



## Recommendations for the Singapore Budget 2013

Date of this document: 8 February 2013

© AWARE 2013

Association of Women for Action and Research (AWARE)

Block 5 Dover Crescent #01-22 Singapore 130005

T: 6779 7137 F: 6777 0318

Helpline: 1800 774 5935

Website: [www.aware.org.sg](http://www.aware.org.sg)

E-mail: [ed@aware.org.sg](mailto:ed@aware.org.sg)

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without prior permission of AWARE.

## **AWARE's Recommendations for the Singapore Budget 2013**

AWARE thanks the Government for inviting views from the public before the Singapore Budget 2013 is announced.

In our 2012 recommendations for the Budget, we called for an inclusive budget that adequately meets the needs of all women in Singapore, regardless of age, marital status and disabilities.<sup>1</sup> We reiterate this call and remind the Government that the Budget should be aligned with the State's obligations under the international treaties that Singapore has ratified:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Convention on the Rights of the Child (CRC)
- Convention on the Rights for Persons with Disabilities (CRPD).

Although the State has stepped up efforts to address the needs of an inclusive society, AWARE is still concerned about gaps in five key areas:

1. Comprehensive healthcare
2. Meeting the needs of the elderly
3. Increasing support for persons with disabilities
4. Adequate support for caregiving
5. Reducing the Gini coefficient and increasing social mobility

AWARE calls for increased support for the care economy – i.e. activities of care that enables our industrial economy to function. These include the care of children, the elderly, disabled and even able-bodied workers. Care work is indispensable and should not be rendered invisible or peripheral in discussions of economic matters. Individual women should not be expected to make personal sacrifices to provide the unpaid labour of care. Not only is this socially unjust, it is irrational for a country to address systemic issues of care by relying on individuals to figure out solutions for themselves, case by case, rather than to provide structural support for shared needs.

AWARE suggests the following ways to support our indispensable care economy. These suggestions were discussed with individual experts and civil society groups in a series of consultations, including a pre-Budget Forum at the AWARE Centre, held on 26 January 2013.

### **1. Comprehensive healthcare**

#### Recommendation 1

Immediately double current spending on healthcare from 1.6% of GDP to 3.2%, with the increase targetted towards making healthcare affordable for all, not wait for 17 years before we increase healthcare spending to 3.5% of GDP in 2030.<sup>2</sup>

---

<sup>1</sup> AWARE 2012.

<sup>2</sup> “We are currently spending 1.6% of our GDP on healthcare. By 2016, it will go up to 2% of GDP. However, if we extend healthcare spending all the way to 2030, which is when the aging of our population has set in more fully, then it will increase to around 3.5% of GDP - an extra 2 percentage points of GDP in expenditure from today.” (Deputy Prime Minister and Minister for Finance, Mr Tharman Shanmugaratnam 2012: 15).

*Why?*

- Doubling our healthcare spending would only enable us to catch up with other economies in the region, where the governments of Taiwan (by 2001), Hong Kong (by 2001) and South Korea (by 2005) have already been spending 3% to 4% on healthcare more than 8 years ago.<sup>3</sup>
- In 2000, the World Health Organisation (WHO) ranked Singapore 6<sup>th</sup> among 191 countries in terms of overall performance in healthcare, but a dismal 101<sup>st</sup> – 102<sup>nd</sup> in terms of fairness in financial contribution to healthcare.<sup>4</sup>

### Recommendation 2

Minimise the out-of-pocket healthcare expenditure of individuals, especially those who can least afford it.

*Why?*

- Singaporeans pay 55% out-of-pocket for healthcare expenditure,<sup>5</sup> much more than people do in Japan (15%), South Korea(32%), Hong Kong(35%) and Taiwan(27%).<sup>6</sup>
- Those who cannot afford to pay for out-of-pocket healthcare expenditure often do not receive support from Medifund. If they have not yet depleted their family members' Medisave or have not become homeless, they are generally considered as not sufficiently destitute and therefore do not receive support from Medifund.
- In their study, Abeysinghe *et al* (2010: 12) found that “less than 1% of the elderly in [their] sample were helped by Medifund. This low proportion is a consequence of the government policy to restrict Medifund’s role as the last-resort safety net.”

### Recommendation 3

Prioritise chronic care management, improve chronic care treatment and make it affordable to all.

