

An illustration featuring four hands holding puzzle pieces. The top-left hand is wearing a blue watch and holds a green piece. The top-right hand is in a plaid shirt and holds a red piece. The bottom-left hand is in a pink sleeve and holds a dark blue piece. The bottom-right hand is wearing a yellow and white bracelet and holds a purple piece. The background is light blue with clouds, stars, and foliage. A purple banner at the top contains the text 'TASK FORCE REPORT'.

TASK FORCE REPORT

Child And Maternal Health & Well-Being Strategy And Action Plan

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FOREWORD



By Mr Masagos Zulkifli
Minister for Social & Family
Development and
Second Minister for Health

The early years of a child are formative years of development that lay the foundation for a child's future well-being. As a society, we need to work with one another to ensure that we give our young a strong start in life.

The **Child and Maternal Health & Well-being Taskforce** was convened in January 2021 to explore ways to enhance support for children and mothers. Under the Taskforce, the Ministry of Health (MOH), Ministry of Social and Family Development (MSF), Ministry of Education (MOE), Prime Minister's Office Strategy Group (PMO-SG), Health Promotion Board (HPB) and Early Childhood Development Agency (ECDA) collaborated to develop a five-year plan to improve children's health, covering the stages of life from before birth to 18 years old.

Families play a key role in a child's development. We engaged parents, grandparents, and couples planning to have kids, as well as individuals working directly with children. They shared with us areas where Singapore can do better and how we can provide a stronger scaffold for children and families at every stage of life.

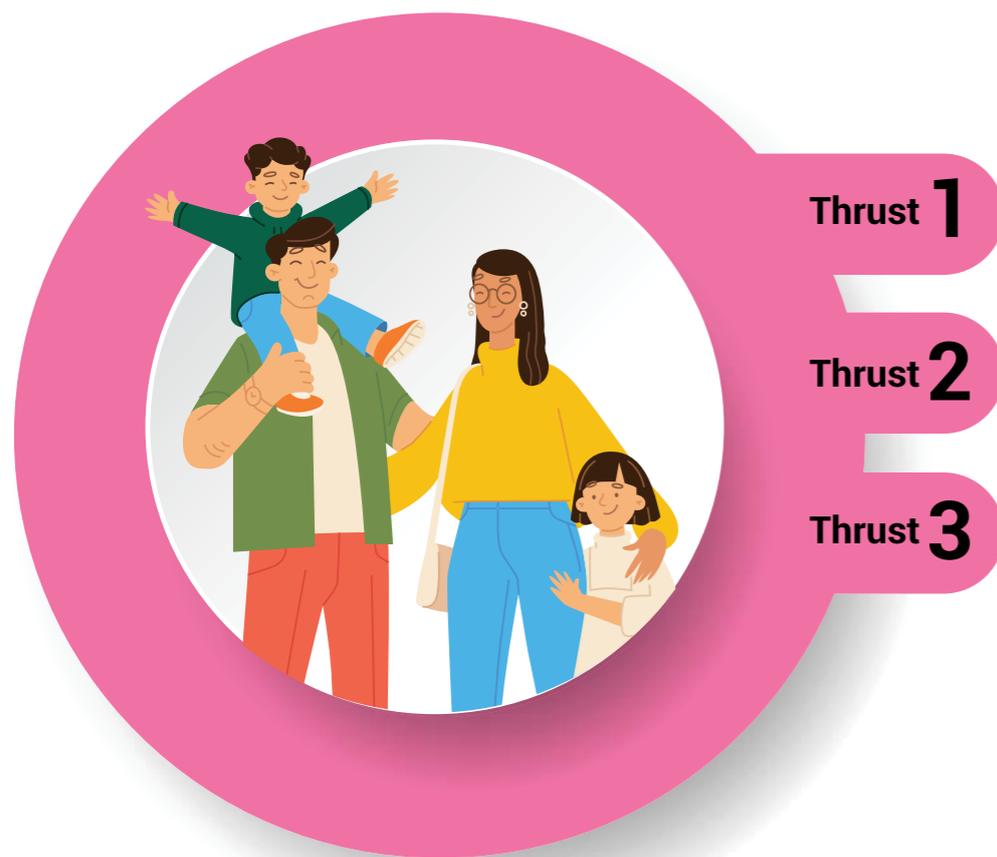
Our vision is to help our children to maximise their potential and live healthier lives. In developing the five-year plan, we have focused on addressing key risk factors that have long-term impact on child and maternal health and well-being. We are building on existing efforts to integrate health and social services and ensure access to services for families, and to provide more intensive and tailored support to those from vulnerable and at-risk groups. We will bring these services into the community as much as possible. This will make it easier for families to access touchpoints in a timely and convenient manner, benefitting those with greater need, and providing a safety net for all families.

We thank all our partners, many of whom have been with us on this journey since 2021, for contributing their time and expertise. **We hope that this Taskforce report will highlight to Singaporeans the importance of keeping mothers and children healthy and well, and ongoing efforts to roll out the Action Plan together to empower future generations to grow well and realise their potential.**

EXECUTIVE SUMMARY

To strengthen holistic support for the health and well-being of our children and their families, **the Child and Maternal Health & Well-being Taskforce was convened in January 2021 to develop and implement a 5-year Child and Maternal Health & Well-being (CAMH) Strategy and Action Plan.** This is part of our larger efforts to improve the population's health by addressing individual health needs and modifiable risk factors across the health, social and education domains.

The Taskforce, with support from more than 20 agencies across the health, social and education sectors, has put forward **nine key recommendations** centred around three thrusts under the Strategy, which have been translated into an **Action Plan of 48 initiatives.**



Thrust 1

More evidence-based resources and support for couples in preparing for parenthood

1. Help couple achieve better health for themselves and their next generation
2. Enhance psycho-emotional support for couples or pregnancy and parenthood

Thrust 2

Better support to uplift children, adolescents and families in adopting healthy lifestyles and habits

3. Across agencies and partners, uplift families and empower parents to nurture healthier, happy children and adolescents
4. Inject fun for children, adolescents, parents and grandparents to adopt healthy lifestyle habits together as a family
5. Encourage the creation of a nurturing home environment for children and adolescents

Thrust 3

Enhance cross-domain integration of services and support for children, adolescents & their families in the community

6. Deliver services to family as a unit to enhance convenience and access to services
7. Enhance social-health-education partnerships and integration to reduce barriers to access services across domains
8. Enable right-sitting of care and scale up care options in the community for children, adolescents and their families
9. Provide more flexible options for in-service provisions and services bundling to help vulnerable groups navigate and access services

Today, 28 of these initiatives either have been or are being implemented, with the remainder under review to be implemented progressively. These are elaborated in the Taskforce Recommendations section, with the full list of initiatives in [Annex A](#).

EXECUTIVE SUMMARY

SOME KEY INITIATIVES INCLUDE:

1

Guidance to parents and healthcare professionals on improving the health and well-being of the young and their families



- Launch of six guidelines on health and lifestyle issues covering screen use, physical activity, eating and feeding, autism spectrum disorder for children, and perinatal mental health, gestational diabetes for mothers.
- Development of an online platform, Parent Hub, to provide parents with one-stop access to information on healthy living.

2

Wrap-around support for families



- Set up of Family Nexus sites at four locations (Tampines, Punggol, Sembawang and Choa Chu Kang) to provide one-stop health and social support services for families with young children and couples planning for marriage and parenthood. The services include but are not limited to community nursing services to support children's growth, development and nutrition support, postnatal physical recovery and mental wellness screening, and parenting support services and resources in the same location.
- The public healthcare clusters, preschools and social service agencies are working together in two regional pilots which identify and provide more targeted support to preschool children from lower-income families facing health and developmental risks.

3

Enhancing and scaling up of services and programmes that address identified gaps and show good outcomes



- The mother-child dyad service delivery model provides health services for both the mother and child in the same polyclinic visit, such as vaccination and postnatal depression screening. We have already implemented this model to 19 polyclinics, ahead of the target of 14 polyclinics by 2025.
- The Women's Emotional Health Service Plus (WEHS+) pilot extends mental health screening and case management services to spouses of women receiving care. Additionally, it provides support to mothers up to six years postnatal, which is an increase from the previous one year, to enhance emotional health support for families more holistically.

Collectively, these initiatives aim to build a supportive ecosystem to promote the health of mothers and their children. Agencies continue to be committed to integrating the CAMH Strategy and Action Plan into ongoing work. This is critical for us to improve child health, maximise the potential of our young, and enable families to live healthier lives.

TASKFORCE FOR CHILD AND MATERNAL HEALTH & WELL-BEING



Children need to grow up well and healthy to realise their development potential. With women having children later, emerging evidence of the impact of maternal health on child health and development outcomes, and changing societal stressors, we need to provide better support for the health of parents and parents-to-be.

The inter-agency Taskforce on Child and Maternal Health & Well-being (CAMH), led by Mr Masagos Zulkifli, Minister for Social and Family Development and Second Minister for Health, was set up in January 2021 to drive better health outcomes for our children and their families.

The Taskforce comprised political office holders, policymakers and healthcare leaders (refer to [Annex B](#) for the Taskforce composition). Given the strong base of existing efforts and programmes, the Taskforce agreed that it was most useful to look at cross-cutting issues and identify gaps that would require multiple agencies to collectively address.

Three workgroups with representatives from more than 20 public and private agencies from the health, social and education domains were convened to support the Taskforce in addressing the identified issues (refer to [Annex C](#) for the composition of the workgroups).

From January 2021 to December 2023, the Taskforce and workgroups tapped on the diverse experience and expertise of key stakeholders across various domains to review the existing landscape of initiatives for child and maternal health, and assess what more could be done to improve the health of our children and their families (refer to [Annex D](#) for the full list of partners).

TASKFORCE FOR CHILD AND MATERNAL HEALTH & WELL-BEING

THE TASKFORCE TOOK THE FOLLOWING APPROACH:

1



Assessed the state of health of children and existing efforts across agencies and partners, including initiatives focused on supporting mothers, children from pre-conception to 18 years old, as well as families.

