

Individual Written Assignment (23 April 2018)

This report seeks to influence a national policy change regarding Singapore's Medisaveⁱ policies to expand the scope of Medisave usage to include sexual health testing services, up to a withdrawal limit of \$400, alike to what is available for vaccinations and health screenings currently¹. The report will first set the context and describe the desired change in further detail. Secondly, it will conduct a power analysis through Foucault's 'Three Spaces' framework to better understand the nature of power involved. Thirdly, it will use stakeholder mapping to identify the key actors who control power and influence change. This will inform the strategy put forward – a combination of evidence-based influencing, building a coalition of support and media pressure.

Context

Currently, each sexual health screening costs approximately \$120 and \$140 for men and women respectively² at DSC Clinic, the only public specialist sexual health facility in Singapore, which provides subsidised rates³. In private clinics, sexual health screenings can range from \$300 - \$500⁴. However, given that sexual health testing is a 'merit good', it is proposed that Singaporeans be allowed to use their Medisave savings to pay for testing, up to a cap of \$400/year.

This would still remain in line with the intended uses of Medisave, which include "stay(ing) healthy (through) recommended screening tests, vaccinations and chronic disease treatments."⁵ However, the only screenings that can currently be claimed from Medisave are Mammograms and Colonoscopies. The case for using Medisave for sexual health testing is further strengthened given that Medisave can be used for the Human Papillomavirus (HPV)

ⁱ Medisave is a national medical savings scheme which helps individuals put aside part of their income into their Medisave Accounts to meet their future personal or immediate family's hospitalization, day surgery and certain outpatient expenses.

vaccination, which is spread through sexual contact and is a sexually transmitted infection (STI).⁶

Power Analysis

This report uses Foucault's 'Three Spaces' framework to better understand where power resides in order to create targeted strategies for effective policy change. Singapore is widely known to be a Developmental state. Thus, organizational and decision-making structures are largely confined to the government, with little room for citizens to protest or challenge the state. The Singapore government thus possesses a lot of visible power as well as hidden power, as decisions are largely made 'behind-the-scenes'.

At the same time, invisible power is present as well in the form of conservative social norms and beliefs both at the government and national level. For example, the public advisory issued by the government regarding STIs is "abstinence, being faithful to a partner"⁷ and "avoid(ing) casual sex, or sex with sex workers."⁸ The conservative culture of Singapore is also manifested through the public's backlash towards free condom giveaways. In 1991, the National University of Singapore Student Union dropped plans to give out free condoms because it was criticised for promoting promiscuity and casual sex, rather than abstinence.⁹ 20 years later in 2011, a condom discount offer sent out to students at Singapore Management University (SMU) via email was immediately retracted as SMU prohibits "the dissemination of mailers by certain companies, including those selling alcohol, tobacco and condoms."¹⁰ Thus, it can be assumed that the proposal to allow Medisave to be used for sexual health screening will receive similar criticism, potentially hindering the policy change.

Stakeholder Mapping

Stakeholder mapping has been conducted to identify the key actors who possess power and are capable of influencing change regarding health policy in Singapore.

