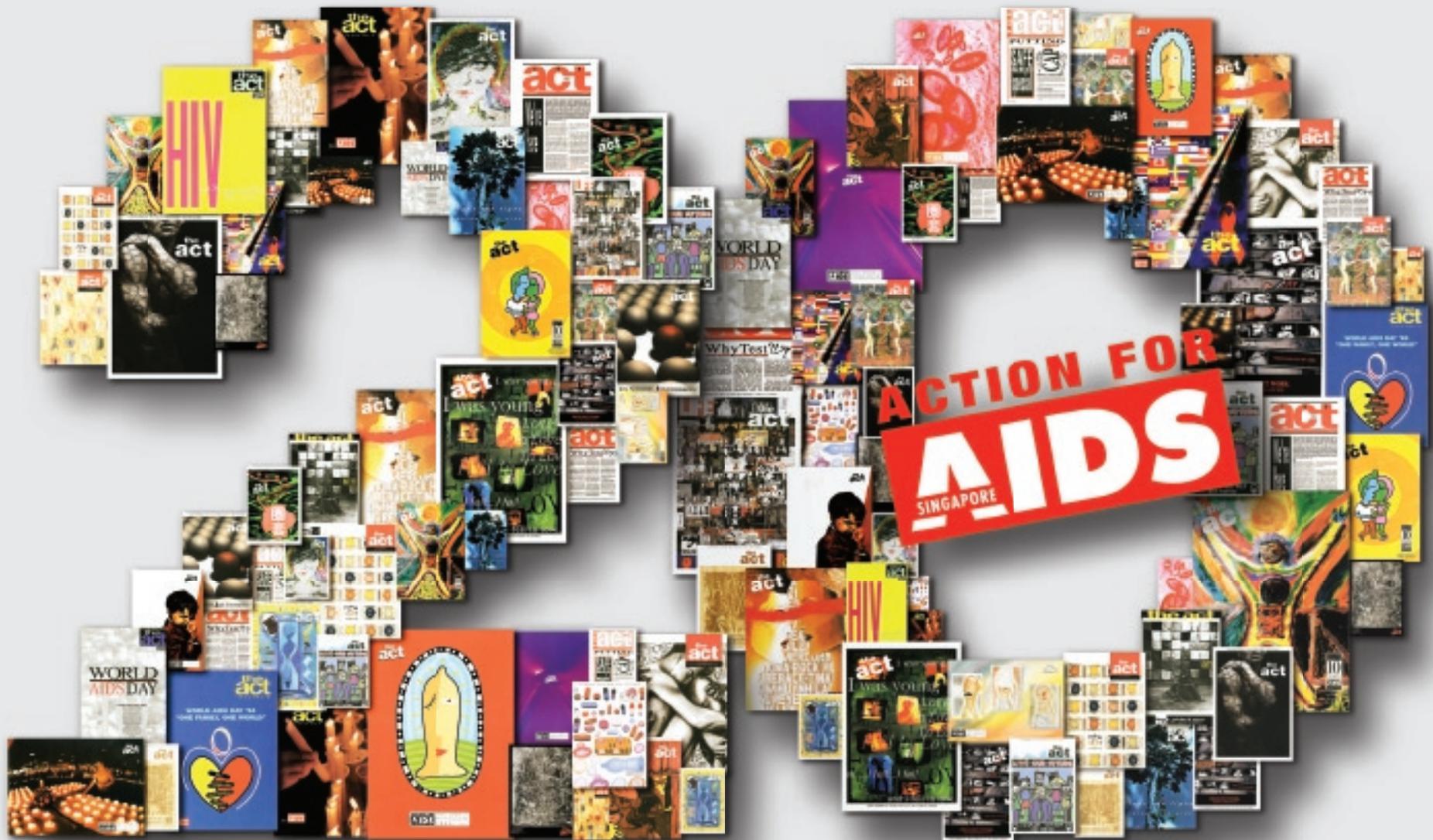


THE ACT - 20TH ANNIVERSARY EDITION



**ACTION FOR
AIDS
SINGAPORE**

YEARS

OF EDUCATION, CARE AND ADVOCACY

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PRESIDENT'S MESSAGE

Action for AIDS was set up 20 years ago in response to a new medical condition that soon became the most complex, challenging and devastating infectious agent of all time. It was clear to us then that AIDS prevention and control needed the input and participation of individuals with a broad range of experience, backgrounds and expertise. A multidisciplinary approach was needed to come up with ideas and solutions to stem the spread of HIV, design and rollout prevention programmes targeting those at greatest risk of infection, overcome irrational discriminatory attitudes and behaviours, and provide treatment and support for infected individuals.

Through the years, AfA's programmes were conceptualised, planned and implemented by enthusiastic volunteers guided by a closely knit network of medical experts and community activists with common purpose. Many of this network represented communities and groups most affected by the epidemic. AfA spearheaded collaboration among clinicians, advocates, public health experts, policy makers and private businesses. All the time our projects and activities have been underpinned by the diligence and determination of our volunteers and advocates - we salute all of them.

This 20th anniversary commemorative publication contains reflections and insights of volunteers present and past, and a collection of the remarkable range of programmes and activities over the past 20 years. The editorial team sifted through a mountain of pictures and materials and have chosen the most memorable and poignant ones for reproduction here. We hope that you will enjoy reminiscing over them as much as we have.

As we close this chapter of our history and look towards the future, we will continue our efforts to achieve universal access to HIV prevention and treatment. We will overcome obstacles that stand in the way viz. AIDS related stigma and discrimination, homophobia, and gender inequality.

To quote Bob Marley, "Get up, stand up, stand up for your right. Get up, stand up, don't give up the fight".

A/Prof. Roy Chan

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by Ng Yi-Sheng

It's been twenty years since Action for AIDS was registered. In the culture of rapidly-changing Singapore, that's a lifetime.

Looking back, I'm truly in awe at the ten brave men and women who came together in 1985 to form the informal core of the group, officially registering as a society three years later. These people saw that nothing was being done about the epidemic of HIV/AIDS, and instead of pretending it wasn't their problem, they stepped forward as a team and actually did something.

Remember, in the '80s was a time when the average person believed the virus could be spread by coughing or skin contact. It was a time when you'd be ostracised for daring to associate yourself with a gay-related disease; even advised that the positive should be exterminated in gas chambers for fears of passing on the illness. It was a time when starting an "activist" organisation could've been viewed by the government as initiating troublesome opposition. These guys truly had courage.

They had initiative too. They started outreach programmes from scratch to educate the general public. They held concerts, forums, exhibitions, lectures, tea parties, dance parties and plays, just to try to get their message across. They roped in corporate sponsors and celebrity supporters; they sold T-shirts for funding and recorded songs; they visited PWAs and organised counselling services and scandalously tried to hand out condoms at an NUS banquet where Lee Hsien Loong was in attendance. And through it all, they conducted ongoing research through questionnaires, just to figure out what else they could do.

(Mind you, here I'm only citing what happened in the first four years after AfA's official registration in 1988. These guys were busy, busy people.)

Why is a country as rich and developed as Singapore so reluctant to support its HIV-positive citizens ?

Because of these efforts, as well as those of a mosaic of other dauntless personalities, AfA's been able to grow in strength from year to year. It's gained credibility, resources, funding, international contacts, and a grudging sense of recognition from the Singapore government. Among the positive community, it's built up a network of support groups catering to different needs of sufferers, including positive gay men, Mandarin-speakers, Muslims and families, as well as recently bereaved relatives and friends. It's even had an impact abroad: our anonymous HIV testing procedure has been studied as a model by other Southeast Asian countries, and our own Roy Chan has served as President of the AIDS Society of Asia and the Pacific and on the governing council of the International AIDS Society.

If you want to pick one major triumph, though, it'll have to be AfA's success in the mainstreaming of HIV/AIDS in public consciousness. Basically, we've reached a point where an individual or an organisation can be a supporter of AIDS activism without being viewed as deviant in any way.

Over time, despite the natural squeamishness of our nation's health education teachers, we've managed to breed a generation of young people who understand that the virus isn't caught from mosquito bites, toilet seats or handshakes; that heterosexuals are at risk just like homosexuals; that condoms are effective in preventing transmission of the disease. If that's not something to be proud of, I don't know what is.

But not all's well yet. Infection rates are up in Singapore: from 2000 to 2007, the number of new positives each year has nearly doubled from 226 to 422. Roughly two thirds of newly infected persons are heterosexuals, and two thirds again are 40 years of age or older - sectors of the population which AfA has traditionally had trouble communicating with. Yet a substantial number of new positives has also been found among young gay men, who've received the best of HIV/AIDS education from both schools and outreach programmes. In fact, a recent survey indicated that 3.1% of the MSM community was HIV-positive, which is one out of every 33 men who have sex with men.



The situation for PWAs is also pretty dire. There's still a gigantic amount of stigma associated with being positive, with no employers or educational institutions publicly coming out to defend the rights of positive people to work alongside others in Singapore. The government isn't helping much – on the contrary, it's recently enforced laws criminalising positive people for lying on blood donation forms or having sex without revealing their status. And of course, no subsidies exist yet for medications, which are still sold at the high prices dictated by big pharmaceutical companies. To foreigners, that's mind-boggling: why is a country as rich and developed as Singapore so reluctant to support its HIV-positive citizens?

Looking at these bare facts, we've got to ask ourselves a few serious questions. All in all, can AfA truly be said to have been a success in its twenty years of operation? Why hasn't it done better? And, most importantly, what should be done in the years to come?

A BIT OF PERSPECTIVE

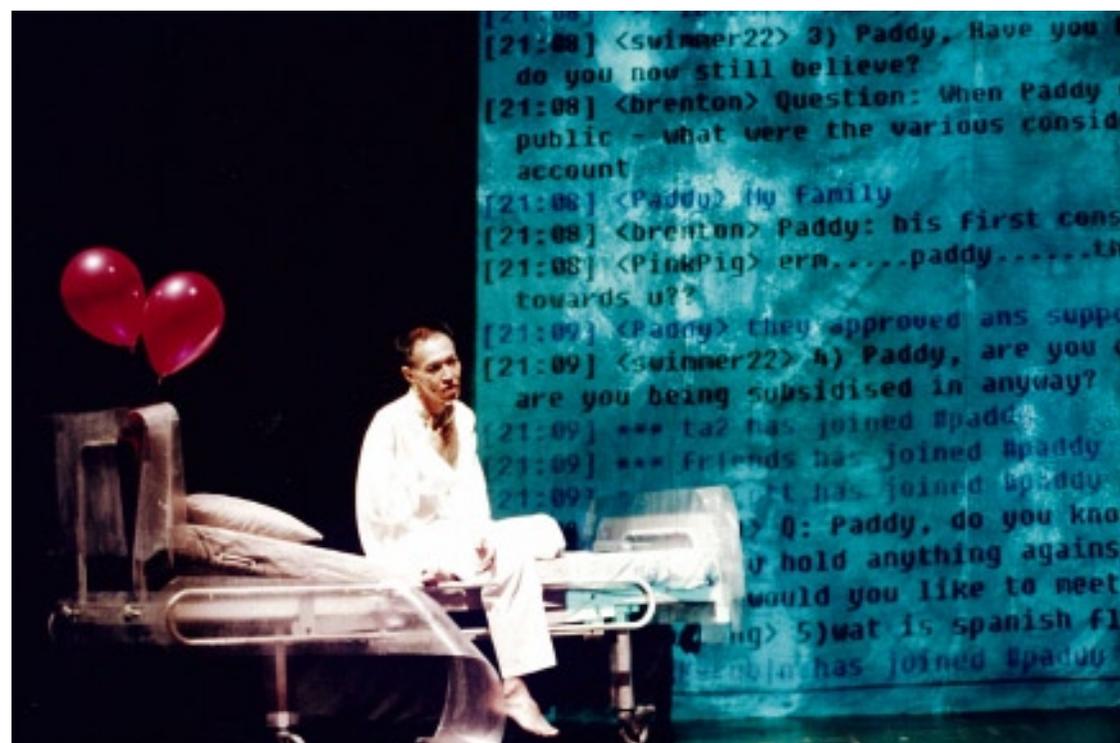
The truth is, Singapore's HIV statistics can't be examined out of context. The very territory of the disease is shifting: while AIDS was once counted as an African epidemic, today's it's also emerging as an East Asian one, with new infections each year rising almost 20% from 2001 to 2007.

Singapore's 3.1% rate of infection among MSMs turns out to be one of the lowest prevalence rates in Asia, dwarfed by numbers gathered in similar studies in Taiwan (8%) and Bangkok, Thailand (28.3%). Much of the credit for these lower rates goes to AfA, for its sustained policy of educating MSMs in the importance of condom use during sex. And of course, one factor behind the rise in reported infections is that there's been a corresponding rise in people hearing about the centre and getting tested.

The fight for PWA rights, on the other hand, has been frustrated by the very culture of our country. The government's policy is to withhold subsidies for all specialised drugs, and HIV/AIDS medicines are no exception. It'd be a huge battle to convince them otherwise, and AfA can't fight it without forging alliances with other groups – hospitals, charities, public figures and average citizens.

There's also an entrenched cultural tradition here of "not airing your dirty laundry in public" that's served as a social barrier preventing many positive people and their families from going public about their HIV status. One could argue that it's a product of our nation's much-touted sense of Asian values, but then such values never stopped Dominic D'Souza of India or Jack Singh of Malaysia, who both came out as positive in 1989, or Thomas Cai of China, who's been an openly PWA activist since 2001. The issue of heritage is irrelevant, though – PWAs in Singapore can't hope to battle discrimination effectively without some kind of figurehead for their community.

However, it's worth remembering that life has significantly improved for PWAs over the years. There've been new advances in medical technologies allowing positive people to lead longer, more productive lives. AfA's played a key role in publicising and explaining such discoveries, even footing the costs for these expensive treatments in select cases. Ironically, these very treatments may have made positive people less willing to go public – why be a hero and a martyr when you've many more years to live as a normal, productive person?



Memorably, AfA's also been behind three important victories that took place in the year 2000. First, Singapore hospices began to accept HIV-positive clients; second, the Ministry of the Environment ended its unscientific practice of burying the dead bodies of PWAs like toxic waste; and third, it was affirmed that foreign HIV-positive spouses of Singaporeans would no longer be deported. AfA acted as a lead campaigner for each of these decisions, pushing for the cause both behind the scenes and in public media forums.

Notably, these resolutions came shortly after Paddy Chew came out as Singapore's first public PWA in 1999, finally putting a face to the epidemic. His efforts are still remembered vividly today: his interviews with the press, his collaborative writing and performance of his play with The Necessary Stage, "Completely With/Out Character". Following his funeral in 2000, no other citizen or resident has come forward of his or her own accord to talk about what it means to be positive today. We're way overdue for someone else to take that courageous step.

AfA isn't an organisation with real powers: Its strength lies instead in its ability to influence, its talent for bringing diverse groups of people together to address the same issue.

A CULTURAL REVOLUTION

Though it's inspiring to look back at AfA's past achievements, all that means nothing if the group is unable to ride the wave of social change that's arrived at our shores. The ballooning HIV rates of recent years have been caused by a fundamental shift in our national culture – a shift that could destroy us if we don't come to grips with it in time.

Like many other countries in Asia, Singapore is experiencing a revolution based on pleasure. As a first-world country with new wealth and easy access to global cultural trends, we've developed a casual hedonism, a conviction that each of us is deserving of the best enjoyments we can afford – including the delights to be found through drugs and sex. Young people now grow up in a deeply sexualised culture, where ideals of chastity before marriage seem more than a little obsolete. Older people, too, feel they've earned the right to enjoy sex for cash or kind by patronising prostitutes or keeping mistresses. MSMs have a newfound confidence in their sexual identity and their right to physical pleasure. And as harsh as the penalties may be, more people are casually abusing legal and illegal narcotics – which, combined with sex, often leads to dangerous decisions regarding safety.

I may sound like a prude or a scaremonger, describing contemporary culture in such debauched terms. But it's a plain fact that we're no longer living in the comparatively sterile world of the '80s – a fact that the government, and many other decision-making bodies, would prefer not to accept. For this reason, official HIV education continues to stress abstinence as the preferred means of prevention of transmission, frequently downplaying the effectiveness of condoms for fear that this will degrade culture even further. Such denial of the circumstances we live in can only cause the epidemic to inflate.

AfA has understood from its first days that preachy messages don't work: that one can't educate a sexual community if one has a hidden agenda of eradicating it. This was what allowed it to achieve its early successes, embracing a burgeoning youth and alternative culture to become accepted as a legitimate speaker on relevant issues.

At this point in time, there's no end in sight to the epidemic. But there is hope, and also courage. And most importantly, there's love: that sense of empathy for humankind that keeps us all going on our mission.

Somehow, the organisation must regain a key foothold among groups at risk: the sex worker community, the drug-using community, the heterosexual community and the now far more independent MSM community. It must convince official institutions of the need to liaise with members of these communities as equals, charging them with the imperative to protect themselves against HIV/AIDS. Pursuing a purely legalistic strategy – one that targets positive people as sex offenders – cannot be the only solution.

It's crucial at this point to remember that AfA isn't an organisation with real powers: its strength lies instead in its ability to influence, its talent for bringing diverse groups of people together to address the same issue. Thus far, through its conferences, competitions, fundraisers and memorials, it's managed to unite men, women, religious leaders, artists, activists for gay rights and migrant workers' issues, as well as people of all races, creeds and sexual preferences. It's built up a community of carers, of professionals and many, many selfless volunteers, all of whom have all contributed in its struggle against disease and ignorance. 

Nancy Koh meets the people behind the Aids And Safer Sex Fortnight. 11-9-88



Some members of the committee (from left): Wilfred Ong, Dr Douglas Ong, Michael Aw, Gerard Tan, Charles Tan, Josephine Tan, Sabrina Chan, Maxine Chen, Jeremiah Choy and Benhur Lee.

Why the volunteers are so motivated

■ DR DOUGLAS ONG, 27
Dr Ong, the project director, will soon be starting his speciality training in radiology. He said: "The problem of Aids is a calling to all health personnel to help. If we don't, how can we expect the layman to? Somebody has got to start, show the way. If not us, who?"

"As a doctor, I can empathise. Imagine yourself young, active, healthy and in the prime of life and suddenly one day, you are told you have Aids and your whole life changes, you are faced with death. Aids is the modern-day leprosy."

■ SABRINA CHAN, 28
An executive secretary with an accountancy firm who also does social work with the Leng Kee Residents' Committee, Chan signed up because she felt she could contribute with her organisational skills. "It's been taxing getting health clubs and pharmacies to participate in the campaign, but I'm a tolerant person," she said.

■ BENHUR LEE, 22
Lee, who will be starting his medical studies at Yale next year, worked with Aids patients when he was studying in San Francisco.

"It was an enlightening experience. It makes one a more compassionate person. Aids patients are not people on the fringe of society, but sick people who have aspirations and goals like the rest of us."

"Coming back here, I was pumled by the defensive stance of entertainment places who don't want to be associated with any campaign on Aids. In the US, people realise there is an epidemic and they talk more freely and do things more directly".

■ WILFRED ONG, 28
A lawyer who also does legal counselling at community centres, Ong said: "Aids is a terrible disease and the way to prevent it is through education."

"It's been an uphill task. We've found that Singaporeans are generally conservative. They'd rather sweep the problem under the carpet."

■ MICHAEL AW, 30
An assistant manager of a travel agency, Aw said: "My colleagues asked me whether I was afraid of being mistaken as an Aids patient, but it doesn't matter, as I know I'm doing something for a worthy cause," he said.

■ MAXINE CHEN, 19
Chan, who will be furthering her studies at Oxford University later this year, said: "I've no big motivation to cure the world, but I feel good at being able to help people understand the disease better."

■ CHARLES TAN, 34
A dentist, Tan said the hard work the volunteers have put in would be fulfilling only when people responded to the questionnaire on the pamphlets "with correct understanding".

■ GERARD TAN, 31
Tan, an accounts executive in an advertising agency, said: "If we can help a few people from getting Aids and hopefully, save some lives, it'd be good enough for us".

■ ALBERT YAP, 28
Yap, a communications lecturer with a tertiary institution, took up the challenge with AFA as "my charity contribution".

Ganging up to fight Aids

ROY roped in Doug, who dialled Charles, who called Maxine, who mobilised Stella, who...

With an evangelistic fervour as contagious as the disease they are fighting, the group of volunteers multiplied.

By now, you may have seen posters screaming "Condoms: Your Aid Against Aids", had sample condoms slipped into your palms, or been outraged by the explicit graphics of condoms being fitted onto an erect penis in pamphlets being distributed all over town.

This bold and brazen, devil-may-care assault on Aids (Acquired Immune Deficiency Syndrome), the scourge of the late 20th century, betrays the youthful candour of the people behind the Aids And Safer Sex Fortnight, which is on till Saturday.

Rounded up by Action For Aids Singapore (AFA) — a society set up last year to carry out Aids education, welfare and research — the volunteers took four months to grind their battleships for the blitz.

Dr Douglas Ong, project director, said the fortnight was aimed at young, sexually-active people between the ages of 15 and 30, who have the greatest risk of getting Aids.

The ABC message of prevention is this: abstinence, barrier methods, and careful selection of your sexual partner.



The group of 15 had to get sponsors to donate sample condoms and cash for pamphlets and posters to be printed; enlist shopping centres, restaurants, discos, lounges, gyms and health centres, hotels and tertiary institutions to stage events and distribute the pamphlets; as well as invite entertainers and models to perform at the events.

It was no easy task. They had doors slammed in their faces. They were cursed and scolded, or booted out by proprietors squeamish about leading the names of their establishments for an event about Aids.

"Why have you singled us out?" was a typical defensive response. While the group found general apathy towards the scourge, the stigma of Aids hung like an albatross as they made phone call after phone call and trudged the length and breadth of the island.

To the relief of Dr Roy Chan, a registrar at the National Skin Centre who is honorary secretary of the AFA, the volunteers were no strawmen but had rhinoceros-thick skin. They pleaded, they persuaded and they begged.

They had not signed up for fun and games, but were committed to a common goal and belief: to enlighten people with a forthright "tell-it-as-it-is" approach and, hopefully, help to prevent some people from getting Aids.

Savouring the camaraderie they have developed together, many of the group of 15 will continue to contribute to AFA, in future events such as the National Health Fair from Oct 28 to Nov 10 and World AIDS Day on Dec 1.

This week's programme of events includes:

● **Talking Aids:** Lecture by Ng See Ket, consultant at National Skin Centre, Dynami Fitness Centre, Hotel Meridien, Wednesday, 7.30 pm.

● **Talking Aids:** Talk by Dr Stephen Phee, medical adviser with Wellcome Pharmaceuticals, Rotary Club of Singapore West at the Boulevard Hotel, Thursday, 1 pm.

● **Friends In Aid Of Aids:** Concert, dance, fashion show and a hop, National University of Singapore at the Forum, near the Central Library, Friday, 6 pm.

● **Aids And Safer Sex:** Public exhibition, Parkway Parade, Saturday, 11 am - 9.30 pm.

● **Talking Aids:** Staff lecture by Dr Roy Chan of National Skin Centre, Pan Pacific Hotel, Saturday, 7 pm.

1988

30 November

Action for AIDS Singapore is registered with the Registry of Societies.

1 December

First ever World AIDS Day (WAD) - Charity Jukebox in Centrepoin sponsored and organised by the Body Shop. It featured top local entertainers in a fund raising and awareness event.

Committee for first awareness campaign by Action for AIDS

THE NEW PAPER/Tuesday, December 19, 1989

SINGAPORE TODAY

Stars' Aids t-shirts almost sold out



Jacintha:
Singaporeans should not ignore the problem.



Mark Chan:
Help those suffering from Aids.

THIRTY local celebrities who scrawled their signatures across the back of a T-shirt to fight Aids have reason to celebrate.

More than three-quarters of their We Care T-shirts have been sold.

"Sales have been very encouraging. We have only a few hundred T-shirts more to go," said Dr Roy Chan, from Action for Aids (AFA).

AFA, a voluntary organisation which promotes Aids-related public education and welfare, came up with the idea of the T-shirts to mark World Aids Day on Dec 1.

Since that day the T-shirts have been on sale at department stores and retail outlets.

The T-shirts were designed by Mr Peter Teo of Project Shop, a design studio. Squiggles in fluorescent pink, blue, yellow and orange surround the words: "We Care".

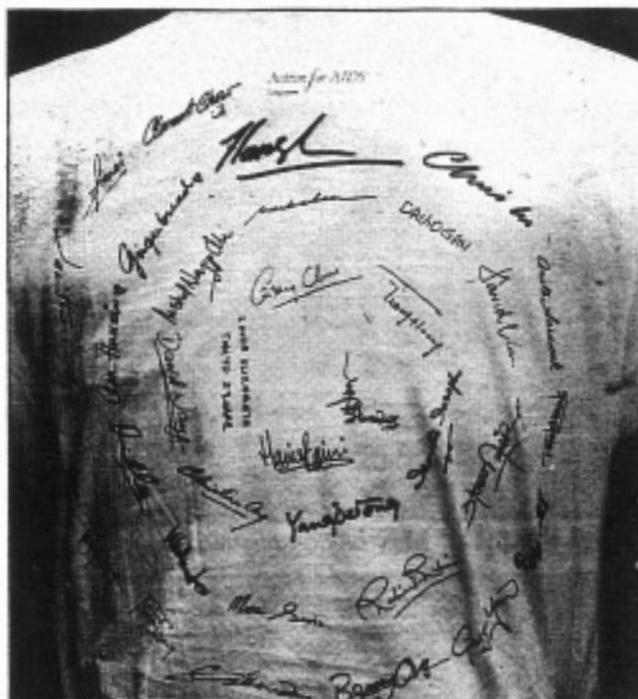
Celebrities such as Anita Sarawak, Mark Chan, Benny Ong and Jacintha Abisheganaden were only too willing to lend their names to this cause.

Said singer and songwriter Mark Chan, a former state swimmer: "This is a disease; we have to be educated about it and help those suffering."

Designer David Wang had just three words to explain his signature on the T-shirt: "Because I care."

Singer and entertainer Jacintha Abisheganaden said: "That celebrities endorse Action for Aids could be construed as glamorising the subject.

"But if this is what it takes to get Singaporeans and sponsors to care for a topic that they would rather ignore, then that's what we're here for today."



Aids t-shirt: Designed by Mr Pete Teo of Project Shop. Proceeds from sales go to Aids education programmes to help Aids patients.



1989

WAD - The "Youth, Sexuality and AIDS" forum was held at the College of Medicine Building Auditorium. This featured lectures followed by a lively discussion on topics ranging from birth control measures, HIV antibody testing to sexuality. Over 250 people attended.

Theatreworks presented the "Safer-Sex" Doublebill, the first ever locally staged drama dealing with AIDS at the Drama Centre.

March

First public AIDS forum held to inform and to recruit members. It was sponsored by Wellcome Pharmaceuticals. Over 50 people attended the 3-hour session.

September

AIDS and Safer Sex Fortnight. This was the first nation-wide AIDS campaign, and it targeted young, sexually-active people with the aim of disseminating information on "safer-sex" methods and condom use. Over 70,000 educational pamphlets were distributed to members of the public at various night spots, pharmacies, gyms, tertiary institutions, public exhibitions and lectures.