*Why?*

- A study of 2,808 persons above the age of 55 revealed that 90% had at least one chronic health condition, while 43% had at least three multiple chronic health conditions.<sup>7</sup>
- An analysis of healthy life expectancy in 187 countries revealed that although life expectancy in Singapore in 2010 is 80 years, at least 10 years will be spent coping with serious disabilities and poor health. Male life expectancy in Singapore in 2010 is 78.8, with 10.7 years in ill health. Female life expectancy in Singapore in 2010 is 83.3, with 13.3 years in ill health.<sup>8</sup>

<sup>3</sup> Bhaskaran *et al* 2012.

<sup>4</sup> World Health Organisation 2000: 154.

<sup>5</sup> Bhaskaran *et al* 2012.

<sup>6</sup> Bhaskaran *et al* 2012.; World Health Organisation 2012: 41.

<sup>7</sup> Ng 2009: 12.

<sup>8</sup> Salomon *et al* 2012: 2152.

- Currently, the Ministry of Health’s Chronic Disease Management Programme (CDMP) excludes arthritis, osteoporosis, cancer, eye disorders, kidney and bladder problems, Parkinson’s.<sup>9</sup>

#### Recommendation 4

Ensure that everyone is protected through comprehensive health insurance, including the poorest and most vulnerable, without discriminating against those who are unemployed or are low-waged.

*Why?*

- All Singaporeans have the right to comprehensive healthcare, not just those who are employed, high-waged, able-bodied or young.
- The 3M system (+ a dubious ElderShield) is breaking down, because it does not address the needs of the working poor, the elderly (particularly older women), the disabled or those need chronic care. In any case, the 3M system accounts for less than 10 per cent of total healthcare expenditure.<sup>10</sup>
- Medisave leaves out those with insufficient Central Provident Fund (CPF) savings, including those who have never been employed and those who are low-waged.<sup>11</sup> At retirement age, women have less than half of men’s CPF and hence insufficient Medisave for their health needs. “The income tax exemption of contributions, interest income and withdrawals from Medisave does not benefit two-thirds of the labor force that does not pay income tax” (Abeyasinghe *et al* 2010: 7).
- It is unrealistic to expect that those with insufficient Medisave can ask their family members to top up from their Medisave accounts. These family members also need to use their own Medisave. This would only aggravate the increasing inequality in our society, such that families already with less will continually fall short of meeting their healthcare needs, thereby needing to deplete other family members’ savings. In addition, it will deepen inequalities between those with families and those without.
- As stated by the Minister for Health on 21 October 2011, of the total amount of Medisave withdrawn for healthcare expenses of the elderly in 2010, about 45% was from their children’s Medisave accounts.<sup>12</sup> This means less Medisave for the children, especially if they do not have their own children or other family members to turn to.
- The study done by Abeyasinghe *et al* (2010: 13) reports that “51% of the elderly have their hospital bills paid from their family members’ Medisave. More females (64%) than males (38%) tap on family members’ medical savings as they have lower Medisave balances and lower insurance coverage than males.” Financing the

<sup>9</sup> The CDMP includes on 10 diseases: diabetes mellitus, hypertension, hyperlipidemia (lipid disorders), stroke, asthma, chronic obstructive pulmonary disease (COPD), schizophrenia, major depression, bipolar disorder and dementia (Ministry of Health 2012).

<sup>10</sup> Lim 2004: 1.

<sup>11</sup> Abeyasinghe *et al* 2010: 7.

<sup>12</sup> Parliament of Singapore, 21 October 2011.

healthcare of the elderly by depleting the children's Medisave will have a rollover effect on future generations, further impoverishing those who are already poor.<sup>13</sup>

- MediShield covers only up to the age of 90, with premiums that become increasingly expensive with age, due to the lack of risk pooling across age cohorts. In November 2012, the Ministry of Health said 35 per cent of elderly Singaporeans aged 76 to 85 are not insured under MediShield, compared to only 8 per cent for the general population. The Ministry makes no mention of how these elderly persons are to pay for their premiums, but instead urges “children to apply for MediShield coverage on behalf of their elderly parents”, seemingly expecting all children of elderly parents to be able to pay such premiums.<sup>14</sup>
- “People are calling our hospitals a First World sector, but that our long-term care is Third World standard. Besides the over-reliance on voluntary welfare organisations, patients’ families and cheap labour, the financial structure in this sector needs to be thoroughly re-looked.” (Professor Phua Kai Hong, Lee Kuan Yew School of Public Policy – an authority on healthcare policy and management, who voiced concern about ElderShield, which is the sole national insurance scheme for intermediate and long-term care). For example, current payouts from ElderShield are insufficient, as patients’ bills are sometimes twice the amount.<sup>15</sup>

## 2. Meeting the needs of the elderly

### Recommendation 5

Ensure that the elderly have sufficient funds for retirement, especially older women who do not have sufficient savings.

