By Dr Lee Cheng Chuan

HIV/AIDS: Challenges and New Hopes

It is December again, the month when HIV/AIDS will always be more visible in the media. After all, 1 December is World AIDS Day – a day to take stock of what is happening and what has been done with regards to this pandemic. As a healthcare worker treating patients with HIV/AIDS, I am indebted to Han Chong, Editor of *SMA News* and my good friend from the MO days, for including the topic of HIV/AIDS in the January 2008 issue of this newsletter. He had called upon me to contribute an article on one proviso – that the article should not be too negative since it will be published at the start of the new year!

Here are some good news for HIV/AIDS in 2007 then:

- The United Nations had revised the prevalence of this disease from about 40 million people to about 33 million. This revision was based on improved epidemiological data and methodological analysis.

- Progress in anti-HIV drug development has been phenomenal. More potent versions of existing drug classes (for example, the protease inhibitor Darunavir) and members of two novel classes of anti-HIV medications (integrase inhibitor and HIV co-receptor antagonist) were made available this year to patients who were failing on their existing drug regimens.

Many of these patients had failed therapy due to drug resistance as a consequence of limited drug options during the earlier days of the pandemic. With the current drug armamentarium, it is possible that ALL patients in the developed world could have undetectable HIV viral loads if properly treated.

- Drugs are reaching more patients in the developing world with the availability of generics. Some pharmaceuticals are also selling their patented drugs to poor countries at less than a quarter of the price in the developed world.

- In the area of AIDS prevention, the Gates Foundation – a strong supporter of the AIDS cause – announced in November 2007 that it would pledge another USD 28.5 million to Eastern Virginia Medical School to continue the development of microbicide research for the prevention of HIV in women.

Microbicides are topical substances containing anti-HIV compounds. They are used intravaginally or rectally to prevent HIV infection. It is believed that microbicides will play a big role in the HIV prevention strategy by empowering women to protect themselves. This will have a huge impact for women working in the sex trade and/or living in countries where gender inequalities prevail.

Unfortunately, progress in the social dimension of this multi-faceted disease has not kept pace with progress in the medical field. While I can confidently answer any medical questions posed by my patients, I still find myself hesitating when their questions touch on the stigma and discrimination associated with HIV/AIDS: "Should I tell my old/new employer about my status?" We know of cases where employees have lost their jobs or had their work re-assigned to areas with minimal social contact even when the previous work scope carried

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no risk of HIV transmission. Some patients could not move onto better jobs because they were asked about existing medical conditions during their job applications. While we cannot ethically support our patients by lying, we are cautious when discussing issues on HIV disclosure.

More recently, I was aghast to learn that a primary school kid who had tested negative for HIV, but whose mother had died from AIDS, was asked to undergo yearly HIV testing by the school principal! Alas, the "fear factor" used for certain HIV prevention messages has resulted in misunderstandings and inappropriate actions by some people. Repeated media messages stating that transmission of HIV does not occur from casual social contact are not reaching the ears of many. On the other hand, although employing the fear factor in HIV prevention is effective to a certain extent, it fails to frighten many others, who go on to get HIV infection despite knowing the risks involved.

Evidently, education on sexual health will not work well if it is not coupled with education on morals and values from the parents and teachers. Dr Balaji Sadasivan, Senior Minister of State for Foreign Affairs and Information, Communications and the Arts, correctly stated the point when he said: "If children have knowledge of sex but no values, or values without knowledge, they'll be in trouble." (*The Sunday Times*, 9 December 2007). There is also the other problem of sexual addiction. Unfortunately, many people will not see this as a problem although help in the form of counselling, peer support and medications is actually available. Easy access to sexual encounters via the internet, and the portrayal of sexual infidelity and promiscuity as norms in life in popular series like *Desperate Housewives* are factors that may contribute to the rising incidence of HIV/AIDS. Can our patient with HIV/AIDS be wholly blamed for his/her infection?

Some have shunned many of our patients not because of the fear of HIV transmission, but because of their personal beliefs and judgments. To these people, HIV is a punishment for one's 'deviant sexual behaviour' or sexual misconduct. People who are infected with HIV as a consequence of promiscuous sexual behaviour have 'BAD AIDS'. Women and children, who are often innocent victims, are the people with 'GOOD AIDS' and who will receive the needed support and sympathy.

Perhaps we should be more forgiving and strive to give unconditional care and support. These are noble values that we should try to inculcate. As one of our patients with HIV said: "No one is perfect. We all make mistakes in our lives, which we will perhaps live to regret. I want to show the society how important it is to trust and believe in us again. Give us the hope and a new lease of life so we may believe in ourselves again and be given a chance to start anew."

The stigmatisation against sufferers with HIV is so deep-rooted that most fear disclosing their HIV-positive status to others, including their loved ones. This stigma is so potent that no patient has dared to come public with his infection after Mr Paddy Chew did so in 1998 during our first Singapore AIDS Conference. Many fear that 'coming out' would also hurt and stigmatise their families and loved ones. The absence of a face to this disease has greatly hampered our education on HIV/AIDS care and prevention. Personally, I believe there will always be segments of the population who will not be able to empathise with our patients. Nevertheless, the situation in Singapore is improving. The increasing number of volunteers who come to our centre to care for our patients has been most encouraging. They are an amazing group of people whose positive energies have helped us carry on with our work. Recently, they helped us raised more than S$71,000 by selling handicraft flowers made by our patients in the streets of Singapore during this year's World AIDS Day.

Finally, I would like to add that the United States of America has eased the application process for people with HIV/AIDS entering the USA on short term visits since 2007, and China has also recently stated that it will remove its entry ban on people with HIV/AIDS. These are moves to de-stigmatise the disease, although tough laws still exist with regards to immigration. In addition, a survey of more than 3,500 people from US, Canada, Germany and Japan for World AIDS Day 2007 found that 44% of the respondents would be willing to pay more taxes in order to boost HIV prevention and treatment efforts. I would like to think that there is more HOPE for HIV/AIDS in the coming year. ■