23rd November to 3 December

A specially designed T-shirt featuring the signatures of over 30 celebrities from the fields of entertainment, sports and fashion was produced for fund raising. These T-shirts were sold in department stores, boutiques, hair salons and other private outlets. Over \$10,000 was raised from the sale of the T-shirts.

an interview with

Gerard Ee

President, AfA (1988 to 1998)

When did you join AfA and what were your reasons for joining?

It has been such a long time that I cannot remember the year when I helped launch AfA. I remember being introduced to a group of very passionate young doctors, amongst whom was Dr Roy Chan, to offer them advice on how to establish a voluntary welfare organisation. This was at the official opening of Brannigans of Hyatt Hotel. They wanted the VWO to educate the public about HIV and to assist persons afflicted by the HIV virus.

I was most impressed by their enthusiasm and was happy to speak to them. I also helped to speak to Dr Kwa Soon Bee of the Ministry of Health to gain his understanding so that when Action for AIDS was being registered it would not face a brickwall. Dr Kwa was most understanding and supportive.

When it was time to register the society I had a call from Dr Roy Chan to ask me to be the Protem Chairman to facilitate the process. I agreed. Action for AIDS was then successfully registered. When the time came for the Inaugural Meeting of the society Dr Roy Chan asked me to be the first President as no one was quite willing, then, to take up the post. There was a lack of understanding about AIDS and many people shy away from any association with persons speaking about it.

In the light of the passion shown by Roy and the rest, I agreed and ended up the President of AfA and stayed on the post for 10 years before handing the torch over to Roy.

Describe your role in AfA.

My principle role was to give AfA the legitimacy and outreach to the public. There were quite a few high profiled educational and funds raising events and my presence was required.

I was more of the face for legitimacy.

What are some of the key highlights and challenges you have faced?

As most of the public had little or no understanding of AIDS and do not bother about it as many felt and still feel that it is not their problem, it was a continuous challenge to explain why I was helping AfA.

Still, with Roy's family connections, AfA was able to raise the funds it needed and slowly grew, a step at a time. The biggest obstacle to AfA was the mindset of people who believed that AIDS was solely the problem of gays. There was a feeling that AfA might be the society for the gay group.

With the extensive public education which AfA conducted with the support of the Health Promotion Board, slowly more members of the public accepted that AIDS was not a gay problem and that many non-gays were contracting the disease. Slowly the bias reduced although not necessarily the support.

Please also share with us any important lessons that you've learnt along the way.

I guess it is difficult to get large public support dealing with communicable disease and for assistance towards victims of such a disease. Most people are judgemental and feel that they have no need to help persons who engage in activities which expose themselves to communicable disease.

They do not see the victims as fellow human beings who are suffering. They do not have the compassion to render help to such victims. They are even slow to help those who are clearly innocent victims who caught the disease from unfaithful spouses

In 20 years, what kind of impact do you think AfA has made in Singapore?

AfA has been successful in highlighting the danger and risks of catching AIDS but not everyone is supportive of the message of safe sex. The majority of the public carries the view that the only answer is faithfulness to a single partner, whether they believe it or not. This debate will go on forever.

What, in your opinion, are our proudest achievements.

AfA should be proud of every step forward it made. No one moment is more important than the other and the journey goes on. If one is forced to think of one such moment then I would say the first successful fundraising event was the big leap forward. To get enough important persons to attend a function by AfA and to have them contribute donations to it was a ground breaking moment.

How do you see AfA's role – past, present and future – in society?

The perception on HIV/AIDS hasn't changed much. We are facing the same challenge and will continue to do so for the next 20 years.

AfA should continue with even more force in its public education role. Younger persons are becoming sexually active and have to be educated of the risks of reckless sexual encounters. It should continue to find support to assist victims of AIDS but it will always be an arduous task. AfA must not be discouraged and plod on to do what it can.

The public education role must never cease. New adults or sexually active young persons have to know about it and take charge of their decisions. AfA must focus more on the innocent victims of AIDS – innocent spouses and babies which contract AIDS through no decision of their own.

These days I am consumed by other equally important and urgent issues such as the rapidly ageing of our society. I have every confidence that those at AfA are better qualified to carry on the mission and I will thus support AfA and others in this field where I can.

Were there any people you met during the course of working with AfA who inspired you?

Dr Roy Chan in particular. In my opinion, one needs an understanding of the issues and a big dose of compassion in order to be an AfA volunteer. 

In my opinion, one needs an understanding of the issues and a big dose of compassion in order to be an AfA volunteer



World AIDS Day Forum on Women and AIDS

1990

The **Gay Outreach Programme** targeted the vulnerable male homosexual and bisexual community. These private events were held in an informal and non-didactic fashion to inform the audience on AIDS, and to encourage the group to adopt safe sexual practices. The sessions included tea parties, dance parties, sketches, plays and games, and were very well attended. Risk Reduction Workshops worked in tandem with the Outreach programme. The workshop was divided into four once-weekly sessions of 2 hours each.

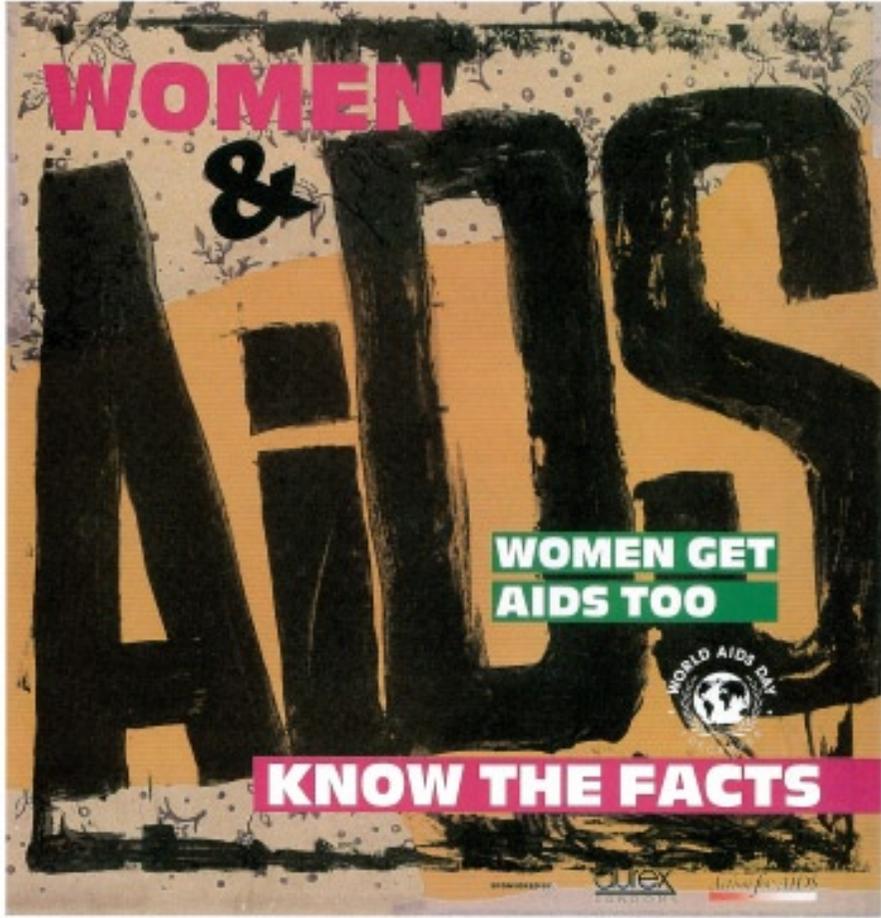
The **Home Visit/Counselling Service (HVS)** was started to alleviate the financial and emotional burden of AIDS patients by providing care at home especially for those PWAs who required prolonged hospitalisation. Volunteers made home-visits and hospital visits to needy patients and helped with nursing care and provided emotional support.

AIDS Medication Funding to alleviate the financial burden of needy patients and to introduce up-to-date methods of AIDS-related therapy was started. This project funded aerosolised pentamidine and **pneumococcal vaccine**.

WAD - A public symposium on "Women and AIDS" featured six eminent panelists who spoke on the AIDS epidemic - Global and Regional, Women and Sexuality and Control Measures in Singapore.

WORLD AIDS DAY 1990

Action for AIDS DECEMBER 1, 1990



CARLTON HOTEL, EMPRESS BALLROOM
Saturday, 2.00 pm, December 1, 1990

A FORUM ORGANISED BY

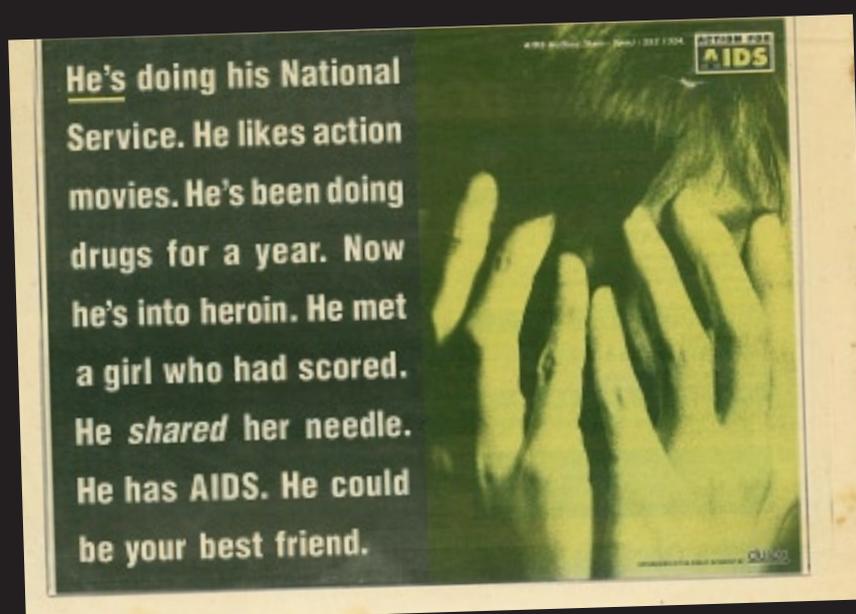
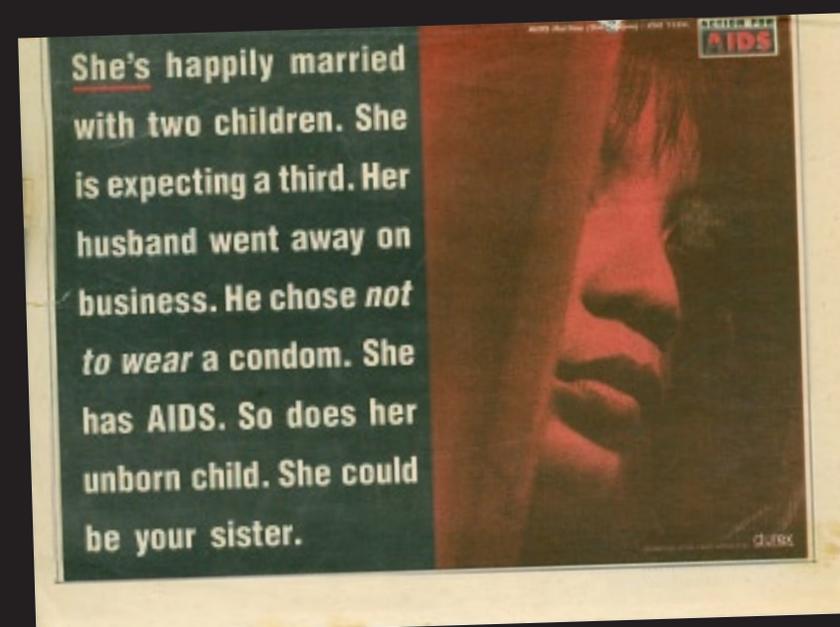
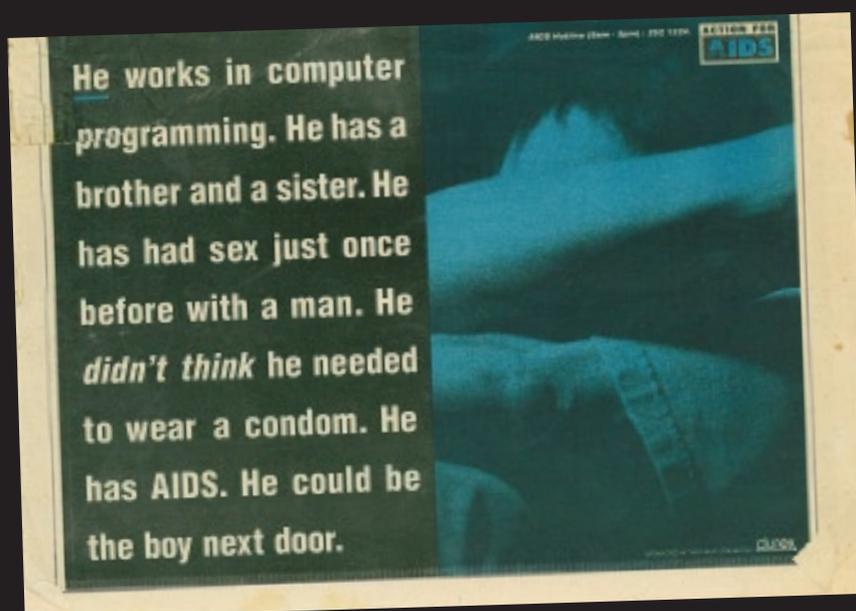
Action for AIDS

Singapore

Advertisements on Women and AIDS, and Safer Sex were included in local newspapers, magazines, periodicals and internationally circulated publications.

Our **first AIDS awareness song by Chris Ho**. 10,000 cassettes of the song were distributed free of charge through a weekly entertainment magazine and bookstores.

April
AIDS Mastery Workshop conducted by visiting Australian experts.



■ AIDS Awareness Campaign - collaboration with Saatchi & Saatchi

1991

The **AIDS Educational/Awareness Video "Someone I Used To Know"**. This play was written by local playwright Chay Yue and featured many prominent theatre actors, crew and backstage personnel. The video was distributed free to schools and youth organisations and featured a second **AIDS awareness song by Mark Chan**.

NUS Students' Union Orientation Programme - AIDS was the theme of the year's Orientation Programme of the NUSSU. The NUSSU banquet was attended by BG Lee Hsien Loong, and attracted media publicity when there were plans to distribute condoms at the door.

WAD - "Sharing the Challenge" - 5,000 postcards, buttons, and tee shirts bearing the slogan **"My Body Is Responsible"** were distributed along Orchard Road.

The first issue of the AfA newsletter **"The ACT"** launched.

May

International AIDS Candlelight Memorial and Mobilisation. Over 100 people attended this **1st AIDS Candlelight Memorial in Singapore**.

August

Fund-Raising Concert by Boy George in Zouk. 3,000 AIDS education postcards bearing photo-art works by 2 prominent local photographers were distributed at the door.

November

The Anonymous AIDS Counselling and HIV Test Centre in DSC Clinic, Kelantan Lane starts operation.



■ Boy George Concert in Zouk for AfA



客：如意袋不如意 它来防爱之病

林秀莲报道

安全套又称如意袋，它是最易得到又最有效的防爱之病方法，但寻芳客却不爱用，原因何在？

医药出击



付了钱，就要得到值回票价的享受！

许多持有这种态度的寻芳客，在进出花街柳巷时，多拒绝用安全套，对防止爱之病蔓延的努力，无疑是一大阻力。

新加坡防爱之病协会副会长陈锦华医生对这种现象感到担忧。他说，安全套的使用，现在已牵涉到生死的问题。

他说，在爱之病疫苗特效药还没有面世之前，安全套是最安全的预防爱之病的方法，它的保护作用可达90到95%，只要使用得当，

可是根据接受辅导的新加坡娼妓向辅导人员提供的资料显示，许多顾客都不愿戴安全套，她们为了不想失去机会，也不敢坚持要顾客照做。

偶尔风流

陈锦华医生说，在泰国的一些较高级的娼寮，已自备安全套给寻芳客，新加坡只有少部分这样做。

他说，现在，协会的当前急务是劝导风流成性的男性和娼寮主持人自备安全套，希望最终全新加坡的红灯区都有这种服务，也希望所有在外头拈花惹草的人，能自爱地保护自己和对方，以及自己的配偶。

陈锦华也是我国皮肤中心的顾问医生，他说，协会

交，事实上，我们都知道许多人都无法忠于一个伴侣，有时出门也会偶尔风流一番。而且食色性乃人的原始欲望，在这个开放的社会，如果我们还道貌岸然地劝导人们用禁欲来防爱之病，是不实际和行不通的。

因此，从现在起，协会的教育目标是劝告人们使用安全套，陈医生说，安全套控制生（指节育），也可以控制死（指防爱之病绝症），协会的宣传口号是“爱护您的爱人”，这个宣传广告的对象是那些不能自制，喜欢在风月场所流连的人，不能忠于一个性伴侣，而且性伴侣也不能忠于自己的人。他警告说，现在人们不应该避而不谈安全套了，因为爱之病的传染之严重会牵涉到一个人和他的家人以及下一代的生死问题。

在过去，人们不谈和不用安全套，主要是人们始终保守地认为它很脏，而且使用的人，也认为不方便和感

止，爱之病的传染，还没有令到风流成性的人对它产生恐惧的心理。

还有一个令到寻芳客不用安全套的原因，是有些地方，例如按摩院、酒吧、总会等场所，主要的营业项目不是性交易，他们也不为偶尔风流的顾客供应安全套。

不绝对安全

到目前为止，我国的名爱之病患者，多数是在业务工作，而且经常出国。在国内红灯区操丑业妓女，还没有被发现带菌。这并不表示她们就绝对安全。

在新加坡，通过输血染爱之病的可能性已几乎低到零，吸毒者从皮下注射毒品途径染上爱之病的机率也不高，最大、最可能的途径就是性交了。

我国的妓女，目前居

爱护您的 爱人



安全套这个名词可能会令您脸红又心跳。但感到难为情总比染上爱之病好得多了。

事实上，在所估计的八百万个带HIV病体者，超过三分之一的带菌者为女性，在2000年之际，这个数目字会更令人心惊胆跳，而染上爱之病的女性则将占了大多数。

在找到医治爱之病的良方之前，安全套还是您的最佳保障（当然您也大可戒绝房事）。因此，如果他说他真心爱您的话，让他以行

动证明，让他戴上安全套。

您可能认为“我已经结了婚，应该不会有问题吧！”那可要看您的丈夫是否坚守他的结婚誓言。否则爱之病就可能趁虚而入。

如需更多有关爱之病的详情，请写信至新加坡爱之病援助机构 C/O SINGAPORE COUNCIL OF SOCIAL SERVICE, 11 PENANG LANE, #01-01, SINGAPORE 0923.

告诉他，**Action for AIDS** 不戴不行。

由林秀莲为公会利益所赞助。

新加坡防爱之病协会希望这则广告能唤醒人们防爱之病。

说，她们迟早都会成为“危险人物”，而且相信会在不久的将来。

他说，妓女固然会把爱之病传给嫖客，但后者也会反传给妓女，妓女也是一个

的人，至少得照顾她和其他顾客的安危。

他希望人们都能了解这一点，更希望所有风月场所的主持人，能硬性规定顾客用安全套，只有如此，才能

REFLECTIONS on 20 years of

REFLECTIONS AfA

by Jacqui Khoo

San Francisco was a wonderful place to go to school. After years and years of living in dreary Thatcherite London, San Francisco gleamed with possibilities. I had landed on a bit of heaven. Gorgeous blue skies, filled with California sunshine. Beautiful views everywhere you looked in that lovely, undulating city.

But more than that, it was the quirky, happy people whose lifestyle choices were so easily accepted, and assimilated, into the normal everyday lives of everyone, who lived there.

I made many dear friends. It was a happy carefree time.

Young and old. Black, White, Asian and Hispanic. Men, Women, Gay, Straight. Hippies, still re-living the summer of love. All happily, rubbing along in this crazy, diverse melting pot of life that was San Francisco. In my third year there, a fear gripped the city. People were falling sick and there was no name for this disease. No one knew how they caught it, how it was spread and doctors were puzzled by it all.

By the time I graduated, I had friends who were sick, dead or dying. It was a grim time. Steven could no longer practice his photography, as the darkroom chemicals overwhelmed his lungs, and stung his eyes. There was Jimmy, who I went to see in the hospital, encased in a plastic tent; thin and wan, marked with Kaposi Sarcoma. Nick in New York, who was always on a diet as dictated by his fashionable New York life, lay on his bed, wishing for a taste Char Kway Teow, although he was no longer able to eat. And Bruce. One of the earlier casualties. A sweet, Iowa farm boy, and a fairly recent arrival in the city. It was the first time he had left home. His parents had no idea what had happened to their son. They didn't understand how he could have died. We all had war stories like these.

These were people full of talent and youth. It was totally unnatural for such a lot of young people to be taken ill like this. Unable to fulfill their hopes and dreams. Lives brutally cut short. Unfortunately, my experience was not really unique.



I guess you could say that my journey and experience with people with AIDS has been a very personal one. These were just the first of many that I have seen taken by this dreadful disease.

When I first got back to Singapore, I met Roy Chan, a family friend who I had spent some of my childhood with. He spoke then, of forming AfA and asked me to lend my support. Filled with the idealism of youth, we discussed how an organisation like AfA could and would make a difference.

I can't believe that AfA is now 20 years old. I am so proud of the work that AfA has done and what it has achieved. I am also so proud of Roy, who through his determination and energy has made AfA into the credible organisation it is today.

In the ensuing years, I played several small roles in the organisation. Sitting on the Ex-co for some years, helping fundraise and now I am on the board of Trustees of The Endowment Fund. (And, yes, still fundraising)

Although reflection is not my strongest suit, I marvel that it now only takes 20 minutes now to get a HIV test at the anonymous test site. There are counsellors that you can speak to. It was not always like this. It used to take two nail biting weeks or longer, for one to be tested. It involved a lot of handholding and sleepless nights. These tests were often taken, outside of Singapore, at that time, for reasons of anonymity.

Of the many wonderful programmes that AfA runs, this I feel is one of the most important ones, as it could give the worried-well, peace of mind, or conversely, direction for those with less happy news help in terms of treatment, lifestyle choices, professional counselling and medication. Regular testing is, now, in fact recommended.

I believe that continued education is the only way to prevent transmission, and to combat discrimination. These are longtime solutions to battle AIDS and are the basic tenants and beliefs of the way AfA operates and goes forward.

With children of my own now who are entering their teenage years, I have really come to appreciate that AfA has an important role to play in educating our children and youth. Not only in terms of arming them with the knowledge of self-protection, but to teach them not to discriminate. To continually drive home the message of Safe Sex and Responsibility. In as much as I am open-minded, I have found that the style of education and peer pressure in Singapore does not allow for the most tolerant outlook on life.



AfA youth and AIDS project

I think that we can all take great pride in the fact that we have in retrospect, actually done something to help those who have been affected by AIDS, and that this should give us the strength and resolve to continue our quest to help those whose lives have been touched in this way.

I see it in my kids and in their friends. I sometimes wonder if they are too young to properly understand or how I can better explain the disease without alarming them. I tread carefully when I hear them discussing AIDS as I don't want to damage their outlook on healthy sexuality nor do I want them to fear people with AIDS. It is hard. They already have a lot of ill-conceived notions, that need frequent but gentle correction, and the little knowledge that they receive in schools and from their friends on AIDS is admittedly pretty sketchy.

Other programmes close to my heart are those that involve pregnant mothers and those that empower women. I think that AfA has done such a great job on these issues.

I am really glad that the Endowment Fund provides financial assistance for needy PWAs and pregnant women, who are HIV positive and helping those who need it, pay for ARV medication, which help to prevent mother to child infection.

In 1994, AfA became a Registered Charity. This was a huge milestone for AfA and a giant leap forward for us as an organisation. This enabled AfA to fundraise more efficiently.

A great break came for us in 1997 when AfA was the beneficiary of "The Charity Gala in tribute to Princess Diana". This was done with the wonderful support of Club 21 and Mrs. Christina Ong, and when we finally had enough money to start The Endowment Fund. Hopefully we can make this fund grow through more fundraising, careful investments and with the help and support of other kind benefactors.

Our work is a way to remember friends lost. And to support those who continue to live with AIDS.

In April of 2006, The Endowment Fund was again the beneficiary of "The AfA Endowment Fund Charity Dinner." This even with the unwavering support of Mrs. E-Len Fu and artists Jimmy Ong and Henri Chen, who offered many of their artworks up for auction.

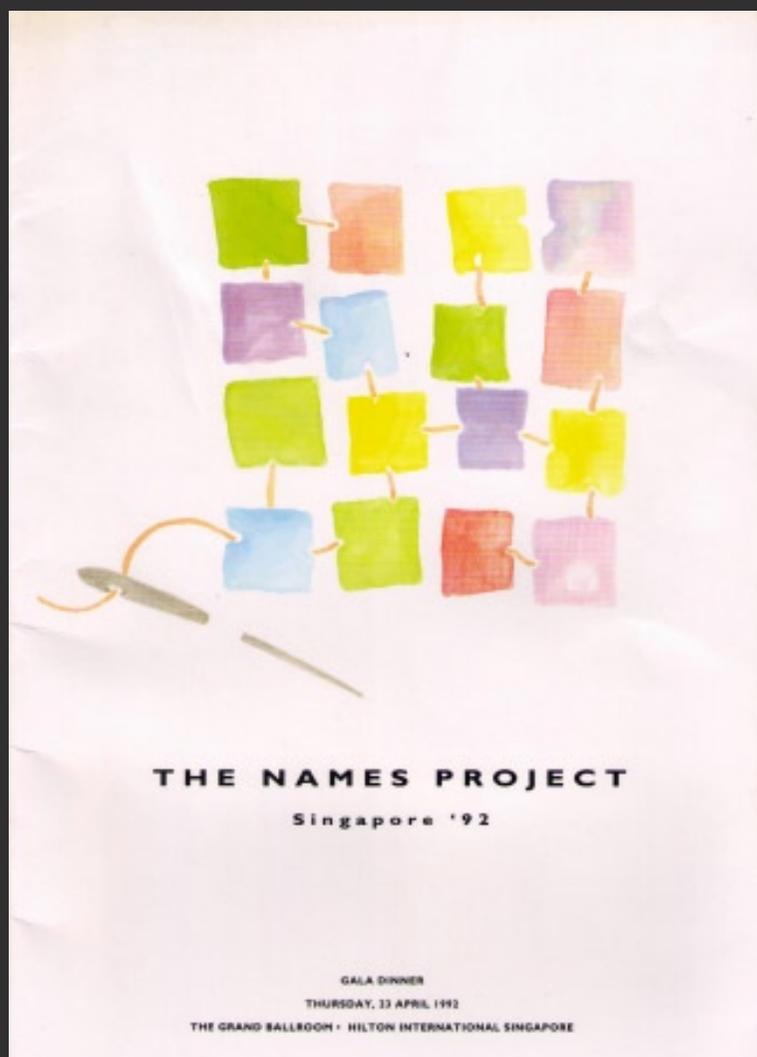
AfA has also given a lot of solace in its "Buddies" programme, which offers HIV positive people and their loved ones much needed practical and emotional support.

It has also by turn encouraged PWAs to help themselves in "The Life Goes On" and "The Club Genesis" programmes, which are self-help patient support groups, which are supported and funded by AfA.

