

Country Profile Singapore

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Legal System

The Republic of Singapore is a unicameral representative democracy based on the Westminster Model. The city-state of Singapore has a common law system rooted in British tradition that has evolved locally. Sources of law are derived from the constitution, legislation, subsidiary legislation and judge-made law. The constitution defines the Executive branch as the President and the Cabinet consisting of a Prime Minister and other Ministers. The Legislative branch is vested with the President and the unicameral Parliament. The Supreme Court and State courts comprise the Judiciary branch.

Health Care System

Singapore has a mixed health care system that is funded both publicly and privately, with a focus on individual responsibility, family responsibility and self-reliance. Firstly, the government provides heavy subsidies, for example subsidies of up to 80% of the medical bills in acute public hospital wards. [1] Secondly, with the compulsory medical savings scheme Medisave under the Central Provident Fund, Singaporeans can pay their medical bills with relative financial ease. Thirdly, optional insurance plans MediShield (for long-term catastrophic illnesses) and ElderShield (for severe disability of the elder) provide additional privately funded protection against high medical costs for more serious illnesses or disabilities. [2] MediShield will soon be replaced with the compulsory MediShield Life. [3] Singaporeans can pay for their insurance premiums through their Medisave account. Lastly, the Government has set up Medifund, a safety-net fund for those who cannot afford their medical bills despite the mentioned subsidies, Medisave and insurance plans.

Treaty Ratifications

	Signed	Ratified	Acceded
International Convention on Economic, Social and Cultural Rights	-	-	-
Convention on the Elimination of All Forms of Discrimination against Women	-	-	5 Oct 1995
Convention of the Rights of the Child	-	-	5 Oct 1995
ILO Convention 169 (Indigenous and Tribal People Convention)	-	-	-

International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families	-	-	-
Convention on the Rights of Persons with Disabilities	30 Nov 2012	18 Jul 2013	-
Other (specific to each country)	-	-	-

Constitution

The Constitution of 1963 with Amendments through 2010 does not establish a right to health. Nonetheless, it does make reference to a health-related right, namely the right to life.

Section 9, Paragraph 1 Singapore Constitution (1963):

“No person shall be deprived of his life or personal liberty save in accordance with law.”

It is important to note that “person” does not refer to citizens of Singapore exclusively. This is evidenced by other fundamental liberties that specifically mention the qualification of citizenship. Furthermore, Section 2 of the Constitution holds no interpretation for “person.”

Overview of Relevant Provisions

Indicator	National Legislation	National Regulation
Government Commitment Mandatory language	The Minister for Health is charged with the responsibility for the relevant departments and subjects as set out in the schedule of his Authorising Act. [4]	
Sustainable Financing State reimbursement scheme	The government has set up optional (opt-out) state-organised insurance schemes as an alternative to private insurance schemes (e.g. MediShield and ElderShield). [5] The MediShield scheme will be upgraded to MediShield Life and become compulsory at a later date in 2015. [6] Only nationals and permanent residents are eligible. [7] While technically not a reimbursement scheme, the government has enrolled all employees in Singapore for a compulsory Medisave account. Both the employee as well as the employer adds contributions to the account based on a percentage of the wage. [8]	Persons can make withdrawals from their Medisave account to pay for the unsubsidized part of their (or their “dependant’s”) medical bills as well as to pay for their MediShield insurance scheme. [9]
Sustainable Financing State subsidy	The government has established the Medifund and ElderCare fund. The Medifund helps those who cannot afford their medical bills despite subsidies for C and B2 wards. The ElderCare fund	Government subsidies for public hospital ward visits depend on the class of the ward. There are five classes, ranked from lowest to highest: C: 80%-65% subsidy

	<p>primarily provides subvention to approved providers of step-down care. [10]</p>	<p>B2: 65%-50% subsidy B2+: 50% subsidy B1: 20% subsidy A: 0% subsidy [11] The two lowest class wards, C and B2, are set as the basic minimum standards of health care for Singaporeans. To illustrate, in class A wards patients have a private room with air conditioning, bathroom and a private doctor of their choice, as opposed to up to nine patients sharing one C ward room without air conditioning and having a doctor assigned to them. [12] To ensure that the subsidies go to the people that need it most, economically active patients in the C and B2 wards have their income levels checked. For example, C ward patients in the highest scale will only receive a 65% subsidy. [13] In addition, patients can receive subsidies for prescription drugs on the Standard Drug List depending on their insurance scheme. These drugs account for 90% of all prescribed drugs. [14]</p>
<p>Rational Selection Essential medicines framework</p>		<p>The Ministry of Health established a Standard Drug List, based on the WHO Essential Medicines List. The Drug Advisory Committee reviews the SDL on a yearly basis. [15]</p>
<p>Affordable Prices Availability of generics</p>		<p>Affordable prices are ensured through the subsidies patients can receive for prescription drugs on the Standard Drug List depending on their insurance scheme. These drugs account for 90% of all prescribed drugs. [16]</p>

