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SMA NEWS

Health Without Frontiers

Editorial Note:
We reproduce the Statement by Mr Khaw Boon Wan, Acting Minister for Health and the Senior Minister of State for Finance, at the 7th ASEAN Health Ministers' Meeting in Penang, Malaysia, on 22 April 2004.

Mr Chairman.

You have chosen a good theme for our Meeting: "Health without Frontiers".

It is a sharp reminder to us of the crisis that we experienced last year when SARS suddenly appeared at our doorsteps. Singapore and Vietnam took the brunt of the attack. We have actual battle scars to show. But everyone was impacted economically and psychologically even where there were only a few or no SARS casualties. Fear of the disease was worse than the disease itself.

After we were free of SARS and as we geared ourselves for a winter resurgence of SARS, nature decided to surprise us with the bird flu instead. Vietnam again took the brunt, though Singapore was spared.

Mr Chairman, I congratulate your Government, for an able handling of the crises which had protected your people from both viruses. Your country was tested and emerged unscathed. As a member of the SARS team in Singapore, I knew how challenging it was to stay casualty-free when a nasty virus is around us. Your achievement was no mean feat.

SARS and bird flu reminded us that with globalisation and jet travel, our entire region is borderless, without frontiers. It is one quarantine area.

For decades, when most travelling was via roads and railways, Singapore could manage its public health concerns by treating only West Malaysia and Singapore as one quarantine area. But now, the footprint of each virus has spread wider and broader.

It is no longer sufficient to expect national frontiers to fend off a virus attack. With globalisation of trade, comes globalisation of diseases. This is of course not a new phenomenon. But with jet travel, the pace of disease globalisation has quickened. Within a day of the Guangzhou doctor having checked into HK Metropole Hotel, the SARS virus had found its way to Hanoi, Singapore, Taiwan and Toronto.

ASEAN SOLIDARITY IN HEALTH

Fortunately, ASEAN was exemplary in its collective response.

We quickly recognised the dire economic impact of SARS. We took concerted steps to combat it.

Within days, Malaysia initiated a special ASEAN Ministers of Health Meeting on SARS. Thailand convened a Special ASEAN-China Leaders Meeting on SARS. We settled on the measures to prevent the spread of SARS and put them into action. Our quick response prevented a larger loss of confidence in ASEAN.

It was a shining demonstration of ASEAN solidarity. It enabled ASEAN to lead the way forward for the international community in terms of cooperation to tackle SARS.

RESPONDING TO EMERGING INFECTIONS

While we did not welcome it, SARS was not all negative. We emerged stronger and better informed about how we should cooperate to avoid any future crisis.

While SARS was nasty, it could have been nastier. But it was sufficiently potent to expose the weaknesses in our public health defence mechanism, both within individual country, as well as between countries. It is a useful trial run to help us determine where we should strengthen the fence.

For years, scientists have warned of an upcoming global flu pandemic. The Spanish flu killed more than 20 millions in 1918. The Asian flu killed a million in 1957.

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When will the next global flu be? Are we ready for such a pandemic?

Imagine the extent of the damages if SARS was as infectious as influenza. Then our collective casualties would not be limited to only 916.

While we should not live in paranoia, we should nevertheless not be complacent. Peace time is always the best time to work out battle plans and gear up for the next battle.

It is therefore timely to begin institutionalising our collective response mechanism. I therefore support the "ASEAN Emerging Infectious Disease Programme". It will enhance our regional capacity for communicable disease surveillance, early warning and response. It is an added insurance for the health of our people.

COOPERATION IN TRADITIONAL MEDICINE/ COMPLEMENTARY AND ALTERNATIVE MEDICINE

Let me now turn to the topic of traditional medicine and complementary and alternative medicine or TM/CAM.

This is an interesting topic, given its diversity and ancient roots. While western medicine could be traced back to Hippocrates in 400 B.C., Asian traditional medicine dated even earlier.

For example, Chinese medicine is traditionally attributed to Shennong who lived around 2700 B.C. The earliest Chinese medical writings, known as the "Huang di nei jing su-wen" (Yellow Emperor's Classic of Internal Medicine) would be of similar vintage.

Ayurveda, or the Science of Life, as a section of the Indian Vedas, was written around 2000 B.C.

I do not know the vintage of Jamu, but if we trace it back to the Majapahit period, then it would also be several centuries old.

Despite modern medicine, the ancient science and art of traditional medicine has retained its popularity in many countries. In some cases, its use is even spreading rapidly. The global market for such traditional remedies runs into billions of dollars.

It is therefore understandable that many countries, including Singapore, seek to regulate and upgrade TM/CAM. But it is not easy.

Last month, I was in Nanjing and took the opportunity to visit the Traditional Chinese Medicine University. I had a productive session with the Principal and the teaching faculty there.

The Principal told me that they have abandoned the earlier attempt to integrate Chinese and western medicine. In his words, such artificial integration would be disastrous for both.

While it is possible to have both together, under the same roof, there can be no real integration, in the scientific sense.

The reason, I think, is that while western medicine takes an analytical approach, eastern medicine tends to take as its starting point holistic medicine. But curiously, progress is advancing in both directions.

For example, in the US, while billions continue to be spent on health based on western medicine, millions of Americans are seeking out unorthodox therapies, including acupuncture, chiropractics, "tui na", et cetera. The same phenomenon can be observed in many other countries.

Worldwide, there seems to be recognition that while we can get more and more analytical, especially at the cellular and molecular level, but we can also benefit by being more and more holistic. It is quite fascinating.

Against this backdrop, as Asians, we should treasure our ancient heritage. It is a precious heritage which has given tremendous medical support to many generations of our people over the years.

But while we should work to upgrade standards and deepen our understanding, we should at the same time recognise the profound difficulties. And the best way forward is to share experiences and learn from one another.

In Singapore, we have taken a cautious and step-by-step approach to integration. We started by upgrading the training of traditional Chinese medicine practitioners. Then we tightened the control of Chinese proprietary medicine. And recently we completed the registration of acupuncturists and traditional Chinese medicine practitioners. Each step took months, even years to complete. The entire process is largely work-in-progress.

The initiative proposed by Malaysia is therefore welcome. Singapore supports the ASEAN Framework of Cooperation in Traditional Medicine / Complementary and Alternative Medicine. We look forward to learning from other member countries of their experiences and best practices in the regulation of TM/CAM. Singapore would also be happy to share with others our own experience.

CONCLUSION

In conclusion, let me on behalf of the Singapore Delegation, thank the Malaysian government for its warm welcome, gracious hospitality and the excellent organisation of this meeting.

Thank you. ■