New developments in medication and treatment have also offered great hope. HIV is no longer the death sentence it once was. HAART medications, properly administered and faithfully taken, now allow infected people live normal life spans.

It is good to remember that what AfA has achieved in the last 20 years, has been made possible only by the hard work of the selfless volunteers who give so much time and effort. I am totally awed and inspired by their convictions and commitment.

It has been a great privilege to play some small part in building something so important for the future generations, as AIDS is not a problem that's going to go away. 



April

The Names Project AIDS Quilt Exhibition – Concorde Hotel

April & May

AfA organised two large fund-raising galas in 1992 - the **CLAUDE MONTANA fashion show and NAMES Project and Gala dinner** - GOH was Mr Yeo Cheow Tong; the **KENZO fashion show and gala dinner** - GOH was BG George Yeo.

28 November

WAD Dance Party - 1992.

WAD - **The 3rd AIDS awareness song "Save Sex"** by Chris Ho was released for WAD 1992.

28 November 1992

Dance Party - This was a first for Singapore. Organised by two individuals at Ding-Dong A-Go-Go in Bugis Village, the party attracted over 400 guests and celebrities.

29 November

"Walk for Life" - WAD Walk - Wellcome Pharmaceuticals in its first "Positive Action" programme in Singapore organised a 5 km walk. Over \$21,000 was raised.

The Names Project – AIDS Memorial Quilt Exhibition

SPOTLIGHT

The Entertainment Benefit of the Year!

The Rubberball - a spectacular variety presentation, is brought to you by some of the best and most respected Singapore entertainers, celebrities, performing artists and personalities - all for a very worthy cause.

Fashion Designer: Gary Tay, David Wang, Woon Chan, Frederick Lee, Lam and Jeffrey Goh will also be lending their support and creative talents.

Hair-styles & Makeup Artists are from Candy Inc, The Hairshop, Backstage and Salon Orient.

The Rubberball is one of AfA's major events for the year and is aimed at promoting AIDS awareness among the public, combating discrimination against infected persons as well as to raise funds for welfare services and for the future development of the AIDS education programme.

The underlying message is that **AIDS CAN BE PREVENTED.**

The Rubberball will, in a fun-filled and unusual way, encourage the adoption of safe behavior in the prevention of the spread of the disease. It aims to raise \$100,000 for AfA's awareness and education programmes.

Dinner 1992 priced at \$5,000, \$3,000, \$2,000 and \$1,800 are available at the link telephone number 750-0945. For those who wish to watch only the show, tickets are priced at \$45 and are available at book and large.

For further information on The Rubberball, please contact:
 Ms Pui Chan at telephone number 276-9816
 Mr Gerry Kooel at telephone number 779-7306
 Dr Roy Chan at telephone number 550-4723

P R E S E N T S

Advertorial for "The Rubberball" at the Neptune Theatre

Arts & Entertainment

Censors object to music video

PHAN MING YEN

A MUSIC video of deejay Chris Ho and singer Christina Ong's song, *Save Sex*, has run into difficulties with the Board of Film Censors (BFC).

An official from the BFC said that the board is uncomfortable with certain parts of the five-minute clip, which is basically a seamless flow of images of men and women dancing and caressing each other.

The video ends with a shot of Ho wearing a cap with condoms dangling around his face. Ong is not featured in the video.

The official added that the board will be consulting the Film Advisory Panel on whether or not changes will have to be made to the video. He declined to specify which scenes were objectionable.

Save Sex, which advocates the use of condoms, was written by Chris Ho and was launched at the Rubber Ball on Nov 27, a benefit for Action For Aids (AFA).

The song has a chorus that goes: "You can have a rubber love/You can have it right/You can have a rubber love/And not feel uptight/You can have a rubber love/But not feel trapped inside."

The slick video was directed by media consultant James Ashburn, who was in San Francisco on a business trip when the BFC told Life! of the situation.

But in an interview before he left, Mr Ashburn said he offered to make the video for AFA and was given the go-ahead.

When asked for comments, Dr Roy Chan, president of AFA, a Singapore volunteer group dedicated to increasing awareness of Aids, said that AFA did not pay for the video and does not want to be involved in



The *Save Sex* video clip, apart from scenes of people entwined with each other, also states that abstinence is better than prevention, as shown in this image of a mother and her child.

the issue. He added that any negotiations would have to be between the producers of the video and the BFC.

Dr Chan said: "But we are nevertheless grateful for what the people have done for the production of the video and it is unfortunate that this has happened."

The video is a montage of scenes of male and female dancers in what appear to be rubber shorts, leotards and swimsuits with much of the camera's attention focused on the groin area.

There are also several

scenes of two men in each other's arms, of two men and a woman in close embrace and of men and women entwined with each another.

When asked about the sexual implications of some of the images, Mr Ashburn said: "We are not glorifying sex. This clip is about how you can protect yourself against Aids. I feel that the video clip is educational and not designed to be controversial."

"There are images to remind you that abstinence is better than prevention, for

example, the image of the mother and her child and that of the man being tied up with plastic."

He had planned to give the video to the Singapore Broadcasting Corporation to be shown over television and also to some discos here for screening.

As for the final image of the condoms dangling around Ho's face, Mr Ashburn had this to say: "It is more interesting than showing a condom lying on the floor."

• From previous page

ANTI-AIDS CRUSADER

ONE Christmas, two of Dr Alvin Goh's close friends died. They were 26 and 31 years old. "Their deaths made me realise for the first time that Aids was in Singapore," says the 28-year-old government doctor. He also realised that Government efforts to halt the spread of the deadly disease were not enough. Private citizens had to do their part, too.

So, in 1990, he joined Action for Aids (Afa) a voluntary group involved in public education, and helping those with Aids or who test positive for the Human Immunodeficiency Virus (HIV) which causes Aids.

He organised the first candle memorial for Aids victims in 1991 and has given public talks on Aids. The virus is spread mainly by the exchange of fluids during unprotected sex.

By May this year, 53 people had developed Aids in Singapore and 138 were found to be HIV positive.

Dr Goh wishes that people would not object on moral grounds when Action for Aids promotes the use of condoms. "Whether we like it or not the number of people who are going to be infected with Aids by the year 2000 is going to be phenomenal."

An Aids campaign cannot be run like an anti-smoking campaign, by asking people to abstain. "The target to smoke and have sex are quite different," he says.

Ignorance and prejudice continue to be Action for Aids' main obstacles. "People, and surprisingly, even professionals, have come up to us in the street to say we are an evil group and a condom-promoting group."

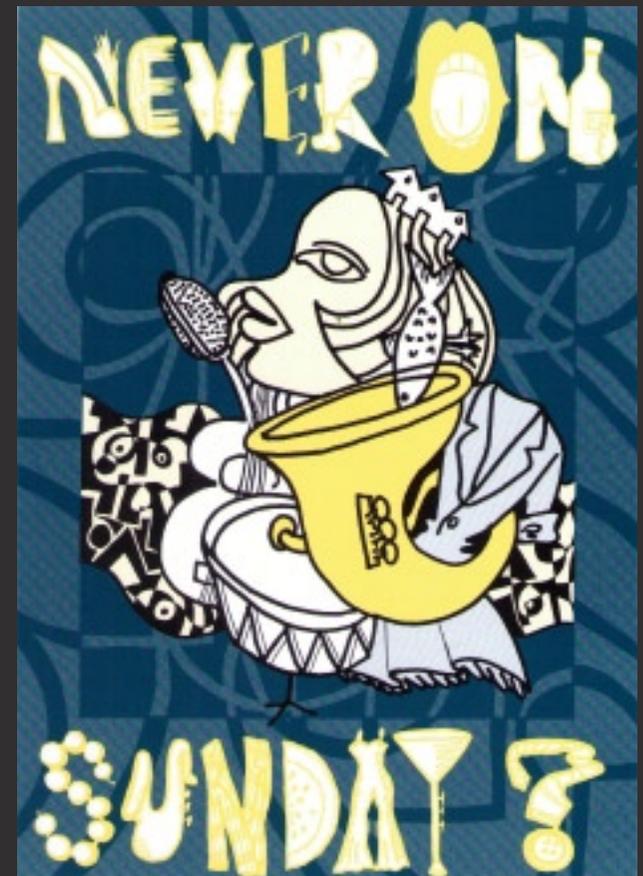
But there is a bigger battle to be won. He hopes that Singaporeans can learn to treat Aids victims better.

He has even met doctors who refuse to touch Aids patients. "My two friends died in silence, just like the rest. Even Aids patients have a right to live and die in dignity."



40 Dr Goh: 'Aids patients have a right to live and die in dignity.'

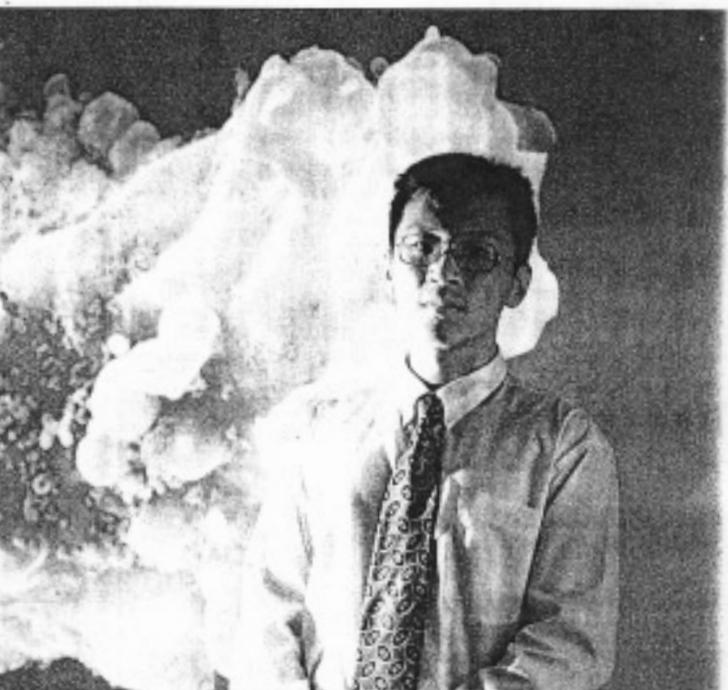
■ AIDS Activist Dr Alvin Goh



■ Visuals for "Never on a Sunday"

IONS

THE STRAITS TIMES, MONDAY, AUGUST 9, 1993



...ly. Behind him is a picture of an Aids virus attacking a white blood cell, magnified 20,000 times.

1993

Life Goes On (LGO) peer support group for PWAs set up.

The **AfA Research Grants** funded the following projects - Developing Negotiation Skills in condom use among female prostitutes - Drs Wong Mee Lian, Roy Chan and David Koh (NUH/NSC); Survey on HIV in the Workplace - Drs Andre Wan and Douglas Ong (AfA); Study on Physician Awareness and Knowledge of HIV infection in Singapore - Drs Lam Mun San, Wong Sin Yew, David Allen and Chew Suok Kai (CDC).

The Women & AIDS Committee was set up to make women more aware of their risks of contracting HIV infection.

WAD - "Walk-for-Life" organised by Wellcome Pharmaceuticals along Orchard Road raised over \$30,000. Also AIDS Seminars in NTU, PA, SAF, and an AIDS Exhibition in Centrepoint were held.

September

Informal consultative meeting organised by UNDP/AfA on Law, HIV and Ethics. This first such meeting in Singapore was attended by representatives from the AIDS Task Force, the Attorney-General's Chambers, AWARE, the Law Faculty of NUS, SPPA, the CID, MOH, SAWL, SNEF and the UNDP and AfA.

"Never on a Sunday" a **Carnival at Jiak Kim Street**, Zouk Carpark, raised over \$12,000.

There are 2.7 million
people living in Singapore.
It's time every one knew
the truth.

Matthew Modine

And the Band Played On

THE TRUE STORY OF THE MOST DEADLY DISEASE OF OUR TIME.

HBO

AN HBO ORIGINAL PICTURES PRESENTATION, AT THE SINGAPORE
INTERNATIONAL FILM FESTIVAL, ON APRIL 22, 6.30 PM, AT THE CAPITOL THEATRE.

The truth - told like it's never been told before - about the early years of the AIDS epidemic, HBO would like to acknowledge and thank the Shaw Organization for making it possible by releasing *And the Band Played On* to the Singapore International Film Festival. Befittingly, all proceeds from the screening will go to Action for AIDS, the organization which helps people who are HIV positive, and those who are living with AIDS, while at the same time educating Singaporeans. About the truth.

Distributed by Odyssey Entertainment Ltd.

Special Appearances by:

ALAN ALDA PHIL COLLINS RICHARD GERE ANJELICA HUSTON STEVE MARTIN IAN MCKELLEN LILY TOMLIN
HBO PICTURES PRESENTS MATTHEW MODINE AND THE BAND PLAYED ON MUSIC BY CARTER BURWELL
CO-MONTOUR BY ARNOLD SCHULMAN AND EDWARD TRETS EXECUTIVE PRODUCERS AARON SPELLING AND E. DUKE VINCENT
PRODUCED BY MIDGE SANFORD AND SARAH PILLSBURY SCREENPLAY BY ARNOLD SCHULMAN
BASED ON THE BOOK BY RANDY SHILTS DIRECTED BY ROGER SPOTTISWOODE

For bookings before 1st April, call 738 2469 for \$100 Gala tickets only. For \$12 tickets please place postal orders with Ticketcharge, 20 Kallang Ave, 2nd Floor, Pico Creative Centre, Singapore 1233.

For bookings after 1st April, both \$12 tickets and \$100 Gala tickets are available at Ticketcharge outlets at all Metro Stores, Tangs, Wisma Atria and Centrepoint. \$12 tickets are also available at Tower Records. For credit card bookings please call Ticketcharge Hotline at 296 2929.

Charity Movie Premiere "And the Band Played On"

The Early Days Of The Epidemic

Remembering

by Douglas Ong

Impatient that he wasn't being attended to promptly, he repeated, "THE AIDS PATIENT? I want him out of my hospital ...NOW!"

It was past 10pm. It had been a long day and the call was just beginning to get busy. I looked up in time to see no less than the hospital's medical director, frantically dashing to another ward in search of his "AIDS PATIENT".

Those were early days in the history of HIV in Singapore. I was a newly graduated doctor. This was a first rude awakening to the stigma of HIV and a prelude to the pall it would cast on the medical profession's altruism in a time of need.

The year was 1987. It had been less than 2 years since the first HIV positive patient was reported locally and the stigma of AIDS was beginning to rear its ugly head. Then, little was known about HIV/AIDS and the common mnemonic about the 4H's (homosexuals, haemophiliacs, heroin addicts and Haitians) only added to the marginalisation of patients with HIV. Public education was minimal. Medical professionals were refusing to treat and handle patients with HIV. Fear and bigotry was everywhere.

So in 1988 when AfA was formed it filled a massive void. Thanks to the inspirational efforts of the pioneering leaders, AfA has grown from strength to strength. Not only did AfA take the lead in large scale public

awareness and education, it began outreach to subgroups and provided support to families of those affected with HIV. It addressed workplace and employment issues and even began a drug funding programme and an anonymous test site. Today, AfA is a self-funding charity with Institute of Public Character status with multiple programmes run by fulltime staff.

The reason for AfA's success lies in its volunteers and its leadership. In AfA, more than in many other NGOs, the sense of volunteerism is overwhelming and palpable. The joy of service is infectious and catalytic.

Change is a weakness inherent to any volunteer organisation. Despite this, AfA has continued to maintain an even keel and more - expand on its previous work. This is in no small measure due to the multitalented people that have come forward, asking for nothing and repeatedly giving their best.

Measured, consistent and dedicated leadership has been AfA's hallmark and I salute Dr Roy Chan and AfA's volunteers over the years. It has been my privilege to have worked with many of you and you will always remain fondly in my memories as the best that volunteer work can bring out in people. Stay healthy. Live long.

The "AIDS PATIENT" was transferred to CDC that night and succumbed to his illness shortly after. 

NURSE! WHERE IS THE AIDS PATIENT?

AIDS Prevention In Singapore:
Meeting
the Challenge

by A/Professor Roy Chan

After 20 years at the vanguard of AIDS awareness and advocacy we find ourselves faced with several familiar obstacles that still stand in the way of effective education and prevention. While we have been able to diminish the impact of these negative forces, there is still a long way to go in eradicating these myths, misconceptions. These changes are absolutely necessary if we are to be able to put into place successful and sustainable programmes and to reduce if not eliminate the spectre of AIDS future generations.

STIGMA & DISCRIMINATION

AIDS is arguably the most stigmatised disease in human history. This is because it is associated with behaviours that are considered unacceptable by many people. As a result people living with HIV/AIDS face discrimination, I know of some who have been sacked from their jobs, and many who have been forsaken by family and friends.

Stigma and discrimination continue to paralyse individuals, communities and organisations from facing the reality of HIV infection in their midst and from taking rational and effective steps to stop transmission. Fear of being ostracised deters individuals from finding out their HIV status. Many infected persons are too afraid to disclose their diagnosis to families and friends, preferring to suffer silently and with little support. Stigma and discrimination make successful partner notification and contact tracing that much more difficult to accomplish, thus resulting in more transmission of infection.

There is effective treatment for AIDS and HIV infection; it is not any more a death sentence, especially if diagnosed early. Combinations of anti-HIV medications, known by the acronym HAART, can suppress viral replication to a level where there is clinical recovery from AIDS. HAART can prevent the development of AIDS if started in a timely way. HAART needs to be used indefinitely, much like therapy for other chronic illnesses like diabetes mellitus and ischaemic heart disease. The beneficial effects of HAART will last for many years, and the introduction of new anti-retroviral agents will continue to make therapy more effective, with fewer side effects and be easier to adhere to. The cost-effectiveness of HAART has been demonstrated in all developed and less developed countries that this has been studied, and the Singapore experience is no exception.

We need to provide hope for infected individuals. Of greatest urgency is the need to have reliable and affordable access to HAART. This

should include not only first line drugs, but also second and third line medications for those who develop drug toxicity or viral resistance. The lack of financial assistance for HAART has made it extremely difficult for those without the resources or family support to get to treatment.

Where there is hope, people will be less afraid of AIDS, they will be more willing to be tested for HIV, more comfortable to disclose their HIV status, and to seek treatment.

Structural systems and legislations that perpetuate and exacerbate AIDS-related stigma and discrimination must be removed. The top priority is to repeal Section 377a of the Penal Code. The continued criminalisation of homosexual behavior institutionalises

homophobia, practically legitimises AIDS-related discrimination and marginalises MSM and gay males, individuals that are at the greatest risk of HIV infection.

Individuals and groups that are most at risk of getting infected must become more engaged in designing prevention programmes. They must be given the resources and must assume the responsibility of AIDS prevention in their own communities.

Fear often grips the minds of persons infected with HIV infection. This is understandable and expected up to a point. However it can also be destructive and paralysing. I have seen how the fear of being discovered to be HIV positive has prevented individuals from seeking medical care and treatment. Many infected persons do not come out to their family and friends, and as a result have increased their isolation and marginalisation. The complete absence of Singaporeans with HIV infection in the public domain has blunted community action and mobilisation, and aggravated public misconceptions and stereotyping of PWAs. The relative absence of PWAs in the public domain has also hampered the advancement and implementation of the principles of GIPA (Greater Involvement of Persons with AIDS) in our national and community responses to AIDS.

Where there is hope, people will be less afraid of AIDS, they will be more willing to be tested for HIV, more comfortable to disclose their HIV status, and to seek treatment.

COMPLACENCY & DENIAL

The gay and MSM communities must take on greater ownership and responsibility for the AIDS problem in their midst. In the first decade of the epidemic, gay men were at the forefront of the response to AIDS in many parts of the world. Infection rates plummeted as a result of community wide efforts to change high-risk behaviours, the demise of core transmitters and saturation of at-risk individuals. In recent years however, HIV incidence rates in MSM have risen dramatically in most countries, including Singapore.

The general public cannot ignore the problem of AIDS. Those at greatest risk cannot deny their vulnerability. To date two-thirds of HIV infections have occurred among heterosexuals, overwhelmingly among males. Yet condoms are not used during casual sex by the overwhelmingly majority of heterosexuals. The frequency of condom use during commercial sex in local brothels however is very high, in the high 90s; this is the result of a concerted scaled-up programme by the DSC (Department of STI Control) that from the outset was founded on intervention research based on sound principles of behavioural and social science. The frequency of safer sex however plummets when local males engage freelance sex workers locally, and even further when they do so overseas. This mind set cannot be allowed to continue, public AIDS education messages that have cost millions of dollars should be positive and proactive in encouraging condom use.

The gay and MSM communities must take on greater ownership and responsibility for the AIDS problem in their midst. In the first decade of the epidemic, gay men were at the forefront of the response to AIDS in many parts of the world. Infection rates plummeted as a result of community wide efforts to change high-risk behaviours, the demise of core transmitters and saturation of at-risk individuals. In recent years however, HIV incidence rates in MSM have risen dramatically in most countries, including Singapore. There are several reasons that contribute to this phenomenon, the main ones being diminution of fear of AIDS in the age of HAART, fatigue of risk reduction and protected sex messages, undiagnosed HIV infection as a result of lack of opportunities to test or reluctance and fear of knowing one's HIV status, decreased awareness of AIDS among younger generations of MSM who were not part of the initial epidemic, increased opportunities to hook up e.g. through the Internet, and increasing rate of substance abuse.

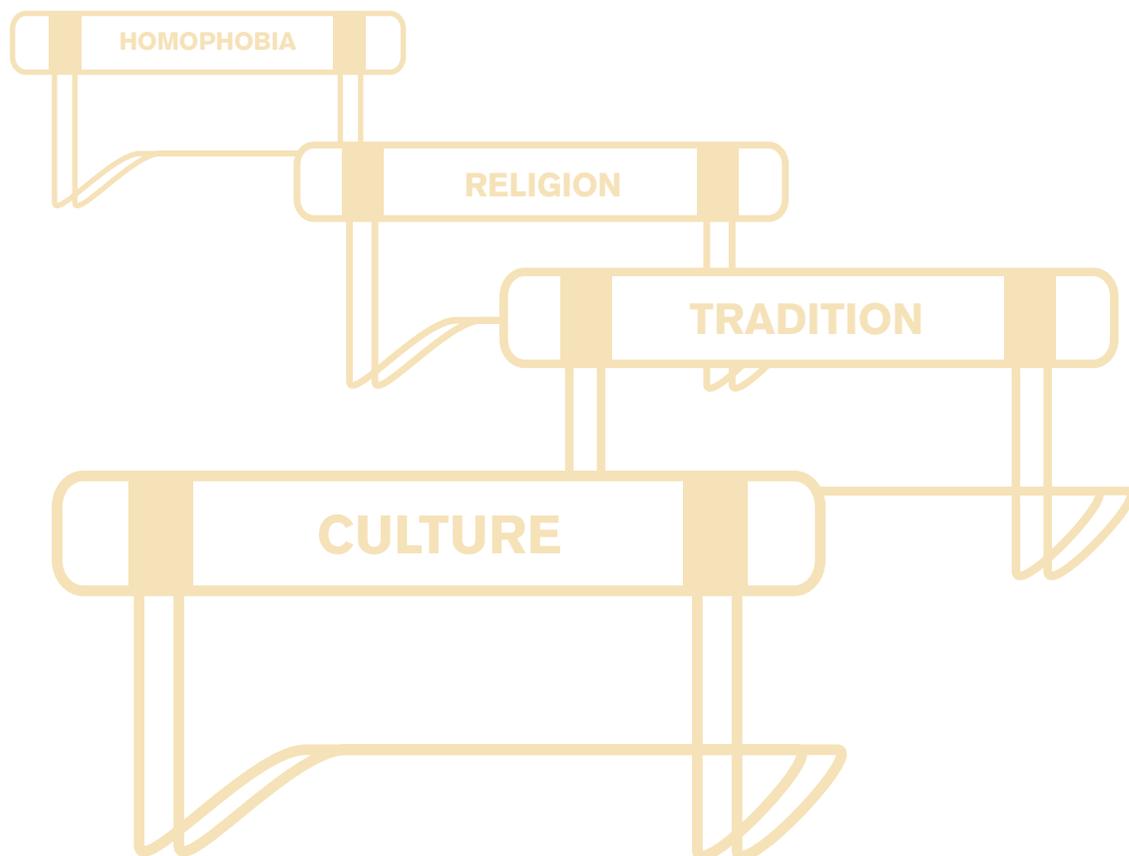
Homophobia in society is another reason. It has been shown in several studies that homophobia breeds emotional problems including depression and feelings of low self worth, these in turn lead to increased risk taking activities. Internalised homophobia that is characterised by personal shame about same-sex sexual desire, has been associated with avoidance of homosexual self-identification, anxiety about same-sex sexual behaviour, and consumption of drugs and alcohol in connection with sex. It prevents MSM from participating in the broader stream of the gay community, being a member of gay-identified organisations that promote safer sex messages, and deprive individuals of support for safer sex.

However MSM should not adopt the approach that there is little or nothing they can do as homosexuality is against the law in Singapore. Waiting for Section 377a to be repealed before taking action will result in thousands more infections and deaths. There are many areas that need to be studied e.g. the impact on HIV epidemiology of increasing survival rate of infected MSM as a result of HAART, and the increasing numbers of sexually-active young MSM in the population. The high frequency of partner change and concurrency of partners, bare backing, the role of the Internet, recreational drug use, circuit and sex parties, and the role of sex tourism on the spread of HIV infection in the MSM population in Singapore and the region need to be researched. Creative and effective measures to effectively halt HIV transmission in these settings must be introduced.

CULTURAL TRADITIONS & RELIGIOUS DOGMA

More 'conservative' segments of society have been vocal in their objections to the promotion of safer sex messages in the public. As a result of their objections, public campaign messages have emphasised abstinence and monogamy at the expense of condom promotion. Objections to the promotion of the use of condoms are deep seated, based on religious dogma and not based on scientific fact. It has been demonstrated that condoms are very effective in preventing transmission of HIV and many other STIs. There are also fears that discussion of sexual behaviours will encourage particularly young persons to experiment in these acts. It has also been shown by systematic analysis that abstinence-only programmes do worse than those with a strong component of condom promotion in reducing the transmission of sexually-transmitted infections and unwanted pregnancies, in both developed as well as less developed countries.

Cultural tradition is also oft cited as the reason why society cannot be accepting and tolerant of sexual minorities in Singapore, and for keeping the status quo of criminalising sexual intimacy between consenting male adults. In actual fact these homophobic cultural traditions are more relevant to the culture of colonial England and its subservient colonies than any Asian ones. The current anti-homosexual regulations are obstacles to effective AIDS prevention, not just for MSM but also for the society as a whole.



These archaic Victorian laws have been adopted by religious conservatives and fly in the face of scientific and social progress and enlightenment.

THE WAY AHEAD

Going forward, AfA must continue to advocate for changes to structural impediments standing in the way of AIDS education and prevention. AfA will keep to its target of universal access to affordable and reliable anti-HIV treatment and care, as well as to accurate HIV testing and counselling. We will collate and monitor AIDS-related discrimination, and where necessary will highlight cases to the public. AfA will lead the battle against HIV-related stigma and ignorance, and continue to advocate for the Greater Involvement of Persons with AIDS (GIPA) in policy discussions, programme development, implementation and evaluation.

