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Subject: (Embargoed) Speech by Mr Chan Soo Sen, 8 Oct 99, 9am

Singapore Government

PRESS RELEASE

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OPENING ADDRESS BY MR. CHAN SOO SEN, PARLIAMENTARY
SECRETARY (PRIME MINISTER'S OFFICE & MINISTRY OF
HEALTH), AT THE OPENING OF THE UK-SINGAPORE SEMINAR
ON HEALTH CARE FOR THE ELDERLY ON FRIDAY, 8 OCT 99
AT 9.00AM AT THE THEATRETTE, LEVEL 1, TAN TOCK SENG
HOSPITAL, 11 JALAN TAN TOCK SENG

Lord Hunt of King's Heath
Parliamentary Under Secretary of State for Health
in the House of Lords

Mr Tony Gooch
Deputy British High Commissioner

My Parliamentary Colleague
Mr Bernard Chen
Chairman, Government Parliamentary Committee for Health
and MP for West Coast GRC

Mdm Claire Chiang
Nominated MP

Distinguished Guests

Ladies and Gentlemen,

I am very happy to join you this morning at this joint UK-Singapore Seminar on Health Care for the Elderly. I would like to especially welcome Lord Hunt of King's Heath and the eminent panel of speakers who have come all the way to Singapore to share with us their experience in the care of the elderly. Your presence reaffirms the close relationship between the health care communities of our two countries.

Indeed our close relationship goes back many years. During the past ten years,

Singapore has sponsored more than two hundred doctors, nurses and paramedical

personnel for further training or postgraduate Fellowship in the UK. Many of our senior

doctors have postgraduate qualifications from the UK. We are also privileged to have

more than 160 experts from the UK during the past decade to share their knowledge

and

skills with us under the Health Manpower Development Programme (HMDP). This joint

Seminar is indeed another step towards strengthening our close ties.

3 The subject matter of this joint Seminar "Health Care for the Elderly" is timely not only because this is the International Year of Older Persons, but also because Singapore's population is aging. Our British friends may feel a little surprised, since most of the people we see on the streets in Singapore today are still relatively young. Indeed this is so. Today, only 1 in 14 Singaporeans is 65 years or older. This is because our population is still dominated by the baby boomers born in the 1950s and 1960s, like myself. However, as we have fewer children than our parents, the population ages rapidly as we, the baby boomers, age in the next 20 to 30 years. In 2030, 1 in every 5 Singaporeans will be 65 years or older. We will have a Singapore that is more grey.

4 This demographic change will pose tremendous challenges to Singapore, in terms of such fundamental factors as fiscal balance, economic competitiveness, social cohesion, and care requirements. Not surprisingly, an elderly person consumes much more health care resources. In 1998, the elderly comprised 7% of the population but accounted for 21% of all public hospital admissions, and 16% of government polyclinic visits. If the trend continues, and assuming the same pattern of government expenditure, Singapore's national health expenditure, which has remained stable at about 3% of GDP, is estimated to rise to 7%. This would be more than the current share of government's expenditure on education and infrastructure development. Implications on our economic competitiveness is clearly profound.

5 Singapore takes this challenge very seriously. We are determined to remain vibrant and competitive despite having an older population. We decided to start planning when our population is still young. Since the 1980s, planning for the ageing population has been one of the top priorities of the government. Several high powered inter-ministerial committees chaired by Ministers, and comprising representatives from government agencies, employers' organisations, labour movement, and voluntary organisations involved in caring for the elderly, have been set up to address the various needs of the growing number of elderly in Singapore. One of the more recent committees, the Inter-Ministerial Committee on Health Care for the Elderly, was set up in 1997 and chaired by Minister for Health. It looked into measures to be put in place over the next 5 to 10 years to ensure that healthcare needs will continue to be met and the costs remain affordable. These include:

- a. Health promotion, since prevention is better than cure;
- b. Health screening, since early detection reduces suffering and medical costs;
- c. Development of step-down care facilities and services for patients whose conditions have stabilised, since these are more cost-effective than hospital care;

d. Ensure better training in geriatric care for medical undergraduates and general practitioners, since these less glamorous subjects of today will be in greater demand in the coming years;

e. Self-responsibility financial schemes to cope with expenses for health care in old age.

6 More recently, a National Committee, the Inter-Ministerial Committee on Ageing Population chaired by Minister for National Development, was set up to further identify the challenges posed by Singapore's ageing population, and to develop policy directions to address broader issues including financial security, employment, housing and land policies, social integration, and health care. The Committee met with a wide range of people and agencies to obtain views. Its Report is scheduled for release at the end of this year.

7 Our objective is to enable the elderly to remain healthy and active, as well as to stay in the family and in the community, for as long as possible. If our families as institutions remain strong, and the spirit of mutual help amongst neighbours remain vibrant, the best arrangement would be for our elderly to live with their families. Government, grassroots organisations, and voluntary organisations have been working together to put in place programmes that help empower the elderly to care for themselves, and empower the families and the communities to help care for the elderly.

8 Through moral education for the young, as well as a wide range of community projects, we try to ensure that in the coming century, the family continues to be strong and remain the basic building block of the society, and the community mutual help spirit remains vibrant. This "Care for the elderly in our own family, and extend the care to elderly in other families in the community" approach is a model that has worked well in Asian societies. If it continues to work in our modern society, we can reduce the demand for institutional care, which is the most costly form of healthcare. This saves resources, and enhances the dignity of the elderly. As they remain in their homes and their communities, they feel they can still play their roles and contribute in their own ways.

9 For institutional care, we aim to establish a spectrum of health care services to cater to varying needs of the elderly. We try to ensure good co-ordination and networking between acute medical care in hospitals and clinics, step-down institutional care in nursing homes, and community-based care in day centres, as well as home nursing care in one's own home. Nursing home, day and home care for the lower income group are provided mainly by voluntary organisations, which mobilise community resources but also have support from the government.

10 My Ministry is now looking into measures that could encourage greater private sector participation in care for the elderly sick. We would also like to see more participation by the cooperative sector. We would like to create a better business environment so that the private and the cooperative sectors would come up with a wider range of services that are good and affordable. This would better serve the elderly from the middle and upper income groups who are unable to qualify for places in programmes run by voluntary organisations. There would also be more

choices for everybody. If we could integrate the financing of places in these homes with some insurance or saving schemes where individuals can start saving early, our financial burden for elderly health care will be significantly eased.

11 I have outlined our approach towards managing an older population. We are still searching for our way. We appreciate our colleagues in other countries may be more advanced and experienced than us in resolving the demographic change. We would like to share ideas and learn from them. The UK has, over the years, acquired considerable experience and knowledge in the care of the elderly. We want to learn from you.

12 Hence I would like to thank the British High Commission and the Singapore British Business Council for co-organising this Seminar on Health Care for the Elderly, and for bringing in a panel of experts. We look forward to a stimulating and rewarding time together.

Thank you.

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