

**Ageing Well in Singapore:
Perspectives from the Alphind
APAC Advisory Panel.**

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Ageing Well in Singapore: A Stakeholder Perspective on Challenges and Opportunities

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Singapore's ageing population presents challenges, but it also offers opportunities to innovate and build a society that values and supports older adults. By addressing financial security, fostering purpose, delaying disability, enhancing caregiving, and creating age-friendly environments, Singapore can create pathways for its ageing population to live meaningful, healthy, and socially connected lives.

To gain expert insights that would promote real-world innovation, on 6 April 2025, six healthcare experts and industry representatives met and engaged in a facilitated discussion. In addition to identifying leverage points for improving older adults' well-being in Singapore the meeting served to initiate a link between industry and a network of experts and stakeholders, and to provide a template for similar expert discussions in selected countries in SE Asia.

This document summarizes a context-setting presentation on ageing in Singapore, followed by key insights from the panel discussion. The panel discussion was organized into two parts: (a) stakeholders and their priorities; and (b) challenges and opportunities.

1.0 Background: Ageing in Singapore and “Ageing Well”

Ageing is a global reality, with 60% of the world's population over 60 years old projected to live in Asia by 2030. Singapore, like many of its regional neighbors,

“By 2030, 1 in 4 Singaporeans will be aged 65 and above” *

the twin challenge of growing older before growing wealthier. Research shows education delays disability onset, suggesting Singapore's increasingly educated population will experience lower disability rates among the “young-old” (age 60-79 years) than previously forecast (Figure 1a). However, education's protective effect diminishes at higher ages, likely resulting in higher disability rates in the “old-old” (age 80+ years) than earlier predictions indicated (Figure 1b). The economic and social consequences of population ageing demand sustainable solutions that integrate health and social services while addressing the unique challenges of the Singaporean context.

*Source : Ageing Population Projections, MOH SG

Singapore's ageing population is shaped by several distinctive trends: declining mortality at younger ages, reduced fertility rates, increased rates of divorce and non-marriage, and a growing proportion of one- or two-person households. Migration further complicates this demographic shift. Although people in Singapore are living longer, these additional years are often accompanied by disability, raising concerns about healthy life expectancy, caregiving, and the adequacy of long-term support systems.

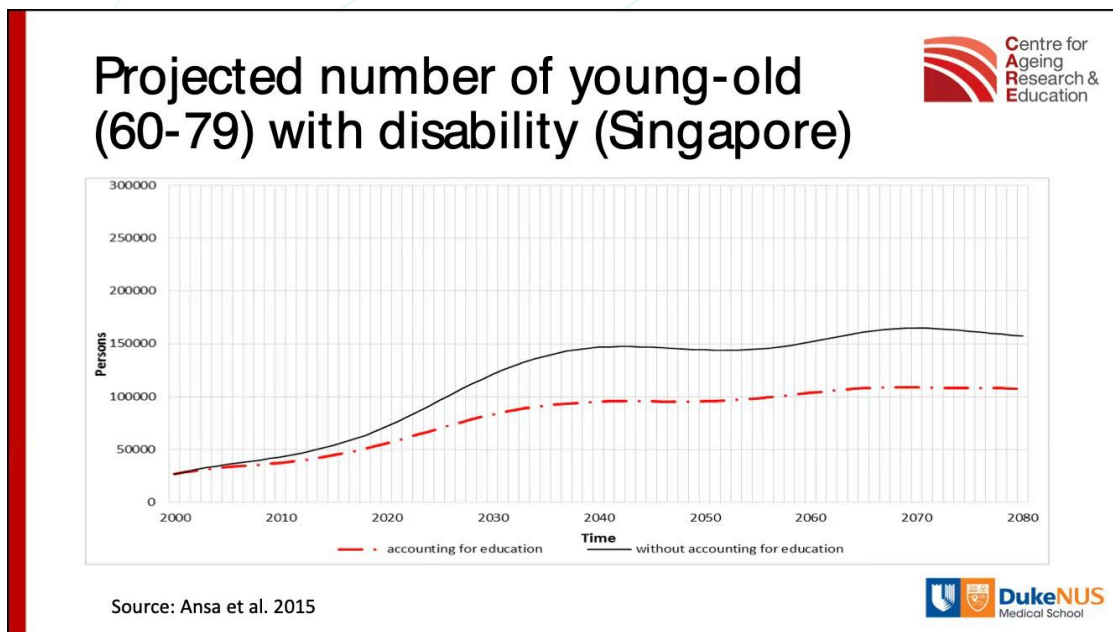


Figure 1a.

