

Point of View



Healthcare philosophy and policies for an efficient, effective healthcare system to face future challenges amidst demographic, epidemiological, and economic transition: lessons to be learnt from Singapore

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Many countries worldwide are currently facing immense health challenges due to financial crises and are trying to find suitable solutions (1). Like many other countries, Sri Lanka is facing a dilemma in delivering fair and equitable healthcare services, primarily due to the current economic crisis. Therefore, it is vital to compare healthcare systems among countries in the same region to understand the similarities and differences and explore how healthcare can be made more efficient and effective (2). Singapore has a well-established and efficient health system and has won many excellent global rankings in Asia. In 2000, Singapore was ranked sixth in the World Health Organization's ranking of the world's health systems, while Sri Lanka was ranked 76th (3). Bloomberg ranked Singapore's healthcare system as the most efficient in the world in 2014 (4). Furthermore, the Economist Intelligence Unit ranked Singapore 2nd out of 166 countries for healthcare outcomes in 2014 (5).

We would like to point out some key characteristics observed in the Singapore health system that would help gain insight into better health planning in Sri Lanka. They are summarized in eight points, focusing on several thematic areas.

1. A strong and clear philosophy of health financing (6)

This philosophy states that,

- Everyone assumes a key responsibility for their own health.
- Intervene directly in the healthcare sector, when necessary, where the market fails.

Healthcare marketing is a strategic outreach and communication process designed to attract consumers, guide them throughout their healthcare journey, and keep them engaged with the health system. The current system in Sri Lanka serves a few steps of the entire process, such as guiding the client or the patient until they improve. Still, the admiration of the government sector for consumers is deteriorating due to interruptions in the whole cycle; even the consumer sometimes spends out-of-pocket. On the contrary, Singaporeans receive good service packages without delay or shortage in the availability of drugs, services and other health commodities for their expenditures; this sustainability and confidence help achieve a good market value for health in the country.

- Savings from salary or income play a predominant role, whereas insurance plays a

secondary role. This mechanism is intended to reduce overuse of healthcare services.

- The government will provide subsidies only for basic medical care.
- There should be no intergenerational transfer of liabilities. In other words, every generation pays for itself, and each generation cannot expect the next generation to shoulder the burden of paying for healthcare.

In the Sri Lankan system, this concept of "liability transferred to the next generation" is not visible, as there is no programmed method to assess resource wastage and overuse, except in the National Expanded Programme for Immunization on vaccine wastage. This ultimately leaves the future generation with a shortage of all healthcare supplies, especially financial imbalances in the country. A proper valuation mechanism will address this issue in the future.

2. *3M Strategy 'or 3M framework' (2, 6) -*

MediSave, MediShield Life, and MediFund

These plans are compulsory. MediSave medical savings accounts and insurance schemes that can be used for illnesses and catastrophic events, thus lessening the government's burden. MediSave usually contributes between 8-10.5% of an individual's wage depending on age (2). All workers require this form of health savings among Singaporeans and permanent residents.

3. *A robust co-payment system for patients/clients reduces wastage and unnecessary medications in the system (2, 4)*

In other words, partial payment from out-of-pocket leads to the rational or essential seeking of health care, which preserves human resources and usage of drugs, rather than dumping the medication to trash after 2-3 days of consumption. In addition, this enables the care provider to have quality time with the patient/client and prevents work stress.

4. *Public-private partnership*

A solid public-private partnership that allows for an efficient healthcare network (6). Singapore is practising a shared care method of health care delivery, which maintains the balance between the public and private sectors, avoiding stress on each other. Primary healthcare is easily accessible through an extensive network of private medical practitioner clinics that provide 80% of primary healthcare services, while government polyclinics offer the remaining 20%. In contrast, the public sector represents 80% of tertiary hospital care through public hospitals and national specialty centres, while private hospitals account for the remaining 20% (4). Patients can choose healthcare providers within the dual healthcare delivery model. This is an established system in Singapore's healthcare system, and the main factors that made it work were the competition of each sector and the balance of the monopoly of either of the sectors. In the Sri Lankan system, public-private partnerships could be used to bridge primary healthcare services in the public sector with private institutions, which would be a great avenue.

5. *The "Whole of Society" approach to health*

Measures to meet future challenges with the participation of traditional healthcare entities and the 'whole of society' (holistic approach), including public education, housing, transportation and social services (7).

6. *Medical tourism and telemedicine*

The consideration of Information Technology (IT) solutions that focus on telemedicine, telecare and artificial intelligence for home resources and the launch of Singapore Medicine as a regional medical hub through medical tourism is another substantial step taken by the Singapore government (6-7). Establishing medical tourism in Sri Lanka would be a great opportunity and compelling investment, considering the attraction of tourists and the affordable cost of healthcare

compared with Singapore. However, Sri Lanka faces the challenge of providing uninterrupted services to clients, drugs, and surgical appliances in the present situation, which can breach the trust of foreigners. Therefore, these issues should be addressed first before establishing this concept.

7. *3 P strategy (2) aimed to make a healthy living “accessible, natural and effortless for all Singaporeans through,*
 - Place: A conducive environment for healthy living
 - People: A socially inclusive community
 - Price: Affordable options for healthy living
8. *Three beyond strategy (2)*
 - Beyond Hospital to Community - Health promotion programmes
 - Beyond Quality to Value - Healthy ageing, strengthening and transforming primary care
 - Beyond Healthcare to Health - Value-based healthcare through whole system integration

Author Declarations

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Conclusions & Recommendations

In conclusion, it is essential to extract the successful and possible concepts of the Singapore health system and tailor them to Sri Lanka. Although Singapore has a unique model, its valuable features can be incorporated into the Sri Lankan system. Being a city-state, Singapore has fewer human and physical resources than Sri Lanka does. The main lesson that Sri Lanka must take from Singapore is to use and manage the available resources effectively. As Sri Lanka has a “free health for all” policy, the personal responsibility for one’s own health is low; therefore, this personal responsibility should be increased. Moreover, the intergenerational transfer of liabilities should be reduced. In addition, alternative health financing mechanisms must be identified, and public-private partnerships can be strengthened to alleviate the already overburdened government health system.

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