

Singapore Report NCPI

NCPI Header

COUNTRY

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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Describe the process used for NCPI data gathering and validation:

Guidelines on reporting were shared with partners. Partners were requested to submit inputs on areas they are responsible for. Clarifications were sought on discrepancies / missing data. Report was then finalised and submitted.

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

No disagreement.

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

NIL.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Dr Steven Ooi, Deputy Director (Policy & Control Branch), Communicable Diseases Division	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ms Lalitha Kurupatham, Assistant Director (Policy & Control Branch), Communicable Diseases Division	Yes	Yes	Yes	Yes	Yes	Yes
National Public Health Unit	Dr Ler Teck Siang, Medical Officer	Yes	Yes	Yes	Yes	Yes	Yes
Health Promotion Board	Ms Mandy Govender, Deputy Director, Communicable Disease Education, Adult Health Division	No	No	No	Yes	No	No
Health Promotion Board	Ms Chng Chee Yeong, Deputy Director, Health Surveillance & Informatics Dept, Research & Strategic Planning Division	No	No	No	No	No	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Action for AIDS Singapore	Mr Donovan Lo, Executive Director	Yes	Yes	Yes	Yes	Yes

A - 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

IF YES, what was the period covered:

27 years

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

NA

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health Singapore

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

SECTORS

Included in Strategy Earmarked Budget

Yes	No
Yes	Yes
Yes	No
Yes	No
No	No
Yes	No
Yes	No

Other [write in]:

-
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?:

Health budget is used for HIV specific programmes at different settings as well e.g schools and workplaces

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

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:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

No

Human rights protection:

No

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

NA

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

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

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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 implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

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

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The civil societies are involved in the following areas: representation in the 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

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

No

1.9

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

No

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

N/A

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

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

N/A

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(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?:

Sex Workers, MSM and Youth.

Briefly explain how this information is used:

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

(c) Is coverage monitored by geographical area:

No

5.4. Has the country developed 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:

Nil

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 the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

- increased funding to support and expand HIV education & prevention programmes and HIV testing programmes e.g. voluntary opt-out HIV testing in public hospitals for inpatients; - increased access to HIV testing through the expansion of anonymous testing & rapid HIV testing; - strengthening of the National HIV Registry, contact tracing and partner notification processes; - extension of Medifund coverage for HIV treatments.

What challenges remain in this area:

- stigma and discrimination in the population

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

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The 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 Committee 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

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, 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 (AfA, SNEF, ABA)

Include people living with HIV?:

No

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and

reporting?:

-

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

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.

Capacity-building:

No

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 below]:

-

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?:

No

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 2011?:

8

Since 2009, 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

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

Transgendered people:

No

Women and girls:

No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

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 other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in below]:

-

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?

Abstain from injecting drugs:

-

Avoid commercial sex:

-

Avoid inter-generational sex:

-

Be faithful:

-

Be sexually abstinent:

-

Delay sexual debut:

- Engage in safe(r) sex:
- Fight against violence against women:
- Greater acceptance and involvement of people living with HIV:
- Greater involvement of men in reproductive health programmes:
- Know your HIV status:
- Males to get circumcised under medical supervision:
- Prevent mother-to-child transmission of HIV:
- Promote greater equality between men and women:
- Reduce the number of sexual partners:
- Use clean needles and syringes:
- Use condoms consistently:
- Other [write in below]:
Stigma and discrimination

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

Yes

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?:

No

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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:

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	Yes	No	(1)working adults, (2) women, (3) At-risk youth, 4. General Population (Education on HIV Prevention and stigma & discrimination)
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	1)working adults, (2) women, (3) At-risk youth, 4. General Population (Education on HIV Prevention and stigma & discrimination)
No	No	No	No	No	-
No	Yes	Yes	Yes	No	1)working adults, (2) women, (3) At-risk youth, 4. General Population (Education on HIV Prevention and stigma & discrimination)

No	Yes	Yes	Yes	Yes	1)working adults, (2) women, 3) At-risk youth, 4. General Population (Education on HIV Prevention and stigma & discrimination)
No	Yes	Yes	Yes	Yes	1)working adults, (2) women, 3) At-risk youth, 4. General Population (Education on HIV Prevention and stigma & discrimination)
No	No	No	No	No	-

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 2011?:

8

Since 2009, what have been key achievements in this area:

i) Continued funding for HIV Prevention Programmes ii) Intensified HIV education in the workplaces iii) Peer-led and media (both conventional & new/social media) initiatives have been developed to complement school-based programmes.