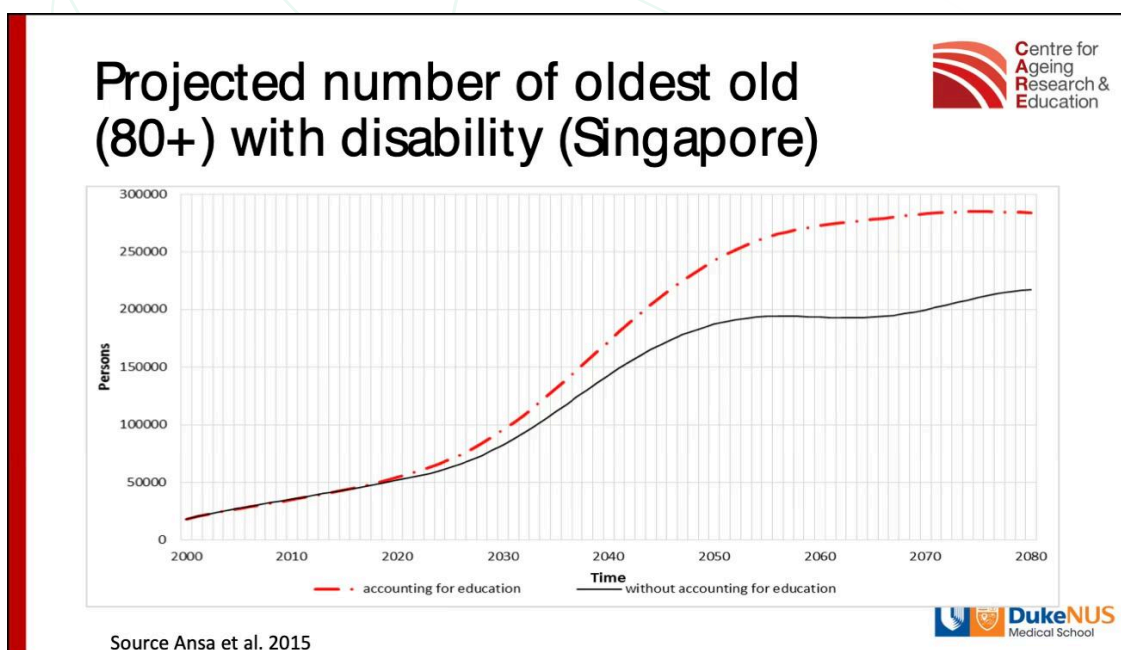


Figure 1b.

What Does "Ageing Well" Mean?

The World Health Organization (WHO) defines healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age.” Functional ability refers to the capabilities that allow individuals to:

- Meet their basic needs,
 - Learn, grow, and make decisions,
 - Be mobile,
 - Build and maintain relationships, and
 - Contribute to society.
- Healthy ageing involves optimizing both intrinsic capacity—physical and mental health—and the environmental factors that interact with this capacity, such as housing design, accessibility, and community support. To enable people to age well with high functional ability, it is essential to focus on both their health (intrinsic capacity) and the ecosystem in which they live (Figure 2).

