

Republic of Singapore

Agenda No. 10

Primary Healthcare

Written Statement

In 2026, Singapore is expected to become a super-aged society, as defined by WHO. The rapid pace of aging, rising chronic disease burden and increased demand for healthcare necessitates a fundamental rethink on how Singapore approaches the silver tsunami. HealthierSG (HSG), a multi-year national programme which started in 2023 represents a deliberate shift from reactive acute episodic care towards a more proactive, relationship-oriented system that focuses on prevention, positioning of primary care as the anchor and the first point of care for population health.

2 HSG involves building a long-term patient-provider relationship through a “One Resident, One Family Doctor” model. Residents aged 40 and above are encouraged to enroll with a chosen doctor, either in public polyclinics or private general practices. As of December 2025, more than 1.3 million residents have enrolled at more than 1,100 primary care clinics nationwide. The assigned doctor takes care of the patients (the “enrollee”) acute, chronic, and preventive care. This enrolment-based approach moves accountability beyond individual encounters, enabling providers to monitor patients over time, initiate early interventions, and personalise preventive and chronic care plans.

3 Under HSG, care protocols have been progressively rolled out. Each care protocol provides comprehensive evidence-based guidance to assist the HSG GPs in assessing and managing their enrollees. In addition, to providing clinical guidance, CPs also include operational workflows, information on preventive care, social prescription, and vaccinations as part of holistic primary care.

4 HSG annual service fees are also provided to the GPs to incentivise the submission of data as part of good clinical documentation. The Healthier SG Chronic Tier Subsidy Framework was also introduced at HSG GP clinics for their enrollees who are also participants in national health subsidy schemes such as the Community Health Assist Scheme (CHAS) and other age-specific generational programmes. Eligible residents can enjoy access to selected chronic medications under a whitelist that is similar to those at polyclinics, and at comparable prices. These medications are commonly used for the management of conditions under the Chronic Disease Management Programme (CDMP).

5 Recognising that health outcomes extend beyond clinical care, HSG strengthens integration between primary care providers and community services. For example, primary care providers can refer patients with mild to moderate mental health conditions to the community mental health teams for counselling and psychotherapy interventions, whilst Active Ageing Centres (AACs) address social isolation and functional decline amongst older adults.

6 As HSG matures, Singapore is focused on expanding enrollment to achieve population-wide coverage whilst deepening care integration across the primary healthcare ecosystem. WHO and its partners should continue advocating for primary health care as the foundation of universal health coverage, with Singapore committed to supporting these collective efforts.