We will strive to reduce the social isolation of infected and affected individuals and communities by creating supportive networks of individuals and organisations. We will create sustainable and scaled up prevention and care programmes and to link these programmes to communities. We will reach out to those we have not been successful at touching, and finally we will build our leadership capacity. These will mean increasing genuine partnerships between government, NGOs, researchers, clinicians, affected communities and infected individuals. It means creating supportive environments that encourage individuals to take control of their health. 

an interview with

Roy Chan

President of AfA

by Clement Mesenas, Editor-At-Large, Today newspaper

Dr Roy Chan smiles bleakly as he tells of his fight against AIDS, a battle he has been waging since the first reported case of HIV infection in Singapore in 1985. It has been a long hard slog.

And the result? "We have hardly moved from the time we began 20 years ago. The number of infected people has been growing. The trend these last few years show a jump which is alarming – 357 in 2006, up from 317 the year before," he says. Last year, the figure shot up to 422.

"The ever increasing number of HIV infections from year to year is ... a clear sign that we need to review our programmes and improve efforts to increase safer sex behaviour among Singaporeans," he told TODAY in an exclusive interview.

The number of persons infected with HIV between 1985 and 2007 totalled 3,482, the Ministry of Health said, adding that 1,144 have died. The actual number of those afflicted could well be doubled, says Dr Chan, the founder and president of Action for AIDS (AfA), a non-governmental organisation.

In 1985, only two people, both males, were reported infected with AIDS.

The biggest hurdle in the fight against AIDS in Singapore, is stigmatisation, says Dr Chan, who is also the director of the National Skin Centre. And because of this, gay men stay in their closets, and a considerable number of people shy away from testing and hence do not know that they could be HIV positive.

CAN SINGAPORE LICK THE PROBLEM OF AIDS?

I used to think - if you can't control HIV in Singapore, where else can you do it? We have the infrastructure, our educational standards are high, there is no dire poverty.

In the early days, I was optimistic, but I did not realise we were so prejudiced and small minded. It's a matter of getting rid of this backward attitude that we have.

We have to see AIDS as a disease. Clouding the issue with the morality aspects only impedes the treatment and prevention of the disease and finding a solution is crucial. The risk factors have gone up and are much greater now. There is the Internet, and its impact on social norms is enormous and insidious. There's globalisation too and the rapid spread of the disease.

Our attitudes towards AIDS seem to be frozen in the past. We cannot have an effective programme based on 20-year-old principles. We have to keep up with the changing times.

What we need is a public face for AIDS, somebody brave enough to come out and tell people that those with AIDS must not be marginalised, that society must accept them as they would anyone with a disease, be it cancer, diabetes or renal failure.

Have we lost our fear of AIDS?

Yes, we have. AIDS is still an incurable disease ... but bright, young people tend to think they won't catch it. They tell themselves: "No I am not in one of the high-risk groups", even if they engage in unsafe sex with new partners picked up from say, a pub. They are engaging in Russian Roulette.

Who are the high risk groups?

They include MSM (men who have sex with men), heterosexual men who have intercourse with sex workers, men who go overseas for sex and spouses of such men. But I am very concerned about teenagers – they would fall into one of the highest risk groups. They have the strongest sexual urges but they lack the negotiation skills to so say 'no' to casual sex or see the need to practise safe sex with the use of condoms.

Does that mean that more teenagers are coming down with HIV?

More of them are coming down with STDs (sexually transmitted diseases) – I see this trend in my job at the Skin Centre. From STDs, the next step could well be HIV, and I am addressing this issue at AfA.

What more must be done in the battle against HIV/AIDS?

Three things – HIV sufferers need help to buy expensive retroviral drugs, employers must not discriminate against employees who contract HIV, and three, educational programmes must reinforce the drive for safe sex. Government subsidies would provide a solution. Malaysia and Hong Kong have subsidised HIV treatment for their communities. A step forward is to have insurance policies which provide for people with AIDS.

And education programmes?

Programmes must stress the virtues of adherence to safe sex rather than on abstinence, which would tend to cloud the focus of an HIV prevention programme. The difficulty of stressing a single-partner relationship (when it comes to MSM) is that it runs counter to the intent of Section 377A, a legacy of the Indian Penal Code introduced by the British during colonial times, which criminalises sex between mutually consenting adult men.

AfA has been pulled up for putting out material targeting MSM. This is tragic as education and the message of safer sex needs to be kept up. And even if MSM are in the minority, this minority is entitled to protection in the face of a homophobic majority, which is the case in Singapore.

There is the difficulty of disseminating the message of safe sex and condoms to the underaged MSM, who do not frequent bars and clubs - they are too young and cannot afford the lifestyle. They stay at home, often suffering from low esteem as they are afraid to be found out by family and friends.

Any ready solution?

What we need is a public face for AIDS, somebody brave enough to come out and tell people that those with AIDS must not be marginalised, that society must accept them as they would anyone with a disease, be it cancer, diabetes or renal failure. Only one Singaporean has spoken out: Paddy Chew broke his silence over having the disease in 1998. He died of it a year later.

You were on a study mission to New South Wales with NGO and government officials? What were your impressions?

In Australia, the government, the NGOs, the researchers and the community groups work together as a partnership. They understand that they have equal roles to play in the fight against AIDS and they are proud of their progress.

You work for government and also head AfA. Any conflicts in your approach to problem-solving?

I believe clinicians should also be advocates for their patients. It is not enough to treat one aspect of a patient's problems, ie medical problems and ignore other aspects. Doctors need to be more holistically involved. I am not alone in being an advocate for his patients – there are several eminent physicians in renal medicine and rheumatology for example, who are similarly committed. 

1994

WAD - AIDS Telephone Helpline launched.

Island-wide **“Charity Treasure Hunt on Wheels”**

Plays cum Talk Shows “Lets Talk 90s” in DBS Auditorium, in English, Malay and Chinese.

Concert and Party in Zouk.

March

Charity Film Premiere **“Philadelphia”** - raised over \$170,000.

21 April

AfA registered as an IPO as a member of the **MOH Health Endowment Fund.**

May

We move into our first **rented premises at 62B Race Course Road.**

7 October

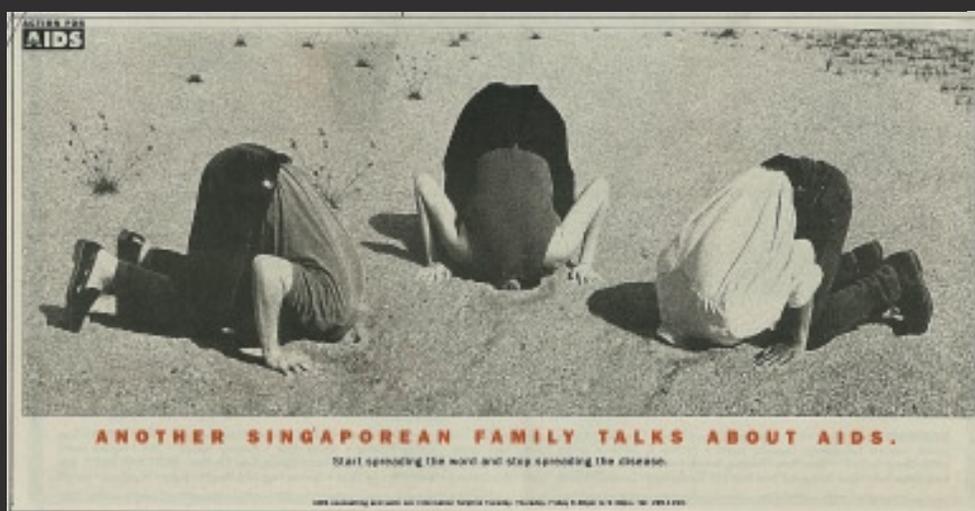
AfA registered as a **charity.**



Charity Movie Premiere
“Philadelphia”



Fund Raising Round the Island Car Rally



AIDS campaign by Saatchi & Saatchi



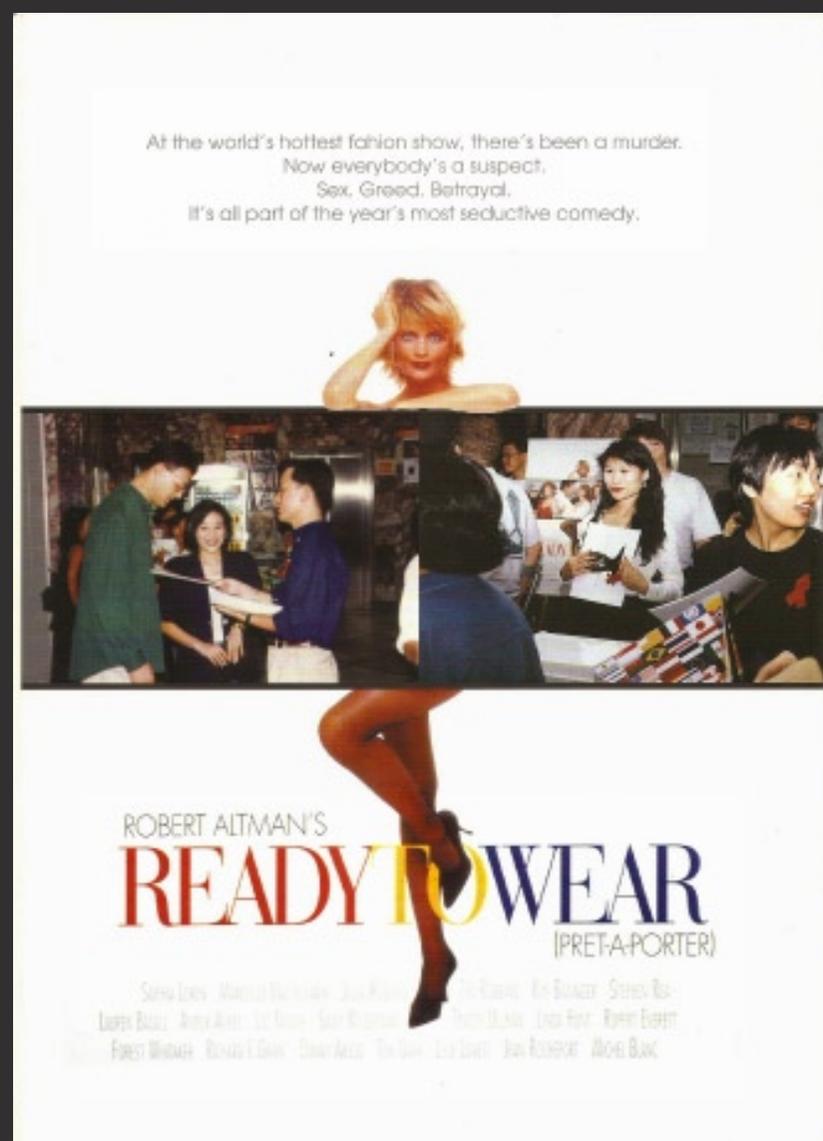
Outdoor advertisement in collaboration with UCB



Riding For Life



AIDS Walk at Ngee Ann Civic Plaza



"Pret-a-Porter" Charity Premiere

1995

HIV Education in the Workplace (HEW) had its most active year with training courses and over 20 talks to more than 3000 people.

Charity Movie Premier "The Cure", organised by the Medical Society and Club of the NUS. GOH - MP Dr Michael Lim

WAD - AIDS Workshop, Four Seasons Hotel

Charity Concert, Hard Rock Cafe featured performances by a host of local artistes and auction of celebrity memorabilia.

AIDS Walk - Ngee Ann City Civic Plaza

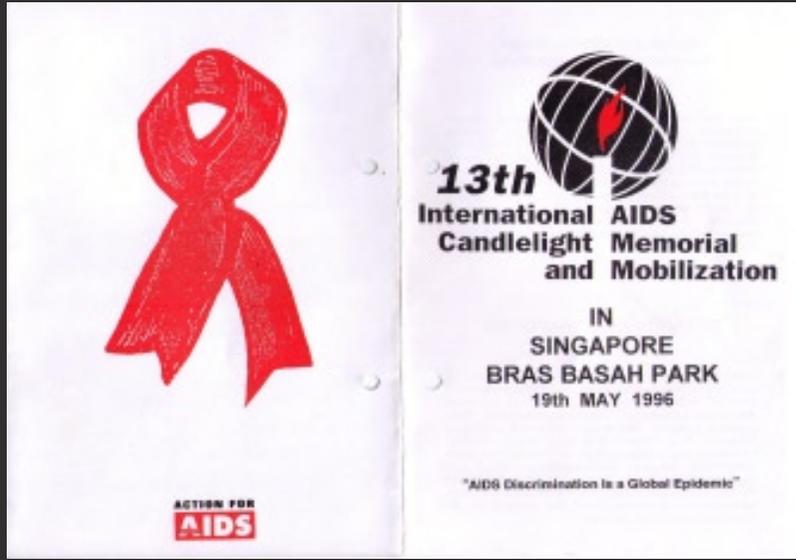
April

Charity Movie Premiere of **"Pret-a-Porter"**, part of the 8th Singapore International film Festival.

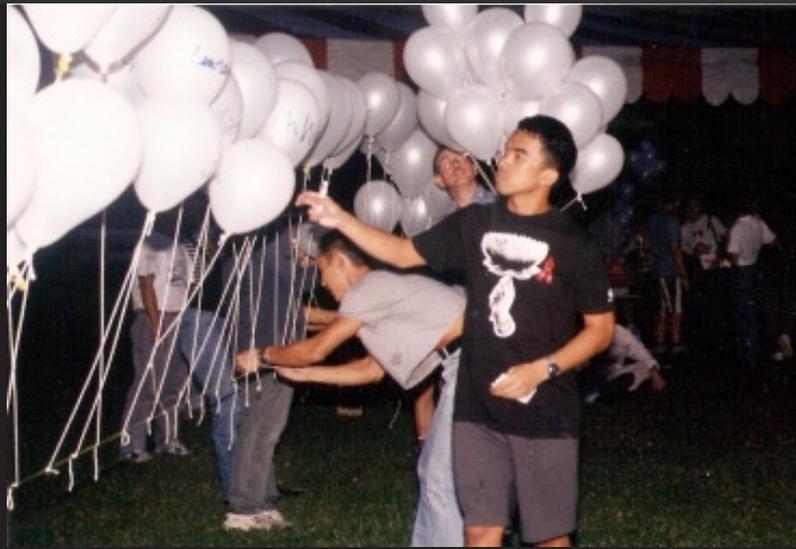
AIDS awareness song – "Redo Renew" by **Dick Lee**



Charity Concert at Hard Rock Cafe



Art Against AIDS 1996



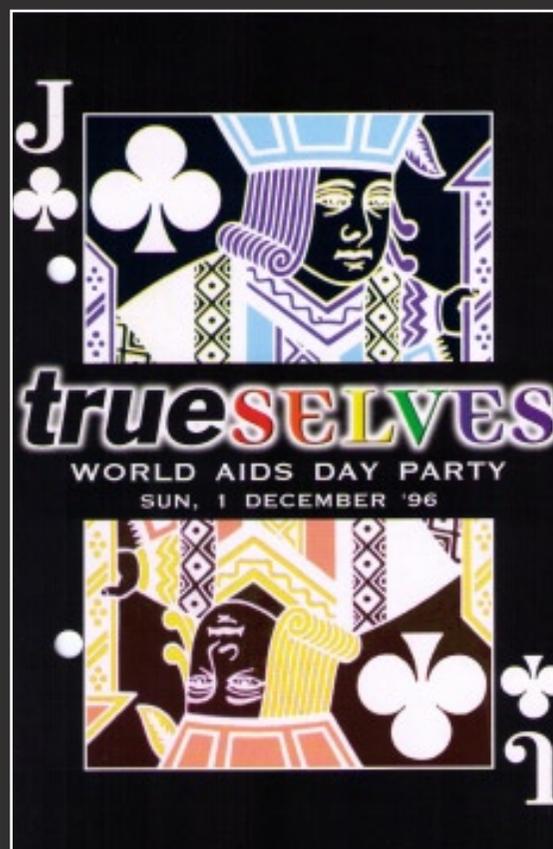
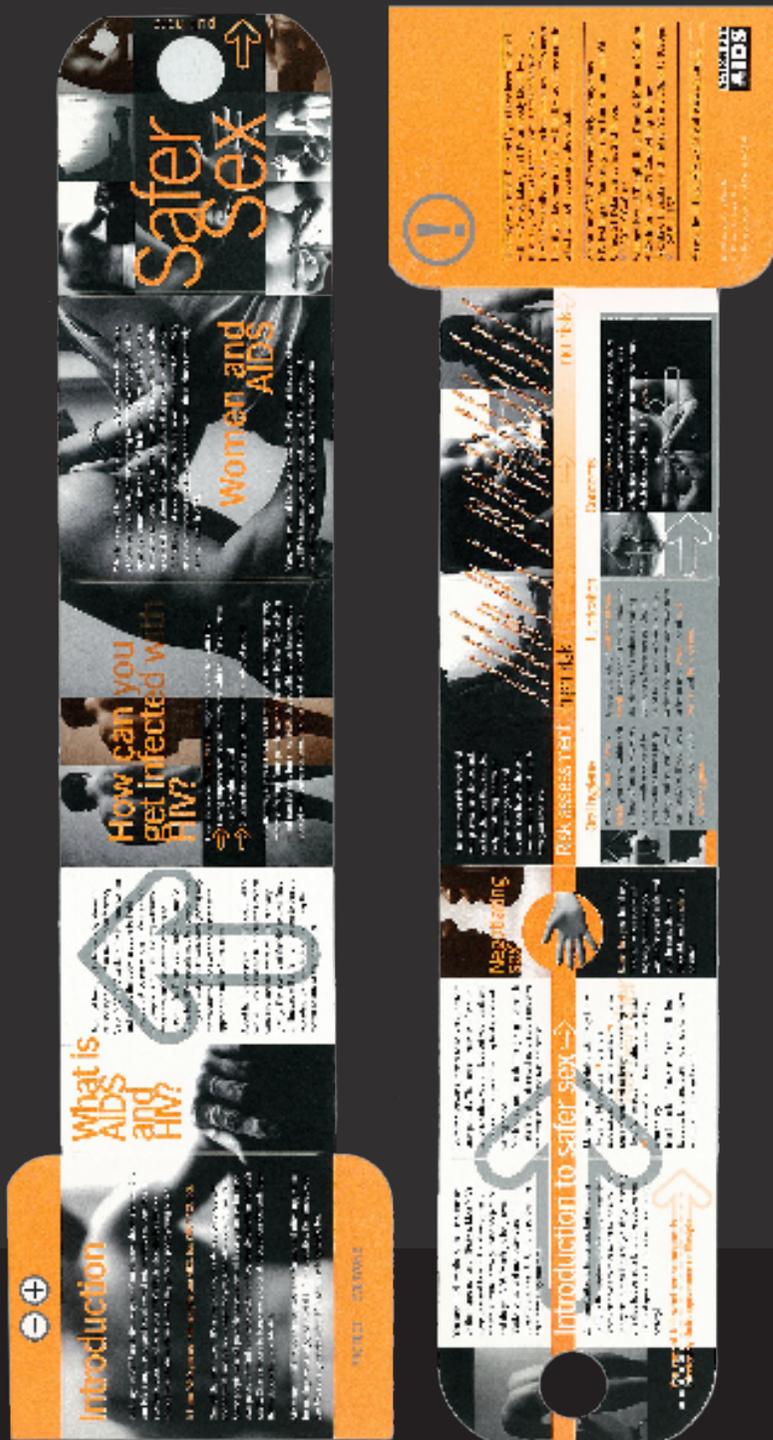
Candlelight Memorial at Bras Basah Park



World AIDS Day Walk 1996



■ Safer sex materials for Women



■ Visual for World AIDS Day Programme

1996

The Red Ribbon Awards was an art competition with the theme “**Art Against AIDS**”. Winning entries were exhibited in the Suntec City Mall, Parco Bugis Junction and the Substation, reaching out to an audience of thousands.

The **Gay Outreach Project** was restarted with several projects including Karaoke contests, a boat cruise, a concert in Fort Canning Park and parties in the Boom Boom Room, the Velvet underground and in Studebakers.

AfA was adopted by **RCS Radio One** as **official charity** for 1996.

WAD - AIDS Walk 96 - Over 2,000 participants registered for the walk which was the most successful to date.



AS I SEE IT, A
TRAILBLAZER
with **A HOLISTIC**
MISSION

by *Mee Lian Wong*
(*MBBS, MPH, MD*)
Associate Professor
Department of Community
Occupational and Family Medicine
Yong Loo Lin School of Medicine
National University of Singapore

Action for AIDS (AfA) has certainly come a long way and achieved much success in working towards its goals since its inception twenty years ago in 1988. Staying true to its mission, its programmes and activities have reached out to the unreached, the marginalised, the stigmatised and the socially disadvantaged. Led and staffed by talented, scholarly and committed leaders, workers and volunteers, this local non-governmental organisation (NGO) has made an impact not only in public education, advocacy, anonymous HIV testing, medication assistance, and support services in Singapore but it has also played an effective role in operational research with the translation of its research findings into effective programmes. I can testify to the latter because I was fortunate to receive funding from AfA for my first research project on HIV prevention among brothel-based sex workers in Singapore in 1993. I have worked with large and small international and regional non-governmental organisations involved in HIV prevention and other public health programmes over the past two decades. AfA is certainly an NGO of excellence which stands at par, if not better, with some international NGOs in HIV-prevention work.

In the next decade, educational and research activities on HIV prevention in Singapore will become more challenging. Mainstream populations such as married women, single women in long term relationships, adolescents and heterosexual men will receive increasing attention for targeted interventions. AfA will face new challenges and I would like to share my personal viewpoints on how it could brace itself to meet these challenges.

OUTREACH HIV PREVENTIVE & EDUCATION SERVICES



AfA has been very effective in filling the gaps in community outreach services. Moving forward, it will need to recruit the right people as well as train and retain them for a number of years to enable new programmes to bear fruit.

It will be a challenge to recruit staff in future. As success is increasingly being measured by the size of one's bank account, and as long as the media gives more space to success stories of the rich and famous, it makes sense for the young impressionable minds to choose banking and other lucrative jobs rather than to work for an NGO. The issue here is not so much to debate whether this is right or wrong or to use this article as a sounding board to gripe about it; but for AfA to plan their recruitment strategies in the context of these realities. There are probably a few types of people who will work for AfA. The motivated and committed passionate individuals; those who are in the organisation through circumstances; and the opportunistic individuals.

I have met and talked to a number in the first group from AfA and other NGOs. They have so much fire in their bellies and are so self-driven and motivated that they do not need dollars or key performance indicators dangling like a bunch of carrots in front of them to make them work. They join NGOs because they like the freedom to innovate and derive fulfilment from it.

AfA is certainly an NGO of excellence which stands at par, if not better, with some international NGOs in HIV-prevention work.

The flat organisational structure in most NGOs as compared to the red tape in most government organisations also means that NGOs can act fast and members can see themselves in action. For this group, it is important to mentor and help them do their work well. We need to provide them with high quality training, opportunities to attend conferences locally and overseas and on-the-job training by collaborating with institutions or universities locally and regionally.

For the second group of workers, we should give them a sense of pride that they have made the right choice in joining AfA. International NGOs like Medicin Sans Frontiers (MSF) and Population Service International (PSI) have established a name for themselves in their HIV prevention initiatives.

AfA already has a proven track record in some of its outreach services. It should continue to move in that direction by using evidence based frameworks to plan, deliver and evaluate its HIV-prevention outreach initiatives. Evidence of success of such initiatives should be documented, published and shared with other countries in the region.

Regarding the third group of workers, a system could be worked out to provide them with a short training attachment for a required minimum time period. If one cannot beat the system, then we should work within the system and go for a win-win situation. AfA should establish itself as a credible training centre in this region for these bright young people looking for experience in community work to gain brownie points for entry to top universities.

RESEARCH ON HIV PREVENTION

Science research has come to the fore not only in other countries but in Singapore as well. When it comes to getting funding for research and development, life science research has and will continue to be given priority over research in HIV and AIDS. The reasons are obvious. It makes more sense to the logical minded and the stakeholders to provide financial support for life science research in view of the higher return of investment and its close and direct association to productivity measures. Other obvious reasons include the relative magnitude of the problem and the people affected by the disease. A prominent leader in the National University of Singapore has said that there are many more cases of heart disease and cancer than HIV in Singapore – so why give priority to HIV research?

Young researchers with a passion for research on HIV prevention face a double whammy in their attempts to get funding. Not only will they have to compete with researchers working on life science and more important problems like cancer, for funding from local universities and other local agencies such as NMRC; they are also not likely to get funds from international agencies. The latter is obligated to fund researchers from developing countries rather than those from Singapore.

AfA has provided funds for HIV research in the past. It is crucial for it to give these researchers a kick start by funding their research, just like the research grant which was awarded to me 14 years ago. AfA has to fill the gap by providing funding to such researchers and doing it differently. For instance, it has to move away from the standard conventional practice of using proven track record, importance of the problem to Singapore and an international team as criteria for funding research. Instead, AfA could provide research funds to young individuals with the potential and the passion for research. AfA could assign a mentor to them or provide them with fellowships, where they have to find their own mentors.

Older and more senior researchers who have been given funding support in the earlier years should mentor young staff. My first research project on brothel-based sex workers was funded by AfA 14 years ago. They provided me with funds for the research, that has formed the foundation from which I was able to slowly build my track record and get funding subsequently from NMRC. I am always grateful for that opportunity and seed faith in me. I must give back by mentoring and sharing my experience with younger researchers. Hence, I have included younger AfA staff and volunteers in my current research project on HIV prevention.

