

3	Update on the HIV/AIDS Situation in Singapore
4	Third Party Payers Paying GPs Peanuts
5	Have Yourself a Merry Little X'mas
6	Simple Things
7	A Human Touch in Afghanistan

SMA NEWS

3rd Singapore Aids Conference

Speech by Dr Balaji Sadasivan, Minister of State for Health & Environment, at the Opening of the 3rd Singapore Aids Conference, held on Friday, 22 November 2002, at the Singapore International Convention and Exhibition Centre.

AIDS/HIV TRENDS

2001 marks 20 years of AIDS. In its "Report on the global HIV/AIDS epidemic 2002", the Joint United Nations Programme on HIV/AIDS described the scale of the AIDS crisis as "outstripping even the worst-case scenarios of a decade ago". Around the world, an estimated 5 million people became infected in 2001, bringing the estimated total number of people living with HIV/AIDS to 40 million.

UNAIDS and WHO have estimated that in the year 2001, the HIV prevalence rate in Singapore among adults 15 to 49 years old is 0.15%. They have described the HIV/AIDS situation in Singapore as stable. Internationally, our HIV prevalence is similar to UK's and Australia's but lower than the USA. We should not however be lulled into complacency.

The number of newly diagnosed HIV/AIDS infection has been slowly increasing since 1985 when the first case of HIV infection was reported in Singapore. Last year, the number of notifications of HIV/AIDS infection increased by 5% from 226 in 2000 to 237. There were another 189 notifications in the first ten months of 2002,

bringing the total number of HIV/AIDS cases detected in Singapore to 1,788. Of these, 681 were asymptomatic, 421 have full blown AIDS and 686 have died.

About 87% of the new cases detected this year were males, and 13% were females. Of the new cases, more than half were aged between 30 to 49 years of age. Heterosexual transmission has been the most common mode of HIV transmission among Singaporeans since 1991. Most of these cases contracted the infection through casual sex and sex with prostitutes in Singapore and overseas.

TREATMENT FOR HIV/AIDS PATIENTS

Individuals who have contracted AIDS, are people suffering from an illness and should be treated with the same compassion and concern we show to people with illnesses like cancer or heart disease. Those who have contracted the disease would have the same level of access as any other patient to the public healthcare system. For example, AIDS patients who are admitted to public sector hospitals are entitled to the same level of subsidies as non-AIDS patients. My Ministry has also instructed providers

of step down care, such as hospices, nursing homes and community hospitals, to provide the necessary care to these patients. As this may be an area of care that some healthcare providers are less familiar with, my Ministry is prepared to assist them. We have sought to ensure that AIDS patients are not discriminated against with regards to healthcare services.

We have however from time to time received appeals for free drugs for AIDS patients, especially for those patients on anti-retroviral therapy. There is currently no subsidy for anti-retroviral drugs as they are considered non-standard drugs. This is no different from all other non-standard drugs used to treat cancer and heart disease. In terms of Medisave usage however, AIDS patients are allowed to withdraw up to \$550 per month to pay for their anti-retroviral drugs. My Ministry had also extended the use of Medisave to cover specific drugs for severe infections, which HIV/AIDS patients are vulnerable to, due to their weakened resistance.

PREVENTION IS THE KEY

Although much attention has been focused on the drugs issue, we should

Page 2 ►



EDITORIAL BOARD

Editor

Dr Wong Tien Yin

Deputy Editor

Dr Daniel Fung

Members

Dr Chan Kah Poon

Prof Chee Yam Cheng

Dr John Chiam

Dr Jon Goh

Dr Lee Pheng Soon

Dr Terence Lim

Dr Oh Jen Jen

Dr Toh Han Chong

Ex-Officio

Prof Low Cheng Hock

Dr Tham Tat Yean

Executive Secretary

Ms Chua Gek Eng

Editorial Manager

Ms Krysanja Tan

The views and opinions expressed in all the articles are those of the authors. These are not the views of the Editorial Board nor the SMA Council unless specifically stated so in writing. The contents of the Newsletter are not to be printed in whole or in part without prior written approval of the Editor.

Published by the Singapore Medical Association, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850. Tel: 6223-1264 Fax: 6224-7827 Email: news@sma.org.sg URL: http://www.sma.org.sg

Wishing our readers
Merry Christmas & Happy New Year
 From: 43rd SMA Council

◀ Page 1 – 3rd Singapore Aids Conference

not allow ourselves to be distracted from the key issue. To control the AIDS epidemic, we must stop its spread. While medical treatment has improved the quality and length of life for HIV-infected persons, it cannot cure HIV disease. Once infected, despite the best and most expensive treatment, the quality of life over time can never be as good as those who are not infected. Despite treatment, a person with the HIV virus can still spread the infection. Since AIDS is almost always spread by careless and irresponsible human behaviour, the key to prevention is to educate people to be careful and responsible.