2



Reviewed significant emerging research, and what it means for the state of health.

3



Engaged parents, service providers and the public to discuss learning points and the effective ways to tackle these issues together.

The findings from the review and engagements have been instrumental in helping to set out the recommendations and initiatives in this report.

STATE OF CHILD AND MATERNAL HEALTH

EMERGING ISSUES

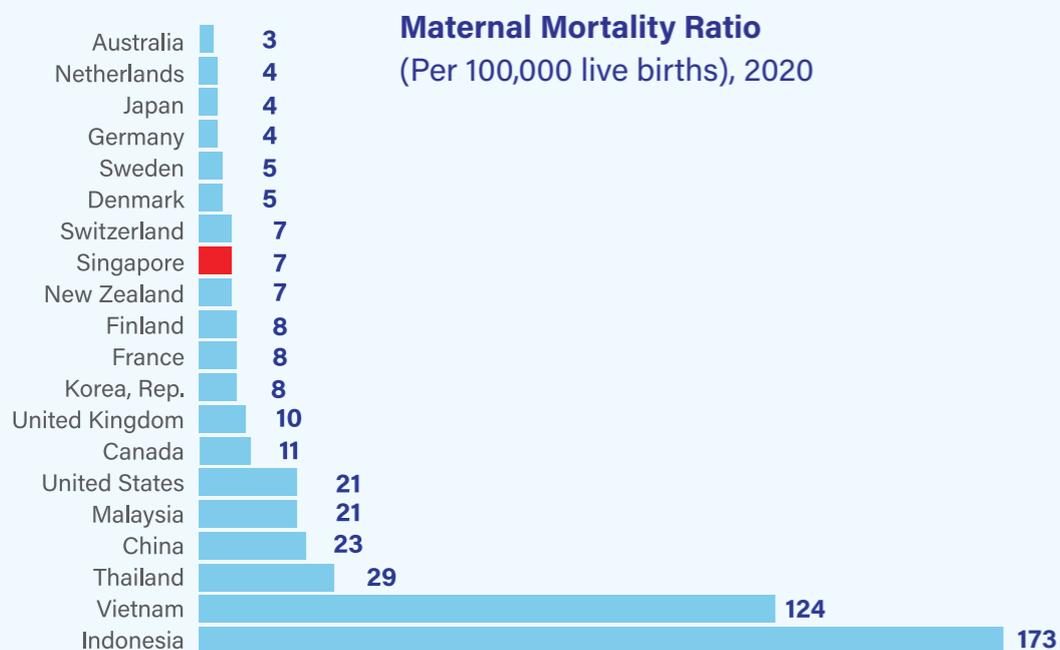
Singapore has achieved good outcomes for child and maternal health. Globally, we are ranked first¹ for life expectancy and health-adjusted life expectancy (HALE) at birth, with low infant and neonatal mortality rates. However, there remains emerging areas of concerns.

1. MATERNAL AND INFANT HEALTH

STATE

Indicator for good maternal health - low maternal mortality rate

Singapore's maternal mortality rate has been one of the lowest globally (at 7 per 100,000 live births in 2020), which is comparable to other developed countries like Switzerland and New Zealand. This means that the deaths of mothers due to deliveries and complications arising from pregnancy and childbirth have been kept low.

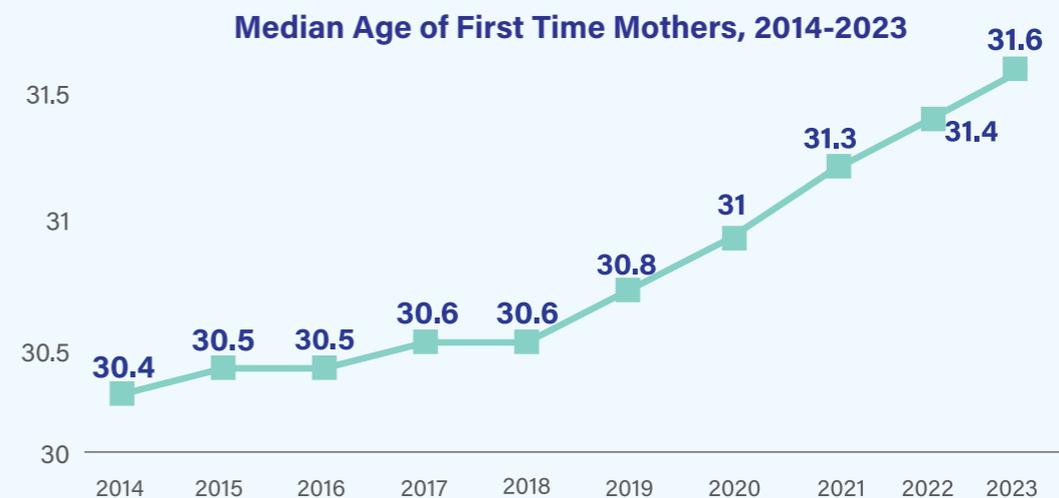


Source: World Bank. World Development Indicators: Reproductive Health. (2020). Maternal mortality ratio (per 100,000 live births).

AREA FOR IMPROVEMENT

Indicator for improvement - rising age of mothers at childbirth

The median age of first-time mothers in Singapore has steadily increased. Having children at a later age is associated with higher risk of pregnancy-related complications.



Source: Singapore Department of Statistics. (2024). Median age of mothers at first birth for resident births.

Other risk factors for pregnancy complications include:

- Being overweight, which results in a higher risk of developing gestational diabetes and subsequently pre-diabetes or diabetes
- Drinking alcohol and smoking
- Existing health conditions, such as poor maternal mental health and malnutrition

¹ Based on findings from the Global Burden of Disease 2019 study by Institute of Health Metrics and Evaluation. In 2019, our life expectancy at birth and HALE at birth were 84.9 years and 73.9 years respectively.

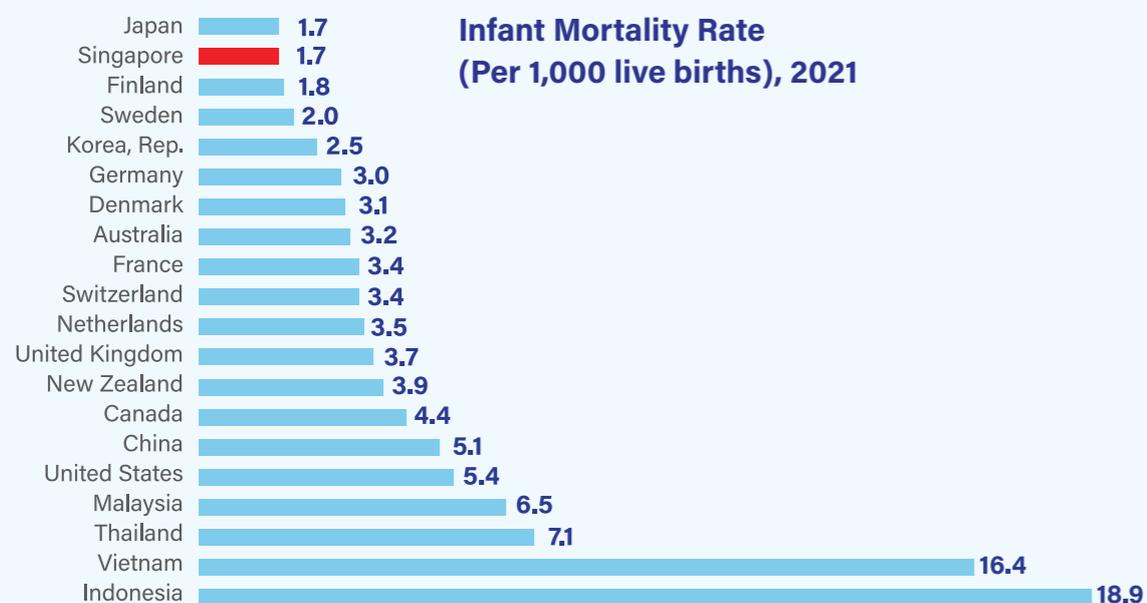
STATE OF CHILD AND MATERNAL HEALTH

1. MATERNAL AND INFANT HEALTH

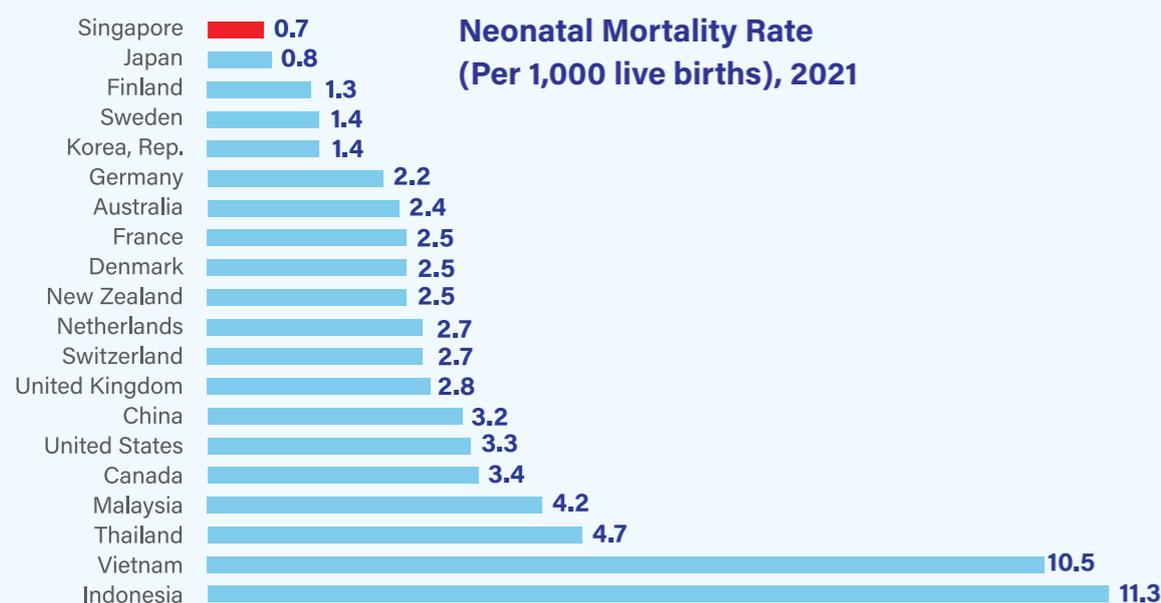
STATE

Indicator for good maternal health – low infant and neonatal mortality rate

Singapore has one of the lowest infant mortality rates and neonatal mortality rates globally.



