

Survey Response Details

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Response Details

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- 1) **Country**
Singapore (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
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- 7) **Date of submission:**
Please enter in DD/MM/YYYY format
31/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
Guidelines on reporting were shared with partners. First draft of NCPI was formulated with inputs from partners. Consolidated draft was shared with partners, further inputs incorporated, and report was then finalized and submitted.

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

No disagreement.

10)

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

NIL.

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11)

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

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Dr Joanne Tay / Acting Deputy Director (HIV Prevention), Communicable Diseases Division	A.I, A.II, A.III, A.IV, A.V

12)

Organization Names/Positions			Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health	Ms Ang Li Wei / Senior Biostatistician (HIV Prevention), Communicable Diseases Division	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Health	Dr Li Ling Ho / Medical Officer (HIV Prevention), Communicable Diseases Division	A. I, A. II, A. III, A. IV, A. V
Respondent 4	Ministry of Health	Mr Minn Thu / Public Health Officer (HIV Prevention), Communicable Diseases Division	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Health Promotion Board	Ms Mandy Govender / Deputy Director, Communicable Disease Education, Adult Health Division	A. III, A. V
Respondent 6	Health Promotion Board	Ms Eunice Yong / Senior Executive, Communicable Disease Education, Adult Health Division	A.III, A.V
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent			

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Respondent
- 22
Respondent
- 23
Respondent
- 24
Respondent
- 25
Respondent

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
1	Respondent Action for AIDS Singapore	Mr Lionel Lee / Executive Director	B.I, B.II, B.III, B.IV

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14)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

15)

1.1 How long has the country had a multisectoral strategy?

Number of Years

25

16)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	Yes	No
Transportation	No	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	No
Other*	No	No

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17)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	No
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

18)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

19)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2007

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20)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

High Risk Heterosexual Men, Women, MSM, Female Sex Workers

21)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

22)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

23)

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

Active involvement (0)

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24)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

The civil societies are involved in the following areas: representation in National HIV/AIDS Policy

Committee; Prevention and Education Programmes; Caring and support for HIV infected persons; and Representation in the Working Committee on MSM and HIV/AIDS.

25)

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

No (0)

26)

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

No (0)

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27)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

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

Not applicable to Singapore.

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28)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

N/A (0)

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29)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

30)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

31)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	No
Antiretroviral treatment	No
Care and support	No
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV Testing is conducted both on voluntary basis (eg. upon request) as well as mandatory at enlistment and at specific time points in one's military career.

33)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 21

34)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

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35)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

36)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

37)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

38)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

39)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

41)

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

Yes (0)

Page 27

42)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

Sex Workers, MSM, and Youth.

43)

Briefly explain how this information is used:

Information on most-at-risk populations are used for planning and implementation of targeted intervention programmes.

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44) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

No (0)

Page 29

45)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

No (0)

Page 30

46)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

47)

Since 2007, what have been key achievements in this area:

Obtained increased funding to support and expand HIV education & prevention programmes & HIV testing programmes e.g. Voluntary opt-out HIV testing for public hospital inpatients; Increased access to HIV testing through expanding anonymous testing & rapid HIV testing; Strengthening of National HIV Registry, and contact tracing and partner notification processes; and extension of Medifund coverage for HIV treatments.

48)

What are remaining challenges in this area:

Continuing Stigma and Discrimination in the population

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49)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

50)

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

Yes (0)

Page 32

51)

2.1 IF YES, when was it created?

Please enter the year in yyyy format
2006

52)

2.2 IF YES, who is the Chair?

Name	Dr Balaji Sadasivan
Position/title	Senior Minister of State, Ministry of Foreign Affairs

53)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	No
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

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54)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

16

55)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

1

Page 34

56)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 35

57)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)****IF YES, briefly describe the main achievements:**

Regular meetings of the National HIV/AIDS Policy Committee Meeting and the Working Committee on MSM & HIV. Private sector & civil society partners are actively involved in the designing & implementation of prevention/education programmes. Under the aegis of the Third ASEAN Work Programme on HIV/AIDS, an ASEAN Regional Workshop on HIV/AIDS in the Workplace was organized in Singapore in Dec 2009, which involved Government, Private Sector & Civil Society participants.

