

HTA and UHC

The View from Singapore

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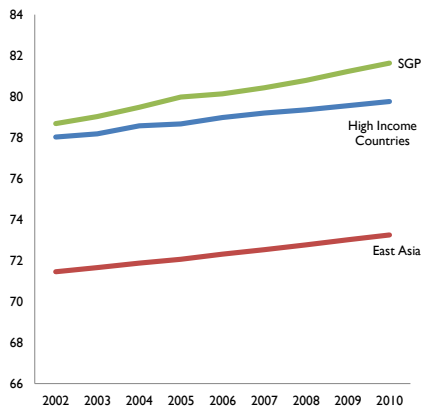
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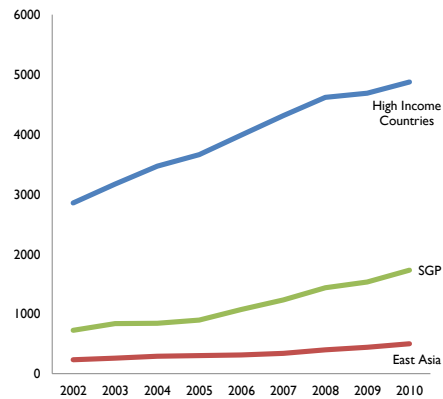
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Health Outcomes and Spending

Life Expectancy in Years



Health Expenditures Per Capita (Current USD)



Source: World Bank Databank

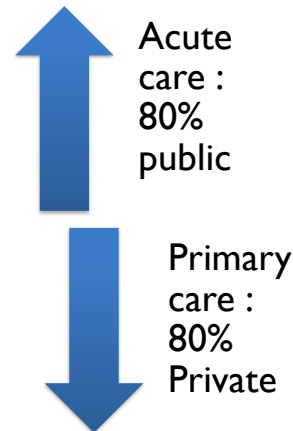
The Expansion Path of HTA

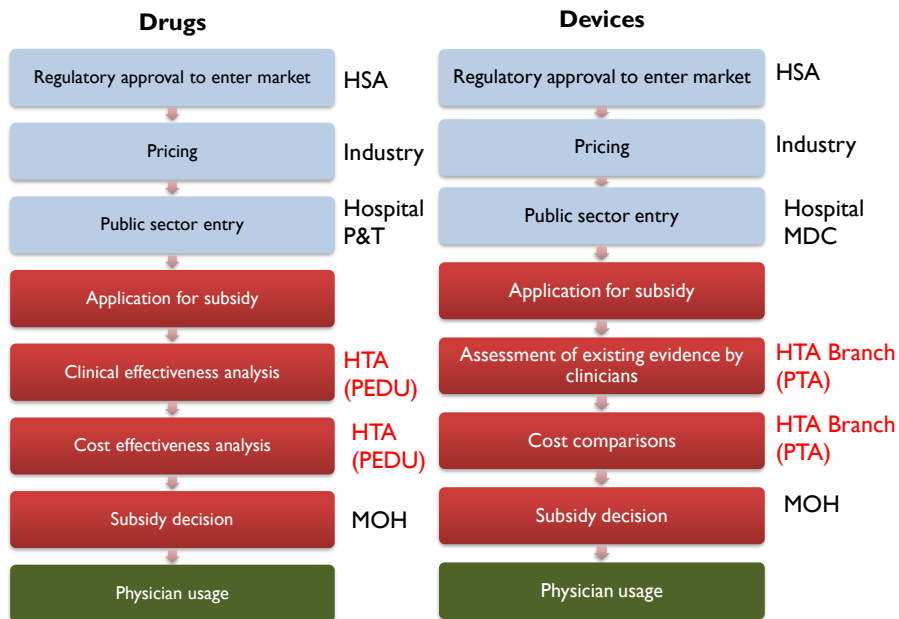


- 1995 formation of **HTA Unit at MOH** to
 - support decisions including inclusion of drugs on Standard Drug Lists, the Health Service Development Programme, healthcare subsidies, and others
 - promote evidence-based medicine
- 1997 introduction of CPG program managed by HTA Unit

