INTRODUCTION TO SINGAPORE HEALTHCARE
The population’s median age has increased from 39.3 in 2014 to 39.6 in 2015. The proportion of elderly residents has grown from 2.5% in 1965 to 11.8% in 2015.

In terms of age composition, the young-old (aged 65-74 years) makes up the majority (see Table 1.1). The old-old (aged 75-84) is the next largest group at 29%, while the oldest-old (aged 85 and above), forms the remaining 9%.

**Table 1.1 Age Composition**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young-old</td>
<td>459,715</td>
<td></td>
</tr>
<tr>
<td>Old-old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oldest-old</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Population Trends 2015, DOS.
The average life expectancy of Singaporeans has also increased, contributing to Singapore’s ageing population. The life expectancy at birth rose from 61.0 years in 1957 to 82.7 years in 2015. There has been a rapid drop in the fertility rate, with the Total Fertility Rate (TFR) falling to below the replacement level of 2.1 births per woman since 1977. The falling birth rate and rising life expectancy is increasing the number and proportion of the elderly.

Ageing is Singapore’s key demographic challenge. The number of seniors aged 65 years and above will double from 440,000 in 2015 to over 900,000 in 2030. With 1 in every 4 residents expected to be aged 65 years old or older by 2030, the rapidly ageing population in Singapore will lead to greater demand for social and healthcare services to support the elderly. While the majority of elderly lead healthy and independent lives, there are some who require additional healthcare and personal care services after being discharged from hospitals. At the same time, the supply of healthcare services will be constrained by low labour force growth.

The Ministerial Committee on Ageing (MCA) has recently unveiled a $3 billion national plan to help Singaporeans age confidently and lead active lives, and with strong bonds to the family and community.

The Action Plan for Successful Ageing report was released on 24 February 2016. It details about 70 initiatives covering 12 areas, namely, health and wellness, protection for vulnerable seniors, and research to empower Singaporeans to achieve the goals of the national plan. The action plan is jointly developed by government agencies, voluntary welfare and non-profit organisations, academia, businesses, community and union leaders with feedback received from MOH’s public consultation.

Thrust One: Opportunities for All Ages

Singapore will be a place where everyone, including seniors, can continually learn, grow and achieve their fullest potential. Here are some initiatives introduced:

- **Lifelong employability**
  - The government, unions and employers introduced a number of measures to improve the lifelong employability of our older workers. For example: the Retirement and Re-employment Act, special employment credit, continuing education and training, and the Tripartite Alliance for Fair and Progressive Employment Practices.

- **National Seniors’ Health Programme**
  - The Ministry of Health (MOH) will launch a new National Senior’s Health Programme to effectively promote health education and preventive health services for seniors. The national programme will seek to educate seniors on key health issues related to age, encourage seniors to adopt healthy living habits and bring preventive health services to their doorsteps. The ministry aims to reach over 400,000 seniors.

- **Lifelong learning**
  - As a society, Singapore places emphasis on education and training. The government has invested heavily in developing a strong education and training system for both our young and adult workforce. Going forward, the Government will create more opportunities for Singaporeans to continue enriching their silver years through the pursuit of lifelong learning.

- **Senior Volunteerism**
  - The government has started a national senior volunteerism movement so that seniors can contribute their talents and experience. The Government aims to recruit an additional 50,000 senior volunteers.

- **Retirement Adequacy**
  - Various enhancement were made to retirement schemes to assure seniors that they can afford their living expenses, healthcare and long term care needs after they retire.

The Action Plan aims to build a Nation for All Ages, with its initiatives focused on three key areas

**First**, at the individual level, helping Singaporeans live long, live well and age confidently.

**Second**, at the community level, to build a cohesive society with inter-generational harmony.

**Third**, at the city level, to build an age-friendly city that enables seniors to live actively and age-in-place confidently.
Develop “Communities of Care” to help seniors age-in-place
The People’s Association will leverage on its community facilities and its network to deliver health services and promote health education, senior learning and volunteerism under the Wellness Programme. The aim is to eventually have a wellness hub in every mature neighbourhood.

Encourage love and respect for seniors
The People’s Association will work with its community, corporate and merchant partners, while Singapore Business Federation (SBF) will encourage businesses and trade associations and chambers to support the various senior friendly initiatives.