What challenges remain in this area:

i) Stigma and discrimination still a challenge ii) Levels of voluntary HIV testing among at-risk groups can be improved iii) Globalisation with borderless trade and travel

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

Yes

IF YES, how were these specific needs determined?:

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

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

-

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

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:

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]:

The majority of people in need have access to HIV prevention programmes

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 2011?:

8

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?:

Yes

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?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

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

Disagree

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

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]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

-

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?:

-

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?:

-

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 2011?:

7

Since 2009, what have been key achievements in this area:

Continuing of the Positive Prevention Programme 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, increased funding for clinical management, counselling and care of people living with HIV.

What challenges remain in this area:

Ensuring optimum access to ARVs for PLHIV.

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

-

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 2011?:

-

Since 2009, 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 - 2011

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

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

No

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)?:

-

Elsewhere [write in]?:

Health Promotion Board

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Medical Officer	Yes	-	2012
Data Supervisor	Yes	-	2008
Operations Supervisor	Yes	-	2008
Senior Public Health Officer	Yes	-	2008
Public Health Officer (2)	Yes	-	2009
Public Health Officer	Yes	-	2011
Deputy Director (HPB, Research & Strategic Planning Division)	Yes	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	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

6.2. Is there a functional Health Information System?

At national level: Yes
At subnational level: -
IF YES, at what level(s)?: -

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

Yes
 8. 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]: -

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.

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

At national level?: Yes
IF YES, what was the number trained:

approximately 30 people who work across different organisation in Singapore including our partners from civil society.
(source HPB)

At subnational level?:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

These trainings are conducted throughout the year and consist of basis research techniques (source HPB)

10. 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 2011?:

6

Since 2009, 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 and increased programme monitoring that in line with GAPR.

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:

Involving political and community leaders in awareness programmes and campaigns. e.g. Be Positive Campaign, Candlelight Memorial

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:

Mostly Top-down approach in budgeting process. Civil society does not participate in decision making nor contribute their input to the budget requirement or policy decision. Only being allocated funds to do prevention programmes.

3.

a. The national HIV strategy?:

2

b. The national HIV budget?:

1

c. The national HIV reports?:

2

Comments and examples:

Mainly tokenism in terms of participation and voice from CSOs in policy and budget planning.

4.

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?

:

2

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

1

Comments and examples:

M&E as an funding requirement by the government. Result collected by CSOs to government are not shared sufficiently for CSOs programme planning purposes.

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

3

Comments and examples:

Representation from MSM, High-risk heterosexual males, FBO, Sex Worker

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?:

3

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

3

Comments and examples:

Majority of funding are for programme execution, insufficient funding for manpower. Provided workshops and some funding to build capacity of CSOs. Funding is on year to year basis. Insecurity of funding prevents long-term planning and sustainability of programme. No funding for care and support.

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

People living with HIV:

25-50%

Men who have sex with men:

>75%

People who inject drugs:

25-50%

Sex workers:

51-75%

Transgendered people:

>75%

Testing and Counselling:

51-75%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

<25%

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 2011?:

7

Since 2009, what have been key achievements in this area:

Sustain in funding for prevention programme (MSM, heterosexual males) First Anti-Stigma and Discrimination Campaign

What challenges remain in this area:

Manpower (recruitment, retention & capacity building) Funding for Care and Support Stigma and Discrimination in the population Reaching out to Young men and women

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:

Government has funded MSM & TG programmes and Positive Prevention programme which are executed by members of the sub-populations.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No
Prison inmates:

No
Sex workers:

No
Transgendered people:

No
Women and girls:

Yes
Young women/young men:

Yes
Other specific vulnerable subpopulations [write in]:
NA

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:

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

Criminal Law and Women's Charter to protect children against abuse.
Briefly comment on the degree to which they are currently implemented:

By law.
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?

