

S'pore as a super-aged society: Can its health system cope?

In 2026, the Republic crosses a demographic threshold. As chronic conditions, cancers and mental health issues become more widespread, the focus must shift to prevention of disease and affordability of care.



The most pressing health system challenges of a super-aged society is not infectious disease or episodic illness, but the long-term management of chronic conditions, says the writer. ST FILE PHOTO

Teo Yik Ying

Last December, I accompanied my elderly father to the Singapore General Hospital for a series of medical examinations. As we walked towards the hospital foodcourt for lunch, I was struck by the number of seniors being pushed in wheelchairs, some visibly frail, others struggling with mobility. Some were accompanied by family members who were seniors themselves, while others appeared to be on their own, wheeled briskly by hospital staff moving between tasks.

I had seen similar scenes at the National University Hospital and Tan Tock Seng Hospital during work visits, and perhaps that was what made this moment stand out.

This was not a crisis unfolding

nor an overcrowded emergency department, but simply a normal weekday morning in one of Singapore's largest hospitals. Yet the sheer number of elderly, visibly unwell patients was sobering.

Such scenes are increasingly becoming part of everyday life. Dialysis centres filled with patients spending hours tethered to machines. Seniors struggling to manage alone at home after a fall or hospital discharge. Families grappling with difficult decisions about long-term care, end-of-life treatment, or whether ageing parents can continue to live independently.

These are now common experiences for many families, and they point to where Singapore is headed.

In 2026, Singapore will cross a demographic threshold that few countries have reached as rapidly, becoming a super-aged society,

where at least 21 per cent of the population is aged 65 and above.

By 2030, one in four Singaporeans will be a senior.

Unlike many Western societies that took half a century or more to age, our demographic transition has been compressed into a single generation.

What this compression means is that pressure is building, even if we do not yet feel it fully.

Hospitals may still appear to be coping. Waiting times may not yet seem alarming. Insurance premiums may only now be edging upwards.

But beneath the surface, demand is rising steadily, driven by more people living longer with chronic disease, frailty, and care needs that do not end with a single hospital stay.

A super-aged society is not inherently unhealthy. Longer lives can be active, productive, and meaningful.

But whether longevity becomes a dividend or a liability depends largely on how our health system responds to the realities of ageing: rising chronic disease, higher healthcare utilisation, increasing care dependency, and widening disparities between those who age well and those who do not.

In 2026, Singapore's health system will be tested on whether it can stay ahead of this curve, and whether it can reassure older Singaporeans that quality healthcare will remain both accessible and affordable when they need it most.

STEPPING UP PREVENTIVE AND COMMUNITY CARE

The most pressing health system challenges of a super-aged society is not infectious disease or episodic illness, but the long-term management of chronic

conditions.

Conditions such as diabetes, hypertension, and high cholesterol – what we commonly refer to as the “Three Highs” – remain highly prevalent in Singapore, alongside cancers and mental health conditions that disproportionately affect older adults.

Findings from the National Population Health Survey (NPHS) 2024 offer a nuanced picture.

The prevalence of diabetes and hypertension among adults aged 18 to 74 has remained broadly stable compared to the previous survey cycle, while high cholesterol has shown some decline. These trends reflect years of sustained public health efforts in screening, early treatment, and awareness, as well as improvements in primary care management.

The problem, however, is that because Singapore's population is

ageing so rapidly, the absolute number of people living with chronic diseases continues to rise, even if age-specific rates are no longer increasing.

In practical terms, this means more patients requiring lifelong medication, regular monitoring, and coordinated care, and for longer durations.

Hospitals may not see an immediate surge in admissions, especially as care is increasingly right-sited to appropriate settings. But outpatient clinics, polyclinics, general practitioners, and community care providers will face steadily mounting caseloads.

This reality underscores why preventive and community-based care has become the central organising principle of Singapore's health system reforms. Hospital-centric models are not designed for managing chronic disease at scale in an ageing society.

Preventing complications, delaying disease progression, and supporting self-management within the community offer far greater clinical value and cost-effectiveness than repeated acute admissions.

At the same time, NPHS 2024 sounded a clear warning. Obesity prevalence has risen, from about one in 10 adults in NPHS 2020 to nearly one in eight in 2024.

This matters because obesity is a powerful upstream driver of diabetes, cardiovascular disease, musculoskeletal problems, and certain cancers. If left unchecked, today's obesity rates will become tomorrow's chronic disease burden, compounding the pressures already created by ageing and reversing the gains made in stabilising the Three Highs.

If more Singaporeans enter older age with obesity and poorer metabolic health, the scenes witnessed in our hospitals today will become more common tomorrow.

This is why preventive health must remain a lifelong endeavour, shaped not just by healthcare services, but by the environments we live and work in, the food we consume, and the norms we collectively accept.

ADDRESSING CANCER AND MENTAL HEALTH

Ageing also shifts the disease profile beyond the traditional chronic conditions. Cancer incidence rises sharply with age, and as more Singaporeans live into their 70s and 80s, the absolute number of cancer diagnoses will inevitably increase.

Although survival rates have improved with earlier detection and advances in treatment, cancer care remains resource-intensive, emotionally taxing, and often unfolding over months or years. Without a more systemic approach to cancer prevention, screening, and care coordination, the hard-won gains from controlling the Three Highs risk being eroded by a rising cancer burden.