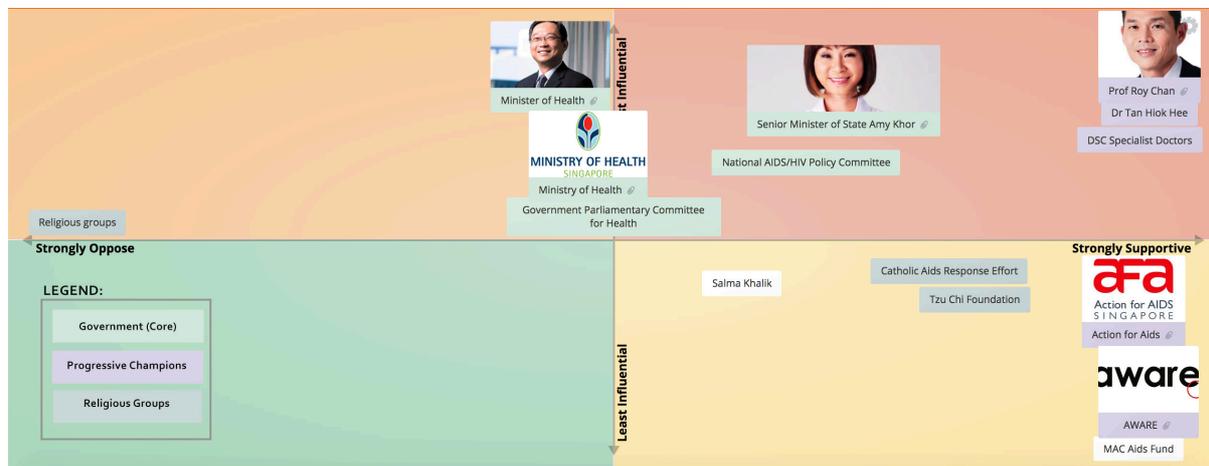


Figure 1: Stakeholder Mapping of Key Actors in Singapore regarding Sexual Health

As seen in Fig. 1 above, Prof Roy Chan has been identified as having high influence and high support. This is because of his dual role in the government and the sexual health advocacy scene. Not only is he a President's Scholarⁱⁱ, he is also the Director at the National Skin Centre (which oversees the Department of STI Control), an adjunct professor at the Saw Swee Hock School of Public Health and the Founder/President of the non-governmental organisation Action for Aidsⁱⁱⁱ (AFA)¹¹. He also sits on the National AIDS/HIV Policy Committee.

Thus, I will focus on influencing Prof Roy Chan to support and propose this national policy change. Together with the other DSC specialist doctors, he will be well-suited to convey the

ⁱⁱ The President's Scholarship is Singapore's most prestigious undergraduate scholarship, where recipients usually go on to top positions in the Civil Service.

ⁱⁱⁱ AFA is a non-governmental organisation dedicated to fighting AIDS/HIV infection in Singapore through the promotion of prevention, education, advocating for and providing care to benefit the welfare of persons living with HIV/AIDS.

message to the Ministry of Health (MOH), given his influence in the government and his progressive stance towards sexual health.

I will also reach out to Senior Minister of State (SMS) Amy Khor, because she frequently speaks out about HIV/AIDS¹² and is the Chairman of the National AIDS/HIV Policy Committee. This is in contrast to the Minister of Health Gan Kim Yong, who has been relatively silent on such issues. Although she has a conservative background, it would be relatively easier to convince her to put forth the policy change as it is within her area of expertise. If successful, it would then automatically flow downwards for the MOH to implement.

It is expected for religious groups (high influence; strongly opposed) to be the most vocal opposition regarding this policy change¹³. However, it is interesting to note that within religious groups, there exists a variation in attitudes towards sexual health. The Catholic Aids Response Effort (CARE) runs advocacy and outreach programmes to help raise the level of public awareness of HIV/AIDS and “be a sign of God’s love...without prejudice or discrimination”¹⁴. The spiritual director Rev Father Kenson Koh is a strong advocate of acceptance. Likewise, the Tzu Chi Foundation (a Buddhist charity) has given out more than S\$2 million in AIDS/HIV medicine subsidies as it believes in the “spirit of compassionate Great Love”.¹⁵ Thus, it is assumed that they would be supportive of such a policy change because it is in line with their overall interests. Given their legitimacy as religious groups, they can act as strong advocates and initiate conversations with opposing religious groups to address concerns.

Nonetheless, in line with the power analysis above, the Singapore government is the final decision-maker. For example, despite widespread opposition from religious groups concerned about the social implications of gambling, the government went ahead to open casinos in

Singapore¹⁶ because of their belief that they ultimately make the “right decisions” in the long run.¹⁷ Thus, it is more important to convince the government of the need for the policy change.

Implications for strategy

Given the outcome of the power analysis and stakeholder mapping, insider tactics are likely to be more effective in Singapore rather than outsider tactics such as popular mobilisation. This is provided the suggestions made are aligned with their interests and do not threaten the existing system. In such contexts, evidence-based influencing will be the most effective way to convince the government. Given that I will be targeting policymakers, the evidence provided should consist of big ideas and positive visions.

Influencing the State

(i) Evidence-Based Influencing

‘Killer facts’ will be presented as a justification for the policy change. There has been an upward trend in STIs since 2014, with a 12.5% increase in new cases.¹⁸ Amongst homosexuals, there has been a 27.5% increase in new HIV/Aids cases between 2014 and 2015, the highest number in seven years.¹⁹

This is a cause for concern because of the economic and health burden STIs impose. Although most STIs are generally not life-threatening, untreated infections can result in “serious long-term morbidity and mortality, impact on female fertility and can facilitate HIV transmission”²⁰.