Observations

<ul style="list-style-type: none"> ▪ The right to health or, more specifically, the right to essential medicines, is not explicitly stated in Singapore's Constitution. ▪ The government's White Paper on Affordable Health Care (1993) lays out the fundamental philosophy behind the government's health care policies. (<i>See Government Commitment Overview</i>) ▪ Singapore has not ratified or otherwise acceded the ICESCR. Furthermore, the government has not bound itself to provide health care to its citizens through legislation or regulation. It has instead adopted policies through a philosophy inherent to the city-state's mannerisms of self-reliance and personal and family responsibility. [17] ▪ In principle, medical care is never provided for free, despite heavy subsidies. Even basic health care has to be accounted for by the patient for at least 20% of the medical bill. Consequently, Singapore's health care system is not as heavily overused (=abused) as other health care systems can be.
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- Singapore has established an essential medicine list through its Standard Drug List.
- Singapore does not regulate drug prices. However, drugs on the SDL are subsidized and account for 90% of medication prescriptions. [18] Dr. Jeremy Lim argues that the process that establishes the SDL lacks in transparency. [19]
- Eldercare is one of Singapore's important focus points (ElderShield, ElderCare fund). This is in line with traditional Confucian concept of filial piety, as well as an understandable consequence of the growing proportion of elderly people and the desire to secure one's future.
- In an interview with William A. Haseltine, Minister for Health Gan Kim Yong theorized that the applicability of Singapore's health care system in other cities would depend on their specific historical, economic and social context, as well as the cultural norms and beliefs and governance system. He did not view the size of a city or country as the main factor for success. According to the Minister, Singapore's health care system is the result of taking the demographic, epidemiological, socio-economic and historical factors in consideration. He explains that Singapore's small size and urban environment has made it easier to implement public health programs, but other key factors are the efficient processes, financing systems and focus on self-reliance. [20]
- Employers bear the medical insurance costs for low-income foreign to ensure that the burden is not carried by the citizens or the government. [21]
- Singapore's health care system of tiered subsidies and compulsory savings has kept health care and medicines both affordable and accessible, while ensuring quality. [22] By developing and regulating a quasi-free market where public and private health care can co-exist Singapore has promoted availability and acceptability of health facilities. [23]

Government Commitment Overview

Constitution of the Republic of Singapore (Responsibility of the Minister for Health) Notification 2011

Responsibility of Minister for Health

It is hereby notified for general information that, pursuant to Article 30(1) of the Constitution of the Republic of Singapore, the Prime Minister has directed that Mr Gan Kim Yong shall, with effect from 21st May 2011, be charged with the responsibility for the departments and subjects set out in the Schedule and that he shall be designated as the Minister for Health.

The Schedule

Departments/Statutory Bodies

(...)

Subjects

Healthcare Financing:

Subsidy Policy.

Medisave.

MediShield, MediShield Life and Medical Insurance.

Medifund.

ElderShield and Disability Insurance.

Healthcare Delivery:

(...)

Primary Healthcare Services.

(...)

Health Sciences:

(...)

Health Legislation and Regulation:

(...)

Healthcare Manpower Standards and Development:

(...)

Affordable Health Care – A White Paper [24]

The Government's health care philosophy is based on five fundamental objectives:

- a) To nurture a healthy nation by promoting good health;
- b) To promote personal responsibility for one's health and avoid over-reliance on state welfare or medical insurance;
- c) To provide good and affordable basic medical services to all Singaporeans;
- d) To rely on competition and market forces to improve service and raise efficiency; and
- e) To intervene directly in the health care sector, when necessary, where the market fails to keep health care costs down.

Sustainable Financing (State Reimbursement scheme) Overview

Central Provident Fund Act

2. Interpretation

(1) In this Act, unless the context otherwise requires —

(...)