Mental health presents a

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Affordability, access – key public health concerns

FROM BI

parallel and often under-recognised challenge. Depression, anxiety, cognitive decline, and social isolation become more prevalent with age, particularly among seniors who live alone or are managing multiple chronic conditions. These issues rarely occur in isolation, and they often amplify physical illness, disability, and healthcare use.

Research by the Saw Swee Hock School of Public Health has shown that mental health conditions such as depression, dementia, and social isolation in a super-aged Singapore can significantly increase healthcare utilisation and expenditure, especially when the costs of caregiving demands and long-term care are taken into account.

For families, this burden is often felt long before it appears in hospital statistics, manifested through caregiver exhaustion, strained relationships, and difficult choices about institutional care.

As such, mental health can no longer be treated as a peripheral issue or confined to specialist settings. It must be integrated into mainstream healthcare and community support systems, with earlier detection, sustained follow-up, and stronger social interventions to reduce isolation and caregiver strain.

This is why reforms under

Healthier SG matter. They shift the focus from episodic illness-based treatment to long-term care relationships, strengthening links between healthcare and social services, and adopting financing frameworks that recognise the complex, interwoven needs of a super-aged society.

THE PRIVATE INSURANCE DEBATE

As healthcare needs rise with ageing, affordability and access become central public health concerns. In Singapore, this debate has come sharply into focus around Integrated Shield Plans (IPs) and their riders, which cover care in private hospitals and higher-class wards.

Over the past decade, generous rider designs that significantly reduced or eliminated out-of-pocket payments have contributed to escalating private healthcare bills and rising insurance premiums.

Health Minister Ong Ye Kung has repeatedly described this dynamic as a “vicious cycle”, where comprehensive coverage fuels higher utilisation and billing, which in turn drives up premiums, making insurance less affordable over time.

In response, the Ministry of Health (MOH) announced new IP rider design requirements that will take effect from April 2026. These changes will prevent riders from covering the minimum



An exercise corner in Clementi. Preventive health must remain a lifelong endeavour, the writer says, shaped not just by healthcare services, but by the environments people live and work in, the food they consume, and the norms they collectively accept. ST PHOTO: BRIAN TEO

deductibles and raise the minimum co-payment caps, ensuring patients retain a meaningful share of costs. The intent is to restore cost consciousness, moderate over-consumption, and slow premium escalation.

For sure these changes will have considerable ripple effects.

Some policyholders may downgrade coverage or reconsider their use of private healthcare, potentially shifting demand back to the public sector. Others may delay care due to higher out-of-pocket costs, raising concerns about timely access. Managing these transitions will be a delicate balancing act.

In a super-aged society, this issue takes on added urgency.

Seniors are more likely to need frequent care and are less able to absorb premium hikes or unexpected medical bills. At the same time, unchecked healthcare inflation is unsustainable at a population level.

The challenge for 2026 will be to ensure that insurance reforms promote long-term system sustainability without undermining the safety net that

older Singaporeans rely on.

KEEPING HEALTHCARE ACCESSIBLE

It is precisely because of these pressures that MOH has paired cost-containment measures with targeted financing enhancements taking effect in 2026.

Enhancements to MediSave withdrawal limits, effective from Jan 1, 2026, will improve access to costly outpatient diagnostics such as MRI and CT scans, reflecting the growing importance of ambulatory care in managing chronic disease and detecting conditions early.

As care continues to be right-sited out of hospitals and into outpatient and community settings, financing frameworks must follow accordingly.

The introduction of the Matched MediSave Scheme (MMSS) from 2026 further reflects a forward-looking approach to ageing. By matching voluntary MediSave top-ups for eligible seniors, the scheme helps older adults accumulate sufficient funds to cover future healthcare needs.

Together, these measures reinforce a key principle of Singapore’s health financing system: affordability must not come at the expense of sustainability. Instead of relying solely on subsidies or insurance, our healthcare financing uses a layered approach that combines individual savings, risk pooling, and government support to ensure those with fewer resources are not left behind.

As Singapore enters 2026 as a super-aged society, rising chronic disease burden, growing healthcare utilisation, insurance reform, and financing enhancements will converge to shape the lived experience of ageing. None of these challenges can be addressed in isolation.

Preventive care loses its meaning if it is not affordable or accessible, especially for seniors with limited financial means. Financing reforms aimed at containing costs will fall short without a redesign of care delivery that prioritises continuity, coordination, and value over volume.

At the same time, focusing excessively on containing costs

without keeping an eye on equity risks leaving vulnerable groups behind, as some may delay or forgo care when out-of-pocket costs rise.

What is needed is a coherent strategy that keeps the health system SAFE: Sustainable in the face of demographic change; Adequate in meeting real health needs; Fair in protecting those at higher risk or with fewer resources; and Efficient in delivering value for every dollar spent.

The policy choices made in 2026 will shape how Singaporeans experience ageing for decades to come. The transition to a super-aged society is inevitable.

If the Singapore story is to remain remarkable, we must ensure that longer lives are not just lived longer, but lived healthier, supported by a resilient and SAFE health system that is ready for the realities ahead.

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