

Singapore Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 01/01/2013

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Postal address:

Telephone:

Fax:

E-mail:

Describe the process used for NCPI data gathering and validation:

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
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NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
		B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: No

IF YES, what is the period covered:

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: No

Earmarked Budget: No

Health:

Included in Strategy: No

Earmarked Budget: No

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: No

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: No

Schools: No

Workplace: No

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: No

Gender empowerment and/or gender equality: No

HIV and poverty: No

Human rights protection: No

Involvement of people living with HIV: No

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific key populations/vulnerable subpopulations [write in]:

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: No

1.6. Does the multisectoral strategy include an operational plan?: No

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?:

b) Clear targets or milestones?:

c) Detailed costs for each programmatic area?:

d) An indication of funding sources to support programme implementation?:

e) A monitoring and evaluation framework?:

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework:

National Development Plan:

Poverty Reduction Strategy:

National Social Protection Strategic Plan:

Sector-wide approach:

Other [write in]:

:

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws:

HIV impact alleviation (including palliative care for adults and children):

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:

Reduction of stigma and discrimination:

Treatment, care, and support (including social protection or other schemes):

Women's economic empowerment (e.g. access to credit, access to land, training):

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health:

b) HIV Counselling & Testing and Tuberculosis:

c) HIV Counselling & Testing and general outpatient care:

d) HIV Counselling & Testing and chronic Non-Communicable Diseases:

e) ART and Tuberculosis:

f) ART and general outpatient care:

g) ART and chronic Non-Communicable Diseases:

h) PMTCT with Antenatal Care/Maternal & Child Health:

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?:

Since 2011, what have been key achievements in this area:

What challenges remain in this area::

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: The Senior Minister of State (Health) is the chairperson of the National HIV/AIDS Policy Committee which includes representatives for the government, civil and private sectors. As Chair of the Comiittee she has demonstrated her support to HIV-related events e,g attending events related to World AIDS Day.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr Amy Khor, Senior Minister of State (Health)

Have a defined membership?: Yes

IF YES, how many members?: 17

Include civil society representatives?: Yes

IF YES, how many?: 3

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: The National HIV/AIDS Policy Committee and the Working Committee on MSM and HIV/AIDS meets regularly The private sector and civil society partners are actively involved in the designing and implementation of HIV prevention / education programmes. Singapore is a committed member of the ASEAN Task Force on

AIDS (ATFOA) and contributes actively to ASEAN Work Programmes on HIV/AIDS (AWP).

What challenges remain in this area: Engagement of more partners from the private sector

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: No

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: Expanding number of anonymous HIV testing sites in Singapore.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area: More coordinated and multi-sectoral implementation of HIV/AIDS programmes.

What challenges remain in this area: Stigma and discrimination.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::

Briefly explain what mechanisms are in place to ensure these laws are implemented::

Briefly comment on the degree to which they are currently implemented::

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: No

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: No

Reduce the number of sexual partners: Yes

Use clean needles and syringes: No

Use condoms consistently: Yes

Other [write in]:

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: No

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: Leverage on community-based organisations to reach out to vulnerable sub-populations with programmes.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs:

Men who have sex with men: Condom promotion, HIV testing and counseling, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Targeted information on risk reduction and HIV education

Prison inmates:

Other populations [write in]::

:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 7

Since 2011, what have been key achievements in this area:: Mandatory HIV prevention programmes in school curriculum. Effective programmes to reach vulnerable sub-populations.

What challenges remain in this area: Sensitivities with regards to condom messaging to youths. Reaching out to young MSM.

4. Has the country identified specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?:

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: No

If YES, Briefly identify the elements and what has been prioritized::

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

: N/A

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: No

Please clarify which social and economic support is provided:

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:

Since 2011, what have been key achievements in this area:: Continuation and expansion of the Positive Prevention Programme to more hospitals to promote the well being of individuals living with HIV/AIDS and protection of their sexual partners from HIV transmission, expansion of Medifund to HIV treatment, continued funding for clinical management, counselling and care of people living with HIV, expansion of Drug Adherence programme to more hospitals to promote treatment adherence and to reduce lost-to-follow up.

