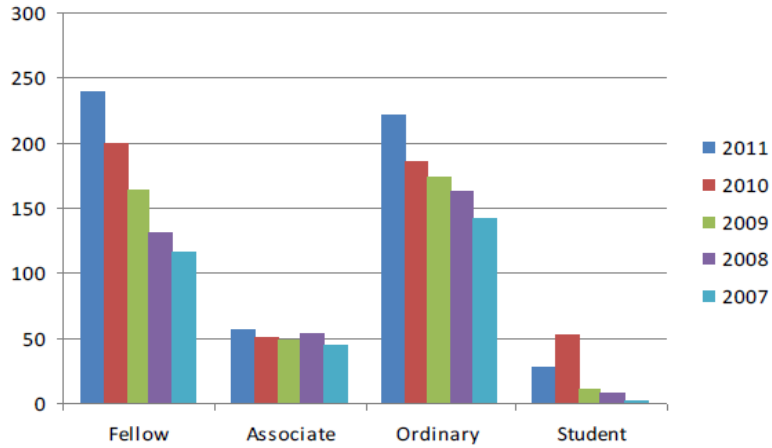


Figure 1 – Number of SAS Membership from 2007 to 2011
(Source: SAS Annual Report)

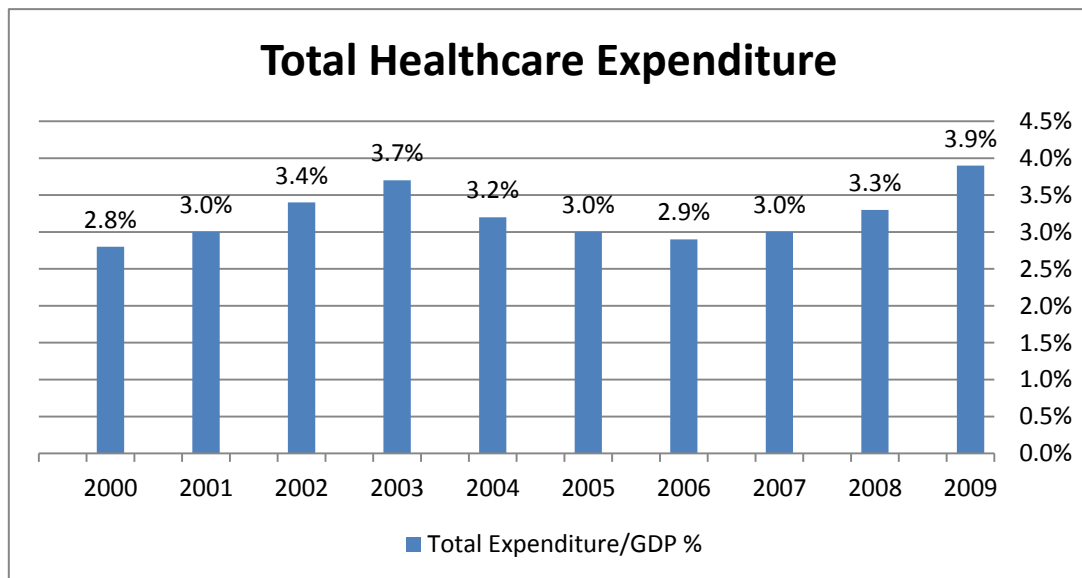


Figure 2 – Total Healthcare Expenditure of Singapore as percentage of GDP from 2000 to 2009 (Source: World Health Organization)

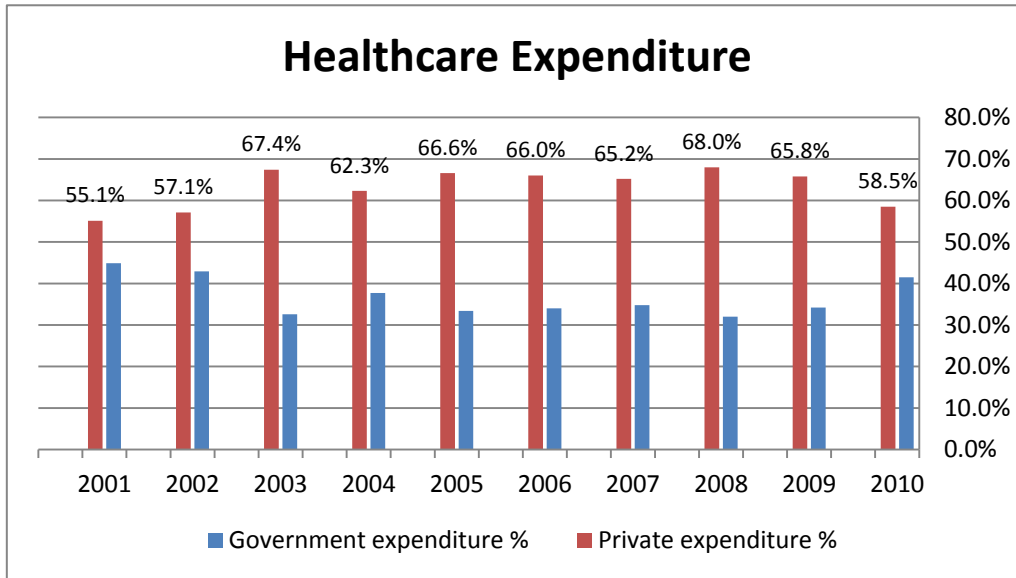


Figure 3 – Government Expenditure & Private Expenditure as percentage of Total Health Expenditure of Singapore from 2001 to 2010