Source: World Bank. World Development Indicators: Mortality. (2021). Infant mortality rate (per 1,000 live births).



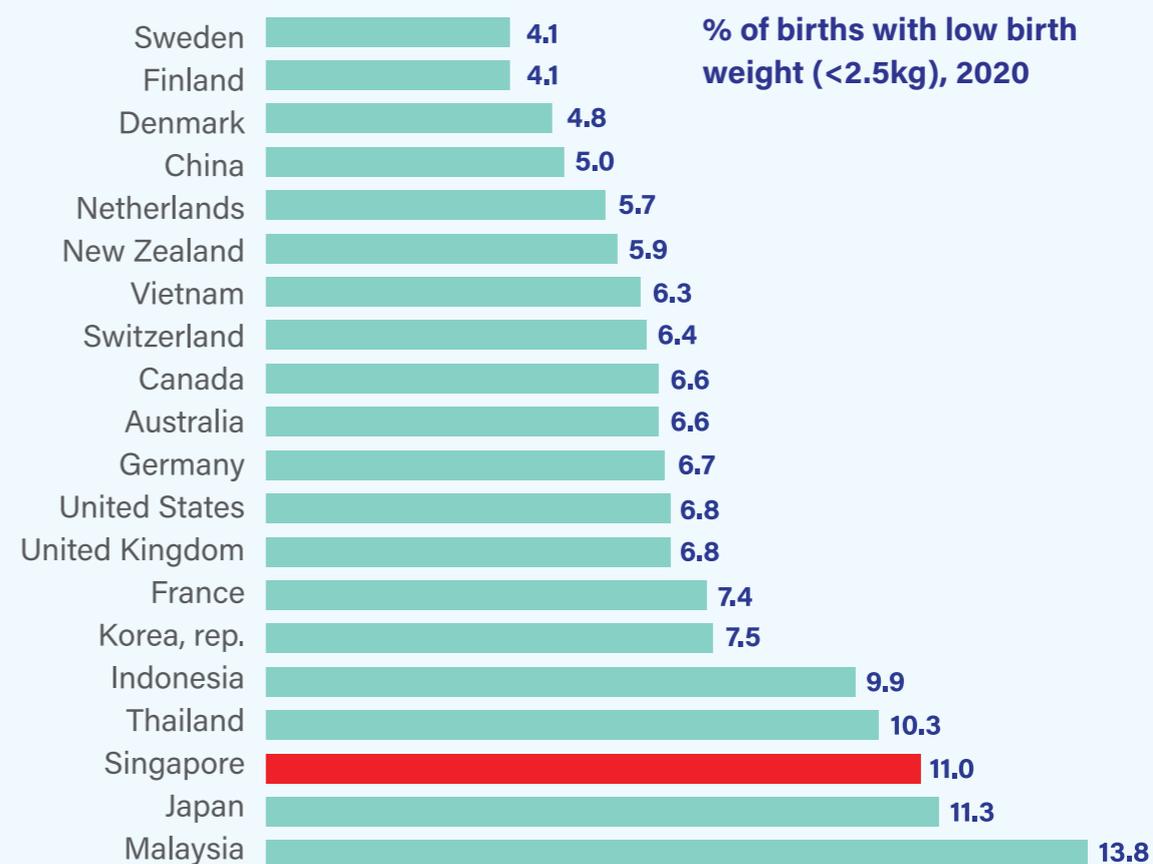
Source: World Bank. World Development Indicators: Mortality. (2021). Neonatal mortality rate (per 1,000 live births).

AREA FOR IMPROVEMENT

Indicator for improvement – low birth weight

In 2020, about 1 in 10 Singaporean children were born with low birth weight (less than 2.5kg at birth). Low birth weight is associated with higher risks for development of physical and mental issues later in life², e.g. obesity, attention deficit hyperactivity disorder.

To tackle low birth weight, we will need to address key risk factors such as ensuring good maternal nutrition and adequate provision of antenatal care.



Source: World Bank. World Development Indicators: Nutrition Intake and Supplement. (2020). Low birth weight babies (% of births).

² Mathewson et al. (2017), Mental health of extremely low birth weight survivors: A systematic review and meta-analysis, Psychological Bulletin, American Psychological Association, 143(4):347-383.

STATE OF CHILD AND MATERNAL HEALTH

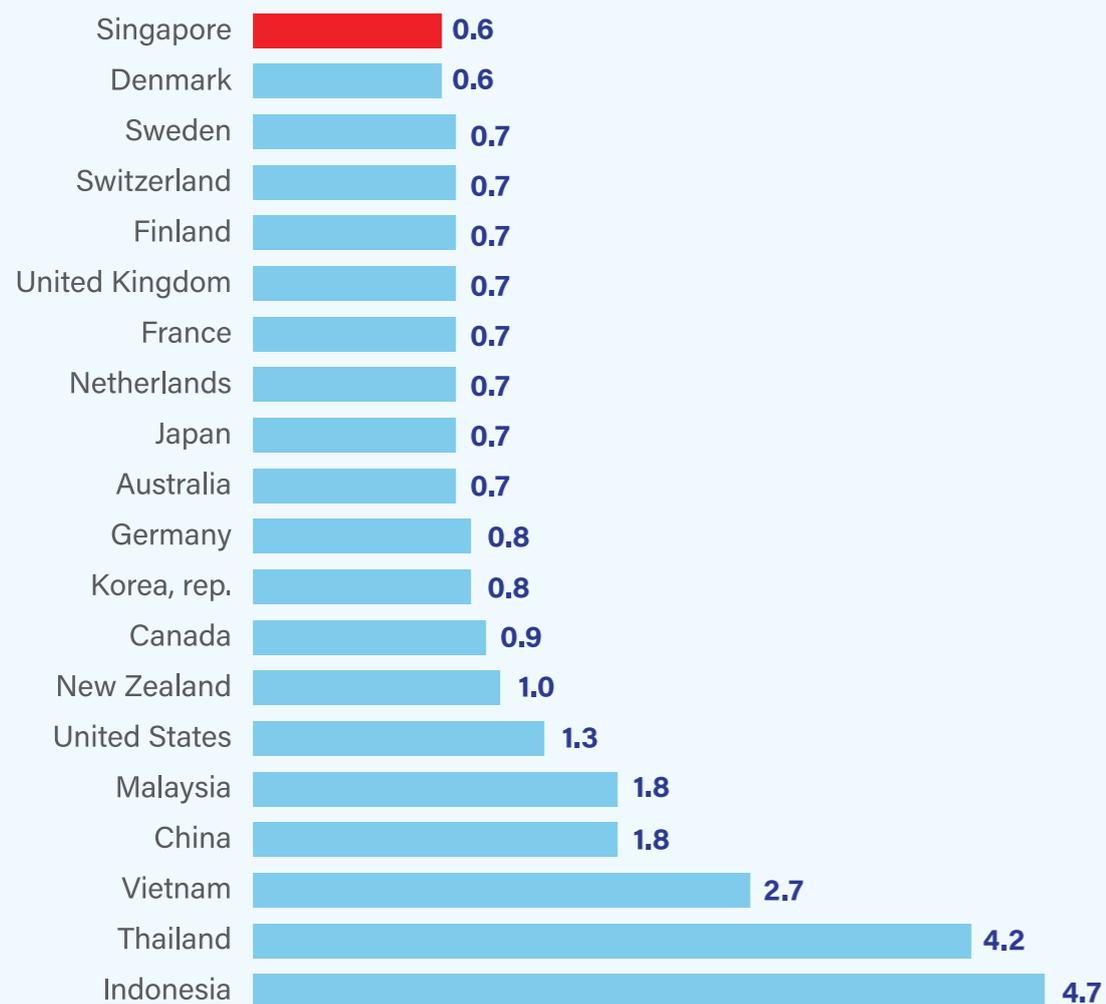
2. CHILD & ADOLESCENT HEALTH

STATE

Indicator for good state of children health

Singapore registers one of the lowest probabilities of a child at age 5 dying prematurely at aged 5-14 years. This means that the odds of surviving childhood are high and children in Singapore can enjoy access to good health and live well.

Probability of dying at age 5-14 years (per 1,000 children age 5), 2021



Source: World Health Organisation. (2021). Mortality rate for 5-14 year-olds (probability of dying per 1000 children aged 5-14 years).

AREA FOR IMPROVEMENT

Indicator for improvement - reducing childhood obesity

The proportion of students in our schools (primary, secondary, pre-university levels) who were overweight³ remained stable in the past 10 years at between 11% and 13%, with the exception of 2020 and 2021 when it increased to 16% due to the impact of COVID-19 reducing the opportunities for physical activities.

With increased physical activities after COVID-19 restrictions had been lifted, the proportion of students who were overweight has decreased to 15% in 2022 and 13% in 2023⁴.

Childhood obesity is a potential precursor to obesity later in life. As obesity is a major risk factor for chronic illnesses such as diabetes, hypertension and heart diseases, we will continue our efforts to support families in improving nutrition and uptake of physical activity to reduce obesity in children.



³ BMI-for-age at 90th percentile and above

⁴ Source: Ministry of Education

STATE OF CHILD AND MATERNAL HEALTH

UNDERSTANDING THE RESEARCH

To better understand what impacts child and maternal health, a comprehensive review of emerging and recent evidence-based findings covering GUSTO (Growing Up in Singapore Towards Healthy Outcomes)⁵, SG LEADS (Singapore Longitudinal Early Development Study)⁶ and other local research was conducted by the Taskforce and its workgroups.