A Mixed Healthcare Delivery System

- Public hospitals and clinics
 - 18 outpatient government polyclinics
 - 8 ‘restructured’ general hospitals, women/children’s hospital, psychiatry hospital
 - 6 national specialty centres for cancer, cardiac, eye, skin, neuroscience and dental care.
 - Residential/community based healthcare services including intermediate and long-term care
- Private sector hospitals and clinics
 - 2000 + private clinics
 - 10 hospitals
- Government subsidizes public healthcare, while private healthcare operates as a free market with Ministry of Health as the primary regulator



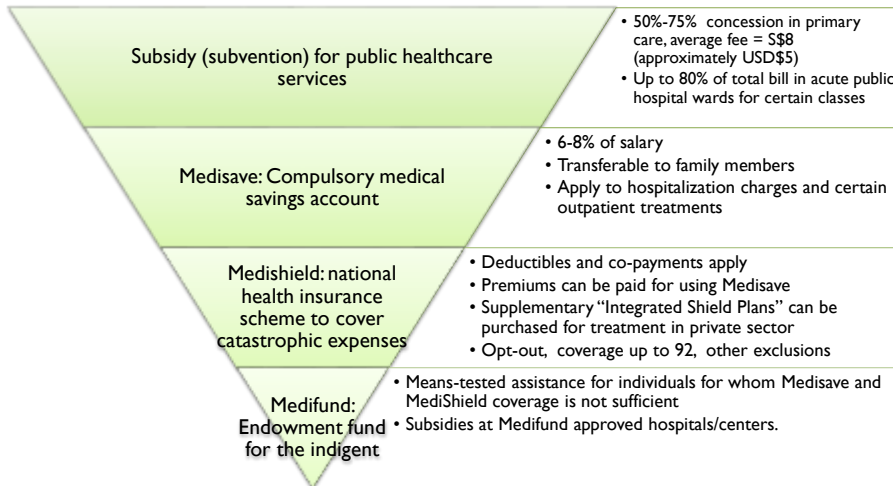


The Expansion Path of HTA

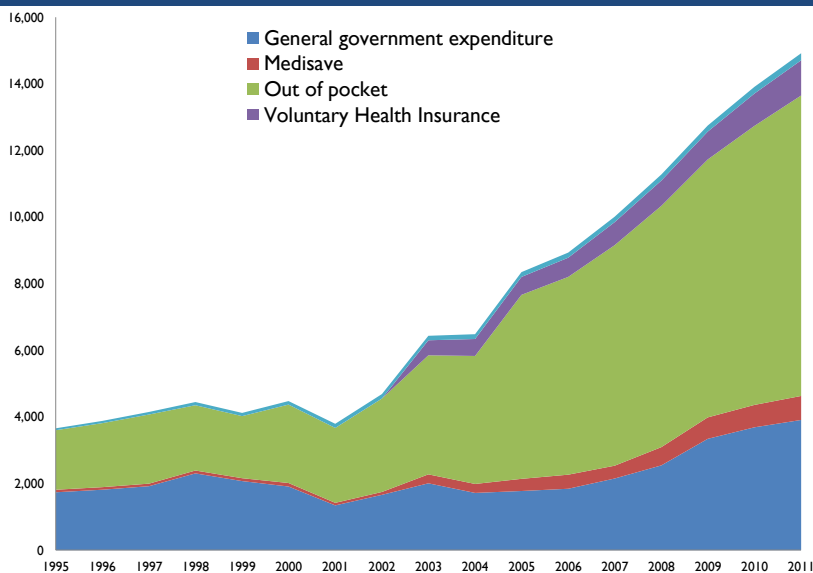


- 1995 formation of **HTA Unit at MOH** to
 - support decisions including inclusion of drugs on Standard Drug Lists, the Health Service Development Programme, healthcare subsidies, and others
 - promote evidence-based medicine
- 1997 introduction of CPG program managed by HTA Unit
- 2001 formation of the **Pharmacoeconomic Evaluation and Drug Utilization (PEDU) Unit** at HSA to provide cost effectiveness and budget impact for deliberation by the Drug Advisory Committee
- Medical devices assessed by **HTA Branch within MOH Performance and Technical Assessment Unit** (previously HTA Unit)
- SDL Gap Analysis Project in 2007 leads to Medication Assistance Fund (MAF) and MAF Plus schemes in 2010 and 2011

