

the
Singapore

WAY

**TEACHER
GUIDE**

**Public Health and Healthcare
System Development**

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1. Introduction to the Case

Why Healthcare Was a Strategic Imperative

At independence in 1965, Singapore faced rampant overcrowding, malnutrition, poor sanitation, and communicable disease outbreaks. Infant mortality was high, and life expectancy lagged behind global standards. The nation had neither the wealth nor the time to build a healthcare system modelled on Western norms.

Instead, Singapore designed its own: a **cost-effective, prevention-oriented, hybrid healthcare system** rooted in **personal responsibility, public support, and long-term financial planning**.

This case explores how Singapore continues to deliver **top-tier outcomes with one of the lowest healthcare expenditures in the developed world**—and what that means for global debates on universal health access.

Why This Case Matters Today

This case equips students to explore:

- **How to make universal health coverage financially viable**
- What it means to share healthcare responsibility across **citizens, state, and markets**
- How **behavior change, policy design, and infrastructure** work together
- The role of healthcare in **national trust, equity, and stability**

As aging populations, rising chronic disease, and global shocks (like pandemics) strain systems everywhere, Singapore's story is both timely and urgent.

Core Questions to Frame the Case

- What trade-offs exist between **healthcare quality, access, and affordability**?
- Can prevention really reduce long-term system costs?
- Should governments mandate savings for future health needs?
- What happens when care is efficient but not always free?

What the Case Unpacks

Key Focus Area	What Students Will Explore
MediSave, MediShield, MediFund (3M Framework)	Singapore's layered safety net combining personal savings, insurance, and government aid
Healthier SG	The shift from treatment to prevention, with every citizen linked to a long-term health provider
Public–Private Balance	Co-payments and subsidies: balancing personal responsibility with accessibility
Health Equity	Serving aging populations and vulnerable groups with dignity and sustainability
Cost Control vs. Quality	How Singapore spends less but gets more (and what trade-offs this involves)

This case is about more than hospitals and policies—it's about designing systems that help people **live longer, better, and with dignity**.

2. Pre-Class Preparation

To participate meaningfully, students should come prepared to examine **how healthcare systems work—and who they work for**. These materials and reflection prompts will help students connect global models to personal values and real-world needs.

Required Reading

- **Chapter 5 of *The Singapore Way*** by Maher Kaddoura
Focus on:
 - o The 3M framework: **MediSave, MediShield Life, and MediFund**
 - o Singapore’s emphasis on **preventive care and population health**
 - o Healthier SG: a citizen-anchored public health model
 - o How the system balances **affordability, efficiency, and access**

Optional Multimedia Resources

Resource	Format	Why It’s Useful
<i>Singapore’s Healthcare Explained</i>	Video (Gov.sg / CNA)	Short breakdown of how the 3M system works
<i>Healthier SG: A New Era in Public Health</i>	MOH SG explainer	Highlights the pivot to prevention
<i>The Cost of Care</i> – WEF or Vox	Global comparison of healthcare efficiency	Helps contrast U.S., European, and Asian systems

Reflection Questions for Students

Ask students to write down or consider brief responses to these:

1. Have you ever used or observed a healthcare system that was efficient—or frustrating? What made the difference?
2. Should people be required to save for their own healthcare? Why or why not?
3. Can prevention really reduce costs—or just shift them?
4. Would you trust a system where you pay out-of-pocket at the point of care, even if it's subsidized?
5. What kind of healthcare values (equity, efficiency, freedom, solidarity) matter most to you?

Pre-Class Activity (Optional): Healthcare System Snapshot

Have students research or reflect on their own country's system:

- Who pays for care? (e.g., government, employers, individuals)
- Is it universal?
- What's the biggest challenge: cost, quality, access, or trust?

Use this as a **launchpad for cross-country comparisons** during the session.

Instructor Preparation Checklist

	Task
	Prepare infographic or whiteboard drawing of the 3M system
	Print or share a summary table comparing Singapore to other models (e.g., UK NHS, U.S., Nordic systems)
	Assign student groups for simulation or debate
	Prepare “dilemma cards” with ethical or fiscal health trade-offs

3. Session Plan

This case lends itself to **dynamic, interdisciplinary discussion**—blending public health, economics, ethics, and system design. Students should leave with a clearer view of how **policy decisions impact lives, budgets, and equity**.