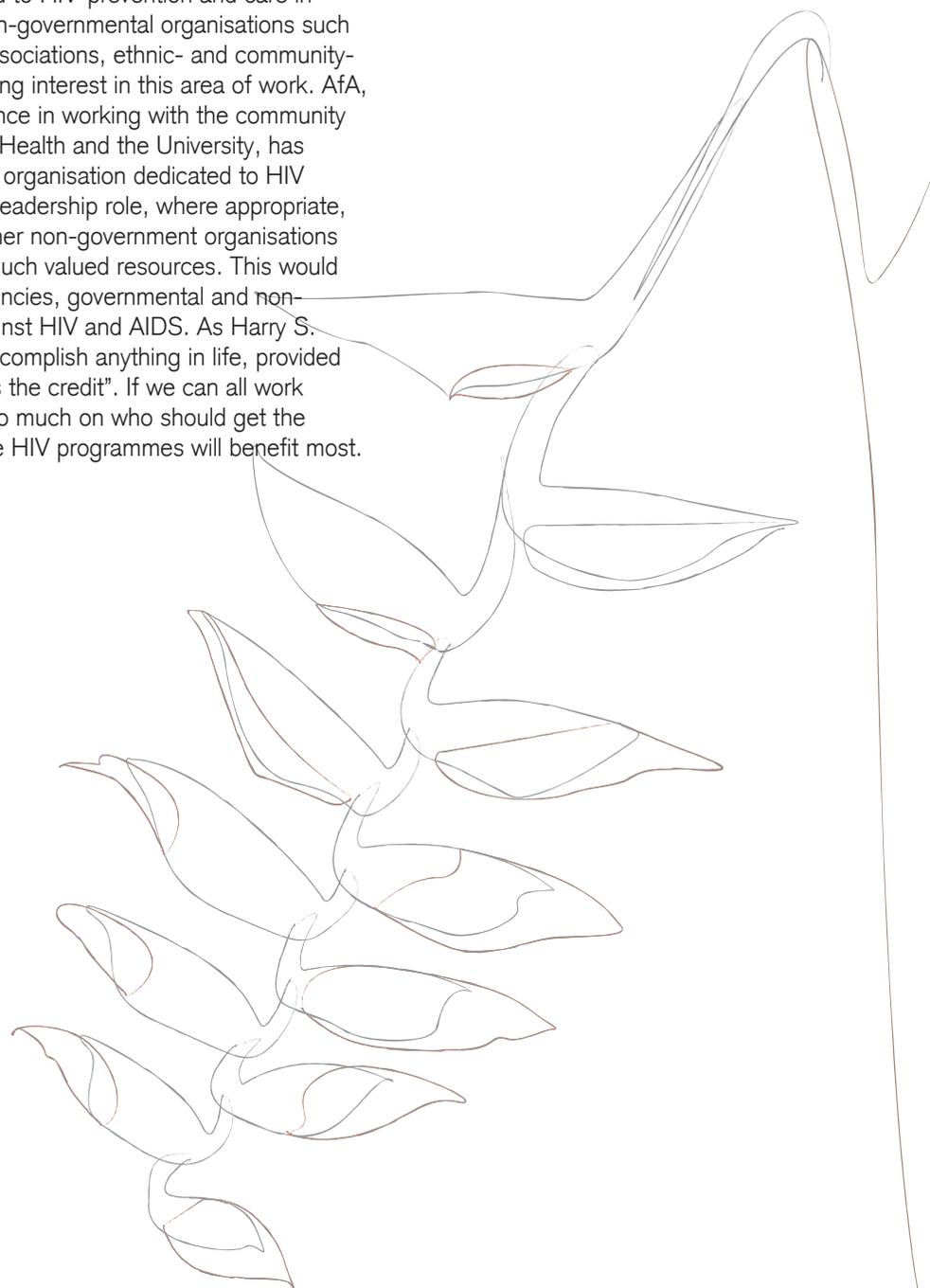
ADVOCACY FOR HIV PATIENTS

Patients with HIV and their loved ones and other groups affected by HIV cannot speak out for themselves because of the stigma that is still highly prevalent in Singapore. AfA has and should continue to play an important role in representing the interests of these people who cannot speak up for themselves.

Advocacy should be based on facts and findings arising from rigorous needs assessment strategies. Priority should be given to scientific rigour in research, an optimal mix of qualitative and quantitative research methods and multidisciplinary teams working in partnership with countries in the region.

COORDINATION OF HIV WORK

AfA is the only NGO dedicated to HIV-prevention and care in Singapore. Recently, more non-governmental organisations such as parental groups, women associations, ethnic- and community-based organisations are showing interest in this area of work. AfA, with its many years of experience in working with the community as well as with the Ministry of Health and the University, has established itself as a credible organisation dedicated to HIV prevention. It should take the leadership role, where appropriate, to coordinate the efforts of other non-government organisations so as to avoid duplication of much valued resources. This would synergise the efforts of all agencies, governmental and non-governmental, in our fight against HIV and AIDS. As Harry S. Truman once said "You can accomplish anything in life, provided that you do not mind who gets the credit". If we can all work collectively without dwelling too much on who should get the credit, the target groups of the HIV programmes will benefit most.





I liken AfA to the heliconia flower.

Challenges in HIV prevention that lie ahead will become more marked but not insurmountable. I am confident that AfA will rise above these challenges for the following reasons. AfA has very capable leaders like Associate Professor Roy Chan who has experience in working not only with other NGOs, private organisations and tertiary institutions but also with the government. AfA has in fact achieved a certain standing and credibility where its work is seen to complement the government's work in HIV prevention. It is because of its sustained activities and its excellent and close working relationships with the Ministry of Health, Health Promotion Board and the university in the last two decades. AfA must continue to nurture these relationships in its future pursuits.

I liken AfA to the heliconia flower. The bright yellow and red bracts of this inconspicuous flower stand sturdy and strong, despite being supported only by a malleable stalk. Its blooms last for a long time in rain or shine. I would like to take this opportunity to congratulate AfA on its many achievements in the last two decades and may it have much more success in the years to come. 

AfA & CDC COLLABORATION

by A/Prof Leo Yee Sin & all staff at CDC

At first glance, it seems that a 20-year-old registered charity with its roots in volunteerism has nothing in common with a 101-year-old hospital specialising in infectious diseases.

Action for AIDS (AfA) is known for its earnest and direct approach to advocating education of HIV/AIDS, actively engaging the public in addressing discrimination faced by marginalised groups.

They initiated many community projects in Singapore, to name a few, the anonymous HIV-testing facility, reaching out to street walkers, and self-help support groups which connect the social aspect of HIV/AIDS management with clinical care.

On a closer look, you will find the common tributary in their commitment to individuals affected and living with HIV/AIDS. As the national referral centre for HIV/AIDS, CDC focuses primarily on patient care and research initiatives within the medical community. In tandem, AfA with its various support groups and welfare programmes run by volunteers, is well positioned to serve the general public as well as patients living within the community. Collaborations between CDC and AfA not only enhance patient care, but also serve to bridge the divide between medical care and integration into society.

AfA in collaboration with CDC have championed a working environment based on sound principles of collegiality and effective teamwork towards common goals. The inaugural Singapore AIDS Conference (SAC) was held on December 12th, 1998 at the Singapore International Convention and Exhibition Centre (SICEC). This jointly organised conference by AfA and CDC was opened by then Minister of Health, Mr Yeo Cheow Tong, and attended by over 400 delegates. The theme of the conference was "Facing

the Challenge in Singapore". This theme would embody the relationship between AfA and CDC, as both stood fast in their dedication to a common cohort affected by HIV/AIDS, and has since sparked off a series of longstanding collaborations. It could be said that AfA's volunteerism was infectious, with numerous CDC staff actively participating in this biennial event as organising committee members, and/or giving talks.

2008 marks the 6th collaboration between CDC and AfA on the SAC. The theme is "Fight the Disease, Fight the Stigma" and will be held in conjunction with the National Healthcare Group's Annual Scientific Congress on the 8th of November at SICEC. This symbolises the ongoing united effort between CDC and AfA in battling HIV/AIDS.

The direct support to patient care by AfA spans several areas. The welfare schemes that greatly benefited the needy patients of CDC include:

I The "Pregnant HIV+ Mother's Fund" helps to offset some of the financial burden for pregnant mothers by subsidising their Anti-Retroviral medications **II** The "Care for the Family Fund" supports needy patients' families. AfA's support to CDC patients also extends to self-help support groups like Club Genesis (CG) **III** The Medical Social Workers of CDC constantly tap on the strength of CG for their positive prevention programmes and workshops as patients benefit greatly from shared knowledge among peers.

In addition, psycho-educational talks conducted in conjunction between healthcare staff with support groups are geared towards PWA issues: positive prevention, treatment and drug adherence, nutrition, exercise, financial management, and education on legal aspects such as the Infectious Disease Act and its implications.

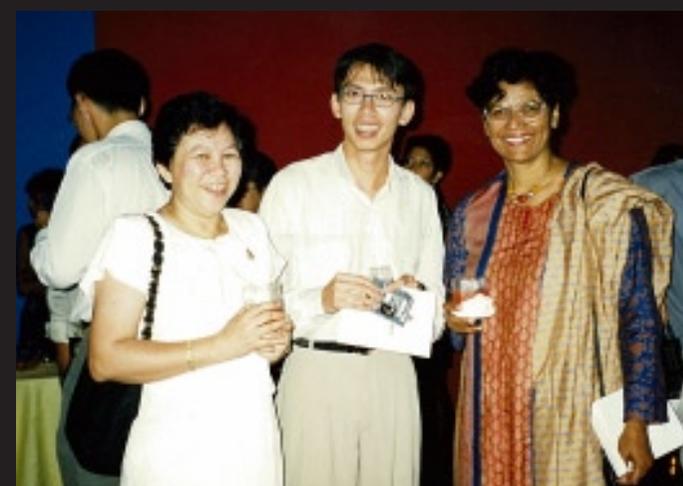
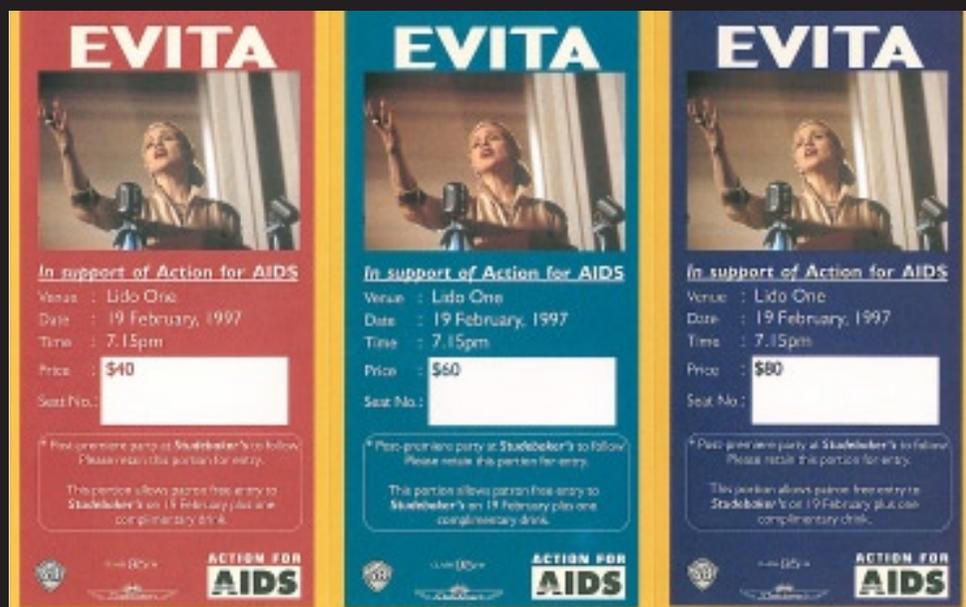
Inpatients of CDC are particularly grateful to volunteers under AfA's Buddies Programme, who not only actively participate in the Patient Care Centre's volunteer training programme, but most importantly for their human touch to the sick. Their dedication is evident from their weekly visits to patients at CDC's wards for the past ten years.

Looking ahead, The UNAIDS goal of "universal access to treatment and prevention" is a lofty goal that both CDC and AfA aspire to. Several aspects need to be focused on in order to attain that objective. Firstly, HIV/AIDS-related discrimination and stigma is a very real issue. Secondly, the standard of treatment and care programmes. And lastly, the existing barriers that may preclude certain sectors of the community from accessing HIV/AIDS control and support programmes.

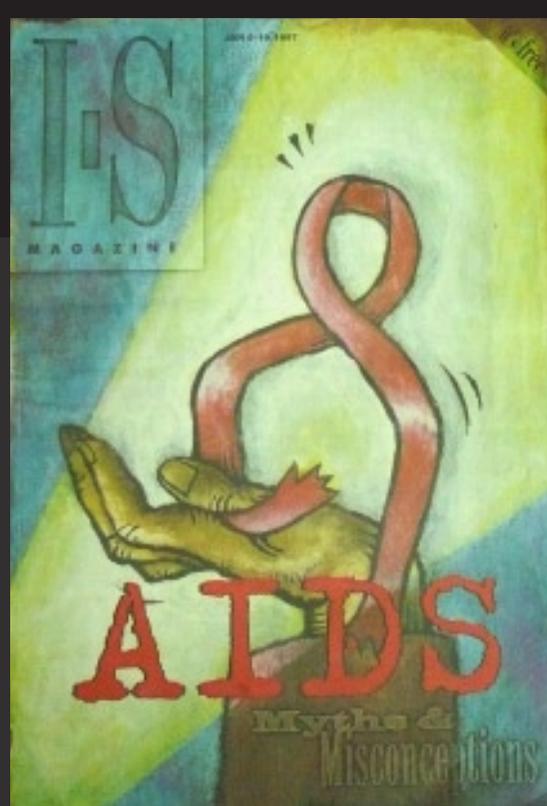
As HIV/AIDS shows no signs of abating, CDC and AfA need to move forward together as partners to address the multi-facets of HIV/AIDS. This is best summed up by CDC's Principal MSW, Ms Ho Lai Peng, who is also a contributor to AfA's publication "The Voice" –

"AfA and CDC play different but complementary roles in our fight against HIV/AIDS. While we provide primary care for our patients, AfA serve patients within the community. In the era of positive prevention, it is necessary to work closely with AfA to look into programmes to educate patients. We will continue to collaborate with AfA in a community partnership to better serve our patients. We will continue to tap on AfA as a resource for our patients in terms of financial assistance, volunteers and support groups. CDC will also provide support to AfA's various programmes especially in the area of public education." 

Collaborations between CDC & AfA not only enhance patient care, but also serve to bridge the divide between medical care and integration into society.



Charity Movie Premiere "Evita"



Visual for WAD 1997

Collaboration with IS Magazine on HIV/AIDS Education

1997

The **Street Walker Project (SWP)** was the first collaborative project between AfA and MOH and Department of STI Control.

A full time administrator **Benedict Jacob Thambiah** came on board.

WAD - AIDS Walk -
Millenia Walk

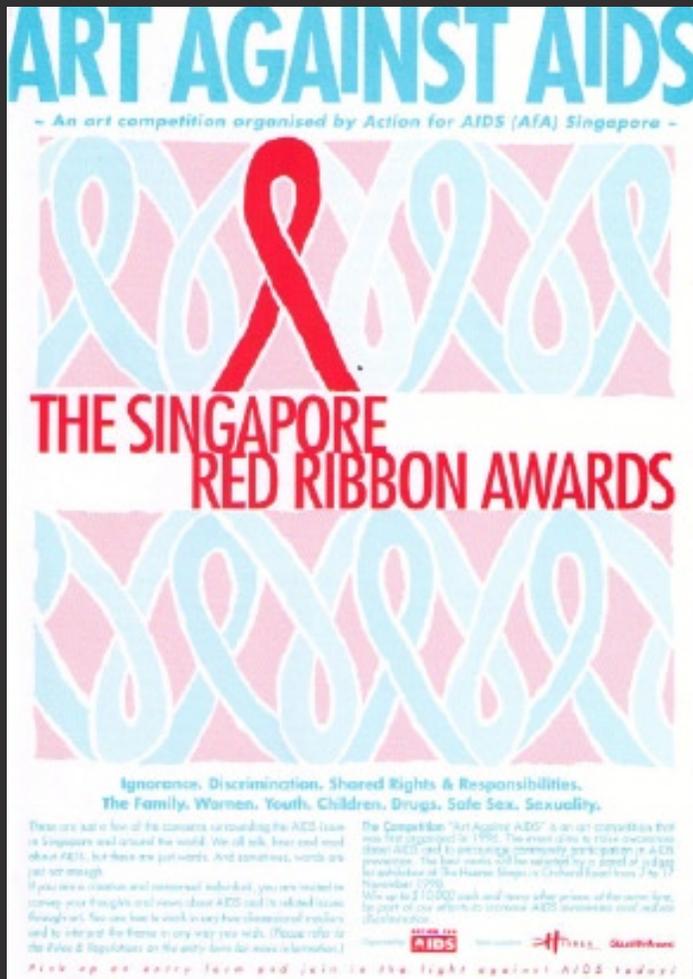
Rubberball 1997 – Zouk

Charity Film Premiere "The Jackal"

September

The **Charity Gala in Tribute to Princess Diana** organised by Club 21 raised close to \$900,000 and the money has been channeled to the Endowment Fund. The aim of the fund is to assist needy patients with medication subsidies.

Candlelight Memorial at Bras Basah Park



Committee for Art Against AIDS



Fliers for Juicy Events at Zouk

1998

Subsidies for anti-HIV medications for patients was launched.

The **second anonymous HIV testing site** was started in mid 1998 operating through a private medical clinic in Tanglin Shopping Centre.

The Juicy Parties at Zouk and Velvet Underground reached out to the younger party going set, AIDS awareness was spread through distribution of IEC materials and free condoms.

WAD - AIDS Walk 98 - Bras Basah Park

February
Charity movie premiere - **"In & Out"**

May

"Passing the Bucks" was the first AIDS charity run. It attracted significant interest from the public, and was flagged off by Senior Minister of Health Dr Aline Wong.

12 December

1st Singapore AIDS Conference "Facing the Challenge in Singapore" at the SICEC in Suntec City was the first multisectorial conference to be held locally. GOH was the Minister of Health **Mr Yeoh Cheow Tong**. Keynote speakers were Prof George Bishop, Prof Werasit Sittitrai and **Mr Paddy Chew**, the highlight of the conference who gave the first ever public address and press conference by a Singaporean PWA.



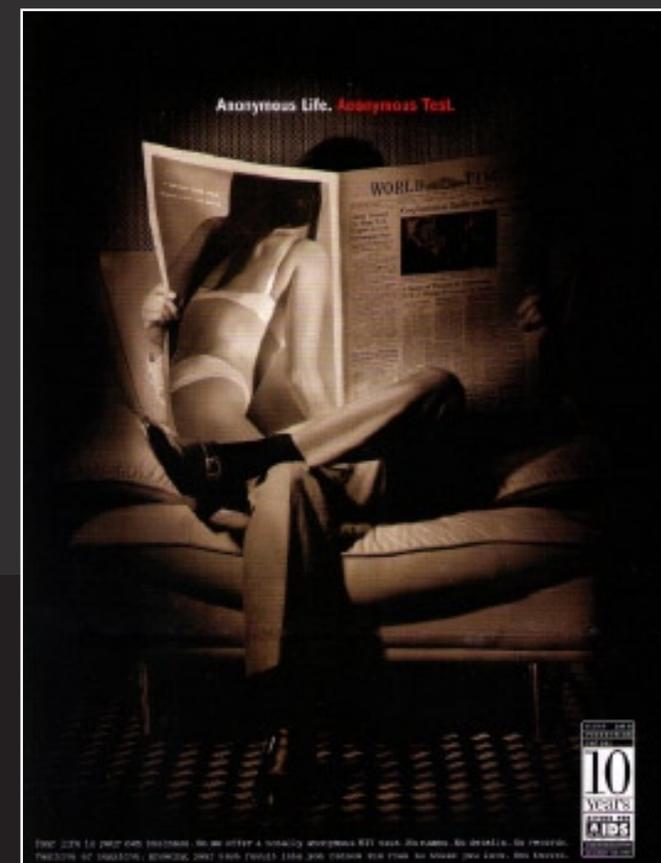
AIDS Walk at Bras Basah Park



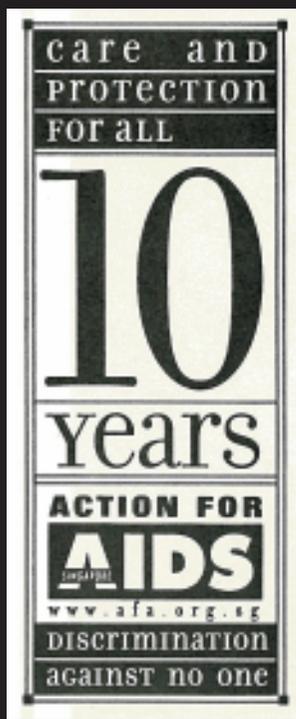
1st Singapore AIDS Conference



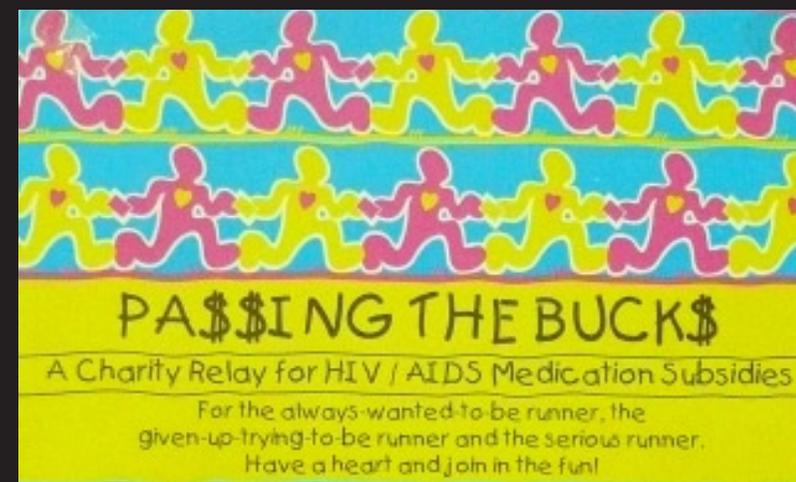
Singapore AIDS Conference GOH Mr Yeo Cheow Tong



10th Anniversary AIDS campaign by Publicis



"Passing the Buck" with Guest of Honour Dr Aline Wong



Riding for Life '99



Penang to Singapore
7 - 13 June 1999

Proceeds to go for life-giving medicines for Singaporeans with AIDS.

If you can't join us on the ride, please support us with your pledges.

For information on how you can be part of this exciting event
call 874-6415 or 295-1153
or e-mail Riding_for_Life@hotmail.com



1999

Fashion Connections Fund Raising Gala Dinner. GOH was Mr Lee Yock Suan, Minister of Trade and Industry.

February

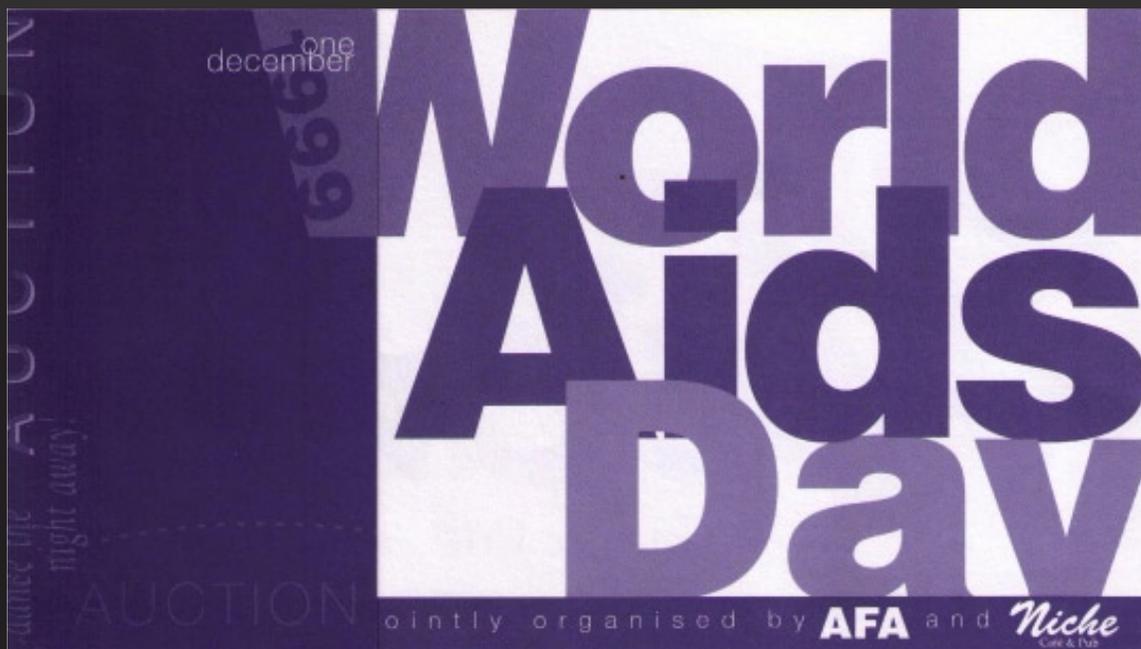
First Regional Consultation on MSM and HIV, organised with UNAIDS, Robertson Quayside Hotel

June

The first Riding for Life event was held. The route was from Penang to Singapore. Ridding for Life '99 raised \$37,000 for AfA's Medication fund.



Riding for Life



Visual for World AIDS Day 1999





■ Candlelight Memorial 1999

Farewell to Paddy Chew ■



■ First MSM Regional Consultation in collaboration with UNAIDS



■ International Conference on AIDS in Asia & Pacific, Kuala Lumpur

twenty years on



*by Dr. Stuart Koe
Founder & CEO
Fridae.com*

When I first returned to Singapore in 1995, I was literally fresh from serving my last clinical internship at the HIV wards of San Francisco General Hospital. At that time, AZT was the only anti-retroviral available, and the wards were full of patients in end-stage AIDS. The situation was dire; patients were dying on a daily basis, yet there was an incredible fighting spirit and camaraderie amongst the front line clinicians, researchers, social workers and volunteers. The energy was intense, and my learning curve was steep. Even in the face of almost-certain death, the people I met and worked with had so much heart and goodness in them that I felt I was part of a real community, and it was held together with a vision that one day, HIV would no longer be the scourge it was in that day.

With that fire kindled in me, I wanted to make sure I contributed what I could to similar work in Singapore. I wanted to get involved and I was quickly pointed to Action for AIDS. Dr Roy Chan was the man to speak to, and I cornered him, in all places, at Velvet Underground, on a busy club night. It probably wasn't the best environment to introduce myself, and I can only imagine what Dr Chan thought of this clumsily dressed 23 year old demanding to volunteer his services.

When I joined as part of the editorial team of The Act, AfA was primarily staffed by volunteers, as it remains today. I was struck by the commitment, humility and sincerity of everyone I had the opportunity to work with. As with many volunteer organisations, AfA suffered from a high staff turnover, but throughout, there always remained a core group of individuals who have always remained at forefront (and background) of the organisation, and it is to these people that I would like to pay particular tribute to – Sheung, Dawn, Iris, Benedict, Brenton, George, Roger, Paul, Daniel, Cheng Chuan, Arthur, and many others that you will meet in the pages of this publication.

Will we ever have a society, even within the gay microcosm, where it's ok to say, "I'm HIV positive" without being shunned by everyone else?

AfA picked up the HIV prevention mantle, and started working with the most at risk populations long before our own Ministry of Health ever did. Without the tireless efforts of these volunteers and Roy's leadership and vision, nor the generous support of AfA's few, but significant private and corporate donors, Singapore might have gone down a very different path, leading to much higher infection rates and a less integrated response.

As Horace said, "Adversity has the effect of eliciting talents which, in prosperous circumstances, would have lain dormant." Having so many things working against us – an unsympathetic health ministry that until recently has downplayed the significance of HIV/AIDS (and hence the lack of public funding for AIDS programmes for the better part of the last 2 decades), anti-homosexual laws, draconian censorship regulations, and intense social stigma against people living with HIV, brought out the strengths and teamwork of an incredibly diverse pool of volunteers. They made so much happen with so few resources. It was both inspiring, as well as an honour, to work amongst them.

Fast forward 13 years (from when I first joined AfA) – Singapore remains a low prevalence country by international standards, in no small part due to the early response and groundbreaking efforts by AfA. Even amongst MSM, who are considered Singapore's highest risk population, we still rate amongst the lowest prevalence communities in the region.

But there are signs and signals that this may not remain so. Globally, there is resurgence in new HIV infections. In Asia, in part due to an explosion in the empowerment of the gay communities in the region, increased mobility, and the Internet, which has created a platform where men can meet men shielded from the law and from society's intolerance, there is an unprecedented opportunity for men to have sex with other men, and correspondingly, an exponential increase in the potential for risky behaviours leading to HIV infection.