(Source: World Health Organization)

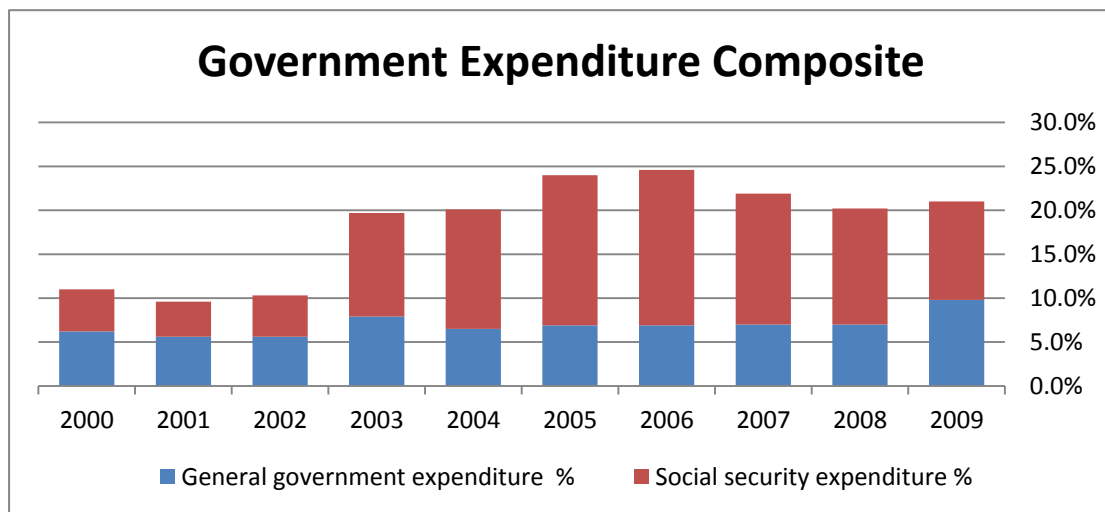


Figure 4 – General Government Expenditure & Social Security Expenditure as percentage of Government Healthcare Expenditure of Singapore from 2001 to 2010

(Source: World Health Organization)

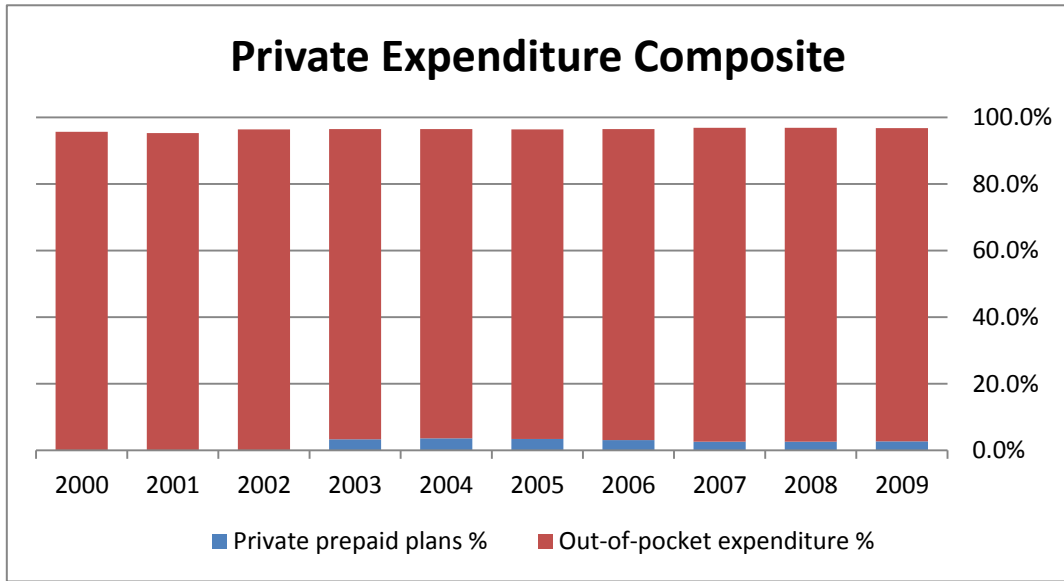


Figure 5 – Out of pocket expenditure & private prepaid plans as percentage of Private Healthcare Expenditure of Singapore from 2000 to 2009

(Source: World Health Organization)

