GLOBAL AIDS RESPONSE PROGRESS REPORTING (GARPR) 2014 – COUNTRY PROGRESS REPORT SINGAPORE

Reporting period: January 2011 – June 2013

Submission date: April 2014

I. Status at a glance

Singapore's HIV epidemic is classified as a low-level epidemic[1].

Summary of the HIV status

	2011	2012	2013 (till June 2013)
Number of newly diagnosed HIV cases	461	469	198
Number of PLHIV	3811	4193	4374
Known HIV Prevalence in resident population aged 15 and above	0.12%	0.13%	NA
HIV Prevalence among MSM	2.06%	NA	3.14%
HIV Prevalence among sex workers		0%	0.004%

II. Overview of the HIV/AIDS epidemic

The first case of HIV was diagnosed in Singapore in 1985. Since then, the number of HIV notifications among Singapore residents has increased from 2 in 1985 to a cumulative total of 5973 as of 30 June 2013. Of these, 1599 (27%) have died.

The prevalence of known PLHIV among the resident population aged 15 years and above was 0.13**%** in 2012.

The number of newly-diagnosed cases in 2012 was 469, compared to 461 cases in 2011. Between January and June 2013, another 198 Singapore residents were reported to be HIV-infected.

[1] HIV prevalence has not consistently exceeded 5% in any defined sub-population.

The epidemic in Singapore is predominantly male. As at end June 2013, there were 5414 male cases and 559 female cases, giving a sex ratio of almost ten males to one female.

The epidemic in Singapore is driven mainly by sexual transmission. 61% of the 5973 cases acquired HIV through heterosexual transmission, and 34% through homosexual and bisexual transmission. As a result of the strict drug laws in Singapore, intravenous drug abuse accounted for only 2% of all HIV cases at end June 2013.

The following table shows a comparison between 2011 and 2012 figures:

	2011	**2012**
Total number of diagnosed cases	461	469
Gender		
- Male	430	437
- Female	31	32
Mode of transmission		
- Heterosexual	210	220
- Homosexual	195	210
- Bisexual	42	27
- Intravenous drug use	4	2
- Perinatal	0	0
- Uncertain	10	10

A significant proportion of HIV cases in Singapore present when they are already in an advanced stage of infection. In 2012, 48% of the new cases already had late-stage HIV infection when they were diagnosed.[2] Similarly, in the first 6 months of 2013, two in five newly reported cases (40%) already had late-stage HIV infection when they were diagnosed.

Slightly over 40% of the newly reported cases from January to June 2013 had their HIV detected when HIV testing was performed in the course of medical care provision. Another 30% were detected during routine programmatic HIV screening while 20% were detected as a result of voluntary HIV screening. The rest were detected through other types of screening. When differentiated by sexual transmission, a higher proportion of homosexuals (33%) had their HIV infection detected via voluntary screening compared to heterosexuals (8%).

[2] Late-stage HIV infection was defined as having a CD4 cell count of less than 200 or developing AIDS-defining opportunistic infections at first diagnosis or within one year after HIV diagnosis when the cases were diagnosed.

III. National response to the HIV/AIDS epidemic

The National AIDS Control Programme comes under the central control of the Ministry of Health, Singapore (MOH), with active involvement from other relevant government agencies as well as community and private sector groups in Singapore. The Programme focuses on HIV education and prevention for the general population as well as specific at-risk groups, reducing the pool of undiagnosed HIV-infected individuals, and providing care and support to those living with HIV/AIDS. To further enhance the surveillance and control of HIV, MOH set up a National Public Health Unit in September 2008. This unit is responsible for maintaining and enhancing the National HIV Registry, carrying out contact tracing and partner notification for newly-diagnosed HIV patients, and conducting HIV-related public health research.

During the course of 2011 and 2013, national efforts to increase access to HIV prevention, education, testing, care and support have continued. .

(a) HIV/AIDS Education

General Population

HIV/AIDS prevention and education is the mainstay of the national HIV/AIDS control programme in Singapore. Education is targeted at both the general population and those at high risk of infection. Educational messages for the general population are focused on the dangers of casual sex, promotion of family values, and avoidance of pre-marital and extra-marital sexual relationships. The use of condoms for prevention is emphasized to those at risk. Educational campaigns are also conducted to reduce HIV-related stigma and discrimination.