The theme of this conference "Change – Attitudes, Behaviours – The Future" addresses the important fact that AIDS is not just a health problem. There are social, cultural and economic dimensions associated with the disease. We must tackle these issues if we are to overcome the AIDS threat. We must break the chain of transmission. A key part of this lies in the mindset of our people, especially those who are at risk.

I was greatly disturbed by a report in the New Paper recently (2 Oct 2002) that highlighted the plight of a young lady who had unprotected sex with a man dying with AIDS because (and I quote) "I didn't want him to feel that there was a barrier between us." In a similar article, a doctor had stated that he had known people who wanted to be HIV-positive just to be "equal" to his or her positive partner. What disturbed me was that the article was covered in a rather neutral manner. Young impressionable girls do read the New Paper and may be influenced into thinking it is OK to get AIDS. While we empathize with those suffering from HIV/AIDS, we (and in particular the media) must send a clear message to young people that it is not OK to get AIDS. We need the help of the media to educate the young on how they can act in a responsible manner and that if they are responsible, they will not get AIDS.

Prevention programmes and health education must thus continue to be my Ministry's main strategy in combating

the AIDS scourge. It is, we believe, still the most cost-effective strategy.

AIDS EDUCATION PROGRAMME **Programme Objectives**

The Health Promotion Board (HPB) is the lead agency in driving the AIDS Education Programme. This programme has been ongoing since 1985 with mass media publicity and exhibitions and talks on HIV/AIDS carried out at schools, the community, workplaces and healthcare institutions. The objectives of the programme are to:

- a) Create awareness of the risk factors, modes of transmission and consequences of HIV infection and AIDS;
- b) Dispel misconceptions about HIV infection and AIDS; and
- c) Encourage the at-risk groups to avoid casual sex, use condoms to reduce the risk of transmission of HIV infection and go for screening for HIV infection.

Programme Target Group

Our statistics indicate that most HIV-infected Singaporeans are males, the majority of them single. Collectively, those aged 20 to 59 years accounted for 90% of all cases. Over 50% of the HIV-infected Singaporeans work in the sales and service and production sectors, and as cleaners or labourers.

Based on the trend of HIV/AIDS cases in Singapore and the nature of the disease, the AIDS Education Programme will target males from 20 to 59 years old, especially blue-collar workers.

COMMUNICATION STRATEGIES

Various activities will be employed throughout the year to sustain the educational messages in the effort to educate the public on HIV/AIDS. The communication strategies include dissemination of educational messages through mass media and face-to-face activities through schools, workplaces and various organisations. HPB will collaborate with the Ministry of Manpower, the Construction Industry Development Board and the Singapore

Institute of Safety Officers to increase AIDS awareness and prevention among foreign workers through the screening of AIDS videos to newly arrived foreign workers.

We would also be targeting male travellers. Travel packs with AIDS educational messages will be produced for distribution to male travellers.

These programmes will be complemented by programmes that are already ongoing, such as the AIDS Education Programme at schools and tertiary institutions conducted by the School Health Service (SHS). The objectives of the AIDS Education Programme are to raise awareness on AIDS and sexually transmitted diseases, inform students about ways to prevent STD/HIV infection and to discourage promiscuous sexual behaviour. SHS will organise exhibitions on AIDS at tertiary institutions and continue to explore ways to reach out to tertiary students.

HPB will also through its Youth At Risk Programme, collaborate with non-governmental agencies to incorporate AIDS and STD educational messages in life skills programmes for youths who are out of the school system.

CONCLUSION

The statement "Prevention is better than Cure" has been used so often that it has become a cliché to many. However, in the case of tackling the AIDS problem, it is still the best and only sustainable solution especially when there is no cure yet for this dreaded disease. To succeed, we need everyone's help and I see in the audience today many who have and will continue to play an important role in this battle against AIDS, whether it be in shaping public opinion, providing expert advice, or caring for AIDS patients. Your efforts and contribution are appreciated.

Let me conclude by conveying my best wishes for a successful Conference. I am sure we will all benefit from the stimulating exchange of our experiences. ■

Note:

See page 3 for MOH's update on the HIV/AIDS situation in Singapore.

43RD SMA COUNCIL

Prof Low Cheng Hok

President

Dr Lim Teck Beng

1st Vice President

Dr Wong Chiang Yin

2nd Vice President

Dr Tham Tat Yean

Honorary Secretary

Dr Tan Sze Wee

Honorary Treasurer

Dr Toh Choon Lai

Honorary Asst Secretary

Dr Chong Yeh Woei

Honorary Asst Treasurer

Members

Dr Chin Jing Jih

Dr Foo Chuan Kit

Dr Lee Pheng Soon

Dr Ivor Thevathasan

Dr Tan Chue Tin

Dr Tan Kok Leong

Dr Theodor Wee Tit Gin

Dr Wong Tien Yin

Dr Yue Wai Mun