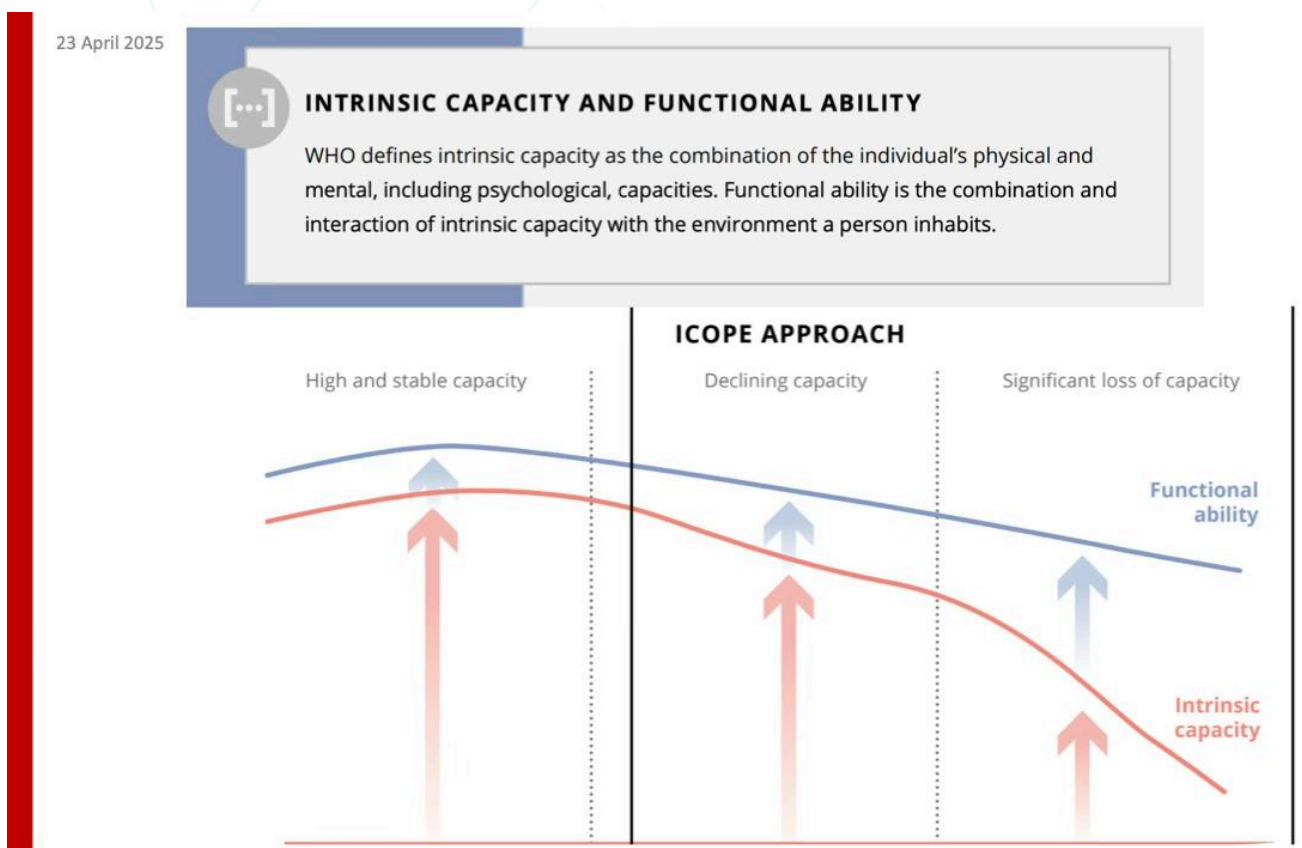


Figure 2. WHO definition of intrinsic capacity and functional ability over the life course.

Challenges of Ageing in Singapore: An Older Person's Perspective

Research into the concerns of older adults in Singapore highlights several recurring challenges:

- 1. Anxiety:** Many older adults face stressors related to financial security, health issues, diminished social connections, and environmental changes. Together, these factors significantly reduce their quality of life.
- 2. Loss of Meaning:** A sense of purpose or direction is vital for psychological well-being. Without it, older adults struggle to age gracefully.
- 3. Disability:** Non-communicable diseases, frailty, falls, and metabolic conditions contribute to the growing prevalence of disability among Singapore's ageing population.
- 4. Caregiving:** As families shrink and life expectancies increase, concerns about caregiving become more pressing. Many older adults worry about who will care for them in their later years.

Recommendations for Ageing Well in Singapore

Addressing the concerns of older individuals requires a multi-faceted approach with the following goals:

1. Alleviating Anxiety through Financial Planning and Lifelong Learning

- Encouraging financial planning early in life can help reduce anxiety about financial stability in old age.
- Lifelong learning and skills upgrading not only improve employability but also promote mental stimulation, reducing the risk of dementia and other cognitive decline.

2. Fostering Meaning and Purpose

- Volunteering and community engagement provide older adults with a sense of purpose and fulfillment.
- Programmes that promote lifelong learning and volunteering can enhance psychological resilience and overall well-being.

3. Delaying the Onset of Disability

- Health awareness should begin in childhood and continue throughout life to delay the onset of disability.
- Recognizing the intertwining of psychological and physical health is critical, as addressing one often supports the other.

