HTA and UHC
The View from Singapore

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Health Outcomes and Spending

<table>
<thead>
<tr>
<th>Life Expectancy in Years</th>
<th>Health Expenditures Per Capita (Current USD)</th>
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<tr>
<td>SGP</td>
<td>High Income Countries</td>
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<td>East Asia</td>
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Source: World Bank Databank
The Expansion Path of HTA

1990 - 2000
Introduction of Medical Device Regulation

• 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

2000 – 2010

• 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
• SDL Gap Analysis Project in 2007 leads to Medication Assistance Fund (MAF) and MAF Plus schemes in 2010 and 2011

2010 onwards

• HTA capabilities in other parts of the health system
• HSOR groups within public healthcare clusters
• Academic centers and research groups
• 2015 formation of the Agency for Care Effectiveness to consolidate the evaluation of new health technologies and to provide and disseminate guidance on appropriate care nationally

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

Acute care: 80% public

Primary care: 80% Private
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2000 – 2010
Growth and development of HTA capacity
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3M Statutory Financing System

- **Subsidy (subvention) for public healthcare services**
  - 50%-75% concession in primary care, average fee = S$8 (approximately USD$5)
  - Up to 80% of total bill in acute public hospital wards for certain classes

- **Medisave: Compulsory medical savings account**
  - 6-8% of salary
  - Transferable to family members
  - Apply to hospitalization charges and certain outpatient treatments

- **Medishield: National health insurance scheme to cover catastrophic expenses**
  - Deductibles and co-payments apply
  - Premiums can be paid for using Medisave
  - Supplementary “Integrated Shield Plans” can be purchased for treatment in private sector
  - Opt-out, coverage up to 92%, other exclusions

- **Medifund: Endowment fund for the indigent**
  - Means-tested assistance for individuals for whom Medisave and MediShield coverage is not sufficient
  - Subsidies at Medifund approved hospitals/centers.

Total Health Expenditure (SGD M)

- General government expenditure
- Medisave
- Out of pocket
- Voluntary Health Insurance
Rapid Aging


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.
We are introducing MediShield Life!
To better protect against large bills, and assure all Singaporeans that they are covered for life.
Find out more and tell us what you think!
My little umbrella...
Just a little umbrella...

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**UHC Meets The 3M**

| Subsidy (subvention) for public healthcare services | • 50%-75% concession in primary care, average fee = S$8 (approximately USD$5)  
• Up to 80% of total bill in acute public hospital wards for certain classes |
| Medisave: Compulsory medical savings account | • 6-8% of salary  
• Transferable to family members  
• Apply to hospitalization charges and certain outpatient treatments |
| Medishield Life: national health insurance scheme to cover catastrophic expenses | • Deductibles and co-payments apply  
• Premiums can be paid for using Medisave  
• Supplementary “Integrated Shield Plans” can be purchased for treatment in private sector  
• Now compulsory lifetime cover |
| Medifund: Endowment fund for the indigent | • Means-tested assistance for individuals for whom Medisave and MediShield coverage is not sufficient  
• Subsidies at Medifund approved hospitals/centers. |
Illness
I’m not afraid of hospitalization!
With Medishield Life helping me!
Because I pay insurance premiums;
Staying in hospital is cheaper!

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<th>Expanded assistance for at-risk groups</th>
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<td>Eldershield</td>
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<td>• Opt-out national disability insurance (under reform)</td>
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<td>• Interim Disability Assistance; Benefit for those excluded from ElderShield due to age/pre-existing disabilities</td>
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<tr>
<td>Community Health Assist Scheme</td>
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<td>Pioneer Generation Package</td>
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<td>Other subsidies for qualifying individuals</td>
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<td>• Medical Fee Exemption for LTC/disability home</td>
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<td>• Medical Assistance Fund for up to 75% drug subsidy for non-standard drugs at public institutions</td>
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Expanded assistance for at-risk groups

- Opt-out national disability insurance (under reform)
- Interim Disability Assistance: Benefit for those excluded from ElderShield due to age/pre-existing disabilities
- Subsidized GP treatment (including NCD) for low income and disabled Community Health Assist Scheme
- Additional subsidies for older birth cohorts unable to accumulate sufficient reserves via Medisave Pioneer Generation Package
- Intermediate & long-term care subsidies up to 80% of bill
- Medical Fee Exemption for those in LTC/disability home
- Medical Assistance Fund for up to 75% drug subsidy for non-standard drugs at public institutions

Other subsidies for qualifying individuals

Implications for Healthcare Spending

- New Investment and Renewal of Infrastructure
- Expanded Access, Coverage and Cost Sharing

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<th>FY 2012</th>
<th>FY 2016</th>
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<td>Healthcare budget (S$B)</td>
<td>4.7</td>
<td>11</td>
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Aging and Rise of Chronic Disease
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Rising costs under Universal Health Coverage

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Looking Ahead for UHC and HTA

Capacity and conduct of HTA
Evidence-Based Policy and Practice
Emerging Needs, Priorities, Opportunities

Where do we see the next stage for Singapore?