Key Messages

Overall progress towards universal health coverage (UHC)

- In 2012, the Ministry of Health launched the Healthcare 2020 Masterplan. Its goals were to improve access, affordability and quality of healthcare services for Singaporeans. A healthy living masterplan was also launched in 2014 and was aimed to promote healthy living as accessible, natural, and effortless for all Singaporeans.

- Compared to other countries in the Western Pacific Region, Singapore has high coverage of essential services.

- Singapore has a relatively low out-of-pocket spending, which suggests a relatively low risk of financial hardship.

- The UHC index indicates gaps in noncommunicable disease (NCD) and infection disease prevention and control, specifically in the prevalence of raised blood pressure and in tobacco use, HIV treatment, and tuberculosis detection and treatment.

The majority of SDG 3 indicators are close to the target

- Compared to other countries in the Region for SDG 3 indicators, Singapore fared well in reproductive, maternal, newborn and child health (RMNCH), as well as in progress in infectious diseases, urban and environmental health, and health system resources and service capacity.

- The equity dimension is not known either because the country may not have disaggregated data or because data have not been reported to WHO.
UHC, which is a specific target under SDG 3, is the platform that brings health and development efforts together. UHC ensures that all people and communities receive the quality services they need, and are protected from health threats, without suffering financial hardship. It is measured by a country’s health service coverage and financial protection.

Health service coverage is measured by the UHC index that is a summary measure that combines 16 tracer categories. It has four main categories, namely: (1) RMNCH; (2) infectious diseases; (3) NCDs; and (4) service capacity and access.

How is country performance on UHC indicators assessed?

Country performance on UHC was assessed based on the distribution of indicator values across Western Pacific Region countries. The overall UHC index coverage of essential health services available for 27 Western Pacific Region countries was used to determine the threshold values. The main threshold was set at the mean (close to 60 points). The other thresholds were set at equal intervals to accommodate the overall UHC index coverage of essential health services available.

The UHC performance scorecard colour code for the Western Pacific Region:

- **Reproductive, maternal, newborn and child health:**
  - > 80% Average of 27 Western Pacific Region countries
  - 60–80% Average of 27 Western Pacific Region countries
  - < 60% Average of 27 Western Pacific Region countries

- **Infectious diseases:**
  - > 80% Average of 27 Western Pacific Region countries
  - 60–80% Average of 27 Western Pacific Region countries
  - < 60% Average of 27 Western Pacific Region countries

- **Noncommunicable diseases:**
  - > 80% Average of 27 Western Pacific Region countries
  - 60–80% Average of 27 Western Pacific Region countries
  - < 60% Average of 27 Western Pacific Region countries

- **Service capacity and access:**
  - > 80% Average of 27 Western Pacific Region countries
  - 60–80% Average of 27 Western Pacific Region countries
  - < 60% Average of 27 Western Pacific Region countries

What tracer indicators are included in the UHC index—a coverage of essential health services?

<table>
<thead>
<tr>
<th>Tracer category</th>
<th>Indicator value</th>
<th>Indicator rescaled score, when applicable.</th>
<th>Target: 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive, maternal, newborn and child health</td>
<td>Family planning demand satisfied with modern methods (%), 2015</td>
<td></td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Antenatal care, 4 + visits (%), 2015</td>
<td></td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Child immunization 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine (%), 2015</td>
<td></td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>Care-seeking behaviour for child pneumonia (%), 2015</td>
<td></td>
<td>86</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>Tuberculosis (TB) detection and treatment (%), 2015</td>
<td></td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>HIV antiretroviral treatment (%), 2015</td>
<td></td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Access to improved sanitation (%), 2015</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Noncommunicable diseases</td>
<td>Prevalence of non-raised blood pressure (%), 2015</td>
<td></td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Mean fasting plasma glucose (mmol/L), 2008</td>
<td></td>
<td>5.3</td>
</tr>
<tr>
<td></td>
<td>Tobacco non-use (%), 2015</td>
<td></td>
<td>83</td>
</tr>
</tbody>
</table>

What does financial protection measure?

Financial protection (SDG 3.8.2) measures direct health payments families incur, typically in the last month, in relation to a household’s budget or income. In general, a higher value means increased financial hardship. The indicator summarizes the percentage of the population in a country for which health spending exceeds 25% of their household’s budget.

How does financial risk protection vary across population groups in Singapore?

How does Singapore compare to other countries in the Region?

Relationship between UHC coverage of essential health services and financial risk protection in Western Pacific Region countries
Sustainable Development Goals

World leaders committed to achieve the 17 Sustainable Development Goals (SDGs) by 2030 in an effort to end poverty, protect the planet and ensure prosperity for all. SDG 3 covers the unfinished Millennium Development Goal (MDG) agenda and newer challenges such as noncommunicable diseases (NCDs), health security, tobacco and injuries.

How is country performance on the SDG indicators assessed?

There are two values displayed in each country profile: the indicator value and the rescaled value. The first corresponds to the actual value for a country at the baseline year, whereas the rescaled value shows the relative position of a country with respect to other countries in the Western Pacific Region. The rescaled value measures the relative proximity to a target, i.e. explicit SDG targets or a best-performing country. Specific SDG targets (indicators shaded in grey) were used for the maternal mortality rate (70 per 100 000 live births), the neonatal mortality rate (12 per 1000 live births) and the under-5 mortality rate (25 per 1000 live births). A value of 100% means the indicator value is at the exact target value. The closer to the target the indicator value is, the higher the percentage.