The MOH recognises the importance of sexual health testing as it “urge(s) individuals who engage in high-risk sexual behaviour to go for early and regular HIV testing”²¹ so as ensure the suppression of viruses in the body as well as to minimise the risk of onward transmission. This is especially since “over 40% of all new HIV cases are being diagnosed with late-stage HIV infection, signifying a delay in early detection.”²²

An effective solution towards this would be to provide “increased access to testing ... (as it) is likely to prevent the spread of STIs.”²³ However, cost has been identified to be one of the barriers against sexual health testing in Singapore.²⁴ Thus, the use of Medisave would contribute towards alleviating the cost burden and increasing the prevalence of testing.

Moreover, the proposal for the use of Medisave to cover for sexual health testing remains in line with the government’s principle of “individual responsibility” and “avoid(ing) overreliance on state welfare or third-party medical insurance.”²⁵ Thus, the government may be more inclined to implement the policy change given that it is in line with the government’s principles and supported with strong evidence.

(ii) League Table Comparison

Singapore is often ranked first in many league tables and is a source of pride for the Singapore government. In terms of health, Singapore was ranked first amongst 188 countries on track to meet health-related sustainable development goals (SDG) for the year 2030 in a study published by the Lancet.²⁶ This was used as the basis of comparison for the construction of the league table below (see Table 1).

Table 1: League table comparison of countries which provide free STI testing services ranked according to their progress towards the UN health goals

Ranking^{iv}	Country	SDG Index Score²⁷	Availability of at least <u>some</u> form of free STI testing²⁸
1	Singapore	87	X
2	Iceland ²⁹	86	√
3	Sweden	86	√
4	Norway	84	√

^{iv} This table was compiled by comparing the top 30 countries that were making progress towards the health-related UN SDGs. To avoid Western bias, Singapore’s closest neighbors, Malaysia and Indonesia, as well as China were included for comparison. The information regarding the provision of free STI testing services were obtained via national government websites, journal articles or local blogs for each country.

5	Netherlands	83	√
6	Finland ³⁰	83	√
7	Israel ³¹	82	√
8	Malta	81	√
9	Switzerland	80	√
10	UK	80	√
11	Australia ³²	80	√
12	Canada ³³	79	√
13	Germany	78	√
14	Italy	78	√
15	Denmark	77	√
16	Belgium ³⁴	77	√
17	Antigua and Barbuda ³⁵	76	√
18	Cyprus ³⁶	76	√
19	Slovenia	75	√
20	Ireland ³⁷	75	√
21	Japan ³⁸	75	√
22	Austria	74	√
23	Spain	74	√
24	USA ³⁹	74	√
25	Brunei ⁴⁰	74	√
26	France	73	√
27	Barbados ⁴¹	73	√
28	South Korea ⁴²	73	√
29	Czech Republic	73	√
30	Slovakia	72	√
52	Malaysia ⁴³	66	√
74	China ⁴⁴	61	√
125	Indonesia ⁴⁵	40	√

The results proved to be surprising because Singapore is the only country that has no form of free STI testing out of the 33 countries measured. Although critics may argue that the top 30 are dominated by Western countries (with liberal, progressive views), this argument is invalid given that Singapore's Asian counterparts – Japan, South Korea and China provide free STI testing services. Even Singapore's closest geopolitical neighbours, Malaysia and Indonesia (ranked 52th and 125th respectively) provide free STI testing services, despite being Muslim-dominated and perhaps even more conservative than Singapore.

To circulate this league table, I plan to reach out to Salma Khalik, the Straits Times^v Senior Health Correspondent, to publish a media exclusive regarding Singapore's regressive policy on sexual health testing. Although it is a form of outsider campaigning, the Straits Times is often regarded as the government's mouthpiece and can thus be used as a proxy to attract attention from the government. Given Singapore's competitiveness and desire to 'keep up with the rest', this can also be used as an impetus to push the policy change forward.

(iii) Building a Coalition

Drawing upon the previous analysis done in Stakeholder Mapping, I aim to build a coalition of support for the policy change by convening 'unusual suspects', where religious groups, government officers and NGOs can ally together to bring about the policy change.

Conclusion

To conclude, this proposed policy change seeks to 'dance with the system'. Through stakeholder mapping and power analysis, this report has selected allies and tactics to fit the way the state works and does not try to change *how* the state works. Taking timing (and events) into account, it is best to coincide the official proposal to MOH in the run-up to World AIDS Day (1 Dec) as there would be more attention paid to sexual health issues. Nonetheless, I plan to start cultivating connections now by reaching out to Prof Roy Chan and SMS Amy Khor. As the saying goes, "Chance Favors the Prepared Mind". In the event of unpredictable crises and critical junctures, established relationships would thus be crucial in implementing the desired change.

^v The Straits Times is Singapore's national newspaper.

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