4. Enhancing Caregiving Systems

- Strong intergenerational relationships and supportive social networks increase the likelihood of available caregivers for older adults.
- Expanding government policies, such as caregiver allowances and integrated caregiving services, can ease the burden on caregivers.
- Efforts should also focus on the positive aspects of caregiving, such as emotional satisfaction and social recognition.

5. Prioritizing the Environment for Ageing-in-Place

- Ageing in familiar environments allows older adults to remain socially connected to their communities.
- Technology can play a key role in maintaining mobility, enabling communication, and facilitating interaction with surroundings. (Preventive care)

6. Innovative and Flexible Policies

- Policies and programmes must be adaptable to the evolving needs of ageing populations and responsive to cultural contexts.
- Solutions should prioritize the integration of health and social care while remaining flexible enough to address cohort-specific challenges.

In summary, ageing well in Singapore requires a holistic approach that emphasizes healthy ageing, productive ageing, strong intergenerational relationships, and an environment that supports ageing-in-place. Technology can serve as a supportive tool across these domains, enhancing mobility, communication, and access to care. By addressing the physical, psychological, and social needs of older adults, Singapore can transform its ageing population into a thriving and well-supported community.

2.0 Summary of panel exercise and discussion

Following a brief overview of ageing in Singapore and internationally and the definition of and challenges to ageing well (summarized above in Background), the session proceeded with (a) a foundational exercise to consider the notion of “ageing well” from the perspective of the various stakeholders who can affect and be affected by ageing, and (b) a facilitated recounting exercise in which each participant shared their own experiences in promoting successful ageing in Singapore.

“Panel facilitated by Prof. David Matchar with 6 expert participants from Singapore’s ageing ecosystem.”

To achieve the goals of the session, the facilitator promoted (a) neutral and inclusive moderation, engaging all participants equally to ensure balanced contributions (b) structured discussion using guiding questions and time management to keep discussions on track; and (c) a focus on collaboration, fostering a non-promotional, solutions-oriented environment.

2.1 Stakeholders and their priorities

In the first exercise, the expert panelists developed a list of (a) stakeholders in the care of older individuals, and (b) priority outcomes for one or more stakeholder. This was done by asking the participants to write on a single note each stakeholder and each outcome. In round robin fashion each participant in turn provided one stakeholder and one priority outcome from their notes. After clarifying the content of each sticky note, the facilitator placed the notes on a whiteboard with stakeholders as rows and priority outcome as columns. The experts then silently placed a check mark on the cells in which a particular stakeholder had a specific outcome as a priority. Following the meeting, additional sticky notes not presented in the session due to time constraint were consolidated and the panelists were asked to complete a rating exercise via email.

As the participants reported the content of their notes, several points were raised:

- Seniors care about independence, performing daily activities, affordability, and having meaning/purpose
- Families prioritize the ability to navigate a complex healthcare system and managing out-of-pocket costs Healthcare providers focus on optimal medical care but face competing priorities

- Government agencies have different priorities (MOH, Ministry of Manpower, MSF), causing fragmentation

The results are presented as a heat map (Table 1) demonstrated a pattern consistent with the comments during the in-person meeting, in which some outcomes were deemed of importance to most or all the stakeholders, and the importance of some outcomes were deemed limited to only one or a few stakeholders.

	Senior	Caregiver	Medical service providers, public	Medical service providers, private	Community care provider	Long-term care provider	Volunteer groups	Government administrator	Policy makers	Private insurer	Technology industry	Sum
Functional ability	7	6	6	5	6	6	4	4	4	2	3	53
Intrinsic capacity	8	5	6	6	5	6	5	5	5	3	3	57
Senior care experience	7	8	7	8	7	6	4	7	6	0	2	62
Affordability	9	8	5	4	6	6	0	7	7	4	4	60
Technical care quality	5	5	8	7	7	6	3	7	6	2	2	58
Provider care experience	4	3	8	6	6	6	3	7	5	1	2	51
Provider payment	1	1	7	7	6	6	0	6	6	4	4	48
Government cost	0	0	4	3	2	2	0	7	7	4	2	31
Sum	41	36	55	51	49	49	19	57	54	26	23	

The following points from the expert panelists assessment were evident from the exercise:

Across all stakeholders (row totals):

- Intrinsic capacity, patient care experience, affordability, and technical care quality were deemed the most consistent priorities, except for private insurers and technology industry; private insurers were seen to have few priority outcomes except for modest interest in affordability and provider payment.
- Government cost was assessed as the least important priority, except for government administrators and policy makers who are seen to value these highly

Across all outcomes (column totals):

- The stakeholders with the greatest variety of outcomes of high value were public and private service providers, as well as government administrators and policy makers, suggesting that they face multiple competing priorities; again, private insurers and technology industry were deemed to have the least stake in the listed outcomes.

