

Call for common health passport in Asean forum

Ministers discuss impact of Covid-19, post-pandemic economic resilience

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Asean ministers called for standardised health and travel protocols at a regional forum to discuss the impact of Covid-19.

Indonesian Health Minister Budi Gunadi Sadikin stressed the need to reform the global health architecture, establish a mechanism for sharing aid, and standardise health protocols across countries

on the first day of the two-day Special Ministerial Conference for Asean Digital Public Health.

Asean should have a common health passport, or digital platform such as Singapore's TraceTogether app, to facilitate the reopening of travel, Mr Budi said yesterday at the virtual event. Indonesia has a contact tracing app which has been downloaded and installed by more than 60 million Indonesians, he added.

He highlighted the role of the private sector, such as telemedicine

start-ups that have been roped in by the Indonesian government to help with tele-consultations and home delivery of medicines. He also outlined the goal to double the number of vaccinated Indonesians from 150 million to 300 million by the end of this year.

A September report by the Asean Biodiaspora Virtual Centre showed that at least 80 per cent of the high-risk population in all but two Asean countries have been vaccinated with at least one dose of a Covid-19 vaccine, and the region is on track to at least 65 per cent of the total population having a level of immunity to the virus.

The conference is being organised by EVYD Knowledge Hub in

collaboration with Asean chair Brunei's ministries of finance and economy and health, Brunei Investment Agency, and Temasek Foundation.

In a separate panel on post-pandemic economic resilience, speakers spoke about the importance of building buffers and reducing over-concentration, by leveraging neighbouring economies in order to build resilience.

Dr Aladdin Rillo, senior economic adviser at the Economic Research Institute for Asean and East Asia, stressed the need to build more resilient supply chains. "It is no longer an option, but rather an imperative for a more sustainable future," he said. "Digitalisation will help enhance visibility at each stage of the supply chain, and that is important in enhancing the capacity of countries to deal with future shocks as well as to mitigate the impacts of these shocks."

Dr Ndiame Diop, country director for Brunei, Malaysia, the Philippines and Thailand at the World Bank, said that while accelerating vaccination will help reduce the rates of serious illness and deaths, it is "not that simple" for governments to allow full resumption of activities because of the wide spectrum of public opinion and comfort levels.

Noting the greater risk that

Covid-19 poses to smaller firms and less developed economies, he said it has had a huge impact on household incomes and education which could be long-lasting.

For example, food insecurity and limited online learning during the pandemic could dampen children's future earnings. Countries which make use of digital tools such as payment systems and national digital identities, Mr Diop added, are much more efficient and effective in delivering support.

GIC chief executive officer Lim Chow Kiat observed that there are still gaps to be filled in the regional e-commerce and logistics space, where investors can find opportunities to deploy capital.

Given that around half of the Asean population remains unbanked, there is also room for financial and fintech firms to deliver banking services at a low cost, and to launch mass-market products, he said.

Mr Desmond Kuek, the divisional vice-chairman of UBS Global Wealth Management, said that along with Asia's energy transition comes "huge potential" for public and private investors to get together to fund innovation.

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A man receiving the AstraZeneca Covid-19 vaccine in Hanoi last month. Experts at a panel discussion on the role of research in public health yesterday discussed various ways Asean countries could work together to enable them to respond swiftly to future threats. PHOTO: AGENCE FRANCE-PRESSE

Asean needs better cooperation to respond to future pandemics

Experts say region should invest in scientific research, build network for clinical trials

Cheryl Tan

Asean countries need to work together and invest in scientific research so they can come up with treatments and vaccines better tailored to their populations in future pandemics.

In a panel discussion on the role of research in public health at a Special Ministerial Conference for Asean Digital Public Health yesterday, experts at the forefront of tackling the Covid-19 pandemic mooted various ways Asean could work together, from creating a network for clinical trials to sharing data, to enable it to respond swiftly to future threats.

For instance, it took less than a year from the time the Sars-CoV-2 virus was sequenced genetically to when an mRNA vaccine was licensed for emergency use.

“But the background was that there has been 20 years’ worth of research into mRNA vaccines that enabled us to do what we did in 11 months,” said Professor Ooi Eng Eong from the Emerging Infectious Diseases Programme at the Duke-NUS Medical School, who moderated the panel discussion.

“There’s the need for a quick in-



(From left) Professor Teo Yik Ying, Ms Angela Brady and Professor Ooi Eng Eong at the panel discussion during the Special Ministerial Conference for Asean Digital Public Health yesterday. ST PHOTO: LIM YAOHUI

vestment in basic research, so in a time of crisis, we have the building blocks to do something with the science,” he told reporters after the discussion.