Singapore Longitudinal
EARly Development Study

新加坡幼儿发展追踪研究
Kajian Perkembangan Awal Longitudinal Singapura
சிங்கப்பூர் நீளவாக்கிலான ஆரம்பகால வளர்ச்சி ஆய்வு



HIGHLIGHTS FROM THE EVIDENCE

1 Maternal health affects child health

Gestational diabetes in women

Women with gestational diabetes mellitus (GDM) are at higher risk of developing complications in pregnancy and during delivery, affecting both mother and child. GUSTO findings show that GDM affects one in five pregnant women in Singapore. In addition, over two in five women with GDM develop diabetes or pre-diabetes within 6 years.



Maternal mental well-being

Poor maternal mental well-being during pregnancy affects the foetal brain microstructure development. This might give rise to increased vulnerability to anxiety and mood disorders in the child, later in life.



⁵ A longitudinal cohort study started in 2008 to study how conditions in pregnancy and early childhood influence the health and development of women and their children. The study tracks the mothers and their children across antenatal and postnatal stages, and the childhood years.

⁶ The study aims to learn about Singapore children's early childhood development and understand how environment can influence children's development.

2

Family and environment influence child health

Family and environment during postnatal stage



Neuroscience research shows that the microstructure of a child's brain continues to build over time from prenatal stage and attains about 90% of its adult volume by age six. Besides ensuring good maternal mental well-being during prenatal stage, it is also important to strengthen family support and create a positive environment for parents during postnatal stage and in the child's early years.

Family-based programmes for low-income groups, from infancy

A supportive physical and psycho-emotional environment is important for early childhood development. Parent-focused programmes, including home visits, training, comprehensive family support services, and enhancement on parent-child interaction, have a significant effect on a child's behaviours. Designing programmes that encourage positive interaction and bonding between parent and their children can help improve behavioural, cognitive and socio-emotional development of infants and young children.



Parental involvement in early childhood development



Parental efforts in setting boundaries around children's choices and behaviours build the children's ability to develop self-control in their daily lives and regulate their behaviours.

STATE OF CHILD AND MATERNAL HEALTH

3

Child health is impacted by early behaviours

Eating behaviours

Children's eating behaviours such as portion size, speed of eating, food choices and nutrition, are important risk factors for childhood obesity.



Infant exposure to television or screens

Infant TV exposure has a negative association with later cognition in early childhood. Children under the age of 18 months have difficulty absorbing information from two-dimensional screens. Excessive screen use is associated with poorer language skills and shorter attention spans in infants and toddlers.



Adequate sleep for children

Longer and quality sleep at night in young children are associated with general conceptual and non-verbal abilities, and more pro-social behaviour such as less anger. Reduced sleep quality or sleep duration is associated with behavioural and conduct issues such as aggression, inattention, hyperactivity and anxiety.



Physical activity for children

Physical activity in young children influences gross and fine motor skills, as well as fundamental movement skills. It also improves psychosocial emotional development, and has a positive effect on cognitive development, such as working memory and attention. For example, engaging in activities such as dance or passive cycling are associated with young children having better social and emotional skills.



STATE OF CHILD AND MATERNAL HEALTH

WHO DID WE ENGAGE?

The Taskforce and workgroups conducted visits and discussions with experts and researchers:



- Visit to A*STAR's Singapore Institute of Clinical Sciences (SICS) in March 2021 to understand the ongoing GUSTO research and key evidence-based findings which could inform child and maternal health policies and programmes.
- Sharing of Expert Panel Study findings on optimisation of human potential in the prenatal and early childhood development stages in May 2021, by the National Research Foundation and Prof Ranga Krishnan, Chair of Expert Panel and Chief Executive Officer, Rush University System for Health, USA.
- Sharing by Principal Investigator and Programme Lead for SG LEADS in May - August 2022 on key findings on early childhood development, based on a longitudinal study of a national representative sample of households with Singaporean children 0-6 years old across Singapore.

Source: Ministry of Health

STATE OF CHILD AND MATERNAL HEALTH

LEARNING FROM STAKEHOLDERS

The Taskforce also led teams from MOH, MSF and MOE to 22 agencies for site visits and engagements with frontline officers from health, social and education domains to uncover service delivery gaps and issues in the child and maternal health landscape.

HIGHLIGHTS FROM ENGAGEMENTS

1

Enhance support for mothers

Evidence establishes that a mother's good mental well-being is important for a child's development. Yet approximately four in 10 women show signs of perinatal depression in Singapore. There is a need for us to:

- **Scale up mental health support for pregnant women and those who are at higher risk of having anxiety and depression.**

This could be done by leveraging pre- and postnatal visits to provide advice on care for mothers and prepare for their next pregnancy.



2

Offer on-demand parenting tools as early as possible

Parents are invested in giving their children the best possible start in life. However, due to limited time and resources, they often encounter challenges sifting through the large volume of online information and navigating support services. Parents also tend to seek support only when they need to address an immediate concern. Suggestions have been made to:

- **Provide more and easily accessible community resources and support** for marriage and parenthood. Information should be bite-sized and supported by evidence insights and local medical experts.
- **Improve signposting and organisation of services and resources at community touchpoints.** This helps families with limited time and bandwidth understand and access multiple services when needed.
- **Provide a community space where parents can seek advice, share experiences, and connect with other parents.** This would be particularly beneficial for first-time fathers, who may lack strong support networks and rely more on the internet for information, as opposed to seeking help from family members, experts, or parenting communities.



STATE OF CHILD AND MATERNAL HEALTH

3 Integrate service delivery to support families as a unit

Families encounter challenges in managing appointment schedules and coordinating care for various members across different settings. There is opportunity for us to enhance the support provided to families as a unit:

- **Treat mother and child, as well as families, as a unit in accessing care services.**

This will provide more convenience, help to streamline appointment schedules and reduce potential defaulting on appointments.

- **Better integrate services across domains**

to support shared care, improve hand-off and reduce drop-off when referring out to other agencies. Enhance referral pathways between healthcare providers and community partners, such as polyclinics and family service centres. Where possible, co-locate social services at healthcare premises to facilitate ease of uptake by families.

- **Explore better transition services from preschool to primary school** for children with development needs under a pilot Child Development Programme (CDP) transition programme.



Source: National University Polyclinics

4 Strengthen interagency collaboration to address health issues

We have a diverse range of stakeholders providing support to child and mothers today, including healthcare providers, schools, and social and community care partners. However, there is scope to **enhance coordination efforts and ensure continuity of care** as families navigate through different stages of a child's growth.

We should increase collaboration to:

- Encourage children to sustain healthy habits across settings, including uptake of physical activities outside of school and moderation of screen use.
- Provide more support on oral health.
- Provide screening, triaging and referral pathways to



enable ease of access to therapy services for school-going children for early intervention.

5 Deliver care in the community

To increase the accessibility and utilisation of health services, we can also **site services in the community to support children and their families near where they live**. There were suggestions to review opportunities to build capability and scale community nursing to support children, adolescents and women, including strengthening the delivery of breastfeeding and lactation support in the community.



STATE OF CHILD AND MATERNAL HEALTH

6

Strengthen support for vulnerable groups

We need to **uplift those with greater need, including vulnerable and at-risk groups**, so that all children will have a chance to fulfill their potential regardless of their starting point and family circumstances. It is important that we:

- Continue to identify and provide early support to children from lower socio-economic status households who are at-risk of facing health and developmental issues.
- Expand support for vulnerable children and their families who have experienced psycho-emotional trauma and/or adverse childhood experiences.



WHO DID WE ENGAGE?

A total of 12 site visits with more than 20 engagement sessions were conducted between February and August 2021, involving:

- Clinicians and healthcare workers from hospitals, including KK Women's and Children's Hospital (KKH), National University Hospital (NUH), National University Centre of Oral Health Singapore (NUCOHS), Institute of Mental Health (IMH) and polyclinics (involving paediatricians, gynaecologists, dentists, psychiatrists, nurses, medical social workers, therapists, psychologists and care coordinators)
- Educational psychologists from MOE, and principals, teachers, school counsellors from mainstream schools, and an inclusive kindergarten under Asian Women's Welfare Association (AWWA)
- Programme leads, social workers and case workers from family service centres (Punggol Family Service Centre and Lakeside Family Service Centre)
- Executive directors, programme leads, centre managers, case managers, social workers, therapists, psychologists, teachers/trainers, administrators from social service agencies including Autism Resource Centre, AWWA, Care Corner Singapore, Chen Su Lan Methodist Children's Home, Dyslexia Association of Singapore, Epworth Community Services, iC2 PrepHouse Ltd, Rainbow Centre, Singapore Association of the Deaf, SPD, Thye Hua Kwan Moral Charities
- Team leads and home visitors from KidSTART Ltd and representatives from ECDA
- Programme leads and services coordination and engagement teams from SG Enable

HPB also conducted two rounds of focus group discussions with 160 parents, parents-to-be, healthcare and social service professionals in 2021. These discussions helped the Taskforce better understand what matters most to parents and grandparents, explore knowledge gaps on healthy living, and identify opportunities for enhanced service integration and support.

KK Women's & Children's Hospital



Singapore Association of the Deaf (SADeaf)



Source: Ministry of Health

TASKFORCE RECOMMENDATIONS



OUR GOALS

The research, review and engagements with various stakeholders have provided insights on the key outcomes and support that families and children need and desire. These have been translated into specific goals for maternal and child health and well-being, which the Taskforce aims to achieve through the Strategy and Action Plan.

Maternal Health & Well-Being

- 1** Every woman will have access to information and resources on self-care, healthy living and parenting.
- 2** Every pregnancy will be supported to ensure the health and well-being of mothers, and smooth delivery of babies.
- 3** Every woman will have equitable access to quality maternal care services, such as prenatal check-ups, neonatal care and mental wellness.

Child Health & Well-Being

- 1** Every child will have access to resources to grow well and live healthy.
- 2** Every child will be supported to develop well and empowered to realise their full potential.
- 3** Every child will have access to good and affordable healthcare and support services.