#### *Why?*

- In 2005, persons aged above 65 depended on children for 75% of their income, with CPF providing only 12%.<sup>16</sup>
- In 2005, 87% of elderly women depend on income from children, compared to 70% of men. Eighty per cent of elderly women had personal incomes below 1/3 median population gross earnings, compared to 65% of men.<sup>17</sup>
- Currently, the returns from CPF do not enable retirement, especially for elderly persons with inadequate CPF, due to relatively low wages received when they were employed. Their pioneer status in building Singapore should be recognised through adequate financial support for their retirement.

---

<sup>13</sup> Abeyasinghe *et al* 2010: 16.

<sup>14</sup> CNA 2012.

<sup>15</sup> Tan 2012.

<sup>16</sup> Ng 2012.

<sup>17</sup> Ng 2012.

### 3. Increase support for persons with disabilities

#### Recommendation 6

Increase access of persons with disabilities to all mainstream schools, all Special Education (SPED) schools, and all tertiary educational institutions (universities, polytechnics and others).

*Why?*

- There are not enough accessible schools, especially among mainstream schools. There should be more than one accessible school in every cluster. Transport to this one school may cost an estimated \$12,000 a year<sup>18</sup>, thereby disadvantaging disabled children from poorer families. Children with disabilities should have a greater choice of schools, including those in their neighbourhood.
- The employment of teachers who are disabled would be facilitated.
- It will allow children and teachers to continue in their current schools should they unexpectedly acquire a disability.
- It will make it easier for parents or grandparents with disabilities to visit the school.

#### Recommendation 7

Ensure that all SPED schools are affordable to persons with disabilities.

*Why?*

- Some SPED schools are means-testing students, despite directives from the Ministry of Social and Family Development not to do so.

#### Recommendation 8

Provide support infrastructure for persons with disabilities in tertiary educational institutions, such as sign language interpreters, allied educators and other facilitators.

*Why?*

- Currently, allied educators and sign language interpreters are only available up to secondary school level.
- Improved access to tertiary education is crucial to enable disabled people to compete in the job market and fulfil their potential. The human potential of persons with disabilities is currently overlooked and under-supported – a crucial gap in the current population debate.

#### Recommendation 9

Provide transport allowances to all persons with disabilities so that they can decide on the most appropriate means of transportation, regardless of whether they are attending mainstream schools or SPED schools.

---

<sup>18</sup> Communicated to AWARE by a disabled person.

*Why?*

- The savings derived from State-provided grants provided to companies that operate services for persons with disabilities may not be passed on to disabled commuters.
- Concessions should be provided for *all* transport, including transport by wheelchair-accessible vehicles and ambulances run privately or by VWOs.
- Currently, transportation subsidies are offered only to disabled students who attend mainstream schools or SPED schools, not to those attending SPED schools. However, the former are rigorously means-tested, thereby excluding those who may be just a little above the cut-off line.

#### Recommendation 10

Increase the employment of disabled persons by allocating more funds to sheltered workshops, including centres for training and integration, as well as making the Open Door Fund more available to employers.

*Why?*

- The Open Door Fund, which subsidises employers to make infrastructural changes to the workplace for persons with disabilities, has serious gaps. For example, it requires an employer to have already hired a disabled person before becoming eligible to apply for this grant. However, it may be impossible to hire the person if the workplace is not made accessible. There is also little information about the fund.

#### Recommendation 11

The enhanced MediShield insurance coverage should also be extended to babies born before 1 March 2013 with congenital and neonatal conditions, and to those who acquire disabilities during the course of their lives

*Why?*

- The existing 4% of the population who are disabled, estimated at over 200,000,<sup>19</sup> should not be left out of the enhanced coverage.
- The State should provide more support for those who acquire disabilities in the course of their lives, not just those who are born disabled. The proportion of people with acquired disabilities will increase with the ageing population.

#### Recommendation 12

Provide a tax rebate for employed persons with disabilities, who do not qualify for the Assistive Technology Fund, to offset the cost of specialised equipment they need for daily living.