58)

Briefly describe the main challenges:

Engagement of more partners from private sectors.

59)

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

Please enter the rounded percentage (0-100)

10

60)

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

Information on priority needs	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	No
Other: Formulating policy priorities.	Yes

61)

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

Yes (0)

Page 36

62)

Part A, Section II: POLITICAL SUPPORT**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

No (0)

Page 38

63)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

64)

Since 2007, what have been key achievements in this area:

More coordinated and multi-sectoral implementation of HIV/AIDS programmes.

65)

What are remaining challenges in this area:

Stigma and Discrimination;

Page 39

66)

Part A, Section III: PREVENTION**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

Yes (0)

Page 40

67)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)

- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

68)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

No (0)

Page 41

69)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

70)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	No

71)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

72)

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

Yes (0)

73)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other

vulnerable sub-populations?

Yes (0)

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74)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	
Needle & syringe exchange	

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75) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

- 1. Working Adults (Blue/White Collars) 2. Women 3. At Risk Youths 4. General Population (Education on HIV Prevention and Stigma & Discrimination)

Page 44

76)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

77)

Since 2007, what have been key achievements in this area:

Increased funding for HIV Prevention Programmes to 2012; Use of popular television programmes to promote HIV prevention and stigma and discrimination messages.

78)

What are remaining challenges in this area:

Stigma and discrimination still present; Levels of voluntary HIV testing among at-risk groups can be increased; Globalization with borderless trade & travel;

Page 45

79)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

80)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Results from population-based National Behavioural Surveillance Survey, Youth Health Survey, MSM Behavioural Surveillance Survey, Annual HIV Statistics, Local qualitative studies and discussions with stakeholders.

81)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree

School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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82)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

83)

Since 2007, what have been key achievements in this area:

Included GIPA in programmes; Expanded on MSM Programmes; Expanded community outreach and continued focus on high risk men & women programmes; School-based STI/HIV education programme "Breaking Down Barriers" has been implemented in 100% of secondary schools since inception in 2007.

84)

What are remaining challenges in this area:

Sustainability of programmes and capacity building of stakeholders to plan and implement progressive projects.

Page 48

85)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

87)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

88)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Based on estimates of the number of people living with HIV.

90)

2.1 To what extent have the following HIV treatment, care and support services been implemented?The majority of people in need
have access**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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91)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

92)

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

No (0)

Page 53

93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

94)

Since 2007, what have been key achievements in this area:

Positive Prevention program has been implemented to promote well being of individuals living with HIV/AIDS and protection of their sexual partners from HIV transmission; Expansion of Medifund to HIV treatment; Increased funding for clinical management, counseling and care of people living with HIV.

95)

What are remaining challenges in this area:

Ensuring optimum access to ARVs for those living with HIV.

Page 54

96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)

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97)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

98)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

1985

99)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2009

100)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

101)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

102)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

Page 60

103)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes

a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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104)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

105)

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

Yes (0)

Page 62

106)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

107)

3.2 IF YES, has full funding been secured?

Yes (0)

108)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

109)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

110)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

111)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	No
in the Ministry of Health?	Yes
Health Promotion Board	Yes

112) Number of permanent staff:

Please enter an integer greater than or equal to 0

5

113) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

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114)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Acting Deputy Director, MOH	Full time	2006
Permanent staff 2	Senior Bio Statistician, MOH	Full time	2006
Permanent staff 3	Public Health Officer, MOH	Full time	2006
Permanent staff 4	Deputy Director, HPB	Full time	2009
Permanent staff 5	Manager, HPB	Full time	2009
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			

Permanent staff
10
Permanent staff 11
Permanent staff
12
Permanent staff 13
Permanent staff
14
Permanent staff 15

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115)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69116) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)**

IF YES, briefly describe the data-sharing mechanisms:

Quarterly and Annual reports; Sharing at routine meetings such as National AIDS Policy Committee Meeting, Department of STI control clinic Meetings, Meetings of working Committee on MSM & HIV/AIDS, etc; Sharing of post-survey results (NBSS 3 Yearly).