Session Timing Options

Length	Focus
60 min	Core discussion + one short debate or case mapping
90 min	Full case discussion + simulation or model critique
120 min	Deep dive into system design + stakeholder negotiation exercise

Learning Objectives

By the end of the session, students will be able to:

1. Explain Singapore’s 3M framework and how it balances cost with access
2. Evaluate **preventive care models** like Healthier SG
3. Identify tensions in healthcare design (e.g., personal vs. collective responsibility)
4. Compare Singapore’s model with global systems
5. Propose healthcare strategies adapted to their own context or field

Suggested 90-Minute Session Flow

Time	Activity	Purpose
0–10 min	Icebreaker Poll: “Who Should Pay for Healthcare?”	Surface assumptions and set tone
10–25 min	Case Recap: Singapore’s Healthcare System	Instructor-led visuals + Q&A
25–45 min	Guided Discussion	Explore themes of sustainability, equity, efficiency
45–65 min	Simulation: Ministry Budget Roundtable	Students negotiate resource allocation among stakeholders
65–85 min	Group Presentations or Gallery Walk	Each team shares policy trade-offs and final choices
85–90 min	Wrap-Up: One Insight, One Question	Reflect on what healthcare means to a just society

Core Discussion Questions

- Why does Singapore achieve better outcomes while spending less?
- What are the benefits and drawbacks of **mandatory personal health savings**?
- Should healthcare be 100% free—or is co-payment a useful accountability tool?
- How does a system ensure that **aging populations and low-income groups** are not left behind?
- Would a model like Healthier SG work in your country?

Visual Aids for Session

- **3M Framework Diagram:** Show how MediSave (savings), MediShield Life (insurance), and MediFund (safety net) work together
- **Cost vs. Outcome Chart:** Compare Singapore with the US, UK, Nordic countries
- **Healthier SG Flow:** Illustrate how individuals link to long-term health providers for preventive care

4. Case Facilitation Tools

These facilitation tools help bring **clarity to complex systems**, spark critical dialogue, and encourage students to explore **the tension between health as a right and health as a shared responsibility**.

Visual Aid: Singapore's 3M Healthcare Framework

Component	Purpose
MediSave	Mandatory personal medical savings from salaries
MediShield Life	Basic health insurance covering large medical bills
MediFund	Government safety net for those who cannot afford care

Use this visual as a live sketch, handout, or interactive slide. It shows **how layers interact**, rather than depending on a single payer.

Infographic: Health Outcomes vs. Expenditure (Global Comparison)

Provide a chart showing:

- **Singapore:** Low spending, high outcomes
- **U.S.:** High spending, mixed outcomes
- **UK/NHS:** Moderate spending, universal coverage
- **Nordic models:** High equity, high tax-based funding

Encourage students to **analyze which values each system prioritizes** (e.g., choice, access, personal accountability, prevention).

Healthcare Dilemma Cards (Debate Starters)

Prepare a set of 6–8 scenario cards like:

- *“A diabetic patient refuses to follow preventive care guidelines. Should the state keep paying for their hospital visits?”*
- *“You only have enough budget to either build a new hospital or launch a national nutrition campaign. Which do you fund?”*
- *“Should vaccinations be mandatory under a universal health system?”*

Use these to **trigger debate or team discussion** on trade-offs in public health policy.

Stakeholder Mapping Tool

Give students stakeholder roles (e.g., patient, insurer, MOH official, hospital CEO, nurse, elderly retiree) and ask:

- What does each group want from the system?
- What compromises are they willing to make?
- How do policies affect them differently?

Students can **map alignment and tension zones** to better understand how “universal” doesn’t always mean “uniform.”

Healthier SG Flowchart (Prevention Over Treatment)

Illustrate how Healthier SG:

- Links each citizen to a family physician
- Offers subsidies for screenings, vaccinations, health planning
- Emphasizes long-term engagement, not just episodic visits

Ask: How would this model change behaviour in your country?

5. Group Activities & Teaching Tactics

These activities challenge students to **design, debate, and navigate** complex health trade-offs using insights from Singapore's model. They also provide space for creativity and strategic thinking.

Activity 1: Design a National Healthcare Model

Objective: Apply Singapore's layered strategy to a different country or hypothetical scenario.

Instructions:

- In teams, choose a low- or middle-income country, or invent a fictional one.
- Design a 3-part healthcare framework:
 - Primary care access
 - Funding model (e.g., savings, tax, co-payment)
 - Preventive vs. treatment balance

Deliverable: A 2-minute pitch + visual (poster or slide) + 1 major trade-off they had to resolve

Debrief:

- Which part was hardest to agree on?
- Who in society benefits most—and who might feel left behind?

Activity 2: Health Ministry Budget Roundtable (Simulation)

Objective: Understand the resource allocation and stakeholder tension in national health planning.

Roles:

- Ministry of Health (chair)
- Public Hospital Administrator
- National Insurance Provider
- Primary Care Physician
- NGO for Elderly Care
- Finance Minister

Task: Each team gets a health budget of \$1 billion. They must:

- Propose how to allocate funds
- Justify choices in terms of prevention, infrastructure, and inclusion
- Negotiate with other stakeholders in a mock cabinet roundtable

Bonus Twist: Unexpected crisis card (e.g., disease outbreak, budget cut, protest against co-payment)

Activity 3: Trade-Off Debate – “Free Healthcare for All?”