*Why?*

- The outreach for this Fund is limited as the income eligibility criteria are set too low.

---

<sup>19</sup> Singapore Disability Sports Council, no date.

- Although there is an Earned Income Relief for disabled employees, this may not be enough to offset the cost of specialised equipment needed by them.

#### Recommendation 13

Develop a comprehensive, transparent and accessible database about persons with disabilities in Singapore, with gender-disaggregated information.

##### *Why?*

- It is difficult to know whether budget allocations are sufficient if we do not know how big the problem is.
- A 2006 paper produced at the then Ministry of Community, Youth and Sports (MCYS) noted the lack of reliable statistics on the prevalence of disability in Singapore, as the Central Registry of Disabled Persons was closed in 1987 and was, in any case, only a register of users of disability services, rather than a full register of persons with disabilities.<sup>20</sup>
- Gender-disaggregated information is important because girls and women with disabilities are disadvantaged by multiple layers of discrimination, as highlighted in the Convention on the Rights for Persons with Disabilities (CRPD).

## 4. Adequate support for care giving

#### Recommendation 14

Support all caregivers by providing the same amount of childcare subsidies to working mothers and stay-at-home mothers alike.

##### *Why?*

- People are dependent and independent at different stages of life – childhood, adulthood, old age. Caregiving is indispensable to everyone’s life, whether being cared for or caring for others. No one should be penalised for being a caregiver.
- Subsidies for child care, infant care and kindergarten are biased towards working mothers, but the caregiving work of stay-at-home mothers must also be supported, not considered as unpaid labour that needs no support.

#### Recommendation 15

Eliminate discrimination based on marital status when providing subsidies to newborn citizens.

##### *Why?*

- ~~Currently single parents, including single fathers, do not have access to childcare subsidies, motherhood benefits and housing benefits.~~ Unwed mothers are particularly discriminated against.

<sup>20</sup> Ministry of Community Development Youth and Sports, no date. 696+63.



- Children born out of wedlock are also marginalised and excluded from several subsidies. The entitlement of these newborn citizens to social spending should not be dependent on their parents' action or inaction. Penalising the child impedes his or her social mobility in life.

#### Recommendation 16

Change the Work-life Works! (WoW!) Fund to a scheme that rewards companies that have introduced effective strategies for work-life balance that are appropriate to their companies, rather than the current one-size-fits-all requirements that ignore updated technology, conditions of work or the specific needs of different employment contexts. The companies thus rewarded can be supported by the grants to share their best practices and lessons learnt with other companies in related industries, becoming role models that can be emulated.<sup>21</sup>

#### *Why?*

- The WoW! Fund aims to encourage employers to introduce work-life strategies at the workplace, yet conditions for accessing the Fund deter employers from applying.
- In 2012, only over four in 10 employers said they provide such arrangements,<sup>22</sup> indicating that the Fund has yet to encourage the majority of employers to do so.
- Conditions that discourage employers, especially those in small and medium enterprises, include the following::
  - a) The Fund aims to support infrastructure that facilitates the development of flexible work arrangements, including telecommuting. However, the list of technology and equipment that can be supported was generated by MOM some years ago and does not include more recent types.
  - b) Flexi-time or staggered hours are fixed as two-hour slots, without taking into consideration that some companies have divided their working day in different ways – for example, educational companies that provide lessons of 1.5 hour duration.
  - c) On the one hand, the application form states that “prior approval is required before incurring any cost related to the project (exception is made for the project leader’s Work-Life training)”. On the other hand, it also states: “approval of project proposal does not equate to reimbursement, which will only be made to upon the successful achievement of project outcome targets. MOM reserves the right to audit successful applicants at random to ensure that the Work-Life grant is used appropriately.” This makes it a gamble, especially for small and medium enterprises (SME), to incur project-related costs, even after in-principle approval has been given, because these costs may not be reimbursed if MOM were to regard the project outcome targets as

<sup>21</sup> This recommendation derives from the first-hand experiences of two AWARE Board members who had applied for the WoW! Fund for their own business, Creative Horizons, <http://www.creativehorizons.com.sg/index.php>

<sup>22</sup> Ismail 2013.

insufficiently achieved. Such costs may reach the maximum of \$20,000 – a significant sum for a SME.