TASKFORCE RECOMMENDATIONS

OUR STRATEGY AND ACTION PLAN

Nine key recommendations centred around three thrusts and 48 initiatives have been proposed by the Taskforce to achieve the desired goals for maternal and child health and well-being. These recommendations and initiatives seek to ensure that there is comprehensive support to help families prepare for parenthood, inculcate healthy habits in children from young, and uplift vulnerable families with greater needs.

THRUST

1

More evidence-based resources and support for couples in preparing for parenthood

.....
Recommendation 1: Help couples achieve better health for themselves and for their next generation

Recommendation 2: Enhance psycho-emotional support for couples or pregnancy and parenthood

KEY INITIATIVES IN ACTION PLAN

Mental health screening and support for mothers and fathers

- **Launch of Perinatal mental health guidelines** for women of childbearing age in February 2023 to provide guidance on addressing maternal depression and anxiety during preconception, antenatal and postnatal phases.
- **Introduction of antenatal mental health screening** for all pregnant women receiving care at KKH outpatient O&G clinics (Psychological Resilience in Antenatal Management or PRAM) from December 2022 so that those who are at risk of depression and anxiety during pregnancy could get support early. The programme is expected to benefit 12,000 patients at KKH annually.
- **Scale case management support to pregnant women with signs of mental distress** receiving care at NUH through Promoting Parental emotional health to Enhance child Learning (ProPEL) from October 2022.
- **Extend Women's Emotional Health Service (WEHS+) programme** to women receiving care at NUH up to six years after their children are born, up from previous period of one year postpartum, to ensure mothers receive adequate support. Additionally, expand the programme to include spouses of women, as well as parents or parents-to-be with higher risks of significant anxiety and/or depressive symptoms.



TASKFORCE RECOMMENDATIONS

Gestational Diabetes Mellitus (GDM)

- **Update of the [Appropriate Care Guide \(ACG\) on GDM](#)** in August 2022 to make it easier for healthcare professionals to identify women with GDM and to assess onset of pre-diabetes or diabetes post-partum for timely management.
- **Raise awareness and provide educational resources on GDM** on [Parent Hub](#).

Antenatal and postnatal care

- **More antenatal education programmes** for couples will be rolled out from mid-2024 at community touchpoints. These will help couples better prepare themselves for the physical, emotional, and practical aspects of pregnancy, childbirth, and parenthood. The National University Health System (NUHS) will start its new series of community antenatal classes in Choa Chu Kang, and these classes will be offered to lower-income families at highly subsidised rates to encourage participation. SingHealth will also offer antenatal education programmes at the Family Nexus pilot site located at Our Tampines Hub.
- **Enhance breastfeeding & lactation support services** in primary care settings. An example is the Breastfeeding Triple Support@NUHS polyclinics.



Fathers' support groups

- **More activities to support fathers** through the antenatal and newborn stages will be organised in collaboration with healthcare institutions and Dads for Life.
- **Explore opportunities to encourage formation of fathers' groups** in schools, to support fathers, and share parenting tips in partnership with Families for Life and Centre for Fathering.



With these efforts, we will enhance support for mothers during preconception, through pregnancy, and parenthood. At the same time, fathers will receive more support to play a bigger role in child health and development.

TASKFORCE RECOMMENDATIONS

THRUST

2

Better support to uplift children, adolescents & families in adopting healthy lifestyles & habits

Recommendation 3: Across agencies and partners, uplift families and empower parents to nurture healthier, happy children and adolescents

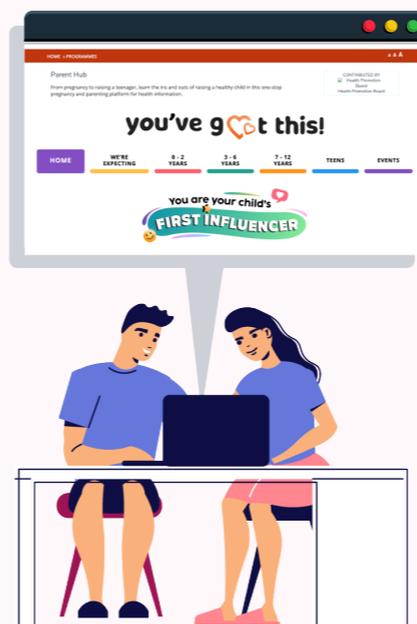
Recommendation 4: Inject fun for children, adolescents, parents, and grandparents to adopt healthy lifestyle habits together as a family

Recommendation 5: Encourage the creation of a nurturing home environment for children and adolescents

KEY INITIATIVES IN ACTION PLAN

One-stop portal to consolidate health-related information and resources for parents

- **Launch of Parent Hub by HPB** in October 2021 to address parents' need for reliable health-related information. This online portal provides resources to prepare couples for parenthood such as building a healthy lifestyle and maintaining a healthy body mass index (BMI) when preparing for pregnancy. The portal also provides quick guides for parents on issues faced by children and parents such as managing gestational diabetes or addressing psycho-emotional issues.
- Since its launch, Parent Hub has seen a significant increase in page views, from 394,000 in 2021 to 3.62 million views as of 31 March 2024. Unique visitors have also increased from 135,000 in 2021 to 1.04 million.



Public campaign on child and maternal health and well-being

- Launch of public campaign in 2022 to **raise awareness about the significance of child and maternal health, and the availability of services** to support parents to raise healthier children. The campaign has attained more than 10 million views at its conclusion in March 2023.



TASKFORCE RECOMMENDATIONS

Guidelines on healthy living habits

- Introduction of the **Singapore Integrated 24-hour Activity Guidelines for Early Childhood (0-6 years old)** and the **Singapore Integrated 24-hour Activity Guidelines for Children and Adolescents (7-18 years old)** in 2021, which encourages and provides standardised advice for children and adolescents on the adoption of healthy lifestyle behaviours.
- Launch of **Guidance on Screen Use in Children** in March 2023. The advisory provides useful information on how to better manage screen use in children 0 to 12 years old, such as for parents to be role-models for positive screen-use behaviours, engage children on the content they are viewing, and setting healthy boundaries.
- Launch of the **Guidelines for Feeding and Eating in Infants and Young Children** by KKH and the College of Paediatrics and Child Health Singapore in February 2024. The guidelines provide healthcare professionals, parents and caregivers of children aged up to 2 years old with recommendations to help children form healthy eating habits from infancy, with specific nutrition goals and feeding milestones.



Promote healthy eating and exercise in children

- Introduction of online interactive resources on good eating habits and balanced meals for students, through the MOE Student Learning Space. These resources will provide bite-sized information with small actionable steps on healthy habits to make it easier for students to take action.
- Promote physical activity in children through SportSG's Children and Youth Sport Framework, which will augment MOE's existing efforts.

Social and emotional development of children

- Enhancement of preschools' capability to promote children's Social and Emotional Development (SED) through an Early Childhood Development Agency (ECDA)-led training and resources.



Improve screen use and sleep quality in children

- Progressively incorporate screen use and sleep check-ins to educate parents during Childhood Developmental Screening visits at polyclinics. This has been implemented at polyclinics in Bukit Batok, Bukit Panjang, Choa Chu Kang, Clementi, Jurong, Pioneer and Queenstown.



These initiatives will provide parents with more resources and information to strengthen healthy habits in children from young. MOH, HPB, MOE, MSF and ECDA will continue to leverage different channels to provide timely healthy living recommendations to guide parents and families in their adoption of healthy lifestyle habits.

TASKFORCE RECOMMENDATIONS

THRUST 3

Enhance cross-domain integration of services and support for children, adolescents & their families in the community

Recommendation 6: Deliver services to family as a unit to enhance convenience and access to services

Recommendation 7: Enhance social-health-education partnerships and integration to reduce barriers to access services across domains

Recommendation 8: Enable right-siting of care and scale up care options in the community for children, adolescents and their families

Recommendation 9: Provide more flexible options for in-service provision and services bundling to help vulnerable groups navigate and access services

KEY INITIATIVES IN ACTION PLAN

Scale mother-child dyad model

- Implement a **mother-child dyad service delivery model in polyclinics** for mothers and children to access healthcare services relevant to them in the same visit. As of January 2024, this has been implemented in 19 polyclinics.



Source: National Healthcare Group Polyclinics

Integrate health and social activities

- Launch of **Family Nexus pilot to provide a one-stop hub for health and social services for families** with young children and couples planning for marriage and parenthood. Families can also access parenting programmes and family bonding events offered by the healthcare clusters, Families for Life (FFL) partners, HPB and social service agencies on-site. There are four Family Nexus sites at **Our Tampines Hub, Choa Chu Kang Polyclinic** with satellite site at Keat Hong ServiceSG office, **Punggol Polyclinic** and **Sembawang Polyclinic** at Bukit Canberra.

Launch of Family Nexus at Punggol Polyclinic



Source: Ministry of Health

TASKFORCE RECOMMENDATIONS

Support mental health & well-being of children

- Deepen collaboration between health and education to identify and accord **early support and help to children at risk of mental wellness issues.**



Community-based maternal and child health services

- Enhance support for children, women, and families at community touchpoints, through increasing and developing capabilities of community nurses to a wider age group beyond seniors.



Uplift at-risk adolescents in the community

- Pilot community adolescent health programme, **AWeSOME@NUHS**, to provide **preventive health screening and advice** for at-risk adolescents.
- Pilot **management of children and adolescents with psychosomatic symptoms in primary care through RECAP@NHGP** by National Healthcare Group Polyclinics (NHGP) and KKH.
- Implement **EmBody**, a programme on prevention, detection and intervention for **eating disorders** for lower secondary school students.
- Provide **early screening and counselling to adolescents with unplanned pregnancies** at KKH and NUH to better prevent sexually transmitted infections (STIs) or future unplanned pregnancies due to lack of awareness on contraception.



TASKFORCE RECOMMENDATIONS

More support for lower-income families

- Implement two regional pilots (**Project HOME** and **HEADS-UPP**) by SingHealth and NUHS respectively to **enhance support for lower-income families in collaboration with social agencies and preschools**. This involves redesigning the care model and services around both parents and children to

facilitate health and developmental screening, and improves identification and referrals of at-risk preschool children.

