



**International Convention on
the Elimination of All Forms
of Racial Discrimination**

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Committee on the Elimination of Racial Discrimination

**Information received from Singapore on follow-up
to the concluding observations on its initial report***

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* The present document is being issued without formal editing.



I. Introduction

1. We thank the Committee on the Elimination of Racial Discrimination (CERD) for its consideration of Singapore's first report on the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) during its 105th session at its 2843rd and 2844th meetings, held on 18 and 19 Nov 2021.
2. We appreciate the opportunity to share Singapore's journey as a young nation in building a harmonious multi-racial society since our independence, as well as the fruitful discussion with the CERD on Singapore's approach to managing race relations.
3. Singapore remains committed to the principles of the ICERD and to achieving better outcomes for our people, in a manner that reflects our unique context, culture and history.
4. We embrace our diversity and seek to achieve progress for all with racial equality being a cornerstone of our laws and policies since our independence. This includes ensuring access to key institutions and services such as justice and healthcare. While our efforts to eliminate racial discrimination remain a work-in-progress, Singapore is determined to take the steps needed to achieve our ideals.
5. The CERD has, in its Concluding Observations on the initial report of Singapore, requested follow-up information on Singapore's implementation of the recommendations contained in paragraphs 18 (a) (access to healthcare) and 30 (access to justice) of its Concluding Observations ([CERD/C/SGP/CO/1](#)). This information is provided in the following sections and is accurate as of 24 November 2022.

II. Follow-up Information

A. Follow-up information relating to paragraph 18 (a) of the concluding observations on access to healthcare

Equal access to healthcare

Financial support

6. The Government is committed to ensuring that all Singaporeans, regardless of ethnicity, age or income have equal access to affordable healthcare. This is done through a multi-layered healthcare financing system:
 - (a) Firstly, the Government heavily subsidises the cost of medical treatments across all public healthcare settings. The subsidies are means-tested so that lower-income patients receive more support;
 - (b) Secondly, our universal medical insurance known as MediShield Life, provides basic coverage for all Singaporeans against large hospital bills for life, including those with pre-existing conditions. We also have MediSave, which is a national healthcare saving scheme that helps Singaporeans save during their working years to pay for their and their dependents' healthcare needs;
 - (c) Thirdly, the Government has set up MediFund as a medical endowment fund that provides a safety net for needy Singaporean patients who face difficulties in paying their medical bills after government subsidies, insurance and MediSave. No Singaporean will be denied appropriate healthcare due to their inability to pay.

Broad-based healthcare services for all

7. Besides providing financial support for Singaporeans, healthcare services in Singapore are not differentiated by ethnicity and all Singapore residents have access to health services and screening, regardless of ethnicity or income level:
 - (a) For example, the Screen for Life (SFL) national screening programme implemented by the Health Promotion Board (HPB) offers all eligible Singapore residents

subsidised screening tests that are appropriate for their age and sex at clinics, polyclinics¹ and community providers that participate in our national programme – Community Health Assistance Scheme – which has a flat, nominal fee structure giving individuals certainty on the amount they have to pay for health screening;

(b) Subsidised screening tests include those that screen for cardiovascular risk factors (obesity, diabetes, hypertension, hyperlipidaemia), as well as selected cancers namely cervical cancer, colorectal cancer and breast cancer.

Community-specific programmes

8. HPB has broad-based healthy living programmes to provide support and make healthy living accessible to all. However, noting that screening prevalence for chronic diseases among some of its subpopulations are below the national average (48.4% in the Malay community, 63.5% in the Chinese community and 74.5% in the Indian community), HPB has also developed tailored and culturally nuanced healthy living programmes with its community partners to deepen engagement with the various ethnic communities.² To increase health screening rates across all ethnic groups (such as through the national screening programme), HPB has outreach teams who work with community partners to target these segments and improve access to such programmes. These community health programmes, where appropriate, make use of vernacular languages to increase outreach to different ethnic communities.

9. Examples of these targeted programmes include:

(a) For the Malay community, we increased our partnerships with the community under HPB’s Jaga Kesihatan, Jaga Ummah (“Look after your health, look after your family and community”) initiative from 23 in 2018 to 35 Mosque partners³ in 2022, and also added 24 other partners such as the grassroots-based Malay Activity Executive Committees (MAEC) in local neighbourhoods. With their support, we were able to provide a range of healthy living programmes for the community such as physical activities, health talks on smoking cessation and mental wellbeing;

(b) Our Indian community partners such as Hindu Endowments Board,⁴ Sikh Welfare Council,⁵ Singapore Indian Development Association (SINDA)⁶ and places of worship have provided strong support. For example, NARPANI Pearavai (the Indian Activity Executive Committees Council at the local neighbourhood-level),⁷ provides funding to co-create health activities for their residents. Between 2018 and 2020, close to 15,000 Singapore Indian residents have participated in the various health promotion programmes.

Effective communication and access to information

10. At our public hospitals, the frontline staff are key touchpoints for patients, and are equipped to assist patients with queries on healthcare policies and with their healthcare bills. Where needed, patients are referred to Medical Social Workers for further assistance with their bills.

¹ Polyclinics are ‘one-stop’ healthcare centres located throughout Singapore and provide subsidised primary care, which includes primary medical treatment, preventive healthcare and health education.

² Singapore National Population Health Survey 2020, Ministry of Health.

³ Among the Malays, 98.8% are Muslim (Singapore Department of Statistics: Census, 2020).