- d) The person designated as Project Leader in the application form is obliged to attend a two-day work-life training course upon application approval.<sup>23</sup> Even though the fee for this training course is subsidised, the WoW! Fund does not seem to take into consideration that most SMEs work with a skeleton crew and that it is very difficult for such companies to spare even one employee for two days to attend this course. The company also incurs additional costs as it needs to find temporary human resources to cover for the person who is on course. But the Fund does not reimburse additional costs of this type.

## 5. Reducing the Gini coefficient and increasing social mobility

### Recommendation 17

Support low-income groups by increasing social spending in a systematic way, instead of giving discretionary handouts that are badly targeted. Key performance indicators (KPI) should measure the extent to which the needs of poor families and individuals have been adequately met, rather than by the number of cases assisted. Take steps to enable intergenerational social mobility so that poor families are not locked into a poverty trap.

#### *Why?*

- The Gini coefficient rose to 0.473 in 2011 from 0.454 in 2001.<sup>24</sup>
- Poorest households have been hardest hit by inflation, with housing and healthcare costs pushing up their living costs by 5.6%, higher than the 4.6 per cent average increase for the whole country.<sup>25</sup>
- Singapore's inter-generational income elasticity of 0.58 indicates less social mobility than Hong Kong (0.4) and the Scandinavian countries (<0.3).<sup>26</sup> This means that poverty in Singapore is transferred across generations, with the poor trapped in a vicious cycle.
- The discretionary disbursements of irregular handouts are poorly targeted and have low accountability.
- Though income criteria for eligibility to receive government subsidies have been raised, this should be standardized and pegged to the CPI or inflation rate, as statistics show that real total wages grew by only 0.9% in 2011, lower than the gain of 2.9% in 2010.<sup>27</sup> Households earning between \$1,500 and \$3,757 a month are

<sup>23</sup> See <http://www.mom.gov.sg/employment-practices/work-life-harmony/awards-activities/calendar-of-events/Pages/calendar-of-events.aspx>

<sup>24</sup> Teh 2012. In the Gini coefficient, 0 indicates maximum equality; 1 indicates maximum inequality.

<sup>25</sup> Chan 2013.

<sup>26</sup> Ng 2012.

<sup>27</sup> Ministry of Manpower 2011: 13.

struggling to make ends meet and cannot accumulate sufficient savings for retirement.<sup>28</sup>

- A study by Lien Centre for Social Innovation (2011) projected that a quarter of CPF account members would have less than \$40,000 in their CPF accounts when they turn 55 in 2013. They would thus be precluded “from an annuity scheme that provides lifelong income from the age of 65.”<sup>29</sup> Those who have low wages are thus ageing with insufficient retirement savings, thereby becoming even poorer than they were when they were at least employed.
- Key performance indicators<sup>30</sup> in 2012 for the then Ministry of Community, Youth and Sports included:
  - “Number of residents on long term social assistance/total elderly resident population (%)”, with a decrease from 0.88% (2009) to 0.86% (2010), seemingly interpreted as an indicator of success.
  - “Number of households on short term social assistance schemes/Number of resident unemployed persons (%)”, with a decrease from 4.9% (2009) to 4% (2010), seemingly interpreted as an indicator of success.

A decrease in the number of residents or households on social assistance schemes does not indicate that the needs of poor families and individuals have been met. Even if applications for social assistance have been rejected, that does not mean that the applicants are not poor. Singapore has set no official poverty line, but the Acting Minister for Manpower has said in Parliament on 13 November 2012 that among full-time workers, 100,000 Singaporeans and 10,000 permanent residents earned less than \$1,000 a month. They made up about 6 per cent of the full-time local labour force, as of June 2011.<sup>31</sup>

- Social spending response has not kept pace with widening income inequality.

#### Recommendation 18

Eliminate the stringent criteria of having both parents employed and the child already attending a licensed childcare centre in order to be eligible for the Centre-based Financial Assistance Scheme for Childcare (CFAC).

*Why?*

- A child’s access to childcare should not be restricted by the parents’ employment opportunities or their work-related practices.
- It takes time for women, who are less qualified or who have been out of the workforce for a while, to find employment. Such women need childcare support to enable them to undertake a thorough job search.

---

<sup>28</sup> AWARE 2012.

<sup>29</sup> Mathi and Mohamed 2011: 29.

<sup>30</sup> Ministry of Finance 2012: 63.

<sup>31</sup> Chan 2012.