Project HOME



Source: SingHealth

Project HEADS-UPP



Source: NUHS

Guidelines to support the detection and care of children with Autism

- **Launch of the Clinical Practice Guidelines (CPG) on Autism Spectrum Disorder (ASD)** for children and adolescents (including Lay Version) in July 2023. The guidelines aim to promote effective care for children and adolescents on the autism spectrum by reinforcing good and evidence-based clinical practices. It assists professionals involved in the screening, diagnosis, intervention and support of autism as well as caregivers of children and adolescents on the autism spectrum.



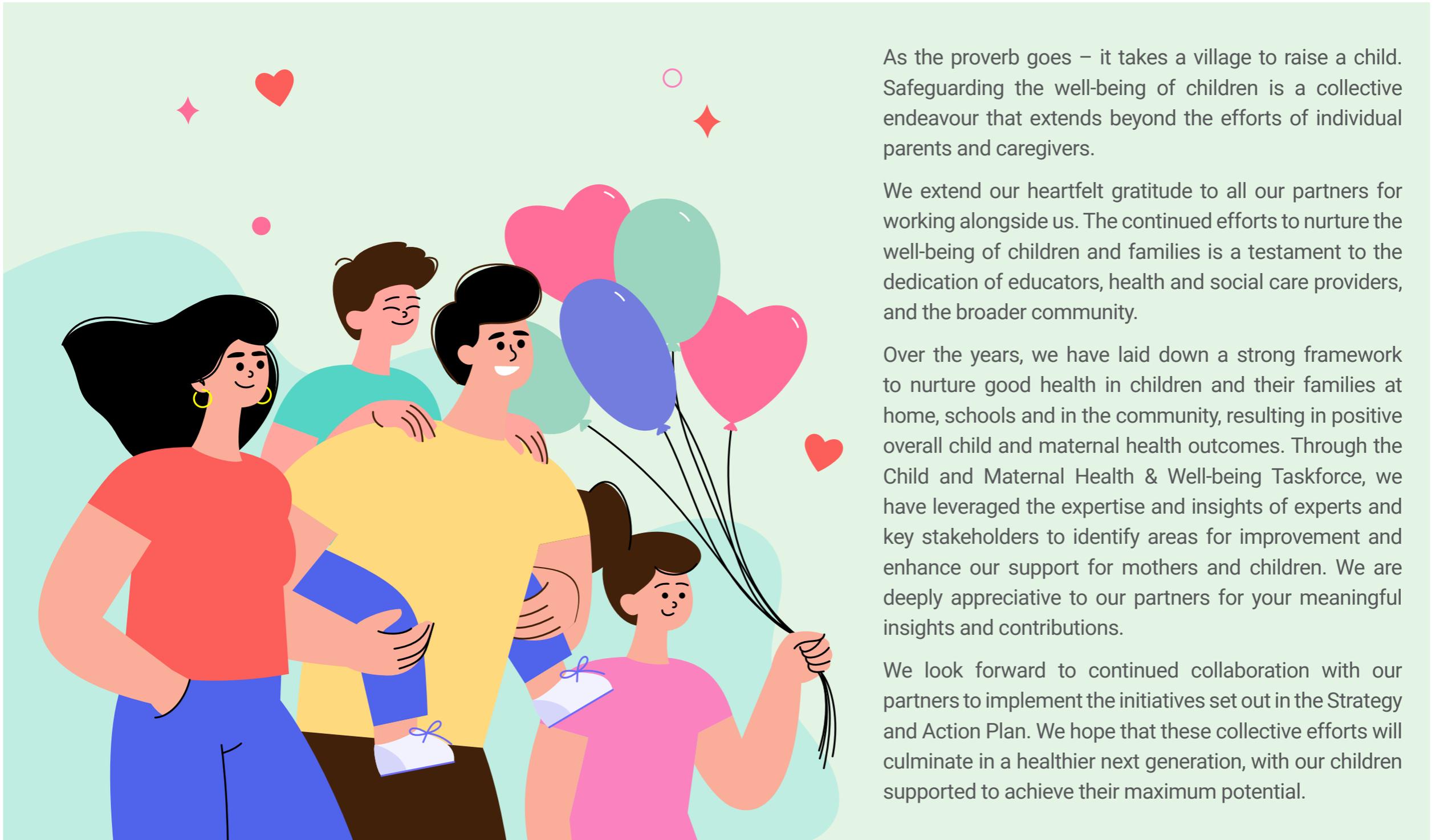
Trauma and psycho-emotional support for women and children

- Develop integrated programmes to **support young children with adverse childhood experiences (ACEs)** and address their psycho-socio-emotional development to mitigate effects of ACE through **enhancing the ANCHOR+ programme**.
- Implement **Project RESTORE - Paediatric & Women's Psychosocial Trauma Support Programme** with Community Trauma network (PTSS).



Through these initiatives, cross-domain support services for families will become more integrated and accessible. With more care options in the community, vulnerable groups, including those from lower-income households with complex needs, will also receive greater support.

THANK YOU



As the proverb goes – it takes a village to raise a child. Safeguarding the well-being of children is a collective endeavour that extends beyond the efforts of individual parents and caregivers.

We extend our heartfelt gratitude to all our partners for working alongside us. The continued efforts to nurture the well-being of children and families is a testament to the dedication of educators, health and social care providers, and the broader community.

Over the years, we have laid down a strong framework to nurture good health in children and their families at home, schools and in the community, resulting in positive overall child and maternal health outcomes. Through the Child and Maternal Health & Well-being Taskforce, we have leveraged the expertise and insights of experts and key stakeholders to identify areas for improvement and enhance our support for mothers and children. We are deeply appreciative to our partners for your meaningful insights and contributions.

We look forward to continued collaboration with our partners to implement the initiatives set out in the Strategy and Action Plan. We hope that these collective efforts will culminate in a healthier next generation, with our children supported to achieve their maximum potential.

LIST OF INITIATIVES UNDER CAMH ACTION PLAN

FOCUS 1: ENHANCE SUPPORT FOR MOTHERS DURING PRE-CONCEPTION, PREGNANCY AND THROUGH PARENTHOOD (RECOMMENDATIONS 1 AND 2)

S/N	INITIATIVE	LEAD AGENCIES
1	Launch ParentHub <ul style="list-style-type: none"> • Provide resources for parents and couples preparing for parenthood • Raise awareness on importance of healthy lifestyle & maintaining optimal BMI before starting a family • Provide quick guides on managing mental and psycho-emotional issues • Provide resources on Gestational Diabetes Mellitus (GDM) risks and lifestyle factors 	HPB
2	Support women with GDM <ul style="list-style-type: none"> • Educate healthcare professionals e.g., roll out Appropriate Care Guide (ACG) on GDM in 2022 • Enhance ease of identifying those with GDM for support and intervention 	MOH
ENHANCE SUPPORT FOR MENTAL HEALTH OF WOMEN & MOTHERS		
3	Launch Perinatal mental health guidelines for women of childbearing age	KKH, OGSS
4	Psychological Resilience in Antenatal Management or PRAM <ul style="list-style-type: none"> • Introduce antenatal mental health screening for all pregnant women receiving care at KKH outpatient O&G clinics 	KKH
5	Scale ProPEL to provide case management support to pregnant women with signs of mental distress	NUH

LIST OF INITIATIVES UNDER CAMH ACTION PLAN

FOCUS 2: SCALE UP EFFORT TO SUPPORT FATHERS TO AUGMENT THEIR ROLE IN CHILD HEALTH AND DEVELOPMENT (RECOMMENDATION 2)		
EXTEND MENTAL HEALTH SUPPORT OR SERVICES TO SPOUSES OF WOMEN AND FATHERS OF CHILDREN		
6	Scale Women Emotional Health Support + (WEHS+) to extend mental health support services to spouses and fathers of children	NUH, Social service partners
SCALE EVIDENCE-BASED PARENTING PROGRAMMES & STRENGTHEN PARTICIPATION OF FATHERS IN PARENTS' SUPPORT GROUPS		
7	Scale up collaboration with healthcare institutions to promote Families for Life (FFL) programmes and resources	MSF, MOH Healthcare clusters
8	Encourage formation and participation of fathers' groups in schools, and sharing of parenting tips, in partnership with Families for Life and Centre for Fathering	MSF, MOE
9	Co-organise activities with Dads for Life on collaboration for antenatal and newborn support	MSF, KKH, NUH

LIST OF INITIATIVES UNDER CAMH ACTION PLAN

**FOCUS 3: EMPOWER PARENTS WITH MORE RESOURCES & INFORMATION TO RAISE HEALTHIER & HAPPY CHILDREN
(RECOMMENDATIONS 3 & 4)**
PROVIDE TIMELY AND RELEVANT INFORMATION AND GUIDELINES

10	Launch screen use advisory for children 0-12 years old	MOH, HPB, NUHS, MOE, MSF
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SCALE EVIDENCE-BASED PARENTING PROGRAMMES & STRENGTHEN PARTICIPATION OF FATHERS IN PARENTS' SUPPORT GROUPS

11	Encourage children to remain active & provide guidance through The Singapore Integrated 24-hour Activity Guidelines for Children and Adolescents	KKH, HPB , SportSG
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12	Launch the Clinical Practice Guidelines (CPG) on Autism Spectrum Disorder (ASD) for children and adolescents (including Lay Version)	CPCHS
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13	Raise awareness on management of food allergies among children through Project SAFE (Singapore Allergy Awareness for Everyone)	KKH
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14	Launch the guidelines on eating and feeding for Infants and Children	KKH, CPCHS
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ENHANCE PSYCHO-EMOTIONAL SUPPORT FOR CHILDREN

15	Enhance preschools' capability to promote children's Social and Emotional Development (SED) through resources and training	ECDA
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16	Study to better understand measures on executive functioning (including self-regulation) of preschoolers through pilot in MOE kindergartens	GUSTO, MOE
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LIST OF INITIATIVES UNDER CAMH ACTION PLAN

**FOCUS 4: FORGE HEALTHY HABITS FROM YOUNG AND LEVERAGE NATURAL TOUCHPOINTS TO BUILD HEALTHY HABITS
(RECOMMENDATIONS 4 AND 5)**
PHYSICAL ACTIVITY