From the heat map additional patterns are suggested:

- Seniors and caregivers were assessed to care similarly about independence, the care experience, affordability, modest interest in technical quality of care, and low interest in financial implications to providers or government
- Community and long-term care providers were rated as having similar interests as unpaid caregivers, with the exception that provider care experience and provider payment are valued outcomes to these stakeholders
- Volunteer groups were perceived to not have a particular concern about any of the listed outcomes of care of older adults.

2.2 Challenges and Opportunities

Following the exercise to identify the range of stakeholders involved in the care of older people, the participants were engaged in a facilitated recounting of challenges and opportunities based on their personal experience. From a transcription of the meeting, specific challenges and opportunities were identified and are summarized below.

2.2.1 Major Challenges Identified

1. Fragmentation across the system:

- Multiple ministries and agencies with overlapping responsibilities
- Lack of coordination between healthcare and social services
- Community care organizations using different measurements and approaches

2. Information integration issues:

- No unified health record system across providers
- Data not flowing between hospital and community settings
- Difficulty tracking patient journeys through the system

3. Information integration issues:

- Insufficient number of trained community care providers

- Hospital staff lack training when shifted to community roles
- Not enough people to teach caregivers about managing conditions like dementia

4. Care coordination problems:

- Hospital discharge planning disconnected from community resources
- Patients "disappear" once they leave acute care settings
- Families are uncertain about how to navigate between services

5. Communication breakdowns:

- Patients and families not adequately informed about options
- Poor communication between government planners and implementers
- Insufficient change-management during system reforms

2.2.2 Opportunities for Improvement

- Better integration of health and social care needs
- Creating unified information systems that preserve flexibility
- Developing governance structures that support integration without excessive bureaucracy
- Involving family members more effectively in care planning
- Aligning incentives across different stakeholders
- Improving training for community-based care providers
- Enhancing communication between government agencies

3.0 Conclusion

The background presentation and facilitated discussion highlighted that while Singapore has many innovative aging programs, these efforts are often siloed and lack integration. Technological solutions can be valuable but alone cannot address these challenges without corresponding governance and communication improvements that effectively and efficiently identify and meet key needs of older individuals over the life course, as summarized in Table 2, accounting for cultural factors and the rapidly changing features of the older population.

"Technology alone cannot solve ageing – integration, governance, and empathy are key to supporting older adults meaningfully."

Table 2. From Matchar, et al, 2025.