Promote inter-generational harmony
The Housing & Development Board (HDB) has introduced a number of policies to encourage Singaporeans to live close to and support their elderly parents. For example, the Multi-Generation Priority Scheme encourages families to live close to one another, while the Married Child Priority Scheme encourages married children and parents to reside together. In addition, HDB, the Ministry of Health and the Early Childhood Development Agency (ECDA) will plan for eldercare and childcare facilities to be co-located in 10 new HDB housing developments.

Future-ready legislation to prepare for Singapore’s ageing population
Today, there are two main Acts to protect the vulnerable elderly. The Maintenance of Parents Act allows seniors who are unable to maintain themselves financially to obtain maintenance from their children. The Mental Capacity Act enables individuals to make a Lasting Power of Attorney to appoint someone they trust to make decisions on their behalf in case they lose mental capacity.

The healthcare system
The government will implement a Healthcare 2020 Masterplan to expand healthcare infrastructure to address growing healthcare needs. Furthermore, MOH will transform healthcare service delivery in the following ways:

- Enhance geriatric capability in acute hospitals
- Pilot community-based geriatric services to bring care closer to older Singaporeans in the community
- Develop Geriatric Dental Expertise and Services to improve the oral health of our senior population
- Further expand the capacity of intermediate and long-term care services between 2015 and 2020
- Implement a new Masterplan on Home and Community Care to better support seniors to age-in-place
- Ramp up manpower development to ensure there will be enough staff to support the expansion in aged care services
- Expand community support for seniors with dementia
- Pilot new “Nursing Homes of the Future”
- Test bed tele-health solutions to better care for older patients
- Enhance the capacity, affordability and quality of palliative care to support an ageing population

Senior-friendly housing
The Housing & Development Board (HDB) is making efforts to help seniors age well. New initiatives are being planned to make the public housing heartlands more senior-friendly:

- HDB and the Ministry of Health (MOH) will create “Continuing Care Precincts” in new housing developments
- MOH has planned to build another 40 day centres by 2020, to provide integrated health and social care services for seniors.
- HDB will build “smarter” homes for seniors
- MOH and the Ministry of National Development (MND) will promote senior-friendly towns. Marine Parade was one of the earliest towns to be upgraded under the City for All Ages (CFAA) project to make Marine Parade more friendly for seniors.

Singapore will be distinctive globally not just for its economic success, but also as a model for successful ageing. The Government wants to transform Singapore into an age-friendly city where Singaporeans can age-in-place gracefully and confidently.
Ageing is the single most important social driving force that will shape Singapore in the years ahead. If we plan ahead in a holistic way, we can materialise a Nation for All Ages that is older but yet more dynamic and cohesive.

**Senior-Friendly Transport**

The Public Transport Council and the Land Transport Authority (LTA) have been introducing measures to make it more affordable and convenient for seniors to move around by public transport. Under the “City for all Ages – live well and age confidently in place” Successful Ageing Initiative, LTA will be implementing a comprehensive plan to make the transport system more senior-friendly.

**Senior-Friendly Parks**

The National Parks Board (NParks) will also upgrade parks and park connectors, to be more friendly for seniors.

**Senior-friendly design guidelines**

The Building and Construction Authority (BCA) will introduce a Universal Design Guide for Age-Friendly Public Places to raise awareness on how age-friendly design can be used in urban infrastructure and planning.

**Research in Ageing**

Singapore will invest in ageing-related research in different disciplines, to transform the experience of ageing in the future.
To support seniors in their recovery and maximise their ability to age-in-place within the community, there are a number of Community Care services available. Examples include residential facilities, and non-residential services such as Home and Centre-based Care services. Figure 1 illustrates the various facilities and services available in the healthcare sector.

Figure 1: Healthcare Sector Landscape

### Primary Care Services

Primary healthcare services are provided by professionals—usually general practitioners (GPs) and nurses—in the community. These healthcare professionals are often the first point of contact with seniors, whom they turn to for referrals to medical specialists and hospitals, for further check-ups and treatment. In Singapore, primary healthcare is provided through an island-wide network of outpatient polyclinics and private GP clinics.

### Acute Care

To better integrate all care services across the different stages of a patient’s care treatment, Regional Health Systems (RHS) were set up to strengthen partnerships across care providers in each region; both public and private, and across care settings.

