

the
Singapore

WAY

**STUDENT
GUIDE**

**Public Health and Healthcare
System Development**

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1. Welcome & Purpose of This Case

Welcome to a Case About More Than Medicine

In this case, you'll explore **how a country built one of the world's most efficient, affordable, and inclusive healthcare systems**—without going bankrupt or abandoning its people.

This isn't just about clinics and hospitals. It's about:

- How governments, citizens, and systems **share responsibility**
- What it means to create **dignity and trust** through public health
- How smart design—not just big budgets—can save lives

Singapore spends about **5% of its GDP** on healthcare (compared to 17% in the U.S.)—yet achieves **world-class outcomes**. You'll learn how.

Why This Case Matters to You

Whether you're studying public policy, healthcare, economics, social design, or leadership—this case will help you:

- Understand how **infrastructure shapes quality of life**
- Compare models of **universal health access** across countries
- Think through the **ethical and financial trade-offs** in system design
- Reflect on **your own beliefs about who should care for whom—and how**

What You'll Explore

- The **3M Framework**: MediSave, MediShield Life, and MediFund
- **Healthier SG**: Singapore's pivot from treatment to prevention
- The **balance of public and private responsibility** in healthcare
- What makes healthcare both **universal and sustainable**
- How aging populations are supported without draining future generations

A Note from the Author (Maher Kaddoura)

"A great health system doesn't promise everything for free. It promises that no one will be left behind."

This is your invitation to think like a designer of care, dignity, and fairness.

2. Case Background

Singapore in the 1960s: A Health Crisis

When Singapore became independent in 1965, it faced severe public health challenges:

- Overcrowded living conditions
- Poor sanitation and infectious disease outbreaks
- High infant mortality rates
- A lack of doctors, infrastructure, and basic services

The country had to **build a system from scratch**, with very limited resources and growing pressure from an aging population.

A Bold Alternative to Western Models

Rather than copying expensive health models from the West, Singapore created its own:

- A **layered system of personal savings, government support, and insurance**
- A shift from hospital-heavy care to **community-based prevention**
- A culture of **shared responsibility** between citizens and the state

The government invested in:

- **Mandatory medical savings** (MediSave)
- **Basic national health insurance** (MediShield Life)
- **A safety net for the poorest** (MediFund)

These three became the core of the “**3M Framework**.”

The New Era: Healthier SG

In recent years, Singapore launched **Healthier SG**, a national strategy that:

- Connects every citizen to a long-term primary care doctor
- Encourages **preventive screenings, lifestyle shifts, and early interventions**
- Uses data, incentives, and education to reduce chronic illness before it starts

This reflects a broader shift in health strategy: **from sick care to health care**.

Why It's Admired Globally

Today, Singapore ranks among the **top nations in life expectancy and health outcomes**, despite spending a fraction of what most developed countries do.

The system:

- Supports both rich and poor
- Encourages people to plan for their own care
- Maintains trust through **transparency, subsidies, and long-term thinking**

This case will help you **question your assumptions about healthcare**, and imagine what fair, smart, and sustainable systems could look like—wherever you are.

3. Learning Objectives

This case is designed to help you explore **what makes a healthcare system work—not just clinically, but economically, ethically, and socially.**

By the end of this case, you will be able to:

Understand

- How Singapore's healthcare system balances **efficiency, equity, and affordability**
- The structure and purpose of the **3M framework** (MediSave, MediShield Life, MediFund)
- How **Healthier SG** aims to shift the system from treatment to **prevention**
- Why Singapore emphasizes **co-payment, personal savings, and shared responsibility**

Analyse

- The trade-offs between **free healthcare and sustainable financing**
- The role of **personal responsibility vs. government support**
- How healthcare system design impacts aging populations and chronic illness
- The influence of **culture and trust** in shaping citizen behaviour

Apply

- Compare Singapore's model to your country's or another system you know
- Propose policy ideas for sustainable, equitable health coverage
- Use the Singapore case to evaluate your beliefs about public health priorities
- Create a basic healthcare model that aligns with your community's values and constraints

Discuss and Debate

- Should healthcare be free at the point of use—or does that risk overuse?
- Is it fair to ask individuals to save for their own medical costs?
- Can prevention-based models work in cultures used to treatment-first thinking?
- What does “universal healthcare” actually mean in practice?