Motion: “Universal healthcare must always be fully free at the point of use.”

Split the class into:

- **Pro team:** Focus on ethics, access, health as a right
- **Con team:** Focus on sustainability, personal responsibility, system abuse

Each team presents a 2-minute opening, 1-minute rebuttal, and closing statement. Observers vote not just on who won—but who **balanced ethics and economics best**.

Quick Engagement Tactics

Tactic	Purpose
Sticky Wall: “If I Ran My Country’s Healthcare...”	Students post one change they’d make tomorrow
Role Switch	Students argue <i>against</i> their initial position to explore trade-offs
Speed Rounds	30-second answers to prompts like: “What’s more important—prevention or treatment?” “Taxes or savings?”

These tactics shift students from **spectators to system thinkers**—equipping them to analyze, adapt, and advocate for better care models.

6. Assignments and Post-Class Engagement

These assignments challenge students to **evaluate, apply, or reimagine healthcare models** based on the Singapore case. They can be adapted for public policy, health administration, economics, or international development contexts.

Assignment 1: Policy Critique – “Would This Work Here?”

Length: 1,000–1,200 words

Prompt:

Would Singapore’s healthcare model work in your country (or a country of your choice)? Why or why not?

Include:

- A summary of your country’s current model
- Key differences and contextual constraints
- At least two features of Singapore’s system you would **adapt or reject**
- A reflection on health equity or sustainability

Assessment Focus: Realism, insight, systems thinking, clarity

Assignment 2: Design a Health Innovation

Format: Slide deck, infographic, or short proposal

Task:

Imagine a new healthcare policy, tool, or program that:

- Embodies the values of **affordability, equity, and personal accountability**
- Targets a specific need (e.g., chronic illness, elder care, rural access)
- Draws inspiration from at least one Singaporean policy or structure (e.g. Healthier SG, MediSave)

Bonus: Include a user persona or stakeholder voice

Assignment 3: Personal Narrative – “When Healthcare Worked (or Failed) for Me”

Length: 700–900 words

Prompt:

Reflect on a time when you or someone close to you experienced the healthcare system in a meaningful way—either positively or negatively.

Connect it to the case by exploring:

- How systems shape care outcomes
- What values were upheld—or violated
- What you would change, and why

Ideal for social impact, leadership, and ethics-oriented courses.

Post-Class Engagement Ideas

Activity	Purpose
Peer Policy Review	Students exchange critiques of each other’s healthcare proposals
LinkedIn Article Challenge	Publish a short article: “What I Learned from Singapore’s Healthcare Model”
Mini Roundtable	Host a Zoom or in-person panel on “The Future of Healthcare in My Country” with peers or professionals

7. Assessment and Feedback Tools

This section offers flexible rubrics and reflection tools to assess how well students **engage, think, collaborate, and apply case insights**. Each tool aligns with real-world skills in policy design, system critique, and ethical reasoning.

A. Policy Critique Rubric

Criteria	Excellent (5 pts)	Good (3–4 pts)	Needs Work (1–2 pts)
Case Insight	Strong integration of Singapore’s healthcare principles	Adequate reference to case themes	Minimal use of case knowledge
Contextual Relevance	Deep understanding of target country/system	Mostly relevant	Shallow or mismatched context
Analytical Depth	Clear, critical exploration of trade-offs	Basic evaluation, few trade-offs noted	Lacks systems thinking
Feasibility of Recommendations	Creative but realistic, evidence-based ideas	Some practical insight	Unrealistic or generic proposals
Structure and Clarity	Well-organized, professional tone	Mostly clear, minor formatting issues	Hard to follow or poorly structured

Total: ____ / 25

B. Simulation or Group Activity Rubric

Criteria	Excellent (5)	Good (3–4)	Needs Work (1–2)
Role Engagement	Played stakeholder convincingly, well-researched	Mostly in role, some gaps	Disengaged or confused about role
Decision-Making Quality	Thoughtful reasoning, acknowledged trade-offs	Basic justifications	No clear reasoning
Collaboration & Negotiation	Shared airtime, facilitated team progress	Participated, some overlap	Dominated or uninvolved
Connection to Case	Linked decisions to Singapore’s system clearly	Occasional references	No linkage to case

C. Personal Narrative Rubric

Criteria	Excellent (5)	Good (3–4)	Needs Work (1–2)
Emotional Depth	Authentic, specific, empathetic	Mostly reflective	Vague or impersonal
Systems Awareness	Connects personal story to healthcare structures	Some connection made	Story remains isolated
Case Integration	References Singapore model or values	Minor reference	Missing connection
Writing Quality	Engaging, clean, voice-driven	Clear, minor issues	Unpolished or rushed

D. Self-Assessment: Healthcare Values Survey (Post-Activity)

Ask students to rate and reflect:

Statement	Strongly Agree / Agree / Disagree / Strongly Disagree
I believe healthcare is a shared responsibility between individuals and the state.	
I see value in preventive health, even when it's invisible.	
I better understand the economic challenges of running a health system.	
I would feel comfortable proposing a health policy solution in the real world.	