- In some cases, only one parent can work, while the other parent may have difficulties in finding employment – for example, due to chronic illness, disability, imprisonment or retrenchment. The single working parent should not be penalised for being the sole breadwinner of his or her family.
- The precondition that the child must already be attending a licensed childcare centre in order to qualify for CFAC assumes that the family had the means of sending him or her to such a centre, prior to receiving CFAC. This excludes families who need the CFAC before they can afford to send their child to a licensed childcare centre, yet they are the families who urgently need childcare support.

## References

- Abeysinghe, T, Himani, and J Lim. 2010. *Singapore's healthcare financing: some challenges*. <http://courses.nus.edu.sg/course/ecstabey/Singapore%20health%20chapter-earlier%20version.pdf> (accessed 5 February 2013).
- AWARE. 2012. *Feedback for the Singapore Budget 2012: calling for an inclusive budget to support a caring society*, <http://www.aware.org.sg/wp-content/uploads/Full-Submission-AWAREs-Feedback-For-Singapore-Budget-2012.pdf> (accessed 5 February 2012).
- Bhaskaran, M, SC Ho, D Low, KS Tan, S Vadaketh, LK Yeoh. 2012. Background paper: inequality and the need for a new social compact, *Singapore Perspectives 2012 – Singapore inclusive: bridging perspectives*, [http://www.spp.nus.edu.sg/ips/docs/events/p2012/SP2012\\_Bkgd%20Pa.pdf](http://www.spp.nus.edu.sg/ips/docs/events/p2012/SP2012_Bkgd%20Pa.pdf) (accessed 1 February 2012).
- Chan, F. 2013. Poorest household hardest hit by inflation, *The Straits Times*, 6 February, [http://www.cpf.gov.sg/imsavvy/infohub\\_article.asp?readid=%7B196875868-16053-1422627568%7D](http://www.cpf.gov.sg/imsavvy/infohub_article.asp?readid=%7B196875868-16053-1422627568%7D) (accessed 7 February 2013).
- Chan, R. 2012. Top 1% earn annual average of \$700k, *The Straits Times*, 13 November, <http://justice4workerssingapore.blogspot.sg/2012/11/top-1-earn-annual-average-of-700k.html#!/2012/11/top-1-earn-annual-average-of-700k.html>
- CNA. 2012. Health Ministry urges uninsured Singaporeans to apply for MediShield coverage, *channelnewsasia.com*, 14 November, <http://www.channelnewsasia.com/stories/singaporelocalnews/view/1237104/1/.html> (accessed 2 February 2013).
- Deputy Prime Minister and Minister of Finance, Mr Tharman Shanmugaratnam. 2012. *Budget 2012 debate round-up speech*. 1 March, [http://app.mof.gov.sg/newsroom\\_details.aspx?type=speech&cmpar\\_year=2012&news\\_sid=20120302538669542122](http://app.mof.gov.sg/newsroom_details.aspx?type=speech&cmpar_year=2012&news_sid=20120302538669542122) (accessed 4 February 2013).
- Grosse, S. 2010. ComCare applicants decrease this year, *channelnewsasia.com*, 15 November, <http://www.channelnewsasia.com/stories/singaporelocalnews/view/1093601/1/.html> (accessed 31 January 2013).
- Ismail, S. 2013. WoW! Fund to be enhanced, *channelnewsasia.com*, 12 January, <http://www.channelnewsasia.com/stories/singaporelocalnews/view/1247513/1/.html> (accessed 7 February 2013).
- Lim, MK. 2004. “National health Insurance”, *Health Policy Monitor*, April, [http://www.hpm.org/survey/sg/a3/2http://hpm.org/en/Surveys/University\\_of\\_Singapore\\_-\\_Singapore/03/National\\_Health\\_Insurance.html](http://www.hpm.org/survey/sg/a3/2http://hpm.org/en/Surveys/University_of_Singapore_-_Singapore/03/National_Health_Insurance.html) (accessed 4 February 2013).

