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Singapore Government

MEDIA RELEASE

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OPENING ADDRESS BY MR LIM HNG KIANG, MINISTER FOR HEALTH AND SECOND MINISTER FOR FINANCE AT THE 13TH ASEAN CONGRESS OF CARDIOLOGY ON FRIDAY 23 JUNE 2000 AT 6.50 PM AT STAMFORD BALLROOM, WESTIN STAMFORD HOTEL

Distinguished guests, ladies & gentlemen,

It is my pleasure to officiate at the opening of the 13th ASEAN Congress of Cardiology. The congress also marks the 25th Anniversary of the ASEAN Federation of Cardiology.

Changing Global Cardiovascular Disease Patterns

2 When the ASEAN Federation of Cardiology was first formed in 1975, the challenges we faced were rather different. Coronary heart disease was relatively uncommon in the developing world. The typical

cardiac diseases we were confronted with were largely due to infectious causes such as rheumatic heart disease. Over the last 25 years, the global cardiovascular disease patterns have changed. In the developed world, people are listening to and acting on health education messages. In most developed countries, deaths from cardiovascular disease are falling as a result of this and better disease management programmes. In developing regions, however, the surge in life expectancy and a marked increase in risk-factor levels have led to a shift of cardiovascular disease burden from developed to developing countries.

3 This shift is seen most rapidly in Asia. In South-East **a**sia, for example, where the average life expectancy at birth is about 63 years, cardiovascular disease is now the second leading cause of mortality. (WHO) In fact, some of the countries in ASEAN are being exposed to this second epidemic wave of coronary heart disease caused by unhealthy lifestyles, before they have even overcome the first wave of cardiac diseases due to infectious causes.

4 Despite these grim facts, experts believe that up to 50% of all cardiovascular disease is preventable. This is based on the evidence that the risk factors for coronary heart disease, such as tobacco smoking, inappropriate diet and lack of physical activity, are all potentially modifiable.

Prevention and Control

5 The key to effective prevention programmes for cardiovascular disease, is the development of strategies to identify and reduce risk

factors in the whole population though health education and promotion. These strategies must be based on a sound understanding of local conditions and beliefs in the diverse cultures that characterise Asian populations.

6 Singapore launched its National Healthy Lifestyle Programme in 1992. This is a multi-sectoral, community-based effort to provide Singaporeans with the information, skills and supportive environment to lead a healthy lifestyle. It aims to reduce risk factors for the major chronic diseases such as smoking, high blood cholesterol and physical inactivity.

7 A civic Committee on Healthy Lifestyle, comprising representatives from community organisations, professional groups, the media and private industry coordinates the National Healthy Lifestyle Programme and advises my Ministry on strategies to be adopted during the year to ensure better community acceptance of our healthy lifestyle messages on healthy dietary habits, exercise and smoking cessation.

8 This community-based approach is beginning to bear fruit. Our smoking prevalence rates among adults fell from 18% in 1992 to 15% in 1998. The proportion of adults who exercised regularly also increased from 14% to 17% over the same period. However, much work remains to be done, as the proportion of adults with high blood cholesterol rose between 1992 and 1998. The Singapore National Health Survey of 1998 showed that more than half of persons with diabetes and hypertension, did not know that they had the condition. In addition, the prevalence of these disease conditions increased markedly with age.

Our Response for the Next Decade

9 The results of the National Health Survey of 1998 show that we need a more direct response to deal with heart diseases over the next 10 years.

10 In 1997, the mortality rate from coronary heart disease among Singaporeans aged 35 - 64 years was 67 per 100,000 and that for stroke, 29 per 100,000. Our target is to reduce premature mortality from cardiovascular disease by 30% in 2010, in comparison with the rates in 1997. To achieve this, my Ministry is developing a comprehensive disease control framework for cardiovascular disease. The framework will have several key elements.

11 First, we will reinforce our efforts at prevention. We must be prepared to be more direct in our health promotion and health education campaigns. Our people must realise that lifestyle interventions can save their lives. High blood cholesterol, high blood pressure, obesity and smoking are major risk factors. It is within our control. For example, someone who quits smoking before the age of 50 has half the risk of dying in the next 15 years, compared with a continuing smoker.

12 My Ministry recently announced a national programme to screen all Singaporeans aged 55 and above for diabetes, hypertension and high blood cholesterol. We will work with community organisations to achieve this. Persons who are found to have these conditions will be referred to government polyclinics or to their family doctors for further treatment.

13 Second, we will strengthen our ability to deliver optimal management for chronic conditions such as diabetes, hypertension and high blood cholesterol, at the primary health care level. We will set up shared care teams at each polyclinic and supported by the regional general hospitals. It is well accepted that early diagnosis and proper treatment of chronic diseases like diabetes and hypertension will prevent or delay the onset of cardiovascular diseases and other complications. We can do more in this area.

14 Third, we will enhance the capabilities of our acute hospitals and the National Heart Centre, by timely adoption of new, cost-effective treatments which will improve the control of cardiovascular disease in Singapore. Our new National Heart Centre building, which is expected to be operational in 2005, will be a fully integrated one-stop centre providing state-of-the-art inpatient and outpatient facilities, laboratories and operating theatres. This reflects our efforts to give Singaporeans a standard of cardiac care that is comparable to the best heart centres in the world.

Sharing resources

15 Health care resources are always scarce, even in the richest of countries in the world. This is why there should be coordination of regional prevention and control programmes, and a sharing of resources where possible. I am happy to learn that the ASEAN Federation of Cardiology is doing its part by

· having joint projects on areas like rheumatic heart disease and

cardiac research

· sponsoring travelling fellowships for ASEAN doctors to learn from other member countries, and

· promoting the sharing of knowledge through its own ASEAN Heart Journal which is into its 5th year.

Congress Programme

16 I congratulate the organizers for being able to pack so much into a relatively short span of a few days. No field of cardiology has been left out, from preventive programmes to the medical treatment of hypertension and lipid problems, to the latest in interventional cardiology, nuclear cardiology and surgical revascularisation.

17 Many of the symposia deal with cardiac topics from an ASEAN perspective, which makes the Congress especially relevant to all who have made the effort to attend. It is also fitting that there will be a web-based education programme on cardiac rehabilitation. This reflects the large impact the Internet has had on the practice of medicine both worldwide and regionally.

Conclusion

18 I am glad to see such a wide participation of cardiac experts from the various member countries of ASEAN at this Congress. This will not only stimulate many interesting and fruitful discussions, but will also facilitate the exchange of ideas and the promotion of understanding among participants.

19 On that note, it is my pleasure to declare the 13th ASEAN

Congress of Cardiology open.

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