Each RHS is anchored by a Public hospital working closely with community hospitals, nursing homes, home care and day rehabilitation providers, as well as polyclinics and private General Practitioners (GPs) within the geographical region. The RHS functions as a coordination platform to organise service providers. It delivers patient-centric care through the integration of services and processes. Such integration help patients navigate across providers the same region more easily, enabling them to manage their own care needs.

At present (2016), there are six RHSes (Alexandra Health System (AHS), Eastern Health Alliance (EHA), Jurong Health Services (JHS), National Healthcare Group (NHG), National University Health System (NUHS) and Singapore Health Services (SHS) anchored by seven public hospitals (Table 1.2).

### Table 1.2 Public hospitals in the respective Regional Health Systems(as of March 2016)

<table>
<thead>
<tr>
<th>Regional Health Systems</th>
<th>Public Hospital(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra Health System (AHS)</td>
<td>Khoo Teck Puat Hospital (KTPH)</td>
</tr>
<tr>
<td>Jurong Health Services (JHS)</td>
<td>Ng Teng Fong General Hospital (NTFGH)</td>
</tr>
<tr>
<td>National Healthcare Group (NHG)</td>
<td>Tan Tock Seng Hospital (TTSH)</td>
</tr>
<tr>
<td>National University Health System (NUHS)</td>
<td>National University Hospital (NUH)</td>
</tr>
<tr>
<td>Singapore Health Services (SHS)</td>
<td>Singapore General Hospital (SGH)</td>
</tr>
<tr>
<td></td>
<td>Alexandra Hospital (AH)</td>
</tr>
<tr>
<td>Eastern Health Alliance (EHA)</td>
<td>Changi General Hospital (CGH)</td>
</tr>
</tbody>
</table>
Intermediate and Long-Term Care (ILTC) services are typically for persons who need further care and treatment after being discharged from an acute hospital. They may also be used by seniors living in the community who may be frail and need supervision or assistance with their activities of daily living.

The community sector is mainly managed by Voluntary Welfare Organisations (VWOs). There are many types of community care services available – community hospitals, nursing homes, hospices, eldercare centers, home care and respite care.

The Community Care services are mainly divided into:

### Residential services

#### Residential ILTC Facilities

The residential ILTC facilities comprise of:
- Community Hospitals (CHs)
- Chronic Sick Units (CSU)
- Nursing Homes (NHs)
- Inpatient Hospice Care (IHC)

These facilities are either managed privately or by Voluntary Welfare Organisations (VWOs). MOH provides subsidies to more than 60% of Singaporean and permanent residents, who require community care services at these facilities. To ensure that facilities benefit those who require them most, all persons who wish to receive MOH subsidies must undergo means-testing.

#### Non-residential Community Care Services

These comprise of centre-based and home-based care services that are provided to patients during the day.

#### 1. Centre-based Care Services

Centre-based care services cater to seniors who require care services during the day, usually on a regular basis. These centres are mostly located within the community, enabling patients to receive services in a familiar environment close to their homes. For more details of the service, email [enquiries@aic.sg](mailto:enquiries@aic.sg) to obtain a copy of the service requirements.

#### Transitional Care

Facilitate post-discharge for client with complex needs

Serviced by public hospitals

#### Palliative Home Care

Prognosis < 12 months

Support dying-in-place

#### Meals-On-Wheels

Meals delivery

Support dying-in-place

#### Medical-Escort-Support

Medical escort

Transport

#### Table 1.3 Home-based Care Services

<table>
<thead>
<tr>
<th>Home Health</th>
<th>Home Personal Care</th>
<th>Home Therapy</th>
<th>Interim Caregiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home medical</td>
<td>Assistance with personal care and hygiene</td>
<td>Home rehabilitation</td>
<td>Facilitate post-discharge of clients from hospital to home</td>
</tr>
<tr>
<td>Home nursing</td>
<td>Medication reminders</td>
<td>Home-based exercise training</td>
<td></td>
</tr>
<tr>
<td>Care coordination</td>
<td>Mentally stimulating activities</td>
<td>Home environment review</td>
<td></td>
</tr>
</tbody>
</table>

Further details on the scope of various Home care services can be found in Booklet 2 -Introduction to Home care.

