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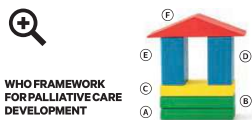


General data

POPULATION, 2023
5,917,648
SURFACE, KM², 2022
728
PHYSICIANS / 1,000 INH, 2022
2,596

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High
HUMAN DEVELOPMENT INDEX RANKING, 2021
12
GDP PER CAPITA (US\$), 2023
84734,26
HEALTH EXPENDITURE (% GDP), 2021
5,57
UNIVERSAL HEALTH COVERAGE, 2021
89



① EMPOWERMENT OF PEOPLE AND COMMUNITIES
② POLICIES
③ RESEARCH
④ USE OF ESSENTIAL MEDICINES
⑤ EDUCATION AND TRAINING
⑥ PROVISION OF PC

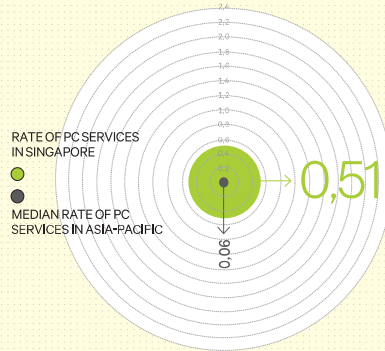


Singapore

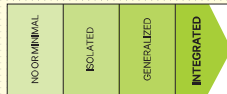
F Provision of PC (Specialized Services)

Total number of Specialized PC services **30**
Rate of PC services per 100,000 inhabitants **0,51**

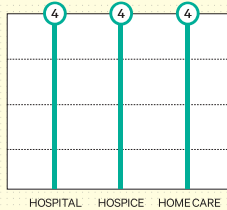
Singapore in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

3

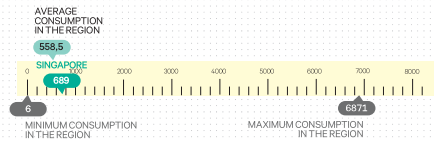
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Singapore

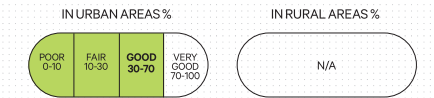
D Use of essential medicines

Opioids consumption (excluding methadone) **689**
S-DDD/MILL INHABITANTS/DAY

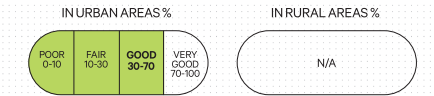
Singapore in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Singapore Hospice Council.
Consultants: Angel Lee; Wu Huei Yaw; Poh Heng Chong.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: Yes
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **3/3**



Nursing schools with mandatory PC teaching **3/3**



Recognition of PC specialty **4**

B Policies

National PC plan or strategy **4**

Responsible authority for PC in the Ministry of Health **4**

Inclusion of PC in the basic health package at the primary care level **3**

A Empowerment of people and communities

Groups promoting the rights of PC patients





Advanced care planning-related policies





AP Singapore

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p>	<p>The Singapore Hospice Council (SHC) is a national organization promoting palliative care, its core responsibilities are to raise awareness, serve as a central body for implementing initiatives, and support its members. It is primarily focused on advocacy and conducts surveys among professional groups and caregivers of bereaved patients. It also operates a helpline for patients in need of palliative care, connecting them with service providers and relevant support groups. In the area of cancer care, the Singapore Cancer Society has long supported similar efforts. Alongside professional groups such as palliative medicine chapters, the SHC remains dedicated to advocating for high-quality palliative care for all.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is a national policy on advance care planning.</p>	<p>Advance Care Planning (ACP) is part of Singapore's National Strategy, overseen by a national Steering Committee. This committee has expanded ACP from public institutions into the community, with subcommittees handling national training, public engagement, media coordination, and implementation across various settings. The initiative is nationally funded and regularly updated by the Ministry of Health, with support from the Singapore Hospice Council (SHC). The Advance Medical Directive Act, first passed in 1996 and revised in 2020, provides legal authority for advance directives against artificial prolongation of the dying process.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p></p> <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p></p> <p>Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.</p>	<p>The updated National Strategy for Palliative Care was released in 2023. An implementation committee, chaired by the Deputy Secretary of the Ministry of Health, oversees the process. Progress across the three main focus areas is monitored through a dashboard, and data is reviewed with the Health Minister nearly every quarter. A benchmarking exercise is also underway as part of the next steps in the strategy's rollout.</p>
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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The Indicators to monitor and evaluate progress are currently implemented.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p>	<p>Although there is no specific law governing the provision of palliative care in primary care, the national strategy and several healthcare reforms encourage its integration into the primary care system. In 2022, the Minister of Health highlighted palliative care as a priority during the Ministry of Health Workplan meeting. Presently, a Committee for the Integration of Palliative Care into Primary Care is focused on expanding the role of generalist palliative care.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p> <p></p> <p>There are concrete functions, staff and budget.</p>	<p>The Ministry of Health (MOH) relies on input from the scientific and academic community for domain expertise. These experts contribute to workgroups within the MOH and the Agency for Integrated Care (AIC), an independent entity under MOH Holdings that collaborates with stakeholders to develop the Community Care Sector. The National Strategy for Palliative Care (NSPC) workgroup, composed of palliative care experts, is responsible for making recommendations and overseeing their implementation to improve access, quality, awareness, and financing for palliative care services. This work is coordinated within a unit at the MOH in close collaboration with the Singapore Hospice Council. Additionally, a Data Analytics team supports the MOH by tracking progress and providing detailed insights.</p>