“employee” means any person who —

(a) is employed in Singapore by an employer otherwise than as a master, a seaman or an apprentice in any vessel; or

(b) being a citizen of Singapore is employed —

(i) as a master, a seaman or an apprentice in any vessel, the owners of which have not been exempted from the provisions of this Act; and

(ii) under a contract of service or other agreement entered into in Singapore;

(...)

“medisave account” means a medisave account maintained under section 13;

(...)

“member of the Fund” or “member” means any person to whose credit any amount is standing in the Fund, or for whom any account in the Fund is maintained for any of the purposes of this Act, and includes a person who contributes to the Fund voluntarily in accordance with section 13B;

(...)

7. Rates of contributions

(1) Subject to section 69 and any regulations made under section 77, every employer of an employee shall pay to the Fund monthly in respect of each employee contributions at the appropriate rates set out in the First Schedule.

(...)

13. Crediting of contributions and interest into subsidiary accounts, etc.

(1) Subject to subsections (7A) to (7G), there shall be maintained for each member in respect of the money standing to his credit in the Fund the following subsidiary accounts:

(a) an ordinary account from which, apart from subsection (7) and sections 15(2), (3), (4) and (5), 18, 18A, 18B, 18C, 22, 27B, 32 and 45 but subject to sections 14, 14A and 15A, withdrawals may be made in accordance with any regulations made under section 51(b) or 77(1)(h), (i) or (n);

(b) a medisave account from which, apart from subsection (6) and sections 15(2), (3), (4) and (5),

16A, 27B and 54, withdrawals may be made in accordance with any regulations made under section 77(1)(j) and (k); and

(c) a special account from which no withdrawal may be made except under subsection (7) or section 15(2), (3), (4) or (5), 17, 18, 18A, 18C, 19A, 27B or 45 or in accordance with any regulations made under section 77(1)(n) or (oa).

53. Establishment of MediShield Scheme

The Board may establish and maintain a medical insurance scheme to be known as the MediShield Scheme for the purpose of paying the full or part of the costs incurred by an insured person for the medical treatment or services received by him in an approved hospital at any time during the period he is insured under the Scheme.

53A. Application to persons below 21 years of age

(1) Subject to subsection (2), on or after the date of commencement of section 16 of the Central Provident Fund (Amendment) Act 2013 —

(a) a person below the age of 21 years may do any thing under this Part, or any regulations made under section 57, as if he were of full age; and

(b) the provisions of this Part and any regulations made under section 57 shall apply to a person below the age of 21 years, as if he were of full age.

(2) Any thing done under this Part or any regulations made under section 57, on or after the date of commencement of section 16 of the Central Provident Fund (Amendment) Act 2013, by a person below the age of 16 years (or such other age as the Minister may prescribe in place thereof) shall be done with the consent of his parent or guardian.

(3) Where, before the date of commencement of section 16 of the Central Provident Fund (Amendment) Act 2013, a person below the age of 21 years did any thing under this Part, or any regulations made under section 57, which would have been validly done if he were of full age, that thing shall be deemed to be and always to have been validly done by him.

(4) This section shall apply subject to any contrary age requirement expressly provided under this Act in respect of —

(a) any thing done under this Part, or any regulations made under section 57; or

(b) any provision of this Part or of any regulations made under section 57.

(5) Section 58 of the Insurance Act (Cap. 142) shall not apply to —

(a) any thing done under this Part, or any regulations made under section 57; or

(b) the application of any provision of this Part and of any regulations made under section 57.

54. Premium

(1) Every insured person shall pay a premium of such an amount as may be prescribed by regulations made under this Part.

(2) The Board shall be entitled to deduct the amount of premium payable by a member or his dependant who is insured under the Scheme from the amount standing to the credit of that member's medisave account.

56. Establishment of MediShield Fund

(1) The Board shall establish and maintain a fund to be known as the MediShield Fund into which shall be paid all premiums collected under this Part and out of which shall be met all payments to be paid by the Board under the Scheme (including any costs and expenses incurred by the Board in establishing and maintaining the Scheme).

(2) The MediShield Fund shall be controlled and administered by the Board.

(3) The moneys in the MediShield Fund may be invested by the Board in such manner as the Board thinks fit.

(4) Every amount paid by the Board out of the MediShield Fund before 30th December 2011 to defray the costs and expenses incurred by the Board in establishing and maintaining the Scheme shall be deemed to be and always to have been validly paid, and no legal proceedings shall lie or be instituted or maintained in any court of law on account of or in respect of any such payment.