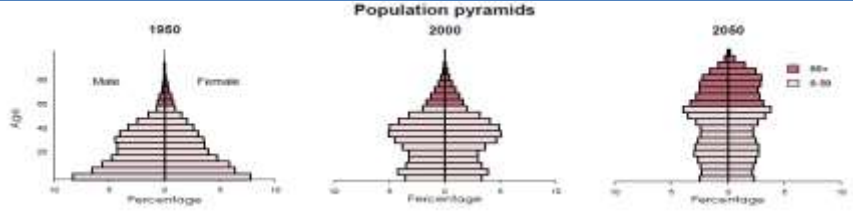
3M Statutory Financing System



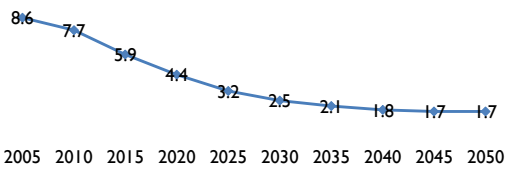
Total Health Expenditure (SGD M)



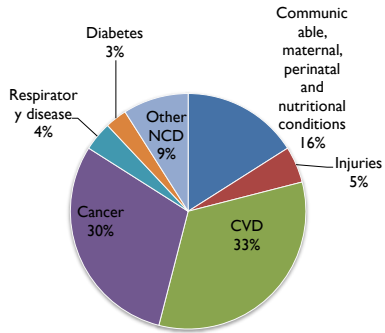
Rapid Aging



Projected Old Age Support Ratio 2005-2050

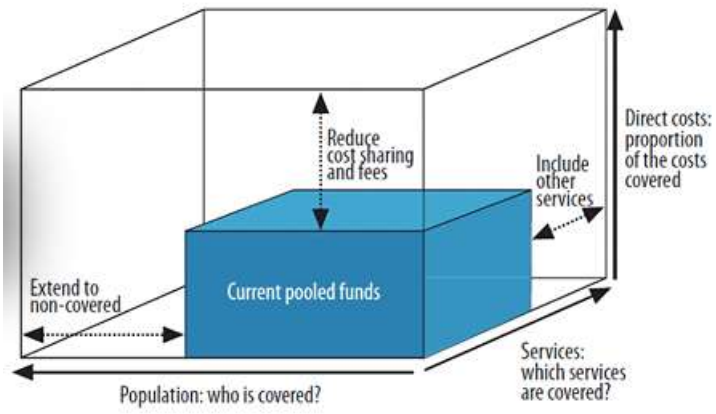


Source: UN DESA, Population Division, "World Population Aging: 1950-2050"



Expanding The Cube in Singapore

Universal health coverage means that all people receive the **health** services they need without suffering financial hardship when paying for them



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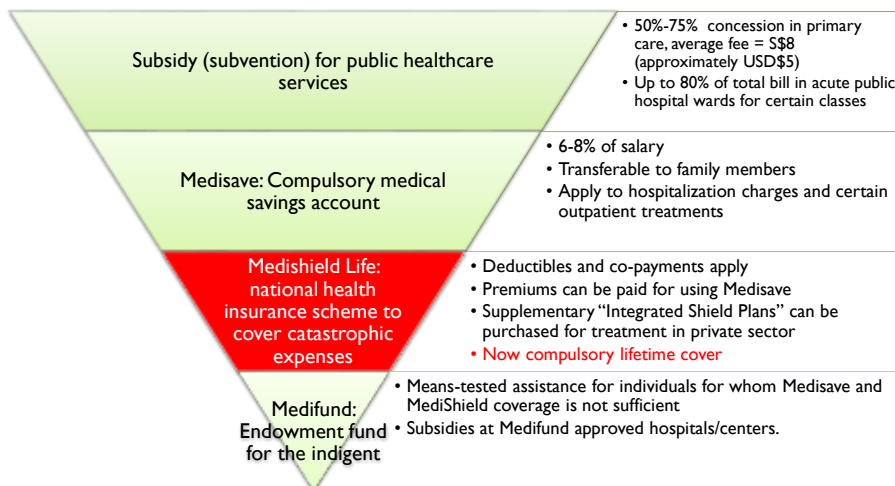
Spider Spirit

Monkey God

My little umbrella..
Just a little umbrella..

