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**ADDRESS BY DR ALINE K WONG, MINISTER OF STATE FOR HEALTH,
REPUBLIC OF SINGAPORE, AT THE 44TH WORLD HEALTH ASSEMBLY,
GENEVA, ON 8 MAY 1991**

Mr President, on behalf of the government of Singapore, I extend to you and to the Vice-Presidents and elected officers of the 44th World Health Assembly our heartiest congratulations on your election to the high offices. I would also like to congratulate the Director-General on his very well presented and comprehensive report on the work of the World Health Organisation and efforts made to achieve health for all by the year 2000.

Mr President, many countries are now facing the prospect of an ageing population. For countries undergoing fertility declines, it is not merely the size of the older population that is growing, but also the relative proportion to the other age groups. This has wide ranging implications, not only for health administrators but also for economic and social development planners.

Singapore is confronted by a rapidly growing elderly population. We attained replacement fertility in 1975. Since then, fertility has continued to decline and the total fertility rate reached a historic low of 1.44 in 1986 before rising to 1.64 in 1987 and 1.98 in 1988. The elderly 65 years and older represent 5.6 per cent of the population today. This will increase to 7.4 per cent by the year 2000 and nearly four-fold to 20 per cent by the year 2030.

The ageing of the population is a matter of serious concern to my government. We have adopted a multi-sectoral approach and introduced a number of measures designed to anticipate and cope with the problems of an ageing population and to meet the special needs of the elderly.

ROLE OF THE FAMILY

The elderly person living with the family gives and receives emotional and material assistance and support. The family's role in ensuring the care and well-being of the elderly is important and qualitatively different from that provided by other care-giving institutions, no matter how well managed the latter may be.

Urbanisation, industrialisation and modernisation over the last two decades have contributed to the break-up of the extended family system in Singapore. Large extended households with many families staying under one roof have been split up into nuclear families, each staying in their own apartments in different new towns miles apart. The family today is subjected to numerous competing demands. With smaller family size and increasing participation of women in the workforce, the support traditionally provided by the family to the elderly is being eroded.

My government's policy is to keep the elderly physically and mentally fit and active, so that they can carry on their normal daily activities and living arrangements for as long as possible. The underlying philosophy is that the family must play the primary role in caring for the elderly. As far as possible, the elderly should live in the community rather than in an institution. The elderly also prefer to live with their children. They are reluctant to stay in homes for the aged. At present, only two per cent of the elderly are living in institutions.

To preserve and strengthen the traditional family system and to encourage families to care for their elderly members, several schemes have been introduced. About 88 per cent of Singaporeans live in government subsidised apartments. The Multi-Tier Family Housing Scheme encourages multi-generation families to remain intact despite relocation. Applicants for public apartments under this Scheme are given priority in allocation of housing. The Joint Application Scheme allows married children and their parents to be allocated adjoining apartments. Individuals are also allowed income tax relief for caring for an elderly dependent.

As a long-term social policy, my government has identified upholding the family as the basic building block of society as one of the key core values which Singaporeans should subscribe to and live by. We have introduced the moral education programme in the school curriculum to strengthen traditional family values and teach the young to love and respect the elderly. Each year, we organise a nation-wide Senior Citizens' Week to promote the status of the elderly and recognise their contribution to the community.

HOMES FOR THE AGED

Despite our efforts to help the elderly live with their family, there will always be a need to provide alternative living arrangements such as homes for the aged. Admission into a home for the aged is considered as a last resort and great care is taken to ensure that it is confined to the destitutes and those who, for reasons of physical or mental infirmity, cannot be cared for in their own homes. However, families suffering great hardships in looking after their elderly parents or grandparents are allowed to place them in homes for the aged run by government and voluntary organisations.

HEALTH CARE FOR THE ELDERLY

Another concern of my government is that health care needs

increase with age. It is well recognised that the elderly consume a disproportionately large slice of the health care pie. With the greying of the population, health care costs will inevitably rise. This will put a strain not only on the government but also on the family and the community.

Keeping elderly people healthy is therefore very important. Healthy habits and lifestyles should start from young and be maintained throughout life. This is particularly relevant as the major causes of morbidity and mortality in Singapore today are lifestyle diseases. The promotion of a healthy lifestyle has been given increasing emphasis by my government over the past decade. We are trying to get Singaporeans to assume greater responsibility for their own health and to adopt a healthy lifestyle.