69. Power to exempt

The Minister may, by order published in the *Gazette*, with or without conditions, exempt any person or class of persons from all or any of the provisions of this Act.

MediShield Life Scheme Act 2015 (partly in effect)

3. Establishment of MediShield Life Scheme (not yet in effect)

(1) A medical insurance scheme, known as the MediShield Life Scheme, is established for the purpose of paying the whole or part of the costs incurred by an insured person for approved medical treatment or services received by the insured person in an approved medical institution during the period when the insured person is insured under the Scheme.

(2) The Board is to administer the Scheme in accordance with this Act.

(3) The Scheme applies to every person who is a citizen or permanent resident of Singapore.

Central Provident Fund (Medisave Account Withdrawals) Regulations

2. Definitions

(...)

“dependant” means —

(a) a member’s spouse, child or parent; and

(b) a member’s grandparent who is a citizen or permanent resident of Singapore;

(...)

“medical treatment” —

(a) means —

(i) any medical treatment, surgical treatment, radiotherapy treatment, treatment of neoplasms by chemotherapy, renal dialysis treatment, radiosurgery treatment or approved vaccination; and

(ii) any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition; and

(b) includes —

(i) any investigation, medicine, curative material or device; and

(ii) where any treatment or vaccination referred to in paragraph (a) of this definition has been received by a person as an in-patient of any approved medical institution that is not an approved day rehabilitation centre, the maintenance of that person in the approved medical institution;

(...)

3. Application for withdrawal

(1) Subject to the Act and these Regulations, where a member or his dependant has received, or will receive as part of an approved treatment package —

(a) any medical treatment, psychiatric treatment or approved treatment —

(i) in any approved medical institution from an approved medical practitioner; or

(ii) in any other centre, clinic, hospital or premises approved by the Minister for Health under paragraph (1A); or

(b) any medical treatment (other than any approved vaccination) at home from an approved palliative care provider,

the Board may, on an application by the member, authorise the whole or part of the amount standing to the member’s credit in his Medisave account to be withdrawn and used for the payment of the medical treatment, psychiatric treatment or approved treatment received, or to be received as part of an approved treatment package, by the member or his dependant, subject to the direction of the Minister for Health under paragraph (1A)(b) and such other terms and conditions as the Board may impose.

(...)

Central Provident Fund (MediShield Scheme) Regulations

2. Definitions

(...)

“dependant”, in relation to a member, means —

(a) a member’s spouse, child, parent or grandparent; or

(b) any other person who is dependent on the member and whom the Board may approve for the purpose of these Regulations;

(...)

“medical treatment” —

(a) includes —

(i) any surgical treatment, radiotherapy treatment, treatment of neoplasms by chemotherapy, renal dialysis treatment or radiosurgery treatment;

(ia) any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition;

(ii) any service, investigation, medicine, curative material, medical consumable, surgical implant or other item necessary for the medical treatment; and

(iii) where any medical treatment has been received by a person as an in-patient in an approved hospital, the maintenance of that person in the hospital; but

(b) shall not include any treatment, service or item specified in the First Schedule;

(...)

3. Persons who are not entitled to join Scheme

(1) Except as expressly provided otherwise in these Regulations, a person shall not be entitled to join the Scheme, if —

(...)

(b) he is neither a citizen nor a permanent resident of Singapore;

(...)

7. Application to be covered under MediShield

(1) Any person who has not attained the age of 92 years and who is not insured under the Scheme in this Division may apply to the Board to be insured under the Scheme in this Division.

(2) Any member of the Fund may apply to the Board to insure his dependant under the Scheme in this Division.

(3) The Board may approve any application under paragraph (1) or (2) subject to such terms and conditions as the Board may impose.

8. Premium

(1) Subject to paragraphs (2), (3A), (3B), (4), (4A), (4B) and (5), for the purposes of this Division, the premium payable in respect of an insured person in each policy year —

(a) shall be in accordance with the Table set out in Part I, II, III, IV, V or VI of the Second Schedule, as the case may be; and

(b) shall be paid —

(i) from the amount standing to the insured person’s credit in his medisave account, or where the insured person is a member’s dependant, from that member’s medisave account; or

(ii) in such manner as the Board thinks fit, subject to such terms and conditions as the Board may impose.