2. Home-based Care Services

Home-based or home care services are provided in the homes of frail and home-bound elderly. The services address the health and social needs of the patient and support families in the care of their seniors. Table 1.3 shows the current suite of home care services. For more details of the service, email [hc.enquiry@aic.sg](mailto:hc.enquiry@aic.sg) to obtain a copy of the service requirements.

New home care providers can consider reaching out to RHS to foster collaboration with its partners. Examples include tapping onto primary care physicians within a RHS to provide consultations, and purchasing/sharing of manpower with the local RHS.

Further details on the scope of various Home care services can be found in Booklet 2 -Introduction to Home care.
MOH launched the Senior Care Centre (SCC) model, integrating day care, dementia care and rehabilitation into one facility, and introduced centre-based nursing as a new service. In home care, MOH shifted the providers’ paradigm from fragmented care towards integrated care. There is better integration between home health and home social care today. MOH also expanded the scope of home care services to include Interim Caregiver Scheme (ICS), home therapy and transitional care, and introduced residential and weekend respite care options to support caregivers.

Enhancing Service Scope

In 2013, the aged care functions of the Ministry of Social and Family Development (MSF) were merged with those of MOH. While the two ministries continue to work closely, merging the two portfolios improved service planning and sector development at the national level. This transition also enable community care service providers to broaden their scope to include services across the health and social care spectrum. Since then, MOH has set out to shape the sector in a few ways:

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---
Expanding Capacity

MOH increased centre-based capacity from 2,100 in 2011 to 3,150 places in 2015. This was achieved by developing new SCCs and converting existing single-service centres into integrated SCCs. With the launch of ramp-up funding in 2012, MOH also increased the number of home health providers from 8 to 23, and expanded capacity by more than 70% from 3,800 places in 2011 to about 6,900 places in 2015.

To support ageing-in-place, an estimated 6,200 centre-based care places and 10,000 home care places were needed by 2020. The MOH and Agency for Integrated Care (AIC) worked closely with existing home and centre-based providers to develop capacities across Singapore.

Establishing Quality Benchmarks

MOH worked with the industry to develop guidelines for both centre-based and home care sectors, as part of the MOH’s ongoing efforts to enhance the quality of care in the Community Care sector. The Guidelines were developed by industry-led workgroups, and can be used as a reference for centre-based and home care providers, whilst working towards delivering good quality care for our seniors. The Guidelines for Home Care can be downloaded here: https://www.moh.gov.sg/content/moh_web/home/Publications/guidelines/intermediate-and-long-term-care-guidelines.html

Enhancing subsidies for home and community-based care

To encourage ageing-in-place and support families to care for seniors at home, the Government has raised the qualifying per capita monthly income for subsidies for home and community-based services to $2,600. This covers two-thirds of households in Singapore. Subsidies were also raised to a maximum of 80%.

MOH has also introduced several pilot initiatives under the Home and Community Masterplan in April 2016. Some of the pilots include:

- Integrated care packages that bundle home and day care services from the same provider. Seniors will be able to receive a mix of home- and centre-based services to better meet their needs.
- Integrated Operator (IOP) Scheme under which MOH will select operators for bundled nursing homes, eldercare centres and home care within the same area. Each bundle will be within a RHS to facilitate a more seamless transition between settings.
- Trained domestic elder carers who are proficient in eldercare so that they can anchor good care for seniors at home.
To do so, the Government aims to grow home care as a preferred mode of aged care by increasing access, affordability and the quality of home-based healthcare services. AIC aspires to reach the target of 10,000 home care places by 2020.

The Ministerial Committee on Ageing (MCA) announced its targeted increase home-based healthcare capacity from 4,000 to 10,000 places by 2020, as part of its plans to promote ageing-in-place and to delay institutionalisation.

AIC also ensures that the appropriate care service is prescribed for patients referred from the public hospitals and other referral sources. Table 1.5 shows referral volume and workload for home-based care from 2009 to 2015.

84% of the home care referrals are from public hospitals and 8% are from community hospitals (CHs), touch points in public hospitals, include inpatient wards, transitional care teams, specialists on call (SOCs), emergency departments (EDs) or through medical social workers. Other referrals are from nursing homes, community or social services.