小雨伞 小雨伞

UHC Meets The 3M







Expanded assistance for at-risk groups

Eldershield

- Opt-out national disability insurance (under reform)
- Interim Disability Assistance: Benefit for those excluded from ElderShield due to age /pre-existing disabilities

Community Health Assist Scheme

- Subsidized GP treatment (including NCD) for low income and disabled

Pioneer Generation Package

- Additional subsidies for older birth cohorts unable to accumulate sufficient reserves via Medisave

Other subsidies for qualifying individuals

- ILTC subsidies up to 80% of bill
- Medical Fee Exemption for LTC/disability home
- Medical Assistance Fund for up to 75% drug subsidy for non-standard drugs at public institutions

Expanded assistance for at-risk groups



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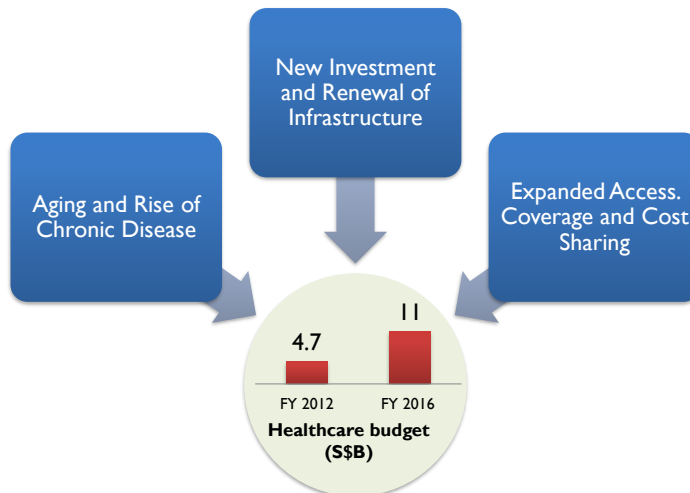
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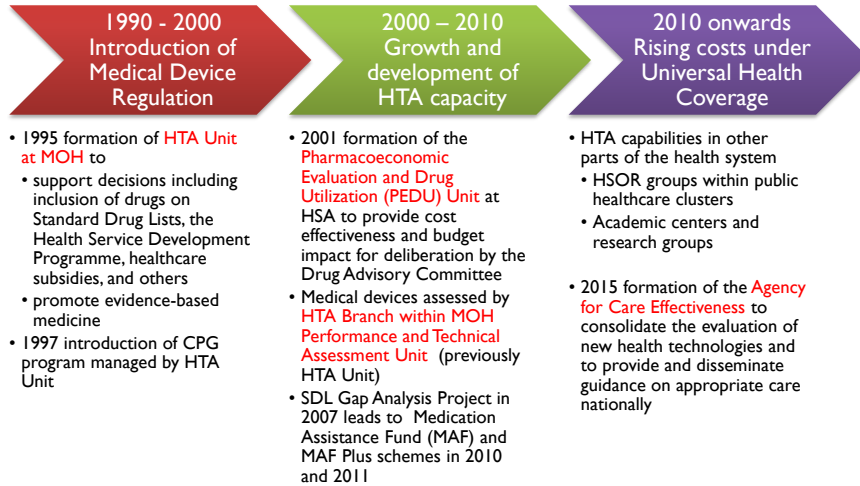
Qualifying individuals

- Medical Fee Exemption for those in Long Stay nursing home
- Medical Assistance Fund for up to 75% drug subsidy for non-standard drugs at public institutions

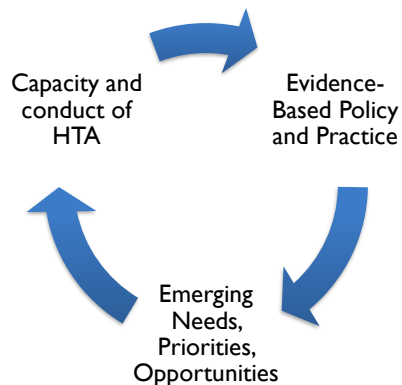
Implications for Healthcare Spending



The Expansion Path of HTA



Looking Ahead for UHC and HTA



Where do we see the next stage for Singapore ?