What challenges remain in this area:: Minimising patient lost-to-follow up.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation::

1.1. IF YES, years covered: 1985 - 2014

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 10%

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles::

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: Yes

If elsewhere, please specify: Health Promotion Board

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Data Supervisor	Full-time	2008
Operations Supervisor	Full-time	2008
Senior Public Health Officer	Full-time	2008
Public Health Officer (x9)	Full-time	2009-2014
Executive	Full-time	2014

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: Quarterly and annual reports; sharing at routine meeting such as National HIV/AIDS Policy Committee meetings, Department of STI Control Cliniv meetings etc sharing of post-survey results (NBSS 3 yearly)

What are the major challenges in this area:: Collecting data on harder-to-reach populations e.g. males clients of sex workers

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: National HIV Registry under Ministry of Health NBSS and MSM BSS under Health Promotion Board

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: No

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: No

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: Groups surveyed by HPB.

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

IF YES, at which geographical levels (provincial, district, other)?:

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Data is used to monitor uptake of programmes and helps in the designing of improved programmes. HIV surveillance data provides information on prevalence of HIV & risk behaviours in higher risk groups and the level of uptake of HIV testing. This information is used to formulate strategies for HIV prevention/education of these target populations. National HIV Statistics and behavioural data are used for resource allocations for prevention and control programmes.

10. In the last year, was training in M&E conducted

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 7

Since 2011, what have been key achievements in this area:: Improvement of contact tracing procedures and spousal notification, improved partnership with MSM groups to operationalise MSM BSS, increased programme monitoring and improvements/ revisions to indicators and targets where relevant.

What challenges remain in this area:: New and better ways in assessing efficacy of programmes especially for high-risk groups whom are hard to reach.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: Through efforts to engagement of (mostly middle-level) political leaders to participate in fundraising activities and awareness programmes.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 2

Comments and examples:: The level of civil society involvement in planning and budgeting is moderate, however decision making is made at policy levels.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 2

b. The national HIV budget?: 2

c. The national HIV reports?: 2

Comments and examples:: Research, services and educational programmes conducted by civil society have been included in certain national reports.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3

c. Participate in using data for decision-making?: 1

Comments and examples:: Civil society is included in some committees and workgroups. Nationally collected data are however not openly shared for effective and timely for M & E by stakeholders.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples:: There is a noticeable presence of civil society representatives in heterosexual education programmes targeting high risk men, and MSM. However civil society representatives of sex workers is rudimentary and that for IDU is non existent.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples: Funding for outreach activities is short term (e.g. one to two yearly durations) and largely for programme execution. Funding is insufficient for manpower and organisational development and strengthening, and is therefore neither likely to be sustainable nor to be scaled up in the long term.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 25-50%

Men who have sex with men: >75%

People who inject drugs: <25%

Sex workers: 25-50%

Transgender people: 25-50%

Palliative care : <25%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): 25-50%

Home-based care: <25%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 7

Since 2011, what have been key achievements in this area?: In areas of Heterosexual outreach, MSM, Female Sex Workers, and Stigma and Discrimination

What challenges remain in this area?: Presence of structural barriers to sustainable behavioural change (e.g. criminalisation of MSM, travel restrictions for persons living with HIV/AIDS) Lack of commitment to Capacity building, Coordinated Care/Support, Prevalent Stigma and Discrimination (e.g. criminalisation of MSM, travel restrictions on persons living with HIV/AIDS, lack of legal protection for persons living with HIV/AIDS against loss jobs and health and medical insurance)

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened?: Civil society representatives are present on the National HIV Policy Committee and on the Sexual Health Working Group

