Singapore Healthcare Structure

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Singapore is located in Southeast Asia on the southern tip of the Malaysian Peninsula. The population is 5.6 million people and there are four official languages, English, Malay, Mandarin, and Tamil. With Singapore being one of the best healthcare systems in the world it’s interesting to see how their healthcare structure was verus now with COVID-19 happening all over the world. COVID-19 also known as Coronavirus is an extremely cautious case of colds and upper respiratory infections (Harvard, 2020). Symptoms people experience are dry cough, fatigue, fever, body aches, nasal congestion, and sore throat. People of all ages can get this virus and should be taking preventive measures like hand washing, social distancing and staying home as much as possible.The purpose of this paper is to explain how Singapore transformed their healthcare structure to respond to COVID-19.

Singapore currently is known to have a universal healthcare system, which provides healthcare for all citizens in Singapore. The government pays for about 70-80% of all Singaporeans medical care which is an average of $1,104 spent per person (Lui, 2020). Patients receive government payment for outpatient care, public clinics, public hospitals, emergency care, dental care, and long-term care. The structure of healthcare is split up into six parts, primary care, outpatient specialist care, after-hours care, hospital care, mental healthcare, and long-term care (Lui, 2020).

Primary care is mainly done through private providers. There are 1,400 private clinics throughout the country. Within that, there are 18 public polyclinics which are mainly for lower-income families, 720 medical clinics that help with acute and chronic illnesses and 420 dental clinics (Lui, 2020). Patients can decide who their primary care doctors are even if the government is paying for their medical treatment. Outpatient specialist care is focused on certain areas of the body like cancer, oral care, cardiovascular disease, nervous system and skin diseases (Lui, 2020). The majority of specialists work for the government, but will see people in the private sector as well as the public sector. After-hour care is both private and public hospitals based on care for 24 hours of the day.

Hospitals are both public and private based, with 30 hospitals in total, 15 public and 15 private. For public hospitals, they are all funded from a block budget from the government. These budgets are sent to the hospitals for them to decide what they want to do with the money (Lui, 2020). The public hospitals have certain classes of rooms for people to choose from. A-class has one or two beds per room with the highest level of amenities and treated as private-sector patients (Lui, 2020). Other rooms receive government payments that vary from what testing they are having done (Lui, 2020). Private hospitals are 20 percent of secondary levels of care that provide faster and more amenities to their patients. With the private sector, the government doesn’t have a role in the payment, it’s all up to the patient (Bai et al., n.d.). Mental healthcare provides psychiatric, rehabilitative counseling services for anyone who needs it. Not only do they provide care for people who need mental healthcare, but they provide care for caregivers of the person providing a community safety net for all people in the community. (Bai et al., n.d.). Lastly is long-term care which provides care for the elderly population in both public and private care systems. Long-term care is paid for mainly with ElderShield which is long-term care insurance regulated by the government providing monthly direct payouts for people who can’t take care of themselves (Lui, 2020). Long-Term care is through nursing facilities, home-based care, and hospice care.

With Singapore being one of the earliest countries to detect COVID-19 they have been a model for what countries want to follow. In 2003 Singapore was faced with an outbreak of Severe Acute Respiratory Syndrome (SARS) and because of that it prepared Singapore for any future outbreak (Yang & TanMarch, 2020). This country first saw the disease in February 2020 nearly one month after the world was notified of it in late December 2019. Once Singapore realized how fast this virus spread they began testing all patients that came into hospitals free of charge for COVID-19. They did this to show their citizens there is no fear in coming in to be tested because of finances. The government had all primary care physicians trained on how to deal with this virus. If a patient showed any respiratory symptoms they received government-subsidized treatment and medication at any clinic and five days of medical leave from their job (Yang. & TanMarch, 2020). If a patient did test positive, health officials reached out to who the patient had recently been in contact with and had them tested to ensure they were not infected (Yang & TanMarch, 2020).

Not only has Singapore done an excellent job testing their citizens for COVID-19, but they have also had ongoing messages between the public leaders and all their citizens. This has been done from an app called “WhatsApp” which delivers messages to the citizens of Singapore about updates on the virus (Yang. & TanMarch, 2020). All citizens in Singapore are legally ordered to stay home or else they could be prosecuted. With cases flowing in fast at the beginning Singapore thought fast on where to keep everyone safe. First, any private hospitals were quickly changed into places for COVID-19 patients to stay (Yang. & TanMarch, 2020). Second, in large public hospitals, normal hospital rooms were converted into isolation rooms. Lastly, patients who tested positive are being moved to community isolation facilities that will hold up to 500 people (Yang. & TanMarch, 2020).

Overall Singapore has an excellent healthcare system and is keeping up with that reputation during the COVID-19 outbreak. How has Singapore transformed their healthcare structure to respond to COVID-19? Mainly staying on top of their cases and testing as many people as possible to prevent the spread of the virus. As of April 22, 2020, Singapore has 10,141 cases, 12 deaths and 896 recovered patients which is significantly lower than countries like the United States and Italy. The United States has 829,749 cases, 46,172 deaths and 83,420 recovered cases and Italy has 187,327 cases, 25,085 deaths and 54,543 recovered cases (Singapore Coronavirus, 2020).

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