### Table 1.4: Number of Home Care Places by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Number of Home Care Places</th>
<th>Year-on-Year Growth^</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2011</td>
<td>3,800</td>
<td>-</td>
</tr>
<tr>
<td>CY2012</td>
<td>4,500</td>
<td>34%</td>
</tr>
<tr>
<td>CY2013</td>
<td>5,400</td>
<td>22%</td>
</tr>
<tr>
<td>CY2014</td>
<td>6,500</td>
<td>11%</td>
</tr>
<tr>
<td>CY2015</td>
<td>6,900</td>
<td>9%</td>
</tr>
</tbody>
</table>

^ The number of home care places is defined as the number of clients that providers can enrol at any one point in time, based on the number of care staff employed.

### Table 1.5: Home Health Care Referral Trend from 2009 to 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Home Medical</th>
<th>Home Nursing</th>
<th>Home Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1115</td>
<td>4769</td>
<td>489</td>
</tr>
<tr>
<td>2010</td>
<td>685</td>
<td>4609</td>
<td>489</td>
</tr>
<tr>
<td>2011</td>
<td>681</td>
<td>3985</td>
<td>481</td>
</tr>
<tr>
<td>2012</td>
<td>767</td>
<td>4483</td>
<td>612</td>
</tr>
<tr>
<td>2013</td>
<td>1863</td>
<td>5878</td>
<td>808</td>
</tr>
<tr>
<td>2014</td>
<td>1969</td>
<td>6396</td>
<td>1039</td>
</tr>
<tr>
<td>2015</td>
<td>2391</td>
<td>7179</td>
<td>1362</td>
</tr>
</tbody>
</table>
There are different government bodies which healthcare stakeholders can approach to help you with the development and growth of your Home Care business in Singapore. Their key roles are listed below.

**Healthcare**

In Singapore, the government bodies involved in the development of intermediate and long-term care services are the Ministry of Health (MOH), Ministry of Health Holdings (MOHH) and Agency for Integrated Care (AIC).
Role of the Ministry of Health (MOH) Singapore

MOH’s mission is to promote good health and reduce illness, ensure access to good and affordable healthcare, and pursue medical excellence.

The Ministry plays a major role in educating and providing information to the public on how they can maintain a healthy lifestyle. The Ministry also plays a key role in reducing illnesses in Singapore through the control and prevention of diseases and ensuring that resources are allocated appropriately to do this. Furthermore, the Ministry is responsible for ensuring that healthcare in Singapore is characterised by good clinical outcomes and professional standards, and that services delivered are appropriate to each patient’s needs. While the Ministry emphasises the principle of co-payment, it also ensures that healthcare remains affordable to Singaporeans.

Our healthcare system is well regarded internationally. The Ministry strives to build upon this so that Singapore becomes even better known for certain areas in healthcare.

In terms of intermediate and long term care services, MOH looks after the planning and development of the sector.

Role of the Ministry of Health Holdings (MOHH)

MOH Holdings (MOHH) is the holding company of Singapore’s public healthcare clusters – National University Health System, National Healthcare Group, Singapore Health Services, Alexandra Health System, Jurong Health Services and Eastern Health Alliance. Sharing the Ministry of Health’s vision to champion a healthy nation and ensure that our people live well, live long and with peace of mind, our role is to enhance public healthcare sector performance by unlocking synergies and economies of scale.

Our strategies aim to drive optimal performance through sector-level initiatives and addressing system-level gaps. These includes infrastructural development of regional and community hospitals, specialist centres, polyclinics and nursing homes to meet future demand for healthcare, joint recruitment of healthcare professionals for Singapore’s public healthcare institutions, development of a national IT framework that facilitates seamless delivery of care to our patients and talent management and HR framework for the entire public healthcare spectrum.

Role of the Agency for Integrated Care (AIC)

AIC was established as an independent corporate entity under MOHH in 2009 to drive the development, enhancement and integration of the Community Care sector.

Its mission is to create a vibrant care community enabling people to live well and age gracefully. AIC coordinates and facilitates efforts in care integration to achieve the best care outcomes for our clients. AIC does this by empowering them with health and social care information and arranging for their care when they are discharged from hospitals. AIC enables stakeholders to raise the quality of care, and also enhances collaboration by working with health and social care providers to increase services to support the ageing population. AIC’s work in the community brings care services and information closer to those in need.