Need	Definition
(1) Support of daily living function	Care to meet basic and instrumental activities of daily living (e.g., assistance with dressing, bathing, meal preparation).
(2) Social support	Support that aids patients with needs for companionship (e.g., befriending services), health care decision making, and non-health services in support of health needs (e.g., transportation to a clinic).
(3) Care coordination	Systematic interfacing between multiple providers (e.g., patient navigator).
(4) Physiological monitoring & prompt follow-up	Frequent (i.e., daily to weekly) monitoring of physiological signs (e.g., weight, dyspnea, blood pressure) and prompt responses to abnormalities to alleviate avoidable ED or hospital admission (e.g., diuretic adjustments for CHF, rescue medications for COPD). The plan for this does require physician involvement; however, this function can be implemented by a non-health professional with supervision.
(5) Regular primary care services	Development, evaluation, and follow up of healthcare plans, focusing on elements that require a registered generalist physician's skill, or a physician extender with physician supervision. This includes standard prevention services (e.g., based on age and gender).
(6) Medication management	Process of reconciling multiple medications to prevent adverse outcomes (e.g., pharmacist medication reconciliation) as well as services which facilitate/enhance medication adherence (e.g., medication reminders, medication sorting).
(7) Supervisory care	Supervision of patients over stipulated period (e.g., community day care or home sitter to assure safety and an enriched environment).
(8) Senior skills education	Teach patients to engage in patient-specific skilled health-supporting activities (e.g., self-care of diabetes, wound care) through a prescribed program of education, counseling and support. This is separate from health education that is of general value, such as how to use digital health resources.
(9) Caregiver skills education	Teach caregiver to engage in specific skilled health-supporting activities specific to the care recipient (e.g., self-care of diabetes, wound care) through a prescribed program of education, counseling and support. This is separate from health education that is of general value, such as how to use digital health resources.
(10) End-of-life care	Multidisciplinary medical care for terminally ill patients (e.g., symptom management).
(11) Nursing-type skilled services	Provide nursing type healthcare tasks that require specific skills training to perform (e.g., wound care, parenteral therapy).
(12) Rehabilitation-type skilled services	Provide rehabilitative-type healthcare tasks that require specific skills training to perform (e.g. physiotherapy, speech therapy, occupational therapy).
(13) Financial guidance services	Personalized guidance for patients whose financial situation is creating difficulty with receiving appropriate health care, including personal financial management and advice about financial assistance.
(14) Specialist medical services	Healthcare services for conditions that typically benefit from care by registered specialists trained and experienced in uncommon and severe conditions or requiring procedures prescribed by and limited to a registered specialist. This includes mental health services, but not services prescribed by a physician (e.g., radiologic or lab tests) or otherwise covered by other needs specified here (e.g., Rehabilitation).
(15) Social determinants of health	Provision of resources to meet basic needs that are minimally required to enable an adequate level of survival (e.g., housing/utilities, food, transportation, interpersonal safety).

From the discussion, one can infer areas where technology could promote the well-being of older individuals (Table 3):

Goals	Potential for technological support
Prioritizing the Environment for Ageing-in-Place	
Ensure safety and reduce urgency in transfer to residential care facility	Motion sensors to detect falls with alerts linked to caregiver Prediction of risks based on motion and vital sign sensors to alert caregiver and clinicians of care needs
Maximize functional ability	Technology to maintain mobility, enable communication, and facilitate interaction with surroundings.
Alleviating Anxiety through Financial Planning and Lifelong Learning	
Encouraging financial planning early in life can help reduce anxiety about financial stability in old age.	Financial planning apps aimed at older persons
Lifelong learning and skills upgrading to improve employability	Educational apps related to employment skills development
Fostering Meaning and Purpose	
Volunteering and community engagement provide older adults with a sense of purpose and fulfillment.	Tools to match older people to volunteer and community opportunities and facilitate participation
Programmes that promote lifelong learning and volunteering can enhance psychological resilience and overall well-being.	Educational apps such a language learning appropriate for older persons
Delaying and Alleviating Disability	
Reduction in cognitive decline	AI-based early identification of cognitive decline Tailored programs to improve cognitive function such as games and learning apps
Falls and fracture prevention	Motion sensors to detect falls with alerts linked to caregiver AI-based falls and fracture prediction and treatment recommendations
Improving the effectiveness of medical services	Prediction of risks based on motion and vital sign sensors to alert caregivers and clinicians of care needs Use of AI such as software to record and summarize encounters between providers and seniors Support tools to help families caring for an older person at end-of-life
Enhancing Caregiving Systems	
Reduce the demands on caregivers	Home monitors that identify older person's status so caregiver can prioritize need for attention Devices to simplify assistance with activities of daily living Devices that can extend the capabilities of providers, such as home physical therapy robots.

Expanding government policies, such as caregiver allowances and integrated caregiving services, can ease the burden on caregivers.	Software to facilitate application for allowances and services
Strong intergenerational relationships and supportive social networks increase the likelihood of available caregivers for older adults.	Social network apps that promote communication between generations
Efforts should also focus on the positive aspects of caregiving, such as emotional satisfaction and social recognition.	Support apps for caregiver emotional needs

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Appendix 1. Expert Panel Participants

The following individuals participated in the Expert Panel on Ageing Well in Singapore, held on 6 April 2025. Affiliations are listed for reference and do not necessarily represent formal endorsements.

Facilitator

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Note: All participants contributed in their personal or professional capacities. The views expressed do not necessarily represent those of their affiliated institutions.

Activating Whole Person Care Intelligence