This case will stretch you to think not just like a patient—but like a policymaker, economist, and ethical leader of tomorrow.

4. Pre-Class Preparation

Before you enter the discussion, it's important to prepare **both intellectually and personally**. This case works best when you bring your **own questions, values, and lived experience** to the conversation.

What to Read

Required:

- **Chapter 5 of *The Singapore Way*** by Maher Kaddoura
Focus on:
 - The 3M healthcare framework
 - The logic behind shared responsibility
 - Prevention-focused strategies (Healthier SG)

Optional Enrichment:

- “How Singapore Keeps Healthcare Affordable” – CNA Explainer (Video)
- “Health Systems That Work” – World Economic Forum or WHO Reports
- “What Is Healthier SG?” – MOH Singapore overview

Reflection Prompts

Take a few minutes to write or think through your responses:

1. **What does “fair” healthcare mean to you?**
Is it about access, quality, cost, or something else?
2. **Have you experienced a health system that worked well—or didn’t?**
What made it effective or frustrating?
3. **Should people be required to save money for their own future care?**
Why or why not?
4. **What does prevention mean in your context?**
Is it emphasized? Is it accessible?
5. **How should countries care for aging populations without going broke?**
What solutions have you seen—or would you suggest?

Optional: Healthcare Snapshot – Your Country vs. Singapore

Criteria	Your Country	Singapore
% of GDP spent on healthcare	?	~5%
Universal coverage?	?	Yes
Main funding model	?	Savings + Insurance + Government aid
Prevention focus	?	Growing priority (Healthier SG)

Complete this table as a **starting point for comparison**.

Bring to Class

	Item
	Chapter 5 notes and highlights
	Your answers to the reflection questions
	A country or case example (personal or researched)
	A willingness to challenge assumptions—and offer alternatives

5. In-Class Participation

In this session, you'll have the chance to **step into the role of a policymaker, strategist, or citizen advocate**. Whether through discussion, debate, or simulation—you'll engage with the hard choices behind universal care.

What You'll Be Doing

Activity	Purpose
Case Discussion	Analyse how Singapore's model balances cost, equity, and quality
Health Budget Simulation	Decide how to spend a limited health budget across competing needs
Trade-Off Debate	Weigh the case for and against co-payment, savings, or subsidies
System Redesign Workshop	Create a healthcare model for your own country or region
Stakeholder Mapping	Explore how different groups experience the system differently

How to Contribute Effectively

- **Come prepared** with your notes and opinions
- Use **case concepts** (e.g., 3M framework, Healthier SG, prevention strategy)
- Bring in **your country or real-world examples**
- Listen actively and **build on others' ideas**
- Don't just critique—**offer alternatives**

Sample Questions You Might Explore

- Who should be responsible for your health: you, the state, or both?
- Should healthcare be entirely free at the point of use—or co-funded?
- Can mandatory health savings reduce future inequality?
- Is prevention a luxury, or a national investment?
- Would Singapore's system work in your country? What would need to change?

Participation May Be Graded On:

	Criteria
	Relevance and insight of contributions
	Integration of case material
	Respectful collaboration and debate
	Creativity in policy design or simulation

This is your space to **test real-world policy thinking** in a safe, supportive environment.

6. Assignments

These assignments give you the opportunity to explore Singapore's model in depth—or to critique, adapt, or reimagine it in your own national or local context.

Choose the option that best fits your interest and your learning goals.

Option 1: Policy Analysis Essay – “Can This Work in My Country?”

Length: 1,000–1,200 words

Prompt:

Evaluate whether Singapore's healthcare model could work in your country (or one you know well).