As for AIC’s role in the home health care sector, AIC was tasked to develop the sector in response to the capacity crunch in both acute and ILTC sector in 2012. It has been working closely with MOH and home care providers to develop the sector in recent years. Some of the efforts include engagement sessions through the Home Care Workgroup, assisting providers obtain funding to enhance their services, developing training framework and engaging the private sector with a view to build collaborations in the future. Moving forward, the focus will be to facilitate integration of home health and social care, build capacity for home social care and providers’ capability in terms of quality standards and scope of service.
The government agencies involved in the development of businesses and enterprises are SPRING and Economic Development Board (EDB).

Role of the Standards, Productivity and Innovation Board (SPRING Singapore)

SPRING Singapore is an agency under the Ministry of Trade and Industry. It is responsible for helping Singapore enterprises grow and building trust in Singapore products and services. As the enterprise development agency, SPRING helps nurture a pro-business environment, facilitates the growth of industries, and enhances innovation and enterprise capabilities of small and medium enterprises (SMEs) for better access to markets and business opportunities. To help businesses develop and grow, SPRING provides assistance in the form of Government programmes and schemes, including a slew of initiatives to help aspiring entrepreneurs to start their business. SPRING is also the national standards and accreditation body.

Role of the Economic Development Board (EDB)

The Singapore Economic Development Board (EDB) is the lead government agency for planning and executing strategies to enhance Singapore's position as a global business centre. EDB is responsible for designing and delivering solutions that create value for investors and companies in Singapore. In this way, it seeks to create sustainable economic growth with vibrant business and good job opportunities for Singapore. EDB's 'Home' strategy articulates how they are positioning Singapore for the future. It is about extending Singapore's value proposition to businesses not just to help them improve their bottom line, but also to help them grow their top line through establishing and deepening strategic activities in Singapore to drive their business, innovation and talent objectives in Asia and globally.
As a healthcare organization, you must also be aware of the following legislative requirements listed in Table 1.6 below. The Acts can be downloaded at [http://statutes.agc.gov.sg](http://statutes.agc.gov.sg)

**Table 1.6: Relevant Legislation**

<table>
<thead>
<tr>
<th>Legislative Act</th>
<th>Administrator</th>
<th>Purpose</th>
</tr>
</thead>
</table>
| Charities Act – Cap 37  
  • Institutions of Public Character  
  • Code of Governance | Ministry of Culture, Community & Youth (MCYY) – Charity Portal | An Act to make provision for the registration of charities, the administration of charities and their affairs, the regulation of charities and institutions of a public character, the regulation of fund-raising activities carried on in connection with charities and other institutions and the conduct of fund-raising appeals, and for purposes connected therewith. |
| Companies Act – Cap 50 | Accounting & Corporate Regulatory Authority (ACRA) | The Companies Act applies to all companies incorporated in Singapore, and contains provisions relating to the life cycle of companies, from incorporation to management to winding up. |
| Workplace Safety & Health Act – Cap 354A  
  • Regulations, directives and guidelines issued under WSHA | Ministry of Manpower (MOM) | An Act relating to the safety, health and welfare of persons at work in workplaces. It emphasises the importance of managing workplace safety and health proactively by requiring stakeholders to take reasonably practicable measures to ensure the safety and health of workers and other people that are affected by the work being carried out. |
| Infectious Disease Act – Cap 137 | Ministry of Health (MOH) & National Environment Agency (NEA) | An Act relating to quarantine and the prevention of infectious diseases. |
| Allied Health Professions Act 2011 | Ministry of Health | An Act to provide for the registration of prescribed allied health professionals for the protection of the health and safety of the public and for purposes connected therewith. It also establishes a regime for complaints management, inquiry, investigation and discipline of cases involving registered AHPs |
| Medical and Elderly Care Endowment Schemes Act (MECESA) – Cap. 173A | Ministry of Health | An Act to reconstitute the Medical Endowment Fund and to establish the ElderCare Fund for the purpose of endowment schemes providing financial assistance in connection with medical and health care in Singapore and for matters connected therewith. |
| Nurses and Midwives Act | Singapore Nursing Board | An Act to establish the Singapore Nursing Board, to provide for the registration and enrolment of nurses, the registration of midwives and the certification of Advanced Practice Nurse and for matters connected therewith. |