At the same time, vastly enhanced life expectancy, a reduction in morbidity and mortality due to the advent of highly active anti-retroviral "cocktail" therapy is creating an ever-growing cohort of HIV "survivors". This is a demographic with a large hidden component, many HIV positive people remaining invisible to the Singapore health system because of the high social stigma that HIV continues to carry with it in our society.

What will our response be this time? How will we adapt? Even though HIV now rarely leads to AIDS, and many HIV positive patients may expect to live out almost normal life spans, prevention remains far more cost-effective than treatment. But how will we respond to the changing environment where the primary means for men to meet is online? How do we rapidly and effectively respond to the trend of substance abuse with multiple sex partners?

At the same time, how can we effectively reduce or remove the stigma that society, and even the gay community, pins to being HIV positive? How can we create an environment that is supportive, empowering, and caring for those who are HIV positive, many of whom live in fear and isolation. Will we ever have a society, even within the gay microcosm, where it's ok to say, "I'm HIV positive" without being shunned by everyone else?

Globalisation and low-cost carriers have given rise to yet another conundrum. We are not living in isolation, and a spike in infections amongst MSM in Thailand, Taiwan or Hong Kong will have repercussions in Singapore, and vice versa. How can we more effectively leverage our international networks to share knowledge and collaborate on what is on some level becoming a fairly homogenised community?

The challenges that face us are no less significant than those faced in the first 2 decades of our fight against HIV/AIDS. But as the rate of learning accelerates, and the power of networking and information sharing grows exponentially, I believe that we will meet these challenges with novel and effective solutions. What is harder to predict is whether we will find within ourselves the heart and compassion to remain committed to this work? Soldier on we must, and adapt as well. The journey is far from over. 

Stuart Koe started volunteering with Action for AIDS in 1995, and served on the Executive Committee for two terms from 1998 to 2002. In 2003, he was nominated to be one of the Trustees of the Action for AIDS Endowment Fund. He is founder and CEO of Fridae.com, Asia's largest gay and lesbian social networking site, and is currently also serving as a Director of AIDS Concern in Hong Kong since 2005.



Walking,

always one step ahead

*by Braema Mathi
Vice-President,
Action for AIDS*

She cannot have children. But her work at a kindergarten near her home more than made up for it.

The pretty woman in her 30s had worked hard to get the necessary qualifications in early childhood education to become a teacher at the centre. But the day she told her principal that she was HIV positive, she was asked to become an administrator and ordered not to have any more interaction with children at the centre. Madam Sally (not her real name) is grateful that she still has her job though she winces at not being able to interact with the children – the real joy in her life of getting up every morning and going to work.

I met this plucky and cheerful woman about two years ago when we were trying to compile stories for a research project on Women and HIV. She had been infected by her husband who did not tell her that he had had unprotected sex with prostitutes during his National Service days. During their courtship, no tough questions on past experiences were asked. They were in love and happy, with little room for any dark cloud to float into the relationship. For Madam Sally it had not even entered her realm of consciousness to ask any questions.

When she tested positive, there were endless days of rows and loads of crying. But today Madam Sally is smiling, willing herself to forgive her husband even as she ministers to all his needs as he is already quite ill. She narrates how it had been her dream of owning a housing board flat, having children and building a home only to now contemplate downgrading to a smaller flat to pay for the medical bills. She accepts the 'death sentence' as she puts it and is hungry to live each day as much as she can and to always be one step ahead of the illness.

"Each day is precious when you do not have many left. I cannot afford to let the darkness rob me of opportunities to be happy, to be able to look out of the window with a smile on my face," – is her world-view today and her daily mantra to keep her going as she looks on at the children at the centre.

I have been fortunate as a former reporter and now as a volunteer to be allowed to take a peek into the lives of people like Madam Sally, a homeless man called Mr T, two child sex workers, gay men and a few others. Amidst the occasional outbursts, what has struck me is the steadfastness to remain one step ahead of the virus. It becomes a personal game of lasting for as long as one can against the aggression of the virus. This marathon by people with HIV is borne with humour, wit, faith, love, stamina, stoicism and anger.

Looking back, I came into Action for AIDS in 2005 without really knowing enough. I just knew that it was an opportunity to mainstream gender issues through AfA and said 'Yes' when President, Roy Chan, asked. Whilst we continue to struggle to have HIV education premised on discussions of power structures in a relationship as well as the gendered positions of men and women, I also realise that I have taken much more out of it in a short time.

This is so because of the people who give meaning to AfA's existence – people with HIV and those without HIV – that means everyone and its long-standing volunteers keen on staying ahead of the virus.

The support groups at AfA, run by people with HIV themselves, are held regularly to help others with newly diagnosed conditions to cope with their illness and to offer comfort as a group. In many instances, families are unaware of the son's/daughter's condition, that they have a shorter lease on life and are running against time to be on top with the medication to buy years for themselves. No other illness in present time isolates the individual as much as AIDS. In the support groups there is warmth, a security to speak openly and to ask for help without fear of rejection.

It is an endurance test for volunteers trying to get organisations to allow AfA's speakers to spread the safe sex message in their community. It is often amusing that sex in some instances is still spoken in euphemisms or when condom-use is explained graphically with words rather than a simple show-and-tell. But such notions of propriety have only armed volunteers in AfA with a wide vocabulary and to work creatively to the comfort level of the audience. Even campaigns messages dealing with sex and safety is a challenge to think out of the box as it has to go beyond stereotyping the woman as the temptress or the male as the "macho" guy looking for his fix.

Twenty years on and Action for AIDS is still trying to face the challenge of spreading its prevention message far and deep. I am proud to be associated with AfA and to have given some time to an organisation that cares for a bunch of people whose isolation and aloneness in coping with the illness is palpable. Through AfA I have learnt what irks Singaporeans, the community, the private sector, the State when it comes to sex. On a good day it is funny. On a bad day you want to scream. But as always by the next day you are back in step to remain ahead in thought, commitment and care for the many Madam Sallys' that AfA serves and the many others we hope will be spared such a struggle. 

It is an endurance test for volunteers trying to get organisations to allow AfA's speakers to spread the safe sex message in their community.

Men, Women, Children, Youth. Everyone is a potential target of the HIV virus. No one is unaffected by AIDS or immune to HIV. And though we may regularly talk, hear and read about HIV/AIDS, these are just words. But sometimes, words alone are not enough.

If you are a creative and concerned individual, you are invited to convey your thoughts and views about HIV/AIDS and its related issues through ART. You are free to work in any two-dimensional medium in either of the two visual forms: Poster Advertisement and Painting.

Each artform has two categories: Open and Student. Participants in the Open category are free to interpret on the theme — Men, Women, Children, Youth. Participants in the Student category, however, must submit artwork corresponding with the 12th World AIDS Day theme, "Listen! Learn! Live! World AIDS Campaign with Children and Young People".

(PLEASE REFER TO THE RULES & REGULATIONS ON THE ENTRY FORM FOR MORE INFORMATION.)

THE COMPETITION

First held in 1996, "Art Against AIDS" is a biennial art competition that aims to raise awareness about AIDS and to encourage community participation in AIDS prevention. The best works will be selected by an esteemed panel of judges, and exhibited at The Heren Shops later this year.

Take part today and stand a chance to win up to \$3,000 cash and many more prizes! Entry forms are available at The Heren Shops Service Counter and other prominent venues.

For further queries, please contact: **SECRETARY** at ala@pacific.net.sg / 254-0212.



ART AGAINST AIDS 2000

An art competition organised by Action for AIDS (AIA) Singapore



Winners of Art Against AIDS 2000



"Hey whatcha doin'?" On-the-spot quiz participants eagerly filling in their entry forms in the hopes of winning a \$700 watch kindly sponsored by The Hour Glass.

Mr Yatiman posing a question to Second Prize (Student) winner, Miwa Furukawa about her multi-media piece, Against AIDS.

The top 3 Open Category prize winners, proudly displaying their works.



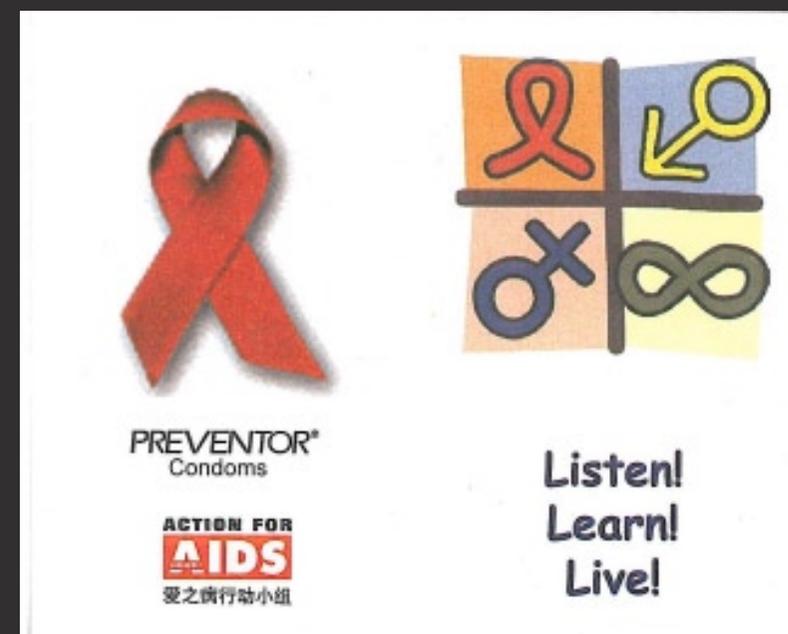
2nd Singapore AIDS Conference



Senator Meechai from Thailand



World AIDS Day 2000



WALK FOR LIFE

Sunday
3 December 2000
Bras Basah Park
4.00pm

Registration Details

\$10.00 for 16 and above
\$5.00 for NSmen and those under 16

First 500 registrants will receive Levi's caps worth \$25.00

All will receive the limited edition AFA Red Ribbon pin worth \$10.00

All \$10.00 registrations qualify for lucky draw to be held after the WALK. Prizes kindly donated by Singapore Sports Council.

All registrants will receive complimentary bottle of mineral water

Individuals please come in plain white tees. Groups may come attired in their company or association T-shirts.

On-site registration opens at 2.00pm

All monies raised go to the HIV medication endowment fund.



Organised by:



with the kind support of
Levi Strauss APD
Bowne of Singapore
Singapore Sports Council
SAF PrevMedicine Branch
www.channelnewsasia.com

2000

In May the Ministry of Home Affairs (MHA) announces entry into Singapore would no longer be denied to **foreign HIV-positive spouses** of Singaporeans. This decision was the result of a series of events and appeals by AfA and members of the public.

Revocation of the **24-hour burial regulations** for PWAs. New regulations allowed for a more humane handling of deceased individuals.

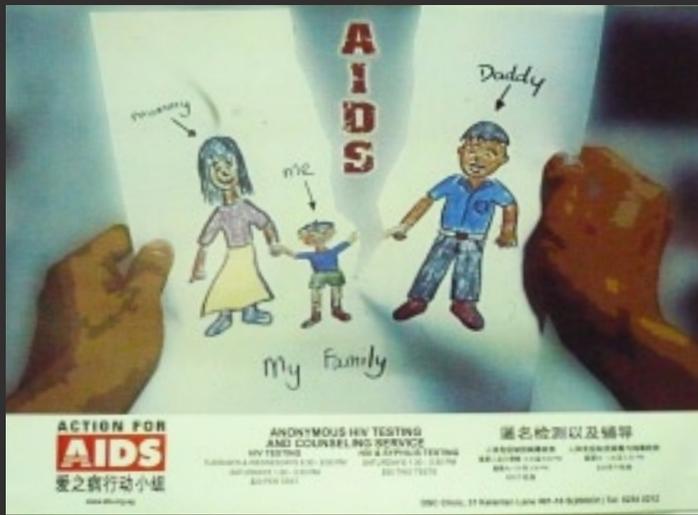
"True Love Waits" concert organised by the People's Growth Centre, featuring top TCS stars. This initiative was notable by the involvement of several Methodist, Anglican and Protestant churches, congregations and schools. It was also important in raising AIDS awareness among the Chinese speaking community in Singapore. The Guest-of-Honour was Mrs George Yeo.

Pregnant Mothers Fund was launched through the generous donation of an anonymous donor.

MAC Viva Glam Floating World Tour saw the launch of the MAC Viva Glam III Lipstick. A generous cheque for \$50,000 was donated to Action for AIDS at the launch.

3rd Art Against AIDS Competition.

25-26 November
2nd Singapore AIDS Conference - "Breaking Down Barriers – Working Together" - attracted almost 400 delegates who met over 1 1/2 days in the Singapore International Convention and Exhibition Centre. Keynote speaker was Datin Marina Mahathir.



Visuals for AIDS Campaign 2001



International Conference on AIDS in Asia & Pacific, Melbourne

Safer sex is not just another catch phrase, it has to be a way of life.

Wearing a condom everytime saves lives - protect everyone. Join us for a good cause on World AIDS Day and the rest of December with some serious floor-thumping, booty-shaking partying! **Crystal Ball - Official World AIDS Day Party Groove** to a series of special live performances by Asha Edmund, Casey Lim, Frankie Lee, George Leong, Ian Ling, and Mark Chen. dbi O will be transformed into a palace of light courtesy of Swarovski. Extremely limited tickets are available at \$30 for 2 drinks (50% of proceeds will be donated to Action for AIDS). Kindly arrive early to avoid disappointment.

Every Saturday at the stunning dbi O (level 2 of Robertson Walk) \$25 for 2 drinks (except for 1st Dec 01). Doors fling open at 8pm.

www.fridae.com/go Upcoming themes...
 01 December Crystal Ball - Official World AIDS Day Party
 08 December Christmas Frannies
 22 December Absolut Glamour

fridae dbi O SWAROVSKI COMPANY PREVENTOR Out of The Closet Productions ACTION FOR AIDS 爱之病行动小组

World AIDS Day Party 2001

2001

Riding for Life 2001. Riders raised a total of more than \$53,000 in pledges for AfA bicycling from Kota Bahru in Kelantan to Singapore. The welcoming reception was graced by Mrs Yu Foo Yee Shoon, MP for Jurong GRC and Mayor of SW CDC.

MSM programme. A 2 year programme to address the various issues more comprehensively. A part-time coordinator was employed to oversee the running of the programme.

WAD - Positive Lives Photograph Exhibition at National Library @ Orchard. This attracted over 30,000 over 2 weeks in December.

WAD - AIDS Walk, held with the assistance of the HPB and the Red Cross Society, it attracted over 1200 participants who walked up and down Orchard Road, helping to create a heightened public awareness of AIDS.

“An evening of Jazz” presented by **Pomellato** at Equinoxe Restaurant. Jazz singers and musicians performed to a sold out dinner audience that raised over \$100,000.

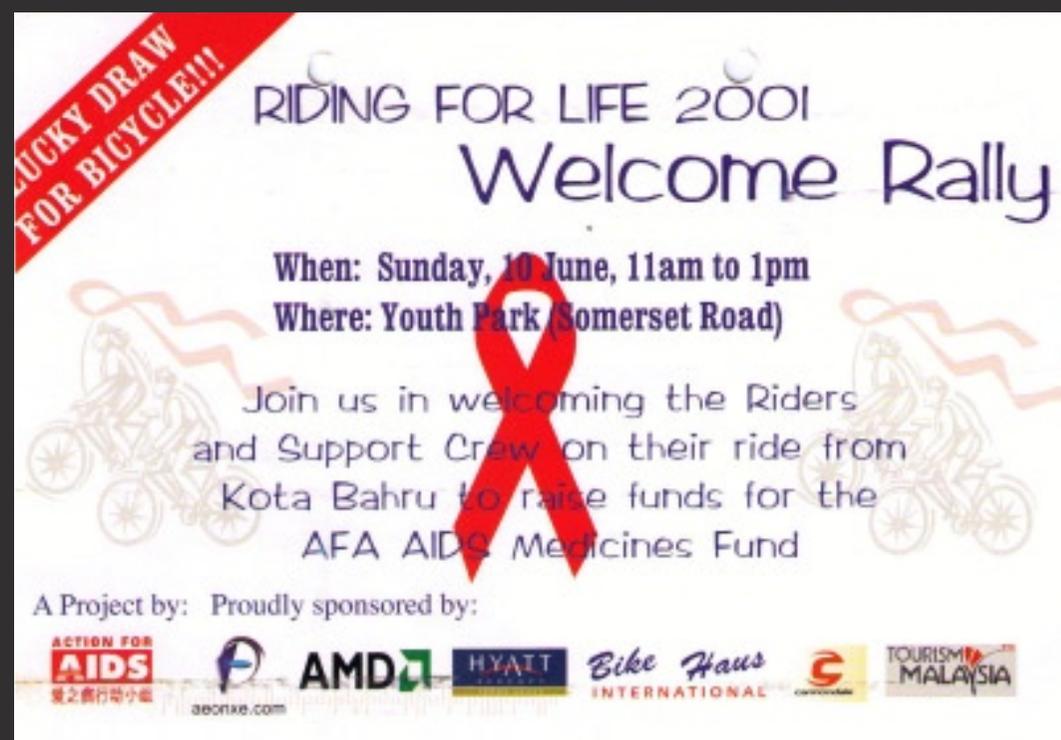
The Family Support Group was also set up to provide counselling and support to family units affected/infected by HIV/AIDS.

1st **Strategic Planning workshop** held over 2 days in CDC. This workshop was conducted with the generous assistance of Bain and Co.

Working Group on the **Affordability of ARV Medications in Singapore** presented its report.

September

Volunteers from the Family Support Group and the Women and HIV Group organised an outing for positive patients and their children at the Botanic Gardens to celebrate the Mid-Autumn Festival.



Riding for Life



World AIDS Day Walk at Youth Park



reflections A long term Volunteer

by: Nooraini Abdul Rahim

Year 2001 was memorable for me, that was the first time I joined AfA's M+ Support Group. Previously I did not know that such an organisation even existed.

A family member was diagnosed to be HIV positive. I was lost. My family and I were helpless until I received a call from Iris Verghese. She was very helpful from the start. She was the one who linked me to other Muslim patients and caregivers. I'll always be grateful to Iris for that. During my first meeting with this group of people, I realised that HIV/AIDS is still a taboo to be discussed openly. The Malay community believed that this is a "bad" person's illness. That is sad because not all who are HIV positive contracted it from the lifestyle they lead. There are innocent victims too.

M+ Support Group started off with fewer than 10 members. We did not meet on a regular basis. However, over the years, more members joined the group and currently, we have about 50 members. Members from the M+ group come from different walks of lives. We have members from both extremes. However, all of them have something in common, they are HIV+ and need support. Many M+ members have not informed their family members of their status for fear of being shunned.

The M+ support group holds a monthly meeting. During our meetings, bonds form among the members. The "senior" members guide the "junior" members on the drugs they are on and those who are newly diagnosed and have to start on their medication will feel more assured when they get tips from "senior" members who take the same drugs.

Coordinating M+ is not an easy task. Many of the members have problems complying with their medication as it is too expensive. They are not aware of the generic drugs. Some forget to take their drugs and there were a few who gave up ... We try to assist our members in getting their medication. For members who sincerely can't afford to purchase their medication, our members will share and assist newly diagnosed persons for a certain period until he/she is independent again.

One of the many difficulties M+ members face is how to inform their family members and loved ones. They fear that they will be rejected. However, there have been a few success stories. There have been a few members who bravely informed their family members. Not only have they been accepted but their family members have even assisted them financially to purchase their medication.



After all, they are humans too.

Over the years, I have met widows who are also positive and have to hide their status from their children and family members, widowers who have to struggle with raising their children, children who have been orphaned by HIV/AIDS, survivors, as well as caregivers, who have mourned the deaths of their loved ones.

Throughout my involvement with AfA, I can see that it is gradually gaining strength. Perhaps, 5 years ago, when I asked my friends if they know what AfA is, they would give me a blank look. However, it is different now. With its updated website and colourful stories in the media, more people have shown slight interest in the issue of HIV/AIDS.

I feel that AfA should continue to provide continuous education not only to those who are infected and affected, but to society as well. This is to reduce discrimination of PWAs.

Twenty years have passed. We have not been 100% successful in educating people about HIV/AIDS. Just today, I met a guy who upon hearing that I am a volunteer with AfA advised me to be careful when I am with PWAs. He heard that the virus can be spread when in contact with saliva ... sigh.

I hope in years to come, PWAs need not hide their status from loved ones. It is really a daily struggle. They need to cope with their condition alone and at the same time, they have to be sensitive to the feelings of their loved ones. I also hope that medicine can be more affordable and easily accessible. PWAs should not be discriminated against and they should be treated with as much respect as anybody else. After all, they are humans too. 

AfA & my participation

by Professor George D. Bishop

My participation in AfA began sometime in the mid-1990s. It's been such a long time that I've actually forgotten when I started but I know it was sometime around that time. I knew it had been a long time when a while back I was referred to at the Anonymous Testing Site as being the Counsellor Mentor!

I got involved with AfA for both personal and professional reasons.

On a personal level, I've known a number of people who've died of AIDS and have witnessed the disruptions that it's caused in their lives and the discrimination and difficulties that they've faced. From the professional angle, I'm a health psychologist and have been involved with HIV/AIDS as a part of my teaching and research for some time. As such, it was a natural progression for me to become involved in AfA activities.

Over the years my participation has covered a range of activities but has been mostly focused on prevention as well as public beliefs and attitudes.

Riding for Life '99



**Penang to Singapore
7 - 13 June 1999**

Proceeds to go for life-giving medicines for Singaporeans with AIDS.

If you can't join us on the ride, please support us with your pledges.

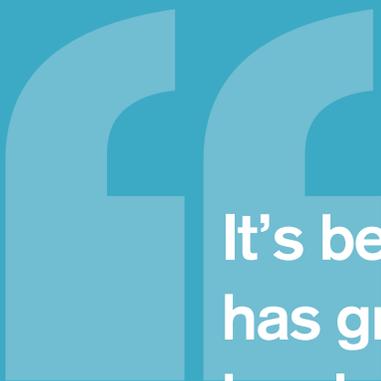
For information on how you can be part of this exciting event
call 874-6415 or 295-1153
or e-mail Riding_for_Life@hotmail.com



It's these kinds of attitudes that create all kinds of problems for those living with HIV/AIDS and are a major source of the fear and discrimination faced by our HIV positive brothers and sisters.

The area where I've been almost continuously involved has been in the counselling area, both on the phone and at the Anonymous Testing Site. In fact, I've been involved in counselling pretty much since the beginning of my participation with AfA. I see this as a key activity for getting the word out about how HIV is and is not transmitted. I'm still amazed at some of the misconceptions that people have even though there have been numerous education campaigns and intensive effort to educate people about the virus. Try as hard as we can, it's difficult to get people to really believe that HIV is not transmitted through casual social contact. In the phone counselling in particular, I had numerous callers who were concerned about getting HIV through being around someone with HIV, having dinner with them and various other activities that we know have no risk for transmitting HIV. It's these kinds of attitudes that create all kinds of problems for those living with HIV/AIDS and are a major source of the fear and discrimination faced by our HIV positive brothers and sisters.

At the Anonymous Testing Site the challenge is often a different one. Most, if not all, of those coming to the ATS knows that HIV is transmitted through sexual contact. They also generally know what they need to do to avoid getting HIV. The real challenge is to convince them to follow through with what they already know they should be doing. This is highlighted by the fact that we have had a number of ATS clients testing positive who have been to the ATS at least once before and tested negative. This highlights the need to find innovative ways to convince those coming to the ATS to change their behaviour to avoid contracting the virus.



It's been great to see the way that AfA has grown during the time I've been involved. When I first joined AfA it was an organisation with only one part time paid staff member dependent almost entirely on volunteers. Today it's a far more professionalised organisation with several staff members where volunteers still play a key role but where core functions are carried out by paid staff. This professionalisation has allowed the organisation to engage in much more outreach than before and is essential as AfA moves into the future. I look forward to continued involvement and to seeing Action for AIDS more effectively addressing the continuing challenges of the HIV.





The most fun I've had in my activities with AfA has been with Riding for Life, the fundraising and awareness event launched in 1998 with our first ride in 1999. Riding for Life was a bicycling event, modeled on the American AIDS Rides and held four times from 1999 to 2005.

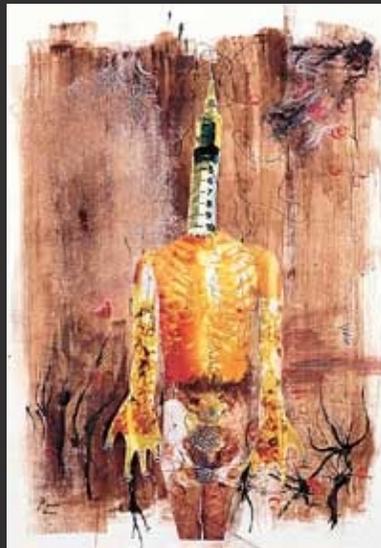
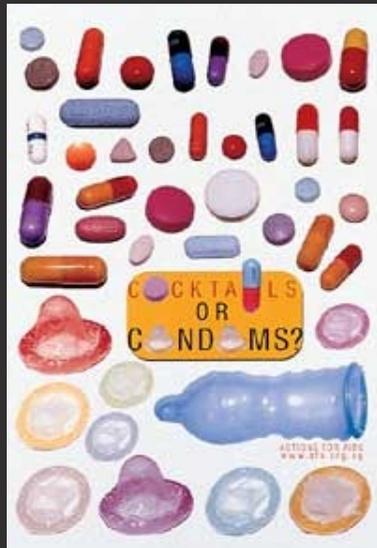
Even though there was a lot of sweat, aching muscles, sore bottoms and general tiredness from all of the riding, there was also much camaraderie as well as enjoyment of time with friends.

Over the course of a week, the cyclists rode from a designated starting point in Malaysia, including Georgetown, Kota Bahu and Kuala Lumpur, depending on the year, to Singapore with the goal of raising money as well as awareness for the AIDS cause. Over the four rides, we raised somewhere in excess of \$150,000 and also generated a fair amount of publicity. The real fun of the ride was as much in the preparation as in the ride itself. For upwards of six months before the ride, groups of us would get together for training rides, usually on Sunday mornings, where we would ride through various parts of Singapore and, as the actual ride itself drew closer, in Malaysia as well, getting in shape, getting to know the others going on the ride and practising riding techniques and safety procedures. I have no idea the number of kilometres we clocked in the training but the actual rides themselves were often upwards of 900 to 1,000 km spread over the course of a week.

Even though there was a lot of sweat, aching muscles, sore bottoms and general tiredness from all of the riding, there was also much camaraderie as well as enjoyment of time with friends. It's also a great way to get in shape. The last two rides were done in collaboration with the Malaysian AIDS Council, which helped to extend the friendships across borders. It was a lot of work organising RfL and getting ready for the ride but definitely worth it, not only for the funds raised and publicity the rides generated, but also for the sheer fun of it.

