

Opening address

2nd Asia Pacific Clinical Nutrition Society Conference 'Clinical nutrition and public health: Towards the next millennium'

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Distinguished guests, ladies and gentlemen,

I extend a warm welcome to all of you to this 2nd International Conference of the Asia Pacific Clinical Nutrition Society. It is a pleasant task for me to address an audience of prominent scientists, researchers, academicians and educators in the field of nutrition and health.

This important conference is being co-organised by a number of professional societies in the Asia Pacific Region. I have been informed that this regional effort is an initiative of Professor Mark Wahlqvist, the President of the Asia Pacific Clinical Nutrition Society Conference Committee. This effort is commendable and augurs well for continued smart partnership in the region. I have noted that participants today come from different disciplines including nutritionists, dietitians, endocrine and clinical specialists and other related health professionals thereby strengthening the networking between specialists, experts and leaders in various fields. This collaborative effort should lead to resource optimisation.

As you are fully aware, many diseases have common risk factors, and it is important to share skills and experiences so as to tackle them together. This risk factor recognition must be communicated clearly to the public at large. Greater attention should be paid to the integration of primary clinical and public health functions to enable better development and utilisation of human resources and to ensure effective cooperation of the family and community at local levels. So I am pleased to note that the theme for this conference, 'Clinical Nutrition and Public Health: Towards the Next Millennium', is timely. Why? Because with the current economic slowdown there is a need for us to explore all avenues in order to survive 1998 and propel us into the next millennium.

Clinical nutrition is defined as a scientific and clinical discipline concerned with diseases caused by abnormalities in the intake, intestinal absorption, and metabolism of dietary constituents. It is a particularly important development within contemporary medical practice encompassing most health care professions, drawing on experimental nutrition, nutritional epidemiology and clinical studies, and contributing to public health.

Clinical nutrition plays an important role. It helps to improve one's health status by giving advice on the appropriate diet, through right selection and preparation of food for consumption. Food should be the fundamental basis of therapy as it is cheaper compared to prepared food supplements and vitamins. It is also a more logical choice for most nutri-

ent supplements appear to be based on approximate, rough or even speculative rationale. Further, more natural food is a safer option compared to repeated artificial doses of specific nutrients. Intake of some hypervitaminoses might cause toxicity and unwanted interactive effects like in the case of minerals competing for the same absorption mechanism.

In short, clinical nutrition contributes toward improvement in basic diagnostic methodologies related to energy and food component turnover and storage for the body. Clinical nutrition therapy, hence, becomes another competitive option and cost-effective mode in providing health care to enhance quality of life. It also directly and actively influences decisions about the food supply from the ecosystem to the point of consumer purchase, preparation and ingestion which results in overall optimisation of resources.

The National Plan of Action for Nutrition of Malaysia (NPANM) which I launched in 1996 shows Malaysia's commitment to the global call for the eradication of malnutrition in any form. The main objective of the NPANM is to achieve and maintain the health and nutritional well-being of all Malaysians through access for all to a nutritionally adequate diet, safe foods and healthy living conditions in a manner that is environmentally sound and socially sustainable. The plan is designed to ensure optimal nutritional status of the population which is vital for human resource development towards the country's industrialisation process and the development of a caring society by the year 2020.

To determine the knowledge, attitudes and practice on food and nutrition of the community to serve as baseline data for monitoring and evaluating the effectiveness of the Healthy Eating Campaign launched by the Ministry of Health in 1997, a study survey was carried out in 1997. The project was coordinated by the Technical Working Group on Research, chaired by the IMR. Five groups of subjects were studied throughout the country, namely primary school children, secondary school children, adults, the elderly and food vendors. A total of 16 832 subjects have been studied, with the following breakdown: 1402 primary school children, 2181 secondary school children, 8021 adults, 1332 elderly and 3905 food vendors. We hope that with the findings from this study we will later formulate a dietary guideline for Malaysians.

I have noted that the organising committee has drawn up comprehensive programmes covering a wide variety of

issues in food and nutrition in the Asia Pacific Region. Micronutrient deficiencies are addressed by several speakers, with emphasis on solving the problem. In this country, iodine deficiency disorder (IDD) remains a problem in Sabah and Sarawak and in a few districts in the peninsula. A peninsular-wide survey of primary school children aged 7–10 years in 1995 showed that the overall goitre rate was 2.2%, indicating that it is not a significant problem in Peninsular Malaysia. A prevalence of less than 5% makes Peninsular Malaysia one of the IDD-free areas. However, results from the survey also showed that a few districts in the State of Kelantan, Kedah and Pahang have IDD prevalence of more than 5%. In the State of Sabah, it was found that 18% of 8–10-year-old children in the 30 schools sampled had goitre, indicating a widespread mild IDD problem in Sabah. The IDD problem in Sarawak was also considered mild, as indicated by the elevated serum thyroid stimulating hormone which was 7.3%.