(...)

Central Provident Fund (Withdrawals for EldersShield Scheme) Regulations

2. Definitions

In these Regulations, unless the context otherwise requires —

(...)

“ElderShield Scheme” means an insurance scheme established and maintained by the Ministry of Health for

the purposes of allowing a person to purchase a severe disability insurance policy from an approved insurer;
(...)

Sustainable Financing (State Subsidy) Overview

Medical and Elderly Care Endowment Scheme Act (Chapter 173A)

2. Interpretation

(1) In this Act, unless the context otherwise requires —

(...)

“ElderCare Fund” means the ElderCare Fund established under section 18(1);

(...)

“Medifund” means the Medical Endowment Fund established under the repealed Medical Endowment Scheme Act (Cap. 173A, 1994 Ed.) and reconstituted under this Act;

(...)

“step-down care” means —

(a) accommodation, personal care and health care for persons suffering or recovering from any sickness, disability or injury;

(b) personal care and health care during the day for any such persons; or

(c) such other forms of health care or care arrangements for any such persons as the Minister may prescribe;

(...)

3. Reconstitution of Medical Endowment Fund

(1) For the purposes of this Part, the Medical Endowment Fund or Medifund shall continue and be reconstituted in accordance with this Act.

(2) There shall be paid into the Medifund —

(a) all capital moneys as are appropriated from time to time from the Consolidated Fund and authorised to be paid into the Medifund by this Act or any other written law;

(b) gifts or bequests given or made for the purposes of Medifund; and

(c) the net income from investments of capital moneys in the Medifund.

(3) The Minister shall be responsible for the administration of the Medifund and all moneys belonging to the Medifund may be deposited in any bank and invested in any investment authorised under the Financial Procedure Act (Cap. 109).

(4) The Medifund shall be regarded as a Government fund and as comprising public moneys for the purposes of any written law.

15. Applications by eligible patients

(1) Every person who —

(a) is a citizen of Singapore;

(b) has received treatment or requires treatment from any approved institution;

(c) is unable to pay the hospital charges, fees or other expenses incurred by him; and

(d) satisfies such other requirements as may be prescribed,

may apply to the Medifund committee designated to approve his application for a payment out of the Medifund Account of the Medifund committee to defray in whole or in part the hospital charges, fees and other expenses incurred by him.

(2) Every application under subsection (1) shall be supported by such evidence as may be prescribed and by such further evidence as the Medifund committee may reasonably require.

16. Application made on behalf of patient

If an eligible patient, by reason of incapacity by physical or mental illness or any other cause, is unable to

make an application under section 15, any member of his immediate family or the medical social worker in charge of his case may submit the application on his behalf.

18. Establishment of ElderCare Fund

- (1) There shall be established a fund to be called the ElderCare Fund into which shall be paid —
- (a) all capital moneys as are appropriated from time to time from the Consolidated Fund and authorised to be paid into the ElderCare Fund by this Act or any other written law;
 - (b) gifts or bequests given or made for the purpose of the ElderCare Fund; and
 - (c) the net income from investments of capital moneys in the ElderCare Fund.
- (2) The ElderCare Fund shall be regarded as a Government fund and as comprising public moneys for the purposes of any other written law.

22. Subvention only for approved providers

Payments of subvention cannot be made under this Part to any person providing step-down care unless the person is an approved provider in respect of —

- (a) all types of step-down care provided or proposed to be provided by the person;
- (b) one or more specific types of step-down care provided or proposed to be provided by the person;
- (c) all types of step-down care provided or proposed to be provided by the person at specific premises; or
- (d) one or more specific types of step-down care provided or proposed to be provided by the person at specific premises.

23. Application to be approved provider

(1) Any organisation which is a provider of any step-down care may make an application in the prescribed manner for approval to be an approved provider in respect of —

- (a) all types of step-down care provided or proposed to be provided by the applicant;
 - (b) one or more specific types of step-down care provided or proposed to be provided by the applicant;
 - (c) all types of step-down care provided or proposed to be provided by the applicant at specific premises;
- or
- (d) one or more specific types of step-down care provided or proposed to be provided by the applicant at specific premises.

(2) (...)