17	Enhance preschoolers' access to outdoor play areas and parks to promote outdoor learning	ECDA
18	Promote physical activity by leveraging on SportSG's "Children and Youth development through Sports" (CYSF) framework to augment MOE's efforts	MOE, SportSG
19	Pilot intervention on Physical Activity and Sleep for children and adolescents with wearables	NUH, ActiveSG, MOE

SCREEN USE

20	Incorporate screen use and sleep check-ins and education as part of child health visits	NUHS, NUH, NUP
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NUTRITION AND DIET

21	Develop parent resources to equip parents and preschoolers' educators to cultivate healthy dietary habits from young	HPB, MSF
22	Enhance healthy meal choices through Healthy Meals in School Programme 2.0	HPB, MOE
23	Pilot study to explore effective interventions to translate knowledge on nutrition in primary school students	NHG, MOE
24	Implement Healthy Living, Active Living programme on obesity and weight management	NUHS

SLEEP

25	Review ways to improve student sleep health	MOE, NUH
26	Develop and deliver sleep educational resources to educators, parents and students	HPB, MOE

SMOKING/VAPING

27	Implement an anti-nicotine awareness programme for school-going children	NUHS, HPB, Schools
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LIST OF INITIATIVES UNDER CAMH ACTION PLAN

FOCUS 5: MAKING IT MORE CONVENIENT FOR CHILDREN AND THEIR FAMILIES TO ACCESS SERVICES, INCLUDING CROSS-DOMAIN SERVICES (RECOMMENDATIONS 6 & 7)

TAG FAMILY AS A UNIT FOR SERVICE DELIVERY TO ENHANCE CONVENIENCE & ACCESS TO SERVICES

28	Scale up the mother-child dyad service delivery to 14 polyclinics by 2025	SHP, NHGP, NUP
29	Pilot Family Nexus at 4 sites across Singapore to enhance integrated social and health support to family	MOH, MSF, SingHealth, SHP, NUHS, NUP, NHGP
30	Enable access to selected subsidised services as a family and consolidate appointments for families to optimise trips for medical appointments	MOH, Healthcare clusters

ENABLE DIRECT REFERRALS TO SUBSIDISED SPECIALIST SERVICES FROM SOCIAL/EDUCATION AGENCIES

31	Enable direct referrals from community health services & collaborating agencies to receive specialist services early with easier access	MOH, KKH, NUH ECDA, MOE, MSF
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SUPPORT BETTER TRANSITIONS ACROSS DOMAINS

32	Pilot a Child Development Programme (CDP) transition programme for longer transition for children with developmental issues to handover care to school-based support	MOH, KKH, NUH MOE
33	Establish deeper collaboration between health and education domains to identify and accord early intervention to children at risk of mental wellness issues	MOE, MOH, IMH HPB
34	Enhance cross-domain data sharing	MOH, MSF

LIST OF INITIATIVES UNDER CAMH ACTION PLAN

FOCUS 6: OFFERING MORE CARE OPTIONS IN THE COMMUNITY WHERE CHILDREN AND THEIR FAMILIES RECEIVE CARE AND ARE KEPT HEALTHY AT TOUCHPOINTS NEAR THEM (RECOMMENDATION 8)
PRIMARY CARE

35	Enhance breastfeeding & lactation support services in primary care including Breastfeeding Triple Support@NUHS as part of mother-child dyad service	NHGP, NUHS, NUP
36	Pilot management of children/adolescents with psychosomatic symptoms in primary care through RECAP@NHGP	NHGP, KKH

COMMUNITY TOUCHPOINTS

37	Develop Community Paediatric Nursing Model through training RHS-led community nurses to support child & maternal health issues	MOH, SingHealth, NUHS, NHG
38	Pilot and establish a model for Community Antenatal care and provide community antenatal classes	NUHS, Centre for Fathering
39	Pilot a community adolescent health programme, AWeSOME@NUHS, to provide preventive health screening and advice for at-risk adolescents, leveraging existing youth support services	NUHS, Social agency partners
40	Develop a paediatric oral health strategy and care model	MOH, Healthcare partners

SCHOOLS

41	Explore school-based therapy services in mainstream schools to enable ease of access to therapy services for school-going children	MOH, MOE
42	Pilot EmBody, a prevention, detection and intervention programme for eating disorders for lower secondary school students	KKH, MOE

LIST OF INITIATIVES UNDER CAMH ACTION PLAN

FOCUS 7: MORE SUPPORT FOR CHILDREN AND FAMILIES FROM LOWER-INCOME HOUSEHOLDS OR VULNERABLE GROUPS TO NAVIGATE AND ACCESS SERVICES (RECOMMENDATION 9)

BUILD MENTAL AND SOCIO-EMOTIONAL RESILIENCE EARLY

43	Develop integrated programmes to support young children with adverse childhood experiences (ACEs) and addressing their psycho-socio-emotional development to mitigate effects of ACE through enhancing ANCHOR+ programme	KKH, MSF, MOH
44	Implement Project RESTORE - Paediatric & Women's Psychosocial Trauma Support Programme with Community Trauma network (PTSS)	KKH, Social service agency partners
45	Equip healthcare & community touch points for early detection of child mental & socio-emotional issues	MOH, KKH, NUH, IMH, Social service agencies

PROVIDE SUPPORT FOR AT-RISK ADOLESCENTS

46	Provide early screening and counselling to adolescents with unplanned pregnancies to better prevent sexually transmitted infections (STIs) or future unplanned pregnancies due to lack of awareness on contraception	KKH, NUH
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PROVIDE MORE INTEGRATED SUPPORT FOR CHILDREN WITH DEVELOPMENTAL ISSUES

47	Pilot HEADS-UPP to collaborate with social service agencies and preschools to support lower-income children and their families in the west region	NUH, Care Corner, PCF Sparkle Tots
48	Pilot Project HOME to support lower-income children and their families across domains including provision of childhood and school readiness assessment in northeast region	SKH, KKH, SHP NTUC First Campus SSO, FSC

TASKFORCE COMPOSITION

The Child and Maternal Health & Well-being Taskforce from January 2021 – December 2023 focused on:

1. Oversee the development of a national strategy to enhance child and maternal health and well-being in Singapore, with the aim of enabling Singaporean children to achieve their maximum human development potential
2. Oversee the development of an overall action plan to implement the national strategy on child and maternal health
3. Oversee the implementation and monitor the progress of the Action Plan



TASKFORCE CHAIR

Mr Masagos Zulkifli
Minister for Social & Family Development & Second Minister for Health



Ms Indraneel Rajah
Minister, Prime Minister's Office & Second Minister for Finance & National Development



WORKGROUPS 1 & 2 LEAD

Dr Janil Puthucheary
Senior Minister of State, Ministry of Health and Ministry of Communications & Information



Dr Koh Poh Koon
Senior Minister of State
Ministry of Health & Ministry of Manpower
(1 January 2021 to 12 June 2022)



Ms Sun Xueling
Minister of State,
Ministry of Social & Family Development & Ministry of Home Affairs



WORKGROUP 3 LEAD
Ms Rahayu Mahzam
Senior Parliamentary Secretary
Ministry of Health & Ministry of Law

ANNEX B TASKFORCE COMPOSITION



Mr Ng How Yue
Permanent Secretary
(Health Development)
Ministry of Health
(1 January 2021 to 14 December 2022)



Dr Benjamin Koh
Deputy Secretary
(Development),
Ministry of Health
(15 December 2022 to 31 July 2023)



Dr Ho Kaiwei
Deputy Secretary (Services),
Ministry of Health
(1 August 2023 to
31 December 2023)



Mr Chew Hock Yong
Permanent Secretary
Ministry of Social & Family
Development & Ministry of
Home Affairs
(1 January 2021 to 31 March 2022)



Mr Aubeck Kam
Permanent Secretary
Ministry of Social & Family
Development & Ministry of
Home Affairs
(1 April 2022 to 14 December 2022)



Mr John Lim
Deputy Secretary
(Opportunity & Resilience),
Ministry of Social & Family
Development
(15 December 2022 to
31 December 2023)



Mr Lai Chung Han
Permanent Secretary
Ministry of Education
(1 January 2021 to
14 December 2022)



Mr Eugene Leong
Deputy Secretary (Policy)
Ministry of Education
(15 December 2022 to
31 December 2023)

ANNEX B TASKFORCE COMPOSITION



Ms Tan Gee Keow
Permanent Secretary
Ministry of Culture,
Community and Youth
(1 January 2021 to 14 December 2022)



Prof Tan Chorh Chuan
Permanent Secretary
National Research Foundation
(from 1 October 2023)
Chief Health Scientist, Ministry
of Health and Executive Director,
MOH Office for Health Transformation
(till 30 September 2023)



Prof Kenneth Mak
Director-General of Health,
Ministry of Health



Mr Zee Yoong Kang
Chief Executive Officer,
Health Promotion Board
(1 January 2021 to 31 March 2022)



Mr Tay Choon Hong
Chief Executive Officer,
Health Promotion Board
(1 April 2022 to 31 December 2023)



Prof Yeoh Khay Guan
Chief Executive, National
University Health System
(NUHS)



Prof Ivy Ng
Group Chief Executive
Officer, Singapore Health
Services (SingHealth)



Prof Philip Choo
Group Chief Executive Officer,
National Healthcare Group (NHG)

WORKGROUPS' COMPOSITION

Between January 2021 and August 2023, three workgroups comprising representatives from various agencies were convened to support the Taskforce in the review and development. The three workgroups, their terms of reference and composition are outlined below.