Structure:

- Brief overview of your country's healthcare system
- Identify 2–3 Singaporean strategies (e.g., MediSave, Healthier SG)
- Discuss what could transfer and what would need adaptation
- Address potential **equity, funding, or political feasibility** challenges

Option 2: Healthcare Innovation Design Brief

Format: Infographic, pitch deck, or 1-page policy memo

Prompt:

Design a **new policy or tool** that promotes affordability, equity, and health outcomes using lessons from Singapore.

Include:

- Target population (e.g., rural elderly, urban youth)
- The Singaporean concept you're adapting
- A simple model of funding or delivery
- Metrics for success

Option 3: Personal Health Narrative – “A Time Healthcare Helped or Hurt Me”

Length: 700–900 words

Prompt:

Write a story about a time when **you or someone close to you** interacted with a healthcare system. What worked? What failed? What values did the system reflect?

Then, connect that story to **one Singaporean principle or policy** and reflect on what you’d redesign.

Tips for All Assignments

- Be **realistic** but creative—policies are about trade-offs
- Use **case vocabulary** like “shared responsibility,” “co-payment,” or “preventive model”
- Support your opinions with **examples, data, or personal experience**
- Ask for peer or instructor feedback before final submission

7. Reflective Practice

This case is about systems—but also about **your beliefs, values, and lived experience**. This section invites you to think deeply about **what health means in your life**, and what kind of society you want to help shape.

Reflection Prompts

Take 15–20 minutes to journal, voice-record, or think through the following:

1. **When have you felt truly cared for in a healthcare setting?**
What made it feel safe, dignified, or human?
2. **Do you believe healthcare is a right, a responsibility, or both?**
Where do your beliefs come from?
3. **What role should prevention play in public health?**
Is it realistic in your context—or idealistic?
4. **How would your family's experience of healthcare change under a system like Singapore's?**
Would they be empowered—or left behind?
5. **What's one idea from Singapore's model you'd champion—and why?**
What value does it reflect?

Quick Self-Check: My Healthcare Values

Rate yourself from 1 (disagree) to 5 (strongly agree):

Statement	Score (1–5)
I believe all people should have access to basic healthcare	
I think prevention is as important as treatment	
I see value in co-payment or personal savings to fund long-term care	
I understand how my country's system works (and why)	
I'm willing to rethink what "universal care" actually means	

Final Reflection Thought

"Good health is not just an outcome. It's a reflection of how a society values its people."

Use this case to reflect on how **values become policies**, and how policies shape lives.

8. Glossary of Key Terms

This glossary covers the most important terms and concepts from the Singapore healthcare model. Use it to prepare for discussion, strengthen your assignments, and deepen your systems thinking.

Term	Definition
MediSave	A mandatory health savings scheme where working Singaporeans contribute a portion of their salary to pay for future personal or family medical expenses.
MediShield Life	A national basic health insurance program that protects all Singaporeans against large hospital bills and costly outpatient treatments.
MediFund	A government safety net fund that provides financial aid to citizens who cannot afford medical bills even after using MediSave and MediShield.
Healthier SG	A national preventive health strategy that links each citizen to a regular doctor and focuses on long-term wellness instead of episodic treatment.
Co-Payment	A system where patients pay a small portion of their healthcare costs out-of-pocket, encouraging personal responsibility while keeping care accessible.
Shared Responsibility	A principle in Singapore's model where individuals, families, insurers, and the government each contribute to healthcare funding and outcomes.
Prevention-Based Care	A health strategy focused on promoting wellness, early detection, and behavioural change to reduce future costs and disease burden.
Universal Healthcare	A system where all individuals have access to essential health services without suffering financial hardship—though delivery and funding models vary.
Means Testing	A policy tool used to determine the level of subsidy or support based on a person's income or assets, ensuring resources go to those most in need.
Healthcare Sustainability	The ability to provide long-term, high-quality healthcare without exhausting public funds or creating dependency on short-term fixes.

Tip for Mastery:

Try using **at least 3–5 of these terms** in your next class discussion, essay, or design proposal.