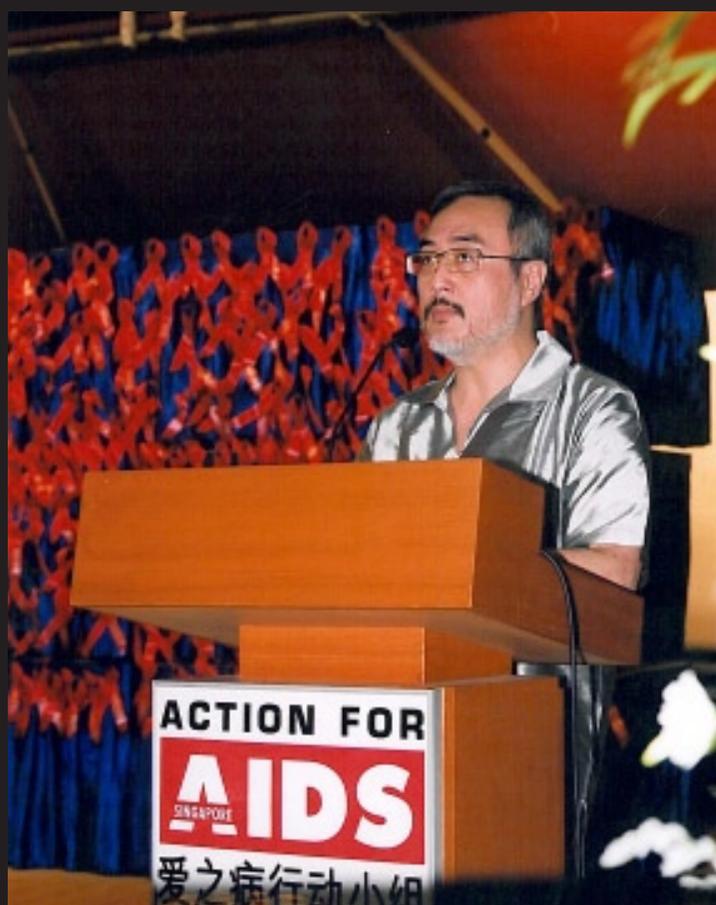
My other involvement with AfA has included research projects and, more recently, membership on the AfA Executive Committee. The research projects have been a natural extension of my research work in health psychology at NUS and have included several projects related to gaining a better understanding of the HIV risks people take and looking for ways to encourage people to reduce their risks. If we are to be successful at stemming the tide of HIV infections, it's essential that we have a clear understanding of HIV risk behaviour and what drives it. The various research projects have been directed towards that.

With service on the Exco, I've gotten to know the organisation and its workings at a deeper level, as the Exco is involved in oversight and management of the activities of AfA as a whole. It's been great to see the way that AfA has grown during the time I've been involved. When I first joined AfA it was an organisation with only one part-time paid staff member dependent almost entirely on volunteers. Today it's a far more professionalised organisation with several staff members where volunteers still play a key role but where core functions are carried out by paid staff. This professionalisation has allowed the organisation to engage in much more outreach than before and is essential as AfA moves into the future. I look forward to continued involvement and to seeing Action for AIDS more effectively addressing the continuing challenges of the HIV. 



Art Against AIDS 2002





■ Candlelight Memorial

2002

Candlelight Memorial was held at the National Youth Centre's Youth Park in Somerset Road.

Outreach to **South Asian Foreign Workers** – with Children of Mother Earth (COME) & Health Promotion Board.

Art Against AIDS, GOH at Launch in National Library, Orchard, was MP Mr Charles Chong.

Fund raising gala for the movie "Talking Cock". Guests of honour included MPs Charles Chong, Yatiman Yusof and Penny Low.

3rd Singapore AIDS Conference: "Change – Attitudes, Behaviour – the Future". GOH was Dr Balaji Sadasivan, MOS for Health and Environment. Keynote speaker was Mr Mechai Viravaidya.

WAD – 3D Party at Siloso Beach Sentosa organised by Gary Sng.

A poster for the Candlelight Memorial Singapore 2003. The background is dark blue with a lit candle at the top center. The text is white and includes the Action for AIDS logo, mission statement, contact information, and event details.

ACTION FOR AIDS
爱之病行动小组

Action for AIDS Mission Statement

"Action for AIDS (AfA) is a caring NGO committed to AIDS prevention, advocacy and support. Our mission is to prevent transmission of HIV/AIDS through continuous education targeted at vulnerable groups; to advocate for access to affordable care and against HIV/AIDS discrimination; and to provide support for PWAs, caregivers and volunteers."

Anonymous HIV Counseling and Testing Service
@ DSC Clinic 31, Kelantan Lane (on the ground floor)
Wednesdays 6.30-8.00pm and Saturdays 1.00-4.00pm
Cost \$20.00. Immediate results.

Telephone Counseling Service @ 62540212
on Tuesday, Thursday and Friday 6.30-9.30pm
Call 62540212, visit www.afa.org.sg
or email afa@pacific.net.sg for more information.

Strictest confidence assured.

Mailing Address: c/o DSC Clinic
Blk 31, Kelantan Lane #02-16
Singapore 200031

Office: tel: 6254 0212
fax: 6296 5903
mobile: 9003 7566
E-mail: afa@pacific.net.sg
web: www.afa.org.sg

Candlelight Memorial Singapore 2003

Sunday, 18 May 2003, 7pm
National Youth Park



■ Candlelight Memorial 2003

2003

AfA was official charity of **Standard Chartered Singapore Marathon**. Funds raised through pledges from Standard Chartered Bank employees and participants were earmarked towards AIDS education programmes for youths.

MAC AIDS Fund – Donated S\$10,000 to Action for AIDS

June

Riding for Life - Jointly organised by Action for AIDS and the **Malaysian AIDS Foundation (MAF)**.

Riding for Life 2003

1 - 8 June 2003

Kuala Lumpur - Kuantan - Muadzam Shah - Seremban - Melaka - Batu Pahat - Johor Bahru - Singapore



YAB Dato' Seri Abdullah Ahmad Badawi
Deputy Prime Minister, Malaysia.

with Riding for Life 2003 Cyclists, Support Crews, Malaysian AIDS Council EXCO, Malaysia AIDS Foundation Trustees & Campaign & Event Sponsors



■ Riding for Life 2003

a conversation with

Nicholas Chan

Trustee of The AfA Endowment Fund

When did you join AfA and in what capacity?

I was invited by Prof. Roy Chan in September 2003 to help establish the AfA Endowment Fund and to join its Board of Trustees.

The Fund was set up by the end of 2003 with an initial capital amount of S\$800,000; monies saved by AfA through private fund raising exercises since its inception in 1988.

The Fund is governed by its Trustees, consisting of Mr. Goh Eck Meng, Mrs. Jacqui Khoo-Blower, Mr. Stuart Koe, Mr. Howie Leong and myself. We rely on the expert and generous advice of HSBC Republic, Wong Partnership LLP and KPMG, who have waived many of their usual fees and, in certain cases, continue to provide their services pro bono.

HSBC Republic invests and administers the Fund in accordance with procedures agreed by the Trustees and by AfA's ExCo.

Through a combination of these investments and, importantly, as a result of a series of successful private fundraising events since 2003, the capital amount of the Fund today stands at S\$1,240,000. The Trustees hold the capital and the income of the Fund upon trust and, working with the ExCo, apply its income:

I To educate the general public so as to increase their knowledge and understanding of AIDS and HIV infection; in particular, the prevention of, and alleviation of suffering of persons with, AIDS/HIV infection; **II** To promote the research in all fields relating to AIDS/HIV infection; and **III** To support welfare activities in the prevention of, and alleviation of persons suffering with, AIDS/HIV infection, including but not limited to medication subsidy programmes. In addition, the Trustees work with the ExCo to support wherever possible ad hoc fund-raising activities.

What are some of the key challenges you have faced?

One of the biggest challenges for any charitable organisation is capital raising - no less so in the case of the Fund. In our case, the preconceptions, stigmas and fears associated with AIDS/HIV infection are additional obstacles to negotiate. In the private capital raising context, there is a limited pool of funds. Within that pool, often, the causes that suffer most in terms of an ability to generate sponsorship are those that society knows least about. In this context, a continuing education of AIDS/HIV infection and how funds raised can assist in its prevention and alleviation are key.

At this point, though, I would like to acknowledge our past financial supporters. Their generosity has been heartwarming, to say the least ... and I look forward to engaging them in further fundraising efforts in the near future!

In 20 years, what kind of impact do you think AfA has made in Singapore?

In a culturally multifaceted but still conservative Asian society, AIDS and HIV infection are not subjects easily raised or discussed - even less so 20 years ago. While there remains more to be done, the impact of AfA's many educational, research, clinical and awareness raising initiatives has been tangible and obvious. The improving public understanding and increased level of education of AIDS and HIV infection and the participation of broader segments of society in AfA's many initiatives are each important testament to this.

How do you see AfA's role - past, present and future - in society?

AfA plays many different roles to many different people - including as educator, as support group, as facilitator for HIV testing, as activist and as fundraiser. At various times, each of these roles has been either more or less prominent. But the sum of its parts is much greater than its whole - AfA, as an organisation, is, will and should remain fundamental in the context of AIDS/HIV infection awareness and prevention in Singapore.

What areas/directions do you think AfA needs to cover in the next 20 years?

Of its many impressive and worthwhile programmes, one that I feel needs continuing emphasis is education - in different contexts; in schools, in the workplace and across society as a whole. A deeper understanding of the societal, cultural and economic impacts of AIDS/HIV infection are important stepping stones to broader solutions.

In your own words, what does it take to be an AfA volunteer?

A sense of caring and an underlying responsibility for wanting to live among a more tolerant and inclusive world.

Were there any people you met during the course of working with AfA who inspired you?

I am humbled by every member of AfA, whether on its small full-time staff or one of its many volunteers, whom I have met in the course of my role as a Trustee of the Fund. The dedication, hard work, integrity and spirit of each of these individuals is palpable. They work tirelessly, with good humour and with an unwavering solidarity and singleminded purpose. 

I am very proud to be part, in a very small way, of their effort to achieve each of the aims so well articulated in AfA's mission statement.



4th Singapore AIDS Conference

2004

Established **Halfway House for PWAs at Harvey Ave.**

Rubber Ball 2004 at Cocolatte raised funds for AfA.

Launch of **Bridges of Hope: "Be Aware Be Safe"** – Youth Awareness Programme.

Bubble Ball on Valentine's Day raised S\$50,000 at China Club in Capital Tower.

4th Singapore AIDS Conference – "Affected but not Alone" – GOH was Dr Balaji Sadasivan, SMS for Health. Keynote Speaker – Prof Shao Yiming.

1 January

AfA Endowment Fund set up - AfA put SGD\$800,000 into the Endowment Fund which is managed by the Board of Trustees.

August

S\$20,000 donation to AfA at MAC Outlet opening event at Raffles City.

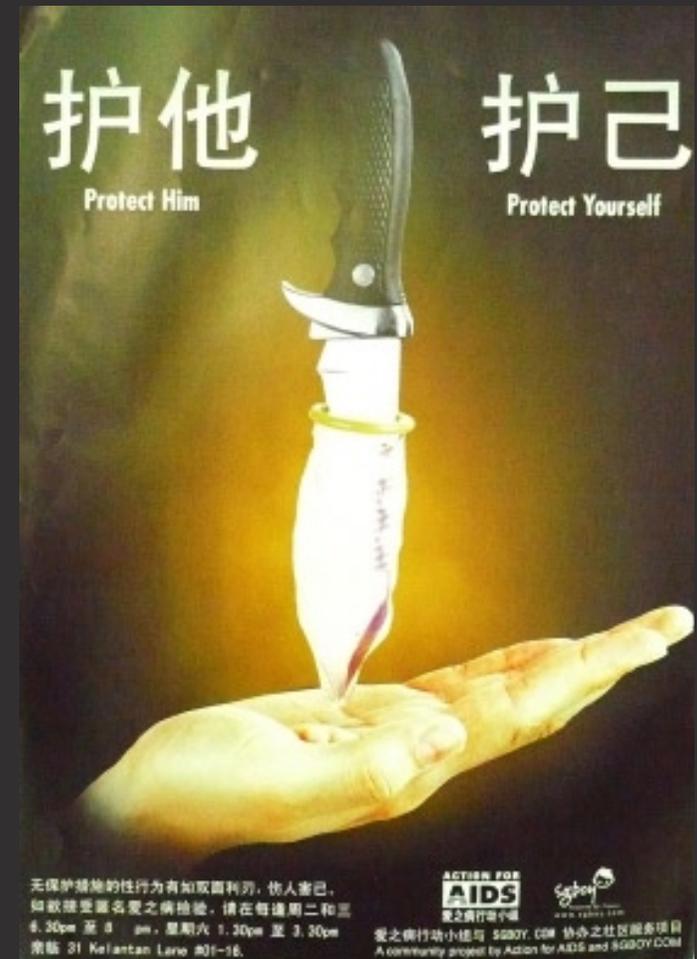


Candlelight Memorial at Tampines Central



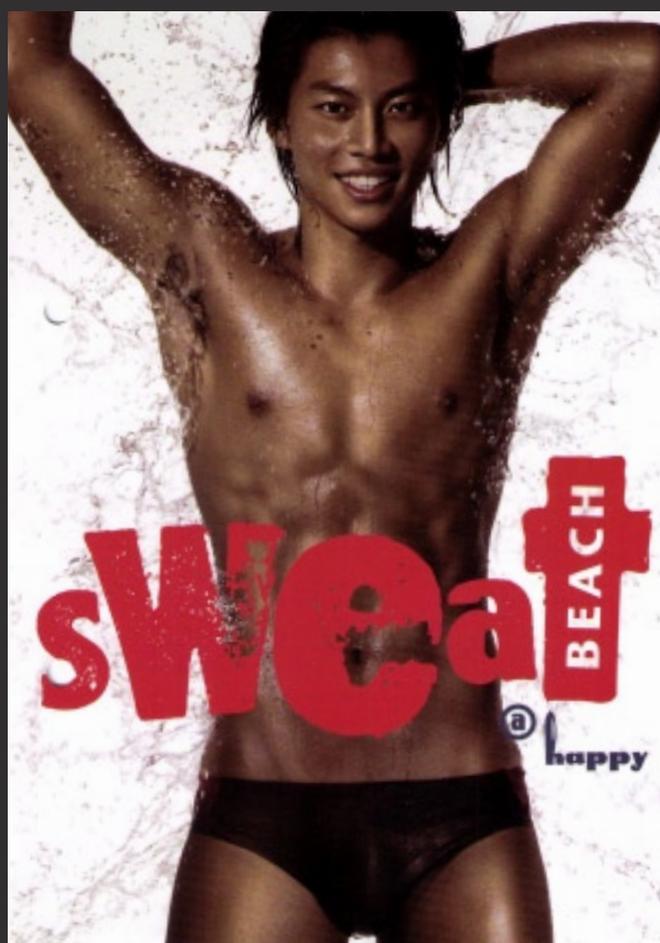


Candlelight Memorial 2005



Visual for AIDS Campaign 2005





Visuals for the Sweat Parties

爱之病
会夺命
安全套
更可靠

Hello,
I'm Nikki.
Want to know me?
★ 6333 1411 ★

1411 1411 1411 1411 1411 1411 1411 1411 1411 1411

想和我上床? 别冲动! 我可能带有HIV-会造成爱之病的致命病毒! 没那么准? 告诉你, 染上HIV的人, 外表是看不出来的。往往一次玩完, 一生完蛋。保护自己, 用安全套。

FCB's Aids prevention pitch... received 20,000 calls, surpassing the target of 3,000 calls within a year

"Nikki" Campaign won Effie Award

2005

Launch of "**Nikki**" Campaign as part of the high-risk heterosexual men (HMO) programme won an Advertising Effie's Gold Award for best response advertisement.

Action for AIDS moves to new headquarters at **21 Norris Road**, in the heart of Little India.

Riding for Life 2005 in conjunction with MAC (Malaysian AIDS Council).

Kiehls launch of Youth Grapefruit Hand and Body Shower for Youth AIDS.

Bubble Ball Fund Raising Gala dinner at the Grand Shanghai in April.

ATS - Increased to 3 days to include Tuesdays, Wednesdays and Saturdays after July 2005.

AIDS Candlelight Memorial was held for the first time in the Singapore Botanical Gardens.

Partnership with National Committee of Unifem and KK Women's and Children's hospital with screening and counselling conducted by AfA.

reflections of

A Project Coordinator

by Arthur Lim

I joined AfA in April 2002, to learn more about HIV/AIDS and be a volunteer to contribute back to society. After six years of volunteer work I am currently a Programme Coordinator and also on AfA's ExCo.

In terms of challenges faced, I see there's still a lot of ignorance among the general public. Therefore, sexual health education should be ramped up in schools, workplaces and the community. This will effectively reduce stigma and discrimination.

Archaic laws need to be abolished. S377 of the Penal Code has been repealed. So it's a matter of time before S377A goes. Sex between consenting male adults is not criminal, please!

The government also needs to put in place anti-discriminatory laws to strengthen its Employment Act. Currently, Singaporeans are defenseless against unscrupulous employers who take advantage of gender inequality, physically handicapped individuals, whistle-blowers and those with medical conditions, including HIV.

An important lesson that I've learnt along the way, is that anything is achievable. It is really up to people to make it so. Much depends on their own mindset change and their willingness to embrace diversity.

In the past 20 years in Singapore, AfA has done much to normalise this chronic disease in our society and allow citizens to be empowered enough to continue to lead productive lives, despite encountering setbacks along the way.

Through the years, AfA has accumulated many achievements. Among the critical ones would be helping PWAs with access to affordable treatment. Providing care and support to those who need it. Strongly advocating for equal opportunities for minorities and those discriminated against.

Moving into the next decade, AfA's role in our society is to continue to lobby the government, pharmaceuticals and other agencies to achieve its mission and targets. AfA's focus should be on increased fund raising, universal access to affordable treatment and a push for anti-discriminatory laws at the workplace. In order to achieve these, AfA needs to beef up its human and financial resources.

HIV/AIDS and its related issues have changed over the years in Singapore. We do not see the same challenges 20 years ago. Mortality rates are down. So morbidity rates and its related (physical, economic and social) complications are the most challenging issues faced today.

To summarise, in order to be an AfA volunteer, we need people with lots of passion and commitment. The part on technical skills, can be built up. During the course of volunteering with AfA, I've met several people who inspired me. They include Roy Chan, Stuart Koe, Joe Dela Cruz, Raphael Meyer, Ernest Thio, Lee Cheng Chuan, Martin Chio, Iris Verghese, Benedict Thambiah, Thomas Ng and Ho Lai Peng.

Today, in the fight against AIDS, I continue to contribute my time and effort, helping out where I can, and trying to make a difference, even how small it maybe. My hope is that all Singaporeans can mature into an embracing, magnanimous society, accepting of minorities and diversity. 

Mapping the ground to direct control: the role of

EPIDEMIOLOGY

in **HIV** prevention in Singapore *by Dr Mark Chen*

INTRODUCTION

Since the start of the pandemic close to 30 years ago, HIV has caused an estimated 25 million deaths worldwide (UNAIDS 2008), and the most recent data from UNAIDS suggests that there were 2.7 million new infections in the year 2007. While the annual number of AIDS deaths has decreased in the last couple of years (from 2.2 million in 2005 to 2.0 million in 2007), in part due to the increase in access to efficacious anti-HIV treatment, the number of new HIV infections continues to outnumber the increase in the number of people on treatment by more than 2 to 1 (UNAIDS 2008). Therefore, regardless of advances in treatment and the improved survival of persons infected with HIV/AIDS, the case must be made for intensifying efforts in HIV prevention.

Epidemiology is a scientific discipline which deals with “the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.” (Last, Abramson et al. 1995) While epidemiology has a foundation in bio-medical sciences, it must be recognised that epidemiology as a field of study does not exist in isolation. The risks associated with ill-health and disease are often grounded in a socio-cultural context, and the aim of the epidemiological enterprise is to identify strategies and means by which health problems can be controlled. Epidemiological findings can be seen as maps that we can use to identify areas for more detailed study, as well as areas where we could potentially deploy programmes for the control of a particular disease.

It has been nearly a quarter of a century since the first cases of HIV were diagnosed in Singapore in 1985 (Chew and Monteiro 1989). During this time, the HIV epidemic in Singapore has evolved, and multiple interventions have been deployed to control the infection with varying levels of success. The last few years have seen a sharp increase in the number of cases diagnosed (Ministry of Health 2007), and there is thus a need for continued assessment and reassessment of the current situation. In this article, we will review the epidemiology of the disease, point out the gaps in our understanding of disease transmission, discuss existing intervention programmes for controlling HIV infections in Singapore, as well as attempt to identify some of the challenges we must confront. We will also sum up by suggesting some directions we could take to improve the control of HIV infection in Singapore.

EPIDEMIOLOGICAL INSIGHTS FROM SURVEILLANCE

Disease surveillance has been defined as “the ongoing systematic collection and analysis of data and the provision of information which leads to action being taken to prevent and control a disease, usually one of an infectious nature.” (MedicineNet 2008)

Most of our epidemiological information from surveillance of HIV/AIDS in Singapore comes from case reporting data collated by the Ministry of Health (Ministry of Health 2008). Figure 1 shows the trend in the number of new diagnoses of HIV/AIDS in Singapore residents, starting from the time the initial handful of cases were diagnosed in 1985 to the most recently available data from 2007, when 422 cases were diagnosed. While the earliest cases of HIV/AIDS in the world were recognised in 1981 (Centres for Disease Control 1981), the first case of HIV in Singapore was diagnosed in 1985, and the first case of AIDS in Singapore was diagnosed in 1986 (Chew 1989). In the early years, HIV infections in Singapore were predominantly in homosexual and bisexual men (henceforth referred to collectively as men-who-have-sex-with-men, MSM). However, in the early 1990s, cases attributed to heterosexual transmission began to exceed those attributed to transmission in MSM (Chew 1993). Throughout the 1990s, the incidence of newly diagnosed infections in MSM remained relatively stable, while cases attributed to heterosexual transmission continued to increase. However, in the early part of the new millennium, there was a rapid increase in the number of newly diagnosed infections in MSM. There was also a surge in the number of cases attributed to heterosexual transmission in the last couple of years (2006 to 2007). All throughout, the Singapore HIV epidemic has seen relatively little contribution from other modes of transmission such as transfusion of contaminated blood products, transplantation of infected organs, perinatal transmission and injecting drug use; this is unlike the epidemics in our closest neighbours, where injecting drug use has figured prominently (UNAIDS 2008). The above information from epidemiological surveillance, which highlights the key modes of transmission in Singapore, has thus pointed out to us that resources for HIV prevention should mostly be directed at interventions for reducing sexual transmission.

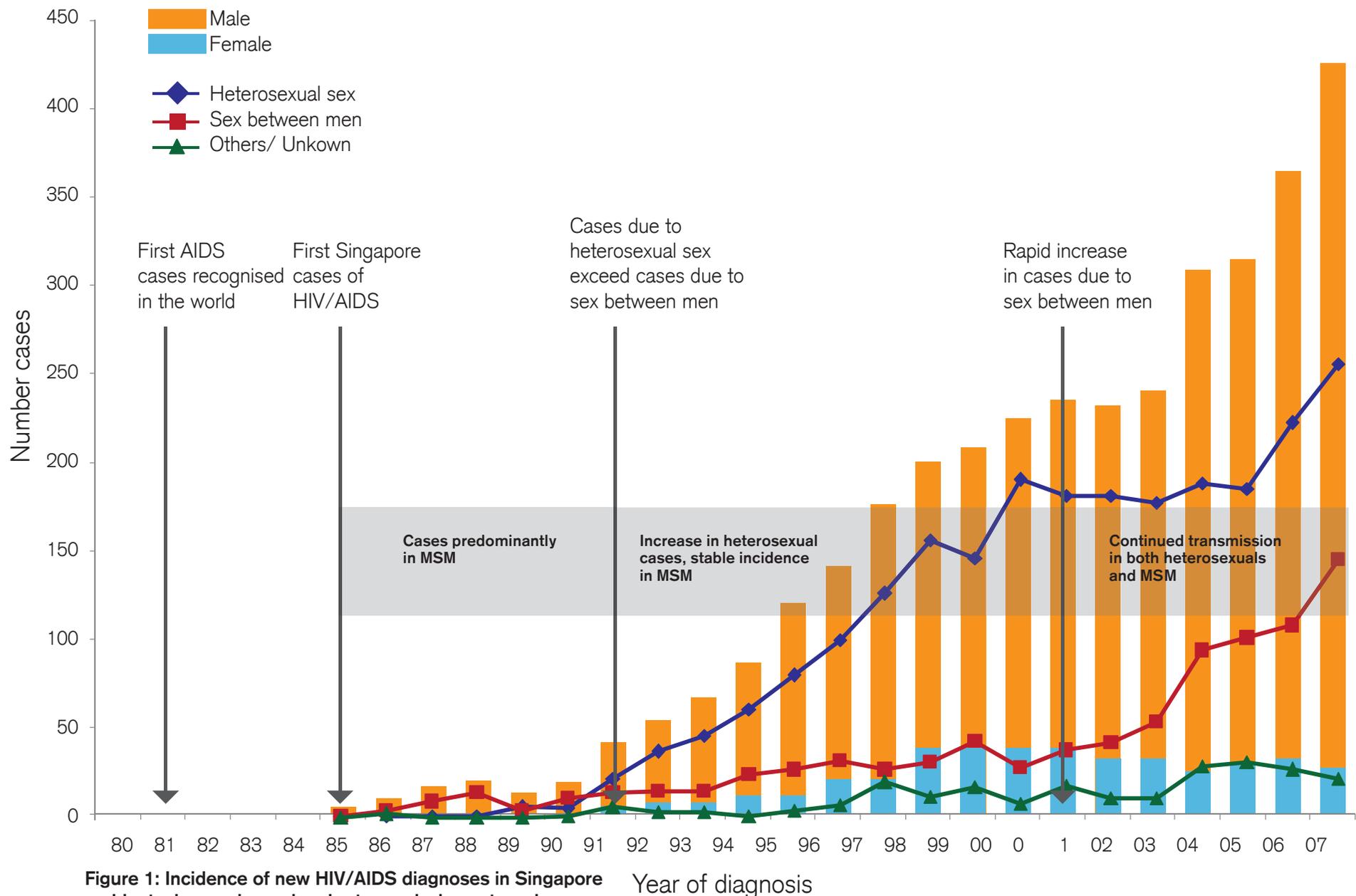


Figure 1: Incidence of new HIV/AIDS diagnoses in Singapore residents, by gender and major transmission categories, 1985 to 2007

EPIDEMIOLOGICAL INSIGHTS FROM RESEARCH

However, while epidemiological surveillance can help to broadly prioritise certain risk groups for interventions, it is difficult on the basis of such data to deduce the key risk activities which drive transmission, or to assess if any particular intervention is likely to be efficacious. Moreover, the surveillance data provides little with which to explain several observations about the Singapore HIV epidemic that emerges from the surveillance data itself. For instance, some have commented that the large number of male infections as compared to female infections observed in Singapore (see Figure 1) is more typical of an epidemic driven by sex between men, or by injecting drug use in men (Beyrer and Kass 2002). However, while it has been acknowledged that there could be underreporting of homosexual and bisexual behaviour (Cutter, Lim et al. 2004), this may not be the main reason for the preponderance of males in our HIV surveillance data. The reasons for the preponderance of male infections in the Singapore HIV epidemic, and details about risk activities driving transmission, may not be apparent from the surveillance data itself. Better interpretation of such epidemiological data requires more detailed investigations and data of finer resolution, often collected in the context of research studies.

