

## **Speech By Mr Lim Hng Kiang, Minister For Health and Second Minister for Finance, at the Opening Ceremony of the 36<sup>th</sup> Singapore-Malaysia Congress of Medicine on Thursday, 1 August 2002 at 1810 Hours at Raffles City Convention Centre**

Good evening! Dr Ho Lai Yun and Dr Christopher Goh, Chairman and Co Chairman, Organising Committee 36th Singapore Malaysia Congress of Medicine; Distinguished guests; Ladies and Gentlemen

### **Introduction**

It gives me great pleasure to join you this evening at the 36th Singapore Malaysia Congress of Medicine and the 36th Annual Combined Surgical Meeting of the Chapter of Surgeons, Academy of Medicine, Singapore.

The theme for this Congress, “Achieving Gold Standards in Child Health and Surgical Rejuvenation” reflects the aspirations of healthcare professionals in Singapore and Malaysia to achieve high standards in healthcare and to stay at the frontier of medical developments.

Today, as we celebrate the Golden Jubilee of the Singapore Paediatric Society, we can take pride in how child health has developed over the past 50 years. But we have not arrived. We have made good progress but we have new challenges to surmount. This is also true of developments in other areas of medicine. For the purpose of illustration, let me use examples from child health to highlight the key developments as well as our response to new challenges.

### **Key Developments in Paediatric Medicine**

Singapore’s infant mortality rate has, over the past 50 years, declined from 82.2 per 1000 live births in 1950 to 2.2 per 1000 live births today. As childhood mortality rates decline, we now have to address issues relating to improving clinical outcomes and the quality of life of children, particularly those with chronic diseases.

My Ministry would continue to support and enhance programmes that will sustain and, if possible, improve our low infant mortality rate. At the same time, my Ministry is working on programmes to address specific challenges that have a high impact on childhood morbidity such as myopia, hearing impairment, asthma and accidents. In doing so, we have adopted a multidisciplinary approach in these programmes, involving not only a broad spectrum of healthcare professionals but also non-healthcare professionals such as teachers and parents.

### **National Myopia Prevention Programme**

The National Myopia Prevention Programme, launched in August last year, is spearheaded by the Health Promotion Board (HPB). To most of us, myopia may just mean the inconvenience of having to wear spectacles or contact lenses. However, in a small percentage of children, namely those with amblyopia, or “lazy eye”, this may result in functional blindness in the affected eye. Severe myopia can also lead to long-term complications such as retinal detachment and glaucoma. The higher the degree of myopia, the higher the risks of developing these complications, which can result in reduced vision and blindness. This can be a potentially serious problem as more than half of the children in Singapore are myopic by the time they are twelve and three-quarters by the time they reach eighteen.

The National Myopia Prevention Programme adopts a multipronged approach. The key components include vision screening at the pre-school and primary school level, setting up refraction clinics at the polyclinics, a spectacles fund to assist needy students to purchase spectacles and health education targeted at students, parents and educators. The programme is making good progress. Preschool and Primary 1 children who are detected through screening to have defective vision are evaluated in refraction clinics established by the HPB. Two refraction clinics have already been set up at the HPB itself and Chua Chu Kang Polyclinic and the response has been good. For example, the refraction clinic which was just set up at Chua Chu Kang Polyclinic 2 weeks ago is already seeing 28 children a day. Another two clinics, to be sited in polyclinics in the Northern and Eastern part of Singapore, are expected to be ready by the end of this year. Post programme evaluation of health promotion and education efforts, on parents with children aged 18 years and below, has also been encouraging. More parents are now aware of complications related to myopia as well as good eyecare habits and, more importantly, more parents are encouraging their children to take the recommended periodic vision breaks.

### **Newborn Screening and Cochlear Implant Programme**

The Ministry of Health (MOH) has also introduced a programme to help ensure that children born with hearing impairment are detected early and assisted to fit into the mainstream education system. As the critical period for the development of speech capability is in the first three years of life, MOH has funded a newborn hearing screening programme, under its Health Service Development Programme (HSDP). The aims of this programme are to establish a hearing screening programme at KKWCH, SGH and NUH, as well as to upgrade equipment used for the current hearing screening at the polyclinics. A central database for newborns screened at these hospitals and the polyclinics would enable them to be tracked to ensure that they have received the appropriate intervention.

Funds have also been provided to support needy families in purchasing hearing aids and to subsidise the cost of cochlear implants for those with profound hearing impairment. Since the launch in September last year, 10 children have been successfully implanted under the Cochlear Implant Programme and are undergoing rehabilitation. MOH is also working closely with the Ministry of Education and the Ministry of Community Development and Sports to ensure an integrated approach to the medical, educational and social development of hearing impaired children.

### **Childhood Asthma**

Childhood asthma is another area of concern. Asthma is estimated to affect about 20% of our children and the number of asthma cases in children has doubled over the last 15-20 years. Under its National Asthma Shared Care Programme, MOH had initiated a programme involving the five restructured hospitals and KKWCH. This programme, which covers both paediatric and adult asthma patients, seeks to optimise the care of patients with more severe asthma, to prevent frequent emergency room visits, hospitalisations and asthma deaths. This programme is also funded as part of the MOH's Health Services Development Programme (HSDP).

Preliminary results from KKWCH have been very encouraging with improvement in all outcome indicators such as school absenteeism, respiratory infections and days and nights free from wheeze, cough and shortness of breath. These early results also indicate a significant reduction in the need for acute care services such as A&E visits and hospitalisation. MOH will continue to track these data to see if these results are sustained over time.

### **Prevention of Accidents**

KKWCH and the other hospitals have also played an active part in another aspect of preventive medicine, that is reducing childhood injuries. Childhood accidental trauma is the 3rd to 4th commonest cause of death among Singapore children aged 0 to 14 years old. With 23% of our population below 15 years of age, injury prevention offers the greatest scope to reduce childhood death and disability after the perinatal period. In this respect, the National Safety Council has been working with our hospitals to make our home and road environment safer for children. The latest initiative is the "Cycle Safely, Wear A Helmet" campaign jointly organised by the Council and KKWCH.

### **Surgical Rejuvenation**

Let me now turn to the other limb of the theme – Achieving gold standards in surgical rejuvenation. As life expectancy increases, the challenge has now shifted from "adding years to life" to now "adding life to years". Surgical rejuvenation covering aspects such as plastic and reconstructive surgery, transplant surgery and anti-ageing techniques, reflects the trend in this direction.

I am also glad to note that this Congress is promoting the rejuvenation of surgery by highlighting innovative techniques in surgery, such as robotic surgery, stereotactic surgery and virtual colonoscopy, as well as bringing together the pioneers of these modern surgical techniques to Singapore to share with us their expertise.

### **Conclusion**

Finally, let me congratulate the new Fellows of the Academy on their induction. The injection of new blood augurs well for the profession. It enriches existing intellectual capital and more importantly brings new perspectives and new talent to bear on how to tackle our new challenges.

On this note, I would like to wish all participants of this Congress a pleasant and fruitful meeting.

Thank you.