	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000
Total Expenditure/GDP %	3.9%	3.3%	3.0%	2.9%	3.0%	3.2%	3.7%	3.4%	3.0%	2.8%
Per capita total Expenditure (US\$)	1,491	1,396	1,200	973	882	840	835	725	621	647
Government Expenditure %	41.5%	34.2%	32.0%	34.8%	34.0%	33.4%	37.7%	32.6%	42.9%	44.9%
General government expenditure %	9.8%	7.0%	7.0%	6.9%	6.9%	6.5%	7.9%	5.6%	5.6%	6.2%
Social security expenditure %	11.2%	13.2%	14.9%	17.7%	17.1%	13.6%	11.8%	4.7%	4.0%	4.8%
Private Expenditure %	58.5%	65.8%	68.0%	65.2%	66.0%	66.6%	62.3%	67.4%	57.1%	55.1%
Private prepaid plans %	2.7%	2.6%	2.6%	3.1%	3.4%	3.6%	3.3%	0.0%	0.0	0.0
Out-of-pocket expenditure %	94.1%	94.3%	94.3%	93.4%	93.0%	92.9%	93.2%	96.4%	95.3%	95.7%

Table 7 – Statistic Overview of Healthcare Expenditure of Singapore from 2000 to 2009

(Source: World Health Organization)

CONSUMER PRICE INDICES (CPI)			
	2008	2009	2010
General CPI	99.4	100.0	102.8
Healthcare CPI	98.0	100.0	101.9

HOUSEHOLD HEALTHCARE EXPENDITURE			
	1997/98	2002/03	2007/08
Proportion of monthly Household Expenditure spent on Healthcare^{1,2} (%) (by income quintiles)			
▶ All Households	3.5	4.7	5.3
▶ Lowest 20%	5.0	5.7	6.0
▶ 2nd quintile	3.0	4.8	5.5
▶ 3rd quintile	3.4	4.8	5.5
▶ 4th quintile	3.2	4.8	5.3
▶ Highest quintile	3.3	4.1	4.8

Table 8 – Consumer Price Indices (CPI) from 2008 to 2010 & Household Healthcare Expenditure for 1997/98, 2002/03 and 2007/08 periods of Singapore
(Source: http://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Consumer_Price_Indices_CPI_and_Household_healthcare_Expenditure.html)

Age composite %	2009	2010	2011
Below 15 yrs	17.9	17.4	16.8
15 - 64 yrs	73.3	73.7	73.9
65 yrs or above	8.8	9.0	9.3

Table 9 – General Age Group as percentage of Total Population of Singapore from 2009 to 2011 (Source: <http://www.singstat.gov.sg/stats/keyind.html#popnarea>)

	<i>Singapore</i>	<i>United States</i>
Total Population	4,737,000	314,659,000
World Health Organization (WHO) health system ranking	6	37
Gross national income per capita	47,970	46,790
Life expectancy at birth m/f (years)	79/84	76/81
Number of hospital beds per 10000 population (2008)	31	31
Physicians density (per 10 000 population)	18.33	24.33
Total expenditure on health per capita	2,086	7,410
Total expenditure on health as % of GDP	3.9	16.2

Table 10 – General Information (with and without Healthcare) comparison between Singapore and the United States (Source: World Health Organization)

	2009	2008	2007	2006	2005	2004	2003	2002	2001
GDP %	3.9%	3.3%	3.0%	2.9%	3.0%	3.2%	3.7%	3.4%	3.0%
Expenditure (US\$)	1,491	1,396	1,200	973	882	840	835	725	621
Expenditure %	41.5%	34.2%	32.0%	34.8%	34.0%	33.4%	37.7%	32.6%	42.9%
Government expenditure %	9.8%	7.0%	7.0%	6.9%	6.9%	6.5%	7.9%	5.6%	5.6%
Out-of-pocket expenditure %	11.2%	13.2%	14.9%	17.7%	17.1%	13.6%	11.8%	4.7%	4.0%
Health insurance %	58.5%	65.8%	68.0%	65.2%	66.0%	66.6%	62.3%	67.4%	57.1%
Unpaid plans %	2.7%	2.6%	2.6%	3.1%	3.4%	3.6%	3.3%	0.0%	0.0%
Out-of-pocket expenditure %	94.1%	94.3%	94.3%	93.4%	93.0%	92.9%	93.2%	96.4%	95.3%

	2009	2008	2007	2006	2005	2004	2003	2002	2001
GDP %	16.2%	15.2%	14.9%	14.8%	14.7%	14.7%	14.6%	14.8%	14.1%
Expenditure (US\$)	7,410	7,164	6,928	6,612	6,259	5,911	5,588	5,453	5,052
Expenditure %	48.6%	47.8%	46.8%	46.4%	45.8%	45.4%	45.0%	44.1%	44.2%
Government expenditure %	18.7%	18.7%	19.0%	19.1%	18.5%	18.5%	18.1%	18.2%	17.8%
Out-of-pocket expenditure %	28.3%	27.8%	28.5%	28.7%	28.9%	28.3%	28.8%	30.3%	32.3%
Health insurance %	51.4%	52.2%	53.2%	53.6%	54.6%	54.6%	55.0%	55.9%	55.8%
Unpaid plans %	69.3%	68.8%	68.3%	68.7%	68.5%	68.2%	67.6%	62.8%	61.9%
Out-of-pocket expenditure %	24.2%	24.4%	24.3%	24.1%	24.5%	24.8%	25.1%	24.1%	24.8%

Table 11 – Health Expenditure comparison between Singapore & the United States
(Source: World Health Organization)