Several descriptive research studies have provided some insights into why there remains a male preponderance of HIV cases in Singapore residents even after discounting the contribution from transmission in MSM. One study of HIV cases in Singapore suggests that heterosexual transmission was significantly associated with risk-related travel to countries with high HIV prevalence (Chew 1993). Moreover, other studies have shown

that the vast majority of men suspected to be heterosexually infected report exposure to sex workers (Lee, Leo et al. 1997; Tan, Wong et al. 1997). When this data is seen in the light a previous population-based study of sexual behaviour (Heng, Lee et al. 1992), which suggested that only a small proportion of male Singapore residents visit sex workers (7.6% in the 12 months prior to the survey), then it becomes clear that Singaporean men with sex worker exposures are over-represented amongst individuals infected with HIV. The same survey of sexual behaviour also showed that men who had never been married were twice as likely to visit sex workers as married men. If these unmarried Singaporean men have little sexual contact with Singaporean women, then male infections in such Singaporean men would not result in downstream infections in Singaporean women, so that male infections would outnumber female infections in Singapore residents. While such an epidemic pattern is seldom observed amongst African nations or developed Western economies, it is by no means unique in Asia (Chui and Chew 2002). At least one other developed Asian country has documented a fairly similar experience. Data from HIV case surveillance

in Japan in the period 1983 to 1997 (Matsuyama, Hashimoto et al. 1999) showed that heterosexually infected Japanese men outnumbered heterosexually infected Japanese women. However, heterosexually infected non-Japanese women outnumbered heterosexually infected non-Japanese men, and when both Japanese and non-Japanese infections diagnosed in Japan were counted, the ratio of heterosexually infected men to women was about 0.9:1. It must therefore be remembered that the data presented for HIV in Figure 1 includes only Singapore residents, and while we cannot be certain that a situation similar to that in Japan exists in Singapore, it is likely that **non-Singaporean female partners of Singaporean men, as well as sex workers outside of Singapore, are a part of the transmission network involving heterosexual men from Singapore.** These infections cannot be accounted for in our current framework for HIV case surveillance, which reports only the statistics for Singapore residents. The above as an explanation for the skewed ratio of males to females in our HIV data, rather than the underreporting of homosexual and bisexual behaviour, is further supported by work in molecular epidemiologic research. One such study (Kalish, Korber et al. 2002) found a reasonable correlation between self-reported sexual behaviour and the molecular sub-type of HIV infection (95% subtype B in homosexuals, 88% CRF01-AE in heterosexuals, and 50% of each subtype in bisexuals), thus lending additional support to the view that misclassification of homosexual and bisexual men as heterosexuals may not be a major factor contributing to the skewed ratio of males to females in the Singapore HIV epidemic.

EPIDEMIOLOGICAL INSIGHTS APPLIED TO INTERVENTIONS

In the above situation, various research studies from Singapore and elsewhere helped us to interpret our surveillance data, and come to a reasonable explanation for what we observe about the HIV epidemic amongst heterosexuals in Singapore. However, it must not be forgotten that improving our understanding of the epidemiology of a disease has the ultimate purpose of directing interventions. Figure 2 chronicles some of the interventions over the course of the epidemic in Singapore, compiled from published reports and news articles. We focus here only on activities directed at HIV prevention and control in Singapore (while acknowledging that there were also many parallel efforts to address social justice issues and improve access to treatment and care, many of which have a less direct but equally important role in HIV prevention). Moreover, it must be noted that the list given here is by no means exhaustive, but is meant to illustrate the breadth of past and ongoing efforts. We have divided these efforts into targeted interventions (i.e. targeted at a particular behavioural risk group, such as young people, sex workers, MSM, on the left) and more general measures (i.e. not targeted at any behavioural risk group, on the right).

Around the time when the first cases were diagnosed, several measures were put into place as part of a government-led National AIDS Control Programme (Boudville and Wong 1998; Thulaja 2003). These measures

included general interventions such as protection of the blood supply, public education on the prevention of HIV transmission, and new legislation to support HIV notifications (which were then compiled by a national HIV registry) while ensuring confidentiality for infected individuals. More specific measures enacted at the time include regular HIV testing for sex workers, which was incorporated into the existing programmes for routine testing of sexually transmitted infections under the Medical Surveillance Scheme for brothel-based sex workers in Singapore (Ang and Chan 1997).

Other than government led initiatives, non-governmental organisations have also played a pivotal role in HIV prevention, particularly in the targeting of specific at-risk groups. In 1988, Action for AIDS (AfA) was started (Thulaja 2003). Guided by epidemiological data on the key groups at risk, AfA set about implementing prevention programmes in MSM and other high risk groups through their “Safer Sex” campaigns and “Gay Outreach” programmes. In addition, AfA operated an anonymous test site for HIV, which provided HIV testing and counselling to at-risk individuals who wanted to be tested for HIV. In the early 1990s, AfA also started more general initiatives aimed at reaching a wider audience. These include the setting up of the HIV in the Workplace project to tackle HIV/AIDS related issues in the workplace and provide materials for workplace education, the formation of a committee on “Women and AIDS” to look at initiatives for making women more aware of the risks they faced, and the launch in 1991 of “The Act”, a publication which aims to educate and raise key issues of relevance to HIV prevention and care (AfA, personal communication).

In the 1990s, when the epidemiological data suggests that heterosexual transmission due to contact with sex workers was dominant, the Department of STD Control and the Health Promotion Board took the lead in designing and implementing several programmes aimed at reducing transmission in sex workers and at-risk heterosexuals, including young persons, male travellers and men of lower socio-economic status. In 1998, the first Singapore AIDS conference was held, with the highlight of the conference being the first ever public address and press conference by a Singaporean person living with HIV/AIDS.

In recent years, in response to the increase in the number of cases, there have been multiple governmental, non-governmental as well as private sector initiatives directed at various aspects of the local HIV epidemic. There has also been increased collaboration and coordination of efforts between the governmental, non-governmental and private sectors resulting in more comprehensive multi-partite measures. These measures aim to educate groups such as high risk heterosexual men, workers, youths and MSM about HIV. There are also programmes aimed at increasing HIV testing, while providing the necessary legislative support – this culminated in an amendment to the Infectious Disease Act which makes it an offence for a HIV-positive man who does not know his HIV status, but had reason to believe he might be at-risk from HIV, to have unsafe sex except if his partner voluntarily agreed to the risk or if he had been tested HIV negative before the act (Tan 2008). It is as yet unclear what impact such measures might have on the future course of the epidemic.

Interventions targeted at specific risk groups

General interventions (no specific target group)



Figure 2: Time-line for key interventions in history of HIV/AIDS prevention in Singapore

- | | | |
|----------------------------|--------------------------------|-----------------------------|
| 1. Thulaja 2003 | 6. AfA, personal communication | 11. AIDS Wkly 2002 |
| 2. Ang & Chan 1997 | 7. Soon, Chan et al. 1995 | 12. Ministry of Health 2008 |
| 3. Chew & Snodgrass 1995 | 8. Sen, Chio et al. 2006 | 13. Today 2008 |
| 4. Iyer 1993 | 9. Cutter, Lim et al. 2004 | 14. Today 2008 |
| 5. Annu Rev Popul Law 1988 | 10. Chan and Tan 2003 | |

1 More detailed data from case reporting

Currently, our case reporting data gives some information about the main suspected modes of transmission and basic demographic information. However, as in the UK, a substantial proportion of our HIV cases may not be infected in Singapore, and we could thus consider presenting information on “a probable world region of infection” as is done in the UK report, or information about the world regions where risky exposures are reported to have occurred. In addition, we could present additional information regarding when and how HIV is diagnosed, as is done in the UK report.

RISING TO THE CHALLENGE

In this section, we point out several challenges facing the epidemiological enterprise which we should confront in order to achieve the goal of improved HIV prevention and control.

Gaps in the epidemiological record

Other than the limitations alluded to in an earlier part of this article, there are other deficits in the current system for epidemiological surveillance of HIV in Singapore. Improved epidemiological surveillance will come at a cost, and thus must be balanced against the benefits that might arise from more detailed and accurate information on the HIV epidemic in Singapore. However, one quick way to assess what else we could be doing for surveillance is to look at what other developed countries with similar HIV epidemic intensities are doing. For example, a quick comparison between the latest report on HIV/AIDS from our Ministry of Health (Ministry of Health 2007) with the one produced by the United Kingdom (UK Collaborative Group for HIV and STI Surveillance 2007), which is easily available online at <http://www.hpa.org.uk>, shows that we could possibly improve the data that we routinely collect and present in the following ways.

2 Information on diagnosed individuals

Our current HIV surveillance system is largely restricted to information collected at the point of diagnosis. However, HIV care involves life-long follow-up, and individuals diagnosed with infection continue to be infectious after diagnosis. It therefore makes sense for routine HIV reports to provide information about those living with diagnosed HIV and accessing care, as is done in the UK report. In addition, more detailed data on pregnant women and children and how we fare in preventing mother-to-child transmission, as well as various details about access to and outcomes on antiretroviral therapy, should be considered for inclusion into our routine reports. The collation of such data will involve the tracking of clinical cohorts of diagnosed individuals on follow-up, but is likely to be achievable within the Singapore context at a reasonable cost. We should thus consider dedicating some resources to collect such data.

3 Transmission of drug resistant HIV

Testing for drug resistance in treatment naive patients is not routine in Singapore, but surveillance for drug resistance to specific antiretroviral agents may be important for guiding treatment protocols. The lack of an effective system for monitoring drug resistance may compromise the efficacy of treatment, and may negate the gains in HIV morbidity and mortality reduction that have resulted from improved access to antiretroviral agents.

4 Serological data of finer resolution

Singapore currently has a sentinel sero-surveillance programme for HIV (Cutter, Lim et al. 2004). However, better targeting of at-risk groups such as MSM for sentinel surveillance, and use of additional technologies such as “detuned essays” (Janssen, Satten et al. 1998), could help us to improve our estimates of prevalence and sero-incidence in the different risk groups. Such data could also be used in conjunction with case reporting data to estimate the proportion of infected individuals who are unaware of their HIV status. Finally, detuned essays could also be considered, not just for sentinel surveillance groups, but as a routine test for all newly diagnosed HIV infections as part of a surveillance programme (Guy, Breschkin et al. 2005), so as to obtain an estimate of the proportion of newly diagnosed individuals who were recently infected.

However, in addition to the above methods for improving the surveillance of HIV infections, we should also consider other modalities for the surveillance of HIV risk. This would involve looking beyond HIV, particularly since HIV/AIDS has a long incubation period and many of our patients present relatively late in the disease (Boudville and Wong 1998). Some other ways to assess how the risk of acquiring HIV is changing in a given population includes conducting repeated surveys of sexual behaviour in at-risk groups (behavioural surveillance), and improving our interpretation of data on sexually transmitted infections. Such methodologies will have to be calibrated and validated for the local Singaporean context, and would require further epidemiological research.

On the subject of epidemiological research, a review of indexed scientific literature reveals several areas where more work is needed. A search in “Pubmed” (an online index for medical literature) using the criteria “HIV” or “AIDS” and “Singapore” turned up 238 references, of which only 66 were of public health relevance on the basis of their titles and/or abstracts. These articles were then sorted into the category in Table 1 which most appropriately described the study.

Superficially, it may appear that there is a healthy volume of research in certain fields that is reasonably current. In particular, there have been numerous studies in the overlapping areas of sexual behaviour and health education. There have also been several articles describing and investigating in some detail the epidemiology of HIV in Singapore, as well as studies which address issues related to health services and policy-making. Most of these studies actually focussed on the attitudes of healthcare providers and the general public towards people living with HIV/AIDS, and although these are important issues in their own right, there were very few studies dealing with the legal and ethical implications or public acceptability of some of the legislative provisions that have been introduced with regards to HIV over the years (see Figure 2). **There was a noticeable lack of studies evaluating control measures**, and only two studies which attempted to use modelling and economic analyses to examine the economic cost of HIV in Singapore (Lim, Chew et al. 1994; Paton, Chapman et al. 2006). Neither of the two looked at the cost-benefit ratio of potential preventive programmes, and are therefore of limited help in prioritising interventions for reducing HIV/AIDS transmission in Singapore.

The need for increased epidemiological research efforts becomes even more apparent when we look at the various articles by the groups at-risk which were under investigation in those studies (Figure 3). Many of the studies did not focus on any specific target group at-risk from HIV infection, and either provided a general

Table 1: Research articles on HIV/AIDS in Singapore which are indexed in PubMed and of relevance to public health in Singapore, by study category

Study Category	Number of studies	Year of most recent study
Clinical study with findings of relevance to HIV epidemiology	5	2005
Descriptive epidemiology, epidemiological investigation, and epidemiological reviews	16	2006
Sexual behaviour and health education	21	2007
Evaluation of control measures (other than health education)	5	2007
Health services and policy research	17	2008
Modelling and economic analysis	2	2006
Total	66	

description of all infected cases, or had a study subject not directly related to persons at-risk of infection (eg. studies dealing with attitudes of healthcare workers towards HIV/AIDS). There were a handful of articles which looked at risk behaviour and attitudes in youths, and as well as some articles studying diverse risk groups such as transsexuals, prison inmates and infected mothers. **Sex workers and their clients were the main risk group where there was a reasonable volume of targeted research.** Such work was possibly driven by epidemiological data from the 1990s which suggested that commercial sex was a major risk factor for HIV infection, as well as good leadership from highly dedicated individuals within Singapore. On the other hand, in spite of the recent surge in infections amongst MSM (Figure 1), **there has only been one article to date which addresses issues relating to HIV transmission in this group.** It must be acknowledged that there has been some good research investigating transmission and risk factors in at-risk MSM in Singapore, just that much of the work is not indexed as part of the body of scientific literature. What must be recognised though are the obstacles to performing unbiased research in this group of at-risk individuals (Chan 2007), and the implications of not having the results from such research to guide relevant interventions.

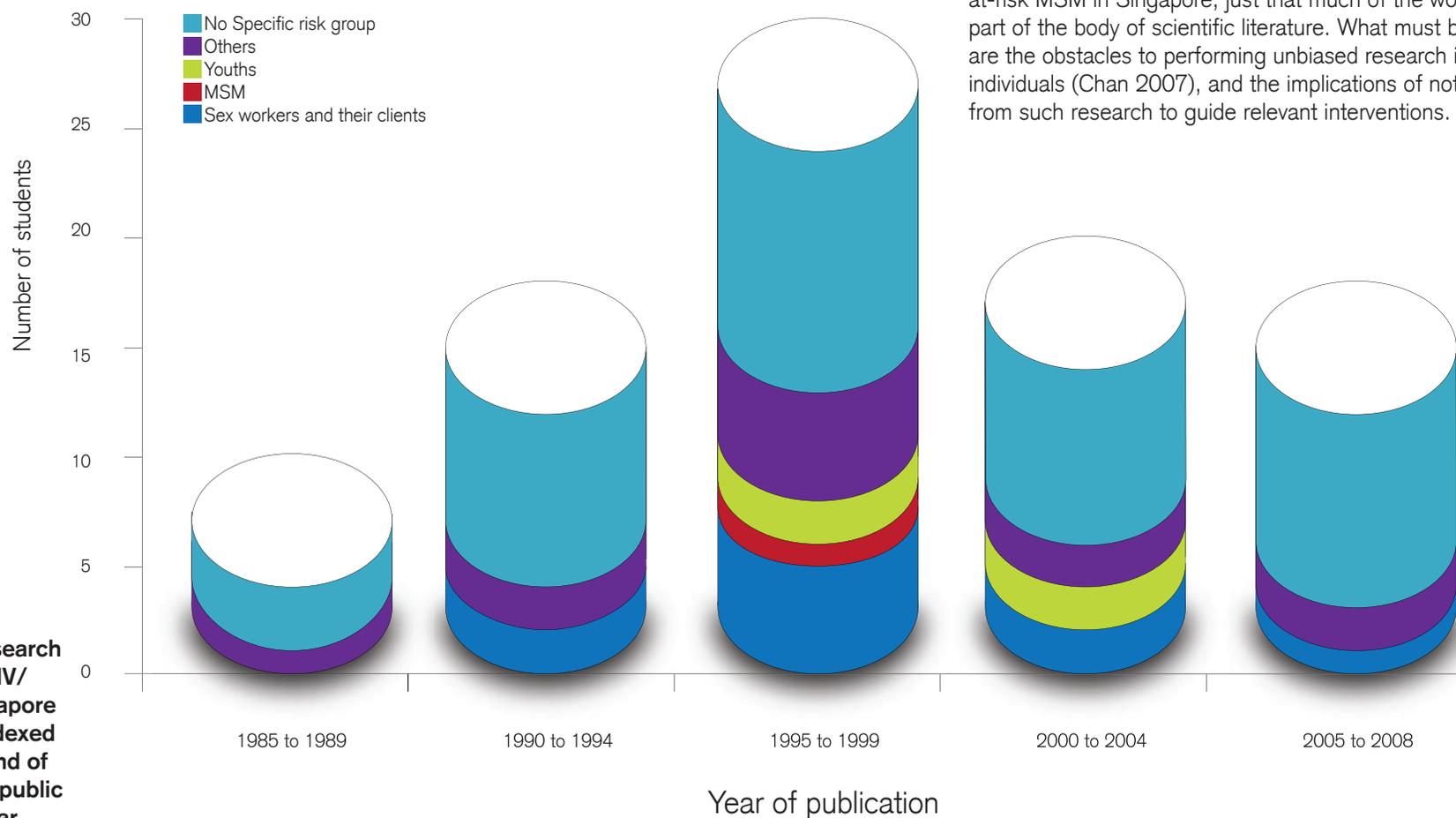


Figure 3: Research articles on HIV/AIDS in Singapore which are indexed in PubMed and of relevance to public health, by year of study and risk group studied

OVERCOMING GAPS IN KNOWLEDGE TO IMPROVE PREVENTION

As mentioned at the beginning of this article, epidemiology aids in our situational assessment, and functions as a map for identifying areas where more research is needed, and where interventions might be possible. From the review of the current gaps in our knowledge, we might conclude that there is a need for additional studies in some specific areas. **In particular, it would appear that more needs to be done for us to understand the risk activities driving transmission amongst MSM in Singapore.** This would involve detailed investigations to identify the key risk factors associated with infection, how such men are inducted into these risk activities, and what factors might be protective. Such studies will then help us identify avenues by which we could intervene to reduce transmission in this and other groups at-risk from HIV infection in Singapore.

In addition, we do need epidemiological studies evaluating the efficacy of various intervention options, as well as the cost-benefit ratio of potential preventive programmes. Such studies will help us to deploy scarce resources in a more efficient and equitable manner. For instance, with regards to measures to increase HIV testing at clinics and hospitals (referred to in Figure 2), we need to make better use of epidemiological studies to assess the value of such programmes in terms of the potential yield of increased HIV testing, the return on investment in terms of the costs and benefits, as well as the likely impact of these programmes on the overall transmission dynamics of the HIV epidemic in Singapore. Such assessments can then help us to decide if the programmes to increase testing at clinics and hospitals are worthwhile, and make the case for the interventions to patients, healthcare workers, hospital administrators and the general public.

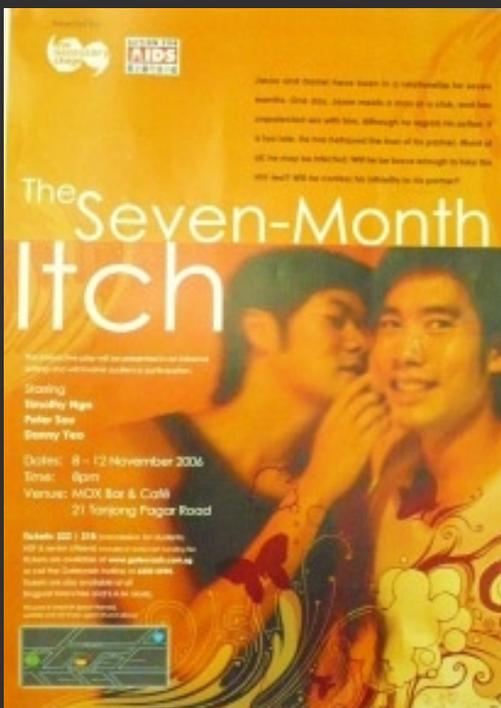
And finally, **we do also need epidemiology to help us evaluate the impact of prevention programmes.** In appraising a programme, one must take into account not just the direct and immediate effect of such programmes, but also other factors, including the long-term sustainability of the programmes, the acceptability of such programmes and any possible knock-on effects. Here, epidemiological surveys conducted after the roll-out of pilot programmes could help us to decide if the intervention should be scaled up to cover more areas, or if other options should be considered instead.

The true human cost of HIV can never be adequately summarised in a set of figures, or described by scientific methods, but epidemiology as a science must play its role, alongside policy-makers, practitioners, activists, and people living with HIV, so as to reverse the impact of a disease epidemic that is so eminently preventable.

CONCLUDING REMARKS

In 2007, the number of new HIV diagnoses in Singapore residents hit a new record. Our epidemiological observations on the sharp increase in cases in recent years have helped to spur new intervention programmes. However, in order to intervene effectively in the long-term with sustainable programmes, we will need better epidemiological data – to target and design our interventions, monitor their progress and evaluate their impact. 

Digital Arts Against AIDS



AIDS Awareness - Interactive Play

Candlelight Memorial in 2006 returns to Bras Basah Park

2006

Candlelight Memorial returned to Bras Basah, this time on Campus Green of the Singapore Management University.

Digital Art Against AIDS – Art Against AIDS went digital in 4 different digital art categories: photography, video, animation and graphic/poster design.

5th Singapore AIDS Conference: 'The Challenge & The Hope'. GOH was Dr Balaji Sadasivan. Keynote speakers were Dr Swarup Sarkar and Ms Chomnad Manopaiboon.

Partnership with HPB on projects like Youth Outreach, Heterosexual Men & MSM outreach and Women Outreach.

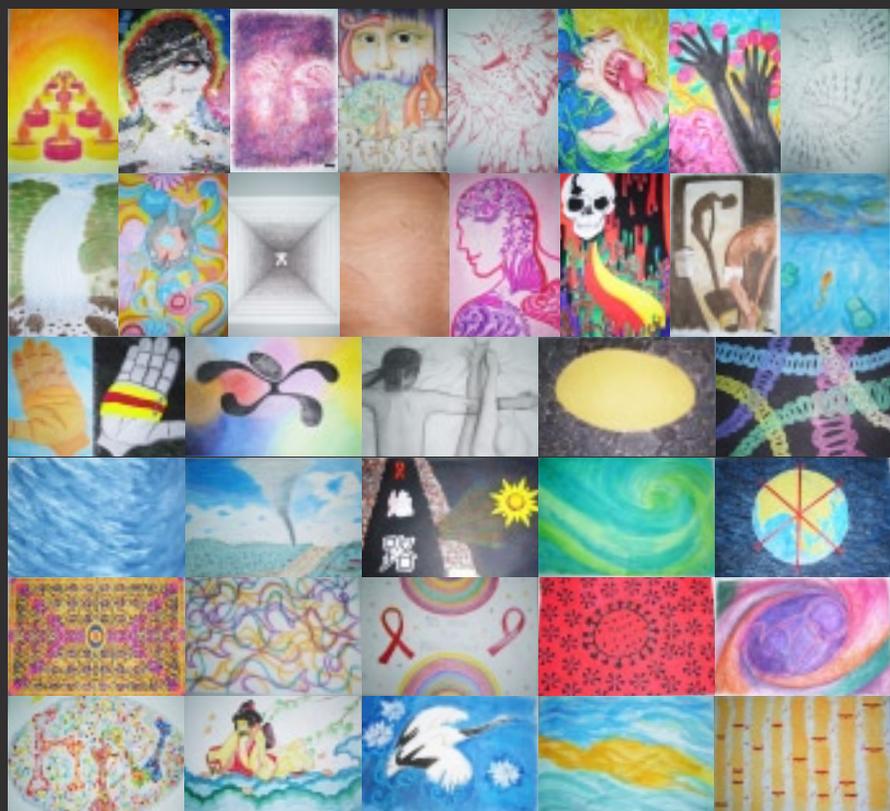
Partnership with AWARE for public outreach on HIV/AIDS with women attending one public forum and two workshops.

"Think Again" Campaign targeting MSM launched in August.

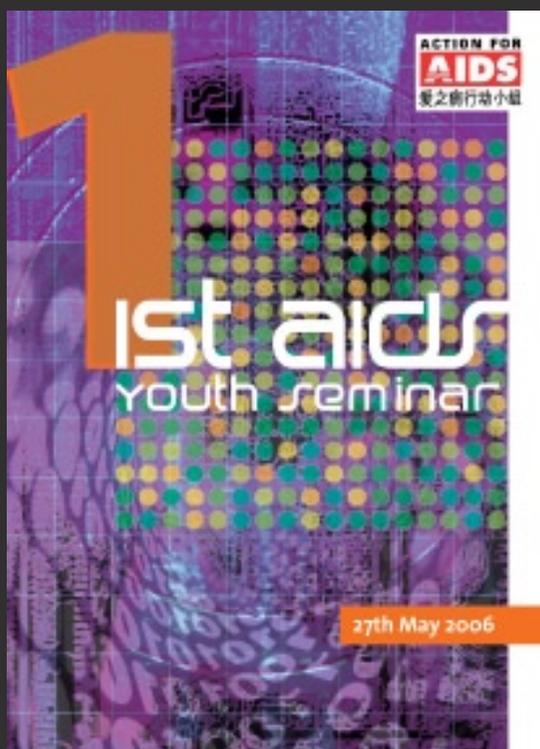
April
Positive Prevention Workshop for People Living with HIV and AIDS at the Changi Village Hotel.

AOC fund raising event for the AfA Endowment Fund. The event was held at the Four Seasons Hotel. The event raised over SGD\$270,000 for the Endowment Fund.

May 27th
AIDS Youth Seminar was held at the SPRING Singapore Auditorium.



5th Singapore AIDS Conference 2006



AIDS Youth Seminar



Sexpo 2006

Line Dancing Charity Jam



AIDS Walk at Orchard Road

Launch of Care for the Family Fund



Candlelight Memorial at Singapore Management University

2007

Candlelight Memorial in SMU Auditorium.

WAD - Mass Line Dancing at Millenia Walk in conjunction with Country Bandwagon.

AIDS Walk along Orchard Road to Tangs Department Store, in conjunction with MAC AIDS Fund, Republic Polytechnic, Box condoms and NewUrbanMale.

August

Charity Gala Dinner "Vegas Royal" 25th August at the Singapore National Museum.

AfA's 1st Flag Day was held on 18th August.

"I Am Responsible Campaign" part of the HMO Programme launched.

7th Month Getai Show part of HMO Programme held in August in Chinatown.

September

2nd AfA Corporate Strategic Retreat – Conrad Hotel.



Men 2007 Exhibition



Getai at People's Park



Strategic Planning Meeting



Launch of High Risk Heterosexual Male Outreach Programme campaign



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VOICES

**ACTION FOR
AIDS**
20
YEARS
OF EDUCATION
CARE & ADVOCACY