9. Additional Resources

These resources will help you go deeper into **Singapore's healthcare system**, explore **global comparisons**, and gain insights for assignments, design projects, or future study.

Articles & Reports

Title	Why It's Useful
<i>Singapore's Healthcare System: An Overview</i> – Ministry of Health	Explains the 3M framework, funding philosophy, and citizen experience
<i>How Singapore Keeps Costs Low</i> – World Bank or WEF	Global policy brief on efficiency and strategic design
<i>Healthier SG White Paper</i> – MOH Singapore	Insight into Singapore's preventive health vision and national rollout
<i>The Global Health Expenditure Database</i> – WHO	Compare healthcare spending and outcomes by country
<i>What Makes a Health System Sustainable?</i> – OECD	Discussion of long-term planning, equity, and resource constraints

Videos & Documentaries

Title	Platform	Focus
<i>How Singapore Delivers Affordable Healthcare</i>	CNA Insider (YouTube)	Interviews and visuals explaining how the 3M model works
<i>Healthier SG: A New Era of Public Health</i>	MOH SG or Channel News Asia	Prevention strategy and GP-centered care
<i>Healthcare Systems Compared</i>	Vox or DW	Compares Singapore to U.S., UK, and Nordic models
<i>The Real Cost of Care</i>	World Economic Forum	Explores the economics and ethics behind health system design

Tools & Databases

- www.moh.gov.sg: Singapore Ministry of Health (official statistics, policy info)
- www.skillsfuture.gov.sg: For Healthier SG integration with lifelong learning
- data.worldbank.org: Healthcare access, spending, and outcomes across regions
- ourworldindata.org: Visual tools on public health, mortality, and chronic disease burden

Countries to Explore for Comparison

Country	What You'll Learn
United States	High cost, high innovation, low coverage efficiency
United Kingdom (NHS)	Free at point of use, tax-based, facing overload
Japan	Aging population with universal but decentralized care
Sweden	Strong public funding, patient-centered delivery
Vietnam	A growing system modeled partly on Singapore, adapted for scale

10. FAQs & Support

This section helps you navigate the case experience—whether you’re preparing for class, struggling with an assignment, or simply curious about how to dive deeper.

Frequently Asked Questions

Q1: Do I need to agree with Singapore’s healthcare model to participate well?

A: Not at all. This case is about **analysing systems**, not endorsing them. You’re encouraged to **critique, question, or adapt** what you learn—as long as you do so thoughtfully and with evidence.

Q2: What if I don’t have a background in public health or economics?

A: That’s perfectly fine. The case is designed to be **accessible for all disciplines**—what matters most is your ability to think critically about **trade-offs, values, and system design**.

Q3: Can I focus my assignment on just one element, like MediSave or Healthier SG?

A: Absolutely. Many students choose to dive deep into a single policy or tool. Just make sure you connect it back to the **larger themes** of sustainability, equity, or system design.

Q4: What if my country’s system is very different from Singapore’s?

A: That’s even better. The contrast will help you **generate new insights**. Use your country’s model as a **mirror**—what works, what doesn’t, and what might be worth rethinking?

Q5: Will I be graded on participation during class simulations or debates?

A: Likely, yes. Most instructors assess:

- Relevance and clarity of your contributions
- Use of case concepts and terminology
- Respect for diverse opinions
- Creativity in your solutions and arguments

Where to Get Help

Need Help With...	Go To...
Understanding the case or policies	Ask your instructor or case facilitator
Finding more research	Use the <i>Additional Resources</i> section
Essay writing or structure	Writing centre, Grammarly, or peer feedback
Designing visuals or slides	Canva, Google Slides, or classroom design labs
Referencing sources	Use Google Scholar, Zotero, or citation guides (APA/MLA/etc.)

Final Encouragement

“A healthcare system doesn’t just reflect a country’s wealth. It reflects its values.”

This case gave you the chance to explore what happens when a nation invests in **health as a human infrastructure**. Now it’s your turn to decide:

What kind of system would you help build—and who would it serve first?