In addition to public education on proper nutrition and good dietary habits, exercising regularly and abstaining from smoking, the elderly are also encouraged to go for health screening for early detection of disease and disability.

In 1985, my government established a Department of Health Service for the Elderly under the Primary Health Care Programme to coordinate community health care services for the elderly. The Department provides a home nursing service to the aged and non-ambulant sick. Through this service, we have been able to bring health care to the elderly sick who otherwise would end up requiring institutional care.

Senior Citizens' Health Care Centres have been set up in Polyclinics (or Health Centres) to provide a one-stop centre for the treatment, rehabilitation and day care for the elderly. These Centres are centrally located in the new towns, thus providing easy accessibility to the population. The family can leave their elderly at the Centre when they are at work and be assured that their elderly are being taken care of. Family training sessions are conducted in these Centres to help family members care for the

elderly. These Centres also make use of volunteers to help run the programmes. The community is thus encouraged to participate in the care of the elderly.

When the elderly fall sick, the majority will seek treatment at private medical clinics or government clinics. Elderly patients need only pay half the consultation and prescription fees at the government clinics.

The elderly who need to be hospitalised are admitted to general hospitals. Two years ago, we established a Department of Geriatric Medicine in one of the acute hospitals to cater specifically to the elderly with complex illnesses requiring geriatric care. We will be setting up Departments of Geriatric Medicine in other general hospitals. We have sent doctors and nurses overseas for training in Geriatrics in anticipation of the need for such personnel.

My government is constructing a Community Hospital which will admit patients convalescing from stroke and other chronic degenerative diseases. This will help to reduce the high cost of hospital services in acute hospitals.

MEDISAVE SCHEME

Because of the complex symptoms presented by the elderly and the chronicity of their ailments, the elderly are large consumers of health care. They account for almost 20 per cent of all admissions to government hospitals while forming only 5.6 per cent of the population. With the inevitable increase in health care cost, the challenge is how to ensure that the increases do not drain the available limited government resources and yet fees are kept affordable.

To help Singaporeans pay for their own medical needs, we introduced the Medisave Scheme in 1984. This is a compulsory savings scheme to which an individual and his employer each contributes three per cent of his wages every month into his own Medisave Account. The savings can be used to pay for the hospitalisation expenses of the Account holder or his immediate family, including his parents and grandparents. The Scheme gives Singaporeans a greater degree of flexibility to choose between government and private hospitals. It also helps to ease the heavy financial burden of hospitalisation.

Even with the Medisave Scheme, some patients with catastrophic illnesses requiring long-term hospitalisation find it difficult to pay their hospital bills. The government has recently introduced the Medishield Scheme. This is a national catastrophic insurance scheme covering every person with a Medisave Account. The premium is automatically deducted from the Medisave Account. There is an element of co-payment in this Scheme to discourage unnecessary use of medical services. The Account holder will need to opt out of the Scheme if he or she does not wish to participate in the Scheme.

COMMUNITY-BASED SUPPORT SERVICES

Although the current policy emphasises the need for the elderly to keep physically and mentally fit and healthy, an increasing number of old people will gradually become frail and dependent. To minimise institutionalisation, some form of assistance must be given to the family who, if unaided, may be forced to relinquish its responsibility. A number of community-based support services will need to be implemented. These include the befriender service, home help service, meal service and respite care service. However, these services require participation from a large number of volunteers, otherwise the government will have to commit vast financial outlays for these services to be provided to the frail elderly. The challenge is not just to recruit large

numbers of volunteers, but also to sustain their services. This requires tremendous motivation on the part of the volunteers as well as close coordination on the part of the agencies providing the services.

Another challenge that we face is the shortage of therapists. We require large numbers of therapists for the rehabilitation programmes for the elderly sick. In this respect, we are planning to set up an Institute of Health Sciences which will provide local training for therapists and other para-medical personnel.

CONCLUSION

Mr President, these are some of the issues and concerns for the care of our elderly which I wish to share with you in the short time available. Singapore will continue to support and work in collaboration with the World Health Organisation through the Regional Office as we have done in the past.

I thank you, Mr President and Mr Director-General for this opportunity to address the Assembly.

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