Youth

Information on Sexually Transmitted Infections and HIV/AIDS is taught to youths through curriculum and co-curriculum programmes in schools. In the curriculum, students learn about STIs and HIV/AIDS through lower-secondary (13-14 years old) Science as well as upper-secondary (15-16 years old) Biology lessons.

Leveraging on a multi-agency approach, the Ministry of Education, Ministry of Health and Health Promotion Board collaborated to conceptualise and implement a co-curriculum programme. The Empowered Teens (eTeens) programme is a staple sexuality education programme targeting students aged 15 to 17 years. Eteens aims to teach students about the different sexually transmitted infections (STIs), consequences of STIs/HIV, protection against STIs/HIV/AIDS from a health perspective, and life skills such as the ability to be assertive and make sound decisions in order to say “no” to casual sex. Apart from developing programmes for mainstream students, HPB has successfully conceptualised and implemented a programme for vulnerable youths.

Peer-led and media (both conventional & new/social media) initiatives have also been developed to complement school-based programmes. In addition, parent education programmes, comprising workshops, seminars and media initiatives have been implemented to empower parents with information and skills to communicate with their children about sexuality issues.

High-Risk groups

Key Risk Groups include
(a) Men who have sex with Men
(b) Men who buy sex from sex workers
(c) Sex workers
(d) Inmates and Drug Rehab clients
(e) Male and Female Migrant workers

Special education programmes are carried out for sex workers to educate them on STIs and HIV, modes of transmission and to strongly promote the use of condoms. Similar programmes to educate potential indirect sex workers have also been implemented.

Specific educational programmes targeting high-risk heterosexual men and men who have sex with men (MSM) have also been implemented, in collaboration with community-based organizations.

More intensive efforts for the MSM community

The government works closely with the NGOs to develop and conduct outreach, education and research activities in the MSM community. A working committee on MSM and HIV/AIDS comprising the Ministry of Health, government agencies and NGOs was set up to develop and coordinate a more intensive multi-pronged strategy for education, outreach and research programmes with the objective of creating an environment in which MSM are empowered to take personal responsibilities to reduce risk behaviours and undergo regular testing.

Workplace

The Health Promotion Board (HPB) is continuing intensified HIV education in the workplace. The AIDS Business Alliance (ABA) was set up in Singapore in November 2005 to champion HIV/AIDS education in the workplace, and to advocate for a supportive and non-discriminatory working environment for employees living with HIV. The members of the ABA represent both the private and public sector which include local and multinational companies as well as employees' and employers' unions.

Together with the ABA, the government has launched an enhanced workplace focused programme called WIDE – Workplace Infectious Disease Education. In order to reduce the barrier (created by stigma towards the disease) HIV

education is combined with other infectious diseases like Flu and TB. The WIDE Programme consists of talks, exhibits and a HR management folder (that provides key essential information on the prevention and management of infectious diseases in the work place).

As part of our efforts to address the issue of HIV-related stigma and discrimination in the workplace, the Health Promotion Board (HPB), has partnered the Singapore National Employers Federation (SNEF) to leverage on their business affinity in the rolling out of the WIDE programme to companies, as well as to launch the revised SNEF HIV/AIDS Workplace Guidelines. This was the first time business leaders of workplaces came together to pledge their support for the guidelines, and was an important milestone of our work in HIV/AIDS education

The SNEF Guidelines provides information on the epidemiology of HIV/AIDS in Singapore, our national HIV control programmes, and also guiding principles on a variety of HIV-related issues, such as workplace education, medical screening and confidentiality. The Guidelines also provides practical steps for developing and implementing workplace prevention and management of HIV/AIDS, which is tiered to allow progressive development of a comprehensive HIV/AIDS workplace program.

(b) Increased HIV testing efforts

(i) Anonymous Testing

Anonymous HIV Testing is made available for those who believe that they are at risk of HIV infection but who are reluctant to identify themselves to medical personnel. There are a total of seven anonymous HIV test sites in Singapore with plans for another three more. During the course of 2011 - 2013, more than 34,000 anonymous HIV tests were carried out, of which (1.7%) were HIV-positive.