The rescaled data should be interpreted in the following way: using the adolescent birth rate as an example, Singapore has a value of 99%, meaning it has performed at 99% of the best-performing country.

For all SDG indicators, rescaled values range from 0 to 100, therefore three equal bands have been used. The SDG performance scorecard colour code for the Western Pacific Region:

![Scorecard Legend](image)

How far is Singapore from the SDG targets?

<table>
<thead>
<tr>
<th>SDG</th>
<th>Indicator value</th>
<th>Indicator rescaled score to 0–100%</th>
<th>Target: 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive, maternal, newborn and child health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100 000 live births)</td>
<td>3.1.1</td>
<td>18.0</td>
<td>100%*</td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel (%)</td>
<td>3.1.2</td>
<td>100.0%</td>
<td>100%*</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1000 live births)</td>
<td>3.2.1</td>
<td>2.8</td>
<td>100%*</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>3.2.2</td>
<td>1.1</td>
<td>100%*</td>
</tr>
<tr>
<td>Infants receiving three doses of hepatitis B vaccine (% (proxy))</td>
<td>3.3.4</td>
<td>96.0%</td>
<td>91%*</td>
</tr>
<tr>
<td>Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods</td>
<td>3.7.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 women aged 15–19 years)</td>
<td>3.7.2</td>
<td>2.7</td>
<td>99%*</td>
</tr>
<tr>
<td>Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)</td>
<td>3.8.1</td>
<td>97.0%</td>
<td>92%*</td>
</tr>
</tbody>
</table>

Infectious diseases

- New HIV infections among adults 15–49 years old (per 1000 uninfected population) | 3.3.1 | | |
- TB incidence (per 100 000 population) | 3.3.2 | 51.0 | 92%* |
- Malaria incidence (per 1000 population at risk) | 3.3.3 | | |

Are population groups in Singapore being left behind?

- Total net official development assistance to medical research and basic health per capita (constant 2014 US$), by recipient country | 3.3.1 | 75.6 | 98%* |
- Average of 13 International Health Regulations (2005) core capacity scores | 3.3.2 | 99.0 | 100%* |
- Skill health professionals density (per 10 000 population) | 3.3.3 | | |
- Suicide mortality rate (per 100 000 population) | 3.4.1 | 9.1 | 94%* |
- Total alcohol per capita (≥ 15 years of age) consumption (in litres of pure alcohol), projected estimates | 3.5.2 | 1.9 | 93%* |
- Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Female | 3.6.1 | 5.0% | 97%* |
- Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Male | 3.7.1 | 28.0% | 96%* |

Urban and environmental health

- Road traffic mortality rate (per 100 000 population) | 3.6.1 | 0.1 | 100%* |
- Mortality rate attributed to household and ambient air pollution (per 100 000 population) | 3.6.2 | 0.1 | 100%* |
- Total population smoke free | 3.6.3 | | |

Health system resources and capacity

- Are population groups in Singapore being left behind? | 3.9.1 | | |
- Rescaled based on existing SDG targets.
- Rescaled based on targets identified in the Region.
Technical notes and sources

5. WHO life expectancy (http://www.who.int/gho/mortality_burden_disease/life_tables/en/).
6. SDG indicator 3.8.1 and its components have been computed by WHO using publically available data, including existing WHO/UN agency estimates, country data reported to WHO, and published results from household surveys available in UHC Data Portal (http://apps.who.int/gho/cabinet/uhc.jsp) and in the 2017 Global Monitoring Report on Tracking Universal Health Coverage (http://www.who.int/healthinfo/universal_health_coverage/report/2017_global_monitoring_report.pdf?ua=1).
7. Given the limited number of countries for which SDG indicator 3.8.2 on financial risk protection is available, an alternative proxy measure was used in some analyses to be able to assess financial hardship in a greater number of countries. The proposed measure was out-of-pocket health expenditure per capita as a percentage of GDP per capita. This measure showed a moderate correlation with SDG indicator 3.8.2. In addition, this proxy indicator does not necessarily measure financial risk protection and is not a replacement for the UHC financial risk protection indicator (3.8.2).
8. Reproductive, maternal, newborn and child health measures the extent to which those in need for family planning, pregnancy and delivery care, child immunization and treatment receive the care they need.
9. Infectious diseases measures: (i) the extent to which those in need for TB and HIV treatment and malaria prevention receive the care and services they need; and (ii) access to improved sanitation.
10. Noncommunicable diseases measures the current status of NCD risk factors in the population, including blood pressure, glucose level and tobacco consumption, as a proxy indicator of success of both prevention efforts and screening and treatment programmes.
11. Service capacity and access measures general features of service capacity and access to care within a health system. Measures include hospital beds and health professionals per capita, and a measure of health security for responding to epidemics and other health threats.
15. WHO regional and global figures are for the period 2010–2016.
18. WHO life expectancy (http://www.who.int/gho/mortality_burden_disease/life_tables/en/).
25. Disaggregated data for SDG indicators on page 3 come from the WHO Health Equity Assessment Toolkit (HEAT), software for exploring and comparing health inequalities in countries. The tool includes reproductive, maternal, newborn and child health indicators, disaggregated by five dimensions of inequality, including economic status, education, place of residence, subnational region and sex (where applicable). Currently, Singapore does not report data to this tool.