Rational Selection Overview

Medicines Act (Chapter 176)

23. General sale list

- (1) The Minister may by order specify descriptions or classes of medicinal products, as being products which in his opinion can with reasonable safety be sold or supplied otherwise than by or under the supervision of a pharmacist.
- (2) In this Act any reference to a medicinal product on a general sale list is a reference to a medicinal product of a description, or falling within a class, specified in an order under this section which is for the time being in force.

73. Advisory committees

The Minister may establish one or more advisory committees consisting of such members as he may appoint for the purpose of giving advice to the licensing authority with regard to such matters arising out of the administration of this Act as are referred to them by the Minister.

Affordable prices Overview

Central Provident Fund (Medisave Account Withdrawals) Regulations

2. Definitions

(...)

“medical treatment” —

(a) means —

(i) any medical treatment, surgical treatment, radiotherapy treatment, treatment of neoplasms by chemotherapy, renal dialysis treatment, radiosurgery treatment or approved vaccination; and

(ii) any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition; and

(b) includes —

(i) any investigation, medicine, curative material or device; and

(ii) where any treatment or vaccination referred to in paragraph (a) of this definition has been received by a person as an in-patient of any approved medical institution that is not an approved day rehabilitation centre, the maintenance of that person in the approved medical institution;

(...)

Central Provident Fund (MediShield Scheme) Regulations

2. Definitions

(...)

“medical treatment” —

(a) includes —

(i) any surgical treatment, radiotherapy treatment, treatment of neoplasms by chemotherapy, renal dialysis treatment or radiosurgery treatment;

(ia) any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition;

(ii) any service, investigation, medicine, curative material, medical consumable, surgical implant or other item necessary for the medical treatment; and

(iii) where any medical treatment has been received by a person as an in-patient in an approved hospital, the maintenance of that person in the hospital; but

(b) shall not include any treatment, service or item specified in the First Schedule;

(...)

References

[1] Ministry of Health, ‘Cost and Financing’

https://www.moh.gov.sg/content/moh_web/home/costs_and_financing.html, accessed 1 March 2015.

[2] Ibid.

[3] MediShield Life Scheme Act, Section 1.

[4] Constitution of the Republic of Singapore (Responsibility of the Minister for Health) Notification 2011, Schedule.

[5] Central Provident Fund Act, Section 53.

- [6] Ministry of Health, 'What is the MediShield Life Scheme Bill?' https://www.moh.gov.sg/content/moh_web/medishield-life/what_s-the-medishield-life-bill.html, accessed 1 March 2015.
- [7] Central Provident Fund (MediShield Scheme) Regulations, Section 3.
- [8] Central Provident Fund Act, Section 7 and the First Schedule.
- [9] Central Provident Fund (Medisave Account Withdrawals) Regulations, Section 3; Central Provident Fund Act, Section 54 and Central Provident Fund (MediShield Scheme) Regulations, Sections 7 and 8.
- [10] Medical and Elderly Care Endowment Scheme Act, Section 22.
- [11] Haseltine, William A. *"Affordable Excellence: The Singapore Healthcare Story"* Singapore: Ridge Books and Washington, D.C.: Brookings Institution Press, 2013: p. 42.
- [12] Ibid.
- [13] Id., p. 86.
- [14] Ministry of Health, 'Drug Subsidies' (2 April 2015) https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/drug_subsidies.html, accessed 9 April 2015.
- [15] Ibid.; See note 11, p. 87.
- [16] See note 14.
- [17] See note 11.
- [18] See note 14.
- [19] See note 11, p. 74; The Malaysian Insider, 'Who Should be Subsidised? – Jeremy Lim' (14 January 2013) <http://www.themalaysianinsider.com/sideviews/article/who-should-be-subsidised-jeremy-lim>, accessed 7 April; Reprinted from: TODAY (14 January 2013) <http://www.todayonline.com/CommentaryandAnalysis/Commentary/EDC130114-0000031/Who-should-be-subsidised>, no longer accessible.
- [20] See note 11, p. 143-4.
- [21] Employment of Foreign Manpower Act, Section 25, subsections 4-6; See note 11, p. 74-5.
- [22] See note 11, p. 26, 30.
- [23] See note 11, p. 64-5; Gauld, R., Ikegami, N. et al., "Advanced Asia's Health Systems in Comparison," *Health Policy* 2006; 79 (2-3): p. 325–36.
- [24] Ministry of Health, 'Affordable Health Care' https://www.moh.gov.sg/content/moh_web/home/Publications/Reports/1993/affordable_healthcare.html, accessed 2 April 2015.