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Research

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p> 4</p> <p>At least one national conference specifically dedicated to palliative care every 3 years.</p>	<p>The Singapore Palliative Care Conference is held biennially, alternating with other events such as the Grief and Bereavement Conference and the Singapore Hospice Council's Quality Improvement Conference.</p>
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<p>Ind7</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p> 4</p> <p>Very High: Denotes an extensive number of articles published on the subject.</p>	<p>Palliative care research in Singapore has likely increased in recent years, driven by growing awareness and a rising number of healthcare professionals specializing in the field. In addition to individual researchers, two key agencies, the Lien Centre for Palliative Care (LCPC) and PaIC, are dedicated to producing quality evidence.</p>
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Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 689 S-DDD</p>	<div data-bbox="770 1011 990 1198" data-label="Figure"> <p>S-DDD PER MILLION INHAB /DAY</p> </div> <div data-bbox="533 1225 990 1437" data-label="Figure"> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION: 558.5</p> <p>SINGAPORE: 689</p> <p>MINIMUM CONSUMPTION IN THE REGION: 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 6871</p> </div>
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AP Singapore

Medicines

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p>	<p> 3</p> <p>Good: Between 30% to 70%.</p> <p>N/A</p>	<p>While palliative care (PC) primarily remains the responsibility of specialist providers, all polyclinics in Singapore either have controlled drugs available or can source them as needed. The Primary Care Network facilitates general practitioners (GPs) in delivering coordinated care, which includes access to essential medications, particularly for managing chronic diseases. This network improves the availability of these medicines through collaborations with pharmacies and healthcare providers. Additionally, Singapore maintains a National Drug Formulary that lists essential medicines accessible through public healthcare institutions, including primary healthcare settings. This formulary is regularly updated to ensure key medications are available to the public. There are no defined rural areas in the country.</p>
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<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p> 3</p> <p>Good: Between 30% to 70%.</p> <p>N/A</p>	<p>While not all general practitioners can provide Mist Morphine, it is available at all polyclinics at primary healthcare level.</p>
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Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

3/3



In Singapore, palliative care (PC) education is integrated into the undergraduate curricula of all three medical schools. Similarly, all three nursing schools in the country include palliative care training in their undergraduate programs.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

0/3

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

3/3

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/3

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

Palliative Medicine has been a recognized sub-specialty in Singapore since 2007.

AP Singapore

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Integrated provision: Specialized palliative care services or teams are systematically provided.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Are part of most/all hospitals in some form.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Strong presence of free-standing hospices in all parts of the country.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

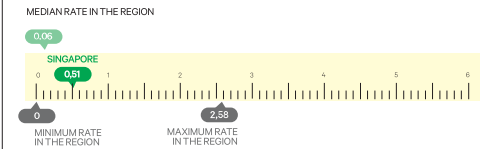


Strong presence of home care teams in all parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

The Ministry of Health reports a total of 284 beds dedicated to inpatient hospice palliative care services in Singapore, with at least 30 specialized palliative care teams operating nationwide. These include 12 hospital-based palliative care teams, 9 free-standing hospices or palliative care wards, and 9 home care teams providing specialized palliative care services at the community level. Based on Singapore's 2023 population data from the World Bank, this corresponds to a rate of 0.51 palliative care teams per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



30 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

3
PPC TEAMS

There are 3 specialized teams in Pediatric Palliative Care:

- HCA Pediatric Advanced Life Support
- NUH (National University Hospital)
- KKWCH (KK Women's and Children's Hospital)