Prompt for Reflection:

Which of your values or assumptions were challenged during this case—and why?

8. Instructor Notes and Commentary

This section helps you teach the case with clarity, nuance, and responsiveness. Singapore’s model is both **admired and debated**—and your role is to help students engage **critically, not just admirably**.

Teaching Mindset: Between Efficiency and Equity

This case is ideal for challenging students to think like:

- **Policy architects** balancing cost and compassion
- **Ethical leaders** navigating trade-offs in care
- **Public system designers** working under fiscal constraints

Singapore didn’t chase a utopian model. It built a **practical, adaptive, and values-anchored system**. Teaching this case is about:

- **Interrogating trade-offs**, not avoiding them
- Understanding that “**universal**” ≠ “**uniform**”
- Surfacing **assumptions about entitlement, fairness, and responsibility**

Common Tensions You’ll Encounter in Class

Student Reaction	Instructor Framing Tip
“Healthcare should be free for everyone.”	Ask: Free at point of care—how is it paid for upstream? What’s sustainable?
“Why make people save for their own care?”	Introduce the idea of shared accountability and long-term cost control.
“This would never work in my country.”	Reframe: Which parts could work? What conditions would you need to adapt?
“Singapore sounds harsh on vulnerable groups.”	Invite a discussion on how MediFund protects the poorest, and the limits of means-testing.

Key Themes to Emphasize

- **Strategic Layering:** The 3M system isn’t one big promise—it’s a mosaic of tools that **interlock and adapt**.
- **Civic Culture Matters:** Singapore’s approach assumes a public willing to plan and contribute—not just consume.
- **Prevention as Policy:** Singapore treats public health education and check-ups as **infrastructure**, not extras.
- **Efficiency ≠ Apathy:** Low-cost doesn’t mean low-care. Discuss **how design and discipline create dignity**.

Opening Quote to Ground the Session

“We never promised free healthcare. We promised that no one would be left behind.”
— *Singapore Ministry of Health Official*

Use this to spark reflection on **access vs. assurance**.

Tips for Facilitation

- Use the 3M model as an **anchor visual** throughout the class
- Make time for students to compare their home systems—**contrast drives insight**
- Guide simulation debates with **budget caps** to mimic real trade-offs
- Reframe all challenges as **design prompts**: “If not this, then what would you do?”

9. Additional Resources

These curated resources will help deepen your classroom dialogue and provide students with **data, comparisons, and insights** for assignments and further research.

Recommended Readings

Title	Why It's Useful
<i>The Singapore Healthcare System: An Overview</i> – Ministry of Health (MOH SG)	Direct from source; clear outline of policies, funding, and reforms
<i>How Singapore Got Healthcare Right</i> – The Economist or World Bank	High-level analysis of Singapore's outcomes and trade-offs
<i>World Health Report: Health Systems Financing</i> – WHO	Explains different global funding models and sustainability challenges
<i>Health Systems in Transition: Singapore</i> – WHO Regional Office	Academic, data-rich overview for advanced learners
<i>Preventive Health in Practice: The Healthier SG Approach</i> – MOH White Paper	Deep dive into prevention-as-policy and family medicine networks

Videos & Documentaries

Title	Platform	Focus
<i>How Singapore Delivers World-Class Healthcare for Less</i>	CNA Insider / YouTube	Excellent case visualizer; patient interviews and policy explained
<i>The 3M System Explained</i>	MOH SG (animation or explainer)	Great classroom opener or case recap
<i>Healthier SG: Redefining Public Health</i>	Mediacorp / MOH Channel	Shows the behavioral and systems shift from reactive to preventive care
<i>Global Healthcare Comparisons</i>	Vox or DW	Places Singapore in contrast with U.S., UK, and Scandinavian models

Data & Benchmarking Tools

- <https://www.moh.gov.sg> – Official source for all Singaporean health policy materials
- <https://www.who.int> – World Health Organization: Global indicators, system design briefs
- <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS> – Compare countries on health expenditure as % of GDP
- <https://ourworldindata.org/health-system-performance> – Visual database on global healthcare efficiency and equity

Countries for Comparative Study

Country	Why It's Useful
United States	High cost, market-driven, minimal prevention
United Kingdom (NHS)	Tax-funded, universal but facing capacity stress
Sweden / Norway	High-tax, universal, strong primary care + public trust
Vietnam	Inspired by Singapore's model; adapting co-payment + savings ideas
India	Fragmented access, with state-led innovation in insurance models (e.g., Ayushman Bharat)