117)

What are the major challenges?

Some data are difficult to collect, have to rely on proxy indicators instead.

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118)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

119)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**120) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

IF YES, briefly describe who the representatives from civil society are and what their role is:

Action for AIDS, MSM Stakeholders (Fridae.com, OogaChaga).

121)

7. Is there a central national database with HIV- related data?

Yes (0)

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122)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

National HIV Registry (Ministry of Health) NBSS & MSM BSS (M & E Unit - Health Promotion Board)

123)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

124)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

Page 74

125)

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

Yes (0)

126)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

5 (5)

127)

Provide a specific example:

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.

Page 75**128) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

5 (5)

129)

Provide a specific example:

National HIV Statistics and behavioural data are used for resource allocations for prevention and control programmes.

Page 76

130)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

5 (5)

131)

Provide a specific example:

Data is used to monitor uptake of programmes and helps in the designing of improved programmes.

132)

What are the main challenges, if any?

Collecting data on harder-to-reach populations eg. male clients of sex workers.

Page 77**133) Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

134)

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

At national level?

At subnational level?

At service delivery level including civil society? Yes

Page 79

135) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

12

Page 80

136)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82

137) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

6 (6)

138)

Since 2007, what have been key achievements in this area:

Establishment of NBSS, improved partnership with MSM groups to operationalize MSM BSS, increased programme monitoring that's in line with UNGASS indicators.

139)

What are remaining challenges in this area:

New and better ways in assessing efficacy of programmes especially for high-risk groups whom are hard to reach.

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140)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

141)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 86

142)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

143)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

- | | |
|------------------------------|-----|
| a. Women | Yes |
| b. Young people | Yes |
| c. Injecting drug users | No |
| d. Men who have sex with men | Yes |

e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

144)

IF YES, briefly describe the content of these laws, regulations or policies:

- Family-oriented policies can undermine the choices of single women and pose obstacles to include them in HIV prevention exercises especially when lifestyle choices include relationships outside marriage, multiple partnerships, etc. - Sex education for young people - there are contradictory messages between the approaches taken by Ministry of Education and Ministry of Health with regards to information on condoms. - MSM - Penal Code Section 377A discriminates against MSM. - Prisons inmates - Access to medical treatment is especially difficult. - Migrants/mobile populations - lack of care and support programmes for those who are diagnosed with HIV infection and deportation when it comes to lower-skilled migrant workers.

145)

Briefly comment on how they pose barriers:

Penal code Section 377A makes homosexual sex a crime. This has hindered efforts to reach MSM, especially non-gay identified MSM, young MSM and those in lower socio-economic classes. It also blocks efforts at community mobilization and development, the ability to influence adoption of community-wide norms, and promotion of feelings of self worth and self-respect among MSM. Anti-sodomy law perpetuates stigmatization of HIV infection and persons infected by HIV. All section of the population are affected by policies that limit the full access to treatment to maintain persons living with HIV to the best of that is possible. Treatment is not subsidised for certain medication, leaving much to welfare groups to plug the service gaps. There is currently no provision for Government-to-Government intervention policies for migrant workers returning home with HIV. They may continue to be vulnerable in their home country with little access to treatment or may even infect the women or other sectors of the community when they are repatriated.

Page 88**146) Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

No (0)

Page 89

147)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

148)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

Action for AIDS, through its patient support networks has tried to collate instances of AIDS-related discrimination through its online discrimination reporting system. This is an informal process. It is felt that many, if not most instances are not reported in view of the fear of stigmatization and discrimination by people living with HIV/AIDS. There is also another mechanism exist. Information are collected through medical social workers at Government Hospitals.