The hybrid event of in-person and virtual participants brought together speakers such as Ms Angela Brady, Asia-Pacific director of research and development at Glaxo-SmithKline, Dr Richard Hatchett, chief executive of the Coalition for Epidemic Preparedness Innovations, Professor Teo Yik Ying, dean of the National University of Singapore’s Saw Swee Hock School of Public Health, and Professor Tikki Pang, visiting professor at NUS’ Yong Loo Lin School of Medicine.

Prof Ooi said Asean countries need to have better cooperation

and coordination with each other as well as with other regions because of how different their ethnicities, contexts and infrastructure are with the rest of the world.

“This means that the way in which medicine and vaccines are delivered also needs to be contextualised; otherwise what might work in one country may not work for other countries,” he added.

In addition, certain populations may experience side effects when administered certain drugs or vaccines, said Prof Teo.

For example, epilepsy drug carbamazepine is more likely to cause adverse side effects in South-east Asians.

One way to improve collaboration would be to set up a regional network for clinical trials of new drugs and vaccines so as to ensure that all countries are on the same page, said Prof Ooi.

Given how heterogeneous and racially diverse South-east Asia is, having countries band together to share data and information could help in providing information on whether a particular vaccine would be effective, for example.

“We can then also look at developing vaccines that would work. For instance, it may be as simple as taking the Pfizer and Moderna vaccine and making one or two mutations (to suit our population),” he added.

Better collaboration among countries could also position Asean as a more attractive site for international clinical trials, noted Prof Ooi.

Another practical solution which can be achieved through regional collaboration would be to come up with a surveillance system to detect new or emerging variants.

The Sars-CoV-2 virus evolves in response to the defences put up by the immune system.

“Our immune response may be different from say, a Caucasian response, so over time, we may find that the variants that will emerge in Asia may be very different from the variants in the rest of the world,” said Prof Ooi.

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LAYING THE FOUNDATION

There’s the need for a quick investment in basic research, so in a time of crisis, we have the building blocks to do something with the science.



PROFESSOR OOI ENGEONG, from the Emerging Infectious Diseases Programme at the Duke-NUS Medical School, citing how “20 years’ worth of research into mRNA vaccines” made possible the development of an mRNA vaccine to be licensed for emergency use in less than a year.

Future pandemic could stem from coronavirus transmitted from humans to bats

A new Sars-CoV-3 virus may emerge in the future, arising from humans transmitting the coronavirus back to bats.

Known as reverse-zoonosis, this occurs when infectious viruses are transmitted from humans back to animals, said Professor Wang Linfa from the Duke-NUS Emerging Infectious Diseases programme.

He was speaking about the science behind pandemics and what could lead to a future pandemic at the Special Ministerial Conference for Asean Digital Public Health yesterday.

Prof Wang said that most scientists believe that the ancestral strain of the Sars-CoV-2 virus that causes Covid-19 exists in bats found in Asia. The virus was then transmitted to an “animal X”, possibly pangolins or civets, before being transmitted to humans at the Wuhan fish market in China.

“It would be worrying if humans can infect novel hosts, like bats in the American continent, which are not natural reservoirs for the virus,” he said.

A possible scenario of this would be an infected human leaving behind a half-eaten fruit, which is picked up by a bat. This research theory comes on the back of Prof Wang’s expertise on bat zoonology and immunology.

“Bats have a very unique immune system in that they can sustain a virus without developing disease. However, the virus can still mutate and transmit to animal X, Y, or Z. So when that mutated virus goes to animal X,Y,Z and gets to a human, then that’s where we get our disease X,Y,Z or Sars-CoV-3,” said Prof Wang.

Each time a virus jumps between species, it is forced to make major changes because genetically, it has to adapt to its new host.

So, how can countries prepare for such a pandemic? Prof Wang suggests three levels of preparedness.

To pre-empt a pandemic, scientists will need to work with government agencies and international funding bodies to determine the risk of a particular virus circling in animals – especially ones that humans trade and consume most frequently – jumping to humans. Countermeasures to prevent virus spread can then be prepared.

Next, early warning signs of a new virus, such as severe, unusual cases in the intensive care unit or local clinics, should be looked out for.

When the virus has started to spread, the last resort would be to develop vaccines and therapeutics. The Duke-NUS team is working on just that – developing a booster jab to offer a broader spectrum of protection for future Sars-Cov-2 variants and other coronaviruses.

This comes after his team had found that people who both recovered from severe acute respiratory syndrome (Sars) in 2003 and who received the Pfizer-BioNTech vaccine for Covid-19 are able to produce antibodies to neutralise all known Covid-19 variants of concern, such as the Delta variant.

The antibodies could possibly also tackle other potential animal coronaviruses.

The jab has been tested on mice and has so far shown to be effective, and the team plans to start human trials next, said Prof Wang.

He also intends to recruit more recovered Sars patients from other places such as Hong Kong, Guangzhou and possibly Toronto.

The researchers aim to understand the level of immunity that they are able to develop from being jabbed with a range of other vaccines such as Moderna, Sinovac or AstraZeneca.

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