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: NA

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
No

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Maintenance of Religious Harmony Act (CHAPTER 167A) - An Act to provide for the maintenance of religious harmony and for establishing a Presidential Council for Religious Harmony and for matters connected therewith. Children and Young Persons Act (CHAPTER 38) - An Act to provide for the welfare, care, protection and rehabilitation of children and young persons who are in need of such care, protection or rehabilitation, to regulate homes for children and young persons and to consolidate the law relating to children and young persons. Women's Charter (CHAPTER 353) - An Act to provide for monogamous marriages and for the solemnization and registration of such marriages; to amend and consolidate the law relating to divorce, the rights and duties of married persons, the protection of family, the maintenance of wives and children and the punishment of offences against women and girls; and to provide for matters incidental thereto.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: The Maintenance of Religious Harmony Act ("MRHA") - Under the purview of the Ministry of Home Affairs - Empowers the Ministry to make a restraining order against a person who is in a position of authority in any religious group or institution to commit any of the following acts: causing feelings of enmity, hatred, ill-will or hostility between different religious groups; or promoting a political cause, carrying out subversive activities, or exciting disaffection against the President or the Government under the guise of propagating or practising a religious belief - Breaching a restraining order is a criminal offence. Children and Young Persons Act (CHAPTER 38) - Under the purview of Ministry of Social and Family Development - Reporting of suspected child abuse is

the first step in helping to prevent or stop the abuse - Appropriate investigation and intervention will be conducted to prevent further harm to the child. - Professional assistance will also be provided to the abused child and the family. Women's Charter (CHAPTER 353) - The Women's Charter was an Act of the Singaporean Parliament passed in 1961. - The Act was designed to improve and protect the rights of females in Singapore and to guarantee greater legal equality for women in legally sanctioned relationships (except in the area of Muslims marriages, which are governed separately by the Administration of Muslim Law Act). - Among other things, the Act provides for the institution of monogamous marriages, the rights of husbands and wives in marriage, the protection of the family, and the legal potentialities with regard to divorce and separation. Further amendments introduced provisions to facilitate marriages in Singapore, address divorce and its impact and strengthen the enforcement of maintenance orders.

Briefly comment on the degree to which they are currently implemented: In 1989, a Parliamentary Committee was set up to formulate Singapore's National Ideology and Shared Values. The White Paper on Singapore's Shared Values was presented to Parliament on 5 January 1991. A nation-wide debate followed as well as in Parliament on 14-15 January 1991. After two amendments in the phrasing, the House adopted the five statements as the nation's Shared Values on 15 January 1991. Statements The basis for developing this Singapore identity was to identify key common values that all racial groups and faiths can subscribe to and live by. Outside of these Shared Values, each community can practise its own values as long as they are not in conflict with national ones. The main theme underlying the set of Shared Values emphasises communitarian values and reflects Singapore's heritage. Nation before community and society above self: Putting the interests of society ahead of the individual. Family as the basic unit of society: The family is identified as the most stable fundamental building block of the nation. Community support and respect for the individual: Recognises that the individual has rights, which should be respected and not light encroached upon. Encourages the community to support and have compassion for the disadvantaged individual who may have been left behind by the free market system. Consensus, not conflict: Resolving issues through consensus and not conflict stresses the importance of compromise and national unity. Racial and religious harmony: Recognises the need for different communities to live harmoniously with one another in order for all to prosper.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: Yes