149)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

150)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

Ministry of Health has set up a committee to plan and implement prevention programmes targeting MSM in Singapore. Over the last 5 years funding for MSM programmes has increased. National HIV/AIDS Policy Committee has Civil Society Representation.

151)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	No
c. HIV-related care and support interventions	Yes

Page 92

152)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Under the guidance of Ministry of Health, Health Promotion Board, through various means, has

reached out not only to targeted population but also to general population at large with different key messages for prevention of HIV/AIDS. In addition, it makes sure that issues on HIV/AIDS are part of compulsory curriculum for all secondary schools in the nation. Positive prevention programmes aims mainly to support care and support, especially psycho-social support, to people living with HIV and AIDS. Prevention and care support services, including counseling and testing with very minimal costs, are widely available across the Nation, provided by Government and NGOs.

153)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

154)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

No (0)

155)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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156)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

Unsure if this is explicitly stated.

157)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

158)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)**

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

- Regulated sex workers are provided with subsidized diagnostics and treatment.

159)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No (0)

160)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

161)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

Page 97

162)

– 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 (0)

163)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

164)

– Performance indicators or benchmarks for compliance with human rights standards in

the context of HIV efforts

No (0)

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165)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

166)

– Legal aid systems for HIV casework

Yes (0)

167)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

168)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

169)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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170)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

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171)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

2 (2)

172)

Since 2007, what have been key achievements in this area:

NIL

173)

What are remaining challenges in this area:

Human rights is still seen as a taboo topic in the general political landscape in Singapore, and it is not easy to work on issues from a human rights perspective. In the case of HIV with the heavy stigmatization around it and MSM, it becomes even harder to discuss access to treatment from a rights-based perspective as the existence of Penal Code Section 377A just reduces a section of the population.

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174)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

175)

What are remaining challenges in this area:

Laws in discrimination not present.

Page 103

176)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

3 (3)

177)

Comments and examples:

Involving political and community leaders in awareness programmes, and events such as AIDS Walk.

Page 104

178)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

3 (3)

179)

Comments and examples:

- Mostly top-down approach in the budgeting process and civil society involvement only later.

Page 105

180)

a. the national AIDS strategy?

2 (2)

181)

b. the national AIDS budget?

1 (1)

182)

c. national AIDS reports?

2 (2)

183)

Comments and examples:

- Still mainly tokenism in terms of participation and voice from civil societies in policy and budget planning.

Page 106

184)

a. developing the national M&E plan?

1 (1)

185)

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

1 (1)

186)

c. M&E efforts at local level?

1 (1)

187)

Comments and examples:

- M & E in infancy, mainly top-down approach in M & E rather than bottom up from CSO level.

Page 107**188) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

189)

Comments and examples:

- Representation from MSM, high-risk heterosexual males, sex workers.

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190)

a. adequate financial support to implement its HIV activities?

3 (3)

191)

b. adequate technical support to implement its HIV activities?

3 (3)

192)

Comments and examples:

- Minimal technical support

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193) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	>75%
- Sex workers	25-50%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	<25%

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194)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

6 (6)

195)

Since 2007, what have been key achievements in this area:

Increased funding for groups catering to MSM.

196)

What are remaining challenges in this area:

Tokenism is the mode of participation by civil societies. Need greater transparencies.

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197)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

198)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

=> Youth - through school health programmes from Ministry of Health and Education => MSM - through stakeholders from MSM community

199)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: documented Migrant workers	Agree

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200)

Part B, Section III: PREVENTION**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

5 (5)

201)

What are remaining challenges in this area:

- Coverage of condom promotion in the public media - Discriminatory position and policies towards MSM - The early beginnings to address education for documented migrant workers - Programmes

for freelance sex workers

Page 114

202)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

203)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Through the Ministry of Health

204)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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205)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

3 (3)

206)

What are remaining challenges in this area:

Majority of PLWA need to obtain ARV from overseas.

Page 117

207)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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208)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

209)

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

Yes (0)

210)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

Page 119

211)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)