⁴ The Hindu Endowments Board manages four major Hindu temples and organises major annual festivals for the Hindu community.

⁵ The Sikh Welfare Council aims to carry out and manage welfare schemes in the form of relief, financial assistance, health, education, housing or other forms of help for those requiring assistance.

⁶ SINDA is one of five ethnic-based Self-Help Groups, which provide assistance to persons with low-income within an ethnic community. These Groups, which are funded through voluntary contributions from the community and financial grants from the Government, help to provide a more targeted community-based assistance that complements the other national schemes.

⁷ This is the coordinating body for the Indian Activity Executive Committees (IAECs). IAECs organise cultural, educational, social, recreational and sporting activities in different neighbourhoods to promote mutual respect and harmonious relations among the different communities.

11. Information is also available in all four official languages (English, Mandarin, Malay and Tamil) for effective communication with patients who are not fluent in English. In our healthcare setting, we are committed to ensuring that everyone, regardless of race, has access to healthcare as well as the information they need to make healthcare decisions:

(a) For example, brochures in all four official languages are available to provide an overview of the subsidies, and financial assistance schemes available to patients. This ensures that they have adequate information on the support available to meet their healthcare needs;

(b) To facilitate communication, hospitals engage translation services, if required. In addition, healthcare staff are multi-lingual and come from different ethnic and cultural backgrounds, which facilitates communication with patients who are not fluent in English. For example, primary care providers will engage the help of other healthcare workers who can converse in the language that the patient uses where possible;

(c) In addition, pictorial communication aids are used to aid in communication with patients.

12. To ensure that healthcare staff are equipped to communicate effectively and meet the needs of patients of various backgrounds and ethnicities, healthcare schools incorporate sensitivity training as part of their training curriculum and learning outcomes for their students. The students are taught to respect religious sensitivities, cultural and economic diversity, and to provide patient care without discrimination: for example, as part of the core learning outcomes stated in the National Outcomes Framework for Medical Graduates, medical students are required to:

- Function effectively, and respectfully, when working with and treating people of different cultural backgrounds and show awareness of cultural diversity; and
- Respect religious sensitivities, cultural and economic diversity, and vulnerable patient groups without judgement, including for decisions such as end-of-life care.

13. Our healthcare institutions are committed to continuously refining and enhancing their processes to better serve the needs of all its patients. Feedback from the public that is sent to the relevant healthcare institutions and the Ministry of Health is taken seriously and improvements to service delivery will be made where necessary.

B. Follow-up information relating to paragraph 30 of the concluding observations

Equal access to justice

14. Singapore firmly believes in the importance of access to justice. It is a basic element of the rule of law, which is the foundation upon which Singapore was built.

15. Every country requires systems and processes that are suited to their unique national contexts. In Singapore's context, we have found that a strong partnership between the Government, the legal fraternity and civil society to co-deliver legal services makes access to justice more effective and sustained.

Strengthening access to justice

16. Singapore is committed to strengthening access to justice. We take a holistic approach to enhancing access to justice in Singapore, including by encouraging alternative dispute resolution:

(a) For instance, alternative dispute resolution is made available to disputants, so that they can resolve their disputes in a manner that is quick, cost-effective, and that preserves relationships. To illustrate, the Community Mediation Centre in the Ministry of Law offers mediation services, which are also available to foreigners who are residents in Singapore, for relational and community disputes at a low cost and has a success rate of resolving more than 80% of disputes referred to mediation;

(b) Migrant workers may approach the Ministry of Manpower or the Tripartite Alliance for Dispute Management (TADM) for advice on employment disputes. The TADM provides advisory and mediation services for employees (including migrant workers) and employers to resolve salary-related claims and employment disputes. Disputes that remain unresolved after mediation at TADM are referred to the Employment Claims Tribunal. For migrant workers who require help in filing their claims with the Employment Claims Tribunal, TADM will provide assistance such as providing in-house interpreters to explain the court processes, verifying the accuracy of claim details and helping to upload supporting documents. For migrant workers who need other forms of assistance such as emotional support, MOM will refer them to partners such as the Migrant Workers' Centre (MWC).

Legal aid and assistance schemes

17. As stated above, the Government works with partners in the legal fraternity and the community to provide legal aid and assistance. This includes both Government-funded legal aid, which is available for Singapore Citizens and Permanent Residents, and other forms of legal aid and assistance provided by non-Government partners, which are available for foreigners. The Legal Aid Bureau (LAB), a department under the Ministry of Law, partners social service agencies to address civil legal aid applicants' needs holistically, beyond their legal needs. As an example, in accordance with the Singapore Government's treaty obligations under the Hague Convention on the Civil Aspects of International Child Abduction, the LAB provides legal aid to foreigners who are citizens of, or habitually resident, in a Contracting State in matters concerned with the application of that Convention. The LAB is able to represent applicants in a wide range of civil proceedings set out in the Legal Aid and Advice Act 1995, including proceedings, which may involve allegations of racial discrimination. However, the LAB has not handled any such case to date.

18. There are organisations in Singapore that offer legal help to foreigners, including migrant workers, such as the Law Society Pro Bono Services (LSPBS), MWC, Humanitarian Organisation for Migration Economics and the Archdiocesan Commission for the Pastoral Care of Migrants and Itinerant People. For instance, the LSPBS runs the Family Justice Support Scheme to provide civil legal aid on matrimonial matters to eligible foreign spouses with Singaporean children. The LSPBS and MWC also run Migrant Worker Legal Clinics with interpretation services to provide legal assistance to the migrant worker community.