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
Transgendered people:

Yes
Women and girls:

No
Young women/young men:

Yes
Other specific vulnerable subpopulations [write in]:
NA

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

Infectious Disease Act state that a person whether he is PLHIV or has reason to believe that he has been exposed to risk of contracting HIV must inform his sexual partner and get consent before sex. Penal Code 377A – makes homosexuality a crime. Immigration Act – (travel ban) classified PLHIV as prohibited immigrants. Guidelines on Sexuality Education – The programme emphasis on importance of heterosexual married family and requirement to respect the conservative society

Briefly comment on how they pose barriers:

Infectious Disease Act further stigmatizes PLHIV. Penal Code 377A hinders prevention efforts to reach the MSM community. Immigration Act poses a barrier to foreigners to work or seek treatment in Singapore. Sexuality Education guidelines emphasise on abstinence and there is limited focus on condom use. There has not been enough attention on young MSM in sexuality education.

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 the Women's Charter protect women against domestic violence and sexual or physical harassment.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

No

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

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
No	Yes	Yes
Yes	Yes	Yes
No	Yes	Yes

If applicable, which populations have been identified as priority, and for which services?:

Under privilege individual (determine by family income)

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:

All Singaporean has equal access to treatment, care and support.

8.1

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

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

No

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 enforcement 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

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 2011?:

2

Since 2009, what have been key achievements in this area:

NIL.

What challenges remain in this area:

Recognizing PLHIV's human rights Anti-Discrimination law for PLHIV and vulnerable populations

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 2011?:

2

Since 2009, what have been key achievements in this area:

NIL.

What challenges remain in this area:

Repeal of Travel Ban, 377a etc Change of Media & Advertising Guidelines Implementation of fair treatment and access to medication for HIV inmates Anti discrimination employment law

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 population-based National Behavioural Surveillance Survey, MSM Behavioural Surveillance Survey, Annual HIV Statistics, Local qualitative studies and discussion with stakeholders.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Strongly Disagree

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:

Disagree

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:

Disagree

Universal precautions in health care settings:

Strongly Agree
Other [write in]:
NA

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 2011?:

6

Since 2009, what have been key achievements in this area:

Successful condom usage promotion campaign targeted at high-risk heterosexual males
Expansion of HIV talks at workplace programme
Introduction of guidelines to improve employability of PLHIV
Introduction of Mobile Testing Service (Van)
Successfully conducted 1st Anti-stigma and discrimination campaign targeting general population
Expansion of MSM programme and high risk heterosexual males programme
Expansion of streetwalker (male and female) outreach and indirect sex worker outreach
Conduct of HIV Testing Campaign

What challenges remain in this area:

Effective HIV prevention for out-of-school young people
Effective School-based HIV education for young people

B - V. TREATMENT, CARE AND SUPPORT

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

Yes

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

Early detection and treatment for newly diagnosed.

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

Lowering of ARV medication cost
Providing newly diagnose induction programme
Provide education talks on issue related to PLHIV

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

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:

Agree

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

Strongly 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:

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]:

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 2011?:

7

Since 2009, what have been key achievements in this area:

Better coordination between hospitals and CSOs More newly diagnosed being treated More education talks provided to PLHIV

What challenges remain in this area:

Affordable access to Treatment and Medication

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

No

3. 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 2011?:

7

Since 2009, what have been key achievements in this area:

same as 1.2

What challenges remain in this area:

same as 1.2

Source URL: <http://aidsreportingtool.unaids.org/171/singapore-report-ncpi>