WORKGROUP 1: CHILD AND MATERNAL DEVELOPMENT & WELL-BEING

Chaired by Dr Janil Puthucheary, Senior Minister of State, Ministry of Health & Ministry of Communications and Information

The workgroup focused on:

- Preconception and maternal health
- Healthy living habits and emotional & mental resilience in our children & adolescents
- Support families for healthy living
- Equity in access to resources for well-being and health, especially for vulnerable populations

WORKGROUP MEMBERS INCLUDE:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Ms Sun Xueling, Minister of State, Ministry of Social & Family Development and Ministry of Home Affairs • Dr Derrick Heng, Deputy Director-General of Health (Public Health), Ministry of Health • Ms Charlotte Beck, Senior Director, Family Development Group, Ministry of Social and Family Development (1 January 2021 to 14 December 2022) | <ul style="list-style-type: none"> • Mr Tan Chee Hau, Senior Director, Family Life Group, Ministry of Social and Family Development (15 December 2022 to 31 August 2023) • Mr Sng Chern Wei, Deputy Director-General of Education (Curriculum), Ministry of Education • Mr Maurice Tan, then-Deputy Chief Executive Officer, Health Promotion Board (January to June 2021) |
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ANNEX C WORKGROUPS' COMPOSITION

WORKGROUP MEMBERS INCLUDE:

- Mr Koh Peng Keng, Chief Operating Officer, Health Promotion Board (June 2021 to August 2023)
- Clin A/Prof Chan Yoke Hwee, then-Chair, Division of Medicine, KK Women's and Children's Hospital (KKH)
- A/Prof Helen Chen, then-Head and Senior Consultant, Department of Psychological Medicine, KKH
- Prof Chong Yap Seng, Lien Ying Chow Professor in Medicine and Dean, Yong Loo Lin School of Medicine, National University of Singapore and Deputy Chief Executive (Education & Research), NUHS
- Adj A/Prof Chong Shang Chee, Head & Senior Consultant, Department of Development and Behavioural Paediatrics, Khoo Teck Puat National University Children's Medical Institute (KTP-NUCMI), National University Hospital
- A/Prof Chua Hong Choon, Deputy Group Chief Executive Officer, National Healthcare Group and Chief Executive Officer, Khoo Teck Puat Hospital
- Adj A/Prof Ong Say How, Senior Consultant and Chief, Department of Child & Adolescent Psychiatry, Institute of Mental Health (IMH) (1 June 2021 to August 2023)
- Ms Jamie Ang, Chief Executive Officer, Early Childhood Development Agency (January 2021 to December 2021)
- Mr Tan Chee Wee, Chief Executive Officer, Early Childhood Development Agency (January 2022 to 14 December 2022)
- Ms Tan Li San, Chief Executive Officer, National Council of Social Services (February 2021 to 14 December 2022)
- A/Prof Tan Lay Kok, Senior Consultant and Head of Maternal and Fetal Medicine, KKH (15 May 2021 to 14 December 2022)
- Dr Fereen Liew, then-Director, National Population and Talent Division, Strategy Group, Prime Minister's Office (January 2021 to December 2021)
- Ms Kwek Poh Heok, then-Director, National Population and Talent Division, Strategy Group, Prime Minister's Office (January 2022 to September 2022)
- Ms Wendy Chan, Director, Marriage and Parenthood Policy, National Population and Talent Division, Strategy Group, Prime Minister's Office (October 2022 to 14 December 2022)

ANNEX C WORKGROUPS' COMPOSITION

WORKGROUP 2: CHILD AND MATERNAL HEALTH & SERVICE INTEGRATION

Chaired by Dr Janil Puthuchery, Senior Minister of State, Ministry of Health & Ministry of Communications and Information

The workgroup focused on achieving good health, social and education outcomes for the child by looking to:

- Increase uptake of preventive health services and support services
- Strengthen early detection and intervention of risk factors for physical and emotional health
- Optimise care through building up sustainable community child/maternal health care and support models
- Enhance better service integration for child & maternal health services and support services across settings/sectors

WORKGROUP MEMBERS INCLUDE:

- | | |
|--|---|
| <ul style="list-style-type: none">• Ms Sun Xueling, Minister of State, Ministry of Social & Family Development and Ministry of Home Affairs• Dr Benjamin Koh, then-Deputy Secretary (Development), Ministry of Health (January 2021 to July 2023)• Dr Ho Kaiwei, Deputy Secretary (Services), Ministry of Health (August 2023)• Mr John Lim, Deputy Secretary, Ministry of Social and Family Development (January 2021 to 14 December 2022)• Mr Low Guanming, Director, Social Mobility and Service Integration, Ministry of Social and Family Development (15 December 2022 to August 2023) | <ul style="list-style-type: none">• Ms Liew Wei-Li, then-Deputy Director-General of Education (Schools), Ministry of Education (January 2021 to March 2022)• Mrs Tan Chen Kee, Deputy Director-General of Education (Schools), Ministry of Education (April 2022 to August 2023)• A/Prof Dan Yock Young, then-Deputy Director-General of Health, Health Services Group, Ministry of Health• Ms Paulin Koh, Chief Nursing Officer, Ministry of Health• A/Prof Ng Kee Chong, then-Chairman, Medical Board, KKH & then-President of College of Paediatrics & Child Health (CPCHS) 2021 |
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ANNEX C WORKGROUPS' COMPOSITION

WORKGROUP MEMBERS INCLUDE:

- Prof Lee Yung Seng, Chair, KTP-NUCMI, NUH & then-President of College of Paediatrics & Child Health (CPCHS) 2022
- A/Prof Daniel Fung, Chief Executive Officer, Institute of Mental Health
- Dr Karen Ng, then-Deputy Chief Executive Officer, National Healthcare Group Polyclinics
- Dr Derek Tse, Deputy Chief Executive Officer, SingHealth Polyclinics
- Dr Keith Tsou, Director (Clinical Services), National University Polyclinics
- A/Prof Tan Tze Lee, President, College of Family Physicians Singapore
- Dr Low Kah Tzay, Paediatrician, Anson International Paediatric and Child Development Clinic (CPCHS representative)
- Ms Ang Bee Lian, then Senior Director, Professional Corporate Development & Director-General of Social Welfare, Ministry of Social and Family Development (January 2021 to 14 December 2022)
- Ms Ku Geok Boon, Chief Executive Officer, SG Enable (January 2021 to 14 December 2022)



ANNEX C WORKGROUPS' COMPOSITION

WORKGROUP 3: PUBLIC EDUCATION AND STAKEHOLDER ENGAGEMENT

Chaired by Ms Rahayu Mahzam, Senior Parliamentary Secretary, Ministry of Health & Ministry of Law

The workgroup focused on:

- Public engagement on key concerns relating to maternal health and child development and well-being
- Public awareness of the importance of maternal health, child development and well-being
- Importance of families and community in driving better child and maternal health and well-being to achieve good health, social and educational outcomes for a child

WORKGROUP MEMBERS INCLUDE:

- | | |
|--|---|
| <ul style="list-style-type: none">• Ms Karen Tan, then-Deputy Chief of Government Communications, Ministry of Communications and Information and Group Director, Communications and Engagement Group, Ministry of Health• Ms Lee May Ling, then-Director, Communications and Engagement Group, Ministry of Health (January 2021 to June 2021)• Mr Ho Ka Wei, then-Director, Corporate Communications, Strategy Group, Prime Minister's Office (January to November 2021) | <ul style="list-style-type: none">• Ms Yvonne Chung, Director, Corporate Communications, Strategy Group, Prime Minister's Office (December 2021 to August 2023)• Ms Karolyn Poon, then-Director, Communications and Engagement, Ministry of Social and Family Development (January 2021 to September 2022)• Ms Adeline Kwok, Director, Communications and Engagement, Ministry of Social and Family Development (October 2022 to August 2023)• Ms Genevieve Chye, then-Divisional Director, Engagement and Research, Ministry of Education (January to March 2021) |
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ANNEX C WORKGROUPS' COMPOSITION

WORKGROUP MEMBERS INCLUDE:

- Ms Sharon Yeo, Divisional Director, Engagement and Research, Ministry of Education (April 2021 to August 2023)
- Dr Shyamala Thilagaratnam, then-Group Director-Outreach, Health Promotion Board (January 2021 to June 2023)
- Mr Simon Lim, Group Director-Outreach, Health Promotion Board (July to August 2023)
- Ms Marissa Wong, Director, Corporate Communications, Health Promotion Board
- Dr Jeannie Tey, then-Director, Health Services Integration and Development Division, Ministry of Health (January 2021 to April 2023)
- Dr Harold Tan, then-Director, Health Services Integration and Development Division, Ministry of Health (May to August 2023)
- Dr Chow Wai Leng, then-Director, Epidemiology and Disease Control Division, Ministry of Health
- Ms Pauline Mo, then-Director (Partnership and Programmes), Early Childhood Development Agency (January 2021 to 14 December 2022)

PARTNER AGENCIES AND MINISTRIES

- Early Childhood Development Agency (ECDA)
 - KidSTART Singapore Ltd
- Health Promotion Board (HPB)
- Ministry of Culture, Community and Youth (MCCY)
 - M³ (MUIS, MENDAKI & MESRA)
- Ministry of Education (MOE)
- Ministry of Health (MOH)
 - SingHealth (SHS)
 - Changi General Hospital (CGH)
 - KK Women's and Children's Hospital (KKH)
 - Sengkang General Hospital (SKGH)
 - SingHealth Polyclinics (SHP)
 - Office of Regional Health
 - National Healthcare Group (NHG)
 - Institute of Mental Health (IMH)
 - Khoo Teck Puat Hospital (KTPH)
 - National Healthcare Group Polyclinics (NHGP)
 - National University Health System (NUHS)
 - National University Hospital (NUH)
 - National University Polyclinics (NUP)
 - National University of Singapore (NUS)
 - HQ Regional Health System Office
- Ministry of Health Office for Healthcare Transformation (MOHT)
- College of Family Physician Singapore (CFPS)
- College of Paediatrics and Child Health Singapore (CPCHS)
- Ministry of Social and Family Development (MSF)
 - Families for Life Council (FFL)
 - National Council of Social Service (NCSS)
 - SG Enable
 - Social Service Agencies
- National Library Board (NLB)
- People's Association (PA)
- Prime Minister's Office (PMO)
 - National Population Talent Division, Strategy Group
 - National Research Foundation
 - Public Service Division
- Sports Singapore (Sports SG)



MINISTRY OF HEALTH
SINGAPORE