(ii) Voluntary opt-out HIV testing among hospital inpatients

In view of the US CDC recommendations that voluntary opt-opt screening for HIV infection be performed routinely for all patients aged 13-64 years in all healthcare settings, as a normal part of medical practice,[3] voluntary opt-out HIV screening is implemented in all other acute public sector hospitals for hospital inpatients aged 21 years and above. The objective of this programme is to give inpatients an opportunity to have HIV screening done as part of the routine medical care they receive during their stay in hospitals, and so facilitate earlier detection of HIV infection. During the period of 2011 – 2013, more than 100,000 HIV

[3] Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings. CDC MMWR September 22, 2006 / Vol. 55 / No. RR-14.

screening tests were done under this programme, of which 0.1% were HIV-positive.

(c) Care, Support and Treatment of the HIV-infected

The majority of HIV cases are managed in the Communicable Disease Centre (CDC) by a multi-disciplinary team that provides medical, nursing, social, counselling and other support. Contact tracing and partner notification for sexual partners of HIV-infected persons is carried out jointly by the National Public Health Unit and the treating clinic.

HIV/AIDS patients have access to subsidised inpatient and outpatient care. This includes hospital, radiological and laboratory charges, treatment of complications with standard drugs and consultation fees. Patients are allowed to withdraw up to S$550 per month from their Medisave account for anti-retroviral drugs. From 1 February 2010, Medifund assistance was extended to HIV treatment.

(d) Legislation

The Infectious Diseases Act was amended in 2008 to require that a person who has reason to believe that he has, or has been exposed to a significant risk of contracting, HIV/AIDS, must take reasonable precautions to protect his sexual partner, such as by using condoms, even if he is ignorant of his HIV-positive status. Alternatively, he can go for a HIV test to confirm that he is HIV-negative. Otherwise, he must inform his partner of the risk of contracting HIV infection from him prior to engaging in sexual intercourse, leaving the partner to voluntarily accept the risk, if he or she so wishes.

It is also an offence for a HIV-infected person to:

a) knowingly donate blood or commit any act likely to spread disease
b) have sex with another person unless the partner has been informed prior to intercourse of the risk of infection AND voluntarily accepts the risk.

IV. Best practices

Recognising prevention and control of HIV requires a multi-agency effort involving stakeholders; a National HIV/AIDS Policy Committee was formed in 2006. The current chairperson is Dr Amy Khor, Senior Minister of State for Health and the committee comprises the stakeholders from 7 ministries, two healthcare institutions, the Health Promotion Board (a Statutory Board under the Ministry of Health responsible for HIV/AIDS prevention and education programmes), Action for AIDS (a local non-governmental organization), the Singapore National Employers Federation (SNEF) and the AIDS Business Alliance representing employers and the business community.

The Committee would be looking at the following priority areas in the short/medium term:

(1) Education on preventing HIV infection
(2) Early detection of HIV infection
(3) Support for people living with HIV and their families

V. Major challenges and remedial actions

After more than 20 years of the HIV/AIDS epidemic in Singapore, HIV-related stigma and discrimination remains a significant challenge. MOH, HPB, and community partners have stepped up efforts to address stigma and discrimination towards people living with AIDS, for example, through the broadcast of a television drama serial, workplace education programmes, and experiential roving exhibitions that reached out to the general public.

Another challenge is to reduce the proportion of HIV-infected individuals who are unaware of their infection. The government and community partners have been working together to promote the HIV testing message to the general community, as well as those at higher risk of infection, particularly among high-risk heterosexual men and MSM. Furthermore, accessibility to testing has been enhanced by the initiatives described in Section II(b).

VI. Support from the country's development partners (if applicable)

Not applicable.

VII. Monitoring and evaluation environment

Biological and behavioural HIV surveillance is carried out by MOH, the National Public Health Unit and the Health Promoton Board (HPB) in conjunction with healthcare, community and academic partners. These include case surveillance, unlinked surveillance in target sentinel groups, and surveys of population groups on HIV-related risk behaviours.

HIV and AIDS are legally notifiable diseases in Singapore. The National HIV Registry receives HIV and AIDS notifications from clinicians and laboratories. The national HIV data is supplemented by unlinked anonymous surveillance in various sentinel groups such as patients with tuberculosis and sexually transmitted infections.

Behavioural surveillance is also carried out through surveys in the general population, as well as in specific population groups (e.g. youths and MSM). Furthermore, periodic research and surveys are carried out to assess the situation in order to better inform policy making and programme implementation.