Other specific vulnerable populations [write in]: NA

: No

Briefly describe the content of these laws, regulations or policies:: The Infectious Diseases Act requires disclosure before sex by persons with HIV/AIDS . A person who has reason to believe that he/she has HIV/AIDS should also inform his/her partner or use a condom with his/her partner. HIV Travel Ban - Entry is denied to HIV-positive people and foreigners diagnosed with AIDS. No HIV testing requirement for tourist or business visa applicants up to 30 days. - HIV test mandatory for stays beyond 30 days. - Foreign nationals with AIDS or who are HIV-positive are expelled. HIV-positive foreign spouses of Singaporeans are exempt and allowed to remain in Singapore. Entering with ARVs for personal use requires approval by authorities. Use local hospitals with caution: Singapore doctors are required to report anyone found to be HIV-positive to the authorities. Penal Code 377A - Section 377A of the Penal Code of Singapore is the main remaining piece of legislation which criminalises sex between mutually consenting adult men. - Section 377A ("Outrages on decency") states that: Any male person who, in public or private, commits, or abets the commission of, or procures or attempts to procure the commission by any male person of, any act of gross indecency with another male person, shall be punished with imprisonment for a term which may extend to 2 years. In 2007 Section 376A, was introduced, which provides that any person who sexually penetrates a minor under the age of 16 is guilty of an offence. Section 376A of the Penal Code and Section 22(1)(a) of the Criminal Procedure Code obliges HCW to report to the Police persons under 16 who have been diagnosed with STI or who they know have engaged in sexual intercourse with another partner

Briefly comment on how they pose barriers:: Infection Disease Act further stigmatised people living with HIV/AIDS Penal Code 377A hinders preventive efforts to reach out to MSM community. Travel ban classifies people living with HIV/AIDS as prohibited immigrants and prevents them from seeking treatment in Singapore especially those who are already working in Singapore. Section 376A is a barrier for young persons who seek testing and counselling and care for STI/sexual health.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: The Penal Code and Womens Charter protect women against domestic violence, sexual or physical harassment.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: No

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: Medical social workers in hospitals generally would collect and collate such information.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: Yes

If applicable, which populations have been identified as priority, and for which services?: Low income individuals/families

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Singapore nationals and residents have access to treatment, care and support.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: NA

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: No

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: No

Programmes for the media: No

Programmes in the work place: Yes

Other [write in]: NA

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 2

Since 2011, what have been key achievements in this area?: Singapore National Employers Federation released non-binding guidelines on HIV in the workplace. The adoption of these guidelines is poor.

What challenges remain in this area?: Absence of an anti discrimination law for PWHIV Presence of 377A, Travel entry ban on PWHIV, Law that impacts on access to sexual health care by young persons

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 2

Since 2011, what have been key achievements in this area?: NIL

What challenges remain in this area?: Absence of an anti discrimination law for PWHIV Presence of 377A, Travel entry ban on PWHIV, Law that impacts on access to sexual health care by young persons

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Results from National Behavioural Surveillance Survey MSM Behavioural Surveillance Survey Annual HIV epidemiology statistics Local qualitative studies and stakeholders discussion

IF YES, what are these specific needs? : The need to overcome HIV-related stigmatisation and discrimination The need to increase safer sex behaviour The need to increase HIV knowledge and awareness The need to address recreational drug use and harm reduction strategies

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: N/A

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Strongly agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 7

Since 2011, what have been key achievements in this area?: Promotional campaigns on - condom use, - HIV testing services at Anonymous Testing Sites and Mobile test sites for both Heterosexual outreach and MSM community. - HIV talks at workplace - co-curricula programmes in schools which are mandatory - targeted interventions for at-risk youths - Sex workers outreach

What challenges remain in this area?: HIV education to - young MSM - transgender communities - encouraging early and regular testing among high-risk groups

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: Early detection and treatment for newly diagnosed. Support services for newly diagnosed and people living with HIV/AIDS

Briefly identify how HIV treatment, care and support services are being scaled-up?: - More anonymous testing sites - More treatment centres - Lower ART medication costs - Leveraging on social media in outreach efforts

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Strongly disagree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Strongly agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]: NA

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: - Better coordination efforts with state hospitals - Better outreach and publicity resulting in increased in awareness and testing

What challenges remain in this area: - Access to free and sustainable ARV medications

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: - Better coordination efforts with state hospitals - Better outreach and publicity resulting in increased in awareness and testing

What challenges remain in this area: - Access to free and sustainable ARV medications