The Government is continuously strengthening the intervention programmes, employing a combination of interventions including making iodized salt more available in IDD areas, water iodination in IDD areas especially in schools and long houses of Sarawak, and the use of iodized oil to specific population groups, such as nomadic *orang asli*. Consumption of iodine-rich foods is also being promoted. A lot more has to be done, particularly in ensuring that iodine supplementation reaches the target group. We should accept the challenge and work tirelessly towards achieving the millennium target of virtual elimination of IDD.

Having addressed the micronutrient deficiency problem, I would like to quote from the 1997 World Health Report regarding diet as preventive medicine.

Affluent populations today habitually consume a diet that was unknown to the human species a mere 10 generations ago. Compared with the diet that fuelled human evolution, the so-called 'affluent diet' of today has twice the amount of fat, much higher ratio of saturated to unsaturated fatty acid, a third of the former daily fibre intake, much more sugar and sodium, fewer complex carbohydrates and a reduced intake of micronutrient. Worldwide adoption of this diet has been accompanied by major increases in coronary heart diseases, strokes, cancers, diabetes mellitus and other chronic diseases.

I noted that you have taken cognizance of this in your programme focusing on diabetes and obesity as well as on cardiovascular diseases.

The World Health Organization 1997 report states that over 15 million deaths recorded were due to circulatory diseases, 7.2 million were caused by coronary heart diseases, 4.6 million by stroke, 500 000 by rheumatic fever and rheumatic heart diseases, and 3 million by other forms of heart disease. WHO has also reported that the number of people suffering from diabetes worldwide is projected to more than double from about 135 million now to 300 million by 2025. The rise in cases will approach 200% in developing countries and be in the order of 45% in developed countries.

In 1997, the incidence of diabetes in Malaysia has increased to 8.2% as compared to 6.3% in 1985 (National Health Morbidity Survey I and II, 1985 and 1997). Diabetes and its complications occur amongst all ages and ethnic groups. It also imposes a heavy economic burden upon the nation each year. The studies on 'Days of Healthy Life Lost'

1994, by the Ministry of Health, has found that the number of days of healthy life lost due to diabetes were 877 days per 1000 population in a year. On the other hand, heart disease and cardiovascular disorders continue to be the leading causes of medically certified deaths in Malaysia, for example, 8416 or 20% for 1995.

The World Health Organization has proposed various strategies for the control of non-communicable diseases, and has urged nations to implement healthy lifestyle programmes. In Malaysia we went ahead with the 6-yearly cycle of Healthy Lifestyles Promotion Campaigns, which from 1991 to 1996 were mainly disease specific, that is, heart disease, cancer, diabetes. Then from 1997, we have taken a more integrated approach. I launched the 'Healthy Eating' Campaign in 1997, and in 1998 the focus is on physical fitness. Tan Sri Dato' Dr Abu Bakar Suleiman, the Director General of Health for Malaysia, will be addressing you on our efforts to promote healthy eating. I also recall that I have challenged the nutrition scientists in this country to make available to the public recipes of popular local foods prepared in a healthier way. I am pleased that they succeeded in publishing a healthy recipe book that was launched in February 1997.

You are also going to discuss at length the importance of the nutrition support services. We have started our efforts to strengthen these services. In March 1994, the Institute of Medical Research with the support of WHO and the Nutrition Society of Malaysia organised the first symposium in clinical nutrition. Arising from that, the importance of forming a nutrition support group in patient care has been given greater emphasis. As you are fully aware this multi-disciplinary team comprising a dietitian, physician, pharmacist and nursing staff is imperative for effective clinical nutrition practice. I would like to see more hospitals, including those in the private sector, establish their nutrition support teams. I would urge you to assist in realising this objective. In this regard I would also urge more clinicians in this country to be actively involved in nutrition activity including clinical nutrition research.

Whilst the Government strives to provide quality health care to all individuals, families and communities in the country, as spelt out in the Ministry of Health's Vision Statement, it is emphasised that good health is also the responsibility of all Malaysians. Each and every one must support and contribute to their health and that of their country. Community participation is vital to maximise the cost-effectiveness of any service or intervention programme provided by the Government. The preventive nutrition and intervention programmes of the Ministry of Health will employ a multi-pronged, multi-sectoral approach, greater involvement of NGOs and professional bodies, and with emphasis on community participation and positive behaviour change in a sustainable environment

Ladies and gentlemen, I am pleased with the stated aims of the Asia Pacific Clinical Nutrition Society (APCNS), which are to promote the education and training of clinical nutritionists in the region and to enhance the practice of human nutrition and related disciplines in their application to health and the prevention of disease. I hope that you will succeed in this endeavor to create an educated community as

'Health Promotion is the process of enabling people to increase control over, and to improve, their health'.

On this final note, and with pleasure, I declare this 2nd

International Conference for the Asia Pacific Clinical Nutrition Society officially opened.

Thank you.