Obesity Health System Country Report Card

Singapore

Economic Classification

High Income[1]

In 2017, Singapore had a 2% unemployment rate according to national definitions and coverage[2].

Health System Summary

Singapore have a multi-layered health system that is considered to be one of the most efficient in the world. Universal health coverage is funded through a combination of government subsidies paid for by general tax revenue, private individual savings and other healthcare financing schemes[3]. Government subsides cover up to 80% of the cost of care provided in public hospitals and primary care clinics, with remaining costs tending to be covered by *Medisave*, *Medishield* or *Medifund*[4]. Not all financing schemes cover all services though - for example, *Medishield* generally does not cover preventive services. As a result of these differences in coverage, out-of-pocket spending is not uncommon. There are also a range private health insurance plans that can supplement the above.

If the body mass index and comorbidity criteria is filled, there is governmental financial support for bariatric surgeries in most public hospital wards.[5] Compulsory savings can also be used in these hospitals. Regrettably, waiting times are longer in these public hospitals compared to private hospitals (where government subsidies are not received).

Overall summary

Where your country's government in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟠
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟠
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Not known)	🟢 + 🔴

[1] World Bank economic classification by GNI per capita (June 2018) https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (last accessed 09.11.2018)

[2] https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 06.11.2018)

[3] https://international.commonwealthfund.org/countries/singapore/ (last accessed 06.11.2018)

[4] https://international.commonwealthfund.org/countries/singapore/ (last accessed 06.11.2018)

[5] http://www.jomes.org/journal/view.html?doi=10.7570/jomes.2017.26.1.10#B4 (last accessed 07.11.2018)

At what level of obesity are people usually eligible to access healthcare? (🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚪: not defined or not known)	
Is there a system for training health professionals to recognise, treat and manage obesity? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (🟢: Yes ,🟠 : Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for children? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[6]

Overview of stakeholder feedback

The stakeholders felt that the government was on its way to recognising obesity as a disease, with there being several policies and resources dedicated to the cause. In particular, there has been great effort put in to improve increase physical activity and to promote healthier eating options. However, it was noted that government subsidies were not as comprehensive as they were for other chronic diseases such as diabetes. Similarly, healthcare providers were also not yet treating obesity as a disease, rather a "cosmetic" issue that was a result of poor lifestyle choices. There is support given to those with medical complications associated with obesity, but not obesity itself *per se*.
It was reported that people living with obesity tended to enter the system by self-referral or by general practitioner (GP) or specialist referral to obesity clinics. People tended to leave the system by not turning up or cancelling appointments when they realised it was to discuss their obesity or because they were not appropriately referred on to specialist care. It was said that that those living with obesity tended to become eligible for pharmacotherapy when their BMI was >27 kg/m² and they had comorbidities, and then bariatric surgery when their BMI was >37.5 kg/m². Overweight patients can seek treatment when their BMI was >23 kg/m².

[6] Note that this section is based on interviews and/or survey returns from 2 stakeholders.

There was said to be a balanced mix of both private and funded treatment available. Pharmacotherapy is generally paid for out of pocket, but for eligible patients there are government subsidies of about 50% for consultations, investigations and bariatric surgery. For those fully dependent on public funding, a full subsidy was available.

Stakeholders felt that overall there is a reasonable number of suitably qualified obesity treatment professionals in Singapore. This is despite there being virtually no specialist training available. The best training was limited to certain institutions and mostly for endocrinologists and GPs. As a result, professionals looked to the American Board of Obesity Medicine and SCOPE. Of all relevant professionals, dieticians and GPs are said to be in shortest supply. GPs were said to often lack expertise and support from allied health professionals and on top of this, waiting times to see specialists could be long.

Singapore has a national non-communicable disease strategy that has sections relevant to the obesity agenda. Since the implementation of the measures in the strategy, it was reported that obesity prevalence has fallen. There is also the Ministry of Health Clinical Practice Guidelines for obesity that is evidence-based and is generally followed by health care practitioners.

There is a number of apps dedicated to lifestyle modification, the effectiveness of these however is unknown. One example is the *Healthy365* app endorsed by The Health Promotion Board.

Top barriers to be obesity treatment[7]

The stakeholder believed the following to be the top barriers to obesity treatment in Singapore:

1. Lack of awareness /engagement among healthcare professionals
2. Availability and accessibility of treatment
3. Few effective options available (particularly for pharmacotherapy)
4. Cost of medications and treatment
5. Patients do not consider obesity as a disease
6. Patients have other priorities / not engaged
7. Employers are not supportive

[7] In no particular order