- Mathi, B and S Mohamed. 2011. *Unmet social needs in Singapore: Singapore's social structures and policies, and their impact on six vulnerable communities*. Singapore: Lien Centre for Social Innovation, Social Insight Research Series, [http://www.lcsi.smu.edu.sg/downloads/Unmet\\_Social\\_Needs\\_in\\_Singapore.pdf](http://www.lcsi.smu.edu.sg/downloads/Unmet_Social_Needs_in_Singapore.pdf) (accessed 18 January 2013).
- Ministry of Community Development Youth and Sports. No date. *Definition of disability and prevalence rate of persons with disabilities in Singapore*. Ministry of Community Development Youth and Sports, [http://app.msf.gov.sg/Portals/0/Files/EM\\_Chapter1.pdf](http://app.msf.gov.sg/Portals/0/Files/EM_Chapter1.pdf) (accessed 1 February 2012).
- Ministry of Finance. 2012. *Expenditure Estimates by Head of Expenditure*. Singapore: Ministry of Finance, [http://www.mof.gov.sg/budget\\_2012/revenue\\_expenditure/attachment/23%20MCYS%202012.pdf](http://www.mof.gov.sg/budget_2012/revenue_expenditure/attachment/23%20MCYS%202012.pdf) (accessed 7 February 2013).
- Ministry of Health. 2012. Medisave for Chronic Disease Management Programme (CDMP) and vaccinations, 5 September, [http://www.moh.gov.sg/content/moh\\_web/home/policies-and-issues/elderly\\_healthcare.html](http://www.moh.gov.sg/content/moh_web/home/policies-and-issues/elderly_healthcare.html) (accessed 6 February 2013).
- Ministry of Manpower, 2011. *Report on Wages in Singapore, 2011*. Singapore: Ministry of Manpower, [http://www.mom.gov.sg/Documents/statistics-publications/wages2011/mrsd\\_2011ROW.pdf](http://www.mom.gov.sg/Documents/statistics-publications/wages2011/mrsd_2011ROW.pdf) (accessed 1 February 2013).
- Ng, KH. 2012. Singapore's Many Helping Hands: what the data say about how we are doing. Presentation at a roundtable jointly organised by AWARE and the Women's Initiative for Ageing Successfully (WINGS), Singapore, 11 October.
- Ng, TP. 2009. Chronic disease, functional status and quality of life among the elderly in Singapore, *Symposium on health care challenges for an ageing population: managing health care and end of life decisions in Singapore*, Singapore, 29 May, <http://medicine.nus.edu.sg/pcm/Chronic%20Disease%20Functional%20Status%20and%20QOL%20Elderly%20%20in%20Singapore.pdf> (accessed 18 January 2013).
- Parliament of Singapore, 21 October 2011, *Singapore Parliament Reports (Hansard)*, [http://sprs.parl.gov.sg/search/topic.jsp?currentTopicID=00075908-WA&currentPubID=00075911-WA&topicKey=00075911-WA.00075908-WA\\_5%23id-f097b7c3-a00a-4e95-9cc7-9019e02cf1fb%23](http://sprs.parl.gov.sg/search/topic.jsp?currentTopicID=00075908-WA&currentPubID=00075911-WA&topicKey=00075911-WA.00075908-WA_5%23id-f097b7c3-a00a-4e95-9cc7-9019e02cf1fb%23) (accessed 4 February 2013).
- Salomon, JA, H Wang, MK Freeman, T Vos, AD Flaxman, AD Lopez, CJL Murray. 2012. "Healthy life expectancy for 187 countries, 1990 – 2010: a systematic analysis for the Global Burden Disease Study 2010", *The Lancet* 380(9859): pages 2144 - 2162, 15 December, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61690-0/fulltext?\\_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61690-0/fulltext?_eventId=login) (accessed 18 January 2013).
- Singapore Disability Sports Council. No date. *Disability sports, inclusive sports for everyone*, <https://sep.ssc.gov.sg/UserFiles/SDSC%20Presentation%20on%20Disability%20Sports.pdf> (accessed 2 February 2013)
- Tan, W. 2012. ElderShield under fire, *Today*, [channelnewsasia.com](http://www.channelnewsasia.com/stories/singaporelocalnews/view/1197493/1/.html), 26 April, <http://www.channelnewsasia.com/stories/singaporelocalnews/view/1197493/1/.html> (accessed 2 February 2013).
- Teh, SN. 2012. Rationale behind Lim Chong Yah's wage shock therapy, *The Business Times*, 11 April, <http://www.asiaone.com/Business/News/Office/Story/A1Story20120411-339097.html> (accessed 7 February 2013).
- World Health Organisation. 2000. *The World Health Report 2000 – Health systems: improving performance*, <http://www.who.int/whr/2000/en/>. (accessed 5 February 2013).
- World Health Organisation. 2012. *World Health Statistics 2012*, [http://www.who.int/healthinfo/EN\\_WHS2012\\_Full.pdf](http://www.who.int/healthinfo/EN